

Preferred Drug List

Molina Healthcare of New York, Inc. CHIP



2024

*Molina mandates the use of generic drugs, if available. Brand names listed are for reference only. THIS LIST IS SUBJECT TO CHANGE. You can get more information and updates to this document on our website at www.molinahealthcare.com



Your Extended Family.

6025633NY1017



Non-Discrimination Notification Molina Healthcare of New York, Inc.

Your Extended Family

Molina Healthcare of New York, Inc. (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language

If you need these services, contact Molina Member Services at 1-800-223-7242 or TTY: 711.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (310) 507-6186.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>. You can mail it to:

U.S. Department of Health and Human Services 200
Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

Molina Healthcare Notice Sec 1557 HHS - NY
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**Non-Discrimination Tag Line– Section 1557
Molina Healthcare of New York, Inc.**

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-223-7242 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-223-7242 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-223-7242 (TTY: 711)。
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-223-7242 (телетайп: 711).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-223-7242 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-223-7242 (TTY: 711) 번으로 전화해 주십시오.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-223-7242 (TTY: 711).
Yiddish	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-223-7242 (TTY: 711).
Bengali	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-২২৩-৭২৪২ (TTY: 711)।
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-223-7242 (TTY: 711).
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French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-223-7242 (ATS: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-223-7242 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-223-7242 (TTY: 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-223-7242 (TTY: 711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-223-7242 (TTY: 711).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरु नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-223-7242 (टिटिवाइ: 711) ।

Molina Healthcare of New York Preferred Drug List (Formulary)

(07/01/2024)

INTRODUCTION

We are pleased to provide the 2024 *Molina Healthcare of New York Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., *atorvastatin*).
- The second column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, *lowercase italicized* type indicates generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.

- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log in to www.molinahealthcare.com to check coverage.

CLASSES OF CONSIDERATION

OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day. Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

NON-COVERED MEDICATIONS

Please note that certain medications are not covered. This includes, but is not limited to:

- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as “DESI 5 and 6” drugs)

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (844) 823-5479. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

Class of Medication/Diagnosis

Cholesterol Lowering

Diabetes

Non-Formulary/Non-Preferred Medication

Requested Clinical Information

Lipid Panel, Cardiovascular risk factors

A1c Report

Medication Log and/or Progress Notes documenting previous use of Formulary medications

LEGEND

AGE	Age Limit
MED	Max 90 mg Morphine Equivalent Dose per day
GNDR	Gender Edit
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability

UPPERCASE Indicates brand availability

REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: (866) 879-4742

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

Key			
AGE= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
N/A			
	Document last modified: June 12		

