



**April 2024**

**Molina Healthcare**

**Arizona Medicaid**

**Preferred Drug List**

**(Formulary)/**

**Lista de Medicamentos Preferidos**

**(Formulario)**



## Discrimination is against the law

Molina Healthcare (Molina) follows the law. We treat all people equally. We do not discriminate against anyone based on:

- Race
- Color
- National origin
- Age
- Disability
- Sex

We provide free help and services to people with disabilities. We want you to be able to communicate with us easily. We offer:

- Qualified sign language interpreters.
- Written information in many formats. These may include:
  - Large print
  - Audio
  - Accessible electronic formats
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We also provide free language services to people whose first language is not English. We offer:

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Contact us at 1-800-424-5891 (TTY 711) if you need any of these services.

If you believe we have not provided these services or discriminated in another way, you may file a report by calling the Molina AlertLine at 1-866-606-3889 or online at <https://molinahealthcare.alertline.com>.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may do this online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Or you may do this by mail or phone.

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW Room

509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

TDD: 1-800-537-7697

Complaint forms are available online. You may find them at <http://www.hhs.gov/ocr/office/file/index.html>.

# **CONTENTS/CONTENIDO** (04/01/2024)

## **FORMULARY GUIDE (ENGLISH)**

### **INTRODUCTION**

We are pleased to provide the *2024 Molina Healthcare (Molina) Preferred Drug List (Formulary)* as a useful reference and informational tool. This guide can help medical providers select clinically appropriate and cost-effective products for their patients.

The drugs in this guide have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved before being included. This guide reflects current medical practice as of the date of review.

The information in this guide is provided solely for the benefit of medical providers. We do not guarantee accuracy of such information. This guide is not intended to be comprehensive in nature. All the information in the guide is provided as a reference for drug therapy selection.

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

Molina is not responsible for the actions or omissions of any medical provider based on information in this guide. The medical provider should check the drug manufacturer's product literature or standard references for more detailed information.

### **PREFACE**

This guide is organized by sections. Each section is divided by therapeutic drug class by type.

### **PHARMACY AND THERAPEUTICS (P&T) COMMITTEE**

We use the services of a Pharmacy and Therapeutics Committee ("P&T Committee") 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 who all have a broad background of clinical and academic expertise on 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 help you understand which specific strengths and dosage forms are covered, some general guidelines 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 (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third 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 will be consistent with the category and use where listed.

## GENERIC SUBSTITUTION

Generic substitution is when your pharmacy may dispense a generic version instead of a prescribed brand-name product. In this guide, lowercase italicized type means a generic version is available. In most instances, if there's a generic product available, the brand-name version will become non-formulary. The generic product will be covered instead of the brand-name version. However, this guide is subject to state specific regulations and rules for generic substitution and mandatory generic rules apply where appropriate.

Prescription generic drugs are:

- Usually priced lower than their brand-name equivalents
- Approved by the U.S. Food and Drug Administration for safety and effectiveness. They are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to make sure 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 how safe and effective they are
- Manufactured in the same strength and dosage form as the brand-name drugs

When a generic drug is substituted for a brand-name drug, the generic should be just as safe and effective as the brand-name drug (therapeutic equivalence).

## PLAN DESIGN

- This guide represents Molina and AHCCCS Medicaid's Preferred Drug List . Generic medications are typically available at the lowest cost. Brand-name medications usually cost more than generic versions. This guide lists drugs in the following manner:

Preferred Drugs

Non-Preferred Drugs

The medications listed in this guide are covered by Molina as represented. Molina covers certain medications on the list if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.). Molina will review requests for such medications outside of their listed criteria for medical necessity. If a medication is not listed, you may request a formulary exception for coverage. We will review medical necessity or formulary exception requests based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into **[www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)** to check coverage.

## 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 proven not to work. When this happens, the physician may fax a completed drug prior authorization form to Molina at (844) 271-6887 -. You can find these forms at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com). We will not consider trials of pharmaceutical samples as rationale for approving a prior authorization request.

## PRIOR AUTHORIZATION HELPFUL HINTS

For the quickest response possible from Molina's pharmacy department, please provide relevant information with the Prior Authorization request.

The following are examples:

<b>Class of Medication/Diagnosis</b>	<b>Requested Clinical Information</b>
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	Medication Log and/or Progress Notes documenting previous use of Formulary medications

## EXCLUDED SERVICES

Please note that certain medications are excluded. These include, but are not limited to:

- Drugs used to promote fertility
- Agents used for cosmetic purposes or hair growth
- Agents used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition other than sexual or erectile dysfunction, for which the agents have been approved by the FDA
- All DESI (Drug Efficacy Study Implementation) drugs as defined by the FDA to be less than effective. Compound prescriptions, which include a DESI drug, are not covered
- Drugs which have been recalled
- Experimental drugs or non-FDA-approved drugs

## 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. If you have questions, contact Molina Member Services. We're available Monday through Friday from 8 a.m. to 8 p.m. local time.

- 1-800-424-5891 (TTY 711)

## LEGEND

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

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Drug Name	Formulary Status	Requirements/Limits
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<b>*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<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); AGE (Min 6 Years); Max 90-day supply per fill
<b>*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG ( <i>viloxazine hcl</i> )	Preferred	
<b>*AMPHETAMINE MIXTURES***</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG ( <i>amphetamine-dextroamphetamine</i> )	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG ( <i>amphetamine-dextroamphetamine</i> )	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<b>*AMPHETAMINES***</b>		
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<b>*STIMULANTS - MISC.***</b>		
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG ( <i>methylphenidate hcl</i> )	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR ( <i>methylphenidate</i> )	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill

**AGE** - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **otc** - Over-the-Counter Drug  
**PA** - Prior Authorization **QL** - Quantity Limits **rx** - Prescription Drug

Drug Name	Formulary Status	Requirements/Limits
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML ( <i>methylphenidate hcl</i> )	Preferred	QL (10 ML per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>modafinil oral tablet 100 mg, 200 mg</i>	Preferred	PA
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ( <i>methylphenidate hcl</i> )	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG ( <i>methylphenidate hcl</i> )	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<b>*ALTERNATIVE MEDICINES*</b>		
<b>*ALTERNATIVE MEDICINE - KR'S***</b>		
<i>cvs omega-3 krill oil oral capsule 500 mg</i>	Preferred	
<i>hm megakrill oral capsule 500 mg</i>	Preferred	
<i>krill oil omega-3 oral capsule 500 mg</i>	Preferred	
<i>krill oil oral capsule 300 mg, 500 mg</i>	Preferred	
<i>maximum red krill oral capsule 300 mg</i>	Preferred	
MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 500 MG ( <i>krill oil</i> )	Preferred	
<i>omega-3 krill oil oral capsule 300 mg, 500 mg</i>	Preferred	
<i>omega-3 oral capsule 500 mg</i>	Preferred	
SM MEGAKRILL ORAL CAPSULE 300 MG ( <i>krill oil</i> )	Preferred	
<b>*ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS***</b>		
<i>flax + dha oral capsule</i>	Preferred	
<i>omega 3-6-9 complex oral capsule</i>	Preferred	
<i>omega 3-6-9 oral capsule</i>	Preferred	
<i>omega-3-6-9 oral capsule</i>	Preferred	
<i>ra omega 3-6-9 oral capsule</i>	Preferred	
<i>sm omega-3 oral capsule</i>	Preferred	
<i>sm omega-3-6-9 fatty acids oral capsule</i>	Preferred	
SUPER OMEGA-3 ORAL CAPSULE ( <i>omega 3-6-9 fatty acids</i> )	Preferred	
<i>triple omega-3-6-9 oral capsule</i>	Preferred	
<b>*ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS***</b>		
<i>omega-3 fish oil/vitamin d3 oral capsule 1000-1000 mg-unit</i>	Preferred	

**AGE** - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **otc** - Over-the-Counter Drug  
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Drug Name	Formulary Status	Requirements/Limits
<b>*AMINOGLYCOSIDES*</b>		
<b>*AMINOGLYCOSIDES***</b>		
<i>amikacin sulfate injection solution 1 gm/4ml</i>	Preferred	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )	Preferred	PA; Max 90-day supply per fill
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Preferred	
KITABIS PAK NEBULIZATION SOLUTION 300 MG/5ML INHALATION ( <i>tobramycin</i> )	Preferred	PA; Max 90-day supply per fill
<i>neomycin sulfate oral tablet 500 mg</i>	Preferred	
<i>tobramycin sulfate injection solution 1.2 gm/30ml</i>	Preferred	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	Preferred	
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***</b>		
XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )	Preferred	PA; Max 90-day supply per fill
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***</b>		
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )	Preferred	PA; Max 90-day supply per fill
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	Preferred	PA; Max 90-day supply per fill
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )	Preferred	PA; Max 90-day supply per fill
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	Preferred	PA; Max 90-day supply per fill
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	Preferred	PA; Max 90-day supply per fill
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	Preferred	PA; Max 90-day supply per fill
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	Preferred	PA; Max 90-day supply per fill
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	Preferred	PA; Max 90-day supply per fill
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML ( <i>adalimumab-aaty</i> )	Preferred	PA; Max 90-day supply per fill
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>celecoxib oral capsule 400 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***</b>		
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG ( <i>ibuprofen</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (ibuprofen)	Preferred	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG (ibuprofen)	Preferred	
<i>all day pain relief oral tablet 220 mg</i>	Preferred	
<i>all day relief oral tablet 220 mg</i>	Preferred	
<i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>	Preferred	
<i>childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
CHILDRENS MEDI-PROFEN ORAL SUSPENSION 100 MG/5ML (ibuprofen)	Preferred	
<i>cvs all day pain relief oral tablet 220 mg</i>	Preferred	
<i>cvs childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>cvs ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>cvs ibuprofen childrens oral tablet chewable 100 mg</i>	Preferred	
<i>cvs ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>cvs ibuprofen oral capsule 200 mg</i>	Preferred	
<i>cvs ibuprofen oral tablet 200 mg</i>	Preferred	
<i>cvs naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>cvs naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Preferred	Max 90-day supply per fill
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Preferred	Max 90-day supply per fill
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	Preferred	Max 90-day supply per fill
<i>eq all day pain relief oral tablet 220 mg</i>	Preferred	
<i>eq ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>eq ibuprofen junior oral tablet chewable 100 mg</i>	Preferred	
<i>eq ibuprofen oral capsule 200 mg</i>	Preferred	
<i>eq ibuprofen oral tablet 200 mg</i>	Preferred	
<i>eq naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>eq naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>eql childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>eql ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>eql ibuprofen oral capsule 200 mg</i>	Preferred	
<i>eql ibuprofen oral tablet 200 mg</i>	Preferred	
<i>eql naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Preferred	Max 90-day supply per fill
<i>etodolac oral capsule 200 mg, 300 mg</i>	Preferred	Max 90-day supply per fill
<i>etodolac oral tablet 400 mg, 500 mg</i>	Preferred	Max 90-day supply per fill
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	Preferred	Max 90-day supply per fill
<i>fenoprofen calcium oral tablet 600 mg</i>	Preferred	Max 90-day supply per fill

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>ft all day pain relief oral tablet 220 mg</i>	Preferred	
<i>ft ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>ft ibuprofen ib childrens oral tablet chewable 100 mg</i>	Preferred	
<i>ft ibuprofen minis oral capsule 200 mg</i>	Preferred	
<i>ft ibuprofen oral capsule 200 mg</i>	Preferred	
<i>ft ibuprofen oral tablet 200 mg</i>	Preferred	
<i>ft naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	Preferred	
<i>gnp ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>gnp ibuprofen oral capsule 200 mg</i>	Preferred	
<i>gnp ibuprofen oral tablet 200 mg</i>	Preferred	
<i>gnp naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>gnp naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>goodsense ibuprofen oral capsule 200 mg</i>	Preferred	
<i>goodsense ibuprofen oral tablet 200 mg</i>	Preferred	
<i>goodsense naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>hm ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>hm ibuprofen oral capsule 200 mg</i>	Preferred	
<i>hm naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>hy-vee all day relief oral tablet 220 mg</i>	Preferred	
<b>HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML (ibuprofen)</b>	Preferred	
<i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>	Preferred	Max 90-day supply per fill
<i>ibu-200 oral tablet 200 mg</i>	Preferred	
<i>ibuprofen 100 junior strength oral tablet chewable 100 mg</i>	Preferred	
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Preferred	
<i>ibuprofen oral capsule 200 mg</i>	Preferred	
<i>ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>ibuprofen oral tablet 200 mg</i>	Preferred	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Preferred	Max 90-day supply per fill
<b>INDOCIN ORAL SUSPENSION 25 MG/5ML (indomethacin)</b>	Preferred	Max 90-day supply per fill
<i>indomethacin (Indocin Rectal Suppository 50 Mg)</i>	Preferred	Max 90-day supply per fill
<i>indomethacin er oral capsule extended release 75 mg</i>	Preferred	Max 90-day supply per fill
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>indomethacin rectal suppository 50 mg</i>	Preferred	Max 90-day supply per fill
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Preferred	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>ketorolac tromethamine oral tablet 10 mg</i>	Preferred	QL (20 EA per 30 days)
<i>kls ibuprofen ib oral tablet 200 mg</i>	Preferred	
<i>kls ibuprofen oral tablet 200 mg</i>	Preferred	
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG ( <i>ibuprofen</i> )	Preferred	
MEDI-PROFEN ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	Preferred	
MEDI-PROFEN ORAL SUSPENSION 40 MG/ML ( <i>ibuprofen</i> )	Preferred	
MEDI-PROFEN ORAL TABLET 200 MG ( <i>ibuprofen</i> )	Preferred	
MEDIPROXEN ORAL TABLET 220 MG ( <i>naproxen sodium</i> )	Preferred	
<i>meijer ibuprofen oral tablet 200 mg</i>	Preferred	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Preferred	Max 90-day supply per fill
<i>mm ibuprofen oral tablet 200 mg</i>	Preferred	
MOTRIN IB ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	Preferred	
MOTRIN IB ORAL TABLET 200 MG ( <i>ibuprofen</i> )	Preferred	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Preferred	Max 90-day supply per fill
<i>naproxen dr oral tablet delayed release 500 mg</i>	Preferred	Max 90-day supply per fill
<i>naproxen oral suspension 125 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Preferred	Max 90-day supply per fill
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Preferred	Max 90-day supply per fill
<i>naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Preferred	Max 90-day supply per fill
<i>oxaprozin oral tablet 600 mg</i>	Preferred	Max 90-day supply per fill
PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET 220 MG ( <i>naproxen sodium</i> )	Preferred	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Preferred	Max 90-day supply per fill
<i>qc childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>qc ibuprofen ib oral tablet 200 mg</i>	Preferred	
<i>qc ibuprofen oral capsule 200 mg</i>	Preferred	
<i>qc ibuprofen oral tablet 200 mg</i>	Preferred	
<i>qc naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>qc naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>ra ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>ra ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>ra ibuprofen junior strength oral tablet chewable 100 mg</i>	Preferred	
<i>ra ibuprofen oral capsule 200 mg</i>	Preferred	
<i>ra ibuprofen oral tablet 200 mg</i>	Preferred	
<i>ra naproxen sodium oral tablet 220 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>ra pain relief ibuprofen oral tablet 200 mg</i>	Preferred	
RELAFEN DS ORAL TABLET 1000 MG ( <i>nabumetone</i> )	Preferred	Max 90-day supply per fill
<i>sb ibuprofen oral tablet 200 mg</i>	Preferred	
<i>sb infants ibuprofen oral suspension 50 mg/1.25ml</i>	Preferred	
<i>sb naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>sm ibuprofen ib childrens oral tablet chewable 100 mg</i>	Preferred	
<i>sm ibuprofen ib oral tablet 200 mg</i>	Preferred	
<i>sm ibuprofen jr oral tablet 100 mg</i>	Preferred	
<i>sm ibuprofen oral capsule 200 mg</i>	Preferred	
<i>sm ibuprofen oral tablet 200 mg</i>	Preferred	
<i>sm infants ibuprofen oral suspension 50 mg/1.25ml</i>	Preferred	
<i>sm naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Preferred	Max 90-day supply per fill
WAL-PROFEN ORAL CAPSULE 200 MG ( <i>ibuprofen</i> )	Preferred	
WAL-PROFEN ORAL TABLET 200 MG ( <i>ibuprofen</i> )	Preferred	
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	Preferred	PA; Max 90-day supply per fill
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	Preferred	PA
<b>*PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Preferred	Max 90-day supply per fill
<b>*SELECTIVE COSTIMULATION MODULATORS***</b>		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	Preferred	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	Preferred	PA
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	Preferred	PA; Max 90-day supply per fill
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	Preferred	PA; Max 90-day supply per fill
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	Preferred	PA; Max 90-day supply per fill
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	Preferred	PA; Max 90-day supply per fill
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*ANALGESICS OTHER***</b>		
<i>8 hour arthritis pain oral tablet extended release 650 mg</i>	Preferred	
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>8 hr arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	Preferred	
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	Preferred	
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Preferred	
<i>acetaminophen er oral tablet extended release 650 mg</i>	Preferred	
<i>acetaminophen extra strength oral tablet 500 mg</i>	Preferred	
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	Preferred	
<i>acetaminophen intravenous solution 10 mg/ml</i>	Preferred	
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Preferred	
<i>acetaminophen oral liquid 160 mg/5ml</i>	Preferred	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	Preferred	
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Preferred	
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	
<i>acetaminophen oral tablet chewable 160 mg</i>	Preferred	
<i>acetaminophen rapid tabs child oral tablet dispersible 80 mg</i>	Preferred	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	Preferred	
APHEN ORAL TABLET 325 MG ( <i>acetaminophen</i> )	Preferred	
<i>apra oral elixir 160 mg/5ml</i>	Preferred	
<i>arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	Preferred	
<i>betatemp childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	Preferred	
<i>childrens apap oral tablet chewable 80 mg</i>	Preferred	
<i>childrens aspirin free oral elixir 80 mg/2.5ml</i>	Preferred	
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG ( <i>acetaminophen</i> )	Preferred	
<i>childrens non-aspirin oral suspension 160 mg/5ml</i>	Preferred	
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	Preferred	
<i>childrens pain reliever oral tablet chewable 80 mg</i>	Preferred	
<i>childrens silapap oral liquid 160 mg/5ml</i>	Preferred	
<i>cvs 8hr arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>cvs 8hr muscle aches &amp; pain oral tablet extended release 650 mg</i>	Preferred	
<i>cvs acetaminophen ex st oral liquid 500 mg/15ml</i>	Preferred	
<i>cvs acetaminophen ex st oral tablet 500 mg</i>	Preferred	
<i>cvs acetaminophen oral capsule 325 mg</i>	Preferred	
<i>cvs acetaminophen oral tablet 325 mg</i>	Preferred	
<i>cvs arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>cvs childs non-aspirin oral tablet chewable 80 mg</i>	Preferred	
<i>cvs fever reducing childrens rectal suppository 120 mg</i>	Preferred	
<i>cvs infants pain relief drops oral suspension 160 mg/5ml</i>	Preferred	
<i>cvs non-aspirin childrens oral tablet chewable 80 mg</i>	Preferred	
<i>cvs non-aspirin extra strength oral tablet 500 mg</i>	Preferred	
<i>cvs pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>cvs pain &amp; fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>cvs pain relief childrens oral tablet chewable 160 mg</i>	Preferred	
<i>cvs pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>cvs pain relief oral tablet 500 mg</i>	Preferred	
<i>cvs pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>ed-apap oral liquid 160 mg/5ml</i>	Preferred	
<i>eq 8hr arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>eq acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	
<i>eq arthritis pain oral tablet extended release 650 mg</i>	Preferred	
<i>eq pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>eq pain &amp; fever childrens oral tablet chewable 160 mg</i>	Preferred	
<i>eq pain &amp; fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>eq pain relief/rapid burst oral liquid 500 mg/15ml</i>	Preferred	
<i>eq pain reliever ex st oral tablet 500 mg</i>	Preferred	
<i>eq pain reliever oral tablet 325 mg, 500 mg</i>	Preferred	
<i>eql acetaminophen childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>eql acetaminophen ex st oral tablet 500 mg</i>	Preferred	
<i>eql acetaminophen oral tablet 325 mg</i>	Preferred	
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG (acetaminophen)	Preferred	
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG (acetaminophen)	Preferred	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG (acetaminophen)	Preferred	
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG (acetaminophen)	Preferred	
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	Preferred	
<i>ft pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>ft pain relief adult extra st oral tablet 500 mg</i>	Preferred	
<i>ft pain relief oral tablet 325 mg</i>	Preferred	
<i>ft pain reliver extra st adult oral tablet 500 mg</i>	Preferred	
<i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i>	Preferred	
<i>gnp 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>gnp acetaminophen oral tablet 325 mg</i>	Preferred	
<i>gnp acetaminophen oral tablet chewable 160 mg</i>	Preferred	
<i>gnp children's pain &amp; fever oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain &amp; fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>gnp pain relief oral tablet 325 mg</i>	Preferred	
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	Preferred	
<i>goodsense pain &amp; fever child oral suspension 160 mg/5ml</i>	Preferred	
<i>goodsense pain &amp; fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>goodsense pain relief extra st oral tablet 500 mg</i>	Preferred	
<i>goodsense pain relief oral tablet 325 mg</i>	Preferred	
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG (acetaminophen)	Preferred	
<i>hm acetaminophen childrens oral tablet chewable 160 mg</i>	Preferred	
<i>hm arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>hm pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>hm pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>hm pain reliever oral tablet 325 mg</i>	Preferred	
<i>infants pain &amp; fever oral suspension 160 mg/5ml</i>	Preferred	
<i>kls acetaminophen ex st oral tablet 500 mg</i>	Preferred	
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	Preferred	
<i>liquid pain relief oral liquid 160 mg/5ml</i>	Preferred	
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML (acetaminophen)	Preferred	
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML (acetaminophen)	Preferred	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG (acetaminophen)	Preferred	
<i>mapap oral capsule 500 mg</i>	Preferred	
MAX RELIEF JUNIOR ORAL ELIXIR 160 MG/5ML (acetaminophen)	Preferred	
MEDI-TABS CHILDRENS ORAL ELIXIR 80 MG/2.5ML (acetaminophen)	Preferred	
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG (acetaminophen)	Preferred	
MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE 160 MG (acetaminophen)	Preferred	
<i>meijer aspirin free oral tablet 325 mg, 500 mg</i>	Preferred	
<i>meijer jr st aspirin free oral tablet chewable 160 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
MIDOL ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen)	Preferred	
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG (acetaminophen)	Preferred	
<i>mm arthritis pain oral tablet extended release 650 mg</i>	Preferred	
<i>m-pap oral liquid 160 mg/5ml</i>	Preferred	
<i>non-aspirin extra strength oral tablet 500 mg</i>	Preferred	
<i>non-aspirin jr strength oral tablet chewable 160 mg</i>	Preferred	
<i>non-aspirin oral tablet 325 mg, 500 mg</i>	Preferred	
<i>non-aspirin pain relief oral tablet 325 mg</i>	Preferred	
<i>pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>pain &amp; fever childrens oral tablet chewable 160 mg</i>	Preferred	
<i>pain &amp; fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>pain &amp; fever kids oral suspension 160 mg/5ml</i>	Preferred	
<i>pain relief childrens oral elixir 160 mg/5ml</i>	Preferred	
<i>pain relief childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>pain relief extra strength oral capsule 500 mg</i>	Preferred	
<i>pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>pain relief oral liquid 500 mg/15ml</i>	Preferred	
<i>pain relief regular strength oral tablet 325 mg</i>	Preferred	
<i>pain reliever extra strength oral tablet 500 mg</i>	Preferred	
<i>pain reliever for adults oral tablet 500 mg</i>	Preferred	
<i>pain reliever oral liquid 500 mg/15ml</i>	Preferred	
<i>pain reliever oral tablet 325 mg</i>	Preferred	
<i>pain reliever/fever reducer rectal suppository 120 mg</i>	Preferred	
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (acetaminophen)	Preferred	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG (acetaminophen)	Preferred	
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML (acetaminophen)	Preferred	
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML (acetaminophen)	Preferred	
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML (acetaminophen)	Preferred	
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML (acetaminophen)	Preferred	
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG (acetaminophen)	Preferred	
PHARBETOL ORAL TABLET 325 MG (acetaminophen)	Preferred	
<i>qc 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>qc acetaminophen 8 hours oral tablet extended release 650 mg</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>qc acetaminophen 8hr arth pain oral tablet extended release 650 mg</i>	Preferred	
<i>qc acetaminophen 8hr musc ache oral tablet extended release 650 mg</i>	Preferred	
<i>qc acetaminophen infants oral suspension 160 mg/5ml</i>	Preferred	
<i>qc arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>qc non-aspirin 8 hour oral tablet extended release 650 mg</i>	Preferred	
<i>qc non-aspirin childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>qc non-aspirin childrens oral tablet chewable 160 mg</i>	Preferred	
<i>qc non-aspirin extra strength oral tablet 500 mg</i>	Preferred	
<i>qc pain relief childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>qc pain relief extra strength oral liquid 500 mg/15ml</i>	Preferred	
<i>qc pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>qc pain relief oral tablet 325 mg</i>	Preferred	
<i>ra 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>ra acetaminophen childrens oral tablet chewable 160 mg</i>	Preferred	
<i>ra acetaminophen ex st oral tablet 500 mg</i>	Preferred	
<i>ra acetaminophen oral tablet 325 mg</i>	Preferred	
<i>ra arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>ra childrens fever/pain oral suspension 160 mg/5ml</i>	Preferred	
<i>ra fever reducer/pain reliever oral suspension 160 mg/5ml</i>	Preferred	
<i>ra pain relief acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	
<i>ra pain reliever ex st oral liquid 500 mg/15ml</i>	Preferred	
<i>sb arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>sb childrens non-aspirin oral tablet dispersible 80 mg</i>	Preferred	
<i>sb non-aspirin extra strength oral tablet 500 mg</i>	Preferred	
<i>sb non-aspirin jr strength oral tablet dispersible 160 mg</i>	Preferred	
<i>sb non-aspirin oral tablet 325 mg</i>	Preferred	
<i>sb non-aspirin oral tablet chewable 160 mg, 80 mg</i>	Preferred	
<i>sb pain reliever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>sb pain reliever ex st oral tablet 500 mg</i>	Preferred	
<i>sm 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>sm arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>sm arthritis pain reliever oral tablet extended release 650 mg</i>	Preferred	
<i>sm pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>sm pain &amp; fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>sm pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>sm pain relief oral tablet 500 mg</i>	Preferred	
<i>sm pain reliever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>sm pain reliever ex st oral tablet 500 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>sm pain reliever oral tablet 325 mg</i>	Preferred	
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>	Preferred	
<b>*ANALGESICS-SEDATIVES***</b>		
<i>butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)</i>	Preferred	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	Preferred	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Preferred	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Preferred	
<i>butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)</i>	Preferred	
<b>*SALICYLATES***</b>		
<i>acetyl salicylic acid powder</i>	Preferred	
<i>adult aspirin regimen oral tablet delayed release 81 mg</i>	Preferred	
<i>aspirin 81 oral tablet chewable 81 mg</i>	Preferred	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	Preferred	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	Preferred	
<i>aspirin childrens oral tablet chewable 81 mg</i>	Preferred	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	Preferred	
<i>aspirin low dose oral tablet chewable 81 mg</i>	Preferred	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>aspirin oral tablet 325 mg</i>	Preferred	
<i>aspirin oral tablet chewable 81 mg</i>	Preferred	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	Preferred	
<i>aspirin powder</i>	Preferred	
<i>aspirin rectal suppository 300 mg</i>	Preferred	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	Preferred	
BAYER ADVANCED ASPIRIN EX ST ORAL TABLET 500 MG ( <i>aspirin</i> )	Preferred	
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG ( <i>aspirin</i> )	Preferred	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	Preferred	
BAYER ASPIRIN ORAL TABLET 325 MG ( <i>aspirin</i> )	Preferred	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG ( <i>aspirin</i> )	Preferred	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )	Preferred	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	Preferred	
<i>childrens aspirin oral tablet chewable 81 mg</i>	Preferred	
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	Preferred	
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	Preferred	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	Preferred	
<i>cvs aspirin oral tablet 325 mg</i>	Preferred	
<i>cvs genuine aspirin oral tablet 325 mg</i>	Preferred	
<i>diflunisal oral tablet 500 mg</i>	Preferred	Max 90-day supply per fill
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	Preferred	
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	Preferred	
<i>eq aspirin oral tablet 325 mg</i>	Preferred	
<i>eql aspirin ec oral tablet delayed release 325 mg</i>	Preferred	
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	Preferred	
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>ft aspirin oral tablet 325 mg</i>	Preferred	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	Preferred	
<i>genuine aspirin oral tablet 325 mg</i>	Preferred	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	Preferred	
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>gnp aspirin oral tablet 325 mg</i>	Preferred	
<i>gnp aspirin oral tablet delayed release 325 mg, 81 mg</i>	Preferred	
<i>goodsense aspirin adults oral tablet 325 mg</i>	Preferred	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>goodsense aspirin oral tablet 325 mg</i>	Preferred	
<i>goodsense aspirin oral tablet chewable 81 mg</i>	Preferred	
<i>goodsense aspirin oral tablet delayed release 325 mg</i>	Preferred	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	Preferred	
<i>hm adult aspirin oral tablet 325 mg</i>	Preferred	
<i>hm aspirin ec low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>hm aspirin ec oral tablet delayed release 325 mg</i>	Preferred	
<i>hm aspirin oral tablet delayed release 325 mg</i>	Preferred	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>kp aspirin oral tablet delayed release 81 mg</i>	Preferred	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG ( <i>aspirin</i> )	Preferred	
MEDIQUE ASPIRIN ORAL TABLET 325 MG ( <i>aspirin</i> )	Preferred	
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>	Preferred	
<i>mm aspirin oral tablet delayed release 81 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	Preferred	
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>qc aspirin oral tablet 325 mg</i>	Preferred	
<i>qc aspirin oral tablet delayed release 325 mg</i>	Preferred	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	Preferred	
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	Preferred	
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	Preferred	
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>	Preferred	
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	Preferred	
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	Preferred	
<i>ra aspirin ec oral tablet delayed release 325 mg, 81 mg</i>	Preferred	
<i>ra aspirin oral tablet 325 mg</i>	Preferred	
<i>ra pain relief aspirin oral tablet 325 mg</i>	Preferred	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Preferred	Max 90-day supply per fill
<i>sb aspirin ec oral tablet delayed release 325 mg</i>	Preferred	
<i>sb aspirin oral tablet 325 mg</i>	Preferred	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	Preferred	
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	Preferred	
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	Preferred	
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>	Preferred	
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	Preferred	
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	Preferred	
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	Preferred	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	Preferred	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )	Preferred	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	Preferred	
<b>*ANALGESICS - OPIOID*</b>		
<b>*CODEINE COMBINATIONS***</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Preferred	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Preferred	
<i>butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50- 325-40-30 Mg)</i>	Preferred	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50- 325-40-30 mg</i>	Preferred	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*HYDROCODONE COMBINATIONS***</b>		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Preferred	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Preferred	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Preferred	
<b>*OPIOID AGONISTS***</b>		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Preferred	PA
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Preferred	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Preferred	
<i>hydromorphone hcl rectal suppository 3 mg</i>	Preferred	
<i>meperidine hcl oral tablet 50 mg</i>	Preferred	
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	Preferred	
<i>morphine sulfate (pf) injection solution 8 mg/ml</i>	Preferred	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	Preferred	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Preferred	PA
<i>morphine sulfate intravenous solution 1 mg/ml, 10 mg/ml, 50 mg/ml</i>	Preferred	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Preferred	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Preferred	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Preferred	
<i>OXAYDO ORAL TABLET 5 MG, 7.5 MG (oxycodone hcl)</i>	Preferred	
<i>oxycodone hcl oral capsule 5 mg</i>	Preferred	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Preferred	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Preferred	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Preferred	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Preferred	PA
<i>tramadol hcl oral tablet 100 mg, 50 mg</i>	Preferred	
<i>XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (oxycodone)</i>	Preferred	PA
<b>*OPIOID COMBINATIONS***</b>		
<i>oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)</i>	Preferred	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	Preferred	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*OPIOID PARTIAL AGONISTS***</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Preferred	PA (Eligible for auto-PA approval)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Preferred	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR ( <i>buprenorphine</i> )	Preferred	PA
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Preferred	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML ( <i>buprenorphine</i> )	Preferred	PA
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	Preferred	
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*ANDROGENS***</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR ( <i>testosterone</i> )	Preferred	PA; Max 90-day supply per fill
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Preferred	
<i>testosterone cypionate</i> (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)	Preferred	PA; Max 90-day supply per fill
NATESTO NASAL GEL 5.5 MG/ACT ( <i>testosterone</i> )	Preferred	
<i>testosterone cypionate injection solution 200 mg/ml</i>	Preferred	PA; Max 90-day supply per fill
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Preferred	PA; Max 90-day supply per fill
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Preferred	PA; Max 90-day supply per fill
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	Preferred	PA; Max 90-day supply per fill
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	Preferred	PA; Max 90-day supply per fill
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*INTRARECTAL STEROIDS***</b>		
CORTIFOAM EXTERNAL FOAM 10 % ( <i>hydrocortisone acetate</i> )	Preferred	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Preferred	
<b>*RECTAL STEROIDS***</b>		
ANUSOL-HC EXTERNAL CREAM 2.5 % ( <i>hydrocortisone</i> )	Preferred	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	Preferred	
PREPARATION H EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
<i>hydrocortisone</i> (Proctocort External Cream 1 %)	Preferred	
<i>hydrocortisone</i> (Procto-Med Hc External Cream 2.5 %)	Preferred	
<i>hydrocortisone</i> (Proctosol Hc External Cream 2.5 %)	Preferred	
<i>hydrocortisone</i> (Proctozone-Hc External Cream 2.5 %)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTACIDS*</b>		
<b>*ANTACID &amp; SIMETHICONE***</b>		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML ( <i>alum &amp; mag hydroxide-simeth</i> )	Preferred	
<i>antacid &amp; antigas oral suspension 2400-2400-240 mg/30ml</i>	Preferred	
<i>antacid advanced oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>antacid extra strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>antacid iii oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	Preferred	
<i>antacid/simethicone ds oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>cvs antacid plus antigas oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>cvs antacid/anti-gas oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>eq antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>ft antacid &amp; antigas oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>geri-lanta maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>gnp antacid &amp; anti-gas oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>goodsense antacid &amp; gas relief oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>hm antacid anti-gas ex st oral suspension 400-400-40 mg/5ml</i>	Preferred	
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML ( <i>alum &amp; mag hydroxide-simeth</i> )	Preferred	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML ( <i>alum &amp; mag hydroxide-simeth</i> )	Preferred	
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	Preferred	
<i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i>	Preferred	
<i>meijer antacid oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG ( <i>alum &amp; mag hydroxide-simeth</i> )	Preferred	
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML ( <i>alum &amp; mag hydroxide-simeth</i> )	Preferred	
<i>qc antacid/anti-gas oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>sm antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<b>*ANTACID COMBINATIONS***</b>		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML ( <i>alum hydroxide-mag carbonate</i> )	Preferred	
ACID GONE ORAL TABLET CHEWABLE 160-105 MG ( <i>alum hydroxide-mag carbonate</i> )	Preferred	
<i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i>	Preferred	
<i>antacid oral tablet chewable 550-110 mg</i>	Preferred	
<i>cvs antacid supreme oral suspension 400-135 mg/5ml</i>	Preferred	
<i>cvs heartburn relief oral tablet chewable 160-105 mg</i>	Preferred	
<i>geri-lanta supreme oral suspension 400-135 mg/5ml</i>	Preferred	
<i>gnp antacid extra strength oral tablet chewable 160-105 mg</i>	Preferred	
<i>heartburn antacid ex st oral tablet chewable 160-105 mg</i>	Preferred	
<i>qc heartburn antacid oral tablet chewable 160-105 mg</i>	Preferred	
<i>sm foaming antacid oral tablet chewable 80-20 mg</i>	Preferred	
<b>*ANTACIDS - ALUMINUM SALTS***</b>		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	Preferred	
<b>*ANTACIDS - BICARBONATE***</b>		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Preferred	
<b>*ANTACIDS - CALCIUM SALTS***</b>		
ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE 750 MG ( <i>calcium carbonate antacid</i> )	Preferred	
<i>antacid calcium oral tablet chewable 500 mg</i>	Preferred	
<i>antacid calcium rich oral tablet chewable 500 mg</i>	Preferred	
<i>antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG ( <i>calcium carbonate antacid</i> )	Preferred	
<i>antacid maximum oral tablet chewable 1000 mg</i>	Preferred	
<i>antacid oral tablet chewable 1177 mg, 500 mg, 750 mg</i>	Preferred	
<i>antacid regular strength oral tablet chewable 500 mg</i>	Preferred	
<i>antacid soft chews oral tablet chewable 1177 mg</i>	Preferred	
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>calcium antacid oral tablet chewable 500 mg</i>	Preferred	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Preferred	
<i>calcium carbonate antacid oral tablet 648 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Preferred	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG ( <i>calcium carbonate antacid</i> )	Preferred	
<i>childrens pepto oral tablet chewable 400 mg</i>	Preferred	
CHILDRENS SOOTHE ORAL TABLET CHEWABLE 400 MG ( <i>calcium carbonate antacid</i> )	Preferred	
<i>cvs antacid childrens oral liquid 400 mg/5ml</i>	Preferred	
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>cvs antacid kids oral tablet chewable 750 mg</i>	Preferred	
<i>cvs antacid maximum strength oral tablet chewable 1000 mg</i>	Preferred	
<i>cvs antacid soft chews ultr st oral tablet chewable 1177 mg</i>	Preferred	
<i>cvs antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG ( <i>calcium carbonate antacid</i> )	Preferred	
<i>cvs smooth antacid extra st oral tablet chewable 750 mg</i>	Preferred	
<i>eq antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>eq antacid oral tablet chewable 500 mg</i>	Preferred	
<i>eq antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>eql antacid oral tablet chewable 500 mg</i>	Preferred	
<i>eql antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>ft antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	Preferred	
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>gnp antacid oral tablet chewable 500 mg</i>	Preferred	
<i>gnp antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>goodsense antacid oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Preferred	
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG ( <i>calcium carbonate antacid</i> )	Preferred	
<i>hm antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>hm antacid oral tablet chewable 500 mg</i>	Preferred	
<i>long lasting antacid oral tablet chewable 500 mg</i>	Preferred	
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG ( <i>calcium carbonate antacid</i> )	Preferred	
<i>qc antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>qc antacid oral tablet chewable 500 mg</i>	Preferred	
<i>qc antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>ra antacid oral tablet chewable 500 mg</i>	Preferred	
<i>ra antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>sb antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>sb antacid oral tablet chewable 500 mg</i>	Preferred	
<i>sm antacid oral tablet chewable 500 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	Preferred	
<i>sm calcium antacid oral tablet chewable 500 mg</i>	Preferred	
<i>sm smooth antacid ex st oral tablet chewable 750 mg</i>	Preferred	
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE 1177 MG ( <i>calcium carbonate antacid</i> )	Preferred	
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG ( <i>calcium carbonate antacid</i> )	Preferred	
<b>*ANTACIDS - MAGNESIUM SALTS***</b>		
<i>gnp magnesium oxide oral tablet 250 mg</i>	Preferred	
<i>magnesium oxide (antacid) oral capsule 500 mg</i>	Preferred	
<i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i>	Preferred	
MAOX ORAL TABLET 420 MG ( <i>magnesium oxide</i> )	Preferred	
<i>qc magnesium oral tablet 250 mg</i>	Preferred	
<b>*ANTHELMINTICS*</b>		
<b>*ANTHELMINTICS***</b>		
<i>albendazole oral tablet 200 mg</i>	Preferred	PA
<i>cvs pinworm treatment oral suspension 144 (50 base) mg/ml</i>	Preferred	
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	Preferred	
<i>ivermectin oral tablet 3 mg</i>	Preferred	PA
<i>pin-away oral suspension 144 (50 base) mg/ml</i>	Preferred	
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Preferred	
<i>praziquantel oral tablet 600 mg</i>	Preferred	
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Preferred	
<b>*ANTIANGINAL AGENTS*</b>		
<b>*ANTIANGINALS-OTHER***</b>		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Preferred	PA; Max 90-day supply per fill
<b>*NITRATES***</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Preferred	Max 90-day supply per fill
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Preferred	Max 90-day supply per fill
NITRO-BID TRANSDERMAL OINTMENT 2 % ( <i>nitroglycerin</i> )	Preferred	Max 90-day supply per fill
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	Preferred	Max 90-day supply per fill
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Preferred	Max 90-day supply per fill
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG ( <i>nitroglycerin</i> )	Preferred	Max 90-day supply per fill
<b>*ANTIANGIOTENSIN AGENTS*</b>		
<b>*ANTIANGIOTENSIN AGENTS - MISC.***</b>		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 30 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Preferred	QL (10 ML per 1 day)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Preferred	QL (8 EA per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
<b>*BENZODIAZEPINES***</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	Preferred	QL (4 ML per 1 day); AGE (Min 6 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>alprazolam oral tablet 2 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>clorazepate dipotassium oral tablet 15 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>diazepam injection solution 10 mg/2ml, 5 mg/ml</i>	Preferred	
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	Preferred	QL (2 ML per 1 day); AGE (Min 6 Years)
<i>diazepam oral concentrate 5 mg/ml</i>	Preferred	QL (2 ML per 1 day); AGE (Min 6 Years)
<i>diazepam oral solution 5 mg/5ml</i>	Preferred	QL (10 ML per 1 day); AGE (Min 6 Years)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	Preferred	QL (2 ML per 1 day); AGE (Min 6 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>	Preferred	QL (2 ML per 1 day); AGE (Min 6 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>lorazepam oral tablet 2 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
<b>*ANTIARRHYTHMICS*</b>		
<b>*ANTIARRHYTHMICS TYPE I-A***</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Preferred	Max 90-day supply per fill
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	Preferred	Max 90-day supply per fill
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Preferred	Max 90-day supply per fill
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIARRHYTHMICS TYPE I-B***</b>		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIARRHYTHMICS TYPE I-C***</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Preferred	Max 90-day supply per fill
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIARRHYTHMICS TYPE III***</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	Preferred	Max 90-day supply per fill
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Preferred	PA; Max 90-day supply per fill
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	Preferred	PA; Max 90-day supply per fill
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg)	Preferred	Max 90-day supply per fill
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*ADRENERGIC COMBINATIONS***</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT ( <i>fluticasone-salmeterol</i> )	Preferred	Max 90-day supply per fill
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	Preferred	Max 90-day supply per fill
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-vilanterol</i> )	Preferred	PA; QL (1 EA per 30 days); Max 90-day supply per fill
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	Preferred	Max 90-day supply per fill
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	Preferred	Max 90-day supply per fill
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Preferred	Max 90-day supply per fill
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	Preferred	PA; Max 90-day supply per fill
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	Preferred	Max 90-day supply per fill
<b>*ANTI-INFLAMMATORY AGENTS***</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Preferred	Max 90-day supply per fill
<b>*BETA ADRENERGICS***</b>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Preferred	Max 90-day supply per fill
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Preferred	Max 90-day supply per fill
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	Preferred	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>salmeterol xinafoate</i> )	Preferred	PA; AGE (Min 4 Years); Max 90-day supply per fill
<b>*BRONCHODILATORS - ANTICHOLINERGICS***</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	Preferred	Max 90-day supply per fill
<i>ipratropium bromide inhalation solution 0.02 %</i>	Preferred	Max 90-day supply per fill
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	Preferred	Max 90-day supply per fill
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	Preferred	Max 90-day supply per fill
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT ( <i>aclidinium bromide</i> )	Preferred	Max 90-day supply per fill
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	Preferred	PA
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS***</b>		
<i>montelukast sodium oral packet 4 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 3 Years); Max 90-day supply per fill
<i>montelukast sodium oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<b>*STEROID INHALANTS***</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>fluticasone furoate</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	Preferred	Max 90-day supply per fill
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	Preferred	Max 90-day supply per fill
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT ( <i>mometasone furoate</i> )	Preferred	Max 90-day supply per fill
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	Preferred	Max 90-day supply per fill
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>mometasone furoate</i> )	Preferred	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Preferred	Max 90-day supply per fill
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	Preferred	
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	Preferred	
<i>fluticasone propionate hfa aerosol 220 mcg/act inhalation</i>	Preferred	
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	Preferred	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT ( <i>budesonide</i> )	Preferred	Max 90-day supply per fill
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	Preferred	
<b>*XANTHINES***</b>		
<i>aminophylline anhydrous powder</i>	Preferred	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	Preferred	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Preferred	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Preferred	
<i>theophylline-ethylenediamine powder</i>	Preferred	
<b>*ANTICOAGULANTS*</b>		
<b>*COUMARIN ANTICOAGULANTS***</b>		
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Preferred	Max 90-day supply per fill
<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	Max 90-day supply per fill
<b>*DIRECT FACTOR XA INHIBITORS***</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )	Preferred	QL (80 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	Preferred	QL (51 EA per 30 days)
<b>*HEPARINS AND HEPARINOID-LIKE AGENTS***</b>		
<i>heparin sod (pork) lock flush</i> (Bd Heparin Posiflush Intravenous Solution 10 Unit/MI, 100 Unit/MI)	Preferred	
<i>heparin (porcine) in nacl intravenous solution</i> 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 2500-0.9 ut/500ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%, 30000-0.9 unit/l-%, 4000-0.9 unit/l-%, 500-0.9 ut/500ml-%, 5000-0.9 unit/l-%, 5000-0.9 ut/500ml-%	Preferred	
<i>heparin (porcine) in nacl intravenous solution prefilled syringe</i> 20-0.9 unt/20ml-%, 50-0.9 unt/50ml-%	Preferred	
<i>heparin na (pork) lock flsh pf intravenous solution</i> 1 unit/ml, 10 unit/ml, 100 unit/ml	Preferred	
<i>heparin sod (porcine) in d5w intravenous solution</i> 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	Preferred	
<i>heparin sod (pork) lock flush intravenous solution</i> 10 unit/ml, 100 unit/ml	Preferred	
<i>heparin sodium (porcine) injection solution</i> 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Preferred	
<i>heparin sodium (porcine) injection solution prefilled syringe</i> 5000 unit/0.5ml	Preferred	
<i>heparin sodium (porcine) pf injection solution</i> 5000 unit/0.5ml, 5000 unit/ml	Preferred	
<b>*LOW MOLECULAR WEIGHT HEPARINS***</b>		
<i>enoxaparin sodium injection solution</i> 300 mg/3ml	Preferred	QL (2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe</i> 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml	Preferred	QL (2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe</i> 60 mg/0.6ml	Preferred	QL (1.2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe</i> 80 mg/0.8ml	Preferred	QL (1.6 ML per 1 day)
<b>*THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE***</b>		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<b>*ANTICONVULSANTS*</b>		
<b>*AMPA GLUTAMATE RECEPTOR ANTAGONISTS***</b>		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	Preferred	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTICONVULSANTS - BENZODIAZEPINES***</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	Preferred	PA; Max 90-day supply per fill
<i>clobazam oral tablet 10 mg, 20 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>clonazepam oral tablet 2 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	QL (4 EA per 1 day)
<i>clonazepam oral tablet dispersible 2 mg</i>	Preferred	QL (2 EA per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG ( <i>diazepam</i> )	Preferred	QL (2 EA per 30 days)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG ( <i>diazepam</i> )	Preferred	QL (2 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Preferred	QL (2 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	Preferred	QL (2 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML ( <i>diazepam</i> )	Preferred	QL (2 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML ( <i>diazepam</i> )	Preferred	QL (4 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML ( <i>diazepam</i> )	Preferred	QL (4 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML ( <i>diazepam</i> )	Preferred	QL (2 EA per 30 days)
<b>*ANTICONVULSANTS - MISC.***</b>		
BANZEL ORAL SUSPENSION 40 MG/ML ( <i>rufinamide</i> )	Preferred	PA; Max 90-day supply per fill
BANZEL ORAL TABLET 200 MG, 400 MG ( <i>rufinamide</i> )	Preferred	PA; Max 90-day supply per fill
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Preferred	Max 90-day supply per fill
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Preferred	Max 90-day supply per fill
<i>carbamazepine oral suspension 100 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>carbamazepine oral tablet 200 mg</i>	Preferred	Max 90-day supply per fill
<i>carbamazepine oral tablet chewable 100 mg</i>	Preferred	Max 90-day supply per fill
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> )	Preferred	Max 90-day supply per fill
EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol</i> )	Preferred	PA
<i>carbamazepine (Eitol Oral Tablet 200 Mg)</i>	Preferred	Max 90-day supply per fill
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Preferred	Max 90-day supply per fill
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Preferred	Max 90-day supply per fill
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Preferred	Max 90-day supply per fill
<i>lacosamide intravenous solution 200 mg/20ml</i>	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>lacosamide solution 10 mg/ml oral</i>	Preferred	PA
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Preferred	Max 90-day supply per fill
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Preferred	Max 90-day supply per fill
<i>levetiracetam intravenous solution 500 mg/5ml</i>	Preferred	
<i>levetiracetam oral solution 100 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Preferred	Max 90-day supply per fill
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Preferred	Max 90-day supply per fill
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )	Preferred	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Preferred	Max 600mg per day across all formulations; Max 90-day supply per fill
<i>pregabalin oral solution 20 mg/ml</i>	Preferred	Max 600mg per day across all formulations; Max 90-day supply per fill
<i>primidone oral tablet 250 mg</i>	Preferred	Max 90-day supply per fill
<i>primidone oral tablet 50 mg</i>	Preferred	
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	Preferred	Max 90-day supply per fill
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)</i>	Preferred	Max 90-day supply per fill
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Preferred	Max 90-day supply per fill
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
TRILEPTAL ORAL SUSPENSION 300 MG/5ML ( <i>oxcarbazepine</i> )	Preferred	Max 90-day supply per fill
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	Preferred	PA; Max 90-day supply per fill
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<b>*CARBAMATES***</b>		
<i>felbamate oral suspension 600 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>felbamate oral tablet 400 mg, 600 mg</i>	Preferred	Max 90-day supply per fill
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG ( <i>cenobamate</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG ( <i>cenobamate</i> )	Preferred	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>cenobamate</i> )	Preferred	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG ( <i>cenobamate</i> )	Preferred	PA
<b>*GABA MODULATORS***</b>		
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Preferred	PA; Max 90-day supply per fill
<b>*HYDANTOINS***</b>		
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	Preferred	Max 90-day supply per fill
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	Preferred	Max 90-day supply per fill
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>phenytoin oral tablet chewable 50 mg</i>	Preferred	Max 90-day supply per fill
<i>phenytoin sodium extended capsule 200 mg oral</i>	Preferred	
<i>phenytoin sodium extended capsule 300 mg oral</i>	Preferred	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Preferred	Max 90-day supply per fill
<b>*SUCCINIMIDES***</b>		
CELONTIN ORAL CAPSULE 300 MG ( <i>methsuximide</i> )	Preferred	
<i>ethosuximide oral capsule 250 mg</i>	Preferred	Max 90-day supply per fill
<i>ethosuximide oral solution 250 mg/5ml</i>	Preferred	Max 90-day supply per fill
<b>*VALPROIC ACID***</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Preferred	Max 90-day supply per fill
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Preferred	Max 90-day supply per fill
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Preferred	Max 90-day supply per fill
<i>valproate sodium intravenous solution 100 mg/ml</i>	Preferred	
<i>valproic acid oral capsule 250 mg</i>	Preferred	Max 90-day supply per fill
<i>valproic acid oral solution 250 mg/5ml</i>	Preferred	Max 90-day supply per fill
<b>*ANTIDEPRESSANTS*</b>		
<b>*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIDEPRESSANTS - MISC.***</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<b>*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***</b>		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG ( <i>zuranolone</i> )	Preferred	PA
<b>*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***</b>		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	Preferred	PA; Max 90-day supply per fill
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	Preferred	PA; Max 90-day supply per fill
<b>*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 6 Years and Max 12 Years); Max 90-day supply per fill
<i>citalopram hydrobromide oral tablet 10 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>escitalopram oxalate oral tablet 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>fluoxetine hcl oral capsule 20 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 6 Years and Max 12 Years); Max 90-day supply per fill

