October 2023

Molina Healthcare

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
    - Other formats

We also provide free language services to people whose first language is not English. We offer:

- Qualified interpreters
- Information that is written in other languages

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(10/01/2023)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2023 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** 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. 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:

Class of Medication/Diagnosis	**Requested Clinical Information**
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

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)

Key			
AGE= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	MED= Max 90 mg Morphine Equivalent Dose Per Day

Date Effective	Product Name	Change	Notes
10/1/2023	AIMOVIG INJ 140MG/ML	Remove from formulary	
10/1/2023	AIMOVIG INJ 70MG/ML	Remove from formulary	
10/1/2023	AVSOLA INJ 100MG	Remove from formulary	
10/1/2023	DEXMETHYLPHENIDATE CAP 10MG ER	Add generic Focalin XR to formulary, QL, age limit	2 caps every 1 day; 90 day supply, AGE (Min 6)
10/1/2023	DEXMETHYLPHENIDATE CAP 15MG ER	Add generic Focalin XR to formulary, QL, age limit	2 caps every 1 day; 90 day supply, AGE (Min 6)
10/1/2023	DEXMETHYLPHENIDATE CAP 20MG ER	Add generic Focalin XR to formulary, QL, age limit	2 caps every 1 day; 90 day supply, AGE (Min 6)
10/1/2023	DEXMETHYLPHENIDATE CAP 25MG ER	Add generic Focalin XR to formulary, QL, age limit	2 caps every 1 day; 90 day supply, AGE (Min 6)
10/1/2023	DEXMETHYLPHENIDATE CAP 30MG ER	Add generic Focalin XR to formulary, QL, age limit	2 caps every 1 day; 90 day supply, AGE (Min 6)
10/1/2023	DEXMETHYLPHENIDATE CAP 35MG ER	Add generic Focalin XR to formulary, QL, age limit	2 caps every 1 day; 90 day supply, AGE (Min 6)
10/1/2023	DEXMETHYLPHENIDATE CAP 40MG ER	Add generic Focalin XR to formulary, QL, age limit	2 caps every 1 day; 90 day supply, AGE (Min 6)
10/1/2023	DEXMETHYLPHENIDATE CAP 5MG ER	Add generic Focalin XR to formulary, QL, age limit	2 caps every 1 day; 90 day supply, AGE (Min 6)
10/1/2023	ENOXAPARIN SODIUM INJ SOLN PREF SYR 60	Quantity limit update	1.2 mL every 1 day

Date Effective	Product Name	Change	Notes
	MG/0.6ML		
10/1/2023	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	Quantity limit update	1.6 mL every 1 day
10/1/2023	FOCALIN XR CAP 10MG	Remove brand from formulary	
10/1/2023	FOCALIN XR CAP 15MG	Remove brand from formulary	
10/1/2023	FOCALIN XR CAP 20MG	Remove brand from formulary	
10/1/2023	FOCALIN XR CAP 25MG	Remove brand from formulary	
10/1/2023	FOCALIN XR CAP 30MG	Remove brand from formulary	
10/1/2023	FOCALIN XR CAP 35MG	Remove brand from formulary	
10/1/2023	FOCALIN XR CAP 40MG	Remove brand from formulary	
10/1/2023	FOCALIN XR CAP 5MG	Remove brand from formulary	
10/1/2023	GLUCAGON KIT 1MG	Remove from formulary	
10/1/2023	GVOKE KIT SOL 1MG/0.2ML	Add to formulary, QL	1 syringe every 24 days
10/1/2023	GVOKE PFS INJ	Add to formulary, QL	2 syringes every 24 days
10/1/2023	GVOKE PFS INJ	Add to formulary, QL	1 syringe every 24 days
10/1/2023	INFLIXIMAB INJ 100MG	Add to formulary, PA	
10/1/2023	MIGERGOT SUP 2/100	Remove from formulary	
10/1/2023	PRADAXA PAK 110MG	Remove from formulary	
10/1/2023	PRADAXA PAK 150MG	Remove from formulary	
10/1/2023	PRADAXA PAK 20MG	Remove from formulary	
10/1/2023	PRADAXA PAK 30MG	Remove from formulary	
10/1/2023	PRADAXA PAK 40MG	Remove from formulary	
10/1/2023	PRADAXA PAK 50MG	Remove from formulary	
10/1/2023	QELBREE CAP 100MG ER	Add to formulary	

Date Effective	Product Name	Change	Notes
10/1/2023	QELBREE CAP 150MG ER	Add to formulary	
10/1/2023	QELBREE CAP 200MG ER	Add to formulary	
10/1/2023	QUETIAPINE FUMARATE TAB 25 MG	Add to formulary, QL, age limit	2 tabs every 1 day; 90 day supply; AGE (Min 6)
10/1/2023	RELION NOVOLIN 70/30 VIAL	Add to formulary	
10/1/2023	RELION NOVOLIN N 100 UNIT/ML	Add to formulary	
10/1/2023	RELION NOVOLIN R 100 UNIT/ML	Add to formulary	
10/1/2023	SPIRIVA AER 1.25MCG	Add to formulary, QL	90 day supply
10/1/2023	SPIRIVA SPR 2.5MCG	Add to formulary, QL	90 day supply
10/1/2023	ZEGALOGUE INJ 0.6 MG/0.6 ML	Add to formulary, QL	1 injection every 24 days

LEGEND

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

Table of Contents

Drug Name	Formulary Status	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS**		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR**		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	Preferred	
AMPHETAMINE MIXTURES**		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 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 (*amphetamine-dextroamphetamine*)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
AMPHETAMINES**		
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg)	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
STIMULANTS - MISC.**		
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*)	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
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	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
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (*methylphenidate hcl*)	Preferred	QL (10 ML per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
modafinil oral tablet 100 mg, 200 mg	Preferred	PA
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (*methylphenidate hcl*)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS**		
sm omega-3-6-9 fatty acids oral capsule	Preferred	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES**		
amikacin sulfate injection solution 1 gm/4ml	Preferred	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	Preferred	PA; Maximum 90-day supply per fill
gentamicin sulfate injection solution 40 mg/ml	Preferred	
KITABIS PAK NEBULIZATION SOLUTION 300 MG/5ML INHALATION (*tobramycin*)	Preferred	PA; Maximum 90-day supply per fill
neomycin sulfate oral tablet 500 mg	Preferred	
tobramycin sulfate injection solution 1.2 gm/30ml	Preferred	
tobramycin sulfate injection solution reconstituted 1.2 gm	Preferred	
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS**		
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	Preferred	PA; Maximum 90-day supply per fill
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**		
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab*)	Preferred	PA; Maximum 90-day supply per fill
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML (*adalimumab*)	Preferred	PA; Maximum 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
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	Preferred	PA; Maximum 90-day supply per fill
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	Preferred	PA; Maximum 90-day supply per fill
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	Preferred	PA; Maximum 90-day supply per fill
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	Preferred	PA; Maximum 90-day supply per fill
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	Preferred	PA; Maximum 90-day supply per fill
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 40 MG/0.8ML (*adalimumab*)	Preferred	PA; Maximum 90-day supply per fill
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	Preferred	PA; Maximum 90-day supply per fill
CYCLOOXYGENASE 2 (COX-2) INHIBITORS**		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
celecoxib oral capsule 400 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**		
all day pain relief oral tablet 220 mg	Preferred	
all day relief oral tablet 220 mg	Preferred	
childrens ibuprofen oral suspension 100 mg/5ml	Preferred	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Preferred	Maximum 90-day supply per fill
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	Preferred	Maximum 90-day supply per fill
ec-naproxen oral tablet delayed release 375 mg, 500 mg	Preferred	Maximum 90-day supply per fill
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	Preferred	Maximum 90-day supply per fill
etodolac oral capsule 200 mg, 300 mg	Preferred	Maximum 90-day supply per fill
etodolac oral tablet 400 mg, 500 mg	Preferred	Maximum 90-day supply per fill
fenoprofen calcium oral capsule 400 mg	Preferred	Maximum 90-day supply per fill
fenoprofen calcium oral tablet 600 mg	Preferred	Maximum 90-day supply per fill
flurbiprofen oral tablet 100 mg, 50 mg	Preferred	Maximum 90-day supply per fill
gnp all day pain relief oral tablet 220 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
gnp childrens ibuprofen oral suspension 100 mg/5ml	Preferred	
gnp ibuprofen childrens oral tablet chewable 100 mg	Preferred	
gnp ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	
gnp ibuprofen junior strength oral tablet chewable 100 mg	Preferred	
gnp ibuprofen oral capsule 200 mg	Preferred	
gnp ibuprofen oral tablet 200 mg	Preferred	
gnp naproxen sodium oral capsule 220 mg	Preferred	
gnp naproxen sodium oral tablet 220 mg	Preferred	
goodsense ibuprofen childrens oral suspension 100 mg/5ml	Preferred	
goodsense ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	
goodsense ibuprofen junior st oral tablet chewable 100 mg	Preferred	
goodsense ibuprofen oral capsule 200 mg	Preferred	
goodsense ibuprofen oral tablet 200 mg	Preferred	
goodsense naproxen sodium oral tablet 220 mg	Preferred	
hm ibuprofen childrens oral suspension 100 mg/5ml	Preferred	
hm ibuprofen ib oral tablet 200 mg	Preferred	
hm ibuprofen ib oral tablet chewable 100 mg	Preferred	
hm ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	
hm ibuprofen oral capsule 200 mg	Preferred	
hm ibuprofen oral tablet 200 mg	Preferred	
hm ibuprofen oral tablet chewable 100 mg	Preferred	
hm naproxen sodium oral capsule 220 mg	Preferred	
hm naproxen sodium oral tablet 220 mg	Preferred	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Preferred	Maximum 90-day supply per fill
ibu-200 oral tablet 200 mg	Preferred	
ibuprofen childrens oral suspension 100 mg/5ml	Preferred	
ibuprofen infants drops oral suspension 50 mg/1.25ml	Preferred	
ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	
ibuprofen junior strength oral tablet chewable 100 mg	Preferred	
ibuprofen oral capsule 200 mg	Preferred	
ibuprofen oral suspension 100 mg/5ml	Preferred	
ibuprofen oral tablet 200 mg	Preferred	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Preferred	Maximum 90-day supply per fill
indomethacin er oral capsule extended release 75 mg	Preferred	Maximum 90-day supply per fill
indomethacin oral capsule 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
infants ibuprofen oral suspension 50 mg/1.25ml	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	Preferred	Maximum 90-day supply per fill
ketorolac tromethamine oral tablet 10 mg	Preferred	QL (20 EA per 30 days)
meloxicam oral tablet 15 mg, 7.5 mg	Preferred	Maximum 90-day supply per fill
nabumetone oral tablet 500 mg, 750 mg	Preferred	Maximum 90-day supply per fill
naproxen oral suspension 125 mg/5ml	Preferred	Maximum 90-day supply per fill
naproxen oral tablet 250 mg, 375 mg, 500 mg	Preferred	Maximum 90-day supply per fill
naproxen oral tablet delayed release 375 mg, 500 mg	Preferred	Maximum 90-day supply per fill
naproxen sodium oral capsule 220 mg	Preferred	
naproxen sodium oral tablet 220 mg	Preferred	
naproxen sodium oral tablet 275 mg, 550 mg	Preferred	Maximum 90-day supply per fill
oxaprozin oral tablet 600 mg	Preferred	Maximum 90-day supply per fill
piroxicam oral capsule 10 mg, 20 mg	Preferred	Maximum 90-day supply per fill
qc childrens ibuprofen oral suspension 100 mg/5ml	Preferred	
qc ibuprofen ib oral tablet 200 mg	Preferred	
qc ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	
qc ibuprofen oral capsule 200 mg	Preferred	
qc ibuprofen oral tablet 200 mg	Preferred	
qc naproxen sodium oral capsule 220 mg	Preferred	
qc naproxen sodium oral tablet 220 mg	Preferred	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	Preferred	Maximum 90-day supply per fill
sm childrens ibuprofen oral suspension 100 mg/5ml	Preferred	
sm ibuprofen ib childrens oral tablet chewable 100 mg	Preferred	
sm ibuprofen ib oral tablet 200 mg	Preferred	
sm ibuprofen ib oral tablet chewable 100 mg	Preferred	
sm ibuprofen jr oral tablet 100 mg	Preferred	
sm ibuprofen oral capsule 200 mg	Preferred	
sm ibuprofen oral tablet 200 mg	Preferred	
sm infants ibuprofen oral suspension 50 mg/1.25ml	Preferred	
sm naproxen sodium oral capsule 220 mg	Preferred	
sm naproxen sodium oral tablet 220 mg	Preferred	
sulindac oral tablet 150 mg, 200 mg	Preferred	Maximum 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**		
OTEZLA ORAL TABLET 30 MG (*apremilast*)	Preferred	PA; Maximum 90-day supply per fill
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	Preferred	PA
PYRIMIDINE SYNTHESIS INHIBITORS**		
leflunomide oral tablet 10 mg, 20 mg	Preferred	Maximum 90-day supply per fill
SELECTIVE COSTIMULATION MODULATORS**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	Preferred	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	Preferred	PA
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	Preferred	PA; Maximum 90-day supply per fill
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	Preferred	PA; Maximum 90-day supply per fill
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	Preferred	PA; Maximum 90-day supply per fill
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	Preferred	PA; Maximum 90-day supply per fill
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER**		
8 hour arthritis pain oral tablet extended release 650 mg	Preferred	
8 hour arthritis pain reliever oral tablet extended release 650 mg	Preferred	
8 hour pain reliever oral tablet extended release 650 mg	Preferred	
8hr muscle aches & pain oral tablet extended release 650 mg	Preferred	
acetaminophen childrens oral solution 160 mg/5ml	Preferred	
acetaminophen childrens oral suspension 160 mg/5ml	Preferred	
acetaminophen childrens oral tablet chewable 160 mg	Preferred	
acetaminophen er oral tablet extended release 650 mg	Preferred	
acetaminophen extra strength oral capsule 500 mg	Preferred	
acetaminophen extra strength oral tablet 500 mg	Preferred	
acetaminophen infants oral suspension 160 mg/5ml	Preferred	
acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml	Preferred	
acetaminophen oral liquid 160 mg/5ml	Preferred	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Preferred	
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml	Preferred	