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*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Preferred	QL (1 EA per 1 day)
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>caffeine citrate oral solution 60 mg/3ml</i>	Preferred	QL (120 ML per 1 Fill); AGE (Max 1 Years)
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 17 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 17 Years)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>neomycin sulfate oral tablet 500 mg</i>	Preferred	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Preferred	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	Preferred	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	Preferred	PA
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
<i>adalimumab-fkjp (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i>	Preferred	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	Preferred	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous</i>	Preferred	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp auto-injector kit 40 mg/0.8ml subcutaneous</i>	Preferred	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	Preferred	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml subcutaneous</i>	Preferred	PA; QL (2 EA per 28 days)
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Preferred	PA; QL (2 EA per 28 days)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Preferred	PA; QL (2 EA per 28 days)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Preferred	PA; QL (2 EA per 28 days)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Preferred	PA; QL (2 EA per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>celecoxib oral capsule 200 mg, 400 mg</i>	Preferred	QL (2 EA per 1 day)
*INTERLEUKIN-6 RECEPTOR INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	Preferred	PA
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac potassium oral tablet 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Preferred	QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	Preferred	QL (3 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Preferred	QL (2 EA per 1 day)
<i>etodolac oral tablet 400 mg</i>	Preferred	QL (3 EA per 1 day)
<i>etodolac oral tablet 500 mg</i>	Preferred	QL (2 EA per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Preferred	QL (4 EA per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>ketoprofen oral capsule 50 mg</i>	Preferred	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Preferred	QL (4 EA per 1 day)
<i>naproxen oral suspension 125 mg/5ml</i>	Preferred	QL (100 ML per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Preferred	QL (3 EA per 1 day)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Preferred	QL (3 EA per 1 day)
<i>oxaprozin oral tablet 600 mg</i>	Preferred	PA; QL (3 EA per 1 day)
<i>piroxicam oral capsule 10 mg</i>	Preferred	PA; QL (4 EA per 1 day)
<i>piroxicam oral capsule 20 mg</i>	Preferred	PA; QL (2 EA per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Preferred	QL (3 EA per 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Preferred	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	Preferred	PA
*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Preferred	QL (1 EA per 1 day)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	Preferred	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	Preferred	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	Preferred	PA; QL (4 ML per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	Preferred	PA; QL (4 ML per 24 days)
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Preferred	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
<i>salsalate oral tablet 500 mg, 750 mg</i>	Preferred	QL (4 EA per 1 day)
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Preferred	QL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Preferred	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Preferred	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Preferred	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Preferred	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Preferred	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	Preferred	QL (2 EA per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
*ANDROGENS*** - DRUGS FOR MEN		
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Preferred	
testosterone enanthate intramuscular solution 200 mg/ml	Preferred	
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
hydrocortisone rectal enema 100 mg/60ml	Preferred	QL (1680 ML per 25 days)
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
hydrocortisone acetate rectal suppository 25 mg	Preferred	QL (7 EA per 1 day)
hydrocortisone (Proctosol Hc External Cream 2.5 %)	Preferred	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
albendazole oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*NITRATES*** - DRUGS FOR ANGINA		
isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg	Preferred	QL (4 EA per 1 day)
isosorbide dinitrate oral tablet 20 mg	Preferred	QL (6 EA per 1 day)
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Preferred	QL (2 EA per 1 day)
isosorbide mononitrate oral tablet 10 mg	Preferred	QL (3 EA per 1 day)
isosorbide mononitrate oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Preferred	QL (10 EA per 1 day)
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Preferred	QL (1 EA per 1 day)
ANTIANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
bupirone hcl oral tablet 10 mg	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years)
bupirone hcl oral tablet 15 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
bupirone hcl oral tablet 5 mg	Preferred	QL (8 EA per 1 day); AGE (Min 6 Years)
hydroxyzine hcl oral syrup 10 mg/5ml	Preferred	QL (60 ML per 1 day); AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Preferred	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Preferred	QL (8 EA per 1 day); AGE (Max 64 Years)
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	Preferred	PA; QL (3 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral solution 5 mg/5ml</i>	Preferred	QL (4 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	Preferred	QL (3 ML per 1 day); AGE (Min 12 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 12 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule 100 mg</i>	Preferred	QL (8 EA per 1 day)
<i>disopyramide phosphate oral capsule 150 mg</i>	Preferred	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>quinidine sulfate oral tablet 300 mg</i>	Preferred	QL (8 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Preferred	QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	Preferred	QL (6 EA per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	Preferred	QL (3 EA per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	Preferred	QL (7 EA per 1 day)
<i>propafenone hcl oral tablet 150 mg</i>	Preferred	QL (6 EA per 1 day)
<i>propafenone hcl oral tablet 225 mg, 300 mg</i>	Preferred	QL (3 EA per 1 day)
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl (Pacerone Oral Tablet 200 Mg)</i>	Preferred	QL (4 EA per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	Preferred	QL (2 EA per 1 day)
<i>budesonide-formoterol fumarate (Brey-na Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)</i>	Preferred	QL (20.6 GM per 25 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Preferred	QL (20.4 GM per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Preferred	QL (2 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Preferred	QL (0.04 EA per 1 day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Preferred	QL (360 ML per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	Preferred	QL (2 EA per 1 day)
*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	Preferred	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	Preferred	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	Preferred	PA; QL (5 EA per 24 days)
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Preferred	QL (26 ML per 1 day)
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Preferred	QL (18 GM per 24 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Preferred	QL (6.7 GM per 24 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Preferred	QL (8.5 GM per 24 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Preferred	QL (225 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	Preferred	QL (300 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>	Preferred	QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Preferred	QL (150 EA per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Preferred	QL (150 ML per 1 day)
<i>albuterol sulfate oral tablet 4 mg</i>	Preferred	QL (8 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	Preferred	QL (2 GM per 1 day)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	Preferred	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	Preferred	QL (6 EA per 1 day)
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	Preferred	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	Preferred	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Preferred	QL (10 ML per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	Preferred	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	Preferred	PA
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
<i>montelukast sodium oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	Preferred	QL (6.1 GM per 25 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Preferred	QL (4 ML per 1 day); AGE (Max 9 Years)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	Preferred	QL (0.4 GM per 1 day); AGE (Max 11 Years)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Preferred	QL (0.354 GM per 1 day); AGE (Max 11 Years)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Preferred	QL (0.354 GM per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	Preferred	QL (4 EA per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	Preferred	QL (2 EA per 1 day)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Preferred	QL (3 EA per 1 day)
<i>theophylline oral elixir 80 mg/15ml</i>	Preferred	
<i>theophylline oral solution 80 mg/15ml</i>	Preferred	
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Preferred	QL (10 EA per 1 day)
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	Preferred	QL (74 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	Preferred	QL (2 EA per 1 day)
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Preferred	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	Preferred	QL (2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	Preferred	QL (1.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	Preferred	QL (0.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	Preferred	QL (0.8 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Preferred	QL (1.2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	Preferred	PA
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Preferred	PA
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral tablet 10 mg, 20 mg</i>	Preferred	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	QL (10 EA per 1 day)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Preferred	QL (2 EA per 25 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	Preferred	QL (10 EA per 25 days); AGE (Min 12 Years)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	Preferred	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	Preferred	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	Preferred	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	Preferred	QL (10 EA per 25 days); AGE (Min 6 Years)
*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Preferred	QL (8 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Preferred	QL (8 EA per 1 day)
<i>carbamazepine oral suspension 100 mg/5ml</i>	Preferred	QL (60 ML per 1 day)
<i>carbamazepine oral tablet chewable 100 mg</i>	Preferred	QL (8 EA per 1 day)
<i>carbamazepine (Eitol Oral Tablet 200 Mg)</i>	Preferred	QL (8 EA per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Preferred	QL (10 EA per 1 day)
<i>gabapentin oral capsule 400 mg</i>	Preferred	QL (9 EA per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	Preferred	
<i>gabapentin oral tablet 600 mg</i>	Preferred	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Preferred	QL (4 EA per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	Preferred	QL (20 ML per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
<i>lamotrigine oral tablet 100 mg</i>	Preferred	QL (8 EA per 1 day)
<i>lamotrigine oral tablet 150 mg, 200 mg</i>	Preferred	QL (4 EA per 1 day)
<i>lamotrigine oral tablet 25 mg</i>	Preferred	QL (10 EA per 1 day)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Preferred	QL (8 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Preferred	QL (6 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Preferred	QL (4 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	Preferred	QL (30 ML per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	Preferred	QL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	Preferred	QL (6 EA per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	Preferred	QL (4 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Preferred	QL (16.667 ML per 1 day)
<i>oxcarbazepine oral tablet 150 mg</i>	Preferred	QL (16 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>oxcarbazepine oral tablet 300 mg</i>	Preferred	QL (8 EA per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	Preferred	QL (4 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg</i>	Preferred	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Preferred	PA; QL (2 EA per 1 day)
<i>pregabalin oral capsule 50 mg</i>	Preferred	PA; QL (6 EA per 1 day)
<i>pregabalin oral capsule 75 mg</i>	Preferred	PA; QL (8 EA per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	Preferred	QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Preferred	QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Preferred	QL (8 EA per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Preferred	QL (8 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
<i>topiramate oral tablet 25 mg</i>	Preferred	QL (4 EA per 1 day)
<i>zonisamide oral capsule 100 mg</i>	Preferred	QL (6 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>tiagabine hcl oral tablet 12 mg</i>	Preferred	QL (4.67 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	Preferred	QL (3.5 EA per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>	Preferred	QL (28 EA per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	Preferred	QL (14 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	Preferred	QL (6 EA per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	Preferred	QL (6 EA per 1 day)
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)</i>	Preferred	QL (6 EA per 1 day)
<i>phenytoin oral suspension 100 mg/4ml</i>	Preferred	QL (20 ML per 1 day)
<i>phenytoin oral tablet chewable 50 mg</i>	Preferred	QL (5 EA per 1 day)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Preferred	QL (6 EA per 1 day)
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>ethosuximide oral capsule 250 mg</i>	Preferred	QL (6 EA per 1 day)
<i>ethosuximide oral solution 250 mg/5ml</i>	Preferred	QL (30 ML per 1 day)
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Preferred	QL (10 EA per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Preferred	QL (10 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>divalproex sodium oral tablet delayed release 125 mg</i>	Preferred	QL (15 EA per 1 day)
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>	Preferred	QL (10 EA per 1 day)
<i>valproic acid oral capsule 250 mg</i>	Preferred	QL (20 EA per 1 day)
<i>valproic acid oral solution 250 mg/5ml</i>	Preferred	QL (100 ML per 1 day)
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet 15 mg, 45 mg</i>	Preferred	QL (1 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>	Preferred	QL (4 EA per 1 day)
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	Preferred	QL (2 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Preferred	QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Preferred	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Preferred	QL (4 EA per 1 day)
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
<i>phenelzine sulfate oral tablet 15 mg</i>	Preferred	QL (6 EA per 1 day)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Preferred	QL (8 EA per 1 day)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Preferred	QL (20 ML per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg</i>	Preferred	QL (1.5 EA per 1 day)
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Preferred	
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Preferred	QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	Preferred	QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Preferred	QL (3 EA per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	Preferred	QL (4 EA per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Preferred	QL (2 EA per 1 day)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Preferred	
<i>fluvoxamine maleate oral tablet 100 mg</i>	Preferred	QL (3 EA per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Preferred	
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>sertraline hcl oral tablet 25 mg</i>	Preferred	QL (1.5 EA per 1 day)
*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Preferred	
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Preferred	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Preferred	QL (3 EA per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Preferred	QL (3 EA per 1 day)
*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 50 mg, 75 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>clomipramine hcl oral capsule 25 mg</i>	Preferred	QL (6 EA per 1 day)
<i>clomipramine hcl oral capsule 50 mg, 75 mg</i>	Preferred	QL (4 EA per 1 day)
<i>desipramine hcl oral tablet 10 mg, 50 mg</i>	Preferred	QL (6 EA per 1 day)
<i>desipramine hcl oral tablet 100 mg</i>	Preferred	QL (3 EA per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	Preferred	QL (2 EA per 1 day)
<i>desipramine hcl oral tablet 25 mg, 75 mg</i>	Preferred	QL (4 EA per 1 day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral capsule 150 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Preferred	QL (30 ML per 1 day); AGE (Max 64 Years)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Preferred	QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Preferred	QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	Preferred	QL (2 EA per 1 day)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Preferred	QL (8 EA per 1 day)
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
<i>acarbose oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>acarbose oral tablet 25 mg, 50 mg</i>	Preferred	QL (3 EA per 1 day)
*BIGUANIDES*** - DRUGS FOR DIABETES		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Preferred	QL (4 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	Preferred	QL (2 EA per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Preferred	QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	Preferred	QL (3 EA per 1 day)
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	Preferred	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	Preferred	QL (2 EA per 25 days)
<i>glucagon emergency injection kit 1 mg</i>	Preferred	QL (2 EA per 25 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	Preferred	QL (0.2 ML per 25 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	Preferred	QL (0.4 ML per 25 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	Preferred	QL (0.4 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML (<i>glucagon</i>)	Preferred	QL (0.2 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	Preferred	QL (0.4 ML per 25 days)
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Preferred	QL (30 ML per 25 days)
ADMELOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro</i>)	Preferred	QL (30 ML per 25 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	Preferred	QL (30 ML per 25 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Preferred	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Preferred	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	Preferred	QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	Preferred	QL (18 ML per 25 days)
<i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i>	Preferred	QL (30 ML per 25 days)
<i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous</i>	Preferred	QL (30 ML per 25 days)
<i>insulin glargine-yfgn solution 100 unit/ml subcutaneous</i>	Preferred	QL (30 ML per 25 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	Preferred	QL (30 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	Preferred	QL (30 ML per 25 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	Preferred	QL (30 ML per 25 days)
*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Preferred	QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	QL (6 EA per 1 day)
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Preferred	QL (2 EA per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Preferred	QL (4 EA per 1 day)
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
<i>glimepiride oral tablet 1 mg, 4 mg</i>	Preferred	QL (3 EA per 1 day)
<i>glimepiride oral tablet 2 mg</i>	Preferred	QL (4 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (2 EA per 1 day)
<i>glipizide oral tablet 10 mg</i>	Preferred	QL (4 EA per 1 day)
<i>glipizide oral tablet 5 mg</i>	Preferred	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Preferred	QL (4 EA per 1 day)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Preferred	QL (4 EA per 1 day)
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Preferred	QL (1 EA per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Preferred	QL (40 ML per 1 day)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Preferred	QL (8 EA per 1 day)
<i>loperamide hcl oral capsule 2 mg</i>	Preferred	QL (8 EA per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	Preferred	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Preferred	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Preferred	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Preferred	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Preferred	
<i>naltrexone hcl oral tablet 50 mg</i>	Preferred	QL (2 EA per 1 day)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	Preferred	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	Preferred	QL (1 EA per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	Preferred	
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Preferred	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Preferred	QL (90 EA per 25 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Preferred	QL (90 EA per 25 days)
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Preferred	QL (4 EA per 1 day)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Preferred	QL (0.34 EA per 1 day)
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Preferred	QL (40 ML per 1 day)
<i>nystatin oral tablet 500000 unit</i>	Preferred	QL (8 EA per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	Preferred	QL (1 EA per 1 day)
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet 200 mg</i>	Preferred	QL (2 EA per 1 day)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Preferred	QL (35 ML per 25 days); AGE (Max 12 Years)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	Preferred	QL (21 EA per 25 days)
<i>fluconazole oral tablet 150 mg</i>	Preferred	QL (2 EA per 25 days)
<i>fluconazole oral tablet 50 mg</i>	Preferred	QL (2 EA per 1 day)
<i>itraconazole oral capsule 100 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 18 Years)
ANTI HISTAMINES - DRUGS FOR THE LUNGS		
*ANTI HISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Preferred	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Preferred	
<i>clemastine fumarate oral tablet 2.68 mg</i>	Preferred	QL (3 EA per 1 day)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Preferred	AGE (Max 64 Years)
<i>diphenhydramine hcl oral capsule 50 mg</i>	Preferred	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
*ANTI HISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
<i>promethazine hcl injection solution 25 mg/ml</i>	Preferred	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl injection solution 50 mg/ml</i>	Preferred	QL (50 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Preferred	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 25 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	Preferred	QL (24 EA per 30 days); AGE (Min 2 Years and Max 64 Years)
*ANTI HISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ACL INHIB-INTestinal CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR CHOLESTEROL		
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	Preferred	PA
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	Preferred	PA
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine oral powder 4 gm/dose</i>	Preferred	QL (48 GM per 1 day)
<i>colestipol hcl oral tablet 1 gm</i>	Preferred	QL (16 EA per 1 day)
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	Preferred	QL (8 GM per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	Preferred	QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	Preferred	PA; QL (3.5 ML per 24 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	Preferred	PA; QL (2 ML per 24 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	Preferred	PA; QL (2 ML per 24 days)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Preferred	QL (1 EA per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Preferred	QL (1 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Preferred	QL (2 EA per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Preferred	QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Preferred	QL (1 EA per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	QL (1.5 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	Preferred	QL (2 EA per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Preferred	QL (3 EA per 1 day)
<i>enalapril maleate oral solution 1 mg/ml</i>	Preferred	AGE (Max 12 Years)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>enalapril maleate oral tablet 20 mg</i>	Preferred	QL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day)
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	Preferred	AGE (Min 6 Years and Max 12 Years)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	Preferred	QL (2 EA per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Preferred	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Preferred	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Preferred	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Preferred	QL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	QL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Preferred	QL (2 EA per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Preferred	QL (6 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Preferred	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	Preferred	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	Preferred	QL (2 EA per 1 day)
<i>methyldopa oral tablet 250 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>methyldopa oral tablet 500 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Preferred	QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Preferred	QL (2 EA per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Preferred	QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	Preferred	QL (2 EA per 1 day)
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Preferred	QL (1 EA per 1 day)
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Preferred	QL (2 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	Preferred	QL (4 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	Preferred	QL (3 EA per 1 day)
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl oral tablet 10 mg</i>	Preferred	QL (10 EA per 1 day)
<i>hydralazine hcl oral tablet 100 mg</i>	Preferred	QL (3 EA per 1 day)
<i>hydralazine hcl oral tablet 25 mg</i>	Preferred	QL (4 EA per 1 day)
<i>hydralazine hcl oral tablet 50 mg</i>	Preferred	QL (8 EA per 1 day)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Preferred	QL (5 EA per 1 day)
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
<i>metronidazole oral tablet 250 mg</i>	Preferred	QL (8 EA per 1 day)
<i>metronidazole oral tablet 500 mg</i>	Preferred	QL (4 EA per 1 day)
<i>trimethoprim oral tablet 100 mg</i>	Preferred	QL (6 EA per 1 day)
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Preferred	QL (40 ML per 1 day)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Preferred	QL (4 EA per 1 day)
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
<i>atovaquone oral suspension 750 mg/5ml</i>	Preferred	PA