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate oral tablet 100 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>fluvoxamine maleate oral tablet 25 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>fluvoxamine maleate oral tablet 50 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>paroxetine hcl oral tablet 40 mg</i>	Preferred	QL (1.5 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Preferred	QL (10 ML per 1 day); AGE (Min 6 Years and Max 12 Years); Max 90-day supply per fill
<i>sertraline hcl oral tablet 100 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>sertraline hcl oral tablet 25 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>sertraline hcl oral tablet 50 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<b>*SEROTONIN MODULATORS***</b>		
<i>trazodone hcl oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>trazodone hcl oral tablet 150 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>trazodone hcl oral tablet 300 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>trazodone hcl oral tablet 50 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>venlafaxine hcl oral tablet 100 mg, 37.5 mg, 50 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>venlafaxine hcl oral tablet 25 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>venlafaxine hcl oral tablet 75 mg</i>	Preferred	QL (5 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<b>*TRICYCLIC AGENTS***</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Preferred	QL (6 ML per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<b>*ANTIDIABETICS*</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS***</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIDIABETIC - AMYLIN ANALOGS***</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	Preferred	PA; Max 90-day supply per fill
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	Preferred	PA; Max 90-day supply per fill
<b>*BIGUANIDES***</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Preferred	Max 90-day supply per fill
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Preferred	Max 90-day supply per fill
<b>*DIABETIC OTHER - COMBINATIONS***</b>		
<i>cvs glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
DEX4 GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG ( <i>glucose-vitamin c</i> )	Preferred	
DEX4 NATURALS ORAL TABLET CHEWABLE 4-6 GM-MG ( <i>glucose-vitamin c</i> )	Preferred	
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG ( <i>glucose-vitamin c</i> )	Preferred	
DEX4 POUCH PACK ORAL TABLET CHEWABLE 4-6 GM-MG ( <i>glucose-vitamin c</i> )	Preferred	
<i>glucose instant energy oral tablet chewable 4-6 gm-mg, 6-4 mg-gm</i>	Preferred	
<i>glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>gnp glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>goodsense glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>hy-vee glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>kroger glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>leader glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>longs glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>meijer glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>preferred plus glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>px glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>ra glucose oral tablet chewable 4-6 gm-mg, 6-4 mg-gm</i>	Preferred	
RELION GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG ( <i>glucose-vitamin c</i> )	Preferred	
<i>sm glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG ( <i>glucose-vitamin c</i> )	Preferred	
<i>tgt glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>up &amp; up glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>value plus glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>walgreens glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*DIABETIC OTHER***</b>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	Preferred	QL (1 EA per 30 days)
<i>glucagon emergency kit 1 mg injection</i>	Preferred	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML ( <i>glucagon</i> )	Preferred	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML ( <i>glucagon</i> )	Preferred	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML ( <i>glucagon</i> )	Preferred	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML ( <i>glucagon</i> )	Preferred	QL (0.4 ML per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML ( <i>glucagon</i> )	Preferred	QL (0.2 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML ( <i>glucagon</i> )	Preferred	QL (0.2 ML per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML ( <i>diazoxide</i> )	Preferred	Max 90-day supply per fill
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	Preferred	QL (0.6 ML per 30 days)
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG ( <i>alogliptin benzoate</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
ONGLYZA ORAL TABLET 2.5 MG, 5 MG ( <i>saxagliptin hcl</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG ( <i>linagliptin-metformin hcl</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG ( <i>linagliptin-metformin hcl</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG ( <i>alogliptin-metformin hcl</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>saxagliptin-metformin</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
<b>*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG ( <i>alogliptin-pioglitazone</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
<b>*HUMAN INSULIN***</b>		
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	Preferred	Max 90-day supply per fill
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	Preferred	Max 90-day supply per fill
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	Preferred	Max 90-day supply per fill
HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS ( <i>insulin nph isophane &amp; regular</i> )	Preferred	Max 90-day supply per fill
HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS ( <i>insulin nph isophane &amp; regular</i> )	Preferred	Max 90-day supply per fill
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular human</i> )	Preferred	PA; Max 90-day supply per fill
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	Preferred	PA; Max 90-day supply per fill
<i>insulin asp prot &amp; asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per fill
<i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per fill
<i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per fill
<i>insulin aspart prot &amp; aspart suspension (70-30) 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per fill
<i>insulin aspart solution 100 unit/ml injection</i>	Preferred	
<i>insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per fill
<i>insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per fill
<i>insulin lispro prot &amp; lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per fill
<i>insulin lispro solution 100 unit/ml injection</i>	Preferred	
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS ( <i>insulin glargine</i> )	Preferred	Max 90-day supply per fill
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS ( <i>insulin glargine</i> )	Preferred	Max 90-day supply per fill
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin detemir</i> )	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin detemir</i> )	Preferred	Max 90-day supply per fill
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS ( <i>insulin nph isophane &amp; regular</i> )	Preferred	
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS ( <i>insulin nph isophane &amp; regular</i> )	Preferred	Max 90-day supply per fill
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS ( <i>insulin nph human (isophane)</i> )	Preferred	
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS ( <i>insulin nph human (isophane)</i> )	Preferred	Max 90-day supply per fill
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION ( <i>insulin regular human</i> )	Preferred	
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION ( <i>insulin regular human</i> )	Preferred	Max 90-day supply per fill
<b>*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***</b>		
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML ( <i>exenatide</i> )	Preferred	PA; Max 90-day supply per fill
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML ( <i>exenatide</i> )	Preferred	PA; Max 90-day supply per fill
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )	Preferred	PA; Max 90-day supply per fill
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )	Preferred	PA; Max 90-day supply per fill
<b>*MEGLITINIDE ANALOGUES***</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Preferred	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	
<b>*PROGESTERONE RECEPTOR ANTAGONISTS***</b>		
KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )	Preferred	PA
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB***</b>		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>dapagliflozin prop-metformin</i> )	Preferred	ST (Prior use of metformin); Max 90-day supply per fill
<b>*SULFONYLUREA-BIGUANIDE COMBINATIONS***</b>		
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Preferred	Max 90-day supply per fill
<b>*SULFONYLUREAS***</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Preferred	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>glipizide oral tablet 10 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Preferred	Max 90-day supply per fill
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<b>*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS***</b>		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Preferred	
<b>*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS***</b>		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Preferred	Max 90-day supply per fill
<b>*THIAZOLIDINEDIONES***</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***</b>		
<i>bismuth oral tablet chewable 262 mg</i>	Preferred	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Preferred	
<i>cvs anti-diarrheal oral suspension 262 mg/15ml</i>	Preferred	
<i>cvs stomach relief max st oral suspension 525 mg/15ml</i>	Preferred	
<i>cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml</i>	Preferred	
<i>cvs stomach relief oral tablet 262 mg</i>	Preferred	
<i>cvs stomach relief oral tablet chewable 262 mg</i>	Preferred	
<i>diarrhea oral suspension 262 mg/15ml</i>	Preferred	
<i>diotame instydose oral suspension 262 mg/15ml</i>	Preferred	
<i>eq pink-bismuth oral tablet chewable 262 mg</i>	Preferred	
<i>eq stomach relief oral suspension 262 mg/15ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>eql stomach relief max st oral suspension 525 mg/15ml</i>	Preferred	
<i>eql stomach relief oral suspension 262 mg/15ml</i>	Preferred	
<i>eql stomach relief oral tablet chewable 262 mg</i>	Preferred	
<i>ft stomach relief oral suspension 525 mg/30ml</i>	Preferred	
<i>ft stomach relief oral tablet chewable 262 mg</i>	Preferred	
<i>gnp pink bismuth oral tablet 262 mg</i>	Preferred	
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	Preferred	
<i>gnp pink bismuth ultra str oral suspension 525 mg/15ml</i>	Preferred	
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	Preferred	
<i>goodsense stomach relief oral suspension 1050 mg/30ml, 525 mg/30ml</i>	Preferred	
<i>hm stomach relief oral suspension 525 mg/30ml</i>	Preferred	
<i>hm stomach relief ultra oral suspension 525 mg/15ml</i>	Preferred	
KAOPTECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML ( <i>bismuth subsalicylate</i> )	Preferred	
KAOPTECTATE ORAL SUSPENSION 262 MG/15ML ( <i>bismuth subsalicylate</i> )	Preferred	
KAOPTECTATE ORAL TABLET 262 MG ( <i>bismuth subsalicylate</i> )	Preferred	
<i>medi-bismuth oral tablet chewable 262 mg</i>	Preferred	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	Preferred	
<i>pink bismuth oral suspension 262 mg/15ml</i>	Preferred	
<i>qc diarrhea relief oral suspension 262 mg/15ml</i>	Preferred	
<i>qc pink bismuth oral suspension 262 mg/15ml, 525 mg/15ml</i>	Preferred	
<i>qc pink bismuth oral tablet 262 mg</i>	Preferred	
<i>qc stomach relief oral suspension 525 mg/30ml</i>	Preferred	
<i>qc stomach relief oral tablet 262 mg</i>	Preferred	
<i>qc stomach relief oral tablet chewable 262 mg</i>	Preferred	
<i>qc stomach relief ultra oral suspension 525 mg/15ml</i>	Preferred	
<i>ra stomach relief oral suspension 262 mg/15ml</i>	Preferred	
<i>sb bismuth oral tablet 262 mg</i>	Preferred	
<i>sm stomach relief oral suspension 262 mg/15ml</i>	Preferred	
<i>sm stomach relief oral tablet 262 mg</i>	Preferred	
<i>sm stomach relief oral tablet chewable 262 mg</i>	Preferred	
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML ( <i>bismuth subsalicylate</i> )	Preferred	
SOOTHE ORAL SUSPENSION 262 MG/15ML, 525 MG/30ML ( <i>bismuth subsalicylate</i> )	Preferred	
SOOTHE ORAL TABLET CHEWABLE 262 MG ( <i>bismuth subsalicylate</i> )	Preferred	
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	Preferred	
<i>stomach relief oral suspension 525 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>stomach relief oral tablet 262 mg</i>	Preferred	
<i>stomach relief oral tablet chewable 262 mg</i>	Preferred	
<i>stomach relief plus oral suspension 525 mg/15ml</i>	Preferred	
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	Preferred	
<b>*ANTIPERISTALTIC AGENTS***</b>		
<i>anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	
<i>anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>cvs anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>cvs anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>diamode oral tablet 2 mg</i>	Preferred	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Preferred	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Preferred	
<i>eq anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>eq anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>eq loperamide hcl oral solution 1 mg/7.5ml</i>	Preferred	
<i>eql anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>ft anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>ft anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	
<i>ft anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>gnp anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>gnp anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	Preferred	
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	
<i>hm anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	
<i>loperamide hcl oral capsule 2 mg</i>	Preferred	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	Preferred	
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>	Preferred	
<i>loperamide hcl oral tablet 2 mg</i>	Preferred	
<i>meijer anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>qc anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>qc anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>ra anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>sb anti-diarrhea oral tablet 2 mg</i>	Preferred	
<i>sm anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>sm anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	
<i>sm anti-diarrheal oral tablet 2 mg</i>	Preferred	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*OPIOID ANTAGONISTS***</b>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML ( <i>naloxone hcl</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<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	
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	Preferred	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	Preferred	
<b>*ANTIEMETICS*</b>		
<b>*5-HT3 RECEPTOR ANTAGONISTS***</b>		
ANZEMET ORAL TABLET 50 MG ( <i>dolasetron mesylate</i> )	Preferred	PA
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	Preferred	PA
<i>granisetron hcl oral tablet 1 mg</i>	Preferred	PA
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	Preferred	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	Preferred	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Preferred	QL (300 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Preferred	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Preferred	QL (2 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Preferred	QL (2 EA per 1 day)
<b>*ANTIEMETICS - ANTICHOLINERGIC***</b>		
BONINE ORAL TABLET CHEWABLE 25 MG ( <i>meclizine hcl</i> )	Preferred	
<i>cvs motion sickness ii oral tablet 25 mg</i>	Preferred	
<i>cvs motion sickness oral tablet 50 mg</i>	Preferred	
<i>cvs motion sickness relief oral tablet chewable 25 mg</i>	Preferred	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG ( <i>meclizine hcl</i> )	Preferred	
DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE 25 MG ( <i>meclizine hcl</i> )	Preferred	
DRAMAMINE ORAL TABLET 25 MG ( <i>meclizine hcl</i> )	Preferred	
DRIMINATE ORAL TABLET 50 MG ( <i>dimenhydrinate</i> )	Preferred	
<i>eq motion sickness relief oral tablet 50 mg</i>	Preferred	
<i>eql motion sickness relief oral tablet 25 mg</i>	Preferred	
<i>ft motion sickness oral tablet 25 mg, 50 mg</i>	Preferred	
<i>gnp motion sickness relief oral tablet 25 mg, 50 mg</i>	Preferred	
<i>goodsense motion sickness oral tablet 50 mg</i>	Preferred	
<i>hm motion sickness oral tablet 50 mg</i>	Preferred	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Preferred	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Preferred	
MEDI-MECLIZINE ORAL TABLET 25 MG ( <i>meclizine hcl</i> )	Preferred	
<i>motion sickness relief oral tablet 25 mg, 50 mg</i>	Preferred	
<i>motion sickness relief oral tablet chewable 25 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>motion-time oral tablet chewable 25 mg</i>	Preferred	
<i>qc motion sickness relief oral tablet 50 mg</i>	Preferred	
<i>qc travel ease oral tablet chewable 25 mg</i>	Preferred	
<i>ra motion sickness relief oral tablet 50 mg</i>	Preferred	
<i>ra motion sickness relief oral tablet chewable 25 mg</i>	Preferred	
<i>sb motion sickness oral tablet 50 mg</i>	Preferred	
<i>sm motion sickness oral tablet 25 mg, 50 mg</i>	Preferred	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (trimethobenzamide hcl)	Preferred	
<i>travel-ease oral tablet 25 mg</i>	Preferred	
<i>trav-tabs oral tablet 50 mg</i>	Preferred	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Preferred	
<b>*ANTIEMETICS - MISCELLANEOUS***</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Preferred	
<b>*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***</b>		
<i>aprepitant oral 80 &amp; 125 mg</i>	Preferred	QL (6 EA per 21 days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	Preferred	QL (6 EA per 21 days)
<b>*ANTIFUNGALS*</b>		
<b>*ANTIFUNGALS***</b>		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Preferred	
<i>griseofulvin microsize oral tablet 500 mg</i>	Preferred	
<i>nystatin oral tablet 500000 unit</i>	Preferred	
<i>terbinafine hcl oral tablet 250 mg</i>	Preferred	QL (90 EA per 365 days)
<b>*TRIAZOLES***</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Preferred	QL (20 ML per 1 day)
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (voriconazole)	Preferred	PA
<b>*ANTIHISTAMINES*</b>		
<b>*ANTIHISTAMINES - ALKYLAMINES***</b>		
<i>aller-chlor oral tablet 4 mg</i>	Preferred	
<i>allergy oral tablet 4 mg</i>	Preferred	
<i>allergy relief oral tablet 4 mg</i>	Preferred	
<i>chlorhist oral tablet 4 mg</i>	Preferred	
<i>chlorphen oral tablet 4 mg</i>	Preferred	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Preferred	
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Preferred	
<i>cvs allergy relief oral tablet extended release 12 mg</i>	Preferred	

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DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (chlorpheniramine maleate)	Preferred	
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	Preferred	
<i>eq chlortabs oral tablet 4 mg</i>	Preferred	
<i>eql allergy oral tablet 4 mg</i>	Preferred	
<i>ft allergy relief oral tablet 4 mg</i>	Preferred	
<i>gnp allergy relief oral tablet 4 mg</i>	Preferred	
<i>goodsense allergy relief oral tablet 4 mg</i>	Preferred	
<i>hm allergy relief oral tablet 4 mg</i>	Preferred	
<i>pharbechlor oral tablet 4 mg</i>	Preferred	
<i>qc allergy relief oral tablet 4 mg</i>	Preferred	
<i>qc chlor-pheniramine oral tablet 4 mg</i>	Preferred	
<i>ra allergy relief oral tablet 4 mg</i>	Preferred	
<i>ra chlorpheniramine maleate oral tablet 4 mg</i>	Preferred	
RYCLORA ORAL SOLUTION 2 MG/5ML (dexchlorpheniramine maleate)	Preferred	
<i>sb chlorpheniramine oral tablet 4 mg</i>	Preferred	
WAL-FINATE ORAL TABLET 4 MG (chlorpheniramine maleate)	Preferred	
<b>*ANTI-HISTAMINES - ETHANOLAMINES***</b>		
<i>aler-cap oral capsule 25 mg</i>	Preferred	
<i>alertab oral tablet 25 mg</i>	Preferred	
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG (diphenhydramine hcl)	Preferred	
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>allergy oral capsule 25 mg</i>	Preferred	
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Preferred	
<i>allergy relief oral capsule 25 mg</i>	Preferred	
<i>allergy relief oral liquid 25 mg/10ml</i>	Preferred	
<i>allergy relief oral tablet 25 mg</i>	Preferred	
<i>anti-hist allergy oral tablet 25 mg</i>	Preferred	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (diphenhydramine hcl)	Preferred	
BANOPHEN ORAL TABLET 25 MG (diphenhydramine hcl)	Preferred	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (diphenhydramine hcl)	Preferred	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	Preferred	
<i>clemastine fumarate oral tablet 2.68 mg</i>	Preferred	
<i>complete allergy medicine oral capsule 25 mg</i>	Preferred	
<i>complete allergy medicine oral tablet 25 mg</i>	Preferred	
<i>complete allergy relief oral tablet 25 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs allergy oral capsule 25 mg</i>	Preferred	
<i>cvs allergy relief adult oral liquid 50 mg/20ml</i>	Preferred	
<i>cvs allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>cvs allergy relief childrens oral tablet chewable 12.5 mg</i>	Preferred	
<i>cvs allergy relief childrens oral tablet dispersible 12.5 mg</i>	Preferred	
<i>cvs allergy relief oral capsule 25 mg</i>	Preferred	
<i>cvs allergy relief oral liquid 25 mg/10ml</i>	Preferred	
<i>cvs allergy relief oral tablet 25 mg</i>	Preferred	
<i>cvs childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG ( <i>clemastine fumarate</i> )	Preferred	
<i>diphen oral tablet 25 mg</i>	Preferred	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Preferred	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Preferred	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Preferred	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Preferred	
<i>diphenhydramine hcl oral tablet 25 mg</i>	Preferred	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	Preferred	
<i>eq allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>eq allergy relief oral capsule 25 mg</i>	Preferred	
<i>eq allergy relief oral tablet 25 mg</i>	Preferred	
<i>eql allergy oral tablet 25 mg</i>	Preferred	
<i>eql allergy relief childrens oral tablet dispersible 12.5 mg</i>	Preferred	
<i>eql allergy relief oral tablet 25 mg</i>	Preferred	
<i>eql childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>ft allergy relief oral capsule 25 mg</i>	Preferred	
<i>ft allergy relief oral tablet 25 mg</i>	Preferred	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	Preferred	
<i>geri-dryl oral tablet 25 mg</i>	Preferred	
<i>gnp allergy oral capsule 25 mg</i>	Preferred	
<i>gnp allergy oral tablet 25 mg</i>	Preferred	
<i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i>	Preferred	
<i>gnp allergy relief oral capsule 25 mg</i>	Preferred	
<i>gnp allergy relief oral tablet 25 mg</i>	Preferred	
<i>gnp allergy relief oral tablet chewable 12.5 mg</i>	Preferred	
<i>gnp childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	
<i>goodsense allergy relief oral capsule 25 mg</i>	Preferred	
<i>h-e-b childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	Preferred	
<i>kls allergy medicine oral tablet 25 mg</i>	Preferred	
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	Preferred	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	Preferred	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	Preferred	
MEDI-PHEDRYL ORAL CAPSULE 25 MG (diphenhydramine hcl)	Preferred	
<i>meijer antihistamine allergy oral capsule 25 mg</i>	Preferred	
MM ALLER-BEN ORAL TABLET 25 MG (diphenhydramine hcl)	Preferred	
NARAMIN ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	Preferred	
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	Preferred	
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	Preferred	
<i>qc allergy childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>qc allergy relief oral capsule 25 mg</i>	Preferred	
<i>qc allergy relief oral tablet 25 mg</i>	Preferred	
<i>qc complete allergy medicine oral tablet 25 mg</i>	Preferred	
<i>ra allergy medication oral capsule 25 mg</i>	Preferred	
<i>ra allergy medication oral liquid 12.5 mg/5ml</i>	Preferred	
<i>ra allergy medication oral tablet 25 mg</i>	Preferred	
<i>ra allergy oral liquid 12.5 mg/5ml</i>	Preferred	
<i>ra allergy oral tablet 25 mg</i>	Preferred	
<i>ra allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>ra allergy relief childrens oral tablet dispersible 12.5 mg</i>	Preferred	
<i>ra allergy relief oral capsule 25 mg</i>	Preferred	
<i>ra complete allergy oral tablet 25 mg</i>	Preferred	
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	Preferred	
<i>sb allergy medicine oral liquid 12.5 mg/5ml</i>	Preferred	
<i>sb allergy medicine oral tablet 25 mg</i>	Preferred	
<i>sb allergy oral capsule 25 mg</i>	Preferred	
<i>siladryl allergy oral liquid 12.5 mg/5ml</i>	Preferred	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>sm allergy relief oral tablet 25 mg</i>	Preferred	
TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	Preferred	
<i>total allergy oral tablet 25 mg</i>	Preferred	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (diphenhydramine hcl)	Preferred	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (diphenhydramine hcl)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML ( <i>diphenhydramine hcl</i> )	Preferred	
WAL-DRYL ALLERGY ORAL TABLET 25 MG ( <i>diphenhydramine hcl</i> )	Preferred	
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE 12.5 MG ( <i>diphenhydramine hcl</i> )	Preferred	
<b>*ANTIHISTAMINES - NON-SEDATING***</b>		
12hr allergy relief oral tablet 60 mg	Preferred	QL (1 EA per 1 day)
24hr allergy relief oral tablet 180 mg	Preferred	QL (1 EA per 1 day)
ALAVERT ORAL TABLET DISPERSIBLE 10 MG ( <i>loratadine</i> )	Preferred	QL (1 EA per 1 day)
all day allergy childrens oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
all-day allergy childrens oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG ( <i>fexofenadine hcl</i> )	Preferred	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG ( <i>fexofenadine hcl</i> )	Preferred	QL (1 EA per 1 day)
allergy (cetirizine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy 24hour indoor/outdoor oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy 24-hr oral tablet 180 mg	Preferred	QL (1 EA per 1 day)
allergy childrens oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
allergy childrens oral suspension 30 mg/5ml	Preferred	
allergy rel child (cetirizine) oral tablet dispersible 10 mg	Preferred	
allergy rel child (loratadine) oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
allergy relief (cetirizine) oral capsule 10 mg	Preferred	QL (1 EA per 1 day)
allergy relief (cetirizine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy relief (loratadine) oral capsule 10 mg	Preferred	
allergy relief (loratadine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy relief 24-hr oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy relief cetirizine oral tablet 10 mg, 5 mg	Preferred	QL (1 EA per 1 day)
allergy relief childrens 24-hr oral solution 1 mg/ml	Preferred	QL (5 ML per 1 day)
allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml	Preferred	QL (5 ML per 1 day)
allergy relief oral tablet 10 mg, 180 mg, 60 mg	Preferred	QL (1 EA per 1 day)
allergy relief/indoor/outdoor oral tablet 10 mg, 180 mg	Preferred	QL (1 EA per 1 day)
cetirizine hcl allergy child oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
cetirizine hcl childrens alrgy oral solution 1 mg/ml	Preferred	QL (5 ML per 1 day)
cetirizine hcl oral solution 1 mg/ml	Preferred	QL (5 ML per 1 day)
cetirizine hcl oral tablet 10 mg, 5 mg	Preferred	QL (1 EA per 1 day)
cetirizine hcl oral tablet chewable 10 mg, 5 mg	Preferred	QL (1 EA per 1 day)
childrens 24 hour allergy oral solution 1 mg/ml	Preferred	QL (5 ML per 1 day)
childrens loratadine oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>cvs allerg rel child (lorat) oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>cvs allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>cvs allergy relief childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	Preferred	
<i>cvs allergy relief childrens oral tablet chewable 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs allergy relief oral tablet 10 mg, 180 mg, 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs allergy relief oral tablet dispersible 10 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs allergy relief(cetirizine) oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs indoor/outdoor allergy rlf oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eq allerg relief child (cetir) oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>eq allerg relief child (lorat) oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>eq allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>eq allergy relief (cetirizine) oral solution 1 mg/ml</i>	Preferred	QL (5 ML per 1 day)
<i>eq allergy relief (cetirizine) oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eq allergy relief oral tablet 10 mg, 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eq cetirizine hcl oral tablet chewable 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eq loratadine childrens oral tablet chewable 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eq loratadine oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eq loratadine oral tablet dispersible 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eql all day allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>eql all day allergy oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eql allergy relief oral tablet 10 mg, 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ft all day allergy oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ft all day allergy relief oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ft allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>ft allergy relief 12 hour oral tablet 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ft allergy relief 24 hour oral tablet 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ft allergy relief childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>ft allergy relief childrens oral tablet chewable 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>gnp all day allergy oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp all day allergy relief oral capsule 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp allergy relief oral tablet 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>gnp loratadine oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>gnp loratadine oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp loratadine oral tablet dispersible 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>goodsense all day allergy oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>goodsense aller-ease oral tablet 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>goodsense allergy relief oral capsule 10 mg</i>	Preferred	
<i>goodsense allergy relief oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>hm all day allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>hm allergy relief (cetirizine) oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>hm allergy relief oral tablet 180 mg, 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>hm cetirizine hcl oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>hm fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>hm loratadine childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>hm loratadine oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
KLS ALLERCLEAR ORAL TABLET 10 MG ( <i>loratadine</i> )	Preferred	QL (1 EA per 1 day)
KLS ALLER-FEX ORAL TABLET 180 MG ( <i>fexofenadine hcl</i> )	Preferred	QL (1 EA per 1 day)
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML ( <i>cetirizine hcl</i> )	Preferred	QL (5 ML per 1 day)
KLS ALLER-TEC ORAL TABLET 10 MG ( <i>cetirizine hcl</i> )	Preferred	QL (1 EA per 1 day)
<i>kp fexofenadine hcl oral tablet 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>loradamed oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>loratadine childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>loratadine childrens oral tablet chewable 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>loratadine oral capsule 10 mg</i>	Preferred	
<i>loratadine oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>loratadine oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>loratadine oral tablet dispersible 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>meijer allergy relief oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>meijer allergy relief oral tablet dispersible 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>meijer loratadine oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>mm fexofenadine hcl oral tablet 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc all day allergy oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc all day allergy relief oral capsule 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc allergy relief childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>qc allergy relief childrens oral syrup 1 mg/ml</i>	Preferred	QL (5 ML per 1 day)
<i>qc allergy relief oral capsule 10 mg</i>	Preferred	
<i>qc allergy relief oral tablet 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc allergy relief oral tablet dispersible 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc cetirizine allergy relief oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc childrens allergy oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>qc loratadine allergy relief oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra allergy relief (cetirizine) oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>ra allergy relief (loratadine) oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>ra allergy relief childrens oral syrup 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>ra allergy relief childrens oral tablet chewable 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra allergy relief oral capsule 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra allergy relief oral tablet 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra loratadine oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>ra loratadine oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sb allergy oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sb allergy relief oral tablet dispersible 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sb cetirizine hcl childrens oral solution 1 mg/ml</i>	Preferred	QL (5 ML per 1 day)
<i>sb loratadine allergy relief oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sb loratadine oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>sb loratadine oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm all day allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>sm all day allergy oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm all day allergy relief oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>sm allergy relief oral tablet 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm allergy relief oral tablet dispersible 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm childrens loratadine oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>sm fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm loratadine oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>sm loratadine oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG ( <i>loratadine</i> )	Preferred	QL (1 EA per 1 day)
WAL-FEX ALLERGY ORAL TABLET 180 MG, 60 MG ( <i>fexofenadine hcl</i> )	Preferred	QL (1 EA per 1 day)
WAL-FEX ORAL TABLET 180 MG ( <i>fexofenadine hcl</i> )	Preferred	QL (1 EA per 1 day)
WAL-ITIN ALLERGY CHILDRENS ORAL TABLET CHEWABLE 5 MG ( <i>loratadine</i> )	Preferred	QL (1 EA per 1 day)
WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE 10 MG ( <i>loratadine</i> )	Preferred	QL (1 EA per 1 day)
WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE 10 MG ( <i>loratadine</i> )	Preferred	QL (1 EA per 1 day)
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML ( <i>loratadine</i> )	Preferred	QL (5 ML per 1 day)
WAL-ITIN ORAL SOLUTION 5 MG/5ML ( <i>loratadine</i> )	Preferred	QL (5 ML per 1 day)
WAL-ITIN ORAL TABLET 10 MG ( <i>loratadine</i> )	Preferred	QL (1 EA per 1 day)
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG ( <i>loratadine</i> )	Preferred	QL (1 EA per 1 day)
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG ( <i>loratadine</i> )	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (cetirizine hcl)	Preferred	QL (5 ML per 1 day)
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML (cetirizine hcl)	Preferred	QL (5 ML per 1 day)
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML (cetirizine hcl)	Preferred	QL (5 ML per 1 day)
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG, 5 MG (cetirizine hcl)	Preferred	QL (1 EA per 1 day)
WAL-ZYR ORAL CAPSULE 10 MG (cetirizine hcl)	Preferred	QL (1 EA per 1 day)
WAL-ZYR ORAL SOLUTION 5 MG/5ML (cetirizine hcl)	Preferred	QL (5 ML per 1 day)
WAL-ZYR ORAL TABLET 10 MG (cetirizine hcl)	Preferred	QL (1 EA per 1 day)
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (cetirizine hcl)	Preferred	QL (1 EA per 1 day)
ZYRTEC ORAL TABLET CHEWABLE 10 MG (cetirizine hcl)	Preferred	QL (1 EA per 1 day)
<b>*ANTIHIISTAMINES - PHENOTHIAZINES***</b>		
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	Preferred	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Preferred	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Preferred	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Preferred	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Preferred	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	Preferred	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG ( <i>promethazine hcl</i> )	Preferred	
<b>*ANTIHIISTAMINES - PIPERIDINES***</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Preferred	
<i>cyproheptadine hcl oral tablet 4 mg</i>	Preferred	
<b>*ANTIHYPERLIPIDEMICS*</b>		
<b>*ANTIHYPERLIPIDEMICS - MISC.***</b>		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Preferred	
<b>*BILE ACID SEQUESTRANTS***</b>		
<i>cholestyramine light oral packet 4 gm</i>	Preferred	Max 90-day supply per fill
<i>cholestyramine light oral powder 4 gm/dose</i>	Preferred	Max 90-day supply per fill
<i>cholestyramine oral packet 4 gm</i>	Preferred	Max 90-day supply per fill
<i>cholestyramine oral powder 4 gm/dose</i>	Preferred	Max 90-day supply per fill
<i>colestipol hcl oral tablet 1 gm</i>	Preferred	Max 90-day supply per fill
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	Preferred	Max 90-day supply per fill
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	Preferred	Max 90-day supply per fill
<b>*FIBRIC ACID DERIVATIVES***</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Preferred	Max 90-day supply per fill
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	Preferred	Max 90-day supply per fill
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Preferred	Max 90-day supply per fill
FIBRICOR ORAL TABLET 105 MG, 35 MG ( <i>fenofibric acid</i> )	Preferred	Max 90-day supply per fill
<i>gemfibrozil oral tablet 600 mg</i>	Preferred	Max 90-day supply per fill
<b>*HMG COA REDUCTASE INHIBITORS***</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<b>*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***</b>		
<i>ezetimibe oral tablet 10 mg</i>	Preferred	Max 90-day supply per fill
<b>*NICOTINIC ACID DERIVATIVES***</b>		
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	Preferred	
<i>niacin er (antihyperlipidemic) oral tablet extended release 750 mg</i>	Preferred	Max 90-day supply per fill
NIACOR ORAL TABLET 500 MG ( <i>niacin (antihyperlipidemic)</i> )	Preferred	
<b>*ANTIHYPERTENSIVES*</b>		
<b>*ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS***</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Preferred	
<b>*ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Preferred	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Preferred	Max 90-day supply per fill
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Preferred	Max 90-day supply per fill
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Preferred	Max 90-day supply per fill
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Preferred	Max 90-day supply per fill
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Preferred	Max 90-day supply per fill
<b>*ACE INHIBITORS***</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>enalapril maleate oral solution 1 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	Max 90-day supply per fill

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Preferred	Max 90-day supply per fill
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Preferred	Max 90-day supply per fill
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Preferred	Max 90-day supply per fill
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Preferred	
<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	Max 90-day supply per fill
<b>*ANGIOTENSIN II RECEPTOR ANTAGONISTS***</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Preferred	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Preferred	Max 90-day supply per fill
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Preferred	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIADRENERGICS - CENTRALLY ACTING***</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Preferred	QL (4 EA per 28 days); AGE (Min 6 Years); Max 90-day supply per fill
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIADRENERGICS - PERIPHERALLY ACTING***</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Preferred	Max 90-day supply per fill
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<b>*BETA BLOCKER &amp; DIURETIC COMBINATIONS***</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Preferred	Max 90-day supply per fill
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Preferred	Max 90-day supply per fill
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<b>*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)***</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Preferred	PA; Max 90-day supply per fill
<b>*VASODILATORS***</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.***</b>		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	Preferred	AGE (Max 9 Years)
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	Preferred	AGE (Max 9 Years)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Preferred	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Preferred	
<i>trimethoprim oral tablet 100 mg</i>	Preferred	
XIFAXAN ORAL TABLET 200 MG, 550 MG ( <i>rifaximin</i> )	Preferred	
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS***</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Preferred	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Preferred	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)	Preferred	
<b>*ANTIPROTOZOAL AGENTS***</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )	Preferred	
<b>*CARBAPENEM COMBINATIONS***</b>		
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM ( <i>meropenem-vaborbactam</i> )	Preferred	
<b>*GLYCOPEPTIDES***</b>		
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG ( <i>oritavancin diphosphate</i> )	Preferred	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/250ml-%, 500-5 gm/100ml-%, 750-5 gm/150ml-%</i>	Preferred	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 1-0.9 gm/250ml-%, 1.25-0.9 gm/250ml-%, 1.5-0.9 gm/250ml-%, 1.5-0.9 gm/500ml-%, 1.75-0.9 gm/250ml-%, 1.75-0.9 gm/500ml-%, 2-0.9 gm/500ml-%, 500-0.9 gm/100ml-%, 750-0.9 gm/150ml-%</i>	Preferred	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1500 mg/300ml, 2000 mg/400ml, 500 mg/100ml</i>	Preferred	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg</i>	Preferred	

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<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Preferred	PA
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	Preferred	PA
<b>*LEPROSTATICS***</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Preferred	Max 90-day supply per fill
<b>*LINCOSAMIDES***</b>		
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML ( <i>clindamycin phosphate</i> )	Preferred	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Preferred	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Preferred	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	Preferred	
<i>lincomycin hcl injection solution 300 mg/ml</i>	Preferred	
<b>*OXAZOLIDINONES***</b>		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Preferred	PA
<i>linezolid oral tablet 600 mg</i>	Preferred	PA
<b>*POLYMYXINS***</b>		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Preferred	
<b>*URINARY ANTI-INFECTIVES***</b>		
<i>methenamine hippurate oral tablet 1 gm</i>	Preferred	
<i>methenamine mandelate oral tablet 1 gm</i>	Preferred	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Preferred	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Preferred	
<b>*ANTIMALARIALS*</b>		
<b>*ANTIMALARIAL COMBINATIONS***</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Preferred	
COARTEM ORAL TABLET 20-120 MG ( <i>artemether-lumefantrine</i> )	Preferred	
<b>*ANTIMALARIALS***</b>		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Preferred	Max 90-day supply per fill
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Preferred	Max 90-day supply per fill
<i>mepacrine powder</i>	Preferred	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Preferred	
<i>quinacrine hcl powder</i>	Preferred	
<i>quinine sulfate oral capsule 324 mg</i>	Preferred	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS***</b>		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Preferred	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*ANTIMYCOBACTERIAL AGENTS***</b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Preferred	
<i>isoniazid oral syrup 50 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Preferred	Max 90-day supply per fill
<i>pyrazinamide oral tablet 500 mg</i>	Preferred	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Preferred	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS***</b>		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	Preferred	PA
<b>*ANTIANDROGENS***</b>		
<i>bicalutamide oral tablet 50 mg</i>	Preferred	
EULEXIN ORAL CAPSULE 125 MG ( <i>flutamide</i> )	Preferred	
<i>nilutamide oral tablet 150 mg</i>	Preferred	
<b>*ANTIESTROGENS***</b>		
SOLTAMOX ORAL SOLUTION 10 MG/5ML ( <i>tamoxifen citrate</i> )	Preferred	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Preferred	Max 90-day supply per fill
<i>toremifene citrate oral tablet 60 mg</i>	Preferred	PA; Max 90-day supply per fill
<b>*ANTIMETABOLITES***</b>		
<i>mercaptopurine oral tablet 50 mg</i>	Preferred	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	Preferred	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	Preferred	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Preferred	
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	Preferred	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	Preferred	
<b>*ANTINEOPLASTIC - ALK INHIBITORS***</b>		
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	Preferred	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	Preferred	PA
<b>*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES***</b>		
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab-arrx</i> )	Preferred	PA
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab-pvvr</i> )	Preferred	PA
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab-abbs</i> )	Preferred	PA
<b>*ANTINEOPLASTIC - ANTI-HER2 AGENTS***</b>		
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-pkrb</i> )	Preferred	PA
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-anns</i> )	Preferred	PA

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OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-dkst</i> )	Preferred	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG ( <i>trastuzumab-qyyp</i> )	Preferred	PA
<b>*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***</b>		
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG ( <i>ponatinib hcl</i> )	Preferred	PA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Preferred	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 80 MG ( <i>dasatinib</i> )	Preferred	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG ( <i>nilotinib hcl</i> )	Preferred	PA
<b>*ANTINEOPLASTIC - BRAF KINASE INHIBITORS***</b>		
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	Preferred	PA
<b>*ANTINEOPLASTIC - BTK INHIBITORS***</b>		
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG ( <i>ibrutinib</i> )	Preferred	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML ( <i>ibrutinib</i> )	Preferred	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG ( <i>ibrutinib</i> )	Preferred	PA
<b>*ANTINEOPLASTIC - EGFR INHIBITORS***</b>		
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Preferred	PA
<i>gefitinib oral tablet 250 mg</i>	Preferred	PA
<b>*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS***</b>		
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	Preferred	PA
<b>*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS***</b>		
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	Preferred	PA
<b>*ANTINEOPLASTIC - MEK INHIBITORS***</b>		
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	Preferred	PA
<b>*ANTINEOPLASTIC - MTOR KINASE INHIBITORS***</b>		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Preferred	PA
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Preferred	PA
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***</b>		
CAPRELSA ORAL TABLET 100 MG, 300 MG ( <i>vandetanib</i> )	Preferred	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	Preferred	PA
<i>pazopanib hcl oral tablet 200 mg</i>	Preferred	PA
<i>sorafenib tosylate oral tablet 200 mg</i>	Preferred	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Preferred	PA
<b>*ANTINEOPLASTICS MISC.***</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )	Preferred	PA; Max 90-day supply per fill

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ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	Preferred	PA
<i>hydroxyurea oral capsule 500 mg</i>	Preferred	
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	Preferred	
<b>*AROMATASE INHIBITORS***</b>		
<i>anastrozole oral tablet 1 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>exemestane oral tablet 25 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>letrozole oral tablet 2.5 mg</i>	Preferred	
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS***</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Preferred	PA
<b>*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS***</b>		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL ( <i>degarelix acetate</i> )	Preferred	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG ( <i>degarelix acetate</i> )	Preferred	PA
<b>*IMIDAZOTETRAZINES***</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Preferred	PA
<b>*JANUS ASSOCIATED KINASE (JAK) INHIBITORS***</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	Preferred	PA
<b>*LHRH ANALOGS***</b>		
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
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
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG ( <i>leuprolide acetate</i> )	Preferred	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	Preferred	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	Preferred	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	Preferred	PA
<b>*MITOTIC INHIBITORS***</b>		
<i>etoposide oral capsule 50 mg</i>	Preferred	PA

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<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES***</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Preferred	
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	Preferred	
<b>*NITROSOUREAS***</b>		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>Iomustine</i> )	Preferred	
<b>*PROGESTINS-ANTINEOPLASTIC***</b>		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Preferred	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Preferred	
<b>*RETINOIDS***</b>		
<i>tretinoin oral capsule 10 mg</i>	Preferred	
<b>*SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
<i>bexarotene oral capsule 75 mg</i>	Preferred	PA
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***</b>		
INLYTA ORAL TABLET 1 MG, 5 MG ( <i>axitinib</i> )	Preferred	PA
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML ( <i>bevacizumab-awwb</i> )	Preferred	PA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML ( <i>bevacizumab-bvzr</i> )	Preferred	PA
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>		
<b>*ANTIPARKINSON ANTICHOLINERGICS***</b>		
<i>benztropine mesylate injection solution 1 mg/ml</i>	Preferred	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	Max 90-day supply per fill
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIPARKINSON DOPAMINERGICS***</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Preferred	Max 90-day supply per fill
<i>amantadine hcl oral solution 50 mg/5ml</i>	Preferred	
<i>bromocriptine mesylate oral capsule 5 mg</i>	Preferred	Max 90-day supply per fill
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Preferred	Max 90-day supply per fill
<b>*LEVODOPA COMBINATIONS***</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Preferred	Max 90-day supply per fill
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Preferred	Max 90-day supply per fill
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 31.25-125-200 mg</i>	Preferred	
DHIVY ORAL TABLET 25-100 MG ( <i>carbidopa-levodopa</i> )	Preferred	Max 90-day supply per fill

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<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***</b>		
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg</i>	Preferred	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Preferred	Max 90-day supply per fill
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<b>*PERIPHERAL COMT INHIBITORS***</b>		
<i>entacapone oral tablet 200 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*ANTIMANIC AGENTS***</b>		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>lithium carbonate oral tablet 300 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>lithium carbonate powder</i>	Preferred	AGE (Min 6 Years)
<i>lithium oral solution 8 meq/5ml</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<b>*ANTIPSYCHOTICS - MISC.***</b>		
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<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); Max 90-day supply per fill
<b>*BENZISOXAZOLES***</b>		
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML ( <i>paliperidone palmitate</i> )	Preferred	QL (3.5 ML per 180 days); AGE (Min 18 Years); Max 180-day supply per fill
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML ( <i>paliperidone palmitate</i> )	Preferred	QL (5 ML per 180 days); Max 180-day supply per fill
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML ( <i>paliperidone palmitate</i> )	Preferred	QL (0.75 ML per 30 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML ( <i>paliperidone palmitate</i> )	Preferred	QL (1 ML per 30 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 30 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 30 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 30 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 90 days); AGE (Min 18 Years); Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML ( <i>paliperidone palmitate</i> )	Preferred	QL (1.32 ML per 90 days); AGE (Min 18 Years); Max 90-day supply per fill
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML ( <i>paliperidone palmitate</i> )	Preferred	QL (1.75 ML per 90 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML ( <i>paliperidone palmitate</i> )	Preferred	QL (2.63 ML per 90 days); AGE (Min 18 Years); Max 90-day supply per fill
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG ( <i>risperidone</i> )	Preferred	QL (1 EA per 28 days); AGE (Min 18 Years); Max 90-day supply per fill
<i>risperidone er intramuscular suspension reconstituted er 12.5 mg</i>	Preferred	QL (2 EA per 30 days); AGE (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	Preferred	QL (8 ML per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<b>*BUTYROPHENONES***</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Preferred	AGE (Min 18 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<b>*DIBENZODIAZEPINES***</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	QL (5 EA per 1 day); AGE (Min 18 Years)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Preferred	QL (5 EA per 1 day); AGE (Min 18 Years)
<b>*DIBENZOTHIAZEPINES***</b>		
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<b>*DIBENZOXAZEPINES***</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<b>*DIHYDROINDOLONES***</b>		
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	Preferred	
<b>*PHENOTHIAZINES***</b>		
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	Preferred	AGE (Min 6 Years)
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	Preferred	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Preferred	AGE (Min 18 Years)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>prochlorperazine rectal suppository 25 mg</i>	Preferred	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<b>*QUINOLINONE DERIVATIVES***</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML ( <i>aripiprazole</i> )	Preferred	PA; QL (1 ML per 56 days); AGE (Min 18 Years); Max 90-day supply per fill
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG ( <i>aripiprazole</i> )	Preferred	QL (1 EA per 30 days); AGE (Min 18 Years); Max 90-day supply per fill
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG ( <i>aripiprazole</i> )	Preferred	QL (1 EA per 30 days); AGE (Min 18 Years); Max 90-day supply per fill
<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); Max 90-day supply per fill
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML ( <i>aripiprazole lauroxil</i> )	Preferred	QL (4.8 ML per 365 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML ( <i>aripiprazole lauroxil</i> )	Preferred	QL (3.9 ML per 30 days); AGE (Min 18 Years); Max 90-day supply per fill
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML ( <i>aripiprazole lauroxil</i> )	Preferred	QL (1.6 ML per 30 days); AGE (Min 18 Years); Max 90-day supply per fill
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML ( <i>aripiprazole lauroxil</i> )	Preferred	QL (2.4 ML per 30 days); AGE (Min 18 Years); Max 90-day supply per fill
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML ( <i>aripiprazole lauroxil</i> )	Preferred	QL (3.2 ML per 30 days); AGE (Min 18 Years); Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<b>*THIENBENZODIAZEPINES***</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Max 90-day supply per fill
<b>*THIOXANTHENES***</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Preferred	AGE (Min 6 Years); Max 90-day supply per fill
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
<b>*ANTISEPTIC COMBINATIONS***</b>		
<i>iv prep wipes external pad 70 %</i>	Preferred	
<i>MICROCLENS WIPES EXTERNAL PAD 30 % (antiseptic products, misc.)</i>	Preferred	
<i>UNI-SOLVE EXTERNAL PAD (antiseptic products, misc.)</i>	Preferred	
<b>*ANTIVIRALS*</b>		
<b>*ANTIRETROVIRAL COMBINATIONS***</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Preferred	Max 90-day supply per fill
<i>BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofovir)</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>COMPLERA ORAL TABLET 200-25-300 MG (emtricitab- rilpivir-tenofovir)</i>	Preferred	Max 90-day supply per fill
<i>DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofovir df)</i>	Preferred	Max 90-day supply per fill
<i>DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (emtricitabine-tenofovir af)</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)</i>	Preferred	Max 90-day supply per fill
<i>efavirenz-emtricitab-tenofovir df oral tablet 600-200-300 mg</i>	Preferred	Max 90-day supply per fill
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Preferred	Max 90-day supply per fill
<i>EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)</i>	Preferred	Max 90-day supply per fill
<i>GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)</i>	Preferred	Max 90-day supply per fill
<i>JULUCA ORAL TABLET 50-25 MG (dolutegravir-rilpivirine)</i>	Preferred	Max 90-day supply per fill
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Preferred	Max 90-day supply per fill
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Preferred	Max 90-day supply per fill
<i>ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab- rilpivir-tenofovir af)</i>	Preferred	Max 90-day supply per fill
<i>PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	Preferred	Max 90-day supply per fill
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	Preferred	Max 90-day supply per fill
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	Preferred	Max 90-day supply per fill
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	Preferred	Max 90-day supply per fill
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivud</i> )	Preferred	Max 90-day supply per fill
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG ( <i>abacavir-dolutegravir-lamivud</i> )	Preferred	AGE (Max 7 Years); Max 90-day supply per fill
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 200-300 MG ( <i>emtricitabine-tenofovir df</i> )	Preferred	Max 90-day supply per fill
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***</b>		
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	Preferred	PA
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG ( <i>maraviroc</i> )	Preferred	PA; Max 90-day supply per fill
<b>*ANTIRETROVIRALS - FUSION INHIBITORS***</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	Preferred	PA; QL (1 EA per 30 days); Max 90-day supply per fill
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS***</b>		
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	Preferred	Max 90-day supply per fill
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	Preferred	Max 90-day supply per fill
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	Preferred	Max 90-day supply per fill
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	Preferred	Max 90-day supply per fill
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG ( <i>dolutegravir sodium</i> )	Preferred	Max 90-day supply per fill
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	Preferred	Max 90-day supply per fill
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS***</b>		
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	Preferred	Max 90-day supply per fill
<i>fosamprenavir calcium oral tablet 700 mg</i>	Preferred	Max 90-day supply per fill
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	Preferred	Max 90-day supply per fill
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	Preferred	Max 90-day supply per fill
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir</i> )	Preferred	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG ( <i>darunavir</i> )	Preferred	
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	Preferred	Max 90-day supply per fill
<i>ritonavir oral tablet 100 mg</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***</b>		
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	Preferred	
<i>efavirenz oral tablet 600 mg</i>	Preferred	Max 90-day supply per fill
<i>etravirine oral tablet 100 mg, 200 mg</i>	Preferred	Max 90-day supply per fill
INTELENCE ORAL TABLET 25 MG ( <i>etravirine</i> )	Preferred	Max 90-day supply per fill
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Preferred	Max 90-day supply per fill
<i>nevirapine oral suspension 50 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>nevirapine oral tablet 200 mg</i>	Preferred	Max 90-day supply per fill
PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )	Preferred	Max 90-day supply per fill
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>abacavir sulfate oral tablet 300 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***</b>		
<i>emtricitabine oral capsule 200 mg</i>	Preferred	Max 90-day supply per fill
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	Preferred	Max 90-day supply per fill
<i>lamivudine oral solution 10 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***</b>		
<i>zidovudine oral capsule 100 mg</i>	Preferred	Max 90-day supply per fill
<i>zidovudine oral syrup 50 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>zidovudine oral tablet 300 mg</i>	Preferred	Max 90-day supply per fill
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Preferred	Max 90-day supply per fill
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	Preferred	Max 90-day supply per fill
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	Preferred	Max 90-day supply per fill
<b>*ANTIRETROVIRALS ADJUVANTS***</b>		
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<b>*ANTIVIRAL COMBINATIONS***</b>		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	Preferred	QL (60 EA per 365 days); AGE (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	Preferred	QL (60 EA per 365 days); AGE (Min 12 Years)
<b>*CMV AGENTS***</b>		
<i>cidofovir intravenous solution 75 mg/ml</i>	Preferred	PA
<i>foscarnet sodium intravenous solution 6000 mg/250ml</i>	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	Preferred	PA
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	Preferred	PA
LIVTENCITY ORAL TABLET 200 MG ( <i>maribavir</i> )	Preferred	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Preferred	PA; Max 90-day supply per fill
<i>valganciclovir hcl oral tablet 450 mg</i>	Preferred	PA; Max 90-day supply per fill
<b>*HEPATITIS B AGENTS***</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Preferred	PA; Max 90-day supply per fill
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	Preferred	PA; Max 90-day supply per fill
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>lamivudine oral tablet 100 mg</i>	Preferred	Max 90-day supply per fill
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
MAVYRET ORAL PACKET 50-20 MG ( <i>glecaprevir-pibrentasvir</i> )	Preferred	QL (6 EA per 1 day); Max 84 days of therapy and 1 treatment course for hepatitis C per lifetime
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )	Preferred	QL (3 EA per 1 day); Max 84 days of therapy and 1 treatment course for hepatitis C per lifetime
<i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 84 days of therapy and 1 treatment course for hepatitis C per lifetime
<b>*HEPATITIS C AGENTS***</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	Preferred	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	Preferred	PA
<i>ribavirin oral capsule 200 mg</i>	Preferred	PA
<i>ribavirin oral tablet 200 mg</i>	Preferred	PA
<b>*HERPES AGENTS - PURINE ANALOGUES***</b>		
<i>acyclovir oral capsule 200 mg</i>	Preferred	
<i>acyclovir oral suspension 200 mg/5ml</i>	Preferred	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Preferred	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Preferred	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Preferred	
<b>*HERPES AGENTS - THYMIDINE ANALOGUES***</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Preferred	PA

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<b>*INFLUENZA AGENTS***</b>		
<i>rimantadine hcl oral tablet 100 mg</i>	Preferred	
<b>*MISC. ANTIVIRALS***</b>		
LAGEVRIO ORAL CAPSULE 200 MG ( <i>molnupiravir</i> )	Preferred	QL (80 EA per 365 days); AGE (Min 18 Years)
<b>*NEURAMINIDASE INHIBITORS***</b>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Preferred	QL (20 EA per 270 days)
<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	QL (40 EA per 270 days)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG ( <i>oseltamivir phosphate</i> )	Preferred	QL (20 EA per 270 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML ( <i>oseltamivir phosphate</i> )	Preferred	
<b>*PA ENDONUCLEASE INHIBITORS***</b>		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG ( <i>baloxavir marboxil</i> )	Preferred	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG ( <i>baloxavir marboxil</i> )	Preferred	
<b>*BETA BLOCKERS*</b>		
<b>*ALPHA-BETA BLOCKERS***</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Preferred	Max 90-day supply per fill
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Preferred	Max 90-day supply per fill
<b>*BETA BLOCKERS CARDIO-SELECTIVE***</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Preferred	Max 90-day supply per fill
<b>*BETA BLOCKERS NON-SELECTIVE***</b>		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Preferred	Max 90-day supply per fill
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>propranolol hcl intravenous solution 1 mg/ml</i>	Preferred	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Preferred	Max 90-day supply per fill
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Preferred	Max 90-day supply per fill
<i>sotalol hcl intravenous solution 150 mg/10ml</i>	Preferred	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*CALCIUM CHANNEL BLOCKERS***</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Preferred	Max 90-day supply per fill
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Preferred	Max 90-day supply per fill
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Preferred	Max 90-day supply per fill
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	Max 90-day supply per fill
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Preferred	Max 90-day supply per fill
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )	Preferred	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Preferred	Max 90-day supply per fill
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)</i>	Preferred	Max 90-day supply per fill
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Preferred	Max 90-day supply per fill
<b>*CARDIOTONICS*</b>		
<b>*CARDIAC GLYCOSIDES***</b>		
<i>digoxin injection solution 0.25 mg/ml</i>	Preferred	
<i>digoxin oral solution 0.05 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	Preferred	Max 90-day supply per fill
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML ( <i>digoxin</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	Preferred	PA; Max 90-day supply per fill
<b>*PROSTAGLANDIN VASODILATORS***</b>		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Preferred	PA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	Preferred	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	Preferred	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ( <i>treprostinil diolamine</i> )	Preferred	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	Preferred	PA
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Preferred	PA; Max 90-day supply per fill
<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***</b>		
<i>tadalafil (pah) (Alyq Oral Tablet 20 Mg)</i>	Preferred	PA; Max 90-day supply per fill
LIQREV ORAL SUSPENSION 10 MG/ML ( <i>sildenafil citrate</i> )	Preferred	PA
<i>sildenafil citrate oral tablet 20 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>tadalafil (pah) oral tablet 20 mg</i>	Preferred	PA; Max 90-day supply per fill
<b>*CEPHALOSPORINS*</b>		
<b>*CEPHALOSPORINS - 1ST GENERATION***</b>		
<i>cefadroxil oral capsule 500 mg</i>	Preferred	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Preferred	
<i>cefadroxil oral tablet 1 gm</i>	Preferred	
<i>cefazolin sodium-dextrose intravenous solution 2-5 gm/100ml-%</i>	Preferred	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Preferred	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Preferred	
<b>*CEPHALOSPORINS - 2ND GENERATION***</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	Preferred	

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<i>cefaclor oral capsule 250 mg, 500 mg</i>	Preferred	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	Preferred	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Preferred	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Preferred	
<b>*CEPHALOSPORINS - 3RD GENERATION***</b>		
<i>cefдинир oral capsule 300 mg</i>	Preferred	
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>cefіxime oral capsule 400 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cefіxime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Preferred	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	Preferred	
<i>cefподoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Preferred	
<i>cefподoxime proxetil oral tablet 100 mg, 200 mg</i>	Preferred	
<i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</i>	Preferred	
<b>*CHEMICALS*</b>		
<b>*BULK CHEMICALS - HE'S***</b>		
<i>heparin sodium powder</i>	Preferred	
<b>*BULK CHEMICALS - NI'S***</b>		
<i>nicotine polacrіlex powder</i>	Preferred	
<b>*BULK CHEMICALS - NY***</b>		
<i>nystatin powder</i>	Preferred	
<b>*BULK CHEMICALS - PE'S***</b>		
<i>permethrin liquid</i>	Preferred	
<b>*CONTRACEPTIVES*</b>		
<b>*BIPHASIC CONTRACEPTIVES - ORAL***</b>		
<i>desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Preferred	
<i>desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	
<i>desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	
<i>desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Preferred	
<i>desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*COMBINATION CONTRACEPTIVES - ORAL***</b>		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Preferred	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Preferred	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	Preferred	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	Preferred	

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<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Preferred	
<i>norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)</i>	Preferred	
<i>desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	
<i>norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)</i>	Preferred	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Preferred	
<i>levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)</i>	Preferred	
<i>norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>	Preferred	
<i>norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))</i>	Preferred	
<i>norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	
<i>norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))</i>	Preferred	
<i>norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	
<i>norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	Preferred	
<i>desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	
<i>drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)</i>	Preferred	
<i>desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	
<i>norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	
<i>norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	Preferred	
<i>norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	
<i>norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	Preferred	
<i>norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))</i>	Preferred	
<i>norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)</i>	Preferred	
<i>desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	
<i>ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)</i>	Preferred	

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<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	Preferred	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	Preferred	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Preferred	
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule 1-20 Mg-Mcg(24))	Preferred	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	

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<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Preferred	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	Preferred	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	Preferred	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preferred	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Preferred	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preferred	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	Preferred	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Preferred	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Preferred	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	Preferred	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	Preferred	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	Preferred	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	Preferred	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	Preferred	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	Preferred	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	Preferred	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	Preferred	
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL***</b>		
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Preferred	
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	Preferred	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	Preferred	
<b>*COMBINATION CONTRACEPTIVES - VAGINAL***</b>		
NUVARING VAGINAL RING 0.12-0.015 MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	Preferred	
<b>*CONTINUOUS CONTRACEPTIVES - ORAL***</b>		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	Preferred	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Preferred	
<b>*EMERGENCY CONTRACEPTIVES***</b>		
AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
AFTERPILL ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
CURAE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	Preferred	QL (1 EA per 5 days)
HER STYLE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
<i>levonorgestrel oral tablet 1.5 mg</i>	Preferred	
MY CHOICE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
MY WAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
NEW DAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
OPCICON ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
OPTION 2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
REACT ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Preferred	
<b>*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***</b>		
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	Preferred	Max 91-day supply per fill
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	Preferred	Max 91-day supply per fill
<b>*PROGESTIN CONTRACEPTIVES - IMPLANTS***</b>		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	Preferred	Max 365-day supply per fill
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE***</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	Preferred	Max 90-day supply per fill
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Preferred	Max 90-day supply per fill
<b>*PROGESTIN CONTRACEPTIVES - ORAL***</b>		
<i>norethindrone (Camila Oral Tablet 0.35 Mg)</i>	Preferred	
<i>norethindrone (Deblitane Oral Tablet 0.35 Mg)</i>	Preferred	
<i>norethindrone (Errin Oral Tablet 0.35 Mg)</i>	Preferred	
<i>norethindrone (Heather Oral Tablet 0.35 Mg)</i>	Preferred	
<i>norethindrone (Incassia Oral Tablet 0.35 Mg)</i>	Preferred	
<i>norethindrone (Jencycla Oral Tablet 0.35 Mg)</i>	Preferred	
<i>norethindrone (Lyleq Oral Tablet 0.35 Mg)</i>	Preferred	
<i>norethindrone (Lyza Oral Tablet 0.35 Mg)</i>	Preferred	
<i>norethindrone (Nora-Be Oral Tablet 0.35 Mg)</i>	Preferred	
<i>norethindrone oral tablet 0.35 mg</i>	Preferred	
<i>norethindrone (Norlyroc Oral Tablet 0.35 Mg)</i>	Preferred	
<i>norethindrone (Sharobel Oral Tablet 0.35 Mg)</i>	Preferred	
<b>*TRIPHASIC CONTRACEPTIVES - ORAL***</b>		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Preferred	
<i>norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)</i>	Preferred	
<i>norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	Preferred	
<i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	Preferred	
<i>norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)</i>	Preferred	
<i>levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	Preferred	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Preferred	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Preferred	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	Preferred	
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	Preferred	
<i>norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	Preferred	
<i>norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)</i>	Preferred	
<i>norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)</i>	Preferred	
<i>norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)</i>	Preferred	