Drug Name	Formulary Status	Requirements/Limits
acetaminophen oral tablet 325 mg, 500 mg	Preferred	
acetaminophen oral tablet chewable 160 mg	Preferred	
acetaminophen rectal suppository 120 mg, 650 mg	Preferred	
arthritis pain relief oral tablet extended release 650 mg	Preferred	
childrens acetaminophen oral suspension 160 mg/5ml	Preferred	
childrens silapap oral liquid 160 mg/5ml	Preferred	
ed-apap oral liquid 160 mg/5ml	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	
gnp 8 hour arthritis relief oral tablet extended release 650 mg	Preferred	
gnp 8 hour pain relief oral tablet extended release 650 mg	Preferred	
gnp 8 hour pain reliever oral tablet extended release 650 mg	Preferred	
gnp acetaminophen ex st oral capsule 500 mg	Preferred	
gnp acetaminophen ex st oral tablet 500 mg	Preferred	
gnp acetaminophen oral tablet 325 mg	Preferred	
gnp acetaminophen oral tablet chewable 160 mg	Preferred	
gnp arthritis pain relief oral tablet extended release 650 mg	Preferred	
gnp childrens easy-melts oral tablet dispersible 80 mg	Preferred	
gnp infants pain relief oral suspension 160 mg/5ml	Preferred	
gnp infants pain/fever oral suspension 160 mg/5ml	Preferred	
gnp pain & fever childrens oral suspension 160 mg/5ml	Preferred	
gnp pain & fever infants oral suspension 160 mg/5ml	Preferred	
gnp pain relief extra strength oral liquid 500 mg/15ml	Preferred	
gnp pain relief extra strength oral tablet 500 mg	Preferred	
gnp pain relief oral tablet 325 mg	Preferred	
goodsense arthritis pain oral tablet extended release 650 mg	Preferred	
goodsense pain & fever child oral suspension 160 mg/5ml	Preferred	
goodsense pain & fever infants oral suspension 160 mg/5ml	Preferred	
goodsense pain relief extra st oral tablet 500 mg	Preferred	
goodsense pain relief oral tablet 325 mg	Preferred	
goodsense pain relief oral tablet extended release 650 mg	Preferred	
hm acetaminophen childrens oral tablet chewable 160 mg	Preferred	
hm arthritis pain relief oral tablet extended release 650 mg	Preferred	
hm pain & fever childrens oral suspension 160 mg/5ml	Preferred	
hm pain & fever infants oral suspension 160 mg/5ml	Preferred	

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

Drug Name	Formulary Status	Requirements/Limits
hm pain relief extra strength oral tablet 500 mg	Preferred	
hm pain relief oral tablet extended release 650 mg	Preferred	
hm pain relieve child dye-free oral suspension 160 mg/5ml	Preferred	
hm pain reliever childrens oral suspension 160 mg/5ml	Preferred	
hm pain reliever infants oral suspension 160 mg/5ml	Preferred	
hm pain reliever oral tablet 325 mg	Preferred	
liquid acetaminophen oral liquid 160 mg/5ml	Preferred	
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML (*acetaminophen*)	Preferred	
mapap arthritis pain oral tablet extended release 650 mg	Preferred	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG (*acetaminophen*)	Preferred	
mapap oral capsule 500 mg	Preferred	
mapap oral tablet 325 mg, 500 mg	Preferred	
m-pap oral liquid 160 mg/5ml	Preferred	
non-aspirin childrens oral suspension 160 mg/5ml	Preferred	
non-aspirin extra strength oral tablet 500 mg	Preferred	
non-aspirin pain relief oral tablet 325 mg	Preferred	
pain & fever childrens oral suspension 160 mg/5ml	Preferred	
pain & fever extra strength oral tablet 500 mg	Preferred	
pain & fever infants oral suspension 160 mg/5ml	Preferred	
pain & fever oral tablet 325 mg	Preferred	
qc 8 hour pain relief oral tablet extended release 650 mg	Preferred	
qc acetaminophen 8 hours oral tablet extended release 650 mg	Preferred	
qc acetaminophen 8hr arth pain oral tablet extended release 650 mg	Preferred	
qc acetaminophen 8hr musc ache oral tablet extended release 650 mg	Preferred	
qc acetaminophen infants oral suspension 160 mg/5ml	Preferred	
qc arthritis pain relief oral tablet extended release 650 mg	Preferred	
qc non-aspirin 8 hour oral tablet extended release 650 mg	Preferred	
qc non-aspirin childrens oral suspension 160 mg/5ml	Preferred	
qc non-aspirin childrens oral tablet chewable 160 mg	Preferred	
qc non-aspirin extra strength oral tablet 500 mg	Preferred	
qc non-aspirin jr strength oral tablet dispersible 160 mg	Preferred	
qc pain relief childrens oral suspension 160 mg/5ml	Preferred	
qc pain relief extra strength oral liquid 500 mg/15ml	Preferred	
qc pain relief extra strength oral tablet 500 mg	Preferred	
qc pain relief infants oral suspension 160 mg/5ml	Preferred	
qc pain relief oral tablet 325 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
sm 8 hour pain relief oral tablet extended release 650 mg	Preferred	
sm arthritis pain relief oral tablet extended release 650 mg	Preferred	
sm arthritis pain reliever oral tablet extended release 650 mg	Preferred	
sm pain & fever childrens oral suspension 160 mg/5ml	Preferred	
sm pain & fever infants oral suspension 160 mg/5ml	Preferred	
sm pain relief extra strength oral tablet 500 mg	Preferred	
sm pain relief oral tablet 500 mg	Preferred	
sm pain reliever childrens oral suspension 160 mg/5ml	Preferred	
sm pain reliever ex st oral tablet 500 mg	Preferred	
sm pain reliever ex st oral tablet extended release 650 mg	Preferred	
sm pain reliever oral tablet 325 mg	Preferred	
sm rapid melts junior oral tablet dispersible 160 mg	Preferred	
ANALGESICS-SEDATIVES**		
butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)	Preferred	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	Preferred	
butalbital-apap-caffeine oral tablet 50-325-40 mg	Preferred	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Preferred	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	Preferred	
butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)	Preferred	
butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)	Preferred	
SALICYLATES**		
adult aspirin regimen oral tablet delayed release 81 mg	Preferred	
aspirin 81 oral tablet delayed release 81 mg	Preferred	
aspirin adult oral tablet 325 mg	Preferred	
aspirin low dose oral tablet chewable 81 mg	Preferred	
aspirin low dose oral tablet delayed release 81 mg	Preferred	
aspirin oral tablet 325 mg	Preferred	
aspirin oral tablet chewable 81 mg	Preferred	
aspirin oral tablet delayed release 325 mg, 81 mg	Preferred	
aspirin rectal suppository 300 mg, 600 mg	Preferred	
aspirin regimen oral tablet delayed release 81 mg	Preferred	
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	Preferred	
diflunisal oral tablet 500 mg	Preferred	Maximum 90-day supply per fill
eq aspirin oral tablet delayed release 325 mg	Preferred	
gnp adult aspirin low strength oral tablet chewable 81 mg	Preferred	
gnp aspirin low dose oral tablet delayed release 81 mg	Preferred	
gnp aspirin oral tablet 325 mg	Preferred	
gnp aspirin oral tablet delayed release 325 mg, 81 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
goodsense aspirin adult low st oral tablet chewable 81 mg	Preferred	
goodsense aspirin adults oral tablet 325 mg	Preferred	
goodsense aspirin low dose oral tablet delayed release 81 mg	Preferred	
goodsense aspirin oral tablet 325 mg	Preferred	
goodsense aspirin oral tablet chewable 81 mg	Preferred	
hm adult aspirin oral tablet 325 mg	Preferred	
hm aspirin ec low dose oral tablet delayed release 81 mg	Preferred	
hm aspirin ec oral tablet delayed release 325 mg	Preferred	
hm aspirin oral tablet 325 mg	Preferred	
hm aspirin oral tablet chewable 81 mg	Preferred	
hm aspirin oral tablet delayed release 325 mg	Preferred	
MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	Preferred	
qc aspirin low dose oral tablet chewable 81 mg	Preferred	
qc aspirin low dose oral tablet delayed release 81 mg	Preferred	
qc aspirin oral tablet 325 mg	Preferred	
qc aspirin oral tablet delayed release 325 mg	Preferred	
qc childrens aspirin oral tablet chewable 81 mg	Preferred	
qc enteric aspirin oral tablet delayed release 325 mg	Preferred	
salsalate oral tablet 500 mg, 750 mg	Preferred	Maximum 90-day supply per fill
sm aspirin adult low strength oral tablet chewable 81 mg	Preferred	
sm aspirin adult low strength oral tablet delayed release 81 mg	Preferred	
sm aspirin ec low strength oral tablet delayed release 81 mg	Preferred	
sm aspirin ec oral tablet delayed release 325 mg	Preferred	
sm aspirin low dose oral tablet chewable 81 mg	Preferred	
sm aspirin low dose oral tablet delayed release 81 mg	Preferred	
sm aspirin oral tablet 325 mg	Preferred	
sm childrens aspirin oral tablet chewable 81 mg	Preferred	
ANALGESICS - OPIOID		
CODEINE COMBINATIONS**		
acetaminophen-codeine oral solution 120-12 mg/5ml	Preferred	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Preferred	
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	Preferred	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Preferred	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Preferred	
HYDROCODONE COMBINATIONS**		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	Preferred	