*GLYCOPEPTIDES*** - ANTIBIOTICS		
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	Preferred	QL (40 ML per 1 day)
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet 100 mg</i>	Preferred	QL (3 EA per 1 day)
<i>dapsone oral tablet 25 mg</i>	Preferred	QL (4 EA per 1 day)
*LINCOSAMIDES*** - ANTIBIOTICS		
<i>clindamycin hcl oral capsule 150 mg</i>	Preferred	QL (8 EA per 1 day)
<i>clindamycin hcl oral capsule 300 mg</i>	Preferred	QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Preferred	AGE (Max 18 Years)
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Preferred	PA
<i>linezolid oral tablet 600 mg</i>	Preferred	PA
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Preferred	QL (40 ML per 1 day); AGE (Max 12 Years)
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
<i>chloroquine phosphate oral tablet 250 mg</i>	Preferred	QL (10 EA per 3 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Preferred	QL (5 EA per 3 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Preferred	QL (4 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>	Preferred	QL (4 EA per 1 day)
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Preferred	QL (6 EA per 1 day)
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Preferred	QL (5 EA per 1 day)
<i>isoniazid oral syrup 50 mg/5ml</i>	Preferred	QL (30 ML per 1 day)
<i>isoniazid oral tablet 100 mg</i>	Preferred	QL (6 EA per 1 day)
<i>isoniazid oral tablet 300 mg</i>	Preferred	QL (3 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Preferred	QL (1.143 EA per 1 day)
<i>pyrazinamide oral tablet 500 mg</i>	Preferred	QL (6 EA per 1 day)
<i>rifampin oral capsule 150 mg</i>	Preferred	QL (8 EA per 1 day)
<i>rifampin oral capsule 300 mg</i>	Preferred	QL (4 EA per 1 day)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	Preferred	
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet 50 mg</i>	Preferred	QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*ANTIESTROGENS*** - DRUGS FOR CANCER		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Preferred	QL (2 EA per 1 day)
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Preferred	PA
<i>mercaptopurine oral tablet 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Preferred	QL (10 ML per 25 days)
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Preferred	QL (10 ML per 25 days)
*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER		
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	Preferred	PA; QL (8 EA per 1 day)
*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER		
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	Preferred	PA; QL (4 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	Preferred	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL TABLET 420 MG (<i>ibrutinib</i>)	Preferred	PA; QL (1 EA per 1 day)
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
<i>lapatinib ditosylate oral tablet 250 mg</i>	Preferred	PA; QL (6 EA per 1 day)
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
<i>hydroxyurea oral capsule 500 mg</i>	Preferred	
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	Preferred	PA
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet 1 mg</i>	Preferred	QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	Preferred	QL (1 EA per 1 day)
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Preferred	PA; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Preferred	PA; QL (1 EA per 1 day)
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Preferred	
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Preferred	PA
*LHRH ANALOGS*** - DRUGS FOR CANCER		
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	Preferred	PA
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	Preferred	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	Preferred	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Preferred	PA
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
<i>etoposide oral capsule 50 mg</i>	Preferred	PA
*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Preferred	QL (16 EA per 1 day)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Preferred	QL (8 EA per 1 day)
<i>melphalan oral tablet 2 mg</i>	Preferred	
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<i>megestrol acetate oral suspension 400 mg/10ml</i>	Preferred	QL (40 ML per 1 day)
<i>megestrol acetate oral tablet 20 mg</i>	Preferred	QL (40 EA per 1 day)
<i>megestrol acetate oral tablet 40 mg</i>	Preferred	QL (20 EA per 1 day)
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule 10 mg</i>	Preferred	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON		
<i>benztropine mesylate oral tablet 0.5 mg</i>	Preferred	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 1 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 2 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Preferred	PA
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Max 64 Years)
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule 100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>amantadine hcl oral solution 50 mg/5ml</i>	Preferred	QL (40 ML per 1 day)
<i>bromocriptine mesylate oral capsule 5 mg</i>	Preferred	QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Preferred	QL (6 EA per 1 day)
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>selegiline hcl oral capsule 5 mg</i>	Preferred	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>selegiline hcl oral tablet 5 mg</i>	Preferred	QL (2 EA per 1 day)
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>carbidopa-levodopa er oral tablet extended release 50-200 mg</i>	Preferred	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	Preferred	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Preferred	QL (12 EA per 1 day)
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	Preferred	QL (3 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	Preferred	QL (6 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Preferred	QL (12 EA per 1 day)
<i>ropinirole hcl oral tablet 0.5 mg</i>	Preferred	QL (6 EA per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 150 mg</i>	Preferred	QL (12 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 300 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 600 mg</i>	Preferred	QL (3 EA per 1 day)
<i>lithium carbonate oral tablet 300 mg</i>	Preferred	QL (6 EA per 1 day)
<i>lithium oral solution 8 meq/5ml</i>	Preferred	
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Preferred	PA; AGE (Min 6 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	Preferred	PA; AGE (Min 6 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML (<i>paliperidone palmitate</i>)	Preferred	QL (0.75 ML per 25 days); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML (<i>paliperidone palmitate</i>)	Preferred	QL (1 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML (<i>paliperidone palmitate</i>)	Preferred	QL (1.5 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML (<i>paliperidone palmitate</i>)	Preferred	QL (0.25 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML (<i>paliperidone palmitate</i>)	Preferred	QL (0.5 ML per 25 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML (<i>paliperidone palmitate</i>)	Preferred	QL (0.88 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML (<i>paliperidone palmitate</i>)	Preferred	QL (1.32 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML (<i>paliperidone palmitate</i>)	Preferred	QL (1.75 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML (<i>paliperidone palmitate</i>)	Preferred	QL (2.65 ML per 71 days); AGE (Min 18 Years)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Preferred	PA; AGE (Min 6 Years)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	Preferred	QL (2 EA per 25 days); AGE (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	Preferred	QL (16 ML per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet 4 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet dispersible 4 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 5 Years)
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Preferred	AGE (Min 6 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>	Preferred	AGE (Min 6 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Preferred	AGE (Min 6 Years)
<i>haloperidol oral tablet 0.5 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Preferred	QL (5 EA per 1 day); AGE (Min 6 Years)
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg</i>	Preferred	AGE (Min 6 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>clozapine oral tablet 50 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	Preferred	PA; AGE (Min 6 Years)
*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>loxapine succinate oral capsule 10 mg, 5 mg, 50 mg</i>	Preferred	QL (15 EA per 1 day); AGE (Min 6 Years)
<i>loxapine succinate oral capsule 25 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years)
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	QL (12 EA per 1 day); AGE (Min 6 Years)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	Preferred	QL (12 EA per 1 day)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Preferred	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Preferred	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>prochlorperazine maleate oral tablet 10 mg</i>	Preferred	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>prochlorperazine maleate oral tablet 5 mg</i>	Preferred	QL (10 EA per 1 day); AGE (Min 6 Years)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>trifluoperazine hcl oral tablet 10 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	Preferred	QL (1 EA per 25 days); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	Preferred	QL (1 EA per 25 days); AGE (Min 18 Years)
<i>aripiprazole oral solution 1 mg/ml</i>	Preferred	PA; AGE (Min 6 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (<i>aripiprazole lauroxil</i>)	Preferred	QL (3.9 ML per 50 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML (<i>aripiprazole lauroxil</i>)	Preferred	QL (1.6 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML (<i>aripiprazole lauroxil</i>)	Preferred	QL (2.4 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	Preferred	QL (3.2 ML per 25 days); AGE (Min 18 Years)
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG (<i>olanzapine pamoate</i>)	Preferred	QL (2 EA per 25 days); AGE (Min 18 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG (<i>olanzapine pamoate</i>)	Preferred	QL (1 EA per 25 days); AGE (Min 18 Years)
*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years)
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Preferred	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofof</i>)	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofof</i>)	Preferred	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	Preferred	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	Preferred	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofof df</i>)	Preferred	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	Preferred	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	Preferred	QL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Preferred	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Preferred	PA; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	Preferred	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	Preferred	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	Preferred	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Preferred	QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Preferred	QL (17.5 ML per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Preferred	QL (8 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Preferred	QL (4 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	Preferred	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	Preferred	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	Preferred	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	Preferred	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	Preferred	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivud</i>)	Preferred	QL (6 EA per 1 day)
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	Preferred	PA; QL (1 EA per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Preferred	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Preferred	QL (60 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	Preferred	QL (48 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	Preferred	QL (16 EA per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	Preferred	QL (2 EA per 1 day)
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	Preferred	QL (2 EA per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Preferred	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	Preferred	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Preferred	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	Preferred	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	Preferred	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (<i>dolutegravir sodium</i>)	Preferred	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	Preferred	QL (6 EA per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Preferred	QL (4 EA per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Preferred	QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Preferred	QL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Preferred	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Preferred	QL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Preferred	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	Preferred	QL (56 ML per 1 day)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	Preferred	PA
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	Preferred	QL (8 ML per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	Preferred	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	Preferred	QL (16 EA per 1 day)
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	Preferred	QL (6 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Preferred	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	Preferred	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	Preferred	QL (4 EA per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Preferred	QL (1 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Preferred	QL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Preferred	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Preferred	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Preferred	QL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	Preferred	QL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>	Preferred	QL (2 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Preferred	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	Preferred	QL (2 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule 200 mg</i>	Preferred	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Preferred	QL (20 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Preferred	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Preferred	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Preferred	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (<i>zidovudine</i>)	Preferred	QL (100 ML per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Preferred	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Preferred	QL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	Preferred	QL (2 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Preferred	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	Preferred	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Preferred	QL (1 EA per 1 day)
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS FOR VIRAL INFECTIONS		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	Preferred	QL (1 EA per 1 day)
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Preferred	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Preferred	PA
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Preferred	QL (3 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	Preferred	PA
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Preferred	PA; QL (1 EA per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Preferred	PA; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	Preferred	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	Preferred	PA
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin oral capsule 200 mg</i>	Preferred	PA
<i>ribavirin oral tablet 200 mg</i>	Preferred	PA
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	Preferred	PA
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	Preferred	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	Preferred	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Preferred	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Preferred	QL (8 EA per 1 day)
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Preferred	QL (3 EA per 1 day)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet 100 mg</i>	Preferred	QL (2 EA per 1 day)
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Preferred	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Preferred	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	Preferred	
BETA BLOCKERS - DRUGS FOR THE HEART		
*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Preferred	QL (2 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	Preferred	QL (4 EA per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	Preferred	QL (8 EA per 1 day)
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Preferred	QL (16 EA per 1 day)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Preferred	QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg</i>	Preferred	QL (3 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Preferred	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	QL (3 EA per 1 day)
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>nadolol oral tablet 20 mg, 40 mg</i>	Preferred	QL (3 EA per 1 day)
<i>nadolol oral tablet 80 mg</i>	Preferred	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg</i>	Preferred	QL (3 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Preferred	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Preferred	QL (4 EA per 1 day)
<i>propranolol hcl oral solution 20 mg/5ml</i>	Preferred	QL (20 ML per 1 day)
<i>propranolol hcl oral solution 40 mg/5ml</i>	Preferred	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Preferred	QL (6 EA per 1 day)
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Preferred	QL (2 EA per 1 day)
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Preferred	QL (2 EA per 1 day)
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Preferred	QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Preferred	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Preferred	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Preferred	QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Preferred	QL (2 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	QL (4 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Preferred	QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)</i>	Preferred	AGE (Min 6 Years and Max 12 Years)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	Preferred	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Preferred	QL (1 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	Preferred	QL (2 EA per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	Preferred	AGE (Min 6 Years and Max 12 Years)
<i>verapamil hcl er oral tablet extended release 120 mg, 240 mg</i>	Preferred	QL (3 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg</i>	Preferred	QL (2 EA per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	Preferred	QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	Preferred	QL (4 EA per 1 day)
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin oral solution 0.05 mg/ml</i>	Preferred	AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>digoxin oral tablet 62.5 mcg</i>	Preferred	QL (8 EA per 1 day)
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	Preferred	PA
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Preferred	PA
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Preferred	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Preferred	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Preferred	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	Preferred	PA
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>sildenafil citrate oral tablet 20 mg</i>	Preferred	PA; QL (3 EA per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR HIGH BLOOD PRESSURE		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	Preferred	PA; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Preferred	PA
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Preferred	AGE (Max 12 Years)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Preferred	QL (6 EA per 1 day)
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	AGE (Max 12 Years)
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	AGE (Max 12 Years)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Preferred	QL (2 EA per 1 day)
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule 300 mg</i>	Preferred	QL (2 EA per 1 day)
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	AGE (Max 12 Years)
CHEMICALS		
*BULK CHEMICALS - BU'S***		
<i>budesonide powder</i>	Preferred	
*BULK CHEMICALS - ET'S***		
<i>ethyl oleate liquid</i>	Preferred	
*BULK CHEMICALS - PR'S***		
<i>progesterone micronized powder</i>	Preferred	
*FIXED OILS***		
<i>sesame oil oil</i>	Preferred	
*LIQUIDS***		
<i>benzyl benzoate liquid</i>	Preferred	AGE (Min 16 Years and Max 60 Years)
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Preferred	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)</i>	Preferred	QL (1.34 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)</i>	Preferred	QL (1.34 EA per 1 day)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Preferred	QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Preferred	QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)</i>	Preferred	QL (1.34 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Preferred	QL (1.34 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preferred	QL (1.34 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preferred	QL (1.34 EA per 1 day)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	Preferred	QL (1.34 EA per 1 day)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	Preferred	QL (1.34 EA per 1 day)
<i>desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	QL (1.34 EA per 1 day)
<i>norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)</i>	Preferred	QL (1.34 EA per 1 day)
<i>drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)</i>	Preferred	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
<i>norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)</i>	Preferred	QL (0.143 EA per 1 day)
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Preferred	QL (0.05 EA per 1 day)
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	Preferred	QL (6 EA per 365 days)
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)</i>	Preferred	QL (1.08 EA per 1 day)
<i>levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	Preferred	QL (1.08 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Preferred	QL (1.08 EA per 1 day)
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	Preferred	QL (2.6 ML per 284 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Preferred	QL (4 ML per 284 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Preferred	QL (4 ML per 284 days)
*PROGESTIN CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	Preferred	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	Preferred	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	Preferred	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	Preferred	
*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>norethindrone oral tablet 0.35 mg</i>	Preferred	QL (1.34 EA per 1 day)
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	QL (1.34 EA per 1 day)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Preferred	QL (1.34 EA per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	QL (1.34 EA per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	QL (1.34 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	Preferred	QL (1.34 EA per 1 day)
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
<i>budesonide oral capsule delayed release particles 3 mg</i>	Preferred	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Preferred	QL (60 ML per 1 day)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Preferred	
<i>dexamethasone oral tablet 0.5 mg</i>	Preferred	QL (12 EA per 1 day)
<i>dexamethasone oral tablet 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Preferred	QL (10 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg</i>	Preferred	QL (12 EA per 1 day)
<i>hydrocortisone oral tablet 20 mg</i>	Preferred	QL (6 EA per 1 day)
<i>hydrocortisone oral tablet 5 mg</i>	Preferred	QL (24 EA per 1 day)
<i>methylprednisolone oral tablet 16 mg</i>	Preferred	QL (4 EA per 1 day)
<i>methylprednisolone oral tablet 32 mg</i>	Preferred	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>methylprednisolone oral tablet 4 mg</i>	Preferred	QL (12 EA per 1 day)
<i>methylprednisolone oral tablet 8 mg</i>	Preferred	QL (6 EA per 1 day)
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Preferred	QL (12 EA per 1 day)
<i>prednisolone oral solution 15 mg/5ml</i>	Preferred	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	Preferred	
<i>prednisone oral solution 5 mg/5ml</i>	Preferred	QL (60 ML per 1 day)
<i>prednisone oral tablet 1 mg</i>	Preferred	QL (10 EA per 1 day)
<i>prednisone oral tablet 10 mg</i>	Preferred	QL (9 EA per 1 day)
<i>prednisone oral tablet 2.5 mg</i>	Preferred	QL (8 EA per 1 day)
<i>prednisone oral tablet 20 mg</i>	Preferred	QL (6 EA per 1 day)
<i>prednisone oral tablet 5 mg</i>	Preferred	QL (16 EA per 1 day)
<i>prednisone oral tablet 50 mg</i>	Preferred	QL (3 EA per 1 day)
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Preferred	
*MINERALOCORTICOIDS*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Preferred	QL (5 EA per 1 day)
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule 100 mg</i>	Preferred	QL (6 EA per 1 day)
<i>benzonatate oral capsule 200 mg</i>	Preferred	QL (5 EA per 1 day)
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	Preferred	QL (60 ML per 1 day); AGE (Max 64 Years)
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	Preferred	
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution 20 %</i>	Preferred	QL (120 ML per 1 day)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Preferred	QL (60 ML per 1 day)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
<i>clindamycin phosphate external solution 1 %</i>	Preferred	QL (60 ML per 25 days)
<i>erythromycin external solution 2 %</i>	Preferred	QL (15 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Preferred	PA; QL (118 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
<i>adapalene external gel 0.1 %</i>	Preferred	QL (45 GM per 25 days)
<i>benzoyl peroxide external gel 10 %</i>	Preferred	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Preferred	PA
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>gentamicin sulfate external cream 0.1 %</i>	Preferred	QL (30 GM per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	Preferred	QL (30 GM per 25 days)
<i>mupirocin external ointment 2 %</i>	Preferred	QL (44 GM per 25 days)
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclopirox external solution 8 %</i>	Preferred	QL (6.6 ML per 25 days)
<i>ciclopirox olamine external cream 0.77 %</i>	Preferred	QL (20 GM per 1 day)
<i>ciclopirox olamine external suspension 0.77 %</i>	Preferred	QL (60 ML per 25 days)
<i>nystatin external cream 100000 unit/gm</i>	Preferred	QL (90 GM per 25 days)
<i>nystatin external ointment 100000 unit/gm</i>	Preferred	QL (90 GM per 25 days)
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	Preferred	QL (30 GM per 25 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel 1 %</i>	Preferred	QL (200 GM per 25 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>fluorouracil external cream 5 %</i>	Preferred	
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Preferred	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Preferred	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Preferred	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Preferred	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	Preferred	PA; QL (0.5 ML per 24 days)
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream 0.005 %</i>	Preferred	PA
<i>calcipotriene external ointment 0.005 %</i>	Preferred	PA
<i>calcipotriene external solution 0.005 %</i>	Preferred	PA
*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external ointment 5 %</i>	Preferred	PA