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<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG ( <i>desogestrel-ethinyl estradiol</i> )	Preferred	
<b>*CORTICOSTEROIDS*</b>		
<b>*GLUCOCORTICOSTEROIDS***</b>		
<i>budesonide oral capsule delayed release particles 3 mg</i>	Preferred	
<i>cortisone acetate oral tablet 25 mg</i>	Preferred	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML ( <i>methylprednisolone acetate</i> )	Preferred	PA
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>dexamethasone</i> )	Preferred	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Preferred	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Preferred	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Preferred	
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML ( <i>triamcinolone hexacetonide</i> )	Preferred	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	
KENALOG INJECTION SUSPENSION 10 MG/ML ( <i>triamcinolone acetonide</i> )	Preferred	PA
KENALOG-80 INJECTION SUSPENSION 80 MG/ML ( <i>triamcinolone acetonide</i> )	Preferred	PA
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>methylprednisolone acetate injection suspension 40 mg/ml, 50 mg/ml, 80 mg/ml</i>	Preferred	PA
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Preferred	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Preferred	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Preferred	PA
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG ( <i>prednisolone sodium phosphate</i> )	Preferred	
<i>prednisolone oral tablet 5 mg</i>	Preferred	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Preferred	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Preferred	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )	Preferred	
<i>prednisone oral solution 5 mg/5ml</i>	Preferred	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Preferred	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Preferred	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG ( <i>hydrocortisone sod succinate</i> )	Preferred	PA
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG ( <i>methylprednisolone sodium succ</i> )	Preferred	PA
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM ( <i>methylprednisolone sodium succ</i> )	Preferred	PA
<i>triamcinolone acetonide injection suspension 40 mg/ml, 50 mg/ml</i>	Preferred	PA
<i>triamcinolone diacetate injection suspension 40 mg/ml, 80 mg/ml</i>	Preferred	PA
<b>*MINERALOCORTICOIDS***</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Preferred	Max 90-day supply per fill
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*ANTITUSSIVE - NONNARCOTIC***</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Preferred	
<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>cvs cough dm childrens oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>cvs cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>cvs tussin maximum strength oral syrup 15 mg/5ml</i>	Preferred	
<i>dextromethorphan hbr oral capsule 15 mg</i>	Preferred	

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<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>eq cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>eql cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>ft 12 hour cough relief oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>gnp cough dm er oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>gnp tussin cough long acting oral syrup 15 mg/5ml</i>	Preferred	
<i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>goodsense cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>hm cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	
<i>ra cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	
ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML ( <i>dextromethorphan polistirex</i> )	Preferred	
ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML ( <i>dextromethorphan polistirex</i> )	Preferred	
<i>sm cough relief oral syrup 15 mg/5ml</i>	Preferred	
<i>tussin cough oral capsule 15 mg</i>	Preferred	
<i>tussin cough oral syrup 15 mg/5ml</i>	Preferred	
WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP 15 MG/5ML ( <i>dextromethorphan hbr</i> )	Preferred	
WAL-TUSSIN COUGH ORAL CAPSULE 15 MG ( <i>dextromethorphan hbr</i> )	Preferred	
<b>*ANTITUSSIVE - OPIOID***</b>		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years); Max 12-day supply per fill
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Preferred	QL (20 EA per 1 day); AGE (Min 18 Years); Max 12-day supply per fill
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years); Max 12-day supply per fill
<b>*ANTITUSSIVE-ANTIHISTAMINE-ANALGESIC***</b>		
<i>all-nite cold &amp; flu nighttime oral liquid 30-12.5-650 mg/30ml</i>	Preferred	
<i>cold &amp; flu nighttime oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
<i>cold &amp; flu nighttime relief oral capsule 15-6.25-325 mg</i>	Preferred	
<i>cold &amp; flu relief nighttime oral capsule 15-6.25-325 mg</i>	Preferred	
<i>cold &amp; flu relief nighttime oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
<i>cold/flu relief nighttime oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
CORICIDIN HBP NIGHTTIME COLD ORAL LIQUID 15-6.25-325 MG/15ML ( <i>dm-doxylamine-acetaminophen</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs cold/flu nighttime oral capsule 15-6.25-325 mg</i>	Preferred	
<i>cvs nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml, 650-30-12.5 mg/30ml</i>	Preferred	
<i>eq nitetime cold/flu ms relief oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
<i>eql nighttime cold &amp; flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
<i>eql nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml</i>	Preferred	
<i>gnp night time cold &amp; flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
<i>gnp night time cold-flu oral capsule 15-6.25-325 mg</i>	Preferred	
<i>goodsense nighttime cold &amp; flu oral capsule 15-6.25-325 mg</i>	Preferred	
<i>hm nighttime cold &amp; flu relief oral capsule 15-6.25-325 mg</i>	Preferred	
<i>night time cold/flu relief oral capsule 15-6.25-325 mg</i>	Preferred	
<i>nighttime cold/flu relief oral capsule 15-6.25-325 mg</i>	Preferred	
<i>nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
<i>qc nighttime cold &amp; flu oral capsule 15-6.25-325 mg</i>	Preferred	
<i>qc nighttime cold &amp; flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
<i>qc nighttime multi-symptom oral capsule 15-6.25-325 mg</i>	Preferred	
<i>ra cold/flu relief nighttime oral capsule 15-6.25-325 mg</i>	Preferred	
<i>ra nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml</i>	Preferred	
<i>sm nite time cold &amp; flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	
VICKS NYQUIL COLD & FLU NIGHT ORAL CAPSULE 15-6.25-325 MG ( <i>dm-doxylamine-acetaminophen</i> )	Preferred	
VICKS NYQUIL COLD & FLU ORAL CAPSULE 15-6.25-325 MG ( <i>dm-doxylamine-acetaminophen</i> )	Preferred	
<b>*ANTITUSSIVE-DECONGESTANT-ANALGESIC***</b>		
ALKA-SELTZER PLS SINUS & COUGH ORAL CAPSULE 10-5-325 MG ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
ALKA-SELTZER PLUS DAY COLD/FLU ORAL CAPSULE 10-5-325 MG ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
<i>cold &amp; flu relief daytime oral capsule 10-5-325 mg</i>	Preferred	
<i>cold multi-symptom daytime oral tablet 10-5-325 mg</i>	Preferred	
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	Preferred	
<i>cvs daytime cold/flu relief oral liquid 325-10-5 mg/15ml</i>	Preferred	
<i>cvs flu/severe cold daytime oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>cvs severe cold/flu daytime oral liquid 650-20-10 mg/30ml</i>	Preferred	
<i>daytime cold &amp; flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>daytime cold/flu relief oral capsule 10-5-325 mg</i>	Preferred	
<i>daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>day-time cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>day-time pe cold/flu relief oral capsule 10-5-325 mg</i>	Preferred	
<i>eq daytime cold/flu ms relief oral capsule 10-5-325 mg</i>	Preferred	
<i>eq daytime cold/flu ms relief oral liquid 10-5-325 mg/15ml</i>	Preferred	

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<i>eql daytime cold &amp; flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>flu/severe cold &amp; cough day oral packet 20-10-650 mg</i>	Preferred	
<i>gnp cold max daytime oral tablet 10-5-325 mg</i>	Preferred	
<i>gnp day time cold/flu oral capsule 10-5-325 mg</i>	Preferred	
<i>goodsense cold &amp; flu oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>goodsense day time cold &amp; flu oral capsule 10-5-325 mg</i>	Preferred	
<i>goodsense daytime oral capsule 10-5-325 mg</i>	Preferred	
<i>goodsense severe cold/cough oral liquid 20-10-650 mg/30ml</i>	Preferred	
MAPAP COLD FORMULA MULTI-SYMPT ORAL TABLET 10-5-325 MG ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
<i>qc daytime cold/flu oral capsule 10-5-325 mg</i>	Preferred	
<i>qc daytime cold/flu oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>qc severe cold/cough daytime oral packet 20-10-650 mg</i>	Preferred	
<i>ra cold/flu relief daytime oral capsule 10-5-325 mg</i>	Preferred	
<i>ra daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>sb daytime oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>sb flu relief therapy daytime oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>sm day time cold &amp; flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
THERAFLU EXPRESSMAX ORAL LIQUID 20-10-650 MG/30ML ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
THERAFLU EXPRESSMAX SEV CLD/CG ORAL TABLET 10-5-325 MG ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
THERAFLU SEVERE COLD/CGH DAY ORAL TABLET 10-5-325 MG ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
VICKS DAYQUIL COLD & FLU ORAL CAPSULE 10-5-325 MG ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
VICKS DAYQUIL COLD & FLU ORAL LIQUID 10-5-325 MG/15ML ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
WAL-FLU SEVERE COLD & COUGH ORAL LIQUID 10-5-325 MG/15ML ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
WAL-FLU SEVERE COLD & COUGH ORAL PACKET 20-10-650 MG ( <i>dm-phenylephrine-acetaminophen</i> )	Preferred	
<b>*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC***</b>		
<i>cold &amp; flu severe daytime oral liquid 5-10-200-325 mg/15ml</i>	Preferred	
<i>cold &amp; flu severe daytime oral tablet 5-10-200-325 mg</i>	Preferred	
<i>cough/cold/sore throat child oral liquid 5-10-200-325 mg/10ml</i>	Preferred	
<i>cvs cold/flu/sore throat adult oral liquid 5-10-200-325 mg/10ml</i>	Preferred	

**AGE** - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **otc** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **rx** - Prescription Drug

Drug Name	Formulary Status	Requirements/Limits
<i>cvs multi-symptoms cold/fever oral liquid 5-10-200-325 mg/10ml</i>	Preferred	
DAYQUIL SEVERE + VAPOCOOL ORAL LIQUID 5-10-200-325 MG/15ML ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
<i>eq multi-symp cold/fever child oral liquid 5-10-200-325 mg/10ml</i>	Preferred	
<i>eql cold multi-symptom severe oral tablet 5-10-200-325 mg</i>	Preferred	
<i>eql daytime severe cold/flu oral liquid 5-10-200-325 mg/15ml</i>	Preferred	
<i>eql mucus relief cold/flu oral tablet 5-10-200-325 mg</i>	Preferred	
<i>ft cold &amp; flu daytime severe oral liquid 5-10-200-325 mg/15ml</i>	Preferred	
<i>ft cold &amp; flu daytime severe oral tablet 5-10-200-325 mg</i>	Preferred	
<i>gnp cold/flu severe oral tablet 5-10-200-325 mg</i>	Preferred	
<i>goodsense cold + flu severe oral tablet 5-10-200-325 mg</i>	Preferred	
<i>goodsense day time cold &amp; flu oral liquid 5-10-200-325 mg/15ml</i>	Preferred	
<i>herbiomed severe cold &amp; flu oral liquid 5-10-200-325 mg/10ml</i>	Preferred	
<i>hm daytime cold &amp; flu oral tablet 5-10-200-325 mg</i>	Preferred	
MUCINEX FAST-MAX CLD FLU THRT ORAL TABLET 5-10-200-325 MG ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
MUCINEX FAST-MAX COLD/FLU ORAL TABLET 5-10-200-325 MG ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
MUCINEX SINUS-MAX ORAL TABLET 5-10-200-325 MG ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
<i>mucus relief cold flu throat oral liquid 5-10-200-325 mg/10ml</i>	Preferred	
<i>mucus relief plus oral tablet 5-10-200-325 mg</i>	Preferred	
<i>mucus relief severe cong/cold oral tablet 5-10-200-325 mg</i>	Preferred	
<i>qc mucus cold flu &amp; throat oral tablet 5-10-200-325 mg</i>	Preferred	
<i>qc mucus relief cold &amp; flu oral tablet 5-10-200-325 mg</i>	Preferred	
<i>qc mucus relief sinus pressure oral tablet 5-10-200-325 mg</i>	Preferred	
<i>qc severe cold &amp; flu oral tablet 5-10-200-325 mg</i>	Preferred	
<i>ra cold multi-symptom daytime oral tablet 5-10-200-325 mg</i>	Preferred	
<i>ra cold/flu/sore throat max oral tablet 5-10-200-325 mg</i>	Preferred	
<i>ra severe congestion/cold max oral tablet 5-10-200-325 mg</i>	Preferred	
ROBITUSSIN SEVERE MULTI-SYMP ORAL LIQUID 5-10-200-325 MG/10ML ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
ROMPE PECHO MAX ORAL LIQUID 5-10-200-325 MG/10ML ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
<i>sb cold head congestion severe oral tablet 5-10-200-325 mg</i>	Preferred	
<i>sb cold multi-symptom severe oral tablet 5-10-200-325 mg</i>	Preferred	
<i>severe cold &amp; flu oral tablet 5-10-200-325 mg</i>	Preferred	
<i>sm cold &amp; flu severe oral tablet 5-10-200-325 mg</i>	Preferred	
<i>sm daytime severe cold &amp; flu oral liquid 5-10-200-325 mg/15ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
THERAFLU EXPRESSMAX SEV CLD/FL ORAL LIQUID 5-10-200-325 MG/15ML ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
THERAFLU EXPRESSMAX SEV CLD/FL ORAL TABLET 5-10-200-325 MG ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
<i>tussin cf severe multi-symptom oral liquid 5-10-200-325 mg/10ml</i>	Preferred	
VICKS DAYQUIL SEVERE COLD/FLU ORAL LIQUID 5-10-200-325 MG/15ML ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
VICKS DAYQUIL SEVERE COLD/FLU ORAL TABLET 5-10-200-325 MG ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200-325 MG/10ML ( <i>phenylephrine-dm-gg-apap</i> )	Preferred	
<b>*ANTITUSSIVE-EXPECTORANT***</b>		
<i>altarussin dm oral syrup 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>biocotron oral liquid 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	
<i>chest congestion/cough relief oral tablet 20-400 mg</i>	Preferred	
<i>childrens cough oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>childrens mucus relief cough oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>cough &amp; chest congestion dm oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>cough &amp; congestion kids oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>cvs chest congest/cough child oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>cvs chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	
<i>cvs cough &amp; chest congestion oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>cvs dm maximum adult oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>cvs mucus dm extended release oral tablet extended release 12 hour 30-600 mg, 60-1200 mg</i>	Preferred	
<i>cvs tussin dm max st oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>cvs tussin dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml, 200-20 mg/10ml</i>	Preferred	QL (16 ML per 1 day)
<i>cvs tussindm cough/chest adult oral liquid 20-200 mg/20ml</i>	Preferred	
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml</i>	Preferred	QL (16 ML per 1 day)
<i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i>	Preferred	
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)

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**PA** - Prior Authorization **QL** - Quantity Limits **rx** - Prescription Drug

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>eq cough &amp; chest congestion dm oral liquid 20-200 mg/20ml</i>	Preferred	
<i>eq cough childrens oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>eq mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>eq mucus relief dm oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>eq mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	
<i>eq tussin dm cough/chest oral syrup 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>eq tussin dm max adult oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>eq tussin dm max daytime oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>eql mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	
<i>eql tussin cough/chest congest oral liquid 20-200 mg/20ml</i>	Preferred	
<i>eql tussin cough/chest dm max oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
FENESIN DM IR ORAL TABLET 20-400 MG ( <i>dextromethorphan-guaifenesin</i> )	Preferred	
<i>ft chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	
<i>ft mucus relief dm oral tablet extended release 12 hour 1200-60 mg, 30-600 mg</i>	Preferred	
<i>ft tussin dm max adult oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>g tussin ac oral solution 100-10 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
<i>geri-tussin dm oral liquid 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>geri-tussin dm oral syrup 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID 10-100 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
GILTUSS COUGH & CHEST ORAL LIQUID 20-200 MG/10ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID 10-100 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID 20-200 MG/10ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID 10-100 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
<i>gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>gnp mucus relief dm oral tablet 20-400 mg</i>	Preferred	
<i>gnp tab tussin dm oral tablet 20-400 mg</i>	Preferred	
<i>gnp tussin dm cough oral liquid 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>gnp tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>gnp tussin dm oral liquid 20-200 mg/20ml</i>	Preferred	
<i>goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>goodsense tussin dm oral liquid 20-200 mg/20ml</i>	Preferred	
<i>guaiasorb dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Preferred	QL (16 ML per 1 day)
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>G-ZYNCOF ORAL SYRUP 20-400 MG/5ML (dextromethorphan-guaifenesin)</i>	Preferred	
<i>hm chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	
<i>hm mucus relief dm oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>intense cough reliever oral liquid 20-300 mg/5ml, 30-200 mg/5ml</i>	Preferred	
<i>kls mucus-dm max strength oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>MAX TUSSIN DM COUGH&amp;CHEST CONG ORAL LIQUID 20-200 MG/10ML (dextromethorphan-guaifenesin)</i>	Preferred	QL (16 ML per 1 day)
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
<i>maxi-tuss g oral liquid 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>medi-tussin dm double strength oral liquid 30-200 mg/5ml</i>	Preferred	
<i>medi-tussin dm oral syrup 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (dextromethorphan-guaifenesin)</i>	Preferred	QL (16 ML per 1 day)
<i>MUCINEX COUGH CHILDRENS ORAL LIQUID 5-100 MG/5ML (dextromethorphan-guaifenesin)</i>	Preferred	QL (16 ML per 1 day)
<i>MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML (dextromethorphan-guaifenesin)</i>	Preferred	QL (16 ML per 1 day)
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	
<i>mucus relief cough childrens oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>mucus relief dm cough oral tablet 20-400 mg</i>	Preferred	
<i>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>mucus relief dm oral tablet 20-400 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg, 60-1200 mg</i>	Preferred	
<i>mucus-dm max oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	
<i>neotuss oral liquid 30-200 mg/5ml</i>	Preferred	
PECGEN DMX ORAL LIQUID 10-187 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	
PEDIACARE COUGH/CONGESTION ORAL LIQUID 5-100 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
<i>pharbinex-dm oral tablet 20-400 mg</i>	Preferred	
<i>qc medifin dm oral tablet 20-400 mg</i>	Preferred	
<i>qc mucus &amp; cough relief child oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>qc mucus relief dm max oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>qc mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	
<i>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Preferred	QL (16 ML per 1 day)
<i>ra mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	
<i>ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>ra tussin cough dm sugar free oral syrup 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>ra tussin cough oral liquid 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>ra tussin cough/chest dm max oral liquid 10-200 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>ra tussin dm oral liquid 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>refenesen dm oral tablet 400-20 mg</i>	Preferred	
ROBAFEN DM ORAL LIQUID 20-200 MG/20ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
<i>sb mucus relief dm oral tablet 20-400 mg</i>	Preferred	
SB TAB TUSSIN DM ORAL TABLET 20-400 MG ( <i>dextromethorphan-guaifenesin</i> )	Preferred	
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	
<i>siltussin dm das oral liquid 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>siltussin-dm alcohol free oral syrup 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>sm chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	
<i>sm tussin cough/chest congest oral liquid 20-200 mg/10ml</i>	Preferred	QL (16 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>sm tussin cough/chest congest oral liquid 20-200 mg/20ml</i>	Preferred	
<i>sm tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>sm tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>sm tussin dm oral syrup 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
SORBUGEN NR ORAL LIQUID 15-150 MG/7.5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
<i>sorbutuss nr oral liquid 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>supress dm pediatric oral liquid 5-50 mg/ml</i>	Preferred	
<i>tusnel diabetic oral liquid 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>tussin cough+chest cong dm sf oral liquid 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>tussin cough+chest congest dm oral liquid 10-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>tussin dm cough + chest oral liquid 10-100 mg/5ml, 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>tussin dm cough + chest oral liquid 20-200 mg/20ml</i>	Preferred	
<i>tussin dm max adult oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>tussin dm oral liquid 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>tussin dm oral syrup 100-10 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID 10-200 MG/15ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
ZYNCOF ORAL SYRUP 20-400 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Preferred	
<b>*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***</b>		
<i>actidom dmx oral liquid 10-30-200 mg/5ml</i>	Preferred	
ACTINEL DM ORAL LIQUID 10-20-400 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
<i>aquanaz oral tablet 10-15-400 mg</i>	Preferred	
<i>biodesp dm oral syrup 5-15-100 mg/5ml</i>	Preferred	
<i>biogtuss oral liquid 10-15-300 mg/5ml</i>	Preferred	
<i>coditussin dac oral liquid 30-10-200 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years); Max 12-day supply per fill
<i>cvs multi-symptoms cold child oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>cvs severe cough/congest oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>deconex dmx oral tablet 10-17.5-400 mg</i>	Preferred	
DESGEN DM ORAL LIQUID 5-10-100 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
DESGEN PEDIATRIC ORAL LIQUID 2.5-5-50 MG/ML ( <i>phenylephrine-dm-gg</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>despec dm oral syrup 5-10-100 mg/5ml</i>	Preferred	
<i>despec dm-g oral syrup 5-10-100 mg/5ml</i>	Preferred	
<i>despec eda oral liquid 2.5-5-50 mg/ml</i>	Preferred	
<i>dometuss-dmx oral liquid 10-30-200 mg/5ml</i>	Preferred	
<i>eq mucus relief congest/cough oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>eq multi-symptom cold children oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	Preferred	
<i>gcon dmx oral tablet 10-17.5-385 mg</i>	Preferred	
GILTUSS COUGH & COLD CHILDRENS ORAL LIQUID 7.5-150-5 MG/2.5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
GILTUSS COUGH & COLD ORAL LIQUID 10-15-300 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
GILTUSS COUGH & COLD ORAL TABLET 10-28-388 MG ( <i>phenylephrine-dm-gg</i> )	Preferred	
<i>gnp tussin cf cough &amp; cold oral syrup 5-10-100 mg/5ml</i>	Preferred	
<i>goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>goodsense mucus/congest/cough oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>goodsense tussin cf oral liquid 5-10-100 mg/5ml</i>	Preferred	
<i>g-supress dx pediatric oral liquid 2.5-5-50 mg/ml</i>	Preferred	
G-TRON PED ORAL LIQUID 10-15-350 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
G-TRON PEDIATRIC DROPS ORAL LIQUID 2.5-5-100 MG/ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
G-TUSICOF ORAL LIQUID 10-20-400 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
MUCINEX FAST-MAX CONGEST COUGH ORAL TABLET 5-10-200 MG ( <i>phenylephrine-dm-gg</i> )	Preferred	
MUCINEX JUNIOR COUGH/CONGEST ORAL TABLET 2.5-5-100 MG ( <i>phenylephrine-dm-gg</i> )	Preferred	
<i>mucus congest &amp; cough child oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>mucus relief childrens oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>mucus relief multi symptom oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>mucus relief severe congst/cgh oral liquid 10-20-400 mg/20ml, 2.5-5-100 mg/5ml</i>	Preferred	
<i>multi-symptom cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>multi-symptom cold plus child oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
NIVANEX DMX ORAL TABLET 10-15-380 MG ( <i>phenylephrine-dm-gg</i> )	Preferred	
<i>phenylephrine-dm-gg oral liquid 10-18-200 mg/15ml</i>	Preferred	
<i>pres gen oral liquid 5-10-200 mg/5ml</i>	Preferred	
<i>pres gen pediatric oral liquid 2.5-5-75 mg/5ml</i>	Preferred	
<i>qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>qc tussin cf oral liquid 5-10-100 mg/5ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>ra tussin cgh &amp; cold mucus cf oral liquid 5-10-200 mg/5ml</i>	Preferred	
<i>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	Preferred	
ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID 2.5-5-50 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
<i>sb cough control cf oral liquid 5-10-100 mg/5ml</i>	Preferred	
<i>sm mucus relief cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Preferred	
<i>sm severe congestion &amp; cough oral liquid 10-20-400 mg/20ml</i>	Preferred	
<i>sm tussin cf oral liquid 5-10-100 mg/5ml</i>	Preferred	
<i>supress-dx pediatric oral liquid 2.5-5-50 mg/ml</i>	Preferred	
<i>teo-tus oral liquid 5-10-200 mg/5ml</i>	Preferred	
TUSICOF ORAL LIQUID 10-20-400 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
TUSICOF ORAL TABLET 10-20-400 MG ( <i>phenylephrine-dm-gg</i> )	Preferred	
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML ( <i>pseudoephedrine-codeine-gg</i> )	Preferred	
TUSNEL DM ORAL LIQUID 10-20-400 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
TUSNEL DM PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
TUSNEL-DM PEDIATRIC ORAL LIQUID 1.25-2.5-25 MG/ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
<i>tussin cf cough &amp; cold oral liquid 5-10-100 mg/5ml</i>	Preferred	
<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	Preferred	
<i>tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml</i>	Preferred	
TUSSI-PRES ORAL LIQUID 5-10-200 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
TUSSLIN ORAL LIQUID 10-28-388 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
TUSSLIN PEDIATRIC ORAL LIQUID 2.5-7.5-88 MG/ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
VANATAB DM ORAL TABLET 5-9-198 MG ( <i>phenylephrine-dm-gg</i> )	Preferred	
WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200 MG/5ML ( <i>phenylephrine-dm-gg</i> )	Preferred	
<b>*DECONGESTANT &amp; ANTIHISTAMINE***</b>		
<i>12 hour allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>12hr allergy &amp; congestion oral tablet extended release 12 hour 60-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>24hr allergy &amp; congestion reli oral tablet extended release 24 hour 180-240 mg</i>	Preferred	
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>loratadine-pseudoephedrine</i> )	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>loratadine-pseudoephedrine</i> )	Preferred	QL (1 EA per 1 day)
<i>all day allergy d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy d-12 oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy rel d12 (cetirizine) oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy relief d oral tablet 4-60 mg</i>	Preferred	
<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy relief d oral tablet extended release 24 hour 10-240 mg, 180-240 mg</i>	Preferred	
<i>allergy relief d-12 oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy relief d12 oral tablet extended release 12 hour 5-120 mg, 60-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy relief d-24 oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>childrens cold &amp; allergy oral elixir 1-2.5 mg/5ml</i>	Preferred	
<i>cold &amp; allergy childrens oral liquid 2-5 mg/10ml</i>	Preferred	
<i>cold &amp; allergy oral elixir 1-2.5 mg/5ml</i>	Preferred	
<i>cvs allergy relief d oral tablet extended release 12 hour 5-120 mg, 60-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs allergy relief d24 oral tablet extended release 24 hour 180-240 mg</i>	Preferred	
<i>cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs sinus pe/allergy max st oral tablet 4-10 mg</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
DIMETAPP CHILDREN COLD/ALLERGY ORAL LIQUID 2-5 MG/10ML ( <i>brompheniramine-phenylephrine</i> )	Preferred	
ED A-HIST ORAL TABLET 4-10 MG ( <i>chlorpheniramine-phenylephrine</i> )	Preferred	
<i>eq allergy &amp; congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG ( <i>loratadine-pseudoephedrine</i> )	Preferred	
<i>eq allergy relief oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eql allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>eql sinus &amp; allergy pe oral tablet 4-10 mg</i>	Preferred	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	Preferred	
<i>ft all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ft allergy &amp; congestion-d 12hr oral tablet extended release 12 hour 60-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ft allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp allergy &amp; congestion oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>gnp allergy-d allergy &amp; conges oral tablet extended release 12 hour 60-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp fexofenadine/pse er oral tablet extended release 12 hour 60-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>loratadine-pseudoephedrine</i> )	Preferred	QL (1 EA per 1 day)
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG ( <i>loratadine-pseudoephedrine</i> )	Preferred	
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>cetirizine-pseudoephedrine</i> )	Preferred	QL (1 EA per 1 day)
LOHIST-D ORAL LIQUID 2-30 MG/5ML ( <i>chlorpheniramine-pseudoeph</i> )	Preferred	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	Preferred	
<i>qc dibromm childrens cold/all oral liquid 2-5 mg/10ml</i>	Preferred	
<i>qc loratadine-d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>ra allergy relf &amp; nasal decong oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>ra allergy rlf/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>ra allergy/congestion oral tablet extended release 12 hour 60-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra allergy/congestion relief-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra cetiri-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra lorata-d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>ra suphedrine pe oral tablet 4-10 mg</i>	Preferred	
<i>ru-hist d oral tablet 4-10 mg</i>	Preferred	
<i>rynex pe oral elixir 1-2.5 mg/5ml</i>	Preferred	
<i>rynex pse oral liquid 1-15 mg/5ml</i>	Preferred	
<i>sb allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>sb cold &amp; allergy childrens oral elixir 1-2.5 mg/5ml</i>	Preferred	
<i>sb sinus &amp; allergy max st oral tablet 4-10 mg</i>	Preferred	
<i>sm all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm cold &amp; allergy childrens oral elixir 1-15 mg/5ml</i>	Preferred	
<i>sm cold &amp; allergy childrens oral liquid 2-5 mg/10ml</i>	Preferred	
<i>sm cold &amp; allergy pe oral tablet 4-10 mg</i>	Preferred	
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm lorata-dine d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	
<i>sm sinus &amp; allergy max st oral tablet 4-60 mg</i>	Preferred	
SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG (chlorpheniramine-pseudoeph)	Preferred	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (fexofenadine-pseudoephedrine)	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG ( <i>fexofenadine-pseudoephedrine</i> )	Preferred	
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG ( <i>loratadine-pseudoephedrine</i> )	Preferred	
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>loratadine-pseudoephedrine</i> )	Preferred	QL (1 EA per 1 day)
WAL-PHED PE SINUS/ALLERGY ORAL TABLET 4-10 MG ( <i>chlorpheniramine-phenylephrine</i> )	Preferred	
WAL-PHED SINUS/ALLERGY ORAL TABLET 4-60 MG ( <i>chlorpheniramine-pseudoeph</i> )	Preferred	
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	Preferred	
<i>wal-tap cold/allergy oral liquid 2-5 mg/10ml</i>	Preferred	
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>cetirizine-pseudoephedrine</i> )	Preferred	QL (1 EA per 1 day)
<b>*DECONGESTANT W/ EXPECTORANT***</b>		
<i>chest congestion relief pe oral tablet 10-400 mg</i>	Preferred	
<i>chest congestion/sinus relief oral tablet 10-400 mg</i>	Preferred	
<i>cvs chest congestion relief pe oral tablet 10-400 mg</i>	Preferred	
<i>cvs mucus d extended release oral tablet extended release 12 hour 60-600 mg</i>	Preferred	
<i>cvs stuffy nose &amp; cold child oral liquid 2.5-100 mg/5ml</i>	Preferred	
DECONEX IR ORAL TABLET 10-385 MG ( <i>phenylephrine-guaifenesin</i> )	Preferred	
<i>ed bron gp oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>ft chest congestion relief pe oral tablet 10-400 mg</i>	Preferred	
<i>ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg</i>	Preferred	
<i>gcon ir oral tablet 10-385 mg</i>	Preferred	
GILPHEX TR ORAL TABLET 10-388 MG ( <i>phenylephrine-guaifenesin</i> )	Preferred	
GILTUSS SINUS & CONGESTION ORAL TABLET 10-388 MG ( <i>phenylephrine-guaifenesin</i> )	Preferred	
<i>gnp mucus relief pe oral tablet 10-400 mg</i>	Preferred	
<i>maxi-tuss pe jr oral liquid 2.5-50 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>maxi-tuss pe max oral liquid 5-100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>mucus relief d 12hr er oral tablet extended release 12 hour 60-600 mg</i>	Preferred	
<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	Preferred	
<i>mucus relief pe oral tablet 10-400 mg</i>	Preferred	
<i>mucus relief pe sinus oral tablet 10-400 mg</i>	Preferred	
<i>pharbinex-pe oral tablet 10-400 mg</i>	Preferred	
<i>phenylephrine-guaifenesin oral tablet 10-400 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Preferred	
<i>ra mucus relief d oral tablet extended release 12 hour 60-600 mg, 600-60 mg</i>	Preferred	
<i>refenesen pe oral tablet 10-400 mg</i>	Preferred	
<i>sb mucus relief pe oral tablet 10-400 mg</i>	Preferred	
<i>sm chest congestion relief pe oral tablet 10-400 mg</i>	Preferred	
SUPRESS-PE PEDIATRIC ORAL LIQUID 2.5-50 MG/ML ( <i>phenylephrine-guaifenesin</i> )	Preferred	
TRIAMINIC CHEST/NASAL CONGEST ORAL LIQUID 2.5-50 MG/5ML ( <i>phenylephrine-guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
TUSNEL PEDIATRIC ORAL LIQUID 1.25-25 MG/ML ( <i>phenylephrine-guaifenesin</i> )	Preferred	
TUSSI-PRES PE PEDIATRIC ORAL LIQUID 2.5-100 MG/5ML ( <i>phenylephrine-guaifenesin</i> )	Preferred	
<b>*DECONGESTANT-ANALGESIC***</b>		
<i>all day sinus/cold d oral tablet extended release 12 hour 120-220 mg</i>	Preferred	
<i>cold &amp; sinus oral tablet 30-200 mg</i>	Preferred	
<i>cvs cold &amp; sinus relief oral tablet 30-200 mg</i>	Preferred	
<i>cvs sinus &amp; cold-d oral tablet extended release 12 hour 120-220 mg</i>	Preferred	
<i>cvs sinus headache pe oral tablet 5-325 mg</i>	Preferred	
<i>cvs sinus pain/congestion day oral tablet 5-325 mg</i>	Preferred	
<i>gnp sinus pressure/pain oral tablet 5-325 mg</i>	Preferred	
<i>gnp sinus/headache oral tablet 5-325 mg</i>	Preferred	
<i>goodsense pressure/pain pe oral tablet 5-325 mg</i>	Preferred	
<i>hm cold &amp; sinus relief oral tablet 30-200 mg</i>	Preferred	
<i>ibuprofen cold &amp; sinus oral tablet 30-200 mg</i>	Preferred	
PANADOL COLD/FLU ORAL TABLET 5-325 MG ( <i>phenylephrine-acetaminophen</i> )	Preferred	
<i>qc ibuprofen cold/sinus oral tablet 30-200 mg</i>	Preferred	
<i>qc sinus &amp; headache oral tablet 5-325 mg</i>	Preferred	
<i>ra cold &amp; sinus relief oral tablet 30-200 mg</i>	Preferred	
<i>ra ibu-profen cold/sinus oral tablet 30-200 mg</i>	Preferred	
<i>ra sinus congestion/pain day oral tablet 5-325 mg</i>	Preferred	
<i>ra suphedrine pe oral tablet 5-325 mg</i>	Preferred	
<i>sb daytime sinus oral capsule 5-325 mg</i>	Preferred	
<i>sb sinus congestion/pain day oral tablet 5-325 mg</i>	Preferred	
<i>sinus + headache oral tablet 5-325 mg</i>	Preferred	
<i>sinus congestion/pain daytime oral tablet 5-325 mg</i>	Preferred	
<i>sinus congestion/pain oral tablet 5-325 mg</i>	Preferred	

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<i>sinus pressure + pain oral tablet 5-325 mg</i>	Preferred	
<i>sm cold &amp; sinus relief oral tablet 30-200 mg</i>	Preferred	
SUDAFED PE SINUS PRESSURE+PAIN ORAL TABLET 5-325 MG ( <i>phenylephrine-acetaminophen</i> )	Preferred	
SUDAFED SINUS 12HR PRESS+PAIN ORAL TABLET EXTENDED RELEASE 12 HOUR 120-220 MG ( <i>pseudoephedrine-naproxen na</i> )	Preferred	
TYLENOL SINUS+HEADACHE ORAL TABLET 5-325 MG ( <i>phenylephrine-acetaminophen</i> )	Preferred	
VICKS SINEX DAYTIME ORAL CAPSULE 5-325 MG ( <i>phenylephrine-acetaminophen</i> )	Preferred	
WAL-PROFEN COLD & SINUS ORAL TABLET 30-200 MG ( <i>pseudoephedrine-ibuprofen</i> )	Preferred	
<b>*DECONGESTANT-ANALGESIC-EXPECTORANT***</b>		
<i>cvs sinus relief pressure/pain oral tablet 5-325-200 mg</i>	Preferred	
<i>eq sinus congestion &amp; pain oral tablet 5-325-200 mg</i>	Preferred	
<i>eql pressure &amp; pain pls/mucus oral tablet 5-325-200 mg</i>	Preferred	
<i>ft sinus severe oral tablet 5-325-200 mg</i>	Preferred	
<i>gnp cold/head congestion oral tablet 5-325-200 mg</i>	Preferred	
<i>gnp sinus severe daytime oral tablet 5-325-200 mg</i>	Preferred	
<i>goodsense cold &amp; head congest oral tablet 5-325-200 mg</i>	Preferred	
<i>goodsense pressure/pain/mucus oral tablet 5-325-200 mg</i>	Preferred	
<i>goodsense sinus severe daytime oral tablet 5-325-200 mg</i>	Preferred	
<i>head congestion/mucus oral tablet 5-325-200 mg</i>	Preferred	
MUCINEX SINUS-MAX SEV CONG/PN ORAL TABLET 5-325-200 MG ( <i>phenylephrine-apap-guaifenesin</i> )	Preferred	
<i>mucus relief severe sinus oral tablet 5-325-200 mg</i>	Preferred	
<i>qc mucus relief sinus severe oral tablet 5-325-200 mg</i>	Preferred	
<i>qc pressure pain &amp; mucus pe oral tablet 5-325-200 mg</i>	Preferred	
<i>qc severe cold head congestion oral tablet 5-325-200 mg</i>	Preferred	
<i>qc sinus congest/pain severe oral tablet 5-325-200 mg</i>	Preferred	
<i>ra cold/sinus max oral tablet 5-325-200 mg</i>	Preferred	
<i>ra sinus congest/pain relief oral tablet 5-325-200 mg</i>	Preferred	
<i>sb sinus congestion/pain oral tablet 5-325-200 mg</i>	Preferred	
<i>sinus relief congestion-pain oral tablet 5-325-200 mg</i>	Preferred	
<i>sm sinus severe for adults oral tablet 5-325-200 mg</i>	Preferred	
SUDAFED PE HEAD CONGESTION ORAL TABLET 5-325-200 MG ( <i>phenylephrine-apap-guaifenesin</i> )	Preferred	
<b>*DECONGESTANT-ANTI-HISTAMINE-ANALGESIC***</b>		
<i>allergy multi-symptom night oral tablet 25-5-325 mg</i>	Preferred	
<i>cold relief plus oral tablet effervescent 2-7.8-325 mg</i>	Preferred	
<i>cvs sev allergy/sinus headache oral tablet 25-5-325 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs severe cough &amp; cold night oral packet 25-10-650 mg</i>	Preferred	
DIMETAPP MULTISYMP TOM COLD/FLU ORAL LIQUID 6.25-2.5-160 MG/5ML ( <i>diphenhydramine-pe-apap</i> )	Preferred	
<i>effervescent cold relief oral tablet effervescent 2-7.8-325 mg</i>	Preferred	
<i>eq effervescent cold relief oral tablet effervescent 2-7.8-325 mg</i>	Preferred	
<i>eq flu &amp; severe cold &amp; cough oral packet 25-10-650 mg</i>	Preferred	
<i>eql effervescent cold relief oral tablet effervescent 2-7.8-325 mg</i>	Preferred	
<i>eql flu/cold/cough night time oral packet 25-10-650 mg</i>	Preferred	
<i>goodsense cold relief oral tablet effervescent 2-7.8-325 mg</i>	Preferred	
<i>goodsense flu/cold/cough/night oral packet 25-10-650 mg</i>	Preferred	
<i>qc cold relief plus oral tablet effervescent 2-7.8-325 mg</i>	Preferred	
<i>qc severe cold/cough nighttime oral packet 25-10-650 mg</i>	Preferred	
<i>sb allergy &amp; cold pe oral tablet 12.5-5-325 mg</i>	Preferred	
<i>sb severe cold pe oral tablet 12.5-5-325 mg</i>	Preferred	
<i>severe cold/cough oral packet 25-10-650 mg</i>	Preferred	
THERAFLU EXPRESSMAX SEV CLD/CG ORAL TABLET 12.5-5-325 MG ( <i>diphenhydramine-pe-apap</i> )	Preferred	
WAL-DRYL ALLRGY/SINUS HEADACHE ORAL TABLET 12.5-5-325 MG ( <i>diphenhydramine-pe-apap</i> )	Preferred	
WAL-FLU SEVERE COLD/CGH NIGHT ORAL PACKET 25-10-650 MG ( <i>diphenhydramine-pe-apap</i> )	Preferred	
WAL-PHED PE NIGHTTIME COLD ORAL TABLET 25-5-325 MG ( <i>diphenhydramine-pe-apap</i> )	Preferred	
WAL-PHED PE SEVERE COLD ORAL TABLET 12.5-5-325 MG ( <i>diphenhydramine-pe-apap</i> )	Preferred	
<b>*EXPECTORANTS***</b>		
<i>12 hr mucus relief max oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>altarussin oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>bromhexine hcl powder</i>	Preferred	
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML ( <i>guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
<i>chest congestion relief child oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>chest congestion relief oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>chest congestion relief oral tablet 400 mg</i>	Preferred	
<i>coughtab oral tablet 200 mg</i>	Preferred	
<i>cvs chest congestion relief oral tablet 400 mg</i>	Preferred	
<i>cvs mucus extended release oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	
<i>cvs tussin adult chest congest oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
DIABETIC TUSSIN CHEST/CONGEST ORAL LIQUID 100 MG/5ML ( <i>guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML ( <i>guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
<i>eq 12 hour mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	
EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG, 600 MG ( <i>guaifenesin</i> )	Preferred	
<i>eq mucus relief 12 hour max st oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>eql tussin mucus/chest congest oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>ft chest congestion relief oral tablet 400 mg</i>	Preferred	
<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	
<i>ft tussin adult oral liquid 200 mg/10ml</i>	Preferred	QL (16 ML per 1 day)
<i>geri-tussin oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>geri-tussin oral syrup 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
GILTUSS EX EXPECTORANT CHILD ORAL LIQUID 200 MG/5ML ( <i>guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
GILTUSS EX MAXIMUM STRENGTH ORAL LIQUID 400 MG/10ML ( <i>guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	
<i>gnp mucus relief oral tablet 400 mg</i>	Preferred	
<i>gnp mucus relief oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>gnp tab tussin oral tablet 400 mg</i>	Preferred	
<i>gnp tussin mucus &amp; chest cong oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>goodsense mucus er oral tablet extended release 12 hour 600 mg</i>	Preferred	
<i>goodsense mucus relief oral tablet 400 mg</i>	Preferred	
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	
<i>guaifenesin oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	Preferred	
<i>guaifenesin powder</i>	Preferred	
HERBAL EXPEC ORAL LIQUID 150 MG/15ML ( <i>guaifenesin</i> )	Preferred	
<i>hm chest congestion relief oral tablet 400 mg</i>	Preferred	
<i>kls mucus relief chest oral tablet 400 mg</i>	Preferred	
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML ( <i>guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML ( <i>guaifenesin</i> )	Preferred	QL (16 ML per 1 day)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>mucosa oral tablet 400 mg</i>	Preferred	
<i>mucus relief chest congestion oral liquid 400 mg/20ml</i>	Preferred	QL (16 ML per 1 day)
<i>mucus relief chest congestion oral tablet 400 mg</i>	Preferred	
<i>mucus relief er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	
<i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>mucus relief oral tablet 400 mg</i>	Preferred	
<i>mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	
<i>mucus+chest congestion oral liquid 200 mg/10ml</i>	Preferred	QL (16 ML per 1 day)
<i>pharbinex oral tablet 400 mg</i>	Preferred	
<i>qc medifin 400 oral tablet 400 mg</i>	Preferred	
<i>qc medifin mucus relief child oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>qc mucus relief childrens oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>qc mucus relief er oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>qc mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>qc mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	
<i>qc tussin expectorant adult oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>qc tussin mucus/congestion oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>ra mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>ra mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	
<i>ra tussin chest congestion oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>ra tussin oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>refenesen 400 oral tablet 400 mg</i>	Preferred	
<i>sb cough control oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>sb coughtab oral tablet 200 mg</i>	Preferred	
<i>sb mucus relief oral tablet 400 mg</i>	Preferred	
<i>scot-tussin expectorant oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>siltussin sa oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>sm chest congestion relief oral tablet 400 mg</i>	Preferred	
<i>sm mucus relief childrens oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>sm mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	Preferred	
<i>sm mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	
<i>sm tussin mucus+chest congest oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>TUSNEL-EX ORAL LIQUID 100 MG/5ML (guaifenesin)</i>	Preferred	QL (16 ML per 1 day)
<i>tussin mucus &amp; chest congest oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>tussin mucus+chest congest sf oral liquid 200 mg/10ml</i>	Preferred	QL (16 ML per 1 day)
<i>tussin mucus+chest congestion oral liquid 100 mg/5ml</i>	Preferred	QL (16 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML ( <i>guaifenesin</i> )	Preferred	QL (16 ML per 1 day)
XPECT ORAL TABLET 400 MG ( <i>guaifenesin</i> )	Preferred	
<b>*MISC. RESPIRATORY INHALANTS***</b>		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % ( <i>sodium chloride</i> )	Preferred	
<i>nasal mist inhalation aerosol solution 0.9 %</i>	Preferred	
<i>sodium chloride</i> (Nebusal Inhalation Nebulization Solution 3 %)	Preferred	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ( <i>sodium chloride</i> )	Preferred	
<i>sodium chloride</i> (Pulmosal Inhalation Nebulization Solution 7 %)	Preferred	
SIMPLY SALINE BABY INHALATION AEROSOL SOLUTION 0.9 % ( <i>sodium chloride</i> )	Preferred	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	Preferred	
<b>*MUCOLYTICS***</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Preferred	
<b>*NON-NARC ANTITUSSIVE-ANALGESIC***</b>		
<i>sm cough/sore throat daytime oral liquid 1000-30 mg/30ml</i>	Preferred	
<b>*NON-NARC ANTITUSSIVE-ANTIHISTAMINE***</b>		
<i>cvs daytime/nighttime cough oral liquid therapy pack 6.25-15 &amp; 15 mg/15ml</i>	Preferred	
<i>cvs nighttime cough oral liquid 6.25-15 mg/15ml</i>	Preferred	
<i>eql nighttime cough relief oral liquid 12.5-30 mg/30ml</i>	Preferred	
<i>gnp night time cough oral liquid 6.25-15 mg/15ml</i>	Preferred	
<i>goodsense night time cough oral liquid 6.25-15 mg/15ml</i>	Preferred	
<i>nighttime cough oral liquid 6.25-15 mg/15ml</i>	Preferred	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Preferred	QL (16 ML per 1 day)
<i>qc nighttime cough oral liquid 15-6.25 mg/15ml, 6.25-15 mg/15ml</i>	Preferred	
<i>sb nighttime cough oral liquid 6.25-15 mg/15ml</i>	Preferred	
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***</b>		
<i>bio-rytuss oral liquid 5-2-10 mg/5ml</i>	Preferred	
<i>pseudoeph-bromphen-dm</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5MI)	Preferred	
<i>cold &amp; cough childrens oral liquid 1-5-2.5 mg/5ml</i>	Preferred	
<i>cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>cvs cold &amp; cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
DIMAPHEN DM COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML (phenylephrine-bromphen-dm)	Preferred	
DIMETAPP CHILDRENS COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML (phenylephrine-bromphen-dm)	Preferred	
DIMETAPP COLD/COUGH CHILDRENS ORAL LIQUID 2.5-1-5 MG/5ML (phenylephrine-bromphen-dm)	Preferred	
<i>ed a-hist dm oral tablet 10-4-10 mg</i>	Preferred	
<i>ed-a-hist dm oral liquid 10-4-15 mg/5ml</i>	Preferred	
ENDACOF-DM ORAL LIQUID 2.5-1-5 MG/5ML (phenylephrine-bromphen-dm)	Preferred	
<i>eq cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>eql cold/cough oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
GENCONTUSS ORAL LIQUID 5-2-10 MG/5ML (phenylephrine-chlorphen-dm)	Preferred	
GILTUSS ALLERGY CGH&CONG CHILD ORAL LIQUID 5-2-10 MG/5ML (phenylephrine-chlorphen-dm)	Preferred	
GILTUSS ALLERGY COUGH & CONGES ORAL LIQUID 5-2-10 MG/5ML (phenylephrine-chlorphen-dm)	Preferred	
<i>glenmax peb dm oral liquid 5-2-10 mg/5ml</i>	Preferred	
<i>gnp cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>hm cold &amp; cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>	Preferred	
MAXICHLOR PEH DM ORAL TABLET 10-4-18 MG (phenylephrine-chlorphen-dm)	Preferred	
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>	Preferred	
PRESGEN B ORAL LIQUID 10-4-20 MG/5ML (phenylephrine-bromphen-dm)	Preferred	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Preferred	
<i>qc dibromm childrens cold/cgh oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>ra cold &amp; cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>ra cold/cough dm oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>sb cold &amp; cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>sm cold &amp; cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	
<i>tussi-pres b oral liquid 10-4-20 mg/5ml</i>	Preferred	
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE-ANALG***</b>		
ALKA-SELTZER PLUS COLD & COUGH ORAL CAPSULE 5-2-10-325 MG (phenyleph-cpm-dm-apap)	Preferred	
<i>childrens plus flu oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	
<i>childrens plus multi-sympt cld oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	
<i>cold/flu relief day/night oral</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs daytime/nighttime cold/flu oral</i>	Preferred	
<i>cvs flu relief childrens oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	
<i>eql daytime/nighttime cold/flu oral</i>	Preferred	
<i>ft cold &amp; flu relief day/night oral</i>	Preferred	
<i>multi-symptom cold childrens oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	
<i>multi-symptom cold plus child oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	
<i>ra day/night/cold/flu relief oral</i>	Preferred	
<i>sb childrens multisympt cold oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	
VICKS DAYQUIL/NYQUIL CLD & FLU ORAL ( <i>phenyleph-doxylamine-dm-apap</i> )	Preferred	
<b>*OPIOID ANTITUSSIVE-ANTIHISTAMINE***</b>		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
<b>*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***</b>		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	Preferred	
<b>*DERMATOLOGICALS*</b>		
<b>*ACNE ANTIBIOTICS***</b>		
<i>clindamycin phosphate (Clindacin Etz External Swab 1 %)</i>	Preferred	
<i>clindamycin phosphate (Clindacin-P External Swab 1 %)</i>	Preferred	
<i>clindamycin phosphate external gel 1 %</i>	Preferred	
<i>clindamycin phosphate external lotion 1 %</i>	Preferred	
<i>clindamycin phosphate external solution 1 %</i>	Preferred	
<i>clindamycin phosphate external swab 1 %</i>	Preferred	
ERYGEL EXTERNAL GEL 2 % ( <i>erythromycin</i> )	Preferred	
<i>erythromycin external gel 2 %</i>	Preferred	
<i>erythromycin external solution 2 %</i>	Preferred	
<b>*ACNE COMBINATIONS***</b>		
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Preferred	
<i>clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)</i>	Preferred	
<b>*ACNE PRODUCTS***</b>		
<i>isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	Preferred	PA
<i>acne foaming wash external liquid 10 %</i>	Preferred	
<i>acne maximum strength external cream 10 %</i>	Preferred	
<i>acne medication 10 external gel 10 %</i>	Preferred	
<i>acne medication 10 external lotion 10 %</i>	Preferred	
<i>acne medication 2.5 external gel 2.5 %</i>	Preferred	
<i>acne medication 5 external gel 5 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>acne medication 5 external lotion 5 %</i>	Preferred	
<i>acne treatment external bar 10 %</i>	Preferred	
<i>acne treatment external gel 10 %</i>	Preferred	
<i>acne-clear external gel 10 %</i>	Preferred	
<i>isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)</i>	Preferred	PA
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %, 6.5 %, 8 %</i>	Preferred	
<i>benzoyl peroxide hydrous powder</i>	Preferred	
<i>benzoyl peroxide powder 70 %</i>	Preferred	
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	Preferred	
<i>bp wash external liquid 10 %, 2.5 %, 5 %</i>	Preferred	
CERAVE ACNE FOAMING CREAM EXTERNAL LIQUID 4 % ( <i>benzoyl peroxide</i> )	Preferred	
<i>isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	Preferred	PA
CLEAN & CLEAR PERSA-GEL MAX ST EXTERNAL GEL 10 % ( <i>benzoyl peroxide</i> )	Preferred	
CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM 10 % ( <i>benzoyl peroxide</i> )	Preferred	
CLEARASIL RAPID RESCUE SPOT EXTERNAL CREAM 10 % ( <i>benzoyl peroxide</i> )	Preferred	
CLEARSKIN EXTERNAL CREAM 10 % ( <i>benzoyl peroxide</i> )	Preferred	
<i>cvs acne cleansing external bar 10 %</i>	Preferred	
<i>cvs acne control cleanser external cream 10 %</i>	Preferred	
<i>cvs acne foaming face wash external liquid 10 %</i>	Preferred	
<i>cvs acne treatment external cream 10 %</i>	Preferred	
<i>cvs acne treatment external gel 10 %</i>	Preferred	
<i>cvs advanced 3-in-1 cleanser external liquid 5 %</i>	Preferred	
<i>cvs creamy acne face wash external liquid 4 %</i>	Preferred	
<i>cvs foaming acne face wash external liquid 10 %</i>	Preferred	
<i>cvs targeted acne spot external cream 2.5 %</i>	Preferred	
DIFFERIN EXTERNAL LOTION 0.1 % ( <i>adapalene</i> )	Preferred	
<i>effaclar duo external solution 5.5 %</i>	Preferred	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	Preferred	PA
<i>lintera wash external foam 10 %</i>	Preferred	
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 10 %, 5 % ( <i>benzoyl peroxide</i> )	Preferred	
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID 10 %, 5 % ( <i>benzoyl peroxide</i> )	Preferred	
NEUTROGENA CLEAR PORE EXTERNAL LIQUID 3.5 % ( <i>benzoyl peroxide</i> )	Preferred	
PANOXYL CREAMY WASH EXTERNAL LIQUID 4 % ( <i>benzoyl peroxide</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 % ( <i>benzoyl peroxide</i> )	Preferred	
<i>ra daylogic acne foaming wash external foam 10 %</i>	Preferred	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % ( <i>tretinoin</i> )	Preferred	AGE (Max 26 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % ( <i>tretinoin</i> )	Preferred	AGE (Max 26 Years)
<i>spot acne treatment external cream 2.5 %</i>	Preferred	
<i>zaclir cleansing external lotion 8 %</i>	Preferred	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Preferred	PA
<b>*ANTIBIOTIC MIXTURES TOPICAL***</b>		
<i>cvs antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>cvs poly bacitracin external ointment 500-10000 unit/gm</i>	Preferred	
<i>double antibiotic external ointment 500-10000 unit/gm</i>	Preferred	
<i>eq triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>eql first aid antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>first aid antibiotic external ointment 3.5-400-5000 mg-unit, 3.5-500-10000</i>	Preferred	
<i>gnp triple antibiotic external ointment</i>	Preferred	
<i>hm double antibiotic external ointment 500-10000 unit/gm</i>	Preferred	
<i>hm triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
LANABIOTIC EXTERNAL OINTMENT 5-500-10000 ( <i>neomycin-bacitracin-polymyxin</i> )	Preferred	
<i>medi-first triple antibiotic external ointment 5-400-5000 mg-unit</i>	Preferred	
<i>meijer triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
NEOSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM ( <i>bacitracin-polymyxin b</i> )	Preferred	
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	Preferred	
<i>qc triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>ra double antibiotic external ointment 500-10000 unit/gm</i>	Preferred	
<i>ra triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>sb triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>sm double antibiotic external ointment 500-10000 unit/gm</i>	Preferred	
<i>sm triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>sm triple antibiotic original external ointment 3.5-400-5000</i>	Preferred	
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	Preferred	
<i>wal-sporin external ointment 500-100000 unit/gm</i>	Preferred	
<b>*ANTIBIOTICS - TOPICAL***</b>		
<i>antibiotic external ointment 500 unit/gm</i>	Preferred	
<i>bacitracin external ointment 500 unit/gm</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>	Preferred	
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM ( <i>bacitracin</i> )	Preferred	
<i>cvs bacitracin external ointment 500 unit/gm</i>	Preferred	
<i>cvs bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>eq bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>eq bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>gentamicin sulfate external cream 0.1 %</i>	Preferred	
<i>gentamicin sulfate external ointment 0.1 %</i>	Preferred	
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>hm bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>mupirocin calcium external cream 2 %</i>	Preferred	
<i>mupirocin external ointment 2 %</i>	Preferred	
<i>qc bacitracin external ointment 500 unit/gm</i>	Preferred	
<i>ra bacitracin external ointment 500 unit/gm</i>	Preferred	
<i>ra bacitracin zinc first aid external ointment 500 unit/gm</i>	Preferred	
<i>sb bacitracin external ointment 500 unit/gm</i>	Preferred	
<i>sm antibiotic external ointment 500 unit/gm</i>	Preferred	
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS***</b>		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Preferred	
<b>*ANTIFUNGALS - TOPICAL***</b>		
<i>antifungal (tolnaftate) external cream 1 %</i>	Preferred	
<i>athletes foot (terbinafine) external cream 1 %</i>	Preferred	
<i>athletes foot powder spray external aerosol powder 1 %</i>	Preferred	
BLIS-TO-SOL EXTERNAL LIQUID 1 % ( <i>tolnaftate</i> )	Preferred	
<i>butenafine hcl external cream 1 %</i>	Preferred	
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	Preferred	
<i>ciclopirox external solution 8 %</i>	Preferred	
<i>ciclopirox olamine external cream 0.77 %</i>	Preferred	
<i>cvs athletes foot (tolnaftate) external aerosol powder 1 %</i>	Preferred	
<i>cvs athletes foot (tolnaftate) external cream 1 %</i>	Preferred	
<i>cvs athletes foot external cream 1 %</i>	Preferred	
<i>cvs butenafine hcl external cream 1 %</i>	Preferred	
<i>cvs foot &amp; sneaker external aerosol powder 1 %</i>	Preferred	
<i>cvs jock itch external cream 1 %</i>	Preferred	
<i>cvs toe area treatment max str external solution 1 %</i>	Preferred	
DR GS CLEAR NAIL EXTERNAL SOLUTION 1 % ( <i>tolnaftate</i> )	Preferred	
<i>eq athletes foot (terbinafine) external cream 1 %</i>	Preferred	
<i>eq athletes foot (tolnaftate) external cream 1 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>eql athletes foot(terbinafine) external cream 1 %</i>	Preferred	
FOOT REPAIR SERUM EXTERNAL SOLUTION 1 % ( <i>tolnaftate</i> )	Preferred	
FORMULA 3 THE TREATMENT EXTERNAL SOLUTION 1 % ( <i>tolnaftate</i> )	Preferred	
FORMULA 7 THE SOLUTION EXTERNAL SOLUTION 1 % ( <i>tolnaftate</i> )	Preferred	
<i>ft antifungal external cream 1 %</i>	Preferred	
<i>ft athletes foot (terbinafine) external cream 1 %</i>	Preferred	
FUNGAL NAIL ERASER EXTERNAL SOLUTION 1 % ( <i>tolnaftate</i> )	Preferred	
FUNGI NAIL EXTERNAL SOLUTION 1 % ( <i>tolnaftate</i> )	Preferred	
<i>fungi-guard external cream 1 %</i>	Preferred	
<i>gnp terbinafine hydrochloride external cream 1 %</i>	Preferred	
<i>gnp tolnaftate external cream 1 %</i>	Preferred	
<i>jock itch spray powder external aerosol powder 1 %</i>	Preferred	
LOTRIMIN AF EXTERNAL POWDER 1 % ( <i>tolnaftate</i> )	Preferred	
<i>medicated anti-fungal external solution 1 %</i>	Preferred	
MICOMITIN EXTERNAL SOLUTION 1 % ( <i>tolnaftate</i> )	Preferred	
MYCOCIDE CLINICAL NS EXTERNAL SOLUTION 1 % ( <i>tolnaftate</i> )	Preferred	
MYCOZYL AL EXTERNAL SOLUTION 1 % ( <i>tolnaftate</i> )	Preferred	
<i>nystatin (Nyamyc External Powder 100000 Unit/Gm)</i>	Preferred	
<i>nystatin external cream 100000 unit/gm</i>	Preferred	
<i>nystatin external ointment 100000 unit/gm</i>	Preferred	
<i>nystatin external powder 100000 unit/gm</i>	Preferred	
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	Preferred	
<i>odor control foot &amp; sneaker external aerosol powder 1 %</i>	Preferred	
ODOR EATERS ANTIFUNGAL EXTERNAL POWDER 1 % ( <i>tolnaftate</i> )	Preferred	
ODOR EATERS FOOT/SNEAKER SPRAY EXTERNAL AEROSOL POWDER 1 % ( <i>tolnaftate</i> )	Preferred	
<i>qc antifungal (tolnaftate) external cream 1 %</i>	Preferred	
<i>qc athletes foot external cream 1 %</i>	Preferred	
<i>qc athletes foot relief external aerosol 1 %</i>	Preferred	
<i>qc tolnaftate external cream 1 %</i>	Preferred	
<i>ra antifungal foot care external cream 1 %</i>	Preferred	
<i>ra foot care (terbinafine) external cream 1 %</i>	Preferred	
<i>ra foot care (tolnaftate) external cream 1 %</i>	Preferred	
<i>ra jock itch max st external aerosol powder 1 %</i>	Preferred	
<i>sb anti-fungal external cream 1 %</i>	Preferred	
<i>sm antifungal tolnaftate external cream 1 %</i>	Preferred	
<i>sm athletes foot external cream 1 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>terbinafine hcl external cream 1 %</i>	Preferred	
<i>tinaspore external solution 1 %</i>	Preferred	
<i>tm-tolnaftate external solution 1 %</i>	Preferred	
<i>tm-tolnaftate lr external solution 1 %</i>	Preferred	
<i>tolnafi-al external solution 1 %</i>	Preferred	
<i>tolnaftate antifungal external cream 1 %</i>	Preferred	
<i>tolnaftate external aerosol powder 1 %</i>	Preferred	
<i>tolnaftate external cream 1 %</i>	Preferred	
<i>tolnaftate external powder 1 %</i>	Preferred	
<i>tolnaftate powder</i>	Preferred	
<b>*ANTI-HISTAMINES - TOPICAL***</b>		
BENADRYL ITCH STOPPING EXTERNAL GEL 2 % ( <i>diphenhydramine hcl</i> )	Preferred	
<i>cvs itch relief external gel 2 %</i>	Preferred	
<i>itch relief external cream 2 %</i>	Preferred	
<i>qc itch stopping ext st external gel 2 %</i>	Preferred	
<i>sb itch relief max st external solution 2 %</i>	Preferred	
THE ITCH ERASER EXTERNAL GEL 2 % ( <i>diphenhydramine hcl</i> )	Preferred	
THE ITCH ERASER EXTERNAL SOLUTION 2 % ( <i>diphenhydramine hcl</i> )	Preferred	
<b>*ANTI-INFLAMMATORY AGENTS - TOPICAL***</b>		
ALEVE ARTHRITIS PAIN EXTERNAL GEL 1 % ( <i>diclofenac sodium</i> )	Preferred	
<i>arthritis pain reliever external gel 1 %</i>	Preferred	
ASPERCREME ARTHRITIS PAIN EXTERNAL GEL 1 % ( <i>diclofenac sodium</i> )	Preferred	
<i>cvs diclofenac sodium external gel 1 %</i>	Preferred	
<i>diclofenac sodium external gel 1 %</i>	Preferred	
<i>eq arthritis pain external gel 1 %</i>	Preferred	
<i>eq arthritis pain reliever external gel 1 %</i>	Preferred	
<i>ft arthritis pain external gel 1 %</i>	Preferred	
<i>gnp arthritis pain external gel 1 %</i>	Preferred	
<i>gnp diclofenac sodium external gel 1 %</i>	Preferred	
<i>goodsense arthritis pain external gel 1 %</i>	Preferred	
<i>kls arthritis pain relief external gel 1 %</i>	Preferred	
<i>kls diclofenac sodium external gel 1 %</i>	Preferred	
MOTRIN ARTHRITIS PAIN EXTERNAL GEL 1 % ( <i>diclofenac sodium</i> )	Preferred	
<i>qc diclofenac sodium external gel 1 %</i>	Preferred	
<i>sm arthritis pain external gel 1 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***</b>		
CARAC EXTERNAL CREAM 0.5 % ( <i>fluorouracil</i> )	Preferred	
<i>fluorouracil external cream 0.5 %, 5 %</i>	Preferred	
<i>fluorouracil external solution 2 %, 5 %</i>	Preferred	
TOLAK EXTERNAL CREAM 4 % ( <i>fluorouracil</i> )	Preferred	
<b>*ANTIPSORIATICS - SYSTEMIC***</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Preferred	
<i>methoxsalen rapid oral capsule 10 mg</i>	Preferred	
<b>*ANTIPSORIATICS***</b>		
<i>calcipotriene external cream 0.005 %</i>	Preferred	
<i>calcipotriene external ointment 0.005 %</i>	Preferred	
<i>calcipotriene external solution 0.005 %</i>	Preferred	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	Preferred	
<b>*ANTISEBORRHEIC PRODUCTS***</b>		
<i>anti-dandruff external shampoo 1 %</i>	Preferred	
<i>cvs anti-dandruff external lotion 1 %</i>	Preferred	
<i>dandruff shampoo external lotion 1 %</i>	Preferred	
<i>eql medicated dandruff external lotion 1 %</i>	Preferred	
<i>selenium sulfide external lotion 2.5 %</i>	Preferred	
<i>selenium sulfide external shampoo 2.25 %</i>	Preferred	
<b>*ANTIVIRALS - TOPICAL***</b>		
<i>docosanol external cream 10 %</i>	Preferred	QL (0.5 GM per 1 day)
<i>ft docosanol external cream 10 %</i>	Preferred	QL (0.5 GM per 1 day)
<i>gnp docosanol external cream 10 %</i>	Preferred	QL (0.5 GM per 1 day)
ZOVIRAX EXTERNAL CREAM 5 % ( <i>acyclovir</i> )	Preferred	
ZOVIRAX EXTERNAL OINTMENT 5 % ( <i>acyclovir</i> )	Preferred	
<b>*ASTRINGENTS***</b>		
AQUAPHOR BABY DIAPER RASH EXTERNAL PASTE 40 % ( <i>zinc oxide</i> )	Preferred	
BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 16 %, 40 % ( <i>zinc oxide</i> )	Preferred	
<i>cvs diaper rash external ointment 40 %</i>	Preferred	
<i>cvs zinc oxide external ointment 20 %</i>	Preferred	
<i>diaper rash external ointment 40 %</i>	Preferred	
<i>diaper rash external paste 40 %</i>	Preferred	
<i>eq diaper rash external ointment 40 %</i>	Preferred	
<i>eq diaper rash external paste 40 %</i>	Preferred	
<i>eql baby basics diaper rash external ointment 40 %</i>	Preferred	
<i>gnp zinc oxide external ointment 20 %</i>	Preferred	
<i>goodsense diaper rash external paste 40 %</i>	Preferred	