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

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Drug Name	Formulary Status	Requirements/Limits
oxycodone-ibuprofen oral tablet 5-400 mg	Preferred	
OPIOID PARTIAL AGONISTS**		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Preferred	PA
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	Preferred	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	Preferred	PA
pentazocine-naloxone hcl oral tablet 50-0.5 mg	Preferred	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	Preferred	PA
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	Preferred	
ANDROGENS-ANABOLIC		
ANDROGENS**		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*)	Preferred	PA; Maximum 90-day supply per fill
danazol oral capsule 100 mg, 200 mg, 50 mg	Preferred	
testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/Ml, 200 Mg/Ml)	Preferred	PA; Maximum 90-day supply per fill
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	Preferred	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Preferred	PA; Maximum 90-day supply per fill
testosterone enanthate intramuscular solution 200 mg/ml	Preferred	PA; Maximum 90-day supply per fill
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	Preferred	PA
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	Preferred	PA; Maximum 90-day supply per fill
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS**		
hydrocortisone (Colocort Rectal Enema 100 Mg/60Ml)	Preferred	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	Preferred	
hydrocortisone rectal enema 100 mg/60ml	Preferred	
RECTAL STEROIDS**		
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	Preferred	
hydrocortisone (perianal) external cream 1 %, 2.5 %	Preferred	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	Preferred	
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Preferred	
hydrocortisone (Procto-Pak External Cream 1 %)	Preferred	
hydrocortisone (Proctosol Hc External Cream 2.5 %)	Preferred	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
ANTACIDS		
ANTACID & SIMETHICONE**		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (*alum & mag hydroxide-simeth*)	Preferred	
alum & mag hydroxide-simeth oral suspension 400-400-40 mg/5ml	Preferred	
antacid anti-gas max strength oral suspension 400-400-40 mg/5ml	Preferred	
antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml	Preferred	
antacid plus anti-gas relief oral suspension 400-400-40 mg/5ml	Preferred	
antacid/anti-gas oral suspension 400-400-40 mg/5ml	Preferred	
gnp antacid & anti-gas oral suspension 400-400-40 mg/5ml	Preferred	
hm advanced antacid max st oral suspension 400-400-40 mg/5ml	Preferred	
hm antacid anti-gas ex st oral suspension 400-400-40 mg/5ml	Preferred	
mag-al plus xs oral liquid 400-400-40 mg/5ml	Preferred	
mi-acid maximum strength oral suspension 400-400-40 mg/5ml	Preferred	
mintox maximum strength oral suspension 400-400-40 mg/5ml	Preferred	
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG (*alum & mag hydroxide-simeth*)	Preferred	
qc antacid/anti-gas oral suspension 400-400-40 mg/5ml	Preferred	
sm antacid advanced max st oral suspension 400-400-40 mg/5ml	Preferred	
sm antacid maximum strength oral suspension 400-400-40 mg/5ml	Preferred	
ANTACID COMBINATIONS**		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML (*alum hydroxide-mag carbonate*)	Preferred	
ACID GONE ORAL TABLET CHEWABLE 160-105 MG (*alum hydroxide-mag carbonate*)	Preferred	
antacid extra strength oral tablet chewable 160-105 mg	Preferred	
gnp antacid extra strength oral tablet chewable 160-105 mg	Preferred	
gnp antacid oral tablet chewable 550-110 mg	Preferred	
qc heartburn antacid oral tablet chewable 160-105 mg	Preferred	
sm foaming antacid oral tablet chewable 80-20 mg	Preferred	
ANTACIDS - ALUMINUM SALTS**		
aluminum hydroxide gel oral suspension 320 mg/5ml	Preferred	
ANTACIDS - BICARBONATE**		
sodium bicarbonate oral tablet 325 mg, 650 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ANTACIDS - CALCIUM SALTS**		
antacid calcium extra strength oral tablet chewable 750 mg	Preferred	
antacid calcium oral tablet chewable 500 mg	Preferred	
antacid extra strength oral tablet chewable 750 mg	Preferred	
antacid oral tablet chewable 500 mg, 750 mg	Preferred	
antacid regular strength oral tablet chewable 500 mg	Preferred	
antacid ultra strength oral tablet chewable 1000 mg	Preferred	
calcium antacid extra strength oral tablet chewable 750 mg	Preferred	
calcium antacid oral tablet chewable 500 mg	Preferred	
calcium antacid ultra max st oral tablet chewable 1000 mg	Preferred	
calcium carbonate antacid oral suspension 1250 mg/5ml	Preferred	
calcium carbonate antacid oral tablet 648 mg	Preferred	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (*calcium carbonate antacid*)	Preferred	
gnp antacid extra strength oral tablet chewable 750 mg	Preferred	
gnp antacid oral tablet chewable 500 mg	Preferred	
gnp antacid ultra strength oral tablet chewable 1000 mg	Preferred	
hm antacid extra strength oral tablet chewable 750 mg	Preferred	
hm antacid oral tablet chewable 500 mg	Preferred	
hm antacid regular strength oral tablet chewable 500 mg	Preferred	
hm calcium antacid ex st oral tablet chewable 750 mg	Preferred	
hm calcium antacid oral tablet chewable 500 mg, 750 mg	Preferred	
hm calcium antacid ultra st oral tablet chewable 1000 mg	Preferred	
qc antacid extra strength oral tablet chewable 750 mg	Preferred	
qc antacid oral tablet chewable 500 mg	Preferred	
qc antacid ultra strength oral tablet chewable 1000 mg	Preferred	
sm antacid oral tablet chewable 500 mg	Preferred	
sm calcium antacid ex st oral tablet chewable 750 mg	Preferred	
sm calcium antacid oral tablet chewable 500 mg	Preferred	
sm smooth antacid ex st oral tablet chewable 750 mg	Preferred	
smooth antacid extra strength oral tablet chewable 750 mg	Preferred	
ANTACIDS - MAGNESIUM SALTS**		
magnesium oxide (antacid) oral tablet 400 mg	Preferred	
magnesium oxide oral tablet 400 mg, 420 mg	Preferred	
ANTHELMINTICS		
ANTHELMINTICS**		
albendazole oral tablet 200 mg	Preferred	PA
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	Preferred	
ivermectin oral tablet 3 mg	Preferred	PA
praziquantel oral tablet 600 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER**		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Preferred	PA; Maximum 90-day supply per fill
NITRATES**		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (*isosorbide dinitrate*)	Preferred	Maximum 90-day supply per fill
isosorbide dinitrate er oral tablet extended release 40 mg	Preferred	Maximum 90-day supply per fill
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Preferred	Maximum 90-day supply per fill
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Preferred	Maximum 90-day supply per fill
isosorbide mononitrate oral tablet 10 mg, 20 mg	Preferred	Maximum 90-day supply per fill
nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Preferred	Maximum 90-day supply per fill
NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*)	Preferred	Maximum 90-day supply per fill
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	Preferred	Maximum 90-day supply per fill
nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg, 9 mg	Preferred	Maximum 90-day supply per fill
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Preferred	Maximum 90-day supply per fill
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Preferred	Maximum 90-day supply per fill
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (*nitroglycerin*)	Preferred	Maximum 90-day supply per fill
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.**		
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 30 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
hydroxyzine hcl oral syrup 10 mg/5ml	Preferred	QL (10 ML per 1 day)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Preferred	QL (8 EA per 1 day)
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Preferred	QL (4 EA per 1 day)
BENZODIAZEPINES**		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (*alprazolam*)	Preferred	QL (4 ML per 1 day); AGE (Min 6 Years)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)