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*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	Preferred	
*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Preferred	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Preferred	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Preferred	QL (60 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Preferred	QL (50 GM per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	Preferred	QL (60 GM per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	Preferred	QL (60 ML per 25 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	Preferred	QL (45 GM per 25 days)
<i>betamethasone valerate external cream 0.1 %</i>	Preferred	QL (45 GM per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	Preferred	QL (60 ML per 25 days)
<i>betamethasone valerate external ointment 0.1 %</i>	Preferred	QL (45 GM per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	Preferred	QL (50 ML per 25 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	Preferred	QL (120 ML per 25 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Preferred	QL (60 GM per 25 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Preferred	QL (60 GM per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	Preferred	QL (60 GM per 25 days)
<i>fluocinonide external cream 0.05 %</i>	Preferred	QL (60 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	Preferred	QL (60 GM per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	Preferred	QL (60 GM per 25 days)
<i>fluocinonide external solution 0.05 %</i>	Preferred	QL (60 ML per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	Preferred	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	Preferred	QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	Preferred	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	Preferred	QL (50 GM per 25 days)
<i>mometasone furoate external cream 0.1 %</i>	Preferred	QL (45 GM per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	Preferred	QL (45 GM per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	Preferred	QL (60 ML per 25 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Preferred	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Preferred	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Preferred	
<i>triamcinolone acetonide powder</i>	Preferred	
*EMOLLIENTS*** - DRUGS FOR THE SKIN		
<i>ammonium lactate external lotion 12 %</i>	Preferred	QL (225 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*ENZYMES - TOPICAL*** - DRUGS FOR THE SKIN		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	Preferred	PA; QL (2 GM per 1 day)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>clotrimazole external solution 1 %</i>	Preferred	QL (60 ML per 30 days)
<i>ketconazole external cream 2 %</i>	Preferred	QL (60 GM per 25 days)
<i>ketconazole external shampoo 2 %</i>	Preferred	QL (120 ML per 25 days)
<i>miconazole nitrate external cream 2 %</i>	Preferred	QL (150 GM per 25 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>imiquimod external cream 5 %</i>	Preferred	PA; QL (24 EA per 25 days)
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** - DRUGS FOR THE SKIN		
<i>podofilox external solution 0.5 %</i>	Preferred	QL (7 ML per 180 days)
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>lidocaine hcl (Glydo External Prefilled Syringe 2 %)</i>	Preferred	
<i>lidocaine external patch 5 %</i>	Preferred	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	Preferred	
<i>lidocaine hcl (Proxivol External Gel 2 %)</i>	Preferred	
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>pimecrolimus external cream 1 %</i>	Preferred	PA; QL (2 GM per 1 day)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Preferred	PA; QL (30 GM per 25 days)
*MISC. TOPICAL*** - DRUGS FOR THE SKIN		
DRYSOL EXTERNAL SOLUTION 20 % (<i>aluminum chloride</i>)	Preferred	
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>metronidazole external cream 0.75 %</i>	Preferred	
<i>metronidazole external gel 0.75 %</i>	Preferred	
<i>metronidazole external lotion 0.75 %</i>	Preferred	
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	Preferred	
<i>malathion external lotion 0.5 %</i>	Preferred	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	Preferred	
<i>spinosad external suspension 0.9 %</i>	Preferred	QL (120 ML per 25 days)
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Preferred	QL (60 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*WOUND CARE COMBINATIONS*** - DRUGS FOR THE SKIN		
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	Preferred	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC DRUGS***		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG (<i>thyrotropin alfa</i>)	Preferred	PA; QL (2 EA per 180 days)
*DIAGNOSTIC INFECTION TEST COMBINATIONS***		
BD VERITOR SARS-COV-2/FLU A+B IN VITRO KIT (<i>influenza-sars antigen test</i>)	Preferred	
*INFECTION TESTS***		
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT (<i>covid-19 antigen test</i>)	Preferred	QL (2 EA per 28 days)
ID NOW COVID-19 2.0 TEST IN VITRO KIT (<i>covid-19 test</i>)	Preferred	QL (2 EA per 28 days)
ID NOW COVID-19 CONTROL IN VITRO KIT (<i>covid-19 control test</i>)	Preferred	
ID NOW COVID-19 IN VITRO KIT (<i>covid-19 test</i>)	Preferred	QL (2 EA per 28 days)
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT (<i>covid-19 at home test</i>)	Preferred	QL (2 EA per 28 days)
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	QL (6 EA per 1 day)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	QL (6 EA per 1 day)
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Preferred	QL (4 EA per 1 day)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Preferred	QL (4 EA per 1 day)
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Preferred	QL (2 EA per 1 day)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Preferred	QL (4 EA per 1 day)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Preferred	QL (2 EA per 1 day)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Preferred	QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (2 EA per 1 day)
<i>bumetanide oral tablet 2 mg</i>	Preferred	QL (5 EA per 1 day)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Preferred	AGE (Max 12 Years)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Preferred	QL (6 EA per 1 day)
<i>torseamide oral tablet 10 mg, 20 mg</i>	Preferred	QL (4 EA per 1 day)
<i>torseamide oral tablet 100 mg, 5 mg</i>	Preferred	QL (2 EA per 1 day)
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride hcl oral tablet 5 mg</i>	Preferred	QL (4 EA per 1 day)
<i>spironolactone oral tablet 100 mg</i>	Preferred	QL (2 EA per 1 day)
<i>spironolactone oral tablet 25 mg</i>	Preferred	QL (8 EA per 1 day)
<i>spironolactone oral tablet 50 mg</i>	Preferred	QL (4 EA per 1 day)
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Preferred	QL (2 EA per 1 day)
<i>hydrochlorothiazide oral tablet 25 mg</i>	Preferred	QL (8 EA per 1 day)
<i>hydrochlorothiazide oral tablet 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Preferred	QL (2 EA per 1 day)
<i>metolazone oral tablet 10 mg</i>	Preferred	QL (2 EA per 1 day)
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	Preferred	QL (4 EA per 1 day)
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Preferred	QL (0.1429 EA per 1 day)
<i>ibandronate sodium oral tablet 150 mg</i>	Preferred	QL (0.0358 EA per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Preferred	QL (1 ML per 1 day); AGE (Min 50 Years)
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>levocarnitine oral solution 1 gm/10ml</i>	Preferred	QL (60 ML per 1 day)
<i>levocarnitine oral tablet 330 mg</i>	Preferred	QL (18 EA per 1 day)
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet 0.5 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	Preferred	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Preferred	QL (4 EA per 1 day)
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** - HORMONES		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	Preferred	PA
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	Preferred	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	Preferred	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	Preferred	PA
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	Preferred	PA
*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	Preferred	PA
*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	Preferred	PA
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>raloxifene hcl oral tablet 60 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 50 Years)
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
<i>octreotide acetate injection solution 100 mcg/ml</i>	Preferred	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml</i>	Preferred	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	Preferred	PA
*VASOPRESSIN*** - HORMONES		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Preferred	PA
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Preferred	
<i>desmopressin acetate oral tablet 0.1 mg</i>	Preferred	QL (4 EA per 1 day)