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MEDPURA ZINC OXIDE EXTERNAL OINTMENT 20 % ( <i>zinc oxide</i> )	Preferred	
<i>meijer zinc oxide external ointment 20 %</i>	Preferred	
PHARMABASE BARRIER EXTERNAL OINTMENT 9.38 % ( <i>zinc oxide</i> )	Preferred	
<i>qc diaper rash external ointment 40 %</i>	Preferred	
<i>qc zinc oxide external ointment 20 %</i>	Preferred	
<i>ra zinc oxide external ointment 20 %</i>	Preferred	
TRIPLE PASTE EXTERNAL OINTMENT 12.8 % ( <i>zinc oxide</i> )	Preferred	
TRIPLE PASTE EXTERNAL PASTE 40 % ( <i>zinc oxide</i> )	Preferred	
<i>zinc oxide external ointment 20 %, 40 %</i>	Preferred	
<i>zinc oxide external paste 25 %</i>	Preferred	
<b>*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***</b>		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>tralokinumab-ldrm</i> )	Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )	Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )	Preferred	PA
<b>*BURN PRODUCTS***</b>		
<i>silver sulfadiazine external cream 1 %</i>	Preferred	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	Preferred	
<b>*CORTICOSTEROIDS - TOPICAL***</b>		
ALA SCALP EXTERNAL LOTION 2 % ( <i>hydrocortisone</i> )	Preferred	
<i>ala-cort external cream 1 %</i>	Preferred	
<i>alclometasone dipropionate external cream 0.05 %</i>	Preferred	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	Preferred	QL (60 GM per 30 days)
<i>anti-itch maximum strength external cream 1 %</i>	Preferred	
AQUANIL HC EXTERNAL LOTION 1 % ( <i>hydrocortisone</i> )	Preferred	
AQUAPHOR ITCH RELIEF CHILDREN EXTERNAL OINTMENT 1 % ( <i>hydrocortisone</i> )	Preferred	
AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT 1 % ( <i>hydrocortisone</i> )	Preferred	
AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
<i>beta hc external lotion 1 %</i>	Preferred	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Preferred	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Preferred	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Preferred	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Preferred	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	Preferred	
<i>betamethasone dipropionate external lotion 0.05 %</i>	Preferred	

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<i>betamethasone dipropionate external ointment 0.05 %</i>	Preferred	
<i>betamethasone valerate external cream 0.1 %</i>	Preferred	
<i>betamethasone valerate external lotion 0.1 %</i>	Preferred	
<i>betamethasone valerate external ointment 0.1 %</i>	Preferred	
<i>clobetasol prop emollient base external cream 0.05 %</i>	Preferred	
<i>clobetasol propionate e external cream 0.05 %</i>	Preferred	
<i>clobetasol propionate external cream 0.05 %</i>	Preferred	
<i>clobetasol propionate external gel 0.05 %</i>	Preferred	
<i>clobetasol propionate external ointment 0.05 %</i>	Preferred	
<i>clobetasol propionate external shampoo 0.05 %</i>	Preferred	
<i>clobetasol propionate external solution 0.05 %</i>	Preferred	
<i>clobetasol propionate (Clodan External Shampoo 0.05 %)</i>	Preferred	
CORTIZONE-10 COOLING EXTERNAL GEL 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 ECZEMA EXTERNAL LOTION 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 EXTERNAL GEL 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 EXTERNAL OINTMENT 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 INTENSVE MOISTURE EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 OVERNIGHT EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 PLUS EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 PSORIASIS EXTERNAL LOTION 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 SENSITIVE SKIN EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10 WATER RESISTANT EXTERNAL OINTMENT 1 % ( <i>hydrocortisone</i> )	Preferred	
CORTIZONE-10/ALOE EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
<i>cvs cortisone maximum strength external cream 1 %</i>	Preferred	
<i>cvs cortisone maximum strength external gel 1 %</i>	Preferred	

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<i>cvs cortisone maximum strength external lotion 1 %</i>	Preferred	
<i>cvs cortisone maximum strength external ointment 1 %</i>	Preferred	
<i>cvs hydrocortisone anti-itch external cream 0.5 %</i>	Preferred	
DERMAREST ECZEMA EXTERNAL LOTION 1 % ( <i>hydrocortisone</i> )	Preferred	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )	Preferred	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )	Preferred	
<i>desonide external cream 0.05 %</i>	Preferred	QL (60 GM per 30 days)
<i>desonide external ointment 0.05 %</i>	Preferred	QL (60 GM per 30 days)
<i>eq hydrocortisone external cream 1 %</i>	Preferred	
<i>eq hydrocortisone max st external cream 1 %</i>	Preferred	
<i>eql anti-itch intensive heal external cream 1 %</i>	Preferred	
<i>eql anti-itch maximum strength external cream 1 %</i>	Preferred	
<i>eql anti-itch maximum strength external ointment 1 %</i>	Preferred	
<i>fluocinolone acetonide external cream 0.025 %</i>	Preferred	QL (60 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Preferred	QL (60 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	Preferred	
<i>fluocinonide emulsified base external cream 0.05 %</i>	Preferred	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Preferred	
<i>fluocinonide external gel 0.05 %</i>	Preferred	QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	Preferred	
<i>fluocinonide external solution 0.05 %</i>	Preferred	
<i>flurandrenolide external lotion 0.05 %</i>	Preferred	
<i>fluticasone propionate external cream 0.05 %</i>	Preferred	
<i>fluticasone propionate external ointment 0.005 %</i>	Preferred	
<i>gnp hydrocortisone external cream 0.5 %</i>	Preferred	
<i>gnp hydrocortisone max st external ointment 1 %</i>	Preferred	
<i>gnp hydrocortisone plus external cream 1 %</i>	Preferred	
<i>gnp hydrocortisone/aloe external cream 1 %</i>	Preferred	
<i>goodsense anti-itch max str external cream 1 %</i>	Preferred	
<i>goodsense anti-itch maximum st external ointment 1 %</i>	Preferred	
<i>halcinonide external cream 0.1 %</i>	Preferred	
<i>halobetasol propionate external cream 0.05 %</i>	Preferred	
<i>halobetasol propionate external ointment 0.05 %</i>	Preferred	
<i>hm hydrocortisone plus external cream 1 %</i>	Preferred	
<i>hm hydrocortisone-aloe max st external cream 1 %</i>	Preferred	
<i>hydrocortisone acetate external cream 1 %</i>	Preferred	
<i>hydrocortisone acetate external ointment 1 %</i>	Preferred	
<i>hydrocortisone anti-itch external cream 1 %</i>	Preferred	

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<i>hydrocortisone external cream 0.5 %, 1 %, 2.5 %</i>	Preferred	
<i>hydrocortisone external lotion 1 %, 2.5 %</i>	Preferred	
<i>hydrocortisone external ointment 0.5 %, 1 %, 2.5 %</i>	Preferred	
<i>hydrocortisone max st external cream 1 %</i>	Preferred	
<i>hydrocortisone max st/12 moist external cream 1 %</i>	Preferred	
<i>hydrocortisone plus external cream 1 %</i>	Preferred	
<i>hydrocortisone ultra-moisture external cream 1 %</i>	Preferred	
<i>hydrocortisone/aloe max str external cream 1 %</i>	Preferred	
<i>instacort 5 external cream 0.5 %</i>	Preferred	
MG217 PSORIASIS ANIT-ITCH EXTERNAL GEL 1 % ( <i>hydrocortisone</i> )	Preferred	
<i>mometasone furoate external cream 0.1 %</i>	Preferred	
<i>mometasone furoate external ointment 0.1 %</i>	Preferred	
<i>mometasone furoate external solution 0.1 %</i>	Preferred	
<i>qc anti-itch aloe external cream 1 %</i>	Preferred	
<i>qc hydrocortisone max st external cream 1 %</i>	Preferred	
<i>ra anti-itch maximum strength external cream 1 %</i>	Preferred	
<i>ra anti-itch maximum strength external ointment 1 %</i>	Preferred	
SARNOL-HC EXTERNAL LOTION 1 % ( <i>hydrocortisone</i> )	Preferred	
<i>sb hydrocortisone max st external ointment 1 %</i>	Preferred	
<i>sm hydrocortisone external cream 0.5 %, 1 %</i>	Preferred	
<i>sm hydrocortisone external ointment 0.5 %</i>	Preferred	
<i>sm hydrocortisone max st external ointment 1 %</i>	Preferred	
<i>sm hydrocortisone plus external cream 1 %</i>	Preferred	
<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 %, 0.05 %, 0.1 %, 0.5 %</i>	Preferred	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	Preferred	
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	Preferred	
<b>*EMOLLIENTS***</b>		
AL12 EXTERNAL LOTION 12 % ( <i>ammonium lactate</i> )	Preferred	
AMLACTIN DAILY EXTERNAL LOTION 12 % ( <i>ammonium lactate</i> )	Preferred	
AMLACTIN RAPID RELIEF EXTERNAL LOTION 15 % ( <i>emollient</i> )	Preferred	PA
<i>ammonium lactate external cream 12 %</i>	Preferred	
<i>ammonium lactate external lotion 12 %</i>	Preferred	
AQUA GLYCOLIC HAND/BODY EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
AQUA LACTEN EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
AQUAMED EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
AVEENO DAILY MOISTURIZING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
AVEENO STRESS RELIEF EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
BEAUTY 360 ADVANCED SKIN CARE EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
<i>beauty lotion external lotion</i>	Preferred	PA
<i>beta care external lotion</i>	Preferred	PA
CAM EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
CERAVE AM SPF 30 EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
CERAVE DAILY MOISTURIZING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
CERAVE PM EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
CETAPHIL ADVANCED RELIEF EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
CETAPHIL DAILY ADVANCE EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
CETAPHIL DAILY FACIAL SPF 15 EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
CETAPHIL MOISTURIZING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
CETAPHIL RESTORADERM EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
CLN FACIAL MOISTURIZER NOURISH EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
<i>cocoa butter external lotion</i>	Preferred	PA
<i>cocoa butter hand &amp; body external lotion</i>	Preferred	PA
<i>complete moisture external lotion</i>	Preferred	PA
CORN HUSKERS EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
<i>cvs beauty 360 dry skin external lotion</i>	Preferred	PA
<i>cvs daily ultra moisture external lotion</i>	Preferred	PA
<i>cvs dry skin therapy external lotion</i>	Preferred	PA
<i>cvs extra moisturizing external lotion</i>	Preferred	PA
<i>cvs gentle skin cleanser external lotion</i>	Preferred	PA
<i>cvs hydrating skin treatment external lotion 12 %</i>	Preferred	
<i>cvs intense dry skin therapy external lotion</i>	Preferred	PA
<i>cvs moisturizing external lotion</i>	Preferred	PA
<i>cvs skin treatment external lotion 12 %</i>	Preferred	
<i>cvs special care external lotion</i>	Preferred	PA
DAILY MOISTURIZING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
DERMAL THERAPY EXTRA STRENGTH EXTERNAL LOTION 10 % ( <i>emollient</i> )	Preferred	PA
DERMAL THERAPY FACE CARE EXTERNAL LOTION 1 % ( <i>emollient</i> )	Preferred	PA
DERMAL THERAPY FOOT MASSAGE EXTERNAL LOTION 1 % ( <i>emollient</i> )	Preferred	PA
DERMAL THERAPY HAND/ELBOW EXTERNAL LOTION 15 % ( <i>emollient</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
DERMAL THERAPY HEEL CARE EXTERNAL LOTION 25 % ( <i>emollient</i> )	Preferred	PA
DIABETIDERM EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
DML EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EMOLLIA-LOTION EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EPILYT EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
<i>eql absolute moisture dry skin external lotion</i>	Preferred	PA
<i>eql advanced recovery external lotion</i>	Preferred	PA
<i>eql advanced skin therapy external lotion</i>	Preferred	PA
<i>eql aloe after sun external lotion</i>	Preferred	PA
<i>eql ultra moisturizing daily external lotion</i>	Preferred	PA
EUCERIN BABY EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EUCERIN DAILY HYDRATION EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EUCERIN DAILY HYDRATION SPF15 EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EUCERIN DAILY PROTECTION/SPF30 EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EUCERIN EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EUCERIN INTENSIVE REPAIR EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EUCERIN ORIGINAL HEALING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EUCERIN PLUS EXTERNAL LOTION 5-5 % ( <i>emollient</i> )	Preferred	PA
EUCERIN PROFESSIONAL REPAIR EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EUCERIN ROUGHNESS RELIEF EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
EUCERIN SMOOTHING REPAIR EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
GOLD BOND EVERYDAY MOISTURE EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
GOLD BOND HEALING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
GOLD BOND MEDICATED BODY EX ST EXTERNAL LOTION 0.5 %, 5-0.5 % ( <i>emollient</i> )	Preferred	PA
GOLD BOND MEDICATED BODY EXTERNAL LOTION 5-0.15 % ( <i>emollient</i> )	Preferred	PA
GOLD BOND PURE MOISTURE EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
GOLD BOND ULT SHEER RIBBONS EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
GOLD BOND ULTIMATE EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
GOLD BOND ULTIMATE HEALING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
GOLD BOND ULTIMATE OVERNIGHT EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
GOLD BOND ULTIMATE PROTECTION EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
GOLD BOND ULTIMATE RESTORING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
GOLD BOND ULTIMATE SOFTENING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
GOLD BOND ULTIMATE SOOTHING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
<i>gordomatic external lotion</i>	Preferred	PA
<i>hydrazone lotion external lotion</i>	Preferred	PA
JOHNSONS SKIN NOURISH MOIST EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
KERI ADVANCED MOISTURE THERAPY EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
KERI BASIC ESSENTIALS EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
KERI NOURISHING SHEA BUTTER EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
KERI ORIGINAL DAILY MOISTURE EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
KERI ORIGINAL EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
KERI OVERNIGHT EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
KERI RENEWAL MILK BODY EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
KERI RENEWAL SKIN FIRMING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
KERI RENEWAL STRETCH MARK EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
KERI SENSITIVE SKIN EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % ( <i>ammonium lactate</i> )	Preferred	
<i>lubricating lotion external lotion</i>	Preferred	PA
LUBRIDERM ADVANCED THERAPY EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
LUBRIDERM DAILY MOISTURE EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
LUBRIDERM EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
LUBRIDERM INTENSE SKIN REPAIR EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
LUBRISOFT EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
MEDERMA AG HAND & BODY EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
MINERIN EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
<i>moisture external lotion</i>	Preferred	PA
<i>moisture recovery external lotion</i>	Preferred	PA
<i>moisturizing lotion external lotion</i>	Preferred	PA
<i>moisturizing sensitive skin external lotion</i>	Preferred	PA
<i>msm skin external lotion</i>	Preferred	PA
NEUTROGENA MOISTURE SENS SKIN EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
NIVEA ESSENTIALLY ENRICHED EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA

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NIVEA EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
NIVEA INTENSE HEALING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
NIVEA ORIGINAL MOISTURE EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
NIVEA SHEA NOURISH EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
NIVEA VISAGE EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
NUTRADERM ADVANCED FORMULA EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
NUTRADERM EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
PALMERS COCOA BUTTER FORMULA EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
PALMERS COCONUT OIL BODY EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
PALMERS STRETCH MARKS EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
<i>ra daylogic healing dry skin external lotion</i>	Preferred	PA
<i>radiaguard advanced external lotion</i>	Preferred	PA
<i>refreshing aloe external lotion</i>	Preferred	PA
RESTA LITE EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
SKIN REPAIR EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
<i>sm dry skin therapy external lotion</i>	Preferred	PA
STUDIO 35 EXTRA MOISTURIZING EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
<i>thera-derm external lotion</i>	Preferred	PA
VANICREAM EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
WIBI EXTERNAL LOTION ( <i>emollient</i> )	Preferred	PA
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***</b>		
<i>alevazol external ointment 1 %</i>	Preferred	
<i>antifungal (clotrimazole) external cream 1 %</i>	Preferred	
<i>antifungal clotrimazole external cream 1 %</i>	Preferred	
<i>anti-fungal external cream 1 %</i>	Preferred	
<i>antifungal external cream 2 %</i>	Preferred	
<i>antifungal external powder 2 %</i>	Preferred	
<i>athletes foot (clotrimazole) external cream 1 %</i>	Preferred	
<i>athletes foot external powder 2 %</i>	Preferred	
<i>athletes foot powder spray external aerosol powder 2 %</i>	Preferred	
<i>baza antifungal external cream 2 %</i>	Preferred	
<i>clotrimazole af external cream 1 %</i>	Preferred	
<i>clotrimazole anti-fungal external cream 1 %</i>	Preferred	
<i>clotrimazole athletes foot external cream 1 %</i>	Preferred	
<i>clotrimazole external cream 1 %</i>	Preferred	
<i>clotrimazole external solution 1 %</i>	Preferred	
CRITIC-AID CLEAR AF EXTERNAL OINTMENT 2 % ( <i>miconazole nitrate</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER 2 % ( <i>miconazole nitrate</i> )	Preferred	
<i>cvs athletes foot external aerosol powder 2 %</i>	Preferred	
<i>cvs athletes foot spray external aerosol 2 %</i>	Preferred	
<i>cvs clotrimazole external cream 1 %</i>	Preferred	
<i>cvs itch relief external cream 1 %</i>	Preferred	
<i>cvs ringworm external cream 1 %</i>	Preferred	
DESENEK EXTERNAL CREAM 1 % ( <i>clotrimazole</i> )	Preferred	
DESENEK EXTERNAL POWDER 2 % ( <i>miconazole nitrate</i> )	Preferred	
DESENEK JOCK ITCH EXTERNAL AEROSOL POWDER 2 % ( <i>miconazole nitrate</i> )	Preferred	
<i>eq antifungal external cream 1 %</i>	Preferred	
<i>eq athletes foot external cream 1 %</i>	Preferred	
<i>eq jock itch external cream 1 %</i>	Preferred	
<i>eql athletes foot external cream 1 %</i>	Preferred	
<i>ft antifungal external cream 2 %</i>	Preferred	
<i>ft athletes foot (clotrimaz) external cream 1 %</i>	Preferred	
<i>gnp athletes foot external cream 1 %</i>	Preferred	
<i>gnp miconazorb af external powder 2 %</i>	Preferred	
<i>goodsense athletes foot external cream 1 %</i>	Preferred	
<i>jock itch external cream 1 %</i>	Preferred	
<i>jock itch relief external cream 1 %</i>	Preferred	
<i>ketoconazole external cream 2 %</i>	Preferred	
<i>ketoconazole external shampoo 2 %</i>	Preferred	
LOTRIMIN AF DEODORANT POWDER EXTERNAL AEROSOL POWDER 2 % ( <i>miconazole nitrate</i> )	Preferred	
LOTRIMIN AF JOCK ITCH POWDER EXTERNAL AEROSOL POWDER 2 % ( <i>miconazole nitrate</i> )	Preferred	
LOTRIMIN AF POWDER EXTERNAL AEROSOL POWDER 2 % ( <i>miconazole nitrate</i> )	Preferred	
<i>micaderm external cream 2 %</i>	Preferred	
<i>miconazole antifungal external cream 2 %</i>	Preferred	
<i>miconazole nitrate external cream 2 %</i>	Preferred	
<i>miconazole nitrate powder , 2 %</i>	Preferred	
<i>miconazorb af external powder 2 %</i>	Preferred	
MICOTRIN AC EXTERNAL CREAM 1 % ( <i>clotrimazole</i> )	Preferred	
MICOTRIN AP EXTERNAL POWDER 2 % ( <i>miconazole nitrate</i> )	Preferred	
MYCOZYL AP EXTERNAL POWDER 2 % ( <i>miconazole nitrate</i> )	Preferred	
NIZORAL EXTERNAL SHAMPOO 1 % ( <i>ketoconazole</i> )	Preferred	
<i>pro-ex antifungal external cream 1 %</i>	Preferred	
<i>qc athletes foot external aerosol powder 2 %</i>	Preferred	

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<i>qc clotrimazole external cream 1 %</i>	Preferred	
<i>ra atheletes foot external aerosol powder 2 %</i>	Preferred	
<i>ra athletes foot external cream 1 %</i>	Preferred	
<i>ra clotrimazole external cream 1 %</i>	Preferred	
<i>ra jock itch external cream 1 %</i>	Preferred	
<i>sb clotrimazole foot external cream 1 %</i>	Preferred	
<i>sm antifungal clotrimazole external cream 1 %</i>	Preferred	
<i>sm antifungal miconazole external cream 2 %</i>	Preferred	
TINEACIDE EXTERNAL CREAM 2 % ( <i>miconazole nitrate</i> )	Preferred	
<i>tm-clotrimazole external cream 1 %</i>	Preferred	
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % ( <i>miconazole nitrate</i> )	Preferred	
ZEASORB-AF EXTERNAL POWDER 2 % ( <i>miconazole nitrate</i> )	Preferred	
<b>*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***</b>		
<i>imiquimod external cream 5 %</i>	Preferred	QL (0.434 EA per 1 day); AGE (Min 12 Years)
<b>*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***</b>		
BETASAL EXTERNAL SHAMPOO 3 % ( <i>salicylic acid</i> )	Preferred	
CLEAN & CLEAR ACNE SCRUB EXTERNAL GEL 2 % ( <i>salicylic acid</i> )	Preferred	
CLEAN & CLEAR ACNE TREATMENT EXTERNAL GEL 2 % ( <i>salicylic acid</i> )	Preferred	
CLEAN & CLEAR DEEP CLEANING EXTERNAL LIQUID 2 % ( <i>salicylic acid</i> )	Preferred	
<i>corn &amp; callus remover external liquid 17 %</i>	Preferred	
<i>cvs adv acne spot treatment external liquid 2 %</i>	Preferred	
<i>cvs advanced acne spot treat external gel 2 %</i>	Preferred	
<i>cvs daily acne wash external liquid 2 %</i>	Preferred	
<i>cvs medicated spot external gel 2 %</i>	Preferred	
<i>cvs psoriasis medicated external shampoo 3 %</i>	Preferred	
<i>cvs scalp relief external liquid 3 %</i>	Preferred	
<i>cvs therapeutic dandruff external shampoo 3 %</i>	Preferred	
<i>cvs wart remover external liquid 17 %</i>	Preferred	
<i>cvs wart remover pen external gel 17 %</i>	Preferred	
<i>daily face wash external liquid 2 %</i>	Preferred	
DENOREX EX ST MEDICATED EXTERNAL SHAMPOO 3 % ( <i>salicylic acid</i> )	Preferred	
DERMACINRX ATRIX ANTIBAC WASH EXTERNAL LIQUID 2 % ( <i>salicylic acid</i> )	Preferred	
DERMACINRX ATRIX CLARIFY TONER EXTERNAL LIQUID 2 % ( <i>salicylic acid</i> )	Preferred	

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DERMAREST PSORIASIS EXTERNAL GEL 3 % ( <i>salicylic acid</i> )	Preferred	
DERMAREST PSORIASIS EXTERNAL SHAMPOO 3 % ( <i>salicylic acid</i> )	Preferred	
DHS SAL EXTERNAL SHAMPOO 3 % ( <i>salicylic acid</i> )	Preferred	
<i>eq liquid corn &amp; callus rem external liquid 17 %</i>	Preferred	
<i>eq liquid wart remover max st external liquid 17 %</i>	Preferred	
<i>eql acne scrub pink grapefruit external liquid 2 %</i>	Preferred	
<i>eql apricot scrub external liquid 2 %</i>	Preferred	
<i>eql scalp relief max strength external liquid 3 %</i>	Preferred	
GETS-IT CORN/CALLUS REMOVER EXTERNAL LIQUID 17 % ( <i>salicylic acid</i> )	Preferred	
<i>gnp wart remover external liquid 17 %</i>	Preferred	
GOLD BOND PSORIASIS RELIEF EXTERNAL CREAM 3 % ( <i>salicylic acid</i> )	Preferred	
KERALYT EXTERNAL GEL 3 % ( <i>salicylic acid</i> )	Preferred	
<i>salicylic acid (Keralyt External Shampoo 6 %)</i>	Preferred	
KERALYT SCALP EXTERNAL KIT 6 % ( <i>salicylic acid</i> )	Preferred	
<i>liquid corn &amp; callus remover external liquid 17 %</i>	Preferred	
<i>liquid wart remover external liquid 17 %</i>	Preferred	
MG217 DANDRUFF SHAMPOO/COND EXTERNAL SHAMPOO 3 % ( <i>salicylic acid</i> )	Preferred	
MG217 PSORIASIS MULTI-SYMPATOM EXTERNAL CREAM 3 % ( <i>salicylic acid</i> )	Preferred	
MG217 PSORIASIS THER SHAM/COND EXTERNAL SHAMPOO 3 % ( <i>salicylic acid</i> )	Preferred	
NEUTROGENA BODY CLEAR WASH EXTERNAL LIQUID 2 % ( <i>salicylic acid</i> )	Preferred	
NEUTROGENA OIL-FREE ACNE WASH EXTERNAL LIQUID 2 % ( <i>salicylic acid</i> )	Preferred	
NEUTROGENA T/SAL EXTERNAL SHAMPOO 3 % ( <i>salicylic acid</i> )	Preferred	
P & S EXTERNAL SHAMPOO 2 % ( <i>salicylic acid</i> )	Preferred	
<i>qc corn and callus remover external liquid 17 %</i>	Preferred	
<i>qc wart remover external liquid 17 %</i>	Preferred	
<i>ra wart remover external gel 17 %</i>	Preferred	
<i>ra wart remover max strength external liquid 17 %</i>	Preferred	
<i>salicylic acid er external solution 28.5 %</i>	Preferred	
<i>salicylic acid external foam 6 %</i>	Preferred	
<i>salicylic acid external gel 6 %</i>	Preferred	
<i>salicylic acid external shampoo 6 %</i>	Preferred	
<i>salicylic acid external solution 26 %</i>	Preferred	
<i>salicylic acid wart remover external liquid 27.5 %</i>	Preferred	
<i>salimez external cream 6 %</i>	Preferred	

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SALYCIM EXTERNAL CREAM 6 % ( <i>salicylic acid</i> )	Preferred	
SCALPICIN EXTERNAL LIQUID 3 % ( <i>salicylic acid</i> )	Preferred	
SELSUN BLUE 3-IN-1 TREATMENT EXTERNAL LIQUID 2 % ( <i>salicylic acid</i> )	Preferred	
SELSUN BLUE DEEP CLEANSING EXTERNAL SHAMPOO 3 % ( <i>salicylic acid</i> )	Preferred	
SELSUN BLUE NATURALS DRY SCALP EXTERNAL SHAMPOO 3 % ( <i>salicylic acid</i> )	Preferred	
<i>therapeutic dandruff external shampoo 3 %</i>	Preferred	
<i>therapeutic t+plus max st external shampoo 3 %</i>	Preferred	
<i>wart remover external gel 17 %</i>	Preferred	
<i>wart remover maximum strength external gel 17 %</i>	Preferred	
<i>wart remover maximum strength external liquid 17 %</i>	Preferred	
XALIX EXTERNAL SOLUTION 28 % ( <i>salicylic acid</i> )	Preferred	
<b>*LOCAL ANESTHETICS - TOPICAL***</b>		
ANECREAM EXTERNAL CREAM 4 % ( <i>lidocaine</i> )	Preferred	
ASPERCREME LIDOCAINE EXTERNAL CREAM 4 % ( <i>lidocaine hcl</i> )	Preferred	QL (266 GM per 30 days)
ASPERCREME LIDOCAINE EXTERNAL PATCH 4 % ( <i>lidocaine</i> )	Preferred	
ASPERCREME W/LIDOCAINE EXTERNAL CREAM 4 % ( <i>lidocaine hcl</i> )	Preferred	QL (266 GM per 30 days)
ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 % ( <i>lidocaine</i> )	Preferred	
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH 4 % ( <i>lidocaine</i> )	Preferred	
BENGAY LIDOCAINE EXTERNAL CREAM 4 % ( <i>lidocaine hcl</i> )	Preferred	QL (266 GM per 30 days)
<i>cvs lidocaine maximum strength external cream 4 %</i>	Preferred	QL (266 GM per 30 days)
<i>cvs pain relief external cream 4 %</i>	Preferred	QL (266 GM per 30 days)
<i>cvs pain relief external patch 4 %</i>	Preferred	
<i>eha external lotion 4 %</i>	Preferred	PA
<i>eq lidocaine pain relieving external patch 4 %</i>	Preferred	
<i>eq pain relieving external cream 4 %</i>	Preferred	QL (266 GM per 30 days)
FIRST CARE PAIN RELIEF EXTERNAL PATCH 4 % ( <i>lidocaine</i> )	Preferred	
<i>lidocaine hcl (Glydo External Prefilled Syringe 2 %)</i>	Preferred	QL (2 ML per 1 day)
<i>gnp lidocaine pain relief external patch 4 %</i>	Preferred	
<i>gnp lidocaine pain relieving external cream 4 %</i>	Preferred	QL (266 GM per 30 days)
GOLD BOND MULTI-SYMPTOM EXTERNAL CREAM 4 % ( <i>lidocaine hcl</i> )	Preferred	QL (266 GM per 30 days)
GOLD BOND PAIN & ITCH RELIEF EXTERNAL CREAM 4 % ( <i>lidocaine hcl</i> )	Preferred	QL (266 GM per 30 days)
HEALTHWISE PAIN RELIEF EXTERNAL PATCH 4 % ( <i>lidocaine</i> )	Preferred	
LIDO KING EXTERNAL PATCH 4 % ( <i>lidocaine</i> )	Preferred	
<i>lidocaine external cream 4 %</i>	Preferred	
<i>lidocaine external ointment 4 %, 5 %</i>	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>lidocaine external patch 5 %</i>	Preferred	PA
<i>lidocaine hcl external cream 4 %</i>	Preferred	QL (266 GM per 30 days)
<i>lidocaine hcl external lotion 3 %</i>	Preferred	PA
<i>lidocaine hcl external solution 4 %</i>	Preferred	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Preferred	QL (2 ML per 1 day)
<i>lidocaine pain relief external patch 4 %</i>	Preferred	
<i>lidocaine pain relief max st external cream 4 %</i>	Preferred	QL (266 GM per 30 days)
<i>lidocaine pain relief max st external patch 4 %</i>	Preferred	
<i>lidocaine pain relieving external patch 4 %</i>	Preferred	
<i>lidocaine plus external cream 4 %</i>	Preferred	QL (266 GM per 30 days)
<i>lidocaine topical pain external patch 4 %</i>	Preferred	
<i>lidocaine (Lidocan External Patch 5 %)</i>	Preferred	PA
<i>lidocaine (Lidocan Iii External Patch 5 %)</i>	Preferred	PA
<i>lidocaine hcl (Lido-Sorb External Lotion 3 %)</i>	Preferred	PA
<i>pain relief maximum strength external patch 4 %</i>	Preferred	
<i>pain relieving + lidocaine external cream 4 %</i>	Preferred	QL (266 GM per 30 days)
<i>pain relieving lidocaine external patch 4 %</i>	Preferred	
PHARMACIST CHOICE PAIN RELIEF EXTERNAL PATCH 4 % ( <i>lidocaine</i> )	Preferred	
<i>premium lidocaine external ointment 5 %</i>	Preferred	PA
<i>qc lidocaine pain relief external patch 4 %</i>	Preferred	
<i>qc pain relieving + lidocaine external cream 4 %</i>	Preferred	QL (266 GM per 30 days)
<i>ra lidocaine pain relieving external patch 4 %</i>	Preferred	
<i>ra pain relief external cream 4 %</i>	Preferred	QL (266 GM per 30 days)
<i>ra pain relieving external patch 4 %</i>	Preferred	
<i>radiaguard advanced external lotion 1 %</i>	Preferred	PA
SALONPAS PAIN RELIEVING EXTERNAL PATCH 4 % ( <i>lidocaine</i> )	Preferred	
<i>theracare pain relief external patch 4 %</i>	Preferred	
WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH 4 % ( <i>lidocaine</i> )	Preferred	
<i>zionodil 100 external lotion 3 %</i>	Preferred	PA
<i>zionodil external lotion 3 %</i>	Preferred	PA
<b>*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***</b>		
<i>pimecrolimus external cream 1 %</i>	Preferred	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Preferred	PA
<b>*MISC. TOPICAL***</b>		
DRYSOL EXTERNAL SOLUTION 20 % ( <i>aluminum chloride</i> )	Preferred	
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***</b>		
EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<b>*ROSACEA AGENTS***</b>		
<i>metronidazole external cream 0.75 %</i>	Preferred	
<i>metronidazole external gel 0.75 %</i>	Preferred	
<i>metronidazole external lotion 0.75 %</i>	Preferred	
<b>*SCABICIDE COMBINATIONS***</b>		
<i>cvs lice killing external shampoo 0.33-4 %</i>	Preferred	
<i>eql lice killing max st external shampoo 0.33-4 %</i>	Preferred	
<i>gnp lice treatment external shampoo 0.33-4 %</i>	Preferred	
<i>lice killing external shampoo 4-0.33 %</i>	Preferred	
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Preferred	
LICEMD EXTERNAL GEL 0.33-4 % ( <i>pyrethrins-piperonyl butoxide</i> )	Preferred	
<i>ra lice maximum strength external shampoo 0.33-4 %</i>	Preferred	
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % ( <i>pyrethrins-piperonyl butoxide</i> )	Preferred	
<i>sb lice killing max st external shampoo 0.33-4 %</i>	Preferred	
<i>sb lice treatment external liquid 0.3-3 %</i>	Preferred	
<i>sm lice killing external shampoo 0.33-4 %</i>	Preferred	
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	Preferred	
<i>stop lice maximum strength external liquid 0.33-4 %</i>	Preferred	
VANALICE EXTERNAL GEL 0.3-3.5 % ( <i>pyrethrins-piperonyl butoxide</i> )	Preferred	
<b>*SCABICIDES &amp; PEDICULICIDES***</b>		
CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	Preferred	
<i>cvs ivermectin lice treatment external lotion 0.5 %</i>	Preferred	PA
<i>cvs lice treatment external liquid 1 %</i>	Preferred	
<i>gnp lice treatment external liquid 1 %</i>	Preferred	
<i>goodsense lice killing external liquid 1 %</i>	Preferred	
<i>ivermectin external lotion 0.5 %</i>	Preferred	PA
<i>lice treatment external liquid 1 %</i>	Preferred	
<i>lice treatment external lotion 1 %</i>	Preferred	
<i>malathion external lotion 0.5 %</i>	Preferred	
NATROBA EXTERNAL SUSPENSION 0.9 % ( <i>spinosad</i> )	Preferred	PA
<i>permethrin external cream 5 %</i>	Preferred	
<i>ra lice treatment external lotion 1 %</i>	Preferred	
<i>sb lice treatment external liquid 1 %</i>	Preferred	
<i>sm lice treatment external lotion 1 %</i>	Preferred	
<i>spinosad external suspension 0.9 %</i>	Preferred	PA
<b>*SKIN CLEANSERS***</b>		
<i>alcohol wipes external 70 %</i>	Preferred	
<i>cvs isopropyl alcohol wipes external 70 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>isopropyl alcohol external 70 %</i>	Preferred	
<i>isopropyl alcohol wipes external 70 %</i>	Preferred	
<i>medpura alcohol pads external 70 %</i>	Preferred	
<i>qc alcohol external 70 %</i>	Preferred	
<i>ra isopropyl alcohol wipes external 70 %</i>	Preferred	
<b>*STEROID-LOCAL ANESTHETIC COMBINATIONS***</b>		
EPIFOAM EXTERNAL FOAM 1-1 % ( <i>pramoxine-hc</i> )	Preferred	
PRAMOSONE EXTERNAL CREAM 1-1 % ( <i>pramoxine-hc</i> )	Preferred	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % ( <i>pramoxine-hc</i> )	Preferred	
<b>*TOPICAL ANESTHETIC COMBINATIONS***</b>		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Preferred	QL (30 GM per 30 days)
<b>*WOUND CARE - GROWTH FACTOR AGENTS***</b>		
REGRANEX EXTERNAL GEL 0.01 % ( <i>becaplermin</i> )	Preferred	
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC TESTS***</b>		
CHEMSTRIP K IN VITRO STRIP ( <i>acetone (urine) test</i> )	Preferred	
<i>ketone test in vitro strip</i>	Preferred	
KETOSTIX IN VITRO STRIP ( <i>acetone (urine) test</i> )	Preferred	
RELION KETONE TEST IN VITRO STRIP ( <i>acetone (urine) test</i> )	Preferred	
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO ( <i>glucose blood</i> )	Preferred	QL (8 strips/day for up to 18 years old, insulin users, or pregnancy; 4 strips/day for all others)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO ( <i>glucose blood</i> )	Preferred	QL (8 strips/day for up to 18 years old, insulin users, or pregnancy; 4 strips/day for all others)
<b>*INFECTION TESTS***</b>		
BINAXNOW COVID-19 AG HOME TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
CARESTART COVID-19 HOME TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
CLEARDETECT COVID-19 AG HOME KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
CLINITEST RAPID COVID-19 TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
<i>covid-19 otc antigen 1-pack kit in vitro</i>	Preferred	QL (2 EA per 30 days)
<i>covid-19 otc antigen 2-pack kit in vitro</i>	Preferred	QL (2 EA per 30 days)
DIATRUST COVID-19 HOME TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
<i>ellume covid-19 home test kit in vitro</i>	Preferred	QL (2 EA per 30 days)

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FLOWFLEX COVID-19 AG HOME TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
IHEALTH COVID-19 RAPID TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
INDICAID COVID-19 RAPID TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
INTELISWAB COVID-19 RAPID TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
ON/GO COVID-19 ANTIGEN TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
PILOT COVID-19 AT-HOME TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
QUICKVUE AT-HOME COVID-19 TEST KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
SPEEDY SWAB COVID-19 ANTIGEN KIT IN VITRO ( <i>covid-19 at home test</i> )	Preferred	QL (2 EA per 30 days)
<b>*DIGESTIVE AIDS*</b>		
<b>*DIGESTIVE ENZYMES***</b>		
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 (500 EA per 30 days); Max 90-day supply per fill
SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )	Preferred	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	Preferred	QL (500 EA per 30 days); Max 90-day supply per fill
<b>*DIURETICS*</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS***</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Preferred	Max 90-day supply per fill
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Preferred	Max 90-day supply per fill
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<b>*DIURETIC COMBINATIONS***</b>		
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Preferred	Max 90-day supply per fill
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Preferred	Max 90-day supply per fill
<i>triamterene-hctz oral tablet 37.5-25 mg</i>	Preferred	Max 90-day supply per fill
<i>triamterene-hctz oral tablet 75-50 mg</i>	Preferred	
<b>*LOOP DIURETICS***</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	Max 90-day supply per fill
<i>furosemide injection solution 10 mg/ml</i>	Preferred	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Preferred	Max 90-day supply per fill
SOAANZ ORAL TABLET 20 MG ( <i>torseamide</i> )	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<b>*POTASSIUM SPARING DIURETICS***</b>		
<i>amiloride hcl oral tablet 5 mg</i>	Preferred	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS***</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
DIURIL ORAL SUSPENSION 250 MG/5ML ( <i>chlorothiazide</i> )	Preferred	Max 90-day supply per fill
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Preferred	Max 90-day supply per fill
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Preferred	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Preferred	Max 90-day supply per fill
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*BISPHOSPHONATES***</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	Preferred	Max 90-day supply per fill
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Preferred	Max 90-day supply per fill
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	Preferred	
<i>ibandronate sodium oral tablet 150 mg</i>	Preferred	Max 90-day supply per fill
<b>*CALCIMIMETIC AGENTS***</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Preferred	PA; Max 90-day supply per fill
<b>*CALCITONINS***</b>		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Preferred	Max 90-day supply per fill
<b>*CARNITINE REPLENISHER - AGENTS***</b>		
<i>levocarnitine intravenous solution 200 mg/ml</i>	Preferred	
<i>levocarnitine oral solution 1 gm/10ml</i>	Preferred	
<i>levocarnitine oral tablet 330 mg</i>	Preferred	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Preferred	
<b>*DOPAMINE RECEPTOR AGONISTS***</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Preferred	
<b>*GROWTH HORMONES***</b>		
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS ( <i>somatropin</i> )	Preferred	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG ( <i>somatropin</i> )	Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG ( <i>somatropin</i> )	Preferred	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML ( <i>somatropin</i> )	Preferred	PA; Max 90-day supply per fill
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	Preferred	PA

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OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )	Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG ( <i>somatropin</i> )	Preferred	PA
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***</b>		
<i>calcitriol intravenous solution 1 mcg/ml</i>	Preferred	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Preferred	
<i>calcitriol oral solution 1 mcg/ml</i>	Preferred	
<b>*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***</b>		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	Preferred	PA; Max 90-day supply per fill
<b>*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***</b>		
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
<b>*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS***</b>		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML ( <i>idursulfase</i> )	Preferred	PA
<b>*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS***</b>		
KERENDIA ORAL TABLET 10 MG, 20 MG ( <i>finerenone</i> )	Preferred	PA
<b>*PARATHYROID HORMONE AND DERIVATIVES***</b>		
FORTEO SOLUTION PEN-INJECTOR 600 MCG/2.4ML SUBCUTANEOUS ( <i>teriparatide (recombinant)</i> )	Preferred	PA
<b>*RANK LIGAND (RANKL) INHIBITORS***</b>		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )	Preferred	PA
<b>*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	Preferred	Max 90-day supply per fill
<b>*SOMATOSTATIC AGENTS***</b>		
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	Preferred	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Preferred	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	Preferred	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	Preferred	PA
<b>*VASOPRESSIN***</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Preferred	Max 90-day supply per fill