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Drug Name	Formulary Status	Requirements/Limits
alprazolam oral tablet 2 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
alprazolam oral tablet dispersible 2 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
clorazepate dipotassium oral tablet 15 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
diazepam injection solution 10 mg/2ml, 5 mg/ml	Preferred	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Preferred	QL (2 ML per 1 day); AGE (Min 6 Years)
diazepam oral concentrate 5 mg/ml	Preferred	QL (2 ML per 1 day); AGE (Min 6 Years)
diazepam oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day); AGE (Min 6 Years)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Preferred	QL (2 ML per 1 day); AGE (Min 6 Years)
lorazepam oral concentrate 2 mg/ml	Preferred	QL (2 ML per 1 day); AGE (Min 6 Years)
lorazepam oral tablet 0.5 mg, 1 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
lorazepam oral tablet 2 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A**		
disopyramide phosphate oral capsule 100 mg, 150 mg	Preferred	Maximum 90-day supply per fill
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	Preferred	Maximum 90-day supply per fill
quinidine gluconate er oral tablet extended release 324 mg	Preferred	Maximum 90-day supply per fill
quinidine sulfate oral tablet 200 mg, 300 mg	Preferred	Maximum 90-day supply per fill
ANTIARRHYTHMICS TYPE I-B**		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
ANTIARRHYTHMICS TYPE I-C**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Preferred	Maximum 90-day supply per fill
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Preferred	Maximum 90-day supply per fill
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Preferred	Maximum 90-day supply per fill
ANTIARRHYTHMICS TYPE III**		
amiodarone hcl oral tablet 100 mg, 200 mg	Preferred	Maximum 90-day supply per fill
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Preferred	PA; Maximum 90-day supply per fill
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	Preferred	PA; Maximum 90-day supply per fill
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg)	Preferred	Maximum 90-day supply per fill
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADRENERGIC COMBINATIONS**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	Preferred	Maximum 90-day supply per fill
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	Preferred	Maximum 90-day supply per fill
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	Preferred	PA; QL (1 EA per 30 days); Maximum 90-day supply per fill
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Preferred	Maximum 90-day supply per fill
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	Preferred	Maximum 90-day supply per fill
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	Preferred	Maximum 90-day supply per fill
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Preferred	Maximum 90-day supply per fill
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Preferred	Maximum 90-day supply per fill
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	Preferred	PA; Maximum 90-day supply per fill
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	Preferred	Maximum 90-day supply per fill
ANTI-INFLAMMATORY AGENTS**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Preferred	Maximum 90-day supply per fill
BETA ADRENERGICS**		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Preferred	Maximum 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
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	Preferred	Maximum 90-day supply per fill
albuterol sulfate oral syrup 2 mg/5ml	Preferred	Maximum 90-day supply per fill
isoproterenol hcl injection solution 0.2 mg/ml	Preferred	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	Preferred	PA; AGE (Min 4 Years); Maximum 90-day supply per fill
BRONCHODILATORS - ANTICHOLINERGICS**		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	Preferred	Maximum 90-day supply per fill
ipratropium bromide inhalation solution 0.02 %	Preferred	Maximum 90-day supply per fill
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	Preferred	Maximum 90-day supply per fill
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	Preferred	Maximum 90-day supply per fill
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	Preferred	Maximum 90-day supply per fill
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)**		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	Preferred	PA
LEUKOTRIENE RECEPTOR ANTAGONISTS**		
montelukast sodium oral packet 4 mg	Preferred	QL (1 EA per 1 day); AGE (Max 3 Years); Maximum 90-day supply per fill
montelukast sodium oral tablet 10 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
montelukast sodium oral tablet chewable 4 mg, 5 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
STEROID INHALANTS**		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	Preferred	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	Preferred	Maximum 90-day supply per fill
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*)	Preferred	Maximum 90-day supply per fill
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	Preferred	Maximum 90-day supply per fill
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT (*mometasone furoate*)	Preferred	Maximum 90-day supply per fill
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*mometasone furoate*)	Preferred	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Preferred	Maximum 90-day supply per fill
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT (*fluticasone propionate (inhal)*)	Preferred	Maximum 90-day supply per fill
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION (*fluticasone propionate hfa*)	Preferred	Maximum 90-day supply per fill
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION (*fluticasone propionate hfa*)	Preferred	Maximum 90-day supply per fill
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION (*fluticasone propionate hfa*)	Preferred	Maximum 90-day supply per fill
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	Preferred	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	Preferred	Maximum 90-day supply per fill
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	Preferred	
XANTHINES**		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	Preferred	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	Preferred	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Preferred	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS**		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Preferred	Maximum 90-day supply per fill
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Preferred	Maximum 90-day supply per fill
DIRECT FACTOR XA INHIBITORS**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	Preferred	QL (80 EA per 365 days)