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<i>desmopressin acetate oral tablet 0.2 mg</i>	Preferred	QL (5 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Preferred	PA
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg)</i>	Preferred	QL (1 EA per 1 day)
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	Preferred	QL (1 EA per 1 day)
*ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	AGE (Max 64 Years)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Preferred	QL (2 EA per 1 day)
<i>levofloxacin oral solution 25 mg/ml</i>	Preferred	PA
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Preferred	QL (1 EA per 1 day)
<i>moxifloxacin hcl oral tablet 400 mg</i>	Preferred	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
<i>ursodiol oral capsule 300 mg</i>	Preferred	QL (2 EA per 1 day)
<i>ursodiol oral tablet 250 mg</i>	Preferred	QL (4 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	Preferred	QL (2 EA per 1 day)
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	Preferred	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Preferred	QL (6 EA per 1 day)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium oral capsule 750 mg</i>	Preferred	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Preferred	QL (4 EA per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	Preferred	QL (10 EA per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Preferred	QL (8 EA per 1 day)
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution 10 gm/15ml</i>	Preferred	QL (180 ML per 1 day)
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Preferred	

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
<i>finasteride oral tablet 5 mg</i>	Preferred	QL (1 EA per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Preferred	QL (2 EA per 1 day)
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	Preferred	QL (3 EA per 1 day)
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Preferred	QL (4 EA per 1 day)
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Preferred	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Preferred	
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution 0.25 %</i>	Preferred	
<i>sodium chloride irrigation solution 0.9 %</i>	Preferred	QL (10000 ML per 25 days)
*URINARY ANALGESICS*** - DRUGS FOR INFECTIONS		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Preferred	QL (3 EA per 1 day)
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Preferred	QL (3 EA per 1 day)
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet 100 mg</i>	Preferred	QL (6 EA per 1 day)
<i>allopurinol oral tablet 300 mg</i>	Preferred	QL (4 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Preferred	QL (30 EA per 90 days)
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet 500 mg</i>	Preferred	QL (3 EA per 1 day)
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*ANTIHEMOPHILIC PRODUCTS*** - DRUGS TO PREVENT BLEEDING		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 4000 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	Preferred	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	Preferred	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Preferred	PA
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Preferred	QL (4 EA per 1 day)
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Preferred	PA
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet 25 mg</i>	Preferred	QL (10 EA per 1 day)
<i>dipyridamole oral tablet 50 mg</i>	Preferred	QL (8 EA per 1 day)
<i>dipyridamole oral tablet 75 mg</i>	Preferred	QL (4 EA per 1 day)
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Preferred	QL (1 EA per 1 day)
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Preferred	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	Preferred	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Preferred	PA
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>folic acid oral tablet 1 mg</i>	Preferred	QL (5 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	Preferred	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	Preferred	PA; QL (0.6 ML per 11 days)
*IRON COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>foltrin oral capsule</i>	Preferred	QL (2 EA per 1 day)
HEMATOGEN ORAL CAPSULE (<i>iron combinations</i>)	Preferred	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Preferred	QL (2 EA per 1 day)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>phenobarbital oral elixir 20 mg/5ml</i>	Preferred	QL (50 ML per 1 day); AGE (Max 12 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg</i>	Preferred	QL (2 EA per 1 day)
<i>phenobarbital oral tablet 64.8 mg</i>	Preferred	QL (3 EA per 1 day)
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
<i>zolpidem tartrate oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate oral tablet 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Preferred	QL (4000 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Preferred	QL (4000 ML per 1 day)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Preferred	QL (4000 ML per 1 day)
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	Preferred	
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>lactulose oral solution 10 gm/15ml</i>	Preferred	QL (180 ML per 1 day)
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>senna oral syrup 8.8 mg/5ml</i>	Preferred	
*SURFACTANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>docusate sodium oral capsule 250 mg</i>	Preferred	QL (6 EA per 1 day)
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin oral packet 1 gm</i>	Preferred	QL (1 EA per 1 day)
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Max 12 Years)
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	Preferred	QL (30 ML per 1 day); AGE (Max 12 Years)
<i>azithromycin oral tablet 250 mg</i>	Preferred	QL (12 EA per 25 days)
<i>azithromycin oral tablet 500 mg</i>	Preferred	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	Preferred	QL (1 EA per 1 day)
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Preferred	
*ERYTHROMYCINS*** - ANTIBIOTICS		
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Preferred	AGE (Max 12 Years)
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*APPLICATORS,COTTON BALLS,ETC*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>essentra wipes 9x9" sheet 70 %</i>	Preferred	QL (200 EA per 25 days)
*GAUZE PADS & DRESSINGS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AMD FOAM DRESSING PAD 4"X4" (<i>gauze pads & dressings</i>)	Preferred	QL (30 EA per 25 days)
*NEBULIZERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AEROECLIPSE II NEBULIZER (<i>nebulizers</i>)	Preferred	QL (2 EA per 1 Fill)