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<i>desmopressin acetate injection solution 4 mcg/ml</i>	Preferred	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	Preferred	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Preferred	Max 90-day supply per fill
<b>*ESTROGENS*</b>		
<b>*ESTROGEN &amp; PROGESTIN***</b>		
<i>estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)</i>	Preferred	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	Preferred	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )	Preferred	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Preferred	
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	Preferred	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	Preferred	
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	Preferred	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Preferred	
PREMPHASE ORAL TABLET 0.625-5 MG ( <i>conj estrogen-medroxyprogesterone acetate</i> )	Preferred	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>conj estrogen-medroxyprogesterone acetate</i> )	Preferred	Max 90-day supply per fill
<b>*ESTROGENS***</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	Preferred	Max 90-day supply per fill
<i>estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)</i>	Preferred	Max 90-day supply per fill
<i>estradiol (Dotti Transdermal Patch Twice Weekly 0.0375 Mg/24Hr)</i>	Preferred	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	Max 90-day supply per fill
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Preferred	Max 90-day supply per fill
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr</i>	Preferred	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Preferred	Max 90-day supply per fill
<i>estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)</i>	Preferred	Max 90-day supply per fill
<i>estradiol (Lyllana Transdermal Patch Twice Weekly 0.0375 Mg/24Hr)</i>	Preferred	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG ( <i>esterified estrogens</i> )	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	Preferred	Max 90-day supply per fill
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	Preferred	Max 90-day supply per fill
<b>*FLUOROQUINOLONES*</b>		
<b>*FLUOROQUINOLONES***</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Preferred	
<i>levofloxacin intravenous solution 25 mg/ml</i>	Preferred	
<i>levofloxacin oral solution 25 mg/ml</i>	Preferred	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Preferred	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Preferred	
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*ANTIFLATULENTS***</b>		
<i>cvs gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>cvs gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>cvs gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>cvs gas relief ultra strength oral capsule 180 mg</i>	Preferred	
<i>cvs infants gas relief oral suspension 20 mg/0.3ml</i>	Preferred	
<i>drxchoice gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>eq gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>eq gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>eq gas relief oral capsule 125 mg</i>	Preferred	
<i>eq gas relief ultra strength oral capsule 180 mg</i>	Preferred	
<i>eq infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Preferred	
<i>eql gas gone oral tablet chewable 125 mg</i>	Preferred	
<i>eql gas relief oral capsule 125 mg</i>	Preferred	
<i>eql gas relief ultra strength oral capsule 180 mg</i>	Preferred	
<i>ft gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>ft gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>ft gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>ft gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>ft gas relief ultra strength oral capsule 180 mg</i>	Preferred	
<i>gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>gas relief infants oral liquid 40 mg/0.6ml</i>	Preferred	
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>gas relief oral liquid 40 mg/0.6ml</i>	Preferred	
<i>gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>gas relief ultra strength oral capsule 180 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG ( <i>simethicone</i> )	Preferred	
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML ( <i>simethicone</i> )	Preferred	
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG ( <i>simethicone</i> )	Preferred	
<i>gnp anti-gas oral capsule 180 mg</i>	Preferred	
<i>gnp gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>gnp gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	Preferred	
<i>goodsense gas relief oral tablet chewable 125 mg</i>	Preferred	
<i>heartland gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>hm gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Preferred	
LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION 20 MG/0.3ML ( <i>simethicone</i> )	Preferred	
LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML ( <i>simethicone</i> )	Preferred	
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML ( <i>simethicone</i> )	Preferred	
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML ( <i>simethicone</i> )	Preferred	
PHAZYME ORAL TABLET CHEWABLE 125 MG ( <i>simethicone</i> )	Preferred	
<i>qc anti-gas oral capsule 180 mg</i>	Preferred	
<i>qc gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>qc gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>qc gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>ra gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>ra gas relief oral capsule 125 mg</i>	Preferred	
<i>ra gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>ra gas relief ultra strength oral capsule 180 mg</i>	Preferred	
<i>sb anti-gas oral capsule 180 mg</i>	Preferred	
<i>sb gas relief oral suspension 40 mg/0.6ml</i>	Preferred	
<i>sb gas relief oral tablet chewable 125 mg</i>	Preferred	
<i>simeped oral suspension 40 mg/0.6ml</i>	Preferred	
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>simethicone extra strength oral capsule 125 mg</i>	Preferred	
<i>simethicone oral capsule 125 mg, 180 mg</i>	Preferred	
<i>simethicone oral suspension 40 mg/0.6ml</i>	Preferred	
<i>simethicone oral tablet chewable 125 mg, 80 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>simethicone ultra strength oral capsule 180 mg</i>	Preferred	
<i>sm gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>sm gas relief infants drops oral suspension 40 mg/0.6ml</i>	Preferred	
<i>sm gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>sm gas relief oral capsule 180 mg</i>	Preferred	
<i>sm gas relief oral tablet chewable 125 mg, 80 mg</i>	Preferred	
<i>teeny tummy gas relief drops oral suspension 20 mg/0.3ml</i>	Preferred	
<b>*GALLSTONE SOLUBILIZING AGENTS***</b>		
<i>ursodiol oral capsule 300 mg</i>	Preferred	Max 90-day supply per fill
<i>ursodiol oral tablet 250 mg</i>	Preferred	Max 90-day supply per fill
<i>ursodiol oral tablet 500 mg</i>	Preferred	
<b>*GASTROINTESTINAL ANTIALLERGY AGENTS***</b>		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Preferred	
<b>*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Preferred	PA; Max 90-day supply per fill
<b>*GASTROINTESTINAL STIMULANTS***</b>		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Preferred	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Preferred	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Preferred	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Preferred	
<b>*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	Preferred	PA; Max 90-day supply per fill
<b>*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS***</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Preferred	
<b>*INFLAMMATORY BOWEL AGENTS***</b>		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
CANASA RECTAL SUPPOSITORY 1000 MG ( <i>mesalamine</i> )	Preferred	QL (1 EA per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG ( <i>mesalamine</i> )	Preferred	QL (6 EA per 1 day); Max 90-day supply per fill
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Preferred	QL (4 EA per 1 day); Max 90-day supply per fill
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )	Preferred	QL (9 EA per 1 day); Max 90-day supply per fill
SFROWASA RECTAL ENEMA 4 GM/60ML ( <i>mesalamine</i> )	Preferred	QL (60 ML per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	Preferred	QL (8 EA per 1 day); Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Preferred	QL (8 EA per 1 day); Max 90-day supply per fill
<b>*INTESTINAL ACIDIFIERS***</b>		
<i>enulose oral solution 10 gm/15ml</i>	Preferred	
<i>generlac oral solution 10 gm/15ml</i>	Preferred	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Preferred	
<b>*PHOSPHATE BINDER AGENTS***</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Preferred	Max 90-day supply per fill
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Preferred	Max 90-day supply per fill
<i>calcium acetate oral tablet 667 mg</i>	Preferred	Max 90-day supply per fill
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Preferred	
<i>sevelamer carbonate oral tablet 800 mg</i>	Preferred	Max 90-day supply per fill
<b>*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***</b>		
<i>infliximab solution reconstituted 100 mg intravenous</i>	Preferred	PA
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*5-ALPHA REDUCTASE INHIBITORS***</b>		
<i>dutasteride oral capsule 0.5 mg</i>	Preferred	Max 90-day supply per fill
<i>finasteride oral tablet 5 mg</i>	Preferred	Max 90-day supply per fill
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Preferred	Max 90-day supply per fill
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Preferred	Max 90-day supply per fill
<b>*CITRATES***</b>		
<i>cytra-2 oral solution 500-334 mg/5ml</i>	Preferred	
<i>cytra-k oral solution 1100-334 mg/5ml</i>	Preferred	
ORACIT ORAL SOLUTION 490-640 MG/5ML ( <i>sod citrate-citric acid</i> )	Preferred	
<i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	Preferred	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Preferred	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Preferred	
<i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>	Preferred	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	Preferred	
<b>*INTERSTITIAL CYSTITIS AGENTS***</b>		
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	Preferred	PA
<i>pentosan polysulfate sodium oral capsule delayed release 150 mg, 200 mg</i>	Preferred	PA
<b>*PHOSPHATES***</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG ( <i>pot &amp; sod ac phosphates</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*URINARY ANALGESICS***</b>		
<i>azo tabs oral tablet 95 mg</i>	Preferred	
AZO URINARY PAIN RELIEF ORAL TABLET 95 MG ( <i>phenazopyridine hcl</i> )	Preferred	
<i>cvs urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	
<i>cvs urinary pain relief oral tablet 95 mg</i>	Preferred	
<i>eq urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	
<i>eq urinary pain relief oral tablet 95 mg</i>	Preferred	
<i>gnp urinary pain relief max st oral tablet 99.5 mg</i>	Preferred	
<i>gnp urinary pain relief oral tablet 95 mg, 97.5 mg</i>	Preferred	
<i>hm urinary pain relief oral tablet 95 mg, 99.5 mg</i>	Preferred	
<i>phenazopyridine hcl</i> (Phenazo Oral Tablet 200 Mg)	Preferred	
PHENAZO ORAL TABLET 95 MG ( <i>phenazopyridine hcl</i> )	Preferred	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Preferred	
<i>qc azo oral tablet 95 mg</i>	Preferred	
<i>qc urinary pain relief max st oral tablet 97.5 mg, 99.5 mg</i>	Preferred	
<i>qc urinary pain relief oral tablet 95 mg</i>	Preferred	
<i>ra urinary pain relief oral tablet 95 mg</i>	Preferred	
<i>sb urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	
<i>sb urinary pain relief oral tablet 95 mg</i>	Preferred	
<i>sm urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	
<i>sm urinary pain relief oral tablet 95 mg, 99.5 mg</i>	Preferred	
<i>urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	
<i>urinary pain relief oral tablet 95 mg, 99.5 mg</i>	Preferred	
URISTAT ULTRA ORAL TABLET 99.5 MG ( <i>phenazopyridine hcl</i> )	Preferred	
<b>*GOUT AGENTS*</b>		
<b>*GOUT AGENT COMBINATIONS***</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Preferred	
<b>*GOUT AGENTS***</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Preferred	
<i>colchicine oral tablet 0.6 mg</i>	Preferred	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Preferred	PA; Max 90-day supply per fill
<b>*URICOSURICS***</b>		
<i>probenecid oral tablet 500 mg</i>	Preferred	
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIHEMOPHILIC PRODUCTS***</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	Preferred	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	Preferred	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact single chain</i> )	Preferred	PA
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )	Preferred	PA
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>coagulation factor ix</i> )	Preferred	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>coagulation factor ix (rfixfc)</i> )	Preferred	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	Preferred	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT ( <i>factor xiii concentrate human</i> )	Preferred	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT ( <i>antihem fact (bdd-rfviiiifc)</i> )	Preferred	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT ( <i>antiinhibitor coagulant cmplx</i> )	Preferred	PA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )	Preferred	PA
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	Preferred	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )	Preferred	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT ( <i>coagulation factor ix (rix-fp)</i> )	Preferred	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	Preferred	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>ahf (bdd-rfviii peg-aucl)</i> )	Preferred	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	Preferred	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 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
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact bd truncated</i> )	Preferred	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG ( <i>coagulation factor viia recomb</i> )	Preferred	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	Preferred	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	Preferred	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	Preferred	PA
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>factor ix complex</i> )	Preferred	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT ( <i>antihem factor recomb (rfviii)</i> )	Preferred	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )	Preferred	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Preferred	PA
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT ( <i>coagulation factor xiii a-sub</i> )	Preferred	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT ( <i>von willebrand factor (recomb)</i> )	Preferred	PA
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT ( <i>antihemophilic factor-vwf</i> )	Preferred	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )	Preferred	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )	Preferred	PA
<b>*BRADYKININ B2 RECEPTOR ANTAGONISTS***</b>		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Preferred	PA
<i>icatibant acetate (Sajazir Subcutaneous Solution Prefilled Syringe 30 Mg/3MI)</i>	Preferred	PA
<b>*C1 ESTERASE INHIBITORS***</b>		
BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	Preferred	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	Preferred	PA
<b>*DIRECT-ACTING P2Y12 INHIBITORS***</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	Preferred	PA; Max 90-day supply per fill
<b>*HEMATORHEOLOGIC AGENTS***</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Preferred	
<b>*PHOSPHODIESTERASE III INHIBITORS***</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<b>*PLASMA KALLIKREIN INHIBITORS***</b>		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>ecallantide</i> )	Preferred	PA
<b>*PLATELET AGGREGATION INHIBITORS***</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Preferred	Max 90-day supply per fill
<b>*QUINAZOLINE AGENTS***</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Preferred	
<b>*THIENOPYRIDINE DERIVATIVES***</b>		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Preferred	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Preferred	Max 90-day supply per fill
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*AGENTS FOR GAUCHER DISEASE***</b>		
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	Preferred	PA; Max 90-day supply per fill
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>imiglucerase</i> )	Preferred	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT ( <i>taliglucerase alfa</i> )	Preferred	PA
<i>miglustat oral capsule 100 mg</i>	Preferred	PA; Max 90-day supply per fill
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>velaglucerase alfa</i> )	Preferred	PA
<i>miglustat (Yargesa Oral Capsule 100 Mg)</i>	Preferred	PA; Max 90-day supply per fill
<b>*COBALAMINS***</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Preferred	
<i>cyanocobalamin (Dodex Injection Solution 1000 Mcg/MI)</i>	Preferred	
<b>*CYTOTOXIC AGENTS***</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	Preferred	Max 90-day supply per fill
<b>*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***</b>		
EPOGEN SOLUTION 10000 UNIT/ML INJECTION ( <i>epoetin alfa</i> )	Preferred	PA
EPOGEN SOLUTION 2000 UNIT/ML INJECTION ( <i>epoetin alfa</i> )	Preferred	PA
EPOGEN SOLUTION 20000 UNIT/ML INJECTION ( <i>epoetin alfa</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
EPOGEN SOLUTION 3000 UNIT/ML INJECTION ( <i>epoetin alfa</i> )	Preferred	PA
EPOGEN SOLUTION 4000 UNIT/ML INJECTION ( <i>epoetin 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
<b>*FOLIC ACID/FOLATE COMBINATIONS***</b>		
INTRINSI B12-FOLATE ORAL TABLET 800-500-20 MCG-MCG-MG ( <i>folate-b12-intrinsic factor</i> )	Preferred	
<b>*FOLIC ACID/FOLATES***</b>		
<i>cvs folic acid oral tablet 800 mcg</i>	Preferred	
FA-8 ORAL CAPSULE 0.8 MG ( <i>folic acid</i> )	Preferred	
<i>folate oral tablet 400 mcg</i>	Preferred	
<i>folic acid oral capsule 0.8 mg, 20 mg</i>	Preferred	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Preferred	
<i>folic acid powder</i>	Preferred	
<i>gnp folic acid oral tablet 400 mcg</i>	Preferred	
<i>hm folic acid oral tablet 400 mcg</i>	Preferred	
<i>kp folic acid oral tablet 1 mg, 800 mcg</i>	Preferred	
<i>qc folic acid oral tablet 800 mcg</i>	Preferred	
<i>ra folic acid oral tablet 400 mcg, 800 mcg</i>	Preferred	
<i>sm folic acid oral tablet 400 mcg</i>	Preferred	
<i>yl folic acid oral tablet 400 mcg</i>	Preferred	
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***</b>		
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-pbbk</i> )	Preferred	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim</i> )	Preferred	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim</i> )	Preferred	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	Preferred	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	Preferred	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	Preferred	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	Preferred	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	Preferred	PA
<b>*IRON COMBINATIONS***</b>		
<i>iron combinations (Chromagen Oral Capsule)</i>	Preferred	
<i>ferocon oral capsule</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>ferottrinsic oral capsule</i>	Preferred	
<i>foltrin oral capsule</i>	Preferred	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG ( <i>fe fum-vit c-vit b12-fa</i> )	Preferred	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG ( <i>fe fum-vit c-vit b12-fa</i> )	Preferred	
HEMATOGEN ORAL CAPSULE ( <i>iron combinations</i> )	Preferred	
<i>iron complex oral capsule</i>	Preferred	
<i>iron folate-f oral capsule</i>	Preferred	
NEPHRON FA ORAL TABLET ( <i>iron-fa-dss-b cmplx-vit c</i> )	Preferred	
<i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule)	Preferred	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	Preferred	
<b>*IRON***</b>		
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML ( <i>ferrous sulfate</i> )	Preferred	
<i>cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg</i>	Preferred	
<i>cvs slow release dried iron oral tablet extended release 45 mg</i>	Preferred	
<i>cvs slow release iron oral tablet extended release 143 (45 fe) mg</i>	Preferred	
<i>eq slow-release iron oral tablet extended release 45 mg</i>	Preferred	
<i>eql iron supplement therapy oral tablet 325 mg</i>	Preferred	
<i>eql slow release iron oral tablet extended release 160 (50 fe) mg</i>	Preferred	
FERATE ORAL TABLET 240 (27 FE) MG ( <i>ferrous gluconate</i> )	Preferred	
FERGON ORAL TABLET 240 (27 FE) MG ( <i>ferrous gluconate</i> )	Preferred	
FEROSUL ORAL TABLET 325 (65 FE) MG ( <i>ferrous sulfate</i> )	Preferred	
<i>ferretts oral tablet 325 (106 fe) mg</i>	Preferred	
FERRIMIN 150 ORAL TABLET 150 MG ( <i>ferrous fumarate</i> )	Preferred	
FERROCITE ORAL TABLET 324 MG ( <i>ferrous fumarate</i> )	Preferred	
<i>ferrotabs oral tablet 240 mg</i>	Preferred	
<i>ferrous fumarate oral tablet 29 mg, 324 (106 fe) mg, 324 mg</i>	Preferred	
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i>	Preferred	
<i>ferrous sulfate er oral tablet extended release 50 mg</i>	Preferred	
<i>ferrous sulfate granules</i>	Preferred	
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml</i>	Preferred	
<i>ferrous sulfate oral tablet 27 mg, 325 (65 fe) mg</i>	Preferred	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg</i>	Preferred	
<i>ferrous sulfate powder</i>	Preferred	
<i>fe-vite iron oral solution 75 (15 fe) mg/ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp iron oral tablet 200 (65 fe) mg</i>	Preferred	
<i>gnp iron oral tablet extended release 142 (45 fe) mg</i>	Preferred	
GOODSENSE IRON ORAL TABLET 325 MG ( <i>ferrous sulfate</i> )	Preferred	
<i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i>	Preferred	
<i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i>	Preferred	
<i>iron 27 oral tablet 240 (27 fe) mg</i>	Preferred	
<i>iron high-potency oral tablet 325 mg</i>	Preferred	
<i>iron high-potency oral tablet extended release 142 (45 fe) mg</i>	Preferred	
<i>iron infant &amp; toddler oral solution 75 (15 fe) mg/ml</i>	Preferred	
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	Preferred	
<i>iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg, 90 (18 fe) mg</i>	Preferred	
<i>iron slow release oral tablet extended release 142 (45 fe) mg, 143 (45 fe) mg</i>	Preferred	
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>	Preferred	
<i>iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml</i>	Preferred	
<i>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</i>	Preferred	
<i>kp ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	
<i>meijer ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	
<i>nat-rul iron oral tablet 325 mg</i>	Preferred	
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML ( <i>ferrous sulfate</i> )	Preferred	
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	Preferred	
<i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	
<i>ra high potency iron oral tablet 27 mg</i>	Preferred	
<i>ra iron oral tablet 27 mg, 325 (65 fe) mg</i>	Preferred	
<i>ra slow release iron oral tablet extended release 45 mg</i>	Preferred	
<i>slow iron oral tablet extended release 160 (50 fe) mg</i>	Preferred	
<i>slow release iron oral tablet extended release 160 (50 fe) mg, 45 mg, 47.5 mg, 50 mg</i>	Preferred	
<i>sm iron oral tablet 325 (65 fe) mg</i>	Preferred	
<i>sm iron slow release oral tablet extended release 160 (50 fe) mg</i>	Preferred	
<i>sm slow release dried iron oral tablet extended release 45 mg</i>	Preferred	
<i>sm slow release iron oral tablet extended release 142 (45 fe) mg, 143 (45 fe) mg</i>	Preferred	
<i>sv iron oral tablet 325 (65 fe) mg</i>	Preferred	
<b>*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***</b>		
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG ( <i>romiplostim</i> )	Preferred	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	Preferred	PA; Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<b>*HEMOSTATICS*</b>		
<b>*HEMOSTATICS - SYSTEMIC***</b>		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Preferred	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Preferred	
<i>tranexamic acid oral tablet 650 mg</i>	Preferred	PA
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>		
<b>*ANTI-HISTAMINE HYPNOTICS***</b>		
<i>cvs sleep aid nighttime oral tablet 25 mg</i>	Preferred	
<i>cvs sleep aid oral tablet 25 mg</i>	Preferred	
<i>cvs sleep-aid nighttime oral capsule 25 mg, 50 mg</i>	Preferred	
<i>eq nighttime sleep aid max st oral capsule 50 mg</i>	Preferred	
<i>eq sleep-aid nighttime oral capsule 25 mg</i>	Preferred	
<i>eql nighttime sleep aid oral capsule 25 mg</i>	Preferred	
<i>eql nighttime sleep aid oral tablet 25 mg</i>	Preferred	
<i>eql sleep aid oral capsule 50 mg</i>	Preferred	
<i>eql sleep aid oral liquid 50 mg/30ml</i>	Preferred	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	Preferred	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	Preferred	
<i>gnp sleep aid nighttime oral tablet 25 mg</i>	Preferred	
<i>gnp sleep aid oral liquid 50 mg/30ml</i>	Preferred	
<i>goodsense sleep aid oral capsule 50 mg</i>	Preferred	
<i>goodsense sleeptime oral capsule 25 mg</i>	Preferred	
<i>goodsense sleeptime oral liquid 50 mg/30ml</i>	Preferred	
<i>hm nighttime sleep aid oral tablet 25 mg</i>	Preferred	
<i>night time sleep aid oral tablet 25 mg</i>	Preferred	
<i>nighttime sleep aid oral tablet 25 mg</i>	Preferred	
<i>NYTOL QUICKCAPS ORAL TABLET 25 MG (diphenhydramine hcl (sleep))</i>	Preferred	
<i>qc rest simply oral tablet 25 mg</i>	Preferred	
<i>qc sleep aid max st oral capsule 50 mg</i>	Preferred	
<i>qc sleep-aid max st oral capsule 50 mg</i>	Preferred	
<i>qc sleep-aid nighttime oral capsule 25 mg</i>	Preferred	
<i>ra nighttime sleep aid oral tablet 25 mg</i>	Preferred	
<i>ra sleep aid (diphenhydramine) oral tablet 25 mg</i>	Preferred	
<i>ra sleep aid oral capsule 50 mg</i>	Preferred	
<i>sb sleep oral tablet 25 mg</i>	Preferred	
<i>SIMPLY SLEEP ORAL TABLET 25 MG (diphenhydramine hcl (sleep))</i>	Preferred	
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	Preferred	
<i>sleep aid oral liquid 50 mg/30ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>sleep tabs oral tablet 25 mg</i>	Preferred	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	Preferred	
<i>sleep-tabs oral tablet 25 mg</i>	Preferred	
<i>sm nighttime sleep aid oral tablet 25 mg</i>	Preferred	
SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET 25 MG ( <i>diphenhydramine hcl (sleep)</i> )	Preferred	
SOMINEX ORAL TABLET 25 MG ( <i>diphenhydramine hcl (sleep)</i> )	Preferred	
UNISOM SLEEPMINIS ORAL CAPSULE 25 MG ( <i>diphenhydramine hcl (sleep)</i> )	Preferred	
WAL-SLEEP Z ORAL CAPSULE 25 MG ( <i>diphenhydramine hcl (sleep)</i> )	Preferred	
WAL-SLEEP Z ORAL LIQUID 50 MG/30ML ( <i>diphenhydramine hcl (sleep)</i> )	Preferred	
WAL-SLEEP Z ORAL TABLET DISPERSIBLE 25 MG ( <i>diphenhydramine hcl (sleep)</i> )	Preferred	
<i>wal-som maximum strength oral capsule 50 mg</i>	Preferred	
<i>wal-som oral tablet dispersible 25 mg</i>	Preferred	
<b>*BARBITURATE HYPNOTICS***</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Preferred	Max 90-day supply per fill
<b>*BENZODIAZEPINE HYPNOTICS***</b>		
<i>temazepam oral capsule 15 mg, 30 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
<b>*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***</b>		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Preferred	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>zolpidem tartrate oral tablet 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
<b>*SELECTIVE MELATONIN RECEPTOR AGONISTS***</b>		
ROZEREM ORAL TABLET 8 MG ( <i>ramelteon</i> )	Preferred	ST (Prior use of 2 preferred hypnotics); QL (1 EA per 1 day); AGE (Min 6 Years)
<b>*LAXATIVES*</b>		
<b>*BOWEL EVACUANT COMBINATIONS***</b>		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	Preferred	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Preferred	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Preferred	
<b>*BULK LAXATIVES***</b>		
<i>clear fiber powder oral powder</i>	Preferred	
<i>cvs daily fiber oral capsule 0.52 gm</i>	Preferred	
<i>cvs daily fiber oral packet 58.6 %</i>	Preferred	
<i>cvs easy fiber oral powder</i>	Preferred	
<i>cvs fiber gummies oral tablet chewable 2 gm</i>	Preferred	
<i>cvs fiber gummy bears children oral tablet chewable</i>	Preferred	
<i>cvs fiber oral capsule 0.52 gm</i>	Preferred	
<i>cvs natural daily fiber oral powder 48.57 %, 58.6 %</i>	Preferred	
<i>cvs natural fiber supplement oral powder 100 %</i>	Preferred	
<i>cvs soluble fiber therapy oral tablet 500 mg</i>	Preferred	
<i>cvs yogurt + fiber gummies oral tablet chewable</i>	Preferred	
<i>daily fiber oral capsule 400 mg</i>	Preferred	
<i>daily fiber oral packet 51.7 %</i>	Preferred	
<i>daily fiber oral powder 51.7 %</i>	Preferred	
<i>eq daily fiber oral capsule 400 mg</i>	Preferred	
<i>eq daily fiber oral powder 25 %, 51.7 %</i>	Preferred	
<i>eq fiber supplement oral tablet chewable 2 gm</i>	Preferred	
<i>eq fiber therapy oral capsule 0.52 gm</i>	Preferred	
<i>eq fiber therapy oral tablet 500 mg</i>	Preferred	
<i>eql fiber therapy oral powder 28.3 %, 48.57 %</i>	Preferred	
<i>eql fiber therapy oral tablet 500 mg</i>	Preferred	
<i>eql natural fiber oral powder 28.3 %</i>	Preferred	
<i>eql smooth texture fiber oral powder 51.7 %</i>	Preferred	
<i>fiber (corn dextrin) oral powder</i>	Preferred	
<i>fiber adult gummies oral tablet chewable 2 gm</i>	Preferred	
<i>fiber oral powder 28.3 %</i>	Preferred	
FIBER SELECT GUMMIES ORAL TABLET CHEWABLE ( <i>fiber</i> )	Preferred	
<i>fiber therapy oral tablet 500 mg</i>	Preferred	
FIBERCEL ORAL POWDER ( <i>fiber</i> )	Preferred	
FIBEREX F15 ORAL LIQUID 15 GM/30ML ( <i>fiber</i> )	Preferred	
<i>ft fiber laxative oral tablet 500 mg</i>	Preferred	
<i>ft fiber oral powder 25 %, 51.7 %</i>	Preferred	
<i>geri-mucil oral powder 25 %, 51.7 %</i>	Preferred	
<i>gnp fiber therapy oral tablet 500 mg</i>	Preferred	
<i>gnp natural fiber oral capsule 0.52 gm</i>	Preferred	
<i>gnp natural fiber oral powder 28.3 %</i>	Preferred	
<i>goodsense fiber oral tablet 500 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>goodsense psyllium fiber oral powder 51.7 %</i>	Preferred	
<i>hm fiber oral capsule 400 mg</i>	Preferred	
<i>hm fiber oral powder 51.7 %</i>	Preferred	
<i>hm fiber powder oral powder 25 %</i>	Preferred	
<i>hm trueplus fiber oral tablet chewable 2 gm</i>	Preferred	
HYDROCIL ORAL PACKET 95 % ( <i>psyllium</i> )	Preferred	
HYFIBER WITH FOS ORAL LIQUID 12 GM/30ML ( <i>fiber</i> )	Preferred	
<i>konsyl daily fiber oral packet 100 %</i>	Preferred	
<i>konsyl daily fiber oral powder 28.3 %</i>	Preferred	
KONSYL DAILY PSYLLIUM FIBER ORAL POWDER 25 % ( <i>psyllium</i> )	Preferred	
MEDI-MUCIL ORAL CAPSULE 0.52 GM ( <i>psyllium</i> )	Preferred	
METAMUCIL 4 IN 1 FIBER ORAL PACKET 51.7 % ( <i>psyllium</i> )	Preferred	
METAMUCIL FIBER ORAL TABLET CHEWABLE ( <i>fiber</i> )	Preferred	
METAMUCIL ORAL WAFER ( <i>psyllium</i> )	Preferred	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 % ( <i>psyllium</i> )	Preferred	
<i>natural fiber laxative oral powder 28.3 %, 30.9 %, 58.6 %</i>	Preferred	
<i>natural fiber oral powder 58.6 %</i>	Preferred	
<i>natural psyllium seed oral powder 100 %</i>	Preferred	
ONELAX FIBER THERAPY ORAL POWDER 25 % ( <i>psyllium</i> )	Preferred	
OPTIFIBER LEAN ORAL POWDER 1.5 GM ( <i>fiber</i> )	Preferred	
PEDIA-LAX FIBER GUMMIES ORAL TABLET CHEWABLE ( <i>fiber</i> )	Preferred	
PROFIBER ORAL LIQUID 15 GM/30ML ( <i>fiber</i> )	Preferred	
<i>psyllium fiber oral capsule 0.52 gm</i>	Preferred	
<i>qc fiber laxative oral capsule 0.52 gm</i>	Preferred	
<i>qc fiber therapy oral powder 25 %, 51.7 %</i>	Preferred	
<i>qc fiber therapy oral tablet 500 mg</i>	Preferred	
<i>qc natural vegetable oral powder 95 %</i>	Preferred	
<i>ra multihealth fiber oral powder 48.57 %, 58.6 %</i>	Preferred	
REGULOID ORAL CAPSULE 0.52 GM ( <i>psyllium</i> )	Preferred	
REGULOID ORAL POWDER 28.3 %, 48.57 %, 51.7 % ( <i>psyllium</i> )	Preferred	
<i>sm fiber laxative oral tablet 500 mg</i>	Preferred	
<i>sm fiber oral powder 28.3 %, 48.57 %, 51.7 %, 58.6 %</i>	Preferred	
<i>sm fiber powder oral powder 25 %</i>	Preferred	
SOLFIBER ORAL POWDER ( <i>fiber</i> )	Preferred	
SOLUBLE FIBER THERAPY ORAL POWDER ( <i>methylcellulose (laxative)</i> )	Preferred	
WAL-MUCIL ORAL CAPSULE 0.52 GM ( <i>psyllium</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 48.57 %, 51.7 %, 58.6 % ( <i>psyllium</i> )	Preferred	
YUMVS PREBIOTIC FIBER ORAL TABLET CHEWABLE 2.5 GM ( <i>fiber</i> )	Preferred	
YUMVS PREBIOTIC FIBER ZERO ORAL TABLET CHEWABLE 2 GM ( <i>fiber</i> )	Preferred	
YUMVSKIDS PREBIOTIC FIBER ZERO ORAL TABLET CHEWABLE 2 GM ( <i>fiber</i> )	Preferred	
<b>*LAXATIVES - MISCELLANEOUS***</b>		
CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
<i>constulose oral solution 10 gm/15ml</i>	Preferred	Max 90-day supply per fill
CVS PURELAX ORAL PACKET 17 GM ( <i>polyethylene glycol 3350</i> )	Preferred	
CVS PURELAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
<i>eq laxative oral packet 17 gm</i>	Preferred	
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
<i>ft clearlax oral powder 17 gm/scoop</i>	Preferred	
<i>gavilax oral powder 17 gm/scoop</i>	Preferred	
<i>gentlelax oral powder 17 gm/scoop</i>	Preferred	
GLYCOLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
GNP CLEARLAX ORAL PACKET 17 GM ( <i>polyethylene glycol 3350</i> )	Preferred	
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
HEALTHYLAX ORAL PACKET 17 GM ( <i>polyethylene glycol 3350</i> )	Preferred	
HM CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
KRISTALOSE ORAL PACKET 10 GM, 20 GM ( <i>lactulose</i> )	Preferred	
<i>lactulose oral packet 10 gm</i>	Preferred	
<i>lactulose oral solution 10 gm/15ml</i>	Preferred	Max 90-day supply per fill
MM CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
<i>peg 3350 oral packet 17 gm</i>	Preferred	
<i>peg 3350 oral powder 17 gm/scoop</i>	Preferred	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Preferred	
<i>qc natura-lax oral powder 17 gm/scoop</i>	Preferred	
<i>ra laxative oral powder 17 gm/scoop</i>	Preferred	
<i>sb polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Preferred	
SM CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
SMOOTH LAX ORAL PACKET 17 GM ( <i>polyethylene glycol 3350</i> )	Preferred	
SMOOTH LAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
<b>*LAXATIVES &amp; DSS***</b>		
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG ( <i>sennosides-docusate sodium</i> )	Preferred	
<i>cvs senna plus oral tablet 8.6-50 mg</i>	Preferred	
<i>cvs stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>docuzen oral tablet 8.6-50 mg</i>	Preferred	
<i>easy-lax plus oral tablet 8.6-50 mg</i>	Preferred	
<i>eq senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>eq stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>eql senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>ft senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>ft stool softener oral tablet 50-8.6 mg</i>	Preferred	
<i>gnp senna plus oral tablet 8.6-50 mg</i>	Preferred	
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>goodsense stimulant laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>hm stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>laxacin oral tablet 8.6-50 mg</i>	Preferred	
<i>medi-natural plus oral tablet 8.6-50 mg</i>	Preferred	
<i>qc senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg</i>	Preferred	
<i>ra 2-in-1 lax/stool softener oral tablet 8.6-50 mg</i>	Preferred	
<i>ra p col-rite oral tablet 8.6-50 mg</i>	Preferred	
<i>sb docusate sodium/senna oral tablet 8.6-50 mg</i>	Preferred	
<i>senexon-s oral tablet 8.6-50 mg</i>	Preferred	
<i>senna plus oral tablet 8.6-50 mg</i>	Preferred	
<i>senna s oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-plus oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-time s oral tablet 8.6-50 mg</i>	Preferred	
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Preferred	
<i>sm senna-s oral tablet 8.6-50 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>sm stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stimulant laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stool softener laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stool softener/laxative oral tablet 50-8.6 mg</i>	Preferred	
<i>vegetable lax+stool softener oral tablet 8.6-50 mg</i>	Preferred	
<b>*SALINE LAXATIVES***</b>		
<i>citrate of magnesia oral solution</i>	Preferred	
CITROMA ORAL SOLUTION 1.745 GM/30ML ( <i>magnesium citrate</i> )	Preferred	
<i>cvs magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>eq magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML ( <i>magnesium citrate</i> )	Preferred	
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>gnp magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>goodsense magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>hm magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML ( <i>magnesium citrate</i> )	Preferred	
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>ra magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>sb magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>sm magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<b>*STIMULANT LAXATIVES***</b>		
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG ( <i>bisacodyl</i> )	Preferred	
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Preferred	
<i>bisacodyl laxative rectal suppository 10 mg</i>	Preferred	
<i>bisacodyl oral tablet delayed release 5 mg</i>	Preferred	
<i>bisacodyl powder</i>	Preferred	
<i>bisacodyl rectal suppository 10 mg</i>	Preferred	
<i>chocolated laxative oral tablet chewable 15 mg</i>	Preferred	
<i>cvs chocolate laxative pieces oral tablet chewable 15 mg</i>	Preferred	
<i>cvs c-lax laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>cvs gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>cvs gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>cvs gentle laxative womens oral tablet delayed release 5 mg</i>	Preferred	
<i>cvs laxative pills max st oral tablet 25 mg</i>	Preferred	
<i>cvs senna oral tablet 8.6 mg</i>	Preferred	
<i>cvs senna-extra oral tablet 17.2 mg</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>eq gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>eq laxative maximum strength oral tablet 25 mg</i>	Preferred	
<i>eq natural vegetable laxative oral tablet 8.6 mg</i>	Preferred	
<i>eq vegetable laxative oral tablet 8.6 mg</i>	Preferred	
<i>eql gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>eql laxative maximum strength oral tablet 25 mg</i>	Preferred	
<i>eql laxative oral tablet chewable 15 mg</i>	Preferred	
<i>eql laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>eql senna laxative oral tablet 8.6 mg</i>	Preferred	
EVAC-U-GEN ORAL TABLET 8.6 MG ( <i>sennosides</i> )	Preferred	
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG ( <i>sennosides</i> )	Preferred	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG ( <i>bisacodyl</i> )	Preferred	
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML ( <i>bisacodyl</i> )	Preferred	
<i>ft gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>ft laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>ft senna laxatives oral tablet 8.6 mg</i>	Preferred	
<i>gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>geri-kot oral tablet 8.6 mg</i>	Preferred	
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>gnp gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>gnp senna lax oral tablet 8.6 mg</i>	Preferred	
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>goodsense bisacodyl ec oral tablet delayed release 5 mg</i>	Preferred	
<i>goodsense bisacodyl laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>goodsense laxative pills oral tablet 25 mg</i>	Preferred	
<i>goodsense senna laxative oral tablet 8.6 mg</i>	Preferred	
<i>goodsense womens laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>hm gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>hm laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>hm senna oral tablet 8.6 mg</i>	Preferred	
<i>kp bisacodyl oral tablet delayed release 5 mg</i>	Preferred	
<i>kp senna oral tablet 8.6 mg</i>	Preferred	
<i>laxative max str oral tablet 25 mg</i>	Preferred	
<i>laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>laxative rectal suppository 10 mg</i>	Preferred	
<i>laxative regular strength oral tablet 15 mg</i>	Preferred	
MEDI-LAX ORAL TABLET 15 MG ( <i>sennosides</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>medi-natural oral tablet 8.6 mg</i>	Preferred	
<i>natural senna laxative oral tablet 8.6 mg</i>	Preferred	
ONELAX RECTAL SUPPOSITORY 10 MG ( <i>bisacodyl</i> )	Preferred	
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML ( <i>sennosides</i> )	Preferred	
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG ( <i>sennosides</i> )	Preferred	
<i>qc chocolated laxative oral tablet chewable 15 mg</i>	Preferred	
<i>qc gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>qc gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>qc gentle laxative womens oral tablet delayed release 5 mg</i>	Preferred	
<i>qc laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>qc senna oral tablet 8.6 mg</i>	Preferred	
<i>qc vegetable laxative oral tablet 8.6 mg</i>	Preferred	
<i>ra fast relief laxative rectal suppository 10 mg</i>	Preferred	
<i>ra laxative oral tablet chewable 15 mg</i>	Preferred	
<i>ra laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>ra womens laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>sb bisacodyl laxative ec oral tablet delayed release 5 mg</i>	Preferred	
<i>sb gentle lax-women oral tablet delayed release 5 mg</i>	Preferred	
<i>sb laxative rectal suppository 10 mg</i>	Preferred	
<i>sb senna-lax oral tablet 8.6 mg</i>	Preferred	
<i>senna laxative oral tablet 8.6 mg</i>	Preferred	
<i>senna oral liquid 8.8 mg/5ml</i>	Preferred	
<i>senna oral syrup 176 mg/5ml, 8.8 mg/5ml</i>	Preferred	
<i>senna oral tablet 8.6 mg</i>	Preferred	
SENNA SMOOTH ORAL TABLET 15 MG ( <i>sennosides</i> )	Preferred	
<i>senna-lax oral tablet 8.6 mg</i>	Preferred	
<i>senna-tabs oral tablet 8.6 mg</i>	Preferred	
<i>senna-time oral tablet 8.6 mg</i>	Preferred	
<i>sennazon oral syrup 8.8 mg/5ml</i>	Preferred	
SEKOT EXTRA STRENGTH ORAL TABLET 17.2 MG ( <i>sennosides</i> )	Preferred	
<i>sm gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>sm laxative rectal suppository 10 mg</i>	Preferred	
<i>sm senna laxative oral tablet 8.6 mg</i>	Preferred	
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG ( <i>bisacodyl</i> )	Preferred	
<i>womans laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>womens laxative oral tablet delayed release 5 mg</i>	Preferred	
<b>*SURFACTANT LAXATIVES***</b>		
<i>cvs stool softener oral capsule 100 mg, 250 mg, 50 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>docusate mini rectal enema 283 mg/5ml</i>	Preferred	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	Preferred	
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	Preferred	
<i>docusate sodium oral syrup 60 mg/15ml</i>	Preferred	
DOCUSOL MINI RECTAL ENEMA 283 MG/5ML ( <i>docusate sodium</i> )	Preferred	
DOK ORAL TABLET 100 MG ( <i>docusate sodium</i> )	Preferred	
<i>dss oral capsule 100 mg, 250 mg</i>	Preferred	
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG ( <i>docusate sodium</i> )	Preferred	
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG ( <i>docusate sodium</i> )	Preferred	
<i>easy-lax oral capsule 100 mg</i>	Preferred	
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML ( <i>docusate sodium</i> )	Preferred	
<i>eq stool softener oral capsule 100 mg</i>	Preferred	
<i>eql stool softener oral capsule 100 mg</i>	Preferred	
<i>ft stool softener oral capsule 100 mg, 250 mg</i>	Preferred	
<i>ft stool softener oral tablet 100 mg</i>	Preferred	
<i>gnp stool softener oral capsule 100 mg, 250 mg</i>	Preferred	
<i>goodsense stool softener oral capsule 100 mg</i>	Preferred	
HEALTHY MAMA MOVE IT ALONG ORAL TABLET 100 MG ( <i>docusate sodium</i> )	Preferred	
<i>hm stool softener oral capsule 100 mg, 250 mg</i>	Preferred	
<i>kls stool softener oral capsule 100 mg</i>	Preferred	
<i>mm stool softener laxative oral capsule 100 mg</i>	Preferred	
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML ( <i>docusate sodium</i> )	Preferred	
PEDIA-LAX ORAL LIQUID 50 MG/15ML ( <i>docusate sodium</i> )	Preferred	
PHILLIPS STOOL SOFTENER ORAL CAPSULE 100 MG ( <i>docusate sodium</i> )	Preferred	
<i>qc stool softener oral capsule 100 mg, 250 mg</i>	Preferred	
<i>ra col-rite oral capsule 100 mg, 250 mg</i>	Preferred	
<i>ra stool softener oral capsule 100 mg</i>	Preferred	
<i>sb docusate sodium oral capsule 100 mg</i>	Preferred	
<i>sm stool softener oral capsule 100 mg, 250 mg</i>	Preferred	
<i>sm stool softener oral tablet 100 mg</i>	Preferred	
<i>stool softener laxative oral capsule 100 mg</i>	Preferred	
<i>stool softener oral capsule 100 mg, 250 mg</i>	Preferred	
<i>stool softener oral liquid 50 mg/5ml</i>	Preferred	
<i>stool softener oral tablet 100 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*MACROLIDES*</b>		
<b>*AZITHROMYCIN***</b>		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	Preferred	
<i>azithromycin oral packet 1 gm</i>	Preferred	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Preferred	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Preferred	
ZITHROMAX ORAL PACKET 1 GM ( <i>azithromycin</i> )	Preferred	
<b>*CLARITHROMYCIN***</b>		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Preferred	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Preferred	
<b>*ERYTHROMYCINS***</b>		
<i>erythromycin lactobionate (Erythrocin Lactobionate Intravenous Solution Reconstituted 500 Mg)</i>	Preferred	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	Preferred	AGE (Max 12 Years)
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	Preferred	
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>*APPLICATORS,COTTON BALLS,ETC***</b>		
ALCOH-GLOVE CONTOURED WIPE PAD ( <i>alcohol swabs</i> )	Preferred	
<i>alcohol pads pad 70 %</i>	Preferred	
<i>alcohol prep pad , 70 %</i>	Preferred	
<i>alcohol prep pads pad 70 %</i>	Preferred	
<i>alcohol swabs pad , 70 %</i>	Preferred	
ALCOHOL SWABSTICK PAD ( <i>alcohol swabs</i> )	Preferred	
BD SWAB SINGLE USE REGULAR PAD ( <i>alcohol swabs</i> )	Preferred	
CARETOUCH ALCOHOL PREP PAD 70 % ( <i>alcohol swabs</i> )	Preferred	
COMFORT TOUCH ALCOHOL PREP PAD 70 % ( <i>alcohol swabs</i> )	Preferred	
CURITY ALCOHOL PREPS PAD 70 % ( <i>alcohol swabs</i> )	Preferred	
<i>cvs alcohol prep pads pad 70 %</i>	Preferred	
<i>cvs prep pad 70 %</i>	Preferred	
DROPSAFE ALCOHOL PREP PAD 70 % ( <i>alcohol swabs</i> )	Preferred	
<i>easy comfort alcohol pads pad</i>	Preferred	
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % ( <i>alcohol swabs</i> )	Preferred	
<i>eql alcohol swabs pad 70 %</i>	Preferred	
<i>essentra wipes 9x9" sheet 70 %</i>	Preferred	
FIFTY50 ALCOHOL PREP PAD 70 % ( <i>alcohol swabs</i> )	Preferred	
<i>global alcohol prep ease pad 70 %</i>	Preferred	

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<i>gnp alcohol swabs pad 70 %</i>	Preferred	
<i>h-e-b incontrol alcohol pad</i>	Preferred	
<i>hm sterile alcohol prep pad</i>	Preferred	
<i>meijer alcohol swabs pad 70 %</i>	Preferred	
PHARMACIST CHOICE ALCOHOL PAD ( <i>alcohol swabs</i> )	Preferred	
<i>pro comfort alcohol pad 70 %</i>	Preferred	
<i>pure comfort alcohol prep pad</i>	Preferred	
<i>qc alcohol swabs pad 70 %</i>	Preferred	
<i>ra alcohol swabs pad 70 %</i>	Preferred	
<i>reality swabs pad</i>	Preferred	
RELION ALCOHOL SWABS PAD , 70 % ( <i>alcohol swabs</i> )	Preferred	
<i>saps care alcohol prep pad 70 %</i>	Preferred	
<i>saps health alcohol prep pad , 70 %</i>	Preferred	
<i>saps health care alcohol prep pad 70 %</i>	Preferred	
<i>sb alcohol prep pad 70 %</i>	Preferred	
<i>sm alcohol prep pad , 70 %</i>	Preferred	
<i>sure comfort alcohol prep pad 70 %</i>	Preferred	
<i>true comfort alcohol prep pads pad 70 %</i>	Preferred	
<i>true comfort pro alcohol prep pad 70 %</i>	Preferred	
ULTICARE ALCOHOL SWABS PAD , 70 % ( <i>alcohol swabs</i> )	Preferred	
<i>ultilet alcohol swabs pad</i>	Preferred	
<i>ultra-care alcohol prep pads pad 70 %</i>	Preferred	
WEBCOL ALCOHOL PREP LARGE PAD 70 % ( <i>alcohol swabs</i> )	Preferred	
WEBCOL ALCOHOL PREP MEDIUM PAD 70 % ( <i>alcohol swabs</i> )	Preferred	
<i>zevrx sterile alcohol prep pad pad 70 %</i>	Preferred	
<b>*CONDOMS - FEMALE***</b>		
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	Preferred	
<b>*CONDOMS - MALE***</b>		
<i>aimsco lubricated</i>	Preferred	
<i>condoms</i>	Preferred	
DUREX EXTRA SENSITIVE THIN DEVICE ( <i>condoms latex lubricated</i> )	Preferred	
DUREX REALFEEL DEVICE ( <i>condoms non-latex lubricated</i> )	Preferred	
FANTASY LUBRICATED ( <i>condoms latex lubricated</i> )	Preferred	
FANTASY LUBRICATED/SPERMICIDE ( <i>condoms latex lubricated</i> )	Preferred	
KAMELEON LUBRICATED ( <i>condoms latex lubricated</i> )	Preferred	
<i>kimono</i>	Preferred	
KIMONO COLORS DEVICE ( <i>condoms latex lubricated</i> )	Preferred	
<i>kimono micro thin</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>kimono micro thin plus</i>	Preferred	
<i>kimono plus</i>	Preferred	
<i>kimono ps</i>	Preferred	
<i>kimono ps plus</i>	Preferred	
<i>kimono sensation</i>	Preferred	
<i>kimono sensation plus</i>	Preferred	
KIMONO SPECIAL DEVICE ( <i>condoms latex lubricated</i> )	Preferred	
K-Y ME & YOU EXTRA LUBRICATED DEVICE ( <i>condoms latex lubricated</i> )	Preferred	
K-Y ME & YOU INTENSE DEVICE ( <i>condoms latex lubricated</i> )	Preferred	
<i>maxx</i>	Preferred	
<i>maxx plus</i>	Preferred	
REALITY LATEX CONDOMS ( <i>condoms latex lubricated</i> )	Preferred	
REALITY LATEX/ULTRA TEXTURED DEVICE ( <i>condoms latex lubricated</i> )	Preferred	
REALITY LATEX/ULTRA THIN DEVICE ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX COLOR CONDOMS + LUBE ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX LUB/RIBBED/STUDED ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX LUB/SPERMICIDE EX ST ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX LUB/SPERMICIDE XL ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX LUBRICATED ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX LUBRICATED EX LARGE ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX LUBRICATED EXTRA ST ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX LUBRICATED/SPERMICIDE ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX NATURAL CONDOMS + LUBE ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX NON-LUBRICATED ( <i>condoms latex non-lubricated</i> )	Preferred	
TRUSTEX RIA LUB/SPERMICIDE ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX RIA LUBRICATED ( <i>condoms latex lubricated</i> )	Preferred	
TRUSTEX RIA NON-LUBRICATED ( <i>condoms latex non-lubricated</i> )	Preferred	
TRUSTEX-NONOXYNOL-9/RIB/STUD ( <i>condoms latex lubricated</i> )	Preferred	
<b>*DIAPHRAGMS***</b>		
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	Preferred	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM ( <i>diaphragms</i> )	Preferred	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	Preferred	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	Preferred	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	Preferred	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	Preferred	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	Preferred	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	Preferred	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	Preferred	
<b>*GLUCOSE MONITOR &amp; BLOOD PRESSURE MONITOR COMBINATIONS***</b>		
ADVOCATE DUO DEVICE ( <i>blood glucose-bp monitor</i> )	Preferred	
CLEVER CHEK AUTO-CODE DEVICE ( <i>blood glucose-bp monitor</i> )	Preferred	
DUO-CARE DEVICE ( <i>blood glucose-bp monitor</i> )	Preferred	
FORA D10 2-IN-1 MONITOR DEVICE ( <i>blood glucose-bp monitor</i> )	Preferred	
FORA D15G 2-IN-1 MONITOR DEVICE ( <i>blood glucose-bp monitor</i> )	Preferred	
FORA D20 2-IN-1 MONITOR DEVICE ( <i>blood glucose-bp monitor</i> )	Preferred	
FORA D40 GLUCOSE/PRESSURE DEVICE ( <i>blood glucose-bp monitor</i> )	Preferred	
FORA D40G GLUCOSE/PRESSURE DEVICE ( <i>blood glucose-bp monitor</i> )	Preferred	
NEUTEK 2TEK GLUCOSE/PRESSURE DEVICE ( <i>blood glucose-bp monitor</i> )	Preferred	
<b>*GLUCOSE MONITORING TEST SUPPLIES***</b>		
ACCU-CHEK FASTCLIX LANCET KIT ( <i>lancets misc.</i> )	Preferred	
ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )	Preferred	
ACCU-CHEK SOFTCLIX LANCET DEV KIT ( <i>lancets misc.</i> )	Preferred	
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	Preferred	
<i>acti-lance 28g</i>	Preferred	
<i>acti-lance lite lancets 28g</i>	Preferred	
<i>acti-lance special lancets 17g</i>	Preferred	
<i>acti-lance universal 23g</i>	Preferred	
<i>adjustable lancing device</i>	Preferred	
<i>advanced mobile lancet</i>	Preferred	
ADVOCATE LANCETS 30G ( <i>lancets</i> )	Preferred	
ADVOCATE LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
ADVOCATE RAPID-SAFE LANCING ( <i>lancet devices</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
AGAMATRIX ULTRA-THIN LANCETS ( <i>lancets</i> )	Preferred	
<i>aimsco twist lancets 32g</i>	Preferred	
AIMSCO TWIST LANCETS 33G ( <i>lancets</i> )	Preferred	
ASSURE LANCE LANCETS ( <i>lancets</i> )	Preferred	
ASSURE LANCE LANCETS 21G ( <i>lancets</i> )	Preferred	
ASSURE LANCE SAFETY LANCET 28G ( <i>lancets</i> )	Preferred	
<i>aurora lancet super thin 30g</i>	Preferred	
<i>aurora lancet thin 23g</i>	Preferred	
AUTO-LANCET ( <i>lancet devices</i> )	Preferred	
AUTO-LANCET MINI ( <i>lancet devices</i> )	Preferred	
AUTOLET II CLINISAFE KIT ( <i>lancets misc.</i> )	Preferred	
AUTOLET LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
AUTOLET LITE CLINISAFE KIT ( <i>lancets misc.</i> )	Preferred	
AUTOLET LITE STARTER PACK KIT ( <i>lancets misc.</i> )	Preferred	
AUTOLET MINI ( <i>lancet devices</i> )	Preferred	
AUTOLET PLATFORMS ( <i>lancets misc.</i> )	Preferred	
AUTOLET PLUS ( <i>lancet devices</i> )	Preferred	
CARDIOCOM LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
<i>careone advanced lancing dev</i>	Preferred	
CAREONE LANCET SUPER THIN 30G ( <i>lancets</i> )	Preferred	
<i>careone lancet thin 23g</i>	Preferred	
CARESENS LANCETS ( <i>lancets</i> )	Preferred	
CARESENS LANCETS 30G ( <i>lancets</i> )	Preferred	
CARETOUCH LANCING/EJECTOR ( <i>lancet devices</i> )	Preferred	
CARETOUCH TWIST LANCETS 28G ( <i>lancets</i> )	Preferred	
CARETOUCH TWIST LANCETS 30G ( <i>lancets</i> )	Preferred	
CARETOUCH TWIST MC LANCETS 30G ( <i>lancets</i> )	Preferred	
CLEANLET LANCETS 28G ( <i>lancets</i> )	Preferred	
CLEVER CHOICE COMFORT EZ ( <i>lancets</i> )	Preferred	
<i>comfort assured lancets 28g</i>	Preferred	
<i>comfort assured lancets 33g</i>	Preferred	
COMFORT TOUCH LANCETS 31G ( <i>lancets</i> )	Preferred	
COMFORT TOUCH PLUS LANCETS 28G ( <i>lancets</i> )	Preferred	
COMFORT TOUCH PLUS LANCETS 30G ( <i>lancets</i> )	Preferred	
<i>cvs lancets 21g</i>	Preferred	
<i>cvs lancets micro thin 33g</i>	Preferred	
<i>cvs lancets original</i>	Preferred	
<i>cvs lancets thin 26g</i>	Preferred	
<i>cvs lancets ultra thin 30g</i>	Preferred	
<i>cvs lancets ultra-thin 30g</i>	Preferred	

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<i>cvs lancing device</i>	Preferred	
<i>cvs ultra thin lancets</i>	Preferred	
DEXCOM G6 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill
DEXCOM G6 SENSOR ( <i>continuous glucose sensor</i> )	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER ( <i>continuous glucose transmitter</i> )	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 90 days); Max 90-day supply per fill
DEXCOM G7 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill
DEXCOM G7 SENSOR ( <i>continuous glucose sensor</i> )	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 30 days)
DIATHRIVE LANCET ULTRA THIN 30 ( <i>lancets</i> )	Preferred	
DIATHRIVE LANCETS ( <i>lancets</i> )	Preferred	
DIATHRIVE LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
DROPLET GENTEEL LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
DROPLET LANCETS ULTRA THIN 30G ( <i>lancets</i> )	Preferred	
DROPLET LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
DROPLET PERSONAL LANCETS 30G ( <i>lancets</i> )	Preferred	
<i>drug mart lancets thin 26g</i>	Preferred	
DRUG MART LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
DRUG MART UNILET LANCETS 28G ( <i>lancets</i> )	Preferred	
DRUG MART UNILET LANCETS 30G ( <i>lancets</i> )	Preferred	
DRUG MART UNILET LANCETS 33G ( <i>lancets</i> )	Preferred	
<i>easy mini eject lancing device</i>	Preferred	
<i>easy mini lancing device</i>	Preferred	
EASY TOUCH LANCETS 21G ( <i>lancets</i> )	Preferred	
EASY TOUCH LANCETS 23G ( <i>lancets</i> )	Preferred	
EASY TOUCH LANCETS 26G ( <i>lancets</i> )	Preferred	
EASY TOUCH LANCETS 28G ( <i>lancets</i> )	Preferred	
EASY TOUCH LANCETS 28G/TWIST ( <i>lancets</i> )	Preferred	
EASY TOUCH LANCETS 30G ( <i>lancets</i> )	Preferred	
EASY TOUCH LANCETS 30G/TWIST ( <i>lancets</i> )	Preferred	
EASY TOUCH LANCETS 32G ( <i>lancets</i> )	Preferred	
EASY TOUCH LANCETS 32G/TWIST ( <i>lancets</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
EASY TOUCH LANCETS 33G/TWIST ( <i>lancets</i> )	Preferred	
EASY TOUCH LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
EASY TOUCH SAFETY LANCETS 21G ( <i>lancets</i> )	Preferred	
EASY TOUCH SAFETY LANCETS 23G ( <i>lancets</i> )	Preferred	
EASY TOUCH SAFETY LANCETS 26G ( <i>lancets</i> )	Preferred	
EASY TOUCH SAFETY LANCETS 28G ( <i>lancets</i> )	Preferred	
<i>embrace lancing device/ejector</i>	Preferred	
EMBRACE PRESSURE ACTIVATED 21G ( <i>lancets</i> )	Preferred	
EMBRACE PRESSURE ACTIVATED 28G ( <i>lancets</i> )	Preferred	
<i>eql color lancets 21g</i>	Preferred	
<i>eql color lancets micro 33g</i>	Preferred	
<i>eql super thin lancets 30g</i>	Preferred	
<i>eql thin lancets 26g</i>	Preferred	
E-Z JECT LANCET MICRO-THIN 33G ( <i>lancets</i> )	Preferred	
E-Z JECT LANCET SUPER THIN 30G ( <i>lancets</i> )	Preferred	
E-Z JECT LANCETS ( <i>lancets</i> )	Preferred	
E-Z JECT LANCETS 21G ( <i>lancets</i> )	Preferred	
E-Z JECT LANCETS THIN 26G ( <i>lancets</i> )	Preferred	
EZ-LETS LANCETS 21G ( <i>lancets</i> )	Preferred	
EZ-LETS LANCETS 26G ( <i>lancets</i> )	Preferred	
EZ-LETS LANCETS 28G ( <i>lancets</i> )	Preferred	
EZ-LETS LANCETS 30G ( <i>lancets</i> )	Preferred	
FIFTY50 SAFETY SEAL LANCETS ( <i>lancets</i> )	Preferred	
FINE 30 ( <i>lancets</i> )	Preferred	
FORA LANCETS ( <i>lancets</i> )	Preferred	
FORA LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
FREESTYLE LANCETS ( <i>lancets</i> )	Preferred	
FREESTYLE LIBRE 14 DAY READER DEVICE ( <i>continuous glucose receiver</i> )	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill
FREESTYLE LIBRE 14 DAY SENSOR ( <i>continuous glucose sensor</i> )	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE ( <i>continuous glucose receiver</i> )	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill
FREESTYLE LIBRE 2 SENSOR ( <i>continuous glucose sensor</i> )	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)

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Drug Name	Formulary Status	Requirements/Limits
FREESTYLE LIBRE 3 READER DEVICE ( <i>continuous glucose receiver</i> )	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill
FREESTYLE LIBRE 3 SENSOR ( <i>continuous glucose sensor</i> )	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)
GENTEEL BUTTERFLY TOUCH LANCET ( <i>lancets</i> )	Preferred	
GENTEEL CONTACT TIPS (BLUE) ( <i>lancets misc.</i> )	Preferred	
GENTEEL CONTACT TIPS (CLEAR) ( <i>lancets misc.</i> )	Preferred	
GENTEEL CONTACT TIPS (GREEN) ( <i>lancets misc.</i> )	Preferred	
GENTEEL CONTACT TIPS (ORANGE) ( <i>lancets misc.</i> )	Preferred	
GENTEEL CONTACT TIPS (RAINBOW) ( <i>lancets misc.</i> )	Preferred	
GENTEEL CONTACT TIPS (VIOLET) ( <i>lancets misc.</i> )	Preferred	
GENTEEL CONTACT TIPS (YELLOW) ( <i>lancets misc.</i> )	Preferred	
GENTEEL LANCING KIT (BLUE) KIT ( <i>lancets misc.</i> )	Preferred	
GENTEEL NOZZLES ( <i>lancets misc.</i> )	Preferred	
GENTEEL PLUS LANCING (BLACK) ( <i>lancet devices</i> )	Preferred	
GENTEEL PLUS LANCING (PURPLE) ( <i>lancet devices</i> )	Preferred	
GENTEEL PLUS LANCING (WHITE) ( <i>lancet devices</i> )	Preferred	
GENTEEL PLUS LANCING DEV(BLUE) ( <i>lancet devices</i> )	Preferred	
GENTEEL PLUS LANCING DEV(PINK) ( <i>lancet devices</i> )	Preferred	
GENTLE-LET GP LANCETS ( <i>lancets</i> )	Preferred	
GENTLE-LET LANCETS ( <i>lancets</i> )	Preferred	
GENTLE-LET PLATFORMS ( <i>lancets misc.</i> )	Preferred	
<i>global lancing device</i>	Preferred	
GLUCOCOM LANCETS 28G ( <i>lancets</i> )	Preferred	
GLUCOCOM LANCETS 30G ( <i>lancets</i> )	Preferred	
GLUCOCOM LANCETS 33G ( <i>lancets</i> )	Preferred	
<i>gnp lancets 21g</i>	Preferred	
<i>gnp lancets thin 26g</i>	Preferred	
GNP LANCING SYSTEM DEVICE ( <i>lancet devices</i> )	Preferred	
<i>gnp sterile lancets 28g</i>	Preferred	
<i>gnp sterile lancets 30g</i>	Preferred	
<i>gnp sterile lancets 33g</i>	Preferred	
GOJJI LANCING DEVICE/CLEAR CAP ( <i>lancet devices</i> )	Preferred	
GOJJI STERILE LANCETS ( <i>lancets</i> )	Preferred	
<i>goodsense color lancets 33g</i>	Preferred	
<i>goodsense lancets 26g univ</i>	Preferred	
<i>goodsense lancets 30g</i>	Preferred	
<i>goodsense lancets 30g univ</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>goodsense lancets 33g</i>	Preferred	
<i>goodsense lancets 33g univ</i>	Preferred	
<i>goodsense lancing device</i>	Preferred	
HEALTH CARE LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
<i>h-e-b incontrol adv lancing</i>	Preferred	
<i>h-e-b incontrol lancets 28g</i>	Preferred	
<i>h-e-b incontrol lancets 30g</i>	Preferred	
<i>h-e-b incontrol lancets 33g</i>	Preferred	
HYPOLANCE AST LANCING KIT ( <i>lancets misc.</i> )	Preferred	
HY-VEE LANCETS ( <i>lancets</i> )	Preferred	
<i>hy-vee thin lancets</i>	Preferred	
IN TOUCH LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
<i>kinney lancets</i>	Preferred	
<i>kinney thin lancets</i>	Preferred	
KROGER AUTOLET LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
KROGER HEALTHPRO LANCET 26G ( <i>lancets</i> )	Preferred	
<i>croger lancets</i>	Preferred	
<i>croger lancets 21g</i>	Preferred	
<i>croger lancets micro thin 33g</i>	Preferred	
<i>croger lancets super thin</i>	Preferred	
<i>croger lancets thin</i>	Preferred	
<i>croger lancets thin 26g</i>	Preferred	
<i>croger lancets ultrathin 30g</i>	Preferred	
<i>croger lancing device</i>	Preferred	
<i>lancet device</i>	Preferred	
<i>lancet device with ejector</i>	Preferred	
<i>lancet transporter case</i>	Preferred	
<i>lancets</i>	Preferred	
<i>lancets 33g</i>	Preferred	
<i>lancets micro thin 33g</i>	Preferred	
<i>lancets super thin 28g</i>	Preferred	
<i>lancets thin</i>	Preferred	
LANCETS ULTRA THIN ( <i>lancets</i> )	Preferred	
<i>lancets ultra thin 30g</i>	Preferred	
<i>lancing device</i>	Preferred	
LANZO ( <i>lancet devices</i> )	Preferred	
<i>leader advanced lancing device</i>	Preferred	
LIBERTY MEDICAL LANCETS ( <i>lancets</i> )	Preferred	
LIBERTY MINI LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
<i>lite touch lancets</i>	Preferred	