Drug Name	Formulary Status	Requirements/Limits
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	Preferred	QL (51 EA per 30 days)
HEPARINS AND HEPARINOID-LIKE AGENTS**		
heparin sod (pork) lock flush (Bd Heparin Posiflush Intravenous Solution 100 Unit/Ml)	Preferred	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	Preferred	
heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml	Preferred	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	Preferred	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	Preferred	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Preferred	
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	Preferred	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml	Preferred	
LOW MOLECULAR WEIGHT HEPARINS**		
enoxaparin sodium injection solution 300 mg/3ml	Preferred	QL (2 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 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)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Preferred	QL (1.2 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 80 mg/0.8ml	Preferred	QL (1.6 ML per 1 day)
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE**		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES**		
clobazam oral suspension 2.5 mg/ml	Preferred	PA; Maximum 90-day supply per fill
clobazam oral tablet 10 mg, 20 mg	Preferred	PA; Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
clonazepam oral tablet 0.5 mg, 1 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years)
clonazepam oral tablet 2 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	Preferred	QL (4 EA per 1 day)
clonazepam oral tablet dispersible 2 mg	Preferred	QL (2 EA per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (*diazepam*)	Preferred	QL (2 EA per 32 days)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (*diazepam*)	Preferred	QL (2 EA per 32 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Preferred	QL (2 EA per 32 days)
ANTICONVULSANTS - MISC.**		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Preferred	Maximum 90-day supply per fill
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Preferred	Maximum 90-day supply per fill
carbamazepine oral suspension 100 mg/5ml	Preferred	Maximum 90-day supply per fill
carbamazepine oral tablet 200 mg	Preferred	Maximum 90-day supply per fill
carbamazepine oral tablet chewable 100 mg	Preferred	Maximum 90-day supply per fill
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	Preferred	Maximum 90-day supply per fill
carbamazepine (Epitol Oral Tablet 200 Mg)	Preferred	Maximum 90-day supply per fill
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Preferred	Maximum 90-day supply per fill
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Preferred	Maximum 90-day supply per fill
gabapentin oral tablet 600 mg, 800 mg	Preferred	Maximum 90-day supply per fill
lacosamide intravenous solution 200 mg/20ml	Preferred	PA
lacosamide oral solution 10 mg/ml	Preferred	PA; Maximum 90-day supply per fill
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Preferred	PA; Maximum 90-day supply per fill
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	Preferred	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Preferred	Maximum 90-day supply per fill
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	Preferred	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
lamotrigine oral tablet chewable 25 mg, 5 mg	Preferred	Maximum 90-day supply per fill
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
lamotrigine starter kit-blue oral kit 35 x 25 mg	Preferred	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	Preferred	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	Preferred	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Preferred	Maximum 90-day supply per fill
levetiracetam intravenous solution 500 mg/5ml	Preferred	
levetiracetam oral solution 100 mg/ml	Preferred	Maximum 90-day supply per fill
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Preferred	Maximum 90-day supply per fill
oxcarbazepine oral suspension 300 mg/5ml	Preferred	Maximum 90-day supply per fill
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Preferred	Maximum 90-day supply per fill
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	Preferred	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Preferred	Maximum 90-day supply per fill; Max 600mg/day across all formulations
pregabalin oral solution 20 mg/ml	Preferred	Maximum 90-day supply per fill; Max 600mg/day across all formulations
primidone oral tablet 250 mg, 50 mg	Preferred	Maximum 90-day supply per fill
levetiracetam (Roweepra Oral Tablet 1000 Mg, 500 Mg, 750 Mg)	Preferred	Maximum 90-day supply per fill
levetiracetam (Roweepra Xr Oral Tablet Extended Release 24 Hour 500 Mg, 750 Mg)	Preferred	Maximum 90-day supply per fill
rufinamide oral suspension 40 mg/ml	Preferred	PA; Maximum 90-day supply per fill
rufinamide oral tablet 200 mg, 400 mg	Preferred	PA; Maximum 90-day supply per fill
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Preferred	Maximum 90-day supply per fill
lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	Preferred	
lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)	Preferred	
lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	Preferred	
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
topiramate oral capsule sprinkle 15 mg, 25 mg	Preferred	Maximum 90-day supply per fill
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
CARBAMATES**		
felbamate oral suspension 600 mg/5ml	Preferred	Maximum 90-day supply per fill
felbamate oral tablet 400 mg, 600 mg	Preferred	Maximum 90-day supply per fill
GABA MODULATORS**		
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Preferred	PA; Maximum 90-day supply per fill
HYDANTOINS**		
DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	Preferred	Maximum 90-day supply per fill
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	Preferred	Maximum 90-day supply per fill
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	Preferred	Maximum 90-day supply per fill
phenytoin oral tablet chewable 50 mg	Preferred	Maximum 90-day supply per fill
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Preferred	Maximum 90-day supply per fill
SUCCINIMIDES**		
ethosuximide oral capsule 250 mg	Preferred	Maximum 90-day supply per fill
ethosuximide oral solution 250 mg/5ml	Preferred	Maximum 90-day supply per fill
VALPROIC ACID**		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Preferred	Maximum 90-day supply per fill
divalproex sodium oral capsule delayed release sprinkle 125 mg	Preferred	Maximum 90-day supply per fill
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Preferred	Maximum 90-day supply per fill
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Preferred	
valproic acid oral capsule 250 mg	Preferred	Maximum 90-day supply per fill
valproic acid oral solution 250 mg/5ml	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
ANTIDEPRESSANTS - MISC.**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
bupropion hcl oral tablet 100 mg, 75 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	Preferred	PA; Maximum 90-day supply per fill
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	Preferred	PA; Maximum 90-day supply per fill
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**		
citalopram hydrobromide oral solution 10 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 6 Years and Max 12 Years); Maximum 90-day supply per fill
citalopram hydrobromide oral tablet 10 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
citalopram hydrobromide oral tablet 20 mg, 40 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
escitalopram oxalate oral tablet 10 mg, 20 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
escitalopram oxalate oral tablet 5 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
fluoxetine hcl oral capsule 10 mg, 40 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
fluoxetine hcl oral capsule 20 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
fluoxetine hcl oral solution 20 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 6 Years and Max 12 Years); Maximum 90-day supply per fill
fluvoxamine maleate oral tablet 100 mg	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
fluvoxamine maleate oral tablet 25 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
fluvoxamine maleate oral tablet 50 mg	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
paroxetine hcl oral tablet 40 mg	Preferred	QL (1.5 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
sertraline hcl oral concentrate 20 mg/ml	Preferred	QL (10 ML per 1 day); AGE (Min 6 Years and Max 12 Years); Maximum 90-day supply per fill
sertraline hcl oral tablet 100 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
sertraline hcl oral tablet 25 mg	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
sertraline hcl oral tablet 50 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
SEROTONIN MODULATORS**		
trazodone hcl oral tablet 100 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
trazodone hcl oral tablet 150 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
trazodone hcl oral tablet 300 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 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
trazodone hcl oral tablet 50 mg	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
duloxetine hcl oral capsule delayed release particles 60 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
venlafaxine hcl oral tablet 100 mg, 37.5 mg, 50 mg	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
venlafaxine hcl oral tablet 25 mg	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
venlafaxine hcl oral tablet 75 mg	Preferred	QL (5 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
TRICYCLIC AGENTS**		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
doxepin hcl oral concentrate 10 mg/ml	Preferred	QL (6 ML per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
nortriptyline hcl oral solution 10 mg/5ml	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
protriptyline hcl oral tablet 10 mg, 5 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS**		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
ANTIDIABETIC - AMYLIN ANALOGS**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	Preferred	PA; Maximum 90-day supply per fill
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	Preferred	PA; Maximum 90-day supply per fill
BIGUANIDES**		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Preferred	Maximum 90-day supply per fill
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Preferred	Maximum 90-day supply per fill
DIABETIC OTHER - COMBINATIONS**		
hm glucose oral tablet chewable 4-6 gm-mg	Preferred	
sm glucose oral tablet chewable 4-6 gm-mg	Preferred	
DIABETIC OTHER**		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	Preferred	QL (1 EA per 30 days)
glucagon emergency kit 1 mg injection	Preferred	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (*glucagon*)	Preferred	QL (0.2 ML per 32 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (*glucagon*)	Preferred	QL (0.4 ML per 32 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (*glucagon*)	Preferred	QL (0.2 ML per 32 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (*glucagon*)	Preferred	QL (0.4 ML per 32 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	Preferred	QL (0.2 ML per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	Preferred	QL (0.2 ML per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	Preferred	Maximum 90-day supply per fill
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	Preferred	QL (0.6 ML per 30 days)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Preferred	ST; Maximum 90-day supply per fill
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	Preferred	ST; Maximum 90-day supply per fill
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (*alogliptin benzoate*)	Preferred	ST; Maximum 90-day supply per fill
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (*saxagliptin hcl*)	Preferred	ST; Maximum 90-day supply per fill
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	Preferred	ST; Maximum 90-day supply per fill
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS**		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Preferred	ST; Maximum 90-day supply per fill
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	Preferred	ST; Maximum 90-day supply per fill
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	Preferred	ST; Maximum 90-day supply per fill
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	Preferred	ST; Maximum 90-day supply per fill
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	Preferred	ST; Maximum 90-day supply per fill
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (*alogliptin-metformin hcl*)	Preferred	ST; Maximum 90-day supply per fill
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (*saxagliptin-metformin*)	Preferred	ST; Maximum 90-day supply per fill
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS**		
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	Preferred	ST; Maximum 90-day supply per fill
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (*alogliptin-pioglitazone*)	Preferred	ST; Maximum 90-day supply per fill
HUMAN INSULIN**		
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	Preferred	Maximum 90-day supply per fill
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	Preferred	Maximum 90-day supply per fill
HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (*insulin nph isophane & regular*)	Preferred	Maximum 90-day supply per fill
HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (*insulin nph isophane & regular*)	Preferred	Maximum 90-day supply per fill
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*)	Preferred	PA; Maximum 90-day supply per fill
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	Preferred	PA; Maximum 90-day supply per fill
insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous	Preferred	Maximum 90-day supply per fill
insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous	Preferred	Maximum 90-day supply per fill
insulin aspart penfill solution cartridge 100 unit/ml subcutaneous	Preferred	Maximum 90-day supply per fill
insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous	Preferred	Maximum 90-day supply per fill
insulin aspart solution 100 unit/ml injection	Preferred	
insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous	Preferred	Maximum 90-day supply per fill
insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous	Preferred	Maximum 90-day supply per fill
insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous	Preferred	Maximum 90-day supply per fill
insulin lispro solution 100 unit/ml injection	Preferred	
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (*insulin glargine*)	Preferred	Maximum 90-day supply per fill
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS (*insulin glargine*)	Preferred	Maximum 90-day supply per fill