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Drug Name	Formulary Status	Requirements/Limits
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	Preferred	QL (5 EA per 1 day)
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
MONOJECT SYRINGE 25G X 1" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
MONOJECT SYRINGE REGULAR TIP 3 ML (<i>syringe (disposable)</i>)	Preferred	
*PEAK FLOW METERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	QL (1 EA per 365 days)
*RESPIRATORY THERAPY SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
ACTIVITY POUCH (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
<i>adult mask large</i>	Preferred	QL (1 EA per 365 days)
AEROECLIPSE EZ TWIST TUBING (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
AEROTRACH PLUS (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
AIRS PEDIATRIC AEROSOL MASK (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
ALL FLOW 1000 PFT FILTER (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
<i>breathe ease neb mask/child</i>	Preferred	QL (1 EA per 365 days)
<i>breathe ease neb mask/infant</i>	Preferred	QL (1 EA per 365 days)
CARETOUCH 2 CPAP HOSE HANGER (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
CARETOUCH CPAP & BIPAP HOSE (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
CARETOUCH CPAP MASK WIPES (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
CARETOUCH CPAP PRE-WASH SOLN (<i>respiratory therapy supplies</i>)	Preferred	QL (354.8 ML per 365 days)
CARETOUCH CPAP TUBE BRUSH (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
CARETOUCH UNIVERSL CPAP FILTER (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
<i>co monitor replacement pieces</i>	Preferred	QL (1 EA per 365 days)
<i>filter air pp</i>	Preferred	QL (1 EA per 365 days)
<i>full kit nebulizer set</i>	Preferred	QL (1 EA per 365 days)
INNOSPIRE REPLACEMENT FILTER (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
LITETOUCH MASK LARGE (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
LITETOUCH MASK MEDIUM (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
LITETOUCH MASK SMALL (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
<i>nebulizer air tube/plugs</i>	Preferred	QL (1 EA per 365 days)
<i>nebulizer mask adult</i>	Preferred	QL (1 EA per 365 days)
<i>nebulizer mask child</i>	Preferred	QL (1 EA per 365 days)
PARI BABY CONVERSION KIT (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
PARI EXPIRATORY FILTER SET DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
PARI MASK SET (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
PARI SOFT PLASTIC ADULT MASK (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
PARI SOFT PLASTIC PED MASK (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
PFLEX (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
<i>pillow mask/adult</i>	Preferred	QL (1 EA per 365 days)
<i>pillow mask/child</i>	Preferred	QL (1 EA per 365 days)
<i>pillow mask/pediatric</i>	Preferred	QL (1 EA per 365 days)
<i>replacement air filter</i>	Preferred	QL (1 EA per 365 days)
SIDESTREAM ADULT FACE MASK (OTC) (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
SIDESTREAM ADULT FACE MASK (RX) (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK (OTC) (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK (RX) (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
<i>silicone mask/adult</i>	Preferred	QL (1 EA per 365 days)
<i>silicone mask/infant</i>	Preferred	QL (1 EA per 365 days)
<i>silicone mask/pediatric</i>	Preferred	QL (1 EA per 365 days)
THRESHOLD IMT (<i>respiratory therapy supplies</i>)	Preferred	QL (1 EA per 365 days)
WINDMILL TRAINER (<i>respiratory therapy supplies</i>)	Preferred	QL (5 EA per 365 days)
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
INSPIREASE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (2 EA per 180 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Preferred	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Preferred	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Preferred	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	QL (9 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Preferred	QL (1.67 ML per 1 day)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	Preferred	QL (1 EA per 1 day)
*PHOSPHATE*** - DRUGS FOR NUTRITION		
<i>k phos mono-sod phos di & mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)</i>	Preferred	QL (4 EA per 1 day)
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)</i>	Preferred	QL (4 EA per 1 day)
<i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i>	Preferred	QL (4 EA per 1 day)
<i>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)</i>	Preferred	QL (5 EA per 1 day)
<i>potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)</i>	Preferred	QL (4 EA per 1 day)
<i>potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)</i>	Preferred	QL (2 EA per 1 day)
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Preferred	QL (4 EA per 1 day)
<i>potassium chloride er oral tablet extended release 20 meq</i>	Preferred	QL (5 EA per 1 day)
<i>potassium chloride oral solution 10 %, 40 meq/15ml (20%)</i>	Preferred	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ANTILEPTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE 100 MG (<i>thalidomide</i>)	Preferred	PA; QL (1 EA per 1 day)
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
<i>penicillamine oral tablet 250 mg</i>	Preferred	PA
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine modified oral capsule 50 mg</i>	Preferred	QL (15 EA per 1 day)
<i>cyclosporine oral capsule 100 mg</i>	Preferred	QL (5 EA per 1 day)
<i>cyclosporine oral capsule 25 mg</i>	Preferred	QL (16 EA per 1 day)
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg)</i>	Preferred	QL (10 EA per 1 day)
<i>cyclosporine modified (Gengraf Oral Capsule 25 Mg)</i>	Preferred	QL (15 EA per 1 day)
<i>cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)</i>	Preferred	QL (10 ML per 1 day)
NEORAL ORAL CAPSULE 100 MG (<i>cyclosporine modified</i>)	Preferred	QL (10 EA per 1 day)
NEORAL ORAL CAPSULE 25 MG (<i>cyclosporine modified</i>)	Preferred	QL (15 EA per 1 day)
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	Preferred	QL (10 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Preferred	
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Preferred	PA; QL (1 EA per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Preferred	QL (12 EA per 1 day)
<i>mycophenolate mofetil oral tablet 500 mg</i>	Preferred	QL (8 EA per 1 day)
*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS		
<i>sterile water for irrigation irrigation solution</i>	Preferred	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	Preferred	
<i>tacrolimus oral capsule 0.5 mg</i>	Preferred	QL (2 EA per 1 day)
<i>tacrolimus oral capsule 1 mg</i>	Preferred	QL (14 EA per 1 day)
<i>tacrolimus oral capsule 5 mg</i>	Preferred	
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	Preferred	QL (3 EA per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	Preferred	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	Preferred	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	Preferred	QL (1 EA per 1 day)
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azathioprine oral tablet 50 mg</i>	Preferred	QL (8 EA per 1 day)
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Preferred	
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat troche 10 mg</i>	Preferred	QL (5 EA per 1 day)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Preferred	QL (120 ML per 1 day)
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Preferred	
<i>sodium fluoride dental gel 1.1 %</i>	Preferred	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Preferred	
*STERIODS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Preferred	
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex-c-folic acid (Dialyvite Oral Tablet)</i>	Preferred	
<i>folbee plus oral tablet</i>	Preferred	
<i>triphrocaps oral capsule 1 mg</i>	Preferred	QL (2 EA per 1 day)
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Preferred	QL (1.67 ML per 1 day)
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Preferred	QL (1.67 ML per 1 day)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	Preferred	QL (2 EA per 1 day)
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Preferred	QL (1.67 ML per 1 day)
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
<i>NATALVIT ORAL TABLET (prenatal vit-fe fumarate-fa)</i>	Preferred	QL (1 EA per 1 day)
<i>prenatal oral tablet 27-0.8 mg</i>	Preferred	QL (1 EA per 1 day)
<i>se-natal 19 oral tablet 29-1 mg</i>	Preferred	QL (1 EA per 1 day)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Preferred	QL (1 EA per 1 day)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Preferred	QL (1 EA per 1 day)
<i>VINATE II ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)</i>	Preferred	QL (1 EA per 1 day)
<i>VITAFOL-OB ORAL TABLET (prenatal vit-fe fumarate-fa)</i>	Preferred	QL (1 EA per 1 day)
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>baclofen oral tablet 10 mg</i>	Preferred	QL (3 EA per 1 day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	Preferred	QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>chlorzoxazone oral tablet 500 mg</i>	Preferred	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Preferred	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i>	Preferred	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Preferred	QL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	Preferred	QL (9 EA per 1 day); AGE (Max 64 Years)
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Preferred	
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution 0.1 %</i>	Preferred	QL (30 ML per 25 days)
*NASAL STEROIDS*** - ALLERGY		
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Preferred	QL (16 GM per 25 days); AGE (Min 4 Years)
*SYSTEMIC DECONGESTANTS*** - ALLERGY		
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Preferred	QL (6 EA per 1 day)
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*ARTIFICIAL TEARS AND LUBRICANTS*** - DRUGS FOR THE EYE		
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	Preferred	
*BETA-BLOCKERS - OPTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Preferred	QL (10 ML per 25 days)
*BETA-BLOCKERS - OPTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>carteolol hcl ophthalmic solution 1 %</i>	Preferred	QL (15 ML per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Preferred	QL (15 ML per 25 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Preferred	
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
<i>atropine sulfate ophthalmic solution 1 %</i>	Preferred	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Preferred	QL (15 ML per 25 days)
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Preferred	PA; QL (6 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	Preferred	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Preferred	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Preferred	QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	Preferred	QL (2.5 ML per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Preferred	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Preferred	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Preferred	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Preferred	QL (10 ML per 30 days)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Preferred	QL (3 ML per 25 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	Preferred	
<i>tobramycin ophthalmic solution 0.3 %</i>	Preferred	
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Preferred	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	Preferred	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	Preferred	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Preferred	
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution 1 %</i>	Preferred	QL (7.5 ML per 25 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Preferred	
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Preferred	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Preferred	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Preferred	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Preferred	QL (10 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Preferred	
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Preferred	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Preferred	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	Preferred	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Preferred	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Preferred	
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Preferred	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Preferred	QL (15 ML per 25 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Preferred	
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Preferred	
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>latanoprost ophthalmic solution 0.005 %</i>	Preferred	QL (5 ML per 25 days)
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution 2 %</i>	Preferred	QL (20 ML per 25 days)
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Preferred	QL (14 EA per 25 days)
<i>ofloxacin otic solution 0.3 %</i>	Preferred	QL (5 ML per 25 days)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Preferred	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Preferred	
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Preferred	
OXYTOCICS - HORMONES		
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Preferred	QL (7 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
*ANTIVIRAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	Preferred	PA
*IMMUNE SERUMS*** - BIOLOGICAL AGENTS		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	Preferred	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	Preferred	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	Preferred	
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Preferred	QL (8 EA per 1 day)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Preferred	
<i>amoxicillin oral tablet 500 mg</i>	Preferred	QL (5 EA per 1 day)
<i>amoxicillin oral tablet 875 mg</i>	Preferred	QL (4 EA per 1 day)
<i>amoxicillin oral tablet chewable 125 mg</i>	Preferred	QL (6 EA per 1 day)
<i>amoxicillin oral tablet chewable 250 mg</i>	Preferred	QL (8 EA per 1 day)
<i>ampicillin oral capsule 500 mg</i>	Preferred	QL (8 EA per 1 day)
*NATURAL PENICILLINS*** - ANTIBIOTICS		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	QL (40 ML per 1 day)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Preferred	QL (8 EA per 1 day)
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Preferred	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Preferred	QL (2 EA per 1 day)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Max 12 Years)
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule 250 mg</i>	Preferred	QL (8 EA per 1 day)
<i>dicloxacillin sodium oral capsule 500 mg</i>	Preferred	QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
PHARMACEUTICAL ADJUVANTS		
*ANTIMICROBIAL AGENTS***		
<i>benzyl alcohol liquid</i>	Preferred	AGE (Min 16 Years and Max 60 Years)
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (2 EA per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>progesterone oral capsule 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>progesterone oral capsule 200 mg</i>	Preferred	QL (2 EA per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Preferred	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Preferred	QL (1 EA per 1 day)
*ANTI-CATAPLECTIC AGENTS*** - DRUGS FOR SLEEP DISORDER		
<i>sodium oxybate oral solution 500 mg/ml</i>	Preferred	PA
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	Preferred	QL (2 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Preferred	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Preferred	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Preferred	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Preferred	PA
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Preferred	PA
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Preferred	PA
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Preferred	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (<i>interferon beta-1b</i>)	Preferred	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Preferred	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Preferred	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Preferred	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Preferred	PA
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Preferred	PA; QL (2 EA per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Preferred	PA
*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Preferred	PA
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl oral solution 2 mg/ml</i>	Preferred	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	Preferred	
*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Preferred	QL (2 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	Preferred	QL (168 EA per 26 days); AGE (Min 18 Years)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	Preferred	QL (40 ML per 26 days); AGE (Min 18 Years)
<i>varenicline tartrate oral tablet 0.5 mg</i>	Preferred	QL (4 EA per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	Preferred	QL (2 EA per 1 day)
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Preferred	PA