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LITE TOUCH LANCING PEN ( <i>lancet devices</i> )	Preferred	
LITETOUCH LANCETS ( <i>lancets</i> )	Preferred	
<i>live better lancet super thin</i>	Preferred	
<i>longs lancets standard</i>	Preferred	
<i>longs lancets thin</i>	Preferred	
<i>longs lancets ultra thin</i>	Preferred	
<i>medichoice safety lancet extra</i>	Preferred	
<i>medichoice safety lancet norm</i>	Preferred	
MEDLANCE EXTRA 21G ( <i>lancets</i> )	Preferred	
MEDLANCE LITE 25G ( <i>lancets</i> )	Preferred	
MEDLANCE PLUS EXTRA 21G ( <i>lancets</i> )	Preferred	
MEDLANCE PLUS LANCETS ( <i>lancets</i> )	Preferred	
MEDLANCE PLUS LITE 25G ( <i>lancets</i> )	Preferred	
MEDLANCE PLUS SPECIAL 0.8MM ( <i>lancets</i> )	Preferred	
MEDLANCE PLUS SUPERLITE 30G ( <i>lancets</i> )	Preferred	
MEDLANCE PLUS UNIVERSAL 21G ( <i>lancets</i> )	Preferred	
MEDLANCE UNIVERSAL 21G ( <i>lancets</i> )	Preferred	
MEIJER LANCETS ( <i>lancets</i> )	Preferred	
MEIJER LANCETS THIN ( <i>lancets</i> )	Preferred	
MEIJER LANCETS UNIVERSAL 21G ( <i>lancets</i> )	Preferred	
MEIJER LANCETS UNIVERSAL 30G ( <i>lancets</i> )	Preferred	
MEIJER LANCETS UNIVERSAL 33G ( <i>lancets</i> )	Preferred	
MEIJER SUPER THIN LANCETS ( <i>lancets</i> )	Preferred	
MICROLET LANCETS ( <i>lancets</i> )	Preferred	
MICROLET NEXT LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
<i>mini lancing device</i>	Preferred	
MM LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
MM TWIST LANCETS ( <i>lancets</i> )	Preferred	
MONOLET LANCETS ( <i>lancets</i> )	Preferred	
MONOLET OPD LANCETS ( <i>lancets</i> )	Preferred	
<i>mpd safety lancet 21g</i>	Preferred	
<i>mpd safety lancet 23g</i>	Preferred	
<i>mpd safety lancet 28g</i>	Preferred	
<i>mpd safety lancet 30g</i>	Preferred	
<i>multi-lancet device</i>	Preferred	
MULTI-LANCET DEVICE 2 KIT ( <i>lancets misc.</i> )	Preferred	
MYGLUCOHEALTH LANCETS 30G ( <i>lancets</i> )	Preferred	
NOVA SUREFLEX LANCETS ( <i>lancets</i> )	Preferred	
NOVA SUREFLEX LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
ONETOUCH DELICA PLUS LANCET30G ( <i>lancets</i> )	Preferred	

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ONETOUCH DELICA PLUS LANCET33G ( <i>lancets</i> )	Preferred	
ONETOUCH DELICA PLUS LANCING ( <i>lancet devices</i> )	Preferred	
ONETOUCH DELICA SAFETY LANCING ( <i>lancets</i> )	Preferred	
ONETOUCH ULTRASOFT 2 LANCETS ( <i>lancets</i> )	Preferred	
PERFECT LANCETS 28G ( <i>lancets</i> )	Preferred	
PERFECT LANCETS 30G ( <i>lancets</i> )	Preferred	
PHARMACY COUNTER LANCETS ( <i>lancets</i> )	Preferred	
<i>pip lancets 28g</i>	Preferred	
<i>pip lancets 30g</i>	Preferred	
PRECISION THINS GP LANCETS ( <i>lancets</i> )	Preferred	
<i>preferred plus lancets colored</i>	Preferred	
<i>preferred plus lancets thin</i>	Preferred	
<i>pro comfort safety lancets 30g</i>	Preferred	
PRODIGY LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
PRODIGY SAFETY LANCETS 26G ( <i>lancets</i> )	Preferred	
PRODIGY TWIST TOP LANCETS 28G ( <i>lancets</i> )	Preferred	
PSS SELECT GP LANCETS ( <i>lancets</i> )	Preferred	
PSS SELECT PLATFORMS ( <i>lancets misc.</i> )	Preferred	
PSS SELECT SAFETY LANCETS ( <i>lancets</i> )	Preferred	
<i>pure comfort lancets 30g</i>	Preferred	
<i>px advanced lancing device</i>	Preferred	
<i>px lancets microthin 33g</i>	Preferred	
<i>px lancets ultra thin 28g</i>	Preferred	
<i>qc advanced lancing device</i>	Preferred	
<i>qc lancets super thin 30g</i>	Preferred	
<i>qc lancets ultra thin</i>	Preferred	
<i>qc unilet lancets 28g</i>	Preferred	
<i>qc unilet lancets micro thin</i>	Preferred	
RA E-ZJECT LANCETS 28G ( <i>lancets</i> )	Preferred	
RA E-ZJECT LANCETS THIN 26G ( <i>lancets</i> )	Preferred	
RA E-ZJECT LANCETS THIN 28G ( <i>lancets</i> )	Preferred	
RA E-ZJECT LANCETS ULTRA THIN ( <i>lancets</i> )	Preferred	
READYLANCE SAFETY LANCETS ( <i>lancets</i> )	Preferred	
<i>reality lancets</i>	Preferred	
<i>reality trigger lancets</i>	Preferred	
RELION LANCET DEVICES 30G ( <i>lancets</i> )	Preferred	
RELION LANCETS MICRO-THIN 33G ( <i>lancets</i> )	Preferred	
RELION LANCETS THIN 26G ( <i>lancets</i> )	Preferred	
RELION LANCETS ULTRA-THIN 30G ( <i>lancets</i> )	Preferred	
RELION LANCING DEVICE ( <i>lancet devices</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
RELION LANCING DEVICE KIT ( <i>lancets misc.</i> )	Preferred	
RELION ULTRA THIN LANCETS 30G ( <i>lancets</i> )	Preferred	
RELION ULTRA THIN PLUS LANCETS ( <i>lancets</i> )	Preferred	
REXALL LANCETS ULTRA THIN 30G ( <i>lancets</i> )	Preferred	
RIGHTEST ALTERNATE SITE ADAPT ( <i>lancets misc.</i> )	Preferred	
RIGHTEST GD500 LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
RIGHTEST GL300 LANCETS ( <i>lancets</i> )	Preferred	
SAFE-T-LANCE ( <i>lancets</i> )	Preferred	
SAFETY LANCETS 23G ( <i>lancets</i> )	Preferred	
<i>saps health plus lancets</i>	Preferred	
<i>sb lancets thin</i>	Preferred	
<i>sb lancets ultra thin</i>	Preferred	
<i>select-lite device/lancets kit</i>	Preferred	
<i>select-lite lancing device</i>	Preferred	
SIMPLE DIAGNOSTICS LANCING DEV ( <i>lancet devices</i> )	Preferred	
<i>sm lancets 33g</i>	Preferred	
SM TRUEDRAW LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
SMART DIABETES VANTAGE LANCING ( <i>lancet devices</i> )	Preferred	
SMART SENSE COLOR LANCETS 33G ( <i>lancets</i> )	Preferred	
SMART SENSE STANDARD LANCETS ( <i>lancets</i> )	Preferred	
SMART SENSE SUPER THIN LANCETS ( <i>lancets</i> )	Preferred	
SMART SENSE THIN LANCETS 26G ( <i>lancets</i> )	Preferred	
SOLUS V2 LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
SOLUS V2 TWIST LANCETS 30G ( <i>lancets</i> )	Preferred	
STERILANCE PA ( <i>lancets misc.</i> )	Preferred	
STERILANCE TL ( <i>lancets</i> )	Preferred	
<i>super thin lancets</i>	Preferred	
<i>sure comfort lancets 28g</i>	Preferred	
<i>sure comfort lancing pen</i>	Preferred	
SURELITE LANCETS ( <i>lancets</i> )	Preferred	
TECHLITE AST LANCETS ( <i>lancets</i> )	Preferred	
TECHLITE LANCETS ( <i>lancets</i> )	Preferred	
TECHLITE LANCETS 30G ( <i>lancets</i> )	Preferred	
<i>tgt lancet micro thin 33g</i>	Preferred	
<i>tgt lancet thin 26g</i>	Preferred	
<i>tgt lancet ultra thin 30g</i>	Preferred	
<i>tgt lancing device</i>	Preferred	
THINLETS GP LANCETS ( <i>lancets</i> )	Preferred	
<i>todays health lancing device</i>	Preferred	
<i>todays health thin lancets 28g</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>today's health thin lancets 30g</i>	Preferred	
<i>topcare lancets micro-thin 33g</i>	Preferred	
<i>true comfort safety lancets</i>	Preferred	
<i>true comfort twist top lancets</i>	Preferred	
TRUE METRIX LEVEL 1 SOLUTION LOW IN VITRO ( <i>blood glucose calibration</i> )	Preferred	
TRUE METRIX LEVEL 2 SOLUTION NORMAL IN VITRO ( <i>blood glucose calibration</i> )	Preferred	
TRUE METRIX LEVEL 3 SOLUTION HIGH IN VITRO ( <i>blood glucose calibration</i> )	Preferred	
TRUEDRAW LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
TRUEPLUS LANCETS 26G ( <i>lancets</i> )	Preferred	
TRUEPLUS LANCETS 28G ( <i>lancets</i> )	Preferred	
TRUEPLUS LANCETS 30G ( <i>lancets</i> )	Preferred	
TRUEPLUS LANCETS 33G ( <i>lancets</i> )	Preferred	
<i>twist top lancets 30g</i>	Preferred	
ULTI-LANCE AUTOMATIC ( <i>lancet devices</i> )	Preferred	
ULTILET CLASSIC LANCETS ( <i>lancets</i> )	Preferred	
ULTILET LANCETS ( <i>lancets</i> )	Preferred	
<i>ultra thin lancets 31g</i>	Preferred	
ULTRA-THIN II LANCETS ( <i>lancets</i> )	Preferred	
UNILET COMFORTOUCH LANCET ( <i>lancets</i> )	Preferred	
UNILET EXCELITE ( <i>lancets</i> )	Preferred	
UNILET EXCELITE II ( <i>lancets</i> )	Preferred	
UNILET G.P. LANCET ( <i>lancets</i> )	Preferred	
UNILET G.P. SUPERLITE LANCET ( <i>lancets</i> )	Preferred	
UNILET GP 28 ULTRA THIN ( <i>lancets</i> )	Preferred	
UNILET LANCET ( <i>lancets</i> )	Preferred	
UNILET MICRO-THIN 33G ( <i>lancets</i> )	Preferred	
UNILET SUPERLITE LANCET ( <i>lancets</i> )	Preferred	
UNILET SUPER-THIN 30G ( <i>lancets</i> )	Preferred	
UNILET ULTRA-THIN 28G ( <i>lancets</i> )	Preferred	
UNISTIK 1 ( <i>lancets misc.</i> )	Preferred	
UNISTIK 2 ( <i>lancets misc.</i> )	Preferred	
UNISTIK 2 COMFORT ( <i>lancets misc.</i> )	Preferred	
UNISTIK 2 EXTRA ( <i>lancets misc.</i> )	Preferred	
UNISTIK 2 NEONATAL ( <i>lancets misc.</i> )	Preferred	
UNISTIK 2 NORMAL ( <i>lancets misc.</i> )	Preferred	
UNISTIK 2 SUPER ( <i>lancets misc.</i> )	Preferred	
UNISTIK 3 ( <i>lancets misc.</i> )	Preferred	
UNISTIK 3 COMFORT ( <i>lancets misc.</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
UNISTIK 3 EXTRA ( <i>lancets misc.</i> )	Preferred	
UNISTIK 3 NEONATAL ( <i>lancets misc.</i> )	Preferred	
UNISTIK 3 NORMAL ( <i>lancets misc.</i> )	Preferred	
UNISTIK CZT COMFORT ( <i>lancets misc.</i> )	Preferred	
UNISTIK CZT NORMAL ( <i>lancets misc.</i> )	Preferred	
UNISTIK NORMAL ( <i>lancets misc.</i> )	Preferred	
UNIVERSAL 1 LANCETS THIN 26G ( <i>lancets</i> )	Preferred	
UNIVERSAL 1 LANCETS THIN 33G ( <i>lancets</i> )	Preferred	
UNIVERSAL 1 LANCETS ULTRA THIN ( <i>lancets</i> )	Preferred	
<i>value plus lancet standard 21g</i>	Preferred	
<i>value plus lancets super thin</i>	Preferred	
<i>value plus lancets thin 26g</i>	Preferred	
<i>value plus lancing device</i>	Preferred	
VERIFINE SAFE LANCET MINI 21G ( <i>lancets</i> )	Preferred	
VERIFINE SAFE LANCET MINI 23G ( <i>lancets</i> )	Preferred	
VERIFINE SAFE LANCET MINI 28G ( <i>lancets</i> )	Preferred	
VERIFINE SAFE LANCET MINI 30G ( <i>lancets</i> )	Preferred	
VERIFINE UNIVERSAL LANCETS 28G ( <i>lancets</i> )	Preferred	
VERIFINE UNIVERSAL LANCETS 30G ( <i>lancets</i> )	Preferred	
VERIFINE UNIVERSAL LANCETS 33G ( <i>lancets</i> )	Preferred	
VIVAGUARD LANCETS ( <i>lancets</i> )	Preferred	
VIVAGUARD LANCING DEVICE ( <i>lancet devices</i> )	Preferred	
WALGREENS LANCETS ( <i>lancets</i> )	Preferred	
<i>walgreens lancets micro thin</i>	Preferred	
<i>walgreens lancets super thin</i>	Preferred	
WALGREENS THIN LANCETS ( <i>lancets</i> )	Preferred	
WALGREENS ULTRA THIN LANCETS ( <i>lancets</i> )	Preferred	
<i>zevrx twist top lancets 30g</i>	Preferred	
<b>*NEBULIZERS***</b>		
<i>aeriva concentrator nebulizer</i>	Preferred	
AEROECLIPSE II NEBULIZER ( <i>nebulizers</i> )	Preferred	
AEROECLIPSE II W/ELBOW ADAPTER ( <i>nebulizers</i> )	Preferred	
AEROECLIPSE II W/UNIV TUBING ( <i>nebulizers</i> )	Preferred	
AEROECLIPSE XL NEBULIZER ( <i>nebulizers</i> )	Preferred	
AIRS DISPOSABLE NEBULIZER ( <i>nebulizers</i> )	Preferred	
<i>aura portaneb</i>	Preferred	
<i>bentley the bear ped nebulizer</i>	Preferred	
<i>captain eagle ped nebulizer</i>	Preferred	
CLEVER CHOICE NEBULIZER ( <i>nebulizers</i> )	Preferred	
CLEVER CHOICE WHIS AIR PED NEB ( <i>nebulizers</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
CLEVER CHOICE WHISPER AIRE NEB ( <i>nebulizers</i> )	Preferred	
CLEVER CHOICE WHISPER AIRE PED ( <i>nebulizers</i> )	Preferred	
COMP AIR COMPRESSOR NEBULIZER ( <i>nebulizers</i> )	Preferred	
COMP A-I-R NEBULIZER ( <i>nebulizers</i> )	Preferred	
COMPmist COMPRESSOR NEBULIZER ( <i>nebulizers</i> )	Preferred	
<i>compressor nebulizer</i>	Preferred	
<i>compressor/nebulizer</i>	Preferred	
<i>easy air compressor nebulizer</i>	Preferred	
<i>easy neb</i>	Preferred	
<i>elite compressor nebulizer</i>	Preferred	
FLYP NEBULIZER ( <i>nebulizers</i> )	Preferred	
HOMENEB WITH SIDESTREAM ( <i>nebulizers</i> )	Preferred	
INNOSPIRE ELEGANCE NEBULIZER ( <i>nebulizers</i> )	Preferred	
INNOSPIRE ESSENCE NEBULIZER ( <i>nebulizers</i> )	Preferred	
INNOSPIRE GO PORTABLE MESH NEB ( <i>nebulizers</i> )	Preferred	
LUMINEB II PISTON NEBULIZER ( <i>nebulizers</i> )	Preferred	
MABIS COMPXP NEBULIZER ( <i>nebulizers</i> )	Preferred	
MABIS COSMOCOMP NEBULIZER ( <i>nebulizers</i> )	Preferred	
MARGO MOO COMPRESSOR NEBULIZER ( <i>nebulizers</i> )	Preferred	
MC 300 W/UNIVERSAL TUBING ( <i>nebulizers</i> )	Preferred	
MC 300-MOUTHPIECE ( <i>nebulizers</i> )	Preferred	
<i>medneb nebuliz-reuse-disp kit</i>	Preferred	
<i>medneb nebuliz-reuse-disp-bag</i>	Preferred	
<i>medneb neb-with dispo neb kit</i>	Preferred	
MICROAIR VIBRATING MESH NEBUL ( <i>nebulizers</i> )	Preferred	
MICRONEB ( <i>nebulizers</i> )	Preferred	
MINI COMPRESSOR ( <i>nebulizers</i> )	Preferred	
MINIBREEZE ULTRASONIC NEBULIZE ( <i>nebulizers</i> )	Preferred	
<i>neb-rite4</i>	Preferred	
<i>nebulizer</i>	Preferred	
<i>nebulizer ped frog</i>	Preferred	
<i>nebulizer ped frog kit</i>	Preferred	
<i>nebulizer system all-in-one</i>	Preferred	
PARI ALTERA NEBULIZER SYSTEM ( <i>nebulizers</i> )	Preferred	
PARI BABY DEVICE ( <i>nebulizers</i> )	Preferred	
PARI BABY NEBULIZER SET ( <i>nebulizers</i> )	Preferred	
PARI ERAPID NEBULIZER SYSTEM ( <i>nebulizers</i> )	Preferred	
PARI LC PLUS ( <i>nebulizers</i> )	Preferred	
PARI LC PLUS NEB SET PED MASK ( <i>nebulizers</i> )	Preferred	
PARI LC PLUS NEBULIZER ( <i>nebulizers</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
PARI LC PLUS VIOS PRO NEB ( <i>nebulizers</i> )	Preferred	
PARI LC SPRINT NEBULIZER SET ( <i>nebulizers</i> )	Preferred	
PARI LC STAR ( <i>nebulizers</i> )	Preferred	
PARI PRONEB MAX LC PLUS ( <i>nebulizers</i> )	Preferred	
PARI PRONEB MAX LC SPRINT ( <i>nebulizers</i> )	Preferred	
PARI SINUS AEROSOL SYSTEM ( <i>nebulizers</i> )	Preferred	
PARI TREK S W/12V DC ADAPTOR DEVICE ( <i>nebulizers</i> )	Preferred	
PARI VIOS PRO LC PLUS SYSTEM ( <i>nebulizers</i> )	Preferred	
PARI VIOS PRO LC SPRINT SYSTEM ( <i>nebulizers</i> )	Preferred	
<i>pediatric compressor nebulizer</i>	Preferred	
PHILLIPS WILLIS THE WHALE NEB ( <i>nebulizers</i> )	Preferred	
<i>portable compressor nebulizer</i>	Preferred	
PROCARE COMPRESSOR NEBULIZER ( <i>nebulizers</i> )	Preferred	
PRODIGY MINI-MIST NEBULIZIER ( <i>nebulizers</i> )	Preferred	
PULMONEB LT ( <i>nebulizers</i> )	Preferred	
<i>pure air mini nebulizer</i>	Preferred	
SIDESTREAM NEBULIZER-DISP ( <i>nebulizers</i> )	Preferred	
SIDESTREAM NEBULIZER-REUSABLE ( <i>nebulizers</i> )	Preferred	
SIDESTREAM PLUS NEBULIZER ( <i>nebulizers</i> )	Preferred	
<i>smart neb compressor nebulizer</i>	Preferred	
<i>soothe neb mesh nebulizer</i>	Preferred	
<i>sootheneb compressor nebulizer</i>	Preferred	
<i>sparky the dog ped nebulizer</i>	Preferred	
<i>ultrasonic mini nebulizer</i>	Preferred	
VERSA-NEB COMPRESSOR/NEBULIZER ( <i>nebulizers</i> )	Preferred	
VIOS AEROSOL DELIVERY SYSTEM ( <i>nebulizers</i> )	Preferred	
VIOS LC PLUS ( <i>nebulizers</i> )	Preferred	
VIOS LC PLUS DELUXE ( <i>nebulizers</i> )	Preferred	
VIOS LC PLUS PEDIATRIC ( <i>nebulizers</i> )	Preferred	
VIOS LC SPRINT ( <i>nebulizers</i> )	Preferred	
VIOS LC SPRINT PEDIATRIC ( <i>nebulizers</i> )	Preferred	
<b>*NEEDLES &amp; SYRINGES***</b>		
<i>1st tier unifine pentips 33g x 4 mm</i>	Preferred	
<i>1st tier unifine pentips plus 33g x 4 mm</i>	Preferred	
ABOUTTIME PEN NEEDLE 30G X 8 MM ( <i>insulin pen needle</i> )	Preferred	
<i>aum insulin safety pen needle 31g x 4 mm</i>	Preferred	
<i>aum mini insulin pen needle 32g x 5 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	Preferred	
<i>aum pen needle 32g x 5 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
AUM SAFETY PEN NEEDLE 31G X 4 MM ( <i>insulin pen needle</i> )	Preferred	
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML, 30G X 1/2" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
BD INSULIN SYRINGE 27G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	
BD LUER-LOK SYRINGE 20G X 1" 1 ML, 25G X 5/8" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
<i>careone unifine pentips plus 33g x 4 mm</i>	Preferred	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML, 25G X 1" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
CARETOUCH PEN NEEDLES 32G X 5 MM , 33G X 4 MM ( <i>insulin pen needle</i> )	Preferred	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM ( <i>insulin pen needle</i> )	Preferred	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM ( <i>insulin pen needle</i> )	Preferred	
DROPLET PEN NEEDLES 30G X 8 MM ( <i>insulin pen needle</i> )	Preferred	
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
EASY TOUCH FLURINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
EASY TOUCH FLURINGE FLIPLOCK 25G X 1" 1 ML, 25G X 5/8" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
EASY TOUCH FLURINGE SHEATHLOCK 25G X 1" 1 ML, 25G X 5/8" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	
EASY TOUCH PEN NEEDLES 32G X 5 MM ( <i>insulin pen needle</i> )	Preferred	
EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM ( <i>insulin pen needle</i> )	Preferred	
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM ( <i>insulin pen needle</i> )	Preferred	
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml</i>	Preferred	
<i>kmart valu insulin syringe 30g u-100 0.5 ml, u-100 1 ml</i>	Preferred	
<i>croger pen needles 33g x 4 mm</i>	Preferred	
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML (syringe/needle (disp))	Preferred	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM (insulin pen needle)	Preferred	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (insulin syringe-needle u-100)	Preferred	
MICRODOT PEN NEEDLE 33G X 4 MM (insulin pen needle)	Preferred	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML (insulin syringe-needle u-100)	Preferred	
MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML, 25G X 1" 1 ML, 25G X 5/8" 1 ML (syringe/needle (disp))	Preferred	
<i>pen needles 30g x 5 mm , 30g x 8 mm , 33g x 4 mm</i>	Preferred	
<i>raya sure pen needle 31g x 4 mm</i>	Preferred	
<i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>	Preferred	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM (insulin pen needle)	Preferred	
SECURESAFE SYRINGE/NEEDLE 27G X 1/2" 1 ML (syringe/needle (disp))	Preferred	
<i>sure comfort insulin syringe 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	Preferred	
<i>syringe luer slip 25g x 5/8" 1 ml, 26g x 3/8" 1 ml, 27g x 1/2" 1 ml</i>	Preferred	
<i>techlite insulin syringe 29g x 1/2" 0.3 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 29g x 1/2" 0.5 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 29g x 1/2" 1 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 1/2" 0.3 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 1/2" 0.5 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 5/16" 0.3 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 5/16" 0.5 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 5/16" 1 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 15/64" 0.3 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 15/64" 0.5 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 15/64" 1 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 5/16" 0.3 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 5/16" 0.5 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 5/16" 1 ml</i>	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 29G X 10MM (insulin pen needle)	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM (insulin pen needle)	Preferred	QL (200 EA per 30 days)

**AGE** - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **otc** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **rx** - Prescription Drug

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
TECHLITE PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 6 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 8 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PLUS PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
<i>true comfort pro pen needles 32g x 5 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	Preferred	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES 29G X 12MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	
ULTICARE MINI PEN NEEDLES 30G X 5 MM ( <i>insulin pen needle</i> )	Preferred	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM ( <i>insulin pen needle</i> )	Preferred	
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML ( <i>tuberculin-allergy syringes</i> )	Preferred	
ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM ( <i>insulin pen needle</i> )	Preferred	
UNIFINE PENTIPS 30G X 5 MM ( <i>insulin pen needle</i> )	Preferred	
UNIFINE PENTIPS PLUS 30G X 5 MM ( <i>insulin pen needle</i> )	Preferred	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM ( <i>insulin pen needle</i> )	Preferred	
VANISHPOINT SYRINGE 25G X 1" 1 ML ( <i>syringe/needle (disp)</i> )	Preferred	
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML ( <i>tuberculin-allergy syringes</i> )	Preferred	
<b>*PEAK FLOW METERS***</b>		
AEROGEAR ACTION ASTHMA KIT KIT ( <i>peak flow meter-inh assist dev</i> )	Preferred	
<b>*RESPIRATORY THERAPY SUPPLIES***</b>		
ACE AEROSOL CLOUD ENHANCER ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
ACTIVITY POUCH ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
ADAPTER PED DISPOSABLE MOUTHPIECE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<i>adult aerosol mask</i>	Preferred	QL (2 EA per 365 days)
<i>adult disposable mouthpiece</i>	Preferred	QL (2 EA per 365 days)
<i>adult mask device</i>	Preferred	QL (2 EA per 365 days)
<i>adult mask large</i>	Preferred	QL (2 EA per 365 days)
AEROBIKA DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
AEROBIKA OPEP W/MANOMETER KIT ( <i>respiratory therapy supplies</i> )	Preferred	
AEROECLIPSE EZ TWIST TUBING ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
AEROECLIPSE MASK LARGE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
AEROECLIPSE MASK MEDIUM ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
AEROECLIPSE MASK SMALL ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
AEROTRACH PLUS ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
AIRS DISPOSABLE NEBULIZER KIT ( <i>respiratory therapy supplies</i> )	Preferred	
AIRS PEDIATRIC AEROSOL MASK ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
ALL FLOW 1000 PFT FILTER ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
ALL FLOW 1000 PFT FILTER DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
ALL FLOW 1000 PFT FILTER KIT ( <i>respiratory therapy supplies</i> )	Preferred	
ALL FLOW 2000 PFT FILTER DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
ALL FLOW 3000 PFT FILTER DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
ALL FLOW 3000 PFT FILTER KIT ( <i>respiratory therapy supplies</i> )	Preferred	
ALL FLOW 4000 PFT FILTER DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
ALL FLOW 4000 PFT FILTER KIT ( <i>respiratory therapy supplies</i> )	Preferred	
ALL FLOW 5000 PFT FILTER DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
ALL FLOW 5000 PFT FILTER KIT ( <i>respiratory therapy supplies</i> )	Preferred	
ALL FLOW 6000 PFT FILTER DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
ALL FLOW 6000 PFT FILTER KIT ( <i>respiratory therapy supplies</i> )	Preferred	
ALL FLOW 7000 PFT FILTER DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<i>breathe ease neb mask/child</i>	Preferred	QL (2 EA per 365 days)
<i>breathe ease neb mask/infant</i>	Preferred	QL (2 EA per 365 days)
BUBBLES THE FISH II PEDI MASK ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
CARETOUCH 2 CPAP HOSE HANGER ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
CARETOUCH CPAP & BIPAP HOSE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
CARETOUCH CPAP MASK WIPES ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
CARETOUCH CPAP PRE-WASH SOLN ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 ML per 365 days)
CARETOUCH CPAP TUBE BRUSH ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
CARETOUCH UNIVERSL CPAP FILTER ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<i>co monitor calibration kit</i>	Preferred	
<i>co monitor replacement pieces</i>	Preferred	QL (2 EA per 365 days)
DEXTER DRAGON PED COMP/NEB KIT ( <i>respiratory therapy supplies</i> )	Preferred	
<i>disposable full range mouthpiece</i>	Preferred	QL (2 EA per 365 days)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>disposable low range mouthpiece</i>	Preferred	QL (2 EA per 365 days)
<i>disposable low range/pediatric mouthpiece</i>	Preferred	QL (2 EA per 365 days)
<i>disposable paper mouthpiece</i>	Preferred	QL (2 EA per 365 days)
<i>disposable universal range mouthpiece</i>	Preferred	QL (2 EA per 365 days)
EASY FLOW 300 MM HOSE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW 400 MM HOSE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW AIR NOZZLE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW BLACK/BLUE DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW BLACK/ORANGE DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW BLACK/RED DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW BLACK/WHITE DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW BLACK/YELLOW DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW HEPA FILTER ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW WHITE/BLUE DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW WHITE/GREEN DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW WHITE/PINK DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW WHITE/WHITE DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
EASY FLOW WHITE/YELLOW DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<i>expiratory mouthpiece</i>	Preferred	QL (2 EA per 365 days)
<i>filter air pp</i>	Preferred	QL (2 EA per 365 days)
FLYP HYPERSONIQ CARTRIDGE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<i>full kit nebulizer set</i>	Preferred	QL (2 EA per 365 days)
IN-CHECK INSPIRATORY FLOW MTR DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
INNOSPHERE REPLACEMENT FILTER ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
KOKO PEAK PRO MOUTHPIECE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
LITETOUCH MASK LARGE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
LITETOUCH MASK MEDIUM ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
LITETOUCH MASK SMALL ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
MINIELITE FILTER REPLACEMENTS ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<i>nebulizer air tube/plugs</i>	Preferred	QL (2 EA per 365 days)
<i>nebulizer cup/tubing device</i>	Preferred	QL (2 EA per 365 days)

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<i>nebulizer mask adult</i>	Preferred	QL (2 EA per 365 days)
<i>nebulizer mask child</i>	Preferred	QL (2 EA per 365 days)
<i>nebulizer/pediatric mask kit</i>	Preferred	
<i>nebulizer/tubing/mouthpiece kit</i>	Preferred	
<i>nose clip</i>	Preferred	QL (2 EA per 365 days)
OMBRA COMPRESSOR ADULT KIT ( <i>respiratory therapy supplies</i> )	Preferred	
OMBRA COMPRESSOR AIR FILTERS ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
OMBRA COMPRESSOR CHILD KIT ( <i>respiratory therapy supplies</i> )	Preferred	
ONE FLOW SPIROMETER KIT ( <i>respiratory therapy supplies</i> )	Preferred	
ONE FLOW TESTER MOUTHPIECE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<i>one-way valved expiratory mouthpiece</i>	Preferred	QL (2 EA per 365 days)
<i>one-way valved inspiratory mouthpiece</i>	Preferred	QL (2 EA per 365 days)
PARI BABY CONVERSION KIT ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
PARI EXPIRATORY FILTER SET DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
PARI LC PLUS PEDIATRIC KIT ( <i>respiratory therapy supplies</i> )	Preferred	
PARI MANUAL INTERRUPTER DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
PARI MASK SET ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
PARI SMARTMASK BABY/ELBOW ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
PARI SOFT PLASTIC ADULT MASK ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
PARI SOFT PLASTIC PED MASK ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
PARI TREK S PORTABLE POWER KIT ( <i>respiratory therapy supplies</i> )	Preferred	
<i>ped disposable mouthpiece</i>	Preferred	QL (2 EA per 365 days)
PEDIATRIC COMPRESSOR/NEBULIZER KIT ( <i>respiratory therapy supplies</i> )	Preferred	
<i>pediatric mouthpiece</i>	Preferred	QL (2 EA per 365 days)
PFLEX ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<i>pharmacist choice mask wipes</i>	Preferred	QL (2 EA per 365 days)
<i>pillow mask/adult</i>	Preferred	QL (2 EA per 365 days)
<i>pillow mask/child</i>	Preferred	QL (2 EA per 365 days)
<i>pillow mask/pediatric</i>	Preferred	QL (2 EA per 365 days)
PRONEB TURBO DELUXE/LC STAR NB KIT ( <i>respiratory therapy supplies</i> )	Preferred	
PRONEB ULTRA FILTER SET ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<i>pure comfort 3-ball breathe ex device</i>	Preferred	QL (2 EA per 365 days)
QUAKE DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)

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<i>replacement air filter</i>	Preferred	QL (2 EA per 365 days)
<i>replacement disp nebulizer kit</i>	Preferred	
<i>replacement filters</i>	Preferred	QL (2 EA per 365 days)
REUSABLE COMFORTSEAL MASK-LRG ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
REUSABLE COMFORTSEAL MASK-MED ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
REUSABLE COMFORTSEAL MASK-SML ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
SAMI THE SEAL FILTERS ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
SAMI THE SEAL NEBULIZER SYSTEM KIT ( <i>respiratory therapy supplies</i> )	Preferred	
SIDESTREAM ADULT FACE MASK ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
SIDESTREAM PLS ADULT FACE MASK ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
SIDESTREAM REUSABLE PEDIATRIC KIT ( <i>respiratory therapy supplies</i> )	Preferred	
<i>silicone mask/adult</i>	Preferred	QL (2 EA per 365 days)
<i>silicone mask/infant</i>	Preferred	QL (2 EA per 365 days)
<i>silicone mask/pediatric</i>	Preferred	QL (2 EA per 365 days)
<i>sootheneb nbl 100 adult mask</i>	Preferred	QL (2 EA per 365 days)
<i>sootheneb nbl 100 child mask</i>	Preferred	QL (2 EA per 365 days)
<i>sootheneb nbl 100 med cup</i>	Preferred	QL (2 EA per 365 days)
<i>sootheneb nbl 100 mesh cap</i>	Preferred	QL (2 EA per 365 days)
<i>spirometer kit</i>	Preferred	
THRESHOLD IMT ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
THRESHOLD PEP DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<i>tubing/wing tip</i>	Preferred	QL (2 EA per 365 days)
VERSAPAP DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
VERSAPAP W/UNIVERSAL TUBING DEVICE ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
WINDMILL TRAINER ( <i>respiratory therapy supplies</i> )	Preferred	QL (2 EA per 365 days)
<b>*SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES***</b>		
AEROCHAMBER HOLDING CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER MINI CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER MV ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)

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AEROCHAMBER PLUS FLO-VU ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU INTERM DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW VU ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
AEROVENT PLUS DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
<i>breathe comfort chamber/adult device</i>	Preferred	QL (2 EA per 365 days)
<i>breathe comfort chamber/child device</i>	Preferred	QL (2 EA per 365 days)
<i>breathe ease large device</i>	Preferred	QL (2 EA per 365 days)
<i>breathe ease medium device</i>	Preferred	QL (2 EA per 365 days)
<i>breathe ease small device</i>	Preferred	QL (2 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)

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COMPACT SPACE CHAMBER/MED MASK DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
EASIVENT ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
EASIVENT MASK LARGE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
EASIVENT MASK MEDIUM ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
EASIVENT MASK SMALL ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
<i>eq space chamber anti-static device</i>	Preferred	QL (2 EA per 365 days)
<i>eq space chamber anti-static l device</i>	Preferred	QL (2 EA per 365 days)
<i>eq space chamber anti-static m device</i>	Preferred	QL (2 EA per 365 days)
<i>eq space chamber anti-static s device</i>	Preferred	QL (2 EA per 365 days)
FLEXICHAMBER ADULT MASK/SMALL ( <i>spacer/aero-hold chamber mask</i> )	Preferred	QL (2 EA per 365 days)
FLEXICHAMBER CHILD MASK/LARGE ( <i>spacer/aero-hold chamber mask</i> )	Preferred	QL (2 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL ( <i>spacer/aero-hold chamber mask</i> )	Preferred	QL (2 EA per 365 days)
FLEXICHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
INSPIREASE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
MASK VORTEX/CHILD/FROG ( <i>spacer/aero-hold chamber mask</i> )	Preferred	QL (2 EA per 365 days)
MASK VORTEX/TODDLER/LADYBUG ( <i>spacer/aero-hold chamber mask</i> )	Preferred	QL (2 EA per 365 days)
MICROCHAMBER ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
MICROCHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
MICROSPACER ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
PANDA MASK LARGE ( <i>spacer/aero-hold chamber mask</i> )	Preferred	QL (2 EA per 365 days)
PANDA MASK MEDIUM ( <i>spacer/aero-hold chamber mask</i> )	Preferred	QL (2 EA per 365 days)
PANDA MASK SMALL ( <i>spacer/aero-hold chamber mask</i> )	Preferred	QL (2 EA per 365 days)
PARI VORTEX ADULT MASK ( <i>spacer/aero-hold chamber mask</i> )	Preferred	QL (2 EA per 365 days)
PEDIATRIC PANDA MASK ( <i>spacer/aero-hold chamber mask</i> )	Preferred	QL (2 EA per 365 days)
POCKET CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
POCKET SPACER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
<i>pro comfort spacer adult</i>	Preferred	QL (2 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>pro comfort spacer child</i>	Preferred	QL (2 EA per 365 days)
<i>pro comfort spacer infant device</i>	Preferred	QL (2 EA per 365 days)
<i>procare spacer/adult mask device</i>	Preferred	QL (2 EA per 365 days)
<i>procare spacer/child mask device</i>	Preferred	QL (2 EA per 365 days)
<i>prochamber vhc device</i>	Preferred	QL (2 EA per 365 days)
RITEFLO DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	Preferred	QL (2 EA per 365 days)
<b>*MIGRAINE PRODUCTS*</b>		
<b>*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***</b>		
UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )	Preferred	PA; QL (8 EA per 30 days)
<b>*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***</b>		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	Preferred	PA; QL (1.5 ML per 30 days); Max 90-day supply per fill
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	Preferred	PA; QL (0.057 ML per 1 day); Max 90-day supply per fill
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	Preferred	PA; Max 90-day supply per fill
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	Preferred	PA; Max 90-day supply per fill
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***</b>		
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT ( <i>sumatriptan</i> )	Preferred	QL (0.2 EA per 1 day)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	Preferred	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Preferred	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Preferred	QL (0.3 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Preferred	QL (0.3 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	Preferred	QL (0.2 EA per 1 day)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	QL (0.3 EA per 1 day)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Preferred	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Preferred	QL (0.067 ML per 1 day)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Preferred	QL (0.067 ML per 1 day)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Preferred	QL (0.3 EA per 1 day)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Preferred	QL (0.3 EA per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	Preferred	QL (0.2 EA per 1 day)
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*CALCIUM COMBINATIONS***</b>		
<i>600+d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg</i>	Preferred	
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>calcium 500/d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i>	Preferred	
<i>calcium 500+d high potency oral tablet 500-10 mg-mcg</i>	Preferred	
<i>calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>calcium 600 + d oral tablet 600-5 mg-mcg</i>	Preferred	
<i>calcium 600 + minerals oral tablet 600-200 mg-unit</i>	Preferred	
<i>calcium 600 +d high potency oral tablet 600-10 mg-mcg</i>	Preferred	
<i>calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	Preferred	
<i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>calcium 600+d high potency oral tablet 600-10 mg-mcg</i>	Preferred	
<i>calcium 600+d oral tablet 600-10 mg-mcg</i>	Preferred	
<i>calcium 600+d plus minerals oral tablet 600-400 mg-unit</i>	Preferred	
<i>calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i>	Preferred	
<i>calcium 600+d3 plus minerals oral tablet 600-800 mg-unit</i>	Preferred	
<i>calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i>	Preferred	
<i>calcium carbonate-vitamin d oral capsule 600-5 mg-mcg</i>	Preferred	
<i>calcium high potency/vitamin d oral tablet 600-5 mg-mcg</i>	Preferred	
<i>calcium plus vitamin d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>calcium plus vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg</i>	Preferred	
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>	Preferred	
<i>cvs calcium + d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>cvs calcium 600 &amp; vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>cvs calcium 600 + d/minerals oral tablet 600-800 mg-unit</i>	Preferred	
<i>cvs calcium 600+d oral tablet 600-20 mg-mcg</i>	Preferred	
<i>cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg</i>	Preferred	
<i>eq calcium 500+d oral tablet 500-5 mg-mcg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>eq calcium 600+d oral tablet 600-20 mg-mcg</i>	Preferred	
<i>eq calcium 600+d+minerals oral tablet 600-800 mg-unit</i>	Preferred	
<i>eql calcium/vitamin d oral tablet 600-10 mg-mcg</i>	Preferred	
<i>eql calcium/vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>gnp calcium 500 +d3 oral tablet 500-15 mg-mcg</i>	Preferred	
<i>gnp calcium 600 +d/minerals oral tablet 600-800 mg-unit</i>	Preferred	
<i>gnp calcium 600 +d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>hm calcium-vitamin d-minerals oral tablet 600-400 mg-unit</i>	Preferred	
<i>kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg</i>	Preferred	
<i>liquid calcium/vitamin d oral capsule 600-5 mg-mcg</i>	Preferred	
<i>nat-rul oyster calcium+vit d oral tablet 500-3.125 mg-mcg</i>	Preferred	
NEOFLEX CALCIUM + VITAMIN D ORAL TABLET 600-12.5 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Preferred	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Preferred	
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Preferred	
OYSCO 500+D ORAL TABLET 500-5 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Preferred	
<i>oyster calcium/d3 oral tablet 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium + d3 oral tablet 500-10 mg-mcg</i>	Preferred	
<i>oyster shell calcium oral tablet 500-10 mg-mcg</i>	Preferred	
<i>oyster shell calcium plus d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium/d oral tablet 500-10 mg-mcg</i>	Preferred	
<i>oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	Preferred	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Preferred	
<i>qc calcium/minerals/vitamin d oral tablet 600-400 mg-unit</i>	Preferred	
<i>ra calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i>	Preferred	
<i>ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg</i>	Preferred	
<i>ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Preferred	
<i>ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg</i>	Preferred	
<i>ra calcium/vitamin d/minerals oral tablet 600-400 mg-unit</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
RA HI CAL ORAL TABLET 500-5 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Preferred	
<i>sb calcium + d oral tablet 600-5 mg-mcg</i>	Preferred	
<i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i>	Preferred	
<i>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	Preferred	
<i>sm calcium 600+d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>sm calcium/vitamin d oral tablet 500-5 mg-mcg, 600-20 mg-mcg</i>	Preferred	
<i>sm calcium/vitamin d3 oral tablet 600-800 mg-unit</i>	Preferred	
<i>sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	Preferred	
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>	Preferred	
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>	Preferred	
<i>super calcium 600 + d 400 oral tablet 600-10 mg-mcg</i>	Preferred	
<i>super calcium 600 + d3 oral tablet 600-10 mg-mcg</i>	Preferred	
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	Preferred	
<b>*CALCIUM***</b>		
<i>calcium acetate oral tablet 668 (169 ca) mg</i>	Preferred	
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	Preferred	
<i>calcium lactate oral tablet 100 mg</i>	Preferred	
<b>*FLUORIDE***</b>		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Preferred	Max 90-day supply per fill
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Preferred	Max 90-day supply per fill
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Preferred	Max 90-day supply per fill
<b>*MAGNESIUM***</b>		
<i>cvs magnesium oral tablet 500 mg</i>	Preferred	
<i>cvs magnesium oxide oral tablet 250 mg</i>	Preferred	
<i>kp mag-oxide magnesium oral tablet 200 mg</i>	Preferred	
<i>magnesium extra strength oral capsule 400 mg</i>	Preferred	
<i>magnesium oral tablet 250 mg, 400 mg</i>	Preferred	
<i>magnesium oxide -mg supplement oral capsule 400 mg, 500 mg</i>	Preferred	
<i>magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 500 mg</i>	Preferred	
<i>magnesium oxide -mg supplement oral tablet chewable 200 mg</i>	Preferred	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG ( <i>magnesium oxide</i> )	Preferred	
MAG-OXIDE ORAL TABLET 200 MG ( <i>magnesium oxide</i> )	Preferred	
<i>mgo oral tablet 400 (240 mg) mg</i>	Preferred	
<i>natrul magnesium oral tablet 250 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>ra magnesium oral capsule 500 mg</i>	Preferred	
<i>ra natural magnesium oral tablet 250 mg</i>	Preferred	
<i>sm magnesium oral tablet 250 mg</i>	Preferred	
<i>sm magnesium oxide oral tablet 250 mg</i>	Preferred	
<b>*POTASSIUM COMBINATIONS***</b>		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ ( <i>potassium bicarb-citric acid</i> )	Preferred	
<b>*POTASSIUM***</b>		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	Preferred	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Preferred	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Preferred	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	Preferred	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Preferred	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	Preferred	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	Preferred	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Preferred	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)	Preferred	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	Preferred	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Preferred	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	Preferred	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	Preferred	
<i>potassium chloride oral packet 20 meq</i>	Preferred	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Preferred	
<b>*SODIUM***</b>		
<i>sodium chloride (pf) injection solution 0.9 %</i>	Preferred	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>*ANTILEPROTICS***</b>		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG ( <i>thalidomide</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<b>*CHELATING AGENTS***</b>		
<i>penicillamine oral capsule 250 mg</i>	Preferred	
<b>*CYCLOSPORINE ANALOGS***</b>		
<i>cyclosporine intravenous solution 50 mg/ml</i>	Preferred	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per fill
<i>cyclosporine modified oral solution 100 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Preferred	Max 90-day supply per fill
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i>	Preferred	Max 90-day supply per fill
<i>cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)</i>	Preferred	Max 90-day supply per fill
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	Preferred	Max 90-day supply per fill
<b>*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Preferred	PA
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Preferred	Max 90-day supply per fill
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>mycophenolate mofetil oral tablet 500 mg</i>	Preferred	Max 90-day supply per fill
<b>*MACROLIDE IMMUNOSUPPRESSANTS***</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	Preferred	Max 90-day supply per fill
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>sirolimus oral solution 1 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	Max 90-day supply per fill
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<b>*POTASSIUM REMOVING AGENTS***</b>		
<i>sodium polystyrene sulfonate oral powder</i>	Preferred	
SPS ORAL SUSPENSION 15 GM/60ML ( <i>sodium polystyrene sulfonate</i> )	Preferred	
<b>*PURINE ANALOGS***</b>		
<i>azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)</i>	Preferred	Max 90-day supply per fill
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Preferred	Max 90-day supply per fill
<b>*ROCK INHIBITORS***</b>		
REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )	Preferred	PA
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*ANESTHETICS TOPICAL ORAL***</b>		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Preferred	QL (100 ML per 30 days)
<b>*ANTI-INFECTIVES - THROAT***</b>		
<i>clotrimazole mouth/throat troche 10 mg</i>	Preferred	

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GLY-OXIDE MOUTH/THROAT SOLUTION 10 % ( <i>carbamide peroxide</i> )	Preferred	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Preferred	
<b>*ANTISEPTICS - MOUTH/THROAT***</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Preferred	
<i>chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)</i>	Preferred	
<b>*DRY MOUTH AGENTS AND ARTIFICIAL SALIVA***</b>		
ACT DRY MOUTH MOUTH/THROAT LOZENGE ( <i>artificial saliva</i> )	Preferred	
AQUORAL MOUTH/THROAT SOLUTION ( <i>artificial saliva</i> )	Preferred	
BIOTENE DRY MOUTH MOISTURIZING MOUTH/THROAT SOLUTION ( <i>artificial saliva</i> )	Preferred	
BIOTENE DRY MOUTH MOUTH/THROAT LOZENGE ( <i>artificial saliva</i> )	Preferred	
BIOTENE ORALBALANCE DRY MOUTH MOUTH/THROAT GEL ( <i>artificial saliva</i> )	Preferred	
CAPHOSOL MOUTH/THROAT SOLUTION ( <i>artificial saliva</i> )	Preferred	
<i>cvs dry mouth mouth/throat solution</i>	Preferred	
<i>dry mouth drops mouth/throat lozenge</i>	Preferred	
<i>eql dry mouth oral rinse mouth/throat solution</i>	Preferred	
FRESHMELTS MOUTH/THROAT LOZENGE ( <i>artificial saliva</i> )	Preferred	
MOI-STIR MOUTH/THROAT SOLUTION ( <i>artificial saliva</i> )	Preferred	
MOUTH KOTE MOUTH/THROAT SOLUTION ( <i>artificial saliva</i> )	Preferred	
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION ( <i>artificial saliva</i> )	Preferred	
NUMOISYN MOUTH/THROAT LIQUID ( <i>artificial saliva</i> )	Preferred	
<i>oral relief for dry mouth mouth/throat gel</i>	Preferred	
<i>oral relief for dry mouth mouth/throat lozenge</i>	Preferred	
<i>oral relief spray mouth/throat solution</i>	Preferred	
<i>ra dry mouth mouth/throat solution</i>	Preferred	
SALESE/XYLITOL MOUTH/THROAT LOZENGE ( <i>artificial saliva</i> )	Preferred	
SALIVASURE MOUTH/THROAT LOZENGE ( <i>artificial saliva</i> )	Preferred	
THERABREATH DRY MOUTH MOUTH/THROAT LOZENGE ( <i>artificial saliva</i> )	Preferred	
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION ( <i>artificial saliva</i> )	Preferred	
<b>*FLUORIDE DENTAL PRODUCTS***</b>		
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % ( <i>sodium fluoride</i> )	Preferred	
<b>*SALIVA STIMULANTS***</b>		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*STEROIDS - MOUTH/THROAT/DENTAL***</b>		
<i>triamcinolone acetonide</i> (Kourzeq Mouth/Throat Paste 0.1 %)	Preferred	PA
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	Preferred	PA
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Preferred	PA
<b>*MULTIVITAMINS*</b>		
<b>*B-COMPLEX VITAMINS***</b>		
APETEX ORAL ELIXIR ( <i>b complex vitamins</i> )	Preferred	
<i>b-complex plus b-12 oral tablet</i>	Preferred	
<i>b-complex/b-12 oral tablet</i>	Preferred	
<i>b-complex/b-12 sublingual liquid</i>	Preferred	
<i>biopetit oral elixir</i>	Preferred	
<i>ra b-complex oral tablet</i>	Preferred	
<i>ra b-complex with b-12 oral tablet</i>	Preferred	
<i>vitamin b complex oral tablet</i>	Preferred	
<i>vitamin-b complex oral tablet</i>	Preferred	
<b>*B-COMPLEX W/ C &amp; CALCIUM***</b>		
<i>gnp b-complex plus vitamin c oral tablet</i>	Preferred	
<i>qc b-complex/vitamin c oral tablet</i>	Preferred	
<b>*B-COMPLEX W/ C &amp; FOLIC ACID***</b>		
<i>b complex-c-folic acid oral tablet</i>	Preferred	
<i>b-complex balanced oral tablet</i>	Preferred	
<i>b-complex/folic acid/vitamin c oral tablet extended release</i>	Preferred	
<i>b-complex/vitamin c oral tablet</i>	Preferred	
<i>b-complex-c (w/folic acid) oral tablet</i>	Preferred	
<i>b-plex oral tablet</i>	Preferred	
DIALYVITE 800 ORAL TABLET 0.8 MG ( <i>b complex-c-folic acid</i> )	Preferred	
<i>b complex-c-folic acid</i> (Dialyvite Oral Tablet)	Preferred	
<i>eql super b complex/vitamin c oral tablet</i>	Preferred	
<i>folbee plus oral tablet</i>	Preferred	
<i>full spectrum b/vitamin c oral tablet 0.8 mg</i>	Preferred	
<i>hylavite oral tablet</i>	Preferred	
<i>kp b complex-c oral tablet</i>	Preferred	
<i>b complex-c-folic acid</i> (Mynephron Oral Capsule 1 Mg)	Preferred	
<i>nephro vitamins oral tablet 0.8 mg</i>	Preferred	
<i>b complex-c-folic acid</i> (Nephronex Oral Tablet)	Preferred	
NEPHRO-VITE ORAL TABLET 0.8 MG ( <i>b complex-c-folic acid</i> )	Preferred	
<i>b complex-c-folic acid</i> (Renal Oral Capsule 1 Mg)	Preferred	
<i>renal vitamin oral tablet 0.8 mg</i>	Preferred	
<i>rena-vite oral tablet</i>	Preferred	
<i>rena-vite rx oral tablet 1 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>reno caps oral capsule 1 mg</i>	Preferred	
<i>sm b super vitamin complex oral tablet</i>	Preferred	
<i>sm b-complex/vitamin c oral tablet</i>	Preferred	
<i>stress formula (folic acid) oral tablet</i>	Preferred	
<i>super b complex/fa/vit c oral tablet</i>	Preferred	
<i>super b-complex/vit c/fa oral tablet</i>	Preferred	
<i>tm-vite rx oral tablet 1 mg</i>	Preferred	
<i>triphrocaps oral capsule 1 mg</i>	Preferred	
<i>virt-caps oral capsule 1 mg</i>	Preferred	
<i>wescaps oral capsule 1 mg</i>	Preferred	
<b>*B-COMPLEX W/ C***</b>		
ALLBEE/C ORAL TABLET ( <i>b complex-c</i> )	Preferred	
<i>b complex-c oral capsule</i>	Preferred	
<i>b complex-c oral tablet</i>	Preferred	
<i>b complex-vitamin c oral capsule</i>	Preferred	
<i>b-complex-c oral tablet</i>	Preferred	
<i>better b complex oral tablet</i>	Preferred	
<i>cvs b complex plus c oral tablet</i>	Preferred	
<i>cvs super b complex/c oral tablet</i>	Preferred	
<i>hm b complex/c oral tablet</i>	Preferred	
<i>ra b-complex/vitamin c cr oral tablet extended release</i>	Preferred	
<i>sm super b complex/c oral tablet</i>	Preferred	
<i>sm vitamin b complex/vitamin c oral tablet</i>	Preferred	
<i>super b complex/vitamin c oral tablet</i>	Preferred	
<i>super b/c oral capsule</i>	Preferred	
<i>super b-complex + vitamin c oral tablet</i>	Preferred	
<i>vitamin b + c complex oral tablet</i>	Preferred	
<i>vitamin b complex-c oral capsule</i>	Preferred	
<b>*B-COMPLEX W/ C-BIOTIN-D-ZINC &amp; FOLIC ACID***</b>		
VITAL-D RX ORAL TABLET 1 MG ( <i>b complex-c-biotin-d-zinc-fa</i> )	Preferred	
<b>*B-COMPLEX W/ C-BIOTIN-E &amp; FOLIC ACID***</b>		
<i>b complex-c-biotin-e-fa oral tablet 0.4 mg</i>	Preferred	
<b>*B-COMPLEX W/ FOLIC ACID***</b>		
<i>b complex formula 1 (w/ fa) oral tablet</i>	Preferred	
<i>b-complex (folic acid) oral tablet</i>	Preferred	
<i>b-complex/electrolytes oral tablet</i>	Preferred	
BIG 100 ORAL TABLET ( <i>b complex-folic acid</i> )	Preferred	
<i>kobee oral tablet</i>	Preferred	
<i>sm balanced b-100 oral tablet</i>	Preferred	
<i>sm balanced b-50 oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*B-COMPLEX W/ LYSINE-MIN-FE &amp; FOLIC ACID***</b>		
ACTRIVIT ORAL LIQUID 800-15-1 MG/15ML ( <i>b complex-lysine-min-fe-fa</i> )	Preferred	
NUTRIVIT ORAL LIQUID ( <i>b complex-lysine-min-fe-fa</i> )	Preferred	
<b>*B-COMPLEX W/ LYSINE-ZN &amp; FOLIC ACID***</b>		
SUPERVITE ORAL LIQUID ( <i>b complex-lysine-zn-fa</i> )	Preferred	
<b>*B-COMPLEX W/ MINERALS***</b>		
ELDERTONIC ORAL LIQUID ( <i>b complex-minerals</i> )	Preferred	
<b>*B-COMPLEX W/BIOTIN &amp; FOLIC ACID***</b>		
<i>b-100 b-complex oral tablet</i>	Preferred	
<i>b-50 complex oral tablet</i>	Preferred	
<i>balance b-50 oral tablet</i>	Preferred	
<i>balanced b complex oral tablet</i>	Preferred	
<i>balanced b-100 oral tablet</i>	Preferred	
<i>balanced b-50/fa oral tablet</i>	Preferred	
<i>b-compleet-100 oral tablet</i>	Preferred	
<i>b-compleet-50 oral tablet</i>	Preferred	
<i>b-complex oral tablet</i>	Preferred	
BIG 100 (BIOTIN) ORAL TABLET ( <i>b complex-biotin-fa</i> )	Preferred	
<i>eql b complex 50 oral tablet</i>	Preferred	
<i>quin b strong b-25 oral tablet</i>	Preferred	
<i>ra balanced b-100 oral tablet</i>	Preferred	
<i>ra balanced b-50 oral tablet</i>	Preferred	
<i>sm b100 complex oral tablet</i>	Preferred	
<i>sm b-complex oral tablet</i>	Preferred	
<i>super b-complex oral tablet</i>	Preferred	
SUPER DEC B-100 ORAL TABLET ( <i>b complex-biotin-fa</i> )	Preferred	
SUPER QUINTS B-50 ORAL TABLET ( <i>b complex-biotin-fa</i> )	Preferred	
<i>yl balanced b-100 oral tablet</i>	Preferred	
<b>*MULTIPLE VITAMINS W/ CALCIUM***</b>		
<i>eql one daily womens oral tablet</i>	Preferred	
<i>essential one daily multivit oral tablet</i>	Preferred	
<i>gnp one daily womens health oral tablet</i>	Preferred	
<i>signacal oral tablet</i>	Preferred	
<i>sm one daily essential oral tablet</i>	Preferred	
<b>*MULTIPLE VITAMINS W/ IRON***</b>		
<i>daily vite multivitamin/iron oral tablet</i>	Preferred	
<i>multiple vitamins/iron oral tablet</i>	Preferred	
<i>multivitamin plus iron adult oral tablet</i>	Preferred	
<i>multi-vitamin/iron oral tablet</i>	Preferred	