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin detemir*)	Preferred	Maximum 90-day supply per fill
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin detemir*)	Preferred	Maximum 90-day supply per fill
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin detemir*)	Preferred	Maximum 90-day supply per fill
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (*insulin nph isophane & regular*)	Preferred	
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (*insulin nph isophane & regular*)	Preferred	Maximum 90-day supply per fill
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS (*insulin nph human (isophane)*)	Preferred	
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (*insulin nph human (isophane)*)	Preferred	Maximum 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION (*insulin regular human*)	Preferred	
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (*insulin regular human*)	Preferred	Maximum 90-day supply per fill
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**		
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (*exenatide*)	Preferred	PA; Maximum 90-day supply per fill
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*)	Preferred	PA; Maximum 90-day supply per fill
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*)	Preferred	PA; Maximum 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 (*dulaglutide*)	Preferred	PA; Maximum 90-day supply per fill
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	Preferred	PA; Maximum 90-day supply per fill
MEGLITINIDE ANALOGUES**		
nateglinide oral tablet 120 mg, 60 mg	Preferred	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	
PROGESTERONE RECEPTOR ANTAGONISTS**		
KORLYM ORAL TABLET 300 MG (*mifepristone*)	Preferred	PA
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB**		
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 (*empagliflozin-linaglip-metform*)	Preferred	ST; Maximum 90-day supply per fill
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**		
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	Preferred	ST; Maximum 90-day supply per fill
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	Preferred	ST; Maximum 90-day supply per fill
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	Preferred	ST; Maximum 90-day supply per fill
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB**		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	Preferred	ST; Maximum 90-day supply per fill
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	Preferred	ST; Maximum 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 (*dapagliflozin prop-metformin*)	Preferred	ST; Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
SULFONYLUREA-BIGUANIDE COMBINATIONS**		
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Preferred	Maximum 90-day supply per fill
SULFONYLUREAS**		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Preferred	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Preferred	Maximum 90-day supply per fill
glipizide oral tablet 10 mg, 5 mg	Preferred	Maximum 90-day supply per fill
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Preferred	Maximum 90-day supply per fill
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Preferred	Maximum 90-day supply per fill
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Preferred	Maximum 90-day supply per fill
tolbutamide oral tablet 500 mg	Preferred	
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS**		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Preferred	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS**		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Preferred	Maximum 90-day supply per fill
THIAZOLIDINEDIONES**		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Preferred	Maximum 90-day supply per fill
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.**		
bismatrol maximum strength oral suspension 525 mg/15ml	Preferred	
bismatrol oral suspension 262 mg/15ml	Preferred	
bismatrol oral tablet chewable 262 mg	Preferred	
bismuth subsalicylate oral suspension 525 mg/30ml	Preferred	
bismuth subsalicylate oral tablet chewable 262 mg	Preferred	
gnp pink bismuth oral tablet 262 mg	Preferred	
gnp pink bismuth oral tablet chewable 262 mg	Preferred	
gnp stomach relief max st oral suspension 525 mg/15ml	Preferred	
gnp stomach relief oral suspension 262 mg/15ml, 525 mg/30ml	Preferred	
gnp stomach relief ultra oral suspension 525 mg/15ml	Preferred	
goodsense stomach relief oral tablet chewable 262 mg	Preferred	
hm stomach relief max strength oral suspension 525 mg/15ml	Preferred	
hm stomach relief oral suspension 262 mg/15ml, 525 mg/30ml	Preferred	
hm stomach relief oral tablet chewable 262 mg	Preferred	
hm stomach relief ultra oral suspension 525 mg/15ml	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
KAO-TIN ORAL SUSPENSION 262 MG/15ML (*bismuth subsalicylate*)	Preferred	
peptic relief oral tablet chewable 262 mg	Preferred	
pink bismuth maximum strength oral suspension 525 mg/15ml	Preferred	
qc diarrhea relief oral suspension 262 mg/15ml	Preferred	
qc pink bismuth oral suspension 262 mg/15ml, 525 mg/15ml	Preferred	
qc pink bismuth oral tablet 262 mg	Preferred	
qc pink bismuth oral tablet chewable 262 mg	Preferred	
qc stomach relief oral suspension 525 mg/30ml	Preferred	
qc stomach relief oral tablet 262 mg	Preferred	
qc stomach relief oral tablet chewable 262 mg	Preferred	
qc stomach relief ultra oral suspension 525 mg/15ml	Preferred	
sm stomach relief max st oral suspension 525 mg/15ml	Preferred	
sm stomach relief oral suspension 262 mg/15ml, 525 mg/30ml	Preferred	
sm stomach relief oral tablet 262 mg	Preferred	
sm stomach relief oral tablet chewable 262 mg	Preferred	
stomach relief extra strength oral suspension 525 mg/15ml	Preferred	
stomach relief max st oral suspension 525 mg/15ml	Preferred	
stomach relief oral suspension 262 mg/15ml, 525 mg/15ml, 525 mg/30ml	Preferred	
stomach relief oral tablet 262 mg	Preferred	
stomach relief oral tablet chewable 262 mg	Preferred	
stomach relief ultra oral suspension 525 mg/15ml	Preferred	
ANTIPERISTALTIC AGENTS**		
anti-diarrheal oral capsule 2 mg	Preferred	
anti-diarrheal oral tablet 2 mg	Preferred	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	Preferred	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Preferred	
gnp anti-diarrheal oral capsule 2 mg	Preferred	
gnp anti-diarrheal oral tablet 2 mg	Preferred	
gnp loperamide hcl oral suspension 1 mg/7.5ml	Preferred	
hm anti-diarrheal oral capsule 2 mg	Preferred	
hm anti-diarrheal oral tablet 2 mg	Preferred	
hm loperamide hcl oral capsule 2 mg	Preferred	
loperamide hcl oral capsule 2 mg	Preferred	
loperamide hcl oral suspension 1 mg/7.5ml	Preferred	
loperamide hcl oral tablet 2 mg	Preferred	
qc anti-diarrheal oral capsule 2 mg	Preferred	
qc anti-diarrheal oral tablet 2 mg	Preferred	
sm anti-diarrheal oral capsule 2 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
sm anti-diarrheal oral tablet 2 mg	Preferred	
sm loperamide hcl oral suspension 1 mg/7.5ml	Preferred	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS**		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	Preferred	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Preferred	
naloxone hcl injection solution cartridge 0.4 mg/ml	Preferred	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	Preferred	
naloxone hcl nasal liquid 4 mg/0.1ml	Preferred	
naltrexone hcl oral tablet 50 mg	Preferred	
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	Preferred	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	Preferred	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS**		
ANZEMET ORAL TABLET 100 MG, 50 MG (*dolasetron mesylate*)	Preferred	PA
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	Preferred	PA
granisetron hcl oral tablet 1 mg	Preferred	PA
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	Preferred	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	Preferred	
ondansetron hcl oral solution 4 mg/5ml	Preferred	QL (300 ML per 30 days)
ondansetron hcl oral tablet 24 mg	Preferred	PA
ondansetron hcl oral tablet 4 mg, 8 mg	Preferred	QL (2 EA per 1 day)
ondansetron oral tablet dispersible 4 mg, 8 mg	Preferred	QL (2 EA per 1 day)
ANTIEMETICS - ANTICHOLINERGIC**		
DRIMINATE ORAL TABLET 50 MG (*dimenhydrinate*)	Preferred	
gnp motion sickness relief oral tablet 25 mg, 50 mg	Preferred	
hm motion relief oral tablet 25 mg	Preferred	
hm motion sickness oral tablet 50 mg	Preferred	
hm motion sickness relief oral tablet 25 mg, 50 mg	Preferred	
meclizine hcl oral tablet 12.5 mg, 25 mg	Preferred	
meclizine hcl oral tablet chewable 25 mg	Preferred	
motion sickness relief oral tablet 25 mg, 50 mg	Preferred	
motion-time oral tablet chewable 25 mg	Preferred	
qc motion sickness relief oral tablet 50 mg	Preferred	
qc travel ease oral tablet chewable 25 mg	Preferred	
sm motion sickness oral tablet 25 mg, 50 mg	Preferred	
sm motion sickness relief oral tablet 50 mg	Preferred	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (*trimethobenzamide hcl*)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
travel sickness oral tablet 50 mg	Preferred	
travel sickness oral tablet chewable 25 mg	Preferred	
trimethobenzamide hcl oral capsule 300 mg	Preferred	
ANTIEMETICS - MISCELLANEOUS**		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Preferred	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**		
aprepitant oral 80 & 125 mg	Preferred	QL (6 EA per 20 days)
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	Preferred	QL (6 EA per 20 days)
ANTIFUNGALS		
ANTIFUNGALS**		
griseofulvin microsize oral suspension 125 mg/5ml	Preferred	
griseofulvin microsize oral tablet 500 mg	Preferred	
nystatin oral tablet 500000 unit	Preferred	
terbinafine hcl oral tablet 250 mg	Preferred	QL (90 EA per 365 days)
TRIAZOLES**		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Preferred	QL (20 ML per 1 day)
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Preferred	QL (2 EA per 1 day)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	Preferred	PA
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES**		
aller-chlor oral tablet 4 mg	Preferred	
allergy oral tablet 4 mg	Preferred	
allergy relief oral tablet 4 mg	Preferred	
allergy-time oral tablet 4 mg	Preferred	
CHLORPHEN SR ORAL TABLET EXTENDED RELEASE 12 MG (*chlorpheniramine maleate*)	Preferred	
chlorpheniramine maleate er oral tablet extended release 12 mg	Preferred	
ed chlorped jr oral syrup 2 mg/5ml	Preferred	
gnp allergy oral tablet 4 mg	Preferred	
gnp allergy relief oral tablet 4 mg	Preferred	
hm allergy relief oral tablet 4 mg	Preferred	
qc allergy relief 4-hour oral tablet 4 mg	Preferred	
qc allergy relief oral tablet 4 mg	Preferred	
qc chlor-pheniramine oral tablet 4 mg	Preferred	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	Preferred	
sm allergy 4 hour oral tablet 4 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
ANTIHISTAMINES - ETHANOLAMINES**		
allergy childrens oral liquid 12.5 mg/5ml	Preferred	
allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	
allergy relief oral capsule 25 mg	Preferred	
allergy relief oral tablet 25 mg	Preferred	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (*diphenhydramine hcl*)	Preferred	
BANOPHEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	Preferred	
clemastine fumarate oral tablet 2.68 mg	Preferred	
complete allergy medicine oral capsule 25 mg	Preferred	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (*clemastine fumarate*)	Preferred	
diphenhist oral capsule 25 mg	Preferred	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	Preferred	
diphenhydramine hcl injection solution 50 mg/ml	Preferred	
diphenhydramine hcl oral capsule 25 mg, 50 mg	Preferred	
diphenhydramine hcl oral elixir 12.5 mg/5ml	Preferred	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 6.25 mg/ml	Preferred	
diphenhydramine hcl oral tablet 25 mg	Preferred	
dye-free allergy relief oral liquid 12.5 mg/5ml	Preferred	
gnp allergy antihistamine oral liquid 12.5 mg/5ml	Preferred	
gnp allergy childrens oral liquid 12.5 mg/5ml	Preferred	
gnp allergy oral capsule 25 mg	Preferred	
gnp allergy oral tablet 25 mg	Preferred	
gnp allergy relief max st oral liquid 12.5 mg/5ml	Preferred	
gnp allergy relief oral capsule 25 mg	Preferred	
gnp allergy relief oral tablet 25 mg	Preferred	
gnp allergy relief oral tablet chewable 12.5 mg	Preferred	
gnp childrens allergy oral liquid 12.5 mg/5ml	Preferred	
gnp dayhist allergy oral tablet 1.34 mg	Preferred	
hm allergy multi symptom oral capsule 25 mg	Preferred	
hm allergy oral tablet 25 mg	Preferred	
hm allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	
hm allergy relief oral capsule 25 mg	Preferred	
hm allergy relief oral tablet 25 mg	Preferred	
liquid allergy relief oral liquid 12.5 mg/5ml	Preferred	
m-dryl oral liquid 12.5 mg/5ml	Preferred	
PEDIACLEAR COUGH CHILDRENS ORAL LIQUID 6.25 MG/ML (*diphenhydramine hcl*)	Preferred	
qc allergy childrens oral liquid 12.5 mg/5ml	Preferred	
qc allergy relief oral capsule 25 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
qc allergy relief oral tablet 25 mg	Preferred	
qc complete allergy medicine oral tablet 25 mg	Preferred	
siladryl allergy oral liquid 12.5 mg/5ml	Preferred	
sm allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	
sm allergy relief oral capsule 25 mg	Preferred	
sm allergy relief oral liquid 12.5 mg/5ml	Preferred	
sm allergy relief oral tablet 1.34 mg, 25 mg	Preferred	
ANTIHISTAMINES - NON-SEDATING**		
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)
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)
aller-ease oral tablet 60 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 oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
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 (loratadine) 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 oral solution 1 mg/ml, 5 mg/5ml	Preferred	QL (5 ML per 1 day)
allergy relief oral tablet 10 mg, 180 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 childrens oral solution 1 mg/ml	Preferred	QL (5 ML per 1 day)
cetirizine hcl childrens oral tablet chewable 10 mg, 5 mg	Preferred	QL (1 EA per 1 day)
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	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 loratadine oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
cvs allerg rel child (lorat) oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
cvs allergy childrens oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
eq allerg relief child (lorat) oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
eq allergy childrens oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
fexofenadine hcl oral tablet 180 mg, 60 mg	Preferred	QL (1 EA per 1 day)
gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	Preferred	QL (5 ML per 1 day)
gnp all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
gnp all day allergy relief oral capsule 10 mg	Preferred	QL (1 EA per 1 day)