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RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)*** - DRUGS FOR ASTHMA/COPD		
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	Preferred	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	Preferred	PA
*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	Preferred	PA
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Preferred	PA
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR CYSTIC FIBROSIS		
ORKAMBI ORAL PACKET 150-188 MG (<i>lumacaftor-ivacaftor</i>)	Preferred	PA
ORKAMBI ORAL TABLET 100-125 MG (<i>lumacaftor-ivacaftor</i>)	Preferred	PA; QL (4 EA per 1 day); AGE (Min 6 Years and Max 11 Years)
ORKAMBI ORAL TABLET 200-125 MG (<i>lumacaftor-ivacaftor</i>)	Preferred	PA; QL (4 EA per 1 day); AGE (Min 11 Years)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	Preferred	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elxacaftor-tezacaftor-ivacaftor</i>)	Preferred	PA
*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	Preferred	PA; QL (2.5 ML per 1 day)
TETRACYCLINES - DRUGS FOR INFECTIONS		
*TETRACYCLINES*** - ANTIBIOTICS		
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Preferred	QL (3 EA per 1 day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	Preferred	QL (3 EA per 1 day)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Preferred	QL (6 EA per 1 day)
<i>propylthiouracil oral tablet 50 mg</i>	Preferred	QL (20 EA per 1 day)
*THYROID HORMONES*** - DRUGS FOR THYROID		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Preferred	QL (2 EA per 1 day)