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<i>nat-rul daily-vite+iron oral tablet</i>	Preferred	
<i>one daily multivitamin/iron oral tablet</i>	Preferred	
<i>one-daily multi-vitamin/iron oral tablet</i>	Preferred	
<i>one-daily/iron oral tablet</i>	Preferred	
<i>qc daily multivitamins/iron oral tablet</i>	Preferred	
<i>sm multiple vitamins/iron oral tablet</i>	Preferred	
<i>stress b complex/iron oral tablet</i>	Preferred	
<i>stress formula/iron oral tablet</i>	Preferred	
<i>tab-a-vite/iron oral tablet</i>	Preferred	
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET ( <i>multiple vitamins-iron</i> )	Preferred	
<b>*MULTIPLE VITAMINS W/ MINERALS***</b>		
<i>50+ adult eye health oral capsule</i>	Preferred	
<i>a thru z advanced adult oral tablet</i>	Preferred	
<i>a thru z advanced oral tablet</i>	Preferred	
<i>a thru z high potency oral tablet</i>	Preferred	
<i>a thru z select 50+ advanced oral tablet</i>	Preferred	
<i>a thru z select 50+ mens oral tablet</i>	Preferred	
<i>a thru z select advanced oral tablet</i>	Preferred	
<i>a thru z select oral tablet</i>	Preferred	
<i>a thru z select oral tablet chewable</i>	Preferred	
<i>a thru z select ultimate women oral tablet</i>	Preferred	
<i>a thru z ultimate mens oral tablet</i>	Preferred	
<i>abc complete senior 50+ oral tablet</i>	Preferred	
<i>abc complete senior mens 50+ oral tablet</i>	Preferred	
<i>abc complete senior womens 50+ oral tablet</i>	Preferred	
<i>actical oral capsule</i>	Preferred	
ACTIVESSENTIALS FOR WOMEN ORAL ( <i>multiple vitamins-minerals</i> )	Preferred	
ACTIVESSENTIALS/ONCOPLEX & D3 ORAL ( <i>multiple vitamins-minerals</i> )	Preferred	
ACTIVNUTRIENTS ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
ACTIVNUTRIENTS W/O IRON ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>adult one daily gummies oral tablet chewable</i>	Preferred	
<i>advanced eye health oral capsule</i>	Preferred	
ADVANCED MULTI EA ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
AIRBORNE GUMMIES ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
AIRBORNE KIDS ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
AIRBORNE ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
AIRBORNE+GOOD REST ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
AIRBORNE+NATURAL ENERGY ORAL LIQUID ( <i>multiple vitamins-minerals</i> )	Preferred	
AIRBORNE+PROBIOTIC ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE ENERGY 50+ ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE EVERYDAY IMMUNE HEALTH ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE MENS 50+ ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE MULTI-VITAMIN ORAL LIQUID ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE ONCE DAILY WOMENS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE WOMENS ENERGY ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
AMORYN MOOD BOOSTER ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>antioxidant a/c/e/selenium oral tablet</i>	Preferred	
<i>antioxidant formula oral tablet</i>	Preferred	
<i>antioxidant formula/minerals oral capsule</i>	Preferred	
<i>antioxidant oral capsule</i>	Preferred	
<i>antioxidant vitamins oral tablet</i>	Preferred	
APETIBEX ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
APPE-CURB ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
BACMIN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
BARIATRIC FUSION ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>bariatric multivitamins/iron oral capsule</i>	Preferred	
<i>basic am oral tablet</i>	Preferred	
<i>basic pm oral tablet</i>	Preferred	
BIO-35 GLUTEN-FREE ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
BIO-35 IRON FREE ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>biocal oral capsule</i>	Preferred	
<i>biocel oral tablet</i>	Preferred	
<i>body/hair/skin/nails oral capsule</i>	Preferred	
BONEUP 3 PER DAY ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
BONEUP ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
BONEUP VEGETARIAN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>b-plex plus oral tablet</i>	Preferred	
BPROTECTED MULTI-VITE ORAL LIQUID ( <i>multiple vitamins-minerals</i> )	Preferred	
BURIED TREASURE ACTIVE 55 PLUS ORAL LIQUID ( <i>multiple vitamins-minerals</i> )	Preferred	
CELEBRATE MULTI-COMPLETE 18 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
CELEBRATE MULTI-COMPLETE 18 ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CELEBRATE MULTI-COMPLETE 36 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
CELEBRATE MULTI-COMPLETE 36 ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CELEBRATE MULTI-COMPLETE 45 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
CELEBRATE MULTI-COMPLETE 45 ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CELEBRATE MULTI-COMPLETE 60 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
CELEBRATE MULTI-COMPLETE 60 ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	

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<i>centavite a-z complete-mineral oral tablet</i>	Preferred	
<i>centravites 50 plus oral tablet</i>	Preferred	
<i>centravites adults oral tablet</i>	Preferred	
<i>centravites oral tablet</i>	Preferred	
CENTRUM ADULTS ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM CARDIO ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM MEN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM MINIS WOMEN 50+ ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM SILVER ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM SILVER ULTRA WOMENS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM SPECIALIST HEART ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM SPECIALIST IMMUNE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM SPECIALIST VISION ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM ULTRA WOMENS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CENTRUM VITAMINTS ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>century mature oral tablet</i>	Preferred	
<i>century oral tablet</i>	Preferred	
CEROVITE SENIOR ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CERTAVITE SENIOR ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CERTAVITE/ANTIOXIDANTS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CHOICEFUL MULTIVITAMIN ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	

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CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>companion oral tablet</i>	Preferred	
COMPETE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>complete multivitamin/mineral oral liquid</i>	Preferred	
CONCEPTIONXR MOTILITY SUPPORT ORAL ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>coral calcium plus oral capsule</i>	Preferred	
CORVITA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>cvs adult 50+ eye health oral capsule</i>	Preferred	
CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
CVS AIRSHIELD ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>cvs daily gummies adult oral tablet chewable</i>	Preferred	
<i>cvs daily gummies oral tablet chewable</i>	Preferred	
<i>cvs daily multiple for men oral tablet</i>	Preferred	
<i>cvs daily multiple women 50+ oral tablet</i>	Preferred	
<i>cvs diabetes health support oral</i>	Preferred	
<i>cvs eye health &amp; lutein oral tablet</i>	Preferred	
<i>cvs eye health adult 50+ oral capsule</i>	Preferred	
<i>cvs mens daily gummies oral tablet chewable</i>	Preferred	
<i>cvs one daily essential oral tablet</i>	Preferred	
<i>cvs one daily mens 50+ adv oral tablet</i>	Preferred	
<i>cvs one daily mens formula oral tablet</i>	Preferred	
<i>cvs one daily womens 50+ adv oral tablet</i>	Preferred	
<i>cvs one daily womens formula oral tablet</i>	Preferred	
<i>cvs spectravite adult 50+ oral tablet</i>	Preferred	
<i>cvs spectravite adult 50+ oral tablet chewable</i>	Preferred	
<i>cvs spectravite adults oral tablet</i>	Preferred	
<i>cvs spectravite advanced oral tablet</i>	Preferred	
<i>cvs spectravite men 50+ oral tablet</i>	Preferred	
<i>cvs spectravite men oral tablet</i>	Preferred	
<i>cvs spectravite senior oral tablet</i>	Preferred	
<i>cvs spectravite ultra men 50+ oral tablet</i>	Preferred	
<i>cvs spectravite ultra mens oral tablet</i>	Preferred	
<i>cvs spectravite ultra women oral tablet</i>	Preferred	
<i>cvs spectravite women 50+ oral tablet</i>	Preferred	
<i>cvs spectravite women oral tablet</i>	Preferred	

**AGE** - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **otc** - Over-the-Counter Drug  
**PA** - Prior Authorization **QL** - Quantity Limits **rx** - Prescription Drug



<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>cvs spectravite women oral tablet chewable</i>	Preferred	
<i>cvs spectravite womens senior oral tablet</i>	Preferred	
<i>cvs vision health oral capsule</i>	Preferred	
<i>cvs womens active daily oral tablet</i>	Preferred	
<i>cvs womens daily gummies oral tablet chewable</i>	Preferred	
<i>daily betic oral tablet</i>	Preferred	
<i>daily combo multi vitamins oral tablet</i>	Preferred	
<i>daily heart health support oral</i>	Preferred	
<i>daily multiple vitamins/min oral tablet</i>	Preferred	
<i>daily multivitamin oral capsule</i>	Preferred	
DAILY PAK MAXIMUM MULTIVITAMIN ORAL ( <i>multiple vitamins-minerals</i> )	Preferred	
DECUBI-VITE ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>dekas bariatric oral tablet chewable</i>	Preferred	
DEKAS PLUS OCEAN ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
DEKAS PLUS ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
DEKAS PLUS ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
DERMACINRX MULTITAM ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
DERMAVITE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>diabetes health formula oral tablet</i>	Preferred	
DIABETES HEALTH ORAL ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>dialyvite 800/ultra d oral tablet</i>	Preferred	
DIALYVITE SUPREME D ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
DRY EYE FORMULA ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
EMERGEN-C IMMUNE PLUS/VIT D ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>eq complete multivit adult 50+ oral tablet</i>	Preferred	
<i>eq complete multivitamin-adult oral tablet</i>	Preferred	
<i>eq multivitamins adult gummy oral tablet chewable</i>	Preferred	
<i>eq one daily mens 50+ oral tablet</i>	Preferred	
<i>eq one daily mens health oral tablet</i>	Preferred	
EQ ONE DAILY WOMENS 50+ ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>eq one daily womens health oral tablet</i>	Preferred	
<i>eq vision formula 50+ oral capsule</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>eql century mature adults 50+ oral tablet</i>	Preferred	
<i>eql century mature men 50+ oral tablet</i>	Preferred	
<i>eql century mature oral tablet</i>	Preferred	
<i>eql century mature women 50+ oral tablet</i>	Preferred	
<i>eql century mens oral tablet</i>	Preferred	
<i>eql century oral tablet</i>	Preferred	
<i>eql century womens oral tablet</i>	Preferred	
<i>eql one daily adult gummies oral tablet chewable</i>	Preferred	
<i>eql one daily mens 50+ advance oral tablet</i>	Preferred	
<i>eql one daily mens health oral tablet</i>	Preferred	
<i>eql one daily mens oral tablet</i>	Preferred	
<i>eql one daily womens 50+ adv oral tablet</i>	Preferred	
<i>eql vision formula oral tablet</i>	Preferred	
ESSENTIA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>essential balance oral tablet</i>	Preferred	
ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>eye health + lutein oral tablet</i>	Preferred	
<i>eye health oral capsule</i>	Preferred	
<i>eye multivitamin/sodium oral tablet</i>	Preferred	
EYE VITAMINS ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
EYE-VITES ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
FITNESS TABS FOR MEN AM/PM ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
FITNESS TABS FOR WOMEN AM/PM ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>folamed dha oral capsule</i>	Preferred	
<i>freedavite oral tablet</i>	Preferred	
<i>genadek step 1 oral capsule</i>	Preferred	
<i>genadek step 2 oral capsule</i>	Preferred	
<i>geri-freeda senior formula oral tablet</i>	Preferred	
<i>gerivite complete oral tablet</i>	Preferred	
<i>glucoten oral capsule</i>	Preferred	
<i>gnp century mature women's 50+ oral tablet</i>	Preferred	
<i>gnp hair/skin/nails oral tablet</i>	Preferred	
<i>gnp healthy eyes oral tablet</i>	Preferred	
<i>gnp healthy eyes supervision 2 oral capsule</i>	Preferred	
<i>gnp mega multi for men oral tablet</i>	Preferred	
<i>gnp mega multi for women oral tablet</i>	Preferred	
<i>gnp one daily mens health 50+ oral tablet</i>	Preferred	
<i>gnp one daily mens/lycopene oral tablet</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>gnp one daily womens 50+ oral tablet</i>	Preferred	
<i>gnp one daily womens oral tablet</i>	Preferred	
<i>gnp therapeutic-m oral tablet</i>	Preferred	
<i>hair skin &amp; nails advanced oral tablet</i>	Preferred	
<i>hair skin &amp; nails oral tablet</i>	Preferred	
<i>hair skin and nails formula oral tablet</i>	Preferred	
<i>hair skin nails oral capsule</i>	Preferred	
<i>hair/skin/nails oral capsule</i>	Preferred	
<i>hair/skin/nails oral tablet</i>	Preferred	
<i>head care proactive health oral tablet</i>	Preferred	
<i>healthy eyes oral tablet</i>	Preferred	
<i>healthy eyes supervision 2 oral capsule</i>	Preferred	
<i>healthy eyes/lutein-zeaxanthin oral capsule</i>	Preferred	
<i>high pot multivitamin/beta-car oral tablet</i>	Preferred	
<i>high potency multivit/fa oral tablet</i>	Preferred	
<i>hi-kovite 2-part formula oral tablet</i>	Preferred	
<i>hm complete men oral tablet</i>	Preferred	
<i>hm complete women oral tablet</i>	Preferred	
<i>hm hair/skin/nails oral tablet</i>	Preferred	
<i>hm womens 50+ advanced daily oral tablet</i>	Preferred	
ICAPS AREDS FORMULA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
ICAPS MV ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ICAPS ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
IMMUNE ESSENTIALS DAILY ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>immune support oral tablet chewable</i>	Preferred	
<i>i-vite oral tablet</i>	Preferred	
<i>keyfolic oral tablet</i>	Preferred	
KEYLOSA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>kp adults 50+ daily formula oral tablet</i>	Preferred	
<i>kp adults daily formula oral tablet</i>	Preferred	
<i>kp mens 50+ daily formula oral tablet</i>	Preferred	
<i>kp mens daily formula oral tablet</i>	Preferred	
<i>kp mens daily pack oral</i>	Preferred	
KP VISION FORMULA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
KP VISION FORMULA/LUTEIN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>kp womens 50+ daily formula oral tablet</i>	Preferred	
<i>kp womens daily formula oral tablet</i>	Preferred	
<i>kp womens daily oral</i>	Preferred	
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
LIFE PACK MENS ORAL ( <i>multiple vitamins-minerals</i> )	Preferred	
LIFE PACK WOMENS ORAL ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>liver detox oral tablet</i>	Preferred	
<i>lutein-zeaxanthin oral tablet</i>	Preferred	
LYSIPILEX PLUS ORAL LIQUID ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>multiple vitamins-minerals (Lysiplex Plus Oral Tablet)</i>	Preferred	
MACULAR HEALTH FORMULA ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
MACUVITE EYE CARE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
MACUVITE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
MACUVITE/LUTEIN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>maximum daily green oral tablet</i>	Preferred	
<i>mega multi for women oral tablet</i>	Preferred	
MEGA MULTI MEN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>megavite fruits &amp; veggies oral tablet</i>	Preferred	
<i>megavite golden years 55+ oral tablet</i>	Preferred	
<i>meijer advanced formula oral tablet</i>	Preferred	
<i>mens 50+ advanced oral capsule</i>	Preferred	
<i>mens 50+ multivitamin oral tablet</i>	Preferred	
<i>mens daily formula/lycopene oral capsule</i>	Preferred	
MENS LIFE PACK ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>mens multivitamin oral tablet</i>	Preferred	
<i>mens multivitamin oral tablet chewable</i>	Preferred	
MENS PACK ORAL ( <i>multiple vitamins-minerals</i> )	Preferred	
MOOD FOOD ES ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
MOOD FOOD ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>multi + omega-3 adult gummies oral tablet chewable</i>	Preferred	
<i>multi adult gummies oral tablet chewable</i>	Preferred	
MULTI COMPLETE ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>multi complete/iron oral tablet</i>	Preferred	
<i>multi for her 50+ oral capsule</i>	Preferred	
<i>multi for her 50+ oral tablet</i>	Preferred	
<i>multi for her oral capsule</i>	Preferred	
<i>multi for her oral tablet</i>	Preferred	
<i>multi for him 50+ oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
MULTI FOR HIM ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
MULTI FOR HIM ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>multi vitamin/minerals oral tablet</i>	Preferred	
<i>multiple vit/minerals/no iron oral tablet</i>	Preferred	
<i>multiple vitamins/womens oral tablet</i>	Preferred	
<i>multivit/multimineral adult oral liquid</i>	Preferred	
<i>multivitamin &amp; mineral oral liquid</i>	Preferred	
<i>multivitamin adult (minerals) oral tablet</i>	Preferred	
<i>multivitamin adults 50+ oral tablet</i>	Preferred	
<i>multivitamin adults oral tablet</i>	Preferred	
<i>multivitamin gummies adult oral tablet chewable</i>	Preferred	
<i>multivitamin gummies mens oral tablet chewable</i>	Preferred	
<i>multi-vitamin gummies oral tablet chewable</i>	Preferred	
<i>multivitamin gummies womens oral tablet chewable</i>	Preferred	
<i>multivitamin men 50+ oral tablet</i>	Preferred	
<i>multivitamin men oral tablet</i>	Preferred	
<i>multi-vitamin monocaps oral tablet</i>	Preferred	
<i>multivitamin oral liquid</i>	Preferred	
<i>multivitamin women 50+ oral tablet</i>	Preferred	
<i>multivitamin women oral tablet</i>	Preferred	
<i>multivitamin womens 50+ adv oral tablet</i>	Preferred	
<i>multi-vitamin/minerals oral tablet</i>	Preferred	
<i>multivitamin/zinc stress oral tablet</i>	Preferred	
<i>multivitamin-minerals oral tablet</i>	Preferred	
<i>multi-vite oral liquid</i>	Preferred	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
MVW COMPLETE FORMULATION ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>mvw hi-d adek gummies oral tablet chewable</i>	Preferred	
MVW MODULATOR FORMULATION MINI ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
MVW MODULATOR FORMULATION ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>myamulti oral tablet</i>	Preferred	
<i>nat-rul theravite-m oral tablet</i>	Preferred	
<i>natrul-vites oral tablet</i>	Preferred	
<i>no iron mult vitamin-minerals oral tablet</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
NUTRICAP ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>multiple vitamins-minerals</i> (Nutrifac Zx Oral Tablet)	Preferred	
<i>ocular vitamins oral tablet</i>	Preferred	
<i>ocutabs oral tablet</i>	Preferred	
<i>ocutabs-lutein oral tablet</i>	Preferred	
OCUVITE ADULT 50+ ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE ADULT FORMULA ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE EXTRA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE EYE + MULTI ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE EYE HEATHL GUMMIES ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE-LUTEIN ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE-LUTEIN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONCOVITE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE A DAY IMMUNITY DEFENSE ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>one daily 50 plus oral tablet</i>	Preferred	
<i>one daily calcium/iron oral tablet</i>	Preferred	
<i>one daily complete for men oral tablet</i>	Preferred	
<i>one daily complete oral tablet</i>	Preferred	
<i>one daily for men 50+ advanced oral tablet</i>	Preferred	
<i>one daily for men/lycopene oral tablet</i>	Preferred	
<i>one daily for women 50+ adv oral tablet</i>	Preferred	
<i>one daily for women oral tablet</i>	Preferred	
<i>one daily healthy weight adv oral tablet</i>	Preferred	
<i>one daily healthy weight oral tablet</i>	Preferred	
<i>one daily maximum oral tablet</i>	Preferred	
<i>one daily men formula w/o iron oral tablet</i>	Preferred	
<i>one daily mens 50+ multivit oral tablet</i>	Preferred	
<i>one daily mens 50+/lycopene oral tablet</i>	Preferred	
<i>one daily mens health oral tablet</i>	Preferred	
<i>one daily mens oral tablet</i>	Preferred	
<i>one daily multivit/iron-free oral tablet</i>	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>one daily multivitamin men oral tablet</i>	Preferred	
<i>one daily multivitamin women oral tablet</i>	Preferred	
<i>one daily womens 50 plus oral tablet</i>	Preferred	
<i>one daily womens 50+ oral tablet</i>	Preferred	
<i>one daily womens oral tablet</i>	Preferred	
<i>one daily/minerals oral tablet</i>	Preferred	
ONE-A-DAY ENERGY ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY MENS (MINERALS) ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY MENS 50+ ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY MENS PRO EDGE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY PROACTIVE 65+ ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY WOMENS 50+ ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONE-A-DAY WOMENS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE (multiple vitamins-minerals)	Preferred	
<i>one-daily multi caps oral capsule</i>	Preferred	
<i>one-daily multi-vit/mineral oral tablet</i>	Preferred	
<i>optic-vites oral tablet</i>	Preferred	
<i>optic-vites with lutein oral tablet</i>	Preferred	
OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE (multiple vitamins-minerals)	Preferred	
<i>optimum airvites oral tablet chewable</i>	Preferred	
<i>optimum pms oral tablet</i>	Preferred	
OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE (multiple vitamins-minerals)	Preferred	
OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE (multiple vitamins-minerals)	Preferred	
OPURITY ORAL TABLET (multiple vitamins-minerals)	Preferred	
OSTEOPRIME PLUS ORAL TABLET (multiple vitamins-minerals)	Preferred	
OSTEOPRIME ULTRA ORAL TABLET (multiple vitamins- minerals)	Preferred	
<i>parvlex oral tablet</i>	Preferred	
PHYTOMULTI ORAL TABLET (multiple vitamins-minerals)	Preferred	
PREMIUM PACKETS ORAL (multiple vitamins-minerals)	Preferred	
PRESERVISION AREDS 2 ORAL CAPSULE (multiple vitamins- minerals)	Preferred	
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE (multiple vitamins-minerals)	Preferred	
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE (multiple vitamins-minerals)	Preferred	
PRESERVISION AREDS ORAL CAPSULE (multiple vitamins- minerals)	Preferred	
PRESERVISION AREDS ORAL TABLET (multiple vitamins- minerals)	Preferred	
PRESERVISION/LUTEIN ORAL CAPSULE (multiple vitamins- minerals)	Preferred	
<i>prevent oral capsule</i>	Preferred	
PRO-CAL ORAL TABLET (multiple vitamins-minerals)	Preferred	
PROCERV HP ORAL TABLET (multiple vitamins-minerals)	Preferred	
PRORENAL + D ORAL TABLET (multiple vitamins-minerals)	Preferred	
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE (multiple vitamins-minerals)	Preferred	
PROSIGHT ORAL TABLET (multiple vitamins-minerals)	Preferred	
PROTECT CARDIO AF ORAL CAPSULE (multiple vitamins- minerals)	Preferred	
PROTECT PLUS SO ORAL CAPSULE (multiple vitamins- minerals)	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
PROTEGRA ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
PROVIT ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>qc daily multivit/multimineral oral tablet</i>	Preferred	
<i>qc hair skin &amp; nails oral tablet</i>	Preferred	
<i>qc mens daily multivitamin oral tablet</i>	Preferred	
<i>qc multi-vite 50 &amp; over oral tablet</i>	Preferred	
<i>qc multi-vite oral tablet</i>	Preferred	
QC OCUHEALTH VISION SUPPORT 2 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>qc therin-m oral tablet</i>	Preferred	
<i>qc womens daily multivitamin oral tablet</i>	Preferred	
<i>quin b strong oral tablet</i>	Preferred	
<i>quintabs-m oral tablet</i>	Preferred	
<i>ra central-vite mens mature oral tablet</i>	Preferred	
RA CENTRAL-VITE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>ra central-vite womens mature oral tablet</i>	Preferred	
<i>ra one daily maximum oral tablet</i>	Preferred	
<i>ra one daily mens 50+ w/vit d3 oral tablet</i>	Preferred	
<i>ra one daily mens multi oral tablet</i>	Preferred	
<i>ra one daily mens/vit d-3 oral tablet</i>	Preferred	
RENAPLEX ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
RENAPLEX-D ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>senior tabs oral tablet</i>	Preferred	
<i>sentry oral tablet</i>	Preferred	
<i>sentry senior oral tablet</i>	Preferred	
<i>sentry senior/lutein oral tablet</i>	Preferred	
<i>sm antioxidant vitamins oral tablet</i>	Preferred	
<i>sm complete 50+ oral tablet</i>	Preferred	
<i>sm complete 50+ ultimate mens oral tablet</i>	Preferred	
<i>sm complete 50+ ultimate women oral tablet</i>	Preferred	
<i>sm complete advanced formula oral tablet</i>	Preferred	
<i>sm complete oral tablet</i>	Preferred	
<i>sm complete senior formula oral tablet</i>	Preferred	
<i>sm daily diet support oral tablet</i>	Preferred	
<i>sm hair/skin/nails oral tablet</i>	Preferred	
<i>sm one daily mens oral tablet</i>	Preferred	
<i>sm one daily womens oral tablet</i>	Preferred	
<i>sm opti-vitamins oral tablet</i>	Preferred	
<i>solo oral tablet</i>	Preferred	
SPECTRAVITE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>stress b complex/antioxid/zinc oral tablet</i>	Preferred	
STRESSTABS ADVANCED ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>super antioxidant oral capsule</i>	Preferred	
<i>super antioxidants protector oral capsule</i>	Preferred	
<i>super aytinal 50 plus oral tablet</i>	Preferred	
<i>super aytinal oral tablet</i>	Preferred	
<i>super multiple oral tablet</i>	Preferred	
<i>super thera vite m oral tablet</i>	Preferred	
<i>super vita-mins oral tablet</i>	Preferred	
<i>support oral liquid</i>	Preferred	
SUPPORT-500 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
SYSTANE ICAPS AREDS2 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
SYSTANE ICAPS AREDS2 ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>thera vital m oral tablet</i>	Preferred	
<i>thera vital-m oral tablet</i>	Preferred	
<i>therabasic-m oral tablet</i>	Preferred	
THERADEX M ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
THERADEX M/BETA CAROTENE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
THERAGRAN-M ADVANCED ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
THERAGRAN-M ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
THERAGRAN-M PREMIER ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>thera-m oral tablet</i>	Preferred	
THERAMILL FORTE ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
THERANATAL LACTATION COMPLETE ORAL ( <i>multiple vitamins-minerals</i> )	Preferred	
THERANATAL LACTATION ONE ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>therapeutic formula/hematinics oral tablet</i>	Preferred	
<i>therapeutic-m oral tablet</i>	Preferred	
<i>therapeutic-m/lutein oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>thera-tabs m oral tablet</i>	Preferred	
THERATRUM COMPLETE 50 PLUS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
THERATRUM COMPLETE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
THEREMS-M ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
THRIVE FOR LIFE WOMENS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>tropical liquid nutrition oral liquid</i>	Preferred	
<i>t-vites oral tablet</i>	Preferred	
UDAMIN SP ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ULTRA BONEUP ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>ultra freeda oral tablet</i>	Preferred	
<i>ultra freeda/iron oral tablet</i>	Preferred	
<i>ultra multi formula/iron oral capsule</i>	Preferred	
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ULTRACHOICE ADVANCED FORMULA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>v-c forte oral capsule</i>	Preferred	
<i>multiple vitamins-minerals (Vic-Forte Oral Capsule)</i>	Preferred	
<i>vision formula 2 oral capsule</i>	Preferred	
<i>vision formula/lutein oral tablet</i>	Preferred	
<i>vision health oral capsule</i>	Preferred	
<i>vision plus oral capsule</i>	Preferred	
<i>vision vitamins oral tablet</i>	Preferred	
VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>vita hair oral tablet</i>	Preferred	
<i>multiple vitamins-minerals (Vita S Forte Oral Tablet)</i>	Preferred	
<i>vitabasic complete oral tablet</i>	Preferred	
<i>vitabasic senior oral tablet</i>	Preferred	
<i>vitabex oral capsule</i>	Preferred	
<i>vitabex plus oral capsule</i>	Preferred	
<i>multiple vitamins-minerals (Vitacel Oral Tablet)</i>	Preferred	
<i>vitachew adult multi vitamin oral tablet chewable</i>	Preferred	
<i>vitamin d3 complete oral tablet</i>	Preferred	
<i>vita-min oral capsule</i>	Preferred	
<i>vitamins a-d-e/selenium oral tablet</i>	Preferred	
VITASANA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
VITATRUM COMPLETE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>vitatrum oral tablet</i>	Preferred	
<i>vitatrum oral tablet chewable</i>	Preferred	
VITEYES CLASSIC ADVANCED ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
VITEYES CLASSIC MACULAR SUPPOR ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
VITEYES CLASSIC+OMEGA-3 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
VITEYES COMPLETE ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
VITEYES OPTIC NERVE SUPPORT ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
VITREXATE FE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
VITREXATE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>vitrum 50+ adult-multi oral tablet</i>	Preferred	
<i>vitrum 50+ senior multi oral tablet</i>	Preferred	
VITRUM SENIOR ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
WAL-BORN VITAMIN C ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>wellfola oral tablet</i>	Preferred	
<i>womens 50+ advanced oral capsule</i>	Preferred	
<i>womens 50+ multi vitamin oral tablet</i>	Preferred	
<i>womens daily form/fa/ca/fe oral tablet</i>	Preferred	
<i>womens daily formula oral tablet</i>	Preferred	
WOMENS LIFE PACK ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>womens multi gummies oral tablet chewable</i>	Preferred	
<i>womens multi oral capsule</i>	Preferred	
<i>womens multivitamin + collagen oral tablet chewable</i>	Preferred	
<i>womens multivitamin oral tablet</i>	Preferred	
WOMENS PACK ORAL ( <i>multiple vitamins-minerals</i> )	Preferred	
YELETS TEENAGE FORMULA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
YUMVS MULTI ZERO ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
YUMVS ZERO DIABETIC MULTIVITAM ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*PED MULTIPLE VITAMINS W/ MINERALS***</b>		
ACTIVNUTRIENTS ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
CENTRUM KIDS ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
<i>childrens gummies oral tablet chewable</i>	Preferred	
<i>cvs gummy dinos oral tablet chewable</i>	Preferred	
<i>cvs gummy multivitamin kids oral tablet chewable</i>	Preferred	
<i>eq multivitamin gummies oral tablet chewable</i>	Preferred	
<i>eq multivitamins gummy child oral tablet chewable</i>	Preferred	
<i>eql gummies childrens oral tablet chewable</i>	Preferred	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
FLINTSTONES TODDLER ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
<i>gnp multi childrens oral tablet chewable</i>	Preferred	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
<i>healthy kids gummies oral tablet chewable</i>	Preferred	
<i>just 4 kidz multivit/probiotic oral tablet chewable</i>	Preferred	
<i>multivitamin childrens gummies oral tablet chewable</i>	Preferred	
<i>multivit-min gummies childrens oral tablet chewable</i>	Preferred	
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
<i>vitachew multiple vitamin oral tablet chewable</i>	Preferred	
VITALETS CHILDRENS ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
YUMVSKIDS MULTI ZERO ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Preferred	
<b>*PED MV W/ FLUORIDE***</b>		
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )	Preferred	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Preferred	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Preferred	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	Preferred	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML ( <i>pediatric multivitamins-fl</i> )	Preferred	
<b>*PED MV W/ IRON***</b>		
<i>multivitamin drops/iron oral solution 11 mg/ml</i>	Preferred	
<i>multivitamin infant &amp; toddler oral solution 11 mg/ml</i>	Preferred	
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML ( <i>pediatric multivitamins-iron</i> )	Preferred	
<i>poly-vite/iron oral solution 11 mg/ml</i>	Preferred	
<b>*PED VITAMINS ACD W/ FLUORIDE***</b>		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	Preferred	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Preferred	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	Preferred	
<b>*PEDIATRIC MULTIPLE VITAMINS***</b>		
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION ( <i>pediatric multiple vitamins</i> )	Preferred	
<i>multivitamin infant &amp; toddler oral solution</i>	Preferred	
<i>pc pediatric poly-vitamin drop oral solution</i>	Preferred	
POLY-VI-SOL ORAL SOLUTION ( <i>pediatric multiple vitamins</i> )	Preferred	
<i>poly-vita oral solution</i>	Preferred	
<i>poly-vite pediatric oral solution</i>	Preferred	
<b>*PRENATAL MV &amp; MIN W/FE-FA***</b>		
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG ( <i>prenat w/o a fecbnfeglu-fa &amp;b6</i> )	Preferred	
<i>c-nate dha oral capsule 28-1-200 mg</i>	Preferred	
<i>completenate oral tablet chewable 29-1 mg</i>	Preferred	
CO-NATAL FA ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Preferred	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG ( <i>prenat w/o a vit-fefum-fepo-fa</i> )	Preferred	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	Preferred	
DUET DHA 400 ORAL 25-1 & 400 MG ( <i>prenat-fepoly-fered-fa-omega 3</i> )	Preferred	
ELITE-OB ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	Preferred	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	Preferred	
<i>m-natal plus oral tablet 27-1 mg</i>	Preferred	
<i>multi prenatal oral tablet 27-0.8 mg</i>	Preferred	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG ( <i>prenatal vit-fe fum-fe bisg-fa</i> )	Preferred	
<i>neonatal prenatal oral tablet 27-0.8 mg</i>	Preferred	
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG ( <i>prenatal vit-fe fumarate-fa</i> )	Preferred	
NESTABS DHA ORAL 32-1 MG ( <i>prenat-w/oa-fe bisgly-fa-omega</i> )	Preferred	
NESTABS ORAL TABLET 32-1 MG ( <i>prenat-fe bisgly-fa-w/o vit a</i> )	Preferred	
NIVA-PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	Preferred	
OB COMPLETE ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	Preferred	
<i>one vite womens oral tablet 27-0.8 mg</i>	Preferred	
<i>one vite womens plus oral tablet 27-1 mg</i>	Preferred	
<i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>	Preferred	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	Preferred	
<i>prena1 pearl oral capsule extended release 30-1.4-200 mg</i>	Preferred	
<i>prenatabs fa oral tablet 29-1 mg</i>	Preferred	
PRENATABS RX ORAL TABLET 29-1 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	Preferred	
<i>prenatal (w/iron &amp; fa) oral tablet 27-0.8 mg</i>	Preferred	
<i>prenatal 19 oral tablet , 29-1 mg</i>	Preferred	
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	Preferred	
<i>prenatal forte oral tablet</i>	Preferred	
<i>prenatal one daily oral tablet 27-0.8 mg</i>	Preferred	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	Preferred	
<i>prenatal plus oral tablet 27-1 mg</i>	Preferred	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Preferred	
<i>prenatal/iron oral tablet</i>	Preferred	
PRENATAL-U ORAL CAPSULE 106.5-1 MG ( <i>prenatal w/o a vit-fe fum-fa</i> )	Preferred	
<i>prenatvite rx oral tablet 0.8 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG ( <i>prenat w/o a vit-fefum-fepo-fa</i> )	Preferred	
<i>relnate dha oral capsule 28-1-200 mg</i>	Preferred	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG ( <i>prenat vit-fepoly-methylfol-fa</i> )	Preferred	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal vit-fe psac cplx-fa</i> )	Preferred	
<i>se-natal 19 oral tablet 29-1 mg</i>	Preferred	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Preferred	
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	Preferred	
<i>thrivite rx oral tablet 29-1 mg</i>	Preferred	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Preferred	
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Preferred	
VINATE ONE ORAL TABLET 60-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	Preferred	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG ( <i>prenatal vit-fe phos-fa-omega</i> )	Preferred	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG ( <i>prenatal-fe fum-methf-fa w/o a</i> )	Preferred	
VITAFOL-OB ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Preferred	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG ( <i>prenat-fefum-fered-fa-dha w/oa</i> )	Preferred	
VIVA DHA ORAL CAPSULE 28-1-200 MG ( <i>prenatal vit-fe fum-fa-omega</i> )	Preferred	
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	Preferred	
<i>wesnate dha oral capsule 28-1-200 mg</i>	Preferred	
<i>westab plus oral tablet 27-1 mg</i>	Preferred	
<b>*PRENATAL MV &amp; MIN W/FE-FA-DHA***</b>		
<i>prena 1 true oral 30-1.4 &amp; 300 mg</i>	Preferred	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )	Preferred	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )	Preferred	
VITATRUE ORAL 30-1.4 & 300 MG ( <i>prenat-fechel-fa-dha w/o vit a</i> )	Preferred	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	Preferred	
<b>*PRENATAL MV &amp; MINERALS W/ FA WITHOUT IRON***</b>		
<i>cvs prenatal gummy oral tablet chewable 0.4 mg</i>	Preferred	
<b>*PRENATAL VITAMINS***</b>		
<i>neonatal 19 oral tablet 1 mg</i>	Preferred	
<i>prena1 oral tablet chewable 1.4 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (prenat-b2-b6-b12-d3-fa)	Preferred	
<b>*SPECIALTY VITAMINS PRODUCTS***</b>		
<i>a thru z advantage oral tablet</i>	Preferred	
<i>adrenal stress calm oral tablet</i>	Preferred	
ALLERWELL ALLERGY FORMULA ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
<i>biotin plus keratin oral tablet 10000-100 mcg-mg</i>	Preferred	
<i>brain might/dha &amp; co q10 oral tablet</i>	Preferred	
CENTRUM PERFORMANCE ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
CENTRUM SPECIALIST ENERGY ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
<i>cvs hair/skin/nails oral tablet</i>	Preferred	
<i>cvs menopause support oral tablet</i>	Preferred	
ELON MATRIX 5000 COMPLETE ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
ELON MATRIX 5000 ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
ELON MATRIX COMPLETE ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
ELON MATRIX PLUS ORAL TABLET 3000-50-100 MCG-MG-MG ( <i>specialty vitamins products</i> )	Preferred	
ELON R3 ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
<i>hair nourishing supplement oral tablet</i>	Preferred	
<i>healthy heart complex oral tablet</i>	Preferred	
HEART TABS ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
LIPIDSHIELD PLUS ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
MG PLUS PROTEIN ORAL TABLET 133 MG ( <i>specialty vitamins products</i> )	Preferred	
MIL ADREGEN ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
<i>ra ear care oral tablet</i>	Preferred	
<i>ultimate fat burner oral tablet</i>	Preferred	
UPSPRING HE NATAL ORAL TABLET ( <i>specialty vitamins products</i> )	Preferred	
<i>urosex oral tablet</i>	Preferred	
<i>varisan vitality oral tablet</i>	Preferred	
<i>vitamins for hair oral tablet</i>	Preferred	
<i>weight loss daily multi oral tablet</i>	Preferred	
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*CENTRAL MUSCLE RELAXANTS***</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Preferred	PA
<i>cyclobenzaprine hcl (Fexmid Oral Tablet 7.5 Mg)</i>	Preferred	PA
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Preferred	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Preferred	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Preferred	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Preferred	
<b>*DIRECT MUSCLE RELAXANTS***</b>		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	
<b>*VISCOSUPPLEMENTS***</b>		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	Preferred	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	Preferred	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	Preferred	PA
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	Preferred	PA
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*NASAL AGENTS - MISC.***</b>		
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 % ( <i>saline</i> )	Preferred	
<i>altamist spray nasal solution 0.65 %</i>	Preferred	
AYR NASAL SOLUTION 0.65 % ( <i>saline</i> )	Preferred	
BABY AYR SALINE NASAL SOLUTION 0.65 % ( <i>saline</i> )	Preferred	
<i>cvs saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>deep sea nasal spray nasal solution 0.65 %</i>	Preferred	
<i>eq saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>eql saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>gnp nasal moisturizing nasal solution 0.65 %</i>	Preferred	
<i>meijer saline nasal spray nasal solution 0.65 %</i>	Preferred	
NASAL MOIST NASAL SOLUTION 0.65 % ( <i>saline</i> )	Preferred	
<i>nasal moisturizing spray nasal solution 0.65 %</i>	Preferred	
OCEAN FOR KIDS NASAL SOLUTION 0.65 % ( <i>saline</i> )	Preferred	
<i>qc saline nasal relief nasal solution 0.65 %</i>	Preferred	
<i>qc saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>ra saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>saline mist spray nasal solution 0.65 %</i>	Preferred	
<i>saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>sb saline nose nasal solution 0.65 %</i>	Preferred	
<i>sm nasal spray saline nasal solution 0.65 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*NASAL AGENTS MISC. - COMBINATIONS***</b>		
<i>classic neti pot sinus wash nasal kit 2300-700 mg</i>	Preferred	
<i>cvs allergy relief neti pot nasal kit 2300-700 mg</i>	Preferred	
<i>cvs neti pot soft tip nasal kit 700-2300 mg</i>	Preferred	
<i>cvs saline sinus wash refills nasal packet 700-2300 mg</i>	Preferred	
<i>cvs sinus wash system nasal kit 2300-700 mg</i>	Preferred	
<i>gnp sinus wash neti pot nasal kit 2300-700 mg</i>	Preferred	
<i>gnp sinus wash refill nasal packet 2300-700 mg</i>	Preferred	
<i>gnp squeeze bottle sinus relie nasal kit 2300-700 mg</i>	Preferred	
<i>kettle neti pot sinus wash nasal kit 2300-700 mg</i>	Preferred	
<i>neti pot sinus wash nasal kit 2300-700 mg</i>	Preferred	
PRETZ IRRIGATION NASAL SOLUTION ( <i>sod chloride-yerba santa-gly</i> )	Preferred	
PRETZ NASAL SOLUTION ( <i>sod chloride-yerba santa-gly</i> )	Preferred	
PRETZ NATUR MOIST NASAL SPRAY NASAL SOLUTION ( <i>sod chloride-yerba santa-gly</i> )	Preferred	
<i>ra micro-filtered sinus wash nasal kit 2300-700 mg</i>	Preferred	
<i>saline nasal packet 2300-700 mg</i>	Preferred	
<i>sinus wash squeeze bottle nasal kit 2300-700 mg</i>	Preferred	
<i>sm sinus wash nasal packet 2300-700 mg</i>	Preferred	
<i>sm sinus wash neti pot nasal kit 2300-700 mg</i>	Preferred	
<i>squeeze bottle sinus wash nasal kit 2300-700 mg</i>	Preferred	
<b>*NASAL ANTICHOLINERGICS***</b>		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Preferred	Max 90-day supply per fill
<b>*NASAL ANTIHISTAMINES***</b>		
ASTEPRO CHILDRENS NASAL SOLUTION 205.5 MCG/SPRAY ( <i>azelastine hcl</i> )	Preferred	
ASTEPRO NASAL SOLUTION 205.5 MCG/SPRAY ( <i>azelastine hcl</i> )	Preferred	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	Preferred	
<b>*NASAL STEROIDS***</b>		
<i>allergy relief nasal suspension 50 mcg/act</i>	Preferred	
<i>allergy spray 24 hour nasal aerosol 55 mcg/act</i>	Preferred	
<i>allergy spray 24 hour nasal suspension 50 mcg/act</i>	Preferred	
<i>budesonide nasal suspension 32 mcg/act</i>	Preferred	
CLARISPRAY NASAL SUSPENSION 50 MCG/ACT ( <i>fluticasone propionate</i> )	Preferred	
<i>cvs budesonide nasal suspension 32 mcg/act</i>	Preferred	
<i>cvs fluticasone propionate nasal suspension 50 mcg/act</i>	Preferred	
<i>cvs nasal allergy spray nasal aerosol 55 mcg/act</i>	Preferred	
<i>eq allergy relief nasal suspension 50 mcg/act</i>	Preferred	
<i>eq budesonide nasal nasal suspension 32 mcg/act</i>	Preferred	

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<i>eq nasal allergy nasal aerosol 55 mcg/act</i>	Preferred	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Preferred	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Preferred	
<i>ft allergy relief 24 hr nasal suspension 50 mcg/act</i>	Preferred	
<i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Preferred	
<i>gnp budesonide nasal spray nasal suspension 32 mcg/act</i>	Preferred	
<i>gnp fluticasone propionate nasal suspension 50 mcg/act</i>	Preferred	
<i>goodsense 24-hr allergy nasal nasal suspension 50 mcg/act</i>	Preferred	
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	Preferred	
<i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Preferred	
<i>hm allergy relief nasal suspension 50 mcg/act</i>	Preferred	
KLS ALLER-FLO NASAL SUSPENSION 50 MCG/ACT ( <i>fluticasone propionate</i> )	Preferred	
<i>nasal allergy 24 hour nasal aerosol 55 mcg/act</i>	Preferred	
OMNARIS NASAL SUSPENSION 50 MCG/ACT ( <i>ciclesonide</i> )	Preferred	
<i>qc allergy relief nasal suspension 50 mcg/act</i>	Preferred	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )	Preferred	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )	Preferred	
<i>ra budesonide nasal suspension 32 mcg/act</i>	Preferred	
<i>ra nasal allergy nasal aerosol 55 mcg/act</i>	Preferred	
<i>sm allergy relief nasal suspension 50 mcg/act</i>	Preferred	
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Preferred	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT ( <i>ciclesonide</i> )	Preferred	
<b>*SYSTEMIC DECONGESTANTS***</b>		
<i>12 hour decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>cvs 12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>cvs nasal decongestant oral capsule 30 mg</i>	Preferred	
<i>cvs nasal decongestant oral tablet 30 mg</i>	Preferred	
<i>cvs sinus pe decongestant oral tablet 10 mg</i>	Preferred	
<i>decongestant oral tablet 30 mg</i>	Preferred	
<i>eq sinus 12-hour oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>eql nasal decongestant oral tablet 30 mg</i>	Preferred	
<i>eql nasal decongestant pe oral tablet 10 mg</i>	Preferred	
<i>ft nasal decongestant max str oral tablet 30 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>ft nasal decongestant pe oral tablet 10 mg</i>	Preferred	
<i>gnp nasal decongestant oral tablet 30 mg</i>	Preferred	
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	Preferred	
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>hm nasal decongestant 12 hour oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>hm nasal decongestant pe oral tablet 10 mg</i>	Preferred	
<i>kp pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	Preferred	
<i>meijer nasal decongestant oral tablet 30 mg</i>	Preferred	
<i>nasal decongestant 12hr oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>nasal decongestant d oral tablet 30 mg</i>	Preferred	
<i>nasal decongestant oral tablet 30 mg</i>	Preferred	
<i>nasal decongestant pe max st oral tablet 10 mg</i>	Preferred	
<i>nasal decongestant pe oral tablet 10 mg</i>	Preferred	
<i>non-pseudo sinus decongestant oral tablet 10 mg</i>	Preferred	
<i>phenylephrine hcl oral tablet 10 mg</i>	Preferred	
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	Preferred	
<i>qc nasal decongestant pe oral tablet 10 mg, 30 mg</i>	Preferred	
<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>ra nasal decongestant pe oral tablet 10 mg</i>	Preferred	
<i>ra sinus/congestion relief oral tablet 30 mg</i>	Preferred	
<i>ra sinus/congestion relief oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>ra sinus/congestion relief pe oral tablet 10 mg</i>	Preferred	
<i>ra suphedrine oral tablet 30 mg</i>	Preferred	
<i>ra suphedrine oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>sinus congestion max strength oral tablet 30 mg</i>	Preferred	
<i>sm nasal decongestant max st oral tablet 30 mg</i>	Preferred	
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>sm nasal decongestant pe oral tablet 10 mg</i>	Preferred	
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML ( <i>pseudoephedrine hcl</i> )	Preferred	
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG ( <i>pseudoephedrine hcl</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
SUDAFED SINUS CONGESTION 24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG ( <i>pseudoephedrine hcl</i> )	Preferred	
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	Preferred	
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG ( <i>pseudoephedrine hcl</i> )	Preferred	
SUDOGEST ORAL TABLET 30 MG, 60 MG ( <i>pseudoephedrine hcl</i> )	Preferred	
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	Preferred	
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG ( <i>pseudoephedrine hcl</i> )	Preferred	
WAL-PHED D ORAL TABLET 30 MG ( <i>pseudoephedrine hcl</i> )	Preferred	
WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG ( <i>pseudoephedrine hcl</i> )	Preferred	
WAL-PHED PE ORAL TABLET 10 MG ( <i>phenylephrine hcl</i> )	Preferred	
ZEPHREX-D ORAL TABLET ABUSE-DETERRENT 30 MG ( <i>pseudoephedrine hcl</i> )	Preferred	
<b>*TOPICAL DECONGESTANTS***</b>		
<i>12 hour decongestant nasal solution 0.05 %</i>	Preferred	
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Preferred	
<i>12 hour nasal relief spray nasal solution 0.05 %</i>	Preferred	
<i>12 hour nasal spray nasal solution 0.05 %</i>	Preferred	
4-WAY FAST ACTING NASAL SOLUTION 1 % ( <i>phenylephrine hcl</i> )	Preferred	
4-WAY MENTHOL NASAL SOLUTION 1 % ( <i>phenylephrine hcl</i> )	Preferred	
<i>anefrin spray nasal solution 0.05 %</i>	Preferred	
<i>cvs allergy nasal mist no drip nasal solution 0.05 %</i>	Preferred	
<i>cvs nasal mist nasal solution 0.05 %</i>	Preferred	
<i>cvs nasal spray nasal solution 0.05 %, 1 %</i>	Preferred	
<i>cvs sinus nasal spray nasal solution 0.05 %</i>	Preferred	
DRISTAN NASAL SOLUTION 0.05 % ( <i>oxymetazoline hcl</i> )	Preferred	
<i>ephrine nose drops nasal solution 1 %</i>	Preferred	
<i>eq nasal spray fast acting nasal solution 1 %</i>	Preferred	
<i>eq nasal spray nasal solution 0.05 %</i>	Preferred	
<i>eql nasal spray 12 hour nasal solution 0.05 %</i>	Preferred	
<i>eql nasal spray fast acting nasal solution 1 %</i>	Preferred	
<i>eql nasal spray no drip nasal solution 0.05 %</i>	Preferred	
<i>ft nasal spray nasal solution 0.05 %</i>	Preferred	
GILTUSS SEVERE SINUS NASAL SOLUTION 0.05 % ( <i>oxymetazoline hcl</i> )	Preferred	
<i>gnp nasal four spray nasal solution 1 %</i>	Preferred	
<i>gnp nasal spray extra moist nasal solution 0.05 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp nasal spray fast acting nasal solution 1 %</i>	Preferred	
<i>gnp nasal spray nasal solution 0.05 %</i>	Preferred	
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	Preferred	
<i>hm nose drops nasal solution 1 %</i>	Preferred	
<i>long acting nasal spray nasal solution 0.05 %</i>	Preferred	
<i>long lasting nasal spray nasal solution 0.05 %</i>	Preferred	
MUCINEX CHILDRENS STUFFY NOSE NASAL SOLUTION 0.05 % (oxymetazoline hcl)	Preferred	
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 % (oxymetazoline hcl)	Preferred	
MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 % (oxymetazoline hcl)	Preferred	
<i>nasal decongestant spray nasal solution 0.05 %</i>	Preferred	
<i>nasal four nasal solution 1 %</i>	Preferred	
<i>nasal relief nasal solution 0.05 %</i>	Preferred	
<i>nasal spray 12 hour nasal solution 0.05 %</i>	Preferred	
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	Preferred	
<i>nasal spray max strength nasal solution 0.05 %</i>	Preferred	
<i>nasal spray nasal solution 0.05 %</i>	Preferred	
<i>nasal spray no drip nasal solution 0.05 %</i>	Preferred	
<i>nasal spray sinus nasal solution 0.05 %</i>	Preferred	
NEO-SYNEPHRINE COLD/ALLRG MILD NASAL SOLUTION 0.25 % (phenylephrine hcl)	Preferred	
<i>no drip nasal spray nasal solution 0.05 %</i>	Preferred	
NOSTRILLA NASAL SOLUTION 0.05 % (oxymetazoline hcl)	Preferred	
<i>qc nasal mist no drip nasal solution 0.05 %</i>	Preferred	
<i>qc nasal spray nasal solution 0.05 %, 1 %</i>	Preferred	
<i>qc no drip extra moisturizing nasal solution 0.05 %</i>	Preferred	
<i>qc no drip nasal relief nasal solution 0.05 %</i>	Preferred	
<i>qc no drip original 12 hours nasal solution 0.05 %</i>	Preferred	
QLEARQUIL NASAL SOLUTION 0.05 % (oxymetazoline hcl)	Preferred	
<i>ra 12 hour nasal spray nasal solution 0.05 %</i>	Preferred	
<i>ra nose drops extra strength nasal solution 1 %</i>	Preferred	
<i>sb 12hr nasal spray nasal solution 0.05 %</i>	Preferred	
<i>sb nasal spray no-drip nasal solution 0.05 %</i>	Preferred	
<i>sb sinus relief nasal solution 0.05 %</i>	Preferred	
<i>sinus nasal spray nasal solution 0.05 %</i>	Preferred	
<i>sinus relief extra strength nasal solution 1 %</i>	Preferred	
<i>sinus relief mist nasal solution 0.05 %</i>	Preferred	
<i>sinus relief nasal solution 0.05 %</i>	Preferred	
<i>sm nasal spray 12 hour nasal solution 0.05 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>sm nasal spray nasal solution 0.05 %</i>	Preferred	
<i>sm nasal spray sinus nasal solution 0.05 %</i>	Preferred	
WAL-FOUR NASAL SOLUTION 1 % ( <i>phenylephrine hcl</i> )	Preferred	
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS***</b>		
SKYCLARYS ORAL CAPSULE 50 MG ( <i>omaveloxolone</i> )	Preferred	PA
<b>*NUTRIENTS*</b>		
<b>*MISC. NUTRITIONAL SUBSTANCES***</b>		
<i>cvs fish oil half-the-size oral capsule 500 mg</i>	Preferred	
<i>cvs fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	
<i>cvs fish oil oral capsule delayed release 1200 mg</i>	Preferred	
<i>cvs natural fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	
<i>cvs omega-3 gummy fish oral tablet chewable 113.5 mg</i>	Preferred	
<i>eql fish oil oral capsule 1000 mg</i>	Preferred	
<i>eql omega 3 fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	
<i>eql omega 3 fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	Preferred	
<i>fish oil adult gummies oral tablet chewable 113.5 mg</i>	Preferred	
<i>fish oil burp-less oral capsule 1000 mg, 1200 mg, 500 mg</i>	Preferred	
<i>fish oil concentrate oral capsule 1000 mg, 300 mg, 435 mg</i>	Preferred	
<i>fish oil double strength oral capsule 1200 mg</i>	Preferred	
<i>fish oil extra strength oral capsule 1200 mg, 435 mg</i>	Preferred	
<i>fish oil high potency oral capsule 1000 mg</i>	Preferred	
<i>fish oil maximum strength oral capsule 1200 mg</i>	Preferred	
<i>fish oil maximum strength oral capsule delayed release 1200 mg</i>	Preferred	
<i>fish oil odor-less oral capsule 1200 mg</i>	Preferred	
<i>fish oil omega-3 oral capsule 1000 mg</i>	Preferred	
<i>fish oil oral capsule 1000 mg, 1200 mg, 300 mg, 435 mg, 500 mg</i>	Preferred	
<i>fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	Preferred	
FISH OIL PEARLS ORAL CAPSULE 150 MG, 180 MG, 183.33 MG, 300 MG ( <i>omega-3 fatty acids</i> )	Preferred	
<i>fish oil triple strength oral capsule 1400 mg</i>	Preferred	
<i>fish oil ultra oral capsule 1400 mg</i>	Preferred	
<i>fish oil/super potent/no burp oral capsule 1000 mg</i>	Preferred	
<i>gnp fish oil max st oral capsule delayed release 1200 mg</i>	Preferred	
<i>gnp fish oil oral capsule 1000 mg</i>	Preferred	
<i>gnp fish oil oral capsule delayed release 1000 mg, 840 mg</i>	Preferred	
<i>hm fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	