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

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Drug Name	Formulary Status	Requirements/Limits
qc fexofenadine hydrochloride oral tablet 180 mg	Preferred	QL (1 EA per 1 day)
qc loratadine allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
ra loratadine oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
sb loratadine oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
sm all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	Preferred	QL (5 ML per 1 day)
sm all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
sm all day allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
sm allergy childrens oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
sm allergy relief oral tablet 60 mg	Preferred	QL (1 EA per 1 day)
sm allergy relief oral tablet dispersible 10 mg	Preferred	QL (1 EA per 1 day)
sm childrens loratadine oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
sm fexofenadine hcl oral tablet 180 mg, 60 mg	Preferred	QL (1 EA per 1 day)
sm loratadine allergy relief oral tablet dispersible 10 mg	Preferred	QL (1 EA per 1 day)
sm loratadine oral solution 5 mg/5ml	Preferred	QL (5 ML per 1 day)
sm loratadine oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML (*loratadine*)	Preferred	QL (5 ML per 1 day)
WAL-ITIN ORAL SOLUTION 5 MG/5ML (*loratadine*)	Preferred	QL (5 ML per 1 day)
ANTIHISTAMINES - PHENOTHIAZINES**		
promethazine hcl (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	Preferred	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	Preferred	
promethazine hcl oral syrup 6.25 mg/5ml	Preferred	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Preferred	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Preferred	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Preferred	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (*promethazine hcl*)	Preferred	
ANTIHISTAMINES - PIPERIDINES**		
cyproheptadine hcl oral syrup 2 mg/5ml	Preferred	
cyproheptadine hcl oral tablet 4 mg	Preferred	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.**		
omega-3-acid ethyl esters oral capsule 1 gm	Preferred	
BILE ACID SEQUESTRANTS**		
cholestyramine light oral packet 4 gm	Preferred	Maximum 90-day supply per fill
cholestyramine light oral powder 4 gm/dose	Preferred	Maximum 90-day supply per fill
cholestyramine oral packet 4 gm	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
cholestyramine oral powder 4 gm/dose	Preferred	Maximum 90-day supply per fill
colestipol hcl oral tablet 1 gm	Preferred	Maximum 90-day supply per fill
cholestyramine light (Prevalite Oral Packet 4 Gm)	Preferred	Maximum 90-day supply per fill
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	Preferred	Maximum 90-day supply per fill
FIBRIC ACID DERIVATIVES**		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Preferred	Maximum 90-day supply per fill
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Preferred	Maximum 90-day supply per fill
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Preferred	Maximum 90-day supply per fill
fenofibric acid oral tablet 105 mg, 35 mg	Preferred	Maximum 90-day supply per fill
gemfibrozil oral tablet 600 mg	Preferred	Maximum 90-day supply per fill
TRIGLIDE ORAL TABLET 160 MG (*fenofibrate*)	Preferred	Maximum 90-day supply per fill
HMG COA REDUCTASE INHIBITORS**		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**		
ezetimibe oral tablet 10 mg	Preferred	Maximum 90-day supply per fill
NICOTINIC ACID DERIVATIVES**		
niacin er (antihyperlipidemic) oral tablet extended release 750 mg	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS**		
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	Preferred	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE**		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*quinapril-hydrochlorothiazide*)	Preferred	Maximum 90-day supply per fill
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	Preferred	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Preferred	Maximum 90-day supply per fill
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Preferred	Maximum 90-day supply per fill
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Preferred	Maximum 90-day supply per fill
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Preferred	Maximum 90-day supply per fill
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Preferred	Maximum 90-day supply per fill
ACE INHIBITORS**		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	Maximum 90-day supply per fill
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
enalapril maleate oral solution 1 mg/ml	Preferred	Maximum 90-day supply per fill
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Preferred	Maximum 90-day supply per fill
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Preferred	Maximum 90-day supply per fill
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Preferred	Maximum 90-day supply per fill
moexipril hcl oral tablet 15 mg, 7.5 mg	Preferred	Maximum 90-day supply per fill
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Preferred	Maximum 90-day supply per fill
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	Maximum 90-day supply per fill
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Preferred	Maximum 90-day supply per fill
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Preferred	Maximum 90-day supply per fill
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE**		
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Preferred	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Preferred	Maximum 90-day supply per fill
ANGIOTENSIN II RECEPTOR ANTAGONISTS**		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Preferred	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Preferred	Maximum 90-day supply per fill
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Preferred	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Preferred	Maximum 90-day supply per fill
ANTIADRENERGICS - CENTRALLY ACTING**		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Preferred	QL (4 EA per 28 days); AGE (Min 6 Years); Maximum 90-day supply per fill
guanfacine hcl oral tablet 1 mg, 2 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
methyldopa oral tablet 250 mg, 500 mg	Preferred	Maximum 90-day supply per fill
ANTIADRENERGICS - PERIPHERALLY ACTING**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Preferred	Maximum 90-day supply per fill
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Preferred	Maximum 90-day supply per fill
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Preferred	Maximum 90-day supply per fill
BETA BLOCKER & DIURETIC COMBINATIONS**		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Preferred	Maximum 90-day supply per fill
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Preferred	Maximum 90-day supply per fill
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Preferred	Maximum 90-day supply per fill
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	Preferred	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**		
eplerenone oral tablet 25 mg, 50 mg	Preferred	PA; Maximum 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
VASODILATORS**		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
minoxidil oral tablet 10 mg, 2.5 mg	Preferred	Maximum 90-day supply per fill
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.**		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 100 MG/ML, 50 MG/ML (*metronidazole benzoate*)	Preferred	AGE (Max 9 Years)
metronidazole oral tablet 250 mg, 500 mg	Preferred	
tinidazole oral tablet 250 mg, 500 mg	Preferred	
trimethoprim oral tablet 100 mg	Preferred	
XIFAXAN ORAL TABLET 200 MG, 550 MG (*rifaximin*)	Preferred	
ANTI-INFECTIVE MISC. - COMBINATIONS**		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Preferred	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Preferred	
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	Preferred	
CARBAPENEM COMBINATIONS**		
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM (*meropenem-vaborbactam*)	Preferred	
GLYCOPEPTIDES**		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	Preferred	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG (*oritavancin diphosphate*)	Preferred	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	Preferred	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	Preferred	
vancomycin hcl intravenous solution 1000 mg/200ml, 1500 mg/300ml, 2000 mg/400ml, 500 mg/100ml	Preferred	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 250 mg, 5 gm, 500 mg, 750 mg	Preferred	
vancomycin hcl oral capsule 125 mg, 250 mg	Preferred	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	Preferred	
LEPROSTATICS**		
dapsone oral tablet 100 mg, 25 mg	Preferred	Maximum 90-day supply per fill
LINCOSAMIDES**		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Preferred	
clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml	Preferred	
lincomycin hcl injection solution 300 mg/ml	Preferred	
OXAZOLIDINONES**		
linezolid oral suspension reconstituted 100 mg/5ml	Preferred	PA
linezolid oral tablet 600 mg	Preferred	PA
POLYMYXINS**		
colistimethate sodium (cba) injection solution reconstituted 150 mg	Preferred	
URINARY ANTI-INFECTIVES**		
methenamine hippurate oral tablet 1 gm	Preferred	
methenamine mandelate oral tablet 1 gm	Preferred	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Preferred	
nitrofurantoin monohyd macro oral capsule 100 mg	Preferred	
nitrofurantoin oral suspension 25 mg/5ml	Preferred	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS**		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Preferred	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	Preferred	
ANTIMALARIALS**		
chloroquine phosphate oral tablet 250 mg, 500 mg	Preferred	Maximum 90-day supply per fill
hydroxychloroquine sulfate oral tablet 200 mg	Preferred	Maximum 90-day supply per fill
primaquine phosphate oral tablet 26.3 (15 base) mg	Preferred	
quinine sulfate oral capsule 324 mg	Preferred	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS**		
pyridostigmine bromide er oral tablet extended release 180 mg	Preferred	
pyridostigmine bromide oral tablet 60 mg	Preferred	
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS**		
RIFAMATE ORAL CAPSULE 150-300 MG (*isoniazid-rifampin*)	Preferred	
ANTIMYCOBACTERIAL AGENTS**		
ethambutol hcl oral tablet 100 mg, 400 mg	Preferred	
isoniazid oral syrup 50 mg/5ml	Preferred	Maximum 90-day supply per fill
isoniazid oral tablet 100 mg, 300 mg	Preferred	Maximum 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
pyrazinamide oral tablet 500 mg	Preferred	
rifampin oral capsule 150 mg, 300 mg	Preferred	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANDROGEN BIOSYNTHESIS INHIBITORS**		
abiraterone acetate oral tablet 250 mg, 500 mg	Preferred	PA
ANTIANDROGENS**		
bicalutamide oral tablet 50 mg	Preferred	
flutamide oral capsule 125 mg	Preferred	
nilutamide oral tablet 150 mg	Preferred	
ANTIESTROGENS**		
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	Preferred	
tamoxifen citrate oral tablet 10 mg, 20 mg	Preferred	Maximum 90-day supply per fill
toremifene citrate oral tablet 60 mg	Preferred	PA; Maximum 90-day supply per fill
ANTIMETABOLITES**		
mercaptopurine oral tablet 50 mg	Preferred	
methotrexate oral tablet 2.5 mg	Preferred	
methotrexate sodium (pf) injection solution 50 mg/2ml	Preferred	
methotrexate sodium injection solution 50 mg/2ml	Preferred	
methotrexate sodium oral tablet 2.5 mg	Preferred	
TABLOID ORAL TABLET 40 MG (*thioguanine*)	Preferred	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	Preferred	
ANTINEOPLASTIC - ALK INHIBITORS**		
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	Preferred	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	Preferred	PA
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS**		
GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*)	Preferred	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	Preferred	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (*nilotinib hcl*)	Preferred	PA
ANTINEOPLASTIC - BRAF KINASE INHIBITORS**		
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	Preferred	PA
ANTINEOPLASTIC - BTK INHIBITORS**		
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (*ibrutinib*)	Preferred	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	Preferred	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (*ibrutinib*)	Preferred	PA
ANTINEOPLASTIC - EGFR INHIBITORS**		
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	Preferred	PA

Drug Name	Formulary Status	Requirements/Limits
gefitinib oral tablet 250 mg	Preferred	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**		
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	Preferred	PA
ANTINEOPLASTIC - MEK INHIBITORS**		
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	Preferred	PA
ANTINEOPLASTIC - MTOR KINASE INHIBITORS**		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Preferred	PA
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	Preferred	PA
ANTINEOPLASTIC - MULTIKINASE INHIBITORS**		
CAPRELSA ORAL TABLET 100 MG, 300 MG (*vandetanib*)	Preferred	PA
lapatinib ditosylate oral tablet 250 mg	Preferred	PA
sorafenib tosylate oral tablet 200 mg	Preferred	PA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Preferred	PA
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	Preferred	PA
ANTINEOPLASTICS MISC.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (*interferon gamma-1b*)	Preferred	PA; Maximum 90-day supply per fill
hydroxyurea oral capsule 500 mg	Preferred	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (*interferon alfa-2b*)	Preferred	PA; Maximum 90-day supply per fill
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (*interferon alfa-2b*)	Preferred	PA; Maximum 90-day supply per fill
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	Preferred	
AROMATASE INHIBITORS**		
anastrozole oral tablet 1 mg	Preferred	PA; Maximum 90-day supply per fill
exemestane oral tablet 25 mg	Preferred	PA; Maximum 90-day supply per fill
letrozole oral tablet 2.5 mg	Preferred	
FOLIC ACID ANTAGONISTS RESCUE AGENTS**		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Preferred	PA
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS**		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	Preferred	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	Preferred	PA
IMIDAZOTETRAZINES**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Preferred	PA