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SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Preferred	QL (2 EA per 1 day)
<i>thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	QL (1 EA per 1 day)
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
<i>dicyclomine hcl oral capsule 10 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Preferred	QL (80 ML per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	Preferred	QL (8 EA per 1 day); AGE (Max 64 Years)
*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Preferred	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Preferred	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Preferred	QL (2 EA per 1 day)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Preferred	QL (5 ML per 1 day); AGE (Max 6 Years)
<i>famotidine oral tablet 40 mg</i>	Preferred	QL (2 EA per 1 day)
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>sucralfate oral suspension 1 gm/10ml</i>	Preferred	QL (40 ML per 1 day); AGE (Max 18 Years)
<i>sucralfate oral tablet 1 gm</i>	Preferred	QL (4 EA per 1 day)
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	Preferred	QL (3 EA per 1 day)
<i>omeprazole oral capsule delayed release 40 mg</i>	Preferred	QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	Preferred	QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	Preferred	QL (3 EA per 1 day)
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Preferred	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Preferred	
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Preferred	QL (4 EA per 1 day)
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>oxybutynin chloride oral tablet 5 mg</i>	Preferred	QL (3 EA per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Preferred	
<i>terconazole vaginal suppository 80 mg</i>	Preferred	QL (1 EA per 1 day)
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
<i>clindamycin phosphate vaginal cream 2 %</i>	Preferred	
<i>metronidazole vaginal gel 0.75 %</i>	Preferred	QL (70 GM per 5 days)
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Preferred	QL (1.42 GM per 1 day)
<i>estradiol vaginal tablet 10 mcg</i>	Preferred	
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Preferred	QL (2 EA per 25 days)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (3 EA per 1 day)
VITAMINS - DRUGS FOR NUTRITION		
*VITAMIN D*** - DRUGS FOR NUTRITION		
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	Preferred	QL (6 EA per 1 day)
*VITAMIN K*** - DRUGS FOR NUTRITION		
<i>phytonadione oral tablet 5 mg</i>	Preferred	QL (5 EA per 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

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