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<i>kp fish oil oral capsule 1200 mg</i>	Preferred	
<i>kp omega-3 fish oil oral capsule 1200 mg</i>	Preferred	
<i>kp omega-3 fish oil oral capsule delayed release 1200 mg</i>	Preferred	
<i>maxepa oral capsule 1000 mg</i>	Preferred	
MAXIMUM EPA ORAL CAPSULE 1000 MG ( <i>omega-3 fatty acids</i> )	Preferred	
<i>norwegian salmon oil oral capsule 1000 mg</i>	Preferred	
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	Preferred	
<i>omega 3 oral capsule 1000 mg, 1200 mg</i>	Preferred	
<i>omega-3 cf oral capsule 1000 mg</i>	Preferred	
<i>omega-3 fish oil concentrate oral capsule delayed release 1000 mg</i>	Preferred	
<i>omega-3 fish oil ex st oral capsule 880 mg</i>	Preferred	
<i>omega-3 fish oil oral capsule 1000 mg, 1200 mg, 300 mg, 500 mg</i>	Preferred	
<i>omega-3 oral capsule 1000 mg, 1400 mg</i>	Preferred	
OMEGAPURE 600 EC ORAL CAPSULE DELAYED RELEASE 1000 MG ( <i>omega-3 fatty acids</i> )	Preferred	
OMEGAPURE 820 ORAL CAPSULE 1250 MG ( <i>omega-3 fatty acids</i> )	Preferred	
OVEGA-3 ORAL CAPSULE 500 MG ( <i>omega-3 fatty acids</i> )	Preferred	
<i>qc fish oil oral capsule 1000 mg</i>	Preferred	
<i>ra fish oil oral capsule 1000 mg</i>	Preferred	
<i>ra fish oil oral capsule delayed release 1000 mg</i>	Preferred	
<i>sam-e.p.a. oral capsule 200-300 mg</i>	Preferred	
<i>sb omega-3 fish oil oral capsule 1000 mg</i>	Preferred	
SEA-OMEGA ORAL CAPSULE 1000 MG ( <i>omega-3 fatty acids</i> )	Preferred	
<i>sm fish oil oral capsule 1000 mg, 1200 mg, 300 mg</i>	Preferred	
<i>sm fish oil oral capsule delayed release 1000 mg</i>	Preferred	
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Preferred	
SUPER DHA GEMS ORAL CAPSULE 1000 MG ( <i>omega-3 fatty acids</i> )	Preferred	
SUPER OMEGA-3 ORAL CAPSULE 1000 MG ( <i>omega-3 fatty acids</i> )	Preferred	
<i>sv fish oil oral capsule 500 mg</i>	Preferred	
THERAGRAN-M FISH OIL CONC ORAL CAPSULE 1200 MG ( <i>omega-3 fatty acids</i> )	Preferred	
THEROMEGA ORAL CAPSULE 1000 MG ( <i>omega-3 fatty acids</i> )	Preferred	
ULTRA OMEGA 3 ORAL CAPSULE 1000 MG ( <i>omega-3 fatty acids</i> )	Preferred	
<i>ultra omega-3 fish oil oral capsule 1400 mg</i>	Preferred	
VITEYES OMEGA-3 VISION SUPPORT ORAL CAPSULE DELAYED RELEASE 1000 MG ( <i>omega-3 fatty acids</i> )	Preferred	

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<b>*OPHTHALMIC AGENTS*</b>		
<b>*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***</b>		
ALTALUBE OPHTHALMIC OINTMENT 85-15 % ( <i>white petrolatum-mineral oil</i> )	Preferred	
<i>artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 1-0.3 %, 5-6 mg/ml</i>	Preferred	
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	Preferred	
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % ( <i>dextran 70-hypromellose</i> )	Preferred	
CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML ( <i>polyvinyl alcohol-povidone</i> )	Preferred	
<i>cvs artificial tears ophthalmic solution 1-0.3 %</i>	Preferred	
<i>cvs dry eye relief ophthalmic solution 0.2-0.2-1 %</i>	Preferred	
<i>cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %</i>	Preferred	
<i>cvs eye lubricant ophthalmic ointment</i>	Preferred	
<i>cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>cvs lubricant drops ophthalmic gel 0.25-0.3 %</i>	Preferred	
<i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>cvs lubricating eye/overnight ophthalmic ointment</i>	Preferred	
<i>cvs natural tears pf ophthalmic solution 0.1-0.3 %</i>	Preferred	
<i>cvs nighttime dry-eye relief ophthalmic ointment</i>	Preferred	
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	Preferred	
<i>dry eye relief ophthalmic gel 0.4-0.3 %</i>	Preferred	
<i>eq artificial tears ophthalmic solution 1-0.3 %</i>	Preferred	
<i>eq lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
EQ RESTORE PM OPHTHALMIC OINTMENT ( <i>white petrolatum-mineral oil</i> )	Preferred	
<i>eye lubricant ophthalmic ointment</i>	Preferred	
<i>for sty relief ophthalmic ointment 31.9-57.7 %</i>	Preferred	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT ( <i>white petrolatum-mineral oil</i> )	Preferred	
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	Preferred	
<i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i>	Preferred	
<i>gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %</i>	Preferred	
<i>goodsense artificial tears ophthalmic solution 0.5-0.6 %</i>	Preferred	
<i>goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %</i>	Preferred	
HYPOTEARs OPHTHALMIC OINTMENT ( <i>white petrolatum-mineral oil</i> )	Preferred	
<i>lubricant drops/dual-action ophthalmic solution 0.5-0.9 %</i>	Preferred	
<i>lubricant eye drops (pf) ophthalmic solution 0.1-0.3 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>lubricant eye fast acting ophthalmic ointment</i>	Preferred	
<i>lubricant eye nighttime ophthalmic ointment</i>	Preferred	
<i>lubricant eye ophthalmic ointment</i>	Preferred	
<i>lubricant pm ophthalmic ointment</i>	Preferred	
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>lubrifresh p.m. ophthalmic ointment</i>	Preferred	
<i>qc artificial tears ophthalmic solution 5-6 mg/ml</i>	Preferred	
<i>ra artificial tears ophthalmic solution 1-0.3 %</i>	Preferred	
<i>ra lubricant eye ophthalmic solution 0.4-0.3 %, 1-0.3 %</i>	Preferred	
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT ( <i>white petrolatum-mineral oil</i> )	Preferred	
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 % ( <i>carboxymethylcellul-glycerin</i> )	Preferred	
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % ( <i>carboxymethylcellul-glycerin</i> )	Preferred	
RETAIN PM OPHTHALMIC OINTMENT ( <i>white petrolatum-mineral oil</i> )	Preferred	
<i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>	Preferred	
<i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>sm lubricating tears ophthalmic solution 0.4-0.3 %</i>	Preferred	
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT ( <i>white petrolatum-mineral oil</i> )	Preferred	
SOOTHE OPHTHALMIC SOLUTION 0.6-0.6 % ( <i>propylene glycol-glycerin</i> )	Preferred	
STYE OPHTHALMIC OINTMENT 31.9-57.7 % ( <i>white petrolatum-mineral oil</i> )	Preferred	
STYE OPHTHALMIC SOLUTION 0.5-0.6 % ( <i>polyvinyl alcohol-povidone</i> )	Preferred	
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT ( <i>white petrolatum-mineral oil</i> )	Preferred	
ULTRA FRESH PM OPHTHALMIC OINTMENT ( <i>white petrolatum-mineral oil</i> )	Preferred	
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<b>*ARTIFICIAL TEAR SOLUTIONS***</b>		
<i>artificial tears ophthalmic solution</i>	Preferred	
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % ( <i>artificial tear solution</i> )	Preferred	
<i>just tears eye drops ophthalmic solution</i>	Preferred	
<i>sm artificial tears ophthalmic solution</i>	Preferred	
SOOTHE HYDRATION OPHTHALMIC SOLUTION 1.25 % ( <i>artificial tear solution</i> )	Preferred	
SOOTHE XP OPHTHALMIC SOLUTION ( <i>artificial tear solution</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION (artificial tear solution)	Preferred	
SYSTANE CONTACTS OPHTHALMIC SOLUTION (artificial tear solution)	Preferred	
<b>*ARTIFICIAL TEARS AND LUBRICANTS***</b>		
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 % (carboxymethylcellulose sodium)	Preferred	
BLINK TEARS OPHTHALMIC SOLUTION 0.25 % (polyethylene glycol 400)	Preferred	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Preferred	
cvs lubricant drops ophthalmic gel 1 %	Preferred	
cvs lubricant drops ophthalmic solution 0.6 %	Preferred	
cvs lubricant eye drops (pf) ophthalmic solution 0.5 %	Preferred	
cvs lubricant eye drops ophthalmic solution 0.25 %, 0.5 %, 0.6 %	Preferred	
dry eye relief ophthalmic gel 1 %	Preferred	
eq lubricant eye drops ophthalmic solution 0.6 %	Preferred	
eq restore plus lubricant eye ophthalmic solution 0.5 %	Preferred	
eq restore tears ophthalmic solution 0.5 %	Preferred	
gnp lubricant eye drops (pf) ophthalmic solution 0.5 %	Preferred	
gnp lubricating plus eye drops ophthalmic solution 0.5 %	Preferred	
goodsense lubricating eye drop ophthalmic solution 0.5 %	Preferred	
lubricant eye drops ophthalmic solution 0.5 %, 0.6 %	Preferred	
lubricant eye drops pf ophthalmic solution 0.5 %	Preferred	
moisturizing lubricant eye ophthalmic solution 0.25 %	Preferred	
polyvinyl alcohol ophthalmic solution 1.4 %	Preferred	
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (hypromellose)	Preferred	
ra lubricant eye drops ophthalmic solution 0.5 %, 0.6 %	Preferred	
sm lubricating plus ophthalmic solution 0.5 %	Preferred	
STERILE LUBRICANT OPHTHALMIC LIQUID 0.7 % (carboxymethylcellulose sodium)	Preferred	
THERATEARS EXTRA PF OPHTHALMIC SOLUTION 0.25 % (carboxymethylcellulose sodium)	Preferred	
THERATEARS PF OPHTHALMIC SOLUTION 0.25 % (carboxymethylcellulose sodium)	Preferred	
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 % (carboxymethylcellulose sodium)	Preferred	
<b>*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***</b>		
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Preferred	Max 90-day supply per fill
<b>*BETA-BLOCKERS - OPHTHALMIC***</b>		
betaxolol hcl ophthalmic solution 0.5 %	Preferred	Max 90-day supply per fill

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BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol hemihydrate</i> )	Preferred	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % ( <i>betaxolol hcl</i> )	Preferred	Max 90-day supply per fill
<i>carteolol hcl ophthalmic solution 1 %</i>	Preferred	Max 90-day supply per fill
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Preferred	Max 90-day supply per fill
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Preferred	
<i>timolol maleate (Timolol Maleate OcuDose Ophthalmic Solution 0.5 %)</i>	Preferred	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Preferred	Max 90-day supply per fill
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Preferred	Max 90-day supply per fill
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	Preferred	
<b>*CYCLOPLEGIC MYDRIATICS***</b>		
<i>phenylephrine hcl (Altafrin Ophthalmic Solution 10 %, 2.5 %)</i>	Preferred	
<i>atropine sulfate ophthalmic ointment 1 %</i>	Preferred	Max 90-day supply per fill
<i>atropine sulfate ophthalmic solution 1 %</i>	Preferred	Max 90-day supply per fill
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % ( <i>cyclopentolate hcl</i> )	Preferred	Max 90-day supply per fill
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Preferred	Max 90-day supply per fill
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % ( <i>homatropine hbr</i> )	Preferred	Max 90-day supply per fill
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Preferred	
<b>*GONIOSCOPIC SOLUTIONS***</b>		
GONIOTAIRE OPHTHALMIC SOLUTION 2.5 % ( <i>hypromellose</i> )	Preferred	
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***</b>		
XIIDRA OPHTHALMIC SOLUTION 5 % ( <i>lifitegrast</i> )	Preferred	PA
<b>*MIOTICS - DIRECT ACTING***</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Preferred	Max 90-day supply per fill
<b>*OPHTHALMIC ANTIALLERGIC***</b>		
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 % ( <i>ketotifen fumarate</i> )	Preferred	
ALAWAY OPHTHALMIC SOLUTION 0.035 % ( <i>ketotifen fumarate</i> )	Preferred	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % ( <i>lodoxamide tromethamine</i> )	Preferred	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Preferred	
<i>cromolyn sodium ophthalmic solution 4 %</i>	Preferred	
<i>cvs allergy eye drops ophthalmic solution 0.035 %</i>	Preferred	
<i>cvs eye itch relief ophthalmic solution 0.035 %</i>	Preferred	
<i>cvs olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Preferred	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Preferred	
<i>eq eye itch relief ophthalmic solution 0.035 %</i>	Preferred	

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<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	Preferred	
<i>eye allergy itch/redness rel ophthalmic solution 0.1 %</i>	Preferred	
<i>eye itch relief ophthalmic solution 0.035 %</i>	Preferred	
<i>ft eye allergy itch &amp; redness ophthalmic solution 0.1 %</i>	Preferred	
<i>ft eye allergy itch relief ophthalmic solution 0.2 %</i>	Preferred	
<i>gnp olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Preferred	
<i>hm eye allergy itch relief ophthalmic solution 0.2 %</i>	Preferred	
<i>hm eye allergy itch/red relief ophthalmic solution 0.1 %</i>	Preferred	
<i>ketotifen fumarate ophthalmic solution 0.025 %, 0.035 %</i>	Preferred	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Preferred	
PATADAY OPHTHALMIC SOLUTION 0.7 % ( <i>olopatadine hcl</i> )	Preferred	
<i>qc olopatadine hcl ophthalmic solution 0.2 %</i>	Preferred	
<i>ra eye itch relief ophthalmic solution 0.035 %</i>	Preferred	
<i>sm eye itch relief ophthalmic solution 0.035 %</i>	Preferred	
<i>sm olopatadine hcl ophthalmic solution 0.2 %</i>	Preferred	
<b>*OPHTHALMIC ANTIBIOTICS***</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Preferred	QL (0.5 GM per 1 day)
CILOXAN OPHTHALMIC OINTMENT 0.3 % ( <i>ciprofloxacin hcl</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	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	Preferred	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Preferred	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Preferred	
<i>tobramycin ophthalmic solution 0.3 %</i>	Preferred	
TOBREX OPHTHALMIC OINTMENT 0.3 % ( <i>tobramycin</i> )	Preferred	QL (0.5 GM per 1 day)
<b>*OPHTHALMIC ANTIFUNGAL***</b>		
NATACYN OPHTHALMIC SUSPENSION 5 % ( <i>natamycin</i> )	Preferred	
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***</b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Preferred	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Preferred	
<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	

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<b>*OPHTHALMIC ANTIVIRALS***</b>		
<i>trifluridine ophthalmic solution 1 %</i>	Preferred	
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***</b>		
<i>brinzolamide ophthalmic suspension 1 %</i>	Preferred	PA; Max 90-day supply per fill
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Preferred	Max 90-day supply per fill
<b>*OPHTHALMIC DECONGESTANT COMBINATIONS***</b>		
<i>advanced lubricant ophthalmic solution 0.05-1 %</i>	Preferred	
<i>allergy eye ophthalmic solution 0.025-0.3 %</i>	Preferred	
CLEAR EYES COMPLETE OPHTHALMIC SOLUTION ( <i>hyprom-naphaz-polysorb-zn sulf</i> )	Preferred	
CLEAR EYES COOLING COMFORT OPHTHALMIC SOLUTION 0.012-0.25-0.25 % ( <i>naphazoline-glycerin-zinc sulf</i> )	Preferred	
CLEAR EYES COOLING COMFORT OPHTHALMIC SOLUTION 0.5-0.03 % ( <i>naphazoline-glycerin</i> )	Preferred	
CLEAR EYES MAX REDNESS RELIEF OPHTHALMIC SOLUTION 0.03-0.5 % ( <i>naphazoline-glycerin</i> )	Preferred	
CLEAR EYES MAXIMUM ITCHY EYE OPHTHALMIC SOLUTION 0.012-0.25-0.25 % ( <i>naphazoline-glycerin-zinc sulf</i> )	Preferred	
<i>cvs astringent eye drops ophthalmic solution 0.05-0.25 %</i>	Preferred	
<i>cvs eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Preferred	
<i>cvs eye drops ophthalmic solution 0.05-0.1-1-1 %</i>	Preferred	
<i>cvs redness relief ophthalmic solution 0.012-0.2 %, 0.012-0.25 %</i>	Preferred	
<i>eq eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Preferred	
<i>eql advanced relief ophthalmic solution 0.05-0.1-1-1 %</i>	Preferred	
<i>eql eye drops ac ophthalmic solution 0.05-0.25 %</i>	Preferred	
<i>eql redness relief ophthalmic solution 0.012-0.2 %</i>	Preferred	
<i>eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %</i>	Preferred	
<i>eye drops advanced relief ophthalmic solution 0.05-0.1-1-1 %</i>	Preferred	
<i>eye drops ar ophthalmic solution 0.05-0.25 %</i>	Preferred	
<i>eye drops maximum relief ophthalmic solution 0.05-0.1-1-1 %</i>	Preferred	
<i>eye drops ophthalmic solution 0.012-0.2 %</i>	Preferred	
<i>gnp eye drops ophthalmic solution 0.012-0.25 %, 0.03-0.5 %, 0.05-0.1-1-1 %, 0.05-0.25 %</i>	Preferred	
<i>goodsense relief eye drops ophthalmic solution 0.05-0.25 %</i>	Preferred	
<i>qc eye drops ophthalmic solution 0.05-0.1-1-1 %</i>	Preferred	
<i>qc eye irritation relief drops ophthalmic solution 0.05-0.25 %</i>	Preferred	
<i>ra eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Preferred	
<i>ra sterile eye drops ophthalmic solution 0.012-0.2 %</i>	Preferred	
<i>redness relief max strength ophthalmic solution 0.03-0.5 %</i>	Preferred	

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REDNESS RELIEF OPHTHALMIC SOLUTION 0.012-0.25 % ( <i>naphazoline-glycerin</i> )	Preferred	
<i>relief drops ophthalmic solution 0.05-0.25 %</i>	Preferred	
<i>relief eye drops ophthalmic solution 0.05-0.25 %</i>	Preferred	
<i>sm eye drops ophthalmic solution 0.05-0.1-1-1 %</i>	Preferred	
VASOCLEAR-A OPHTHALMIC SOLUTION 0.02-0.25 % ( <i>naphazoline-zinc sulfate</i> )	Preferred	
VISINE OPHTHALMIC SOLUTION 0.025-0.3 % ( <i>naphazoline-pheniramine</i> )	Preferred	
VISINE RED EYE HYDRATING COMF OPHTHALMIC SOLUTION 0.05-1 % ( <i>tetrahydrozoline-peg</i> )	Preferred	
VISINE-AC OPHTHALMIC SOLUTION 0.05-0.25 % ( <i>tetrahydrozoline-zn sulfate</i> )	Preferred	
<b>*OPHTHALMIC DECONGESTANTS***</b>		
<i>cvs eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>eq eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>eql eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>gnp eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>goodsense eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>qc eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>redness reliever eye drops ophthalmic solution 0.05 %</i>	Preferred	
<i>sm eye drops ophthalmic solution 0.05 %</i>	Preferred	
<b>*OPHTHALMIC IMMUNOMODULATORS***</b>		
CYCLOSPORINE IN KLARITY OPHTHALMIC EMULSION 0.1 % ( <i>cyclosporine</i> )	Preferred	
RESTASIS EMULSION 0.05 % OPHTHALMIC ( <i>cyclosporine</i> )	Preferred	PA; Max 90-day supply per fill
VERKAZIA OPHTHALMIC EMULSION 0.1 % ( <i>cyclosporine</i> )	Preferred	
<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***</b>		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % ( <i>ketorolac tromethamine</i> )	Preferred	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Preferred	
BROMSITE OPHTHALMIC SOLUTION 0.075 % ( <i>bromfenac sodium</i> )	Preferred	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Preferred	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Preferred	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Preferred	
PROLENSA OPHTHALMIC SOLUTION 0.07 % ( <i>bromfenac sodium</i> )	Preferred	

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<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Preferred	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	Preferred	
IOPIDINE OPHTHALMIC SOLUTION 1 % ( <i>apraclonidine hcl</i> )	Preferred	
<b>*OPHTHALMIC STEROID COMBINATIONS***</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Preferred	
<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>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</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	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	Preferred	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % ( <i>tobramycin-dexamethasone</i> )	Preferred	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Preferred	
<b>*OPHTHALMIC STEROIDS***</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Preferred	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Preferred	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % ( <i>fluorometholone</i> )	Preferred	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % ( <i>dexamethasone</i> )	Preferred	
PRED FORTE OPHTHALMIC SUSPENSION 1 % ( <i>prednisolone acetate</i> )	Preferred	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % ( <i>prednisolone acetate</i> )	Preferred	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Preferred	
<i>prednisolone acetate p-f ophthalmic suspension 1 %</i>	Preferred	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Preferred	
<b>*OPHTHALMIC SULFONAMIDES***</b>		
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Preferred	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Preferred	
<b>*PROSTAGLANDINS - OPHTHALMIC***</b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	Preferred	QL (2.5 ML per 30 days); Max 90-day supply per fill
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Preferred	PA; Max 90-day supply per fill
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Preferred	PA; Max 90-day supply per fill

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<b>*OTIC AGENTS*</b>		
<b>*OTIC AGENTS - MISCELLANEOUS***</b>		
<i>acetic acid otic solution 2 %</i>	Preferred	
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 % ( <i>carbamide peroxide</i> )	Preferred	
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 % ( <i>carbamide peroxide</i> )	Preferred	
<i>cvs ear drops otic solution 6.5 %</i>	Preferred	
<i>cvs ear wax removal system otic solution 6.5 %</i>	Preferred	
<i>cvs earwax removal kit otic solution 6.5 %</i>	Preferred	
<i>ear drops otic solution 6.5 %</i>	Preferred	
<i>ear wax removal drops otic solution 6.5 %</i>	Preferred	
<i>ear wax removal kit otic solution 6.5 %</i>	Preferred	
<i>ear wax removal system otic solution 6.5 %</i>	Preferred	
<i>earwax removal kit otic solution 6.5 %</i>	Preferred	
<i>earwax removal otic solution 6.5 %</i>	Preferred	
<i>eq ear wax removal aid otic solution 6.5 %</i>	Preferred	
<i>eq earwax removal aid otic solution 6.5 %</i>	Preferred	
<i>ft earwax removal kit otic solution 6.5 %</i>	Preferred	
<i>ft earwax removal otic solution 6.5 %</i>	Preferred	
<i>gnp earwax removal drops otic solution 6.5 %</i>	Preferred	
<i>gnp earwax removal kit otic solution 6.5 %</i>	Preferred	
<i>goodsense ear wax kit otic solution 6.5 %</i>	Preferred	
<i>goodsense ear wax removal otic solution 6.5 %</i>	Preferred	
<i>hm earwax removal kit otic solution 6.5 %</i>	Preferred	
<i>hm earwax removal otic solution 6.5 %</i>	Preferred	
MURINE EAR OTIC SOLUTION 6.5 % ( <i>carbamide peroxide</i> )	Preferred	
MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 % ( <i>carbamide peroxide</i> )	Preferred	
<i>qc ear wax removal otic solution 6.5 %</i>	Preferred	
<i>qc earwax removal kit otic solution 6.5 %</i>	Preferred	
<i>qc earwax removal otic solution 6.5 %</i>	Preferred	
<i>ra ear drops otic solution 6.5 %</i>	Preferred	
<i>ra earwax removal kit otic solution 6.5 %</i>	Preferred	
<i>sm ear drops otic solution 6.5 %</i>	Preferred	
<b>*OTIC ANTI-INFECTIVES***</b>		
CETRAXAL OTIC SOLUTION 0.2 % ( <i>ciprofloxacin hcl</i> )	Preferred	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Preferred	
<i>ofloxacin otic solution 0.3 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***</b>		
CIPRO HC OTIC SUSPENSION 0.2-1 % ( <i>ciprofloxacin-hydrocortisone</i> )	Preferred	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Preferred	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Preferred	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Preferred	
<b>*OTIC STEROIDS***</b>		
<i>fluocinolone acetonide (Flac Otic Oil 0.01 %)</i>	Preferred	
<i>fluocinolone acetonide otic oil 0.01 %</i>	Preferred	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Preferred	
<b>*OXYTOCICS*</b>		
<b>*OXYTOCICS***</b>		
<i>methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)</i>	Preferred	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Preferred	
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>*ANTIVIRAL MONOCLONAL ANTIBODIES***</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )	Preferred	
<b>*IMMUNE SERUMS***</b>		
BIVIGAM SOLUTION 10 GM/100ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
BIVIGAM SOLUTION 5 GM/50ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 2.5 GM/50ML ( <i>immune globulin (human)</i> )	Preferred	PA
FLEBOGAMMA DIF SOLUTION 10 GM/100ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
FLEBOGAMMA DIF SOLUTION 10 GM/200ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
FLEBOGAMMA DIF SOLUTION 20 GM/200ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	Preferred	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM ( <i>immune globulin (human)</i> )	Preferred	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	Preferred	PA
HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS ( <i>immune globulin (human)</i> )	Preferred	PA
HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS ( <i>immune globulin (human)</i> )	Preferred	PA
HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS ( <i>immune globulin (human)</i> )	Preferred	PA
HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS ( <i>immune globulin (human)</i> )	Preferred	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	Preferred	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML ( <i>immune globulin (human)</i> )	Preferred	PA
OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML ( <i>immune globulin (human)</i> )	Preferred	PA
PRIVIGEN SOLUTION 10 GM/100ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
PRIVIGEN SOLUTION 20 GM/200ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
PRIVIGEN SOLUTION 5 GM/50ML INTRAVENOUS ( <i>immune globulin (human)</i> )	Preferred	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> -klhw)	Preferred	PA
<b>*PENICILLINS*</b>		
<b>*AMINOPENICILLINS***</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Preferred	
<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, 875 mg</i>	Preferred	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Preferred	
<i>ampicillin oral capsule 500 mg</i>	Preferred	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*NATURAL PENICILLINS***</b>		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML ( <i>penicillin g benzathine</i> )	Preferred	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Preferred	
<b>*PENICILLIN COMBINATIONS***</b>		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Preferred	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Preferred	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Preferred	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Preferred	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML ( <i>amoxicillin-pot clavulanate</i> )	Preferred	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm</i>	Preferred	
<b>*PENICILLINASE-RESISTANT PENICILLINS***</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Preferred	
<b>*PROGESTINS*</b>		
<b>*PROGESTINS***</b>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>norethindrone acetate oral tablet 5 mg</i>	Preferred	Max 90-day supply per fill
<i>progesterone oral capsule 100 mg, 200 mg</i>	Preferred	Max 90-day supply per fill
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*ALCOHOL DETERRENTS***</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Preferred	QL (6 EA per 1 day); Max 90-day supply per fill
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Preferred	Max 90-day supply per fill
<b>*CHOLINOMIMETICS - ACHE INHIBITORS***</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>donepezil hcl oral tablet 23 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Preferred	PA; Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Preferred	PA; Max 90-day supply per fill
<b>*MOVEMENT DISORDER DRUG THERAPY***</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	Preferred	PA; Max 90-day supply per fill
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG ( <i>deutetrabenazine</i> )	Preferred	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG ( <i>deutetrabenazine</i> )	Preferred	PA; Max 90-day supply per fill
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ( <i>deutetrabenazine</i> )	Preferred	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	Preferred	PA; Max 90-day supply per fill
<b>*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Preferred	PA
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	Preferred	PA; Max 90-day supply per fill
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	Preferred	PA; Max 90-day supply per fill
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	Preferred	PA; Max 90-day supply per fill
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	Preferred	PA; Max 90-day supply per fill
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	Preferred	PA; Max 90-day supply per fill
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	Preferred	PA
<b>*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES***</b>		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>ofatumumab</i> )	Preferred	PA
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML ( <i>ocrelizumab</i> )	Preferred	PA
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML ( <i>natalizumab</i> )	Preferred	PA
<b>*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***</b>		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	Preferred	PA
<b>*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***</b>		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Preferred	PA
<b>*MULTIPLE SCLEROSIS AGENTS***</b>		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML ( <i>glatiramer acetate</i> )	Preferred	PA; Max 90-day supply per fill
<b>*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***</b>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Preferred	PA
<i>memantine hcl oral solution 2 mg/ml</i>	Preferred	PA; Max 90-day supply per fill
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Preferred	PA; Max 90-day supply per fill
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	Preferred	PA
<b>*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***</b>		
GRALISE ORAL 300 (9) & 600(24) MG ( <i>gabapentin (once-daily)</i> )	Preferred	PA
GRALISE ORAL TABLET 300 MG, 600 MG ( <i>gabapentin (once-daily)</i> )	Preferred	PA; Max 90-day supply per fill
<b>*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS***</b>		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	Preferred	PA
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***</b>		
<i>ergoloid mesylates oral tablet 1 mg</i>	Preferred	
<i>pimozide oral tablet 1 mg, 2 mg</i>	Preferred	AGE (Min 12 Years); Max 90-day supply per fill
<b>*RESTLESS LEG SYNDROME (RLS) AGENTS***</b>		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG ( <i>gabapentin enacarbil</i> )	Preferred	PA; Max 90-day supply per fill
<b>*SMOKING DETERRENTS***</b>		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 84-day supply per fill
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	Preferred	AGE (Min 18 Years)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)

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<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>eq nicotine mouth/throat lozenge 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>gnp nicotine mouth/throat gum 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (nicotine)	Preferred	AGE (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	Preferred	AGE (Min 18 Years)
KLS QUIT2 MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	Preferred	AGE (Min 18 Years)
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (nicotine polacrilex)	Preferred	AGE (Min 18 Years)
KLS QUIT4 MOUTH/THROAT GUM 4 MG (nicotine polacrilex)	Preferred	AGE (Min 18 Years)
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (nicotine polacrilex)	Preferred	AGE (Min 18 Years)
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	Preferred	AGE (Min 18 Years)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
NICOTROL INHALATION INHALER 10 MG (nicotine)	Preferred	AGE (Min 18 Years)
NICOTROL NS NASAL SOLUTION 10 MG/ML (nicotine)	Preferred	AGE (Min 18 Years)
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Preferred	AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>sm nicotine mouth/throat gum 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>sm nicotine mouth/throat lozenge 2 mg</i>	Preferred	AGE (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
THRIVE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	Preferred	AGE (Min 18 Years)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 84-day supply per fill
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 84-day supply per fill
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***</b>		
<i>ingolimod hcl oral capsule 0.5 mg</i>	Preferred	PA; Max 90-day supply per fill
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*ALPHA-PROTEINASE INHIBITOR (HUMAN)***</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase inhibitor</i> )	Preferred	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	Preferred	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	Preferred	PA
<b>*CFTR POTENTIATORS***</b>		
KALYDECO ORAL PACKET 50 MG, 75 MG ( <i>ivacaftor</i> )	Preferred	PA
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	Preferred	PA
<b>*HYDROLYTIC ENZYMES***</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	Preferred	PA; Max 90-day supply per fill
<b>*PULMONARY FIBROSIS AGENTS***</b>		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	Preferred	PA
ESBRIET ORAL TABLET 267 MG, 801 MG ( <i>pirfenidone</i> )	Preferred	PA
<b>*SULFONAMIDES*</b>		
<b>*SULFONAMIDES***</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Preferred	

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**PA** - Prior Authorization **QL** - Quantity Limits **rx** - Prescription Drug



Drug Name	Formulary Status	Requirements/Limits
<b>*TETRACYCLINES*</b>		
<b>*TETRACYCLINES***</b>		
<i>avidoxy oral tablet 100 mg</i>	Preferred	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Preferred	PA
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Preferred	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Preferred	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Preferred	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Preferred	AGE (Max 12 Years)
<i>doxycycline monohydrate oral tablet 100 mg</i>	Preferred	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>minocycline hcl</i> )	Preferred	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Preferred	
<i>doxycycline monohydrate (Mondoxylene NI Oral Capsule 100 Mg)</i>	Preferred	
<i>oxytetracycline hcl powder</i>	Preferred	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Preferred	
<b>*THYROID AGENTS*</b>		
<b>*ANTITHYROID AGENTS***</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>propylthiouracil oral tablet 50 mg</i>	Preferred	Max 90-day supply per fill
<b>*THYROID HORMONES***</b>		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG ( <i>thyroid</i> )	Preferred	Max 90-day supply per fill
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG ( <i>thyroid</i> )	Preferred	Max 90-day supply per fill
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>levothyroxine sodium</i> (Levo-T 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)	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Preferred	
<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 (1 EA per 1 day); Max 90-day supply per fill
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid</i> )	Preferred	Max 90-day supply per fill
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	Max 90-day supply per fill
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	Preferred	
<i>levothyroxine sodium</i> (Unithroid 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)	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<b>*TOXOIDS*</b>		
<b>*TOXOID COMBINATIONS***</b>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	Preferred	AGE (Min 18 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	Preferred	AGE (Min 18 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	Preferred	AGE (Min 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML ( <i>tetanus-diphtheria toxoids td</i> )	Preferred	Max 1 fill per lifetime; AGE (Min 18 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU ( <i>tetanus-diphtheria toxoids td</i> )	Preferred	Max 1 fill per lifetime; AGE (Min 18 Years)
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	Preferred	Max 1 fill per lifetime; AGE (Min 18 Years)
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>		
<b>*ANTISPASMODICS***</b>		
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	Preferred	
<i>dicyclomine hcl oral capsule 10 mg</i>	Preferred	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Preferred	
<i>dicyclomine hcl oral tablet 20 mg</i>	Preferred	
<b>*BELLADONNA ALKALOIDS***</b>		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Preferred	Max 90-day supply per fill
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Preferred	Max 90-day supply per fill
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Preferred	Max 90-day supply per fill
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	Preferred	Max 90-day supply per fill
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Preferred	Max 90-day supply per fill
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>hyosyne oral solution 0.125 mg/ml</i>	Preferred	Max 90-day supply per fill
<i>hyoscyamine sulfate</i> (Nulev Oral Tablet Dispersible 0.125 Mg)	Preferred	Max 90-day supply per fill
<i>oscimin oral tablet 0.125 mg</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Preferred	Max 90-day supply per fill
<b>*H-2 ANTAGONISTS***</b>		
<i>acid control maximum strength oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>acid controller max st oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>acid controller oral tablet 10 mg</i>	Preferred	
<i>acid reducer maximum strength oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>acid reducer oral tablet 10 mg</i>	Preferred	
<i>cimetidine 200 oral tablet 200 mg</i>	Preferred	
<i>cimetidine acid reducer oral tablet 200 mg</i>	Preferred	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Preferred	
<i>cvs acid controller max st oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>cvs acid controller oral tablet 10 mg</i>	Preferred	
<i>cvs heartburn relief oral tablet 200 mg</i>	Preferred	
<i>eq acid reducer oral tablet 10 mg, 200 mg</i>	Preferred	
<i>eq cimetidine oral tablet 200 mg</i>	Preferred	
<i>eq famotidine max st oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>eql heartburn prevention oral tablet 10 mg</i>	Preferred	
<i>eql heartburn prevention oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>famotidine maximum strength oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>famotidine oral tablet 10 mg</i>	Preferred	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Preferred	Max 90-day supply per fill
<i>famotidine orig st oral tablet 10 mg</i>	Preferred	
<i>ft acid reducer max strength oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>ft acid reducer oral tablet 10 mg</i>	Preferred	
<i>gnp acid reducer max st oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>gnp acid reducer oral tablet 10 mg</i>	Preferred	
<i>heartburn relief max st oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>heartburn relief oral tablet 10 mg</i>	Preferred	
<i>kls acid controller max st oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET 20 MG (famotidine)	Preferred	Max 90-day supply per fill
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Preferred	
<i>qc acid controller max st oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>qc acid controller oral tablet 10 mg</i>	Preferred	
<i>qc famotidine acid reducer oral tablet 10 mg</i>	Preferred	
<i>qc famotidine acid reducer oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>ra acid reducer max st oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>ra acid reducer oral tablet 10 mg</i>	Preferred	
<i>sb acid controller max st oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>sb acid controller oral tablet 10 mg</i>	Preferred	
<i>sb acid reducer oral tablet 10 mg</i>	Preferred	
<i>sb cimetidine oral tablet 200 mg</i>	Preferred	
<i>sm acid reducer max st oral tablet 20 mg</i>	Preferred	Max 90-day supply per fill
<i>sm acid reducer oral tablet 10 mg, 200 mg</i>	Preferred	
ZANTAC 360 MAX ST ORAL TABLET 20 MG ( <i>famotidine</i> )	Preferred	Max 90-day supply per fill
ZANTAC 360 ORAL TABLET 10 MG ( <i>famotidine</i> )	Preferred	
<b>*MISC. ANTI-ULCER***</b>		
<i>sucralfate oral suspension 1 gm/10ml</i>	Preferred	
<i>sucralfate oral tablet 1 gm</i>	Preferred	Max 90-day supply per fill
<b>*PROTON PUMP INHIBITORS***</b>		
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>	Preferred	
<i>acid reducer oral tablet delayed release 20 mg</i>	Preferred	
<i>cvs esomeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>cvs lansoprazole oral tablet delayed release dispersible 15 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 18 Years); Max 90-day supply per fill
<i>cvs omeprazole magnesium oral capsule delayed release 20 mg, 20.6 mg</i>	Preferred	
<i>eq esomeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>eq lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>eq omeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	
<i>eql lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 18 Years); Max 90-day supply per fill
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML ( <i>lansoprazole</i> )	Preferred	
<i>ft acid reducer oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>gnp lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>gnp omeprazole oral capsule delayed release 20.6 (20 base) mg</i>	Preferred	
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>goodsense lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>goodsense lansoprazole oral tablet delayed release dispersible 15 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 18 Years); Max 90-day supply per fill
<i>hm esomeprazole magnesium dr oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>kls esomeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>kls lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>kp omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Preferred	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 18 Years); Max 90-day supply per fill
NEXIUM ORAL PACKET 2.5 MG, 5 MG ( <i>esomeprazole magnesium</i> )	Preferred	QL (1 EA per 1 day); AGE (Max 18 Years); Max 90-day supply per fill
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Preferred	
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	Preferred	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML ( <i>omeprazole</i> )	Preferred	
<i>pantoprazole sodium oral packet 40 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 18 Years); Max 90-day supply per fill
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per fill
<i>qc esomeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>qc omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Preferred	
<i>ra esomeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill
<i>sm lansoprazole oral capsule delayed release 15 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<b>*QUATERNARY ANTICHOLINERGICS***</b>		
GLYCATE ORAL TABLET 1.5 MG ( <i>glycopyrrolate</i> )	Preferred	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>	Preferred	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Preferred	Max 90-day supply per fill
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	Preferred	
<b>*ULCER DRUGS - PROSTAGLANDINS***</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Preferred	
<b>*URINARY ANTISPASMODICS*</b>		
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***</b>		
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG ( <i>tolterodine tartrate</i> )	Preferred	Max 90-day supply per fill
DETROL ORAL TABLET 1 MG, 2 MG ( <i>tolterodine tartrate</i> )	Preferred	Max 90-day supply per fill
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Preferred	Max 90-day supply per fill
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	Preferred	
<i>oxybutynin chloride oral tablet 5 mg</i>	Preferred	Max 90-day supply per fill
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>fesoterodine fumarate</i> )	Preferred	Max 90-day supply per fill
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Preferred	
<b>*VACCINES*</b>		
<b>*BACTERIAL VACCINES***</b>		
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	Preferred	Max 2 fills per lifetime; AGE (Min 18 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION ( <i>pneumococcal 13-val conj vacc</i> )	Preferred	Max 1 fill per lifetime; AGE (Min 18 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>pneumococcal 20-val conj vacc</i> )	Preferred	Max 1 fill per lifetime; AGE (Min 18 Years)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>pneumococcal 15-val conj vacc</i> )	Preferred	Max 1 fill per lifetime; AGE (Min 18 Years)
<b>*VIRAL VACCINE COMBINATIONS***</b>		
M-M-R II INJECTION SOLUTION RECONSTITUTED ( <i>measles, mumps &amp; rubella vac</i> )	Preferred	AGE (Min 18 Years)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>measles, mumps &amp; rubella vac</i> )	Preferred	AGE (Min 18 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML ( <i>hepatitis a-hep b recomb vac</i> )	Preferred	Max 3 fills per lifetime; AGE (Min 18 Years)
<b>*VIRAL VACCINES***</b>		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML ( <i>rsv pre-fusion f a&amp;b vac rcmb</i> )	Preferred	Max 1 fill per lifetime; AGE (Min 19 Years)

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Drug Name	Formulary Status	Requirements/Limits
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML ( <i>rsvpref3 vac recomb adjuvanted</i> )	Preferred	Max 1 fill per lifetime; AGE (Min 60 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML ( <i>covid-19 mrna virus vaccine</i> )	Preferred	AGE (Min 19 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML ( <i>covid-19 mrna virus vaccine</i> )	Preferred	AGE (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML ( <i>hepatitis b vac recombinant</i> )	Preferred	Max 3 fills per lifetime; AGE (Min 18 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML ( <i>hepatitis b vac recombinant</i> )	Preferred	Max 3 fills per lifetime; AGE (Min 18 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML ( <i>influenza vac a&amp;b sa adj quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac recomb ha quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac subunit quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac subunit quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION ( <i>influenza virus vac live quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML ( <i>influenza vac high- dose quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	Preferred	Max 1 fill per 180 days; AGE (Min 3 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION ( <i>hpv 9-valent recomb vaccine</i> )	Preferred	Max 3 fills per lifetime; AGE (Min 18 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>hpv 9-valent recomb vaccine</i> )	Preferred	Max 3 fills per lifetime; AGE (Min 18 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML ( <i>hepatitis a vaccine</i> )	Preferred	Max 2 fills per lifetime; AGE (Min 18 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML ( <i>hepatitis b vac recomb adj</i> )	Preferred	Max 3 fills per lifetime; AGE (Min 18 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML ( <i>covid-19 mrna virus vaccine</i> )	Preferred	AGE (Min 19 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml</i>	Preferred	AGE (Min 19 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML ( <i>covid-19 mrna virus vaccine</i> )	Preferred	AGE (Min 19 Years)
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	Preferred	AGE (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML ( <i>hepatitis b vac recombinant</i> )	Preferred	Max 3 fills per lifetime; AGE (Min 18 Years)
RECOMBIVAX HB INJECTION SUSPENSION 40 MCG/ML ( <i>hepatitis b vac recombinant</i> )	Preferred	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML ( <i>hepatitis b vac recombinant</i> )	Preferred	Max 3 fills per lifetime; AGE (Min 18 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML ( <i>zoster vac recomb adjuvanted</i> )	Preferred	Max 2 fills per lifetime; AGE (Min 18 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML ( <i>covid-19 mrna virus vaccine</i> )	Preferred	AGE (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML ( <i>covid-19 mrna virus vaccine</i> )	Preferred	AGE (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML ( <i>hepatitis a vaccine</i> )	Preferred	Max 2 fills per lifetime; AGE (Min 18 Years)
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS***</b>		
<i>3 day vaginal vaginal cream 2 %</i>	Preferred	
<i>clotrimazole 3 vaginal cream 2 %</i>	Preferred	
<i>clotrimazole vaginal cream 1 %</i>	Preferred	
<i>clotrimazole-7 vaginal cream 1 %</i>	Preferred	
<i>cvs clotrimazole 3 vaginal cream 2 %</i>	Preferred	
<i>cvs miconazole 1 combo pack vaginal kit 1200 &amp; 2 mg &amp; %</i>	Preferred	
<i>cvs miconazole 1 combo-wipes vaginal kit 1200 &amp; 2 mg &amp; %</i>	Preferred	
<i>cvs miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>cvs miconazole 3 combo-supp vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>cvs miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>cvs tioconazole 1 vaginal ointment 6.5 %</i>	Preferred	
<i>eq miconazole 1 vaginal kit 1200 &amp; 2 mg &amp; %</i>	Preferred	
<i>eq miconazole 7 day treatment vaginal cream 2 %</i>	Preferred	
<i>eq tioconazole 1 vaginal ointment 6.5 %</i>	Preferred	
<i>eql miconazole 3 vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>eql miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>eql tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	
<i>gnp clotrimazole 3 vaginal cream 2 %</i>	Preferred	
<i>gnp miconazole 1 vaginal kit 1200 &amp; 2 mg &amp; %</i>	Preferred	
<i>gnp miconazole 3 vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>miconazole 1 vaginal kit 1200 &amp; 2 mg &amp; %</i>	Preferred	
<i>miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>miconazole 3 combo-supp vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>miconazole 3 vaginal suppository 200 mg</i>	Preferred	
<i>miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>miconazole 7 vaginal suppository 100 mg</i>	Preferred	
<i>miconazole nitrate vaginal cream 2 %</i>	Preferred	
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 % ( <i>tioconazole</i> )	Preferred	
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200-2 MG-% ( <i>miconazole nitrate-wipes</i> )	Preferred	
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) ( <i>miconazole nitrate</i> )	Preferred	
<i>qc 3 day vaginal cream 4 %</i>	Preferred	
<i>qc clotrimazole vaginal cream 1 %</i>	Preferred	
<i>qc miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>ra clotrimazole 7 vaginal cream 1 %</i>	Preferred	
<i>ra miconazole 3 combo pack app vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>ra miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>ra miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>ra tioconazole 1 vaginal ointment 6.5 %</i>	Preferred	
<i>sm 3-day vaginal vaginal cream 2 %</i>	Preferred	
<i>sm clotrimazole vaginal vaginal cream 1 %</i>	Preferred	
<i>sm miconazole 3 applicator vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>sm miconazole 3 vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>sm miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>sm miconazole 7 vaginal suppository 100 mg</i>	Preferred	
<i>sm tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Preferred	
<i>terconazole vaginal suppository 80 mg</i>	Preferred	
<i>tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	
VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM) ( <i>miconazole nitrate</i> )	Preferred	
<b>*SPERMICIDES***</b>		
TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )	Preferred	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	Preferred	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*VAGINAL ANTI-INFECTIVES***</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG ( <i>clindamycin phosphate</i> )	Preferred	
<i>clindamycin phosphate vaginal cream 2 %</i>	Preferred	
<i>metronidazole vaginal gel 0.75 %</i>	Preferred	
NUVESSA VAGINAL GEL 1.3 % ( <i>metronidazole</i> )	Preferred	
VANDAZOLE VAGINAL GEL 0.75 % ( <i>metronidazole</i> )	Preferred	
<b>*VAGINAL CORTICOSTEROIDS***</b>		
CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	Preferred	
<b>*VAGINAL ESTROGENS***</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Preferred	Max 90-day supply per fill
<i>estradiol vaginal tablet 10 mcg</i>	Preferred	Max 90-day supply per fill
ESTRING VAGINAL RING 7.5 MCG/24HR ( <i>estradiol</i> )	Preferred	Max 90-day supply per fill
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR ( <i>estradiol acetate</i> )	Preferred	PA; Max 90-day supply per fill
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	Preferred	PA; Max 90-day supply per fill
<i>estradiol (YuvaFem Vaginal Tablet 10 Mcg)</i>	Preferred	Max 90-day supply per fill
<b>*VAGINAL PROGESTINS***</b>		
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	Preferred	
<b>*VASOPRESSORS*</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS***</b>		
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	Preferred	QL (2 EA per 30 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Preferred	QL (2 EA per 30 days)
<b>*VASOPRESSORS***</b>		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	
<b>*VITAMINS*</b>		
<b>*VITAMIN B-1***</b>		
<i>b1 oral tablet 100 mg</i>	Preferred	
<i>b-1 oral tablet 100 mg, 250 mg</i>	Preferred	
<i>cvs b-1 oral tablet 100 mg</i>	Preferred	
<i>gnp vitamin b-1 oral tablet 100 mg</i>	Preferred	
<i>qc vitamin b1 oral tablet 100 mg</i>	Preferred	
<i>ra vitamin b-1 oral tablet 100 mg</i>	Preferred	
<i>sm vitamin b1 oral tablet 100 mg</i>	Preferred	
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	Preferred	
<i>thiamine hcl oral tablet 100 mg</i>	Preferred	
<i>thiamine mononitrate oral tablet 100 mg</i>	Preferred	
<i>vitamin b1 oral tablet 100 mg</i>	Preferred	
<i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*VITAMIN B-2***</b>		
<i>b-2 oral tablet 100 mg</i>	Preferred	
<i>cvs vitamin b-2 oral tablet 100 mg</i>	Preferred	
<i>riboflavin oral tablet 400 mg</i>	Preferred	
<i>vitamin b-2 oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	
<b>*VITAMIN B-3***</b>		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG ( <i>niacin</i> )	Preferred	
ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG ( <i>niacinamide</i> )	Preferred	
<i>kp niacin oral tablet 500 mg</i>	Preferred	
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	Preferred	
<i>niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg</i>	Preferred	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Preferred	
<i>niacinamide er oral tablet extended release 500 mg</i>	Preferred	
<i>niacinamide oral tablet 500 mg</i>	Preferred	
NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG ( <i>niacin</i> )	Preferred	
NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG ( <i>niacin</i> )	Preferred	
<i>plain niacin oral tablet 250 mg, 500 mg</i>	Preferred	
<i>ra niacin oral tablet 100 mg, 500 mg</i>	Preferred	
<i>ra no flush niacin oral tablet 500 mg</i>	Preferred	
<i>sm niacin cr oral tablet extended release 250 mg</i>	Preferred	
<b>*VITAMIN B-6***</b>		
<i>b6 natural oral tablet 100 mg</i>	Preferred	
<i>b-6 oral tablet 100 mg, 250 mg, 50 mg</i>	Preferred	
B-NATAL MOUTH/THROAT LOZENGE 25 MG ( <i>pyridoxine hcl</i> )	Preferred	
B-NATAL MOUTH/THROAT LOZENGE ON A HANDLE 25 MG ( <i>pyridoxine hcl</i> )	Preferred	
<i>cvs b6 oral tablet 100 mg</i>	Preferred	
<i>eql b-6 oral tablet 100 mg</i>	Preferred	
<i>gnp vitamin b-6 oral tablet 100 mg</i>	Preferred	
<i>kp vitamin b-6 oral tablet 100 mg</i>	Preferred	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	Preferred	
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	Preferred	
<i>qc vitamin b6 oral tablet 100 mg</i>	Preferred	
<i>ra vitamin b-6 oral tablet 100 mg, 50 mg</i>	Preferred	
<i>sm vitamin b6 oral tablet 100 mg</i>	Preferred	
<i>sm vitamin b-6 oral tablet 100 mg</i>	Preferred	
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>vitamin b6 oral tablet 100 mg, 250 mg, 50 mg</i>	Preferred	
<i>yl vitamin b-6 oral tablet 100 mg</i>	Preferred	
<b>*VITAMIN D***</b>		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	Preferred	
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML ( <i>cholecalciferol</i> )	Preferred	
<i>cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>cvs vitamin d3 oral capsule 250 mcg (10000 ut)</i>	Preferred	
<i>d 1000 oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	Preferred	
<i>d 5000 oral capsule 125 mcg (5000 ut)</i>	Preferred	
<i>d-1000 extra strength oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i>	Preferred	
<i>d3 2000 oral capsule 50 mcg (2000 ut)</i>	Preferred	
<i>d3 5000 oral capsule 125 mcg (5000 ut)</i>	Preferred	
<i>d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>d3 high potency oral tablet 10 mcg (400 unit)</i>	Preferred	
<i>d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	Preferred	
<i>d3 oral tablet 50 mcg (2000 ut)</i>	Preferred	
<i>d3 super strength oral capsule 50 mcg (2000 ut)</i>	Preferred	
<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>d3-1000 oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>d-3-5 oral capsule 125 mcg (5000 ut)</i>	Preferred	
D3-50 ORAL CAPSULE 1.25 MG (50000 UT) ( <i>cholecalciferol</i> )	Preferred	
<i>d-400 oral tablet 10 mcg (400 unit)</i>	Preferred	
<i>d-5000 oral tablet 125 mcg (5000 ut)</i>	Preferred	
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT) ( <i>cholecalciferol</i> )	Preferred	
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	Preferred	
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT) ( <i>cholecalciferol</i> )	Preferred	
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	Preferred	
<i>eql vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Preferred	
<i>finest nutrition vitamin d3 oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>gnp d 1000 oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)</i>	Preferred	
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>gnp vitamin d super strength oral tablet 125 mcg (5000 ut)</i>	Preferred	

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<i>gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>gnp vitamin d3 oral tablet 10 mcg (400 unit)</i>	Preferred	
<i>hm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>kls d3 oral capsule 50 mcg (2000 ut)</i>	Preferred	
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>nat-rul vitamin d oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	Preferred	
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT) (cholecalciferol)	Preferred	
<i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i>	Preferred	
PRONUTRIENTS VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT) (cholecalciferol)	Preferred	
<i>qc vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>ra vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	Preferred	
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (cholecalciferol)	Preferred	
<i>sm vitamin d oral tablet 10 mcg (400 unit)</i>	Preferred	
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut), 125 mcg (5000 ut), 50 mcg, 50 mcg (2000 ut)</i>	Preferred	
<i>sm vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut)</i>	Preferred	
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (cholecalciferol)	Preferred	
THERA-D 4000 ORAL TABLET 100 MCG (4000 UT) (cholecalciferol)	Preferred	
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT) (cholecalciferol)	Preferred	
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	Preferred	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Preferred	
<i>vitamin d high potency oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>vitamin d infant oral liquid 10 mcg/ml</i>	Preferred	
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>	Preferred	

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<i>vitamin d oral liquid 10 mcg/ml</i>	Preferred	
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT) (cholecalciferol)	Preferred	
<i>vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	Preferred	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>vitamin d-3 oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>vitamin d3 oral liquid 10 mcg/ml, 125 mcg/ml</i>	Preferred	
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>	Preferred	
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT) (cholecalciferol)	Preferred	
<b>*VITAMIN E***</b>		
<i>cvs vitamin e oral capsule 180 mg (400 unit)</i>	Preferred	
<i>e400 oral capsule 180 mg (400 unit)</i>	Preferred	
<i>e-400 oral capsule 180 mg (400 unit)</i>	Preferred	
<i>eql vitamin e oral capsule 400 unit</i>	Preferred	
<i>gnp vitamin e oral capsule 180 mg (400 unit), 400 unit</i>	Preferred	
<i>hm e vitamin oral capsule 180 mg (400 unit)</i>	Preferred	
<i>qc vitamin e oral capsule 180 mg (400 unit)</i>	Preferred	
<i>sm vitamin e oral capsule 180 mg (400 unit)</i>	Preferred	
<i>vitamin e blend oral capsule 400 unit</i>	Preferred	
<i>vitamin e high potency oral capsule 180 mg (400 unit)</i>	Preferred	
<i>vitamin e oral capsule 100 unit, 1000 unit, 180 mg (400 unit), 200 unit, 400 unit</i>	Preferred	
<i>vitamin e oral tablet 100 unit</i>	Preferred	
<i>vitamin e water soluble oral capsule 180 mg (400 unit)</i>	Preferred	

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