Drug Name	Formulary Status	Requirements/Limits
JANUS ASSOCIATED KINASE (JAK) INHIBITORS**		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	Preferred	PA
LHRH ANALOGS**		
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	Preferred	PA
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	Preferred	PA
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	Preferred	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	Preferred	PA
leuprolide acetate injection kit 1 mg/0.2ml	Preferred	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (*leuprolide acetate*)	Preferred	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (*leuprolide acetate (3 month)*)	Preferred	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	Preferred	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	Preferred	PA
MITOTIC INHIBITORS**		
etoposide oral capsule 50 mg	Preferred	PA
NITROGEN MUSTARDS AND RELATED ANALOGUES**		
cyclophosphamide oral capsule 25 mg, 50 mg	Preferred	
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	Preferred	
PROGESTINS-ANTINEOPLASTIC**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Preferred	
megestrol acetate oral tablet 20 mg, 40 mg	Preferred	
RETINOIDS**		
tretinoin oral capsule 10 mg	Preferred	
SELECTIVE RETINOID X RECEPTOR AGONISTS**		
bexarotene oral capsule 75 mg	Preferred	PA
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS**		
INLYTA ORAL TABLET 1 MG, 5 MG (*axitinib*)	Preferred	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS**		
benztropine mesylate injection solution 1 mg/ml	Preferred	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	Maximum 90-day supply per fill
trihexyphenidyl hcl oral solution 0.4 mg/ml	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Preferred	Maximum 90-day supply per fill
ANTIPARKINSON DOPAMINERGICS**		
amantadine hcl oral capsule 100 mg	Preferred	Maximum 90-day supply per fill
amantadine hcl oral solution 50 mg/5ml	Preferred	
bromocriptine mesylate oral capsule 5 mg	Preferred	Maximum 90-day supply per fill
bromocriptine mesylate oral tablet 2.5 mg	Preferred	Maximum 90-day supply per fill
LEVODOPA COMBINATIONS**		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Preferred	Maximum 90-day supply per fill
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Preferred	Maximum 90-day supply per fill
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 31.25-125-200 mg	Preferred	
DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*)	Preferred	Maximum 90-day supply per fill
STALEVO 125 ORAL TABLET 31.25-125-200 MG (*carbidopa-levodopa-entacapone*)	Preferred	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (*carbidopa-levodopa-entacapone*)	Preferred	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (*carbidopa-levodopa-entacapone*)	Preferred	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS**		
pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg	Preferred	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Preferred	Maximum 90-day supply per fill
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Preferred	Maximum 90-day supply per fill
PERIPHERAL COMT INHIBITORS**		
entacapone oral tablet 200 mg	Preferred	Maximum 90-day supply per fill
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
lithium carbonate oral tablet 300 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
lithium oral solution 8 meq/5ml	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
ANTIPSYCHOTICS - MISC.**		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*)	Preferred	Maximum 90-day supply per fill
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
BENZISOXAZOLES**		
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML (*paliperidone palmitate*)	Preferred	QL (3.5 ML per 180 days); AGE (Min 18 Years); Maximum 180-day supply per fill
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML (*paliperidone palmitate*)	Preferred	QL (5 ML per 180 days); Maximum 180-day supply per fill
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML (*paliperidone palmitate*)	Preferred	QL (0.75 ML per 30 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML (*paliperidone palmitate*)	Preferred	QL (1 ML per 30 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML (*paliperidone palmitate*)	Preferred	QL (1.5 ML per 30 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML (*paliperidone palmitate*)	Preferred	QL (0.25 ML per 30 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML (*paliperidone palmitate*)	Preferred	QL (0.5 ML per 30 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML (*paliperidone palmitate*)	Preferred	QL (0.88 ML per 84 days); AGE (Min 18 Years); Maximum 90-day supply per fill
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML (*paliperidone palmitate*)	Preferred	QL (1.32 ML per 84 days); AGE (Min 18 Years); Maximum 90-day supply per fill
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML (*paliperidone palmitate*)	Preferred	QL (1.75 ML per 84 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML (*paliperidone palmitate*)	Preferred	QL (2.63 ML per 84 days); AGE (Min 18 Years); Maximum 90-day supply per fill
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	Preferred	QL (1 EA per 28 days); AGE (Min 18 Years); Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	Preferred	QL (2 EA per 30 days); AGE (Min 18 Years)
risperidone oral solution 1 mg/ml	Preferred	QL (8 ML per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
BUTYROPHENONES**		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Preferred	AGE (Min 18 Years)
haloperidol lactate oral concentrate 2 mg/ml	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
DIBENZODIAZEPINES**		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Preferred	QL (5 EA per 1 day); AGE (Min 18 Years)
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Preferred	QL (5 EA per 1 day); AGE (Min 18 Years)
DIBENZOTHIAZEPINES**		
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
DIBENZOXAZEPINES**		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
DIHYDROINDOLONES**		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	Preferred	
PHENOTHIAZINES**		
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	Preferred	AGE (Min 6 Years)
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Preferred	Maximum 90-day supply per fill
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
prochlorperazine (Compro Rectal Suppository 25 Mg)	Preferred	
fluphenazine decanoate injection solution 25 mg/ml	Preferred	AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
fluphenazine hcl oral concentrate 5 mg/ml	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
fluphenazine hcl oral elixir 2.5 mg/5ml	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
prochlorperazine maleate oral tablet 10 mg, 5 mg	Preferred	Maximum 90-day supply per fill
prochlorperazine rectal suppository 25 mg	Preferred	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
QUINOLINONE DERIVATIVES**		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (*aripiprazole*)	Preferred	PA; QL (1 EA per 60 days); AGE (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	Preferred	QL (1 EA per 30 days); AGE (Min 18 Years); Maximum 90-day supply per fill
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	Preferred	QL (1 EA per 30 days); AGE (Min 18 Years); Maximum 90-day supply per fill
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	Preferred	QL (4.8 ML per 365 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (*aripiprazole lauroxil*)	Preferred	QL (3.9 ML per 30 days); AGE (Min 18 Years); Maximum 90-day supply per fill
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML (*aripiprazole lauroxil*)	Preferred	QL (1.6 ML per 30 days); AGE (Min 18 Years); Maximum 90-day supply per fill
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML (*aripiprazole lauroxil*)	Preferred	QL (2.4 ML per 30 days); AGE (Min 18 Years); Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML (*aripiprazole lauroxil*)	Preferred	QL (3.2 ML per 30 days); AGE (Min 18 Years); Maximum 90-day supply per fill
THIENBENZODIAZEPINES**		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
olanzapine oral tablet dispersible 10 mg, 5 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
olanzapine oral tablet dispersible 15 mg, 20 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
THIOXANTHENES**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS**		
abacavir sulfate-lamivudine oral tablet 600-300 mg	Preferred	Maximum 90-day supply per fill
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Preferred	Maximum 90-day supply per fill
ATRIPLA ORAL TABLET 600-200-300 MG (*efavirenz-emtricitab-tenofo df*)	Preferred	Maximum 90-day supply per fill
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	Preferred	Maximum 90-day supply per fill
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	Preferred	Maximum 90-day supply per fill
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (*emtricitabine-tenofovir af*)	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	Preferred	Maximum 90-day supply per fill
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Preferred	Maximum 90-day supply per fill
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	Preferred	Maximum 90-day supply per fill
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	Preferred	Maximum 90-day supply per fill
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	Preferred	Maximum 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
lamivudine-zidovudine oral tablet 150-300 mg	Preferred	Maximum 90-day supply per fill
lopinavir-ritonavir oral solution 400-100 mg/5ml	Preferred	Maximum 90-day supply per fill
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	Preferred	Maximum 90-day supply per fill
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	Preferred	Maximum 90-day supply per fill
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	Preferred	Maximum 90-day supply per fill
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	Preferred	Maximum 90-day supply per fill
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	Preferred	Maximum 90-day supply per fill
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	Preferred	Maximum 90-day supply per fill
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	Preferred	Maximum 90-day supply per fill
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	Preferred	Maximum 90-day supply per fill
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (*abacavir-dolutegravir-lamivud*)	Preferred	AGE (Max 7 Years); Maximum 90-day supply per fill
TRIZIVIR ORAL TABLET 300-150-300 MG (*abacavir-lamivudine-zidovudine*)	Preferred	Maximum 90-day supply per fill
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (*emtricitabine-tenofovir df*)	Preferred	Maximum 90-day supply per fill
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)**		
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (*maraviroc*)	Preferred	PA; Maximum 90-day supply per fill
ANTIRETROVIRALS - FUSION INHIBITORS**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	Preferred	PA; QL (1 EA per 30 days); Maximum 90-day supply per fill
ANTIRETROVIRALS - INTEGRASE INHIBITORS**		
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	Preferred	Maximum 90-day supply per fill
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	Preferred	Maximum 90-day supply per fill
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	Preferred	Maximum 90-day supply per fill
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	Preferred	Maximum 90-day supply per fill
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (*dolutegravir sodium*)	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	Preferred	Maximum 90-day supply per fill
ANTIRETROVIRALS - PROTEASE INHIBITORS**		
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	Preferred	Maximum 90-day supply per fill
APTIVUS ORAL SOLUTION 100 MG/ML (*tipranavir*)	Preferred	Maximum 90-day supply per fill
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	Preferred	Maximum 90-day supply per fill
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG (*indinavir sulfate*)	Preferred	Maximum 90-day supply per fill
fosamprenavir calcium oral tablet 700 mg	Preferred	Maximum 90-day supply per fill
INVIRASE ORAL TABLET 500 MG (*saquinavir mesylate*)	Preferred	Maximum 90-day supply per fill
LEXIVA ORAL SUSPENSION 50 MG/ML (*fosamprenavir calcium*)	Preferred	Maximum 90-day supply per fill
NORVIR ORAL PACKET 100 MG (*ritonavir*)	Preferred	Maximum 90-day supply per fill
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	Preferred	
PREZISTA ORAL TABLET 150 MG, 75 MG (*darunavir*)	Preferred	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	Preferred	Maximum 90-day supply per fill
ritonavir oral tablet 100 mg	Preferred	Maximum 90-day supply per fill
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES**		
efavirenz oral capsule 200 mg, 50 mg	Preferred	Maximum 90-day supply per fill
efavirenz oral tablet 600 mg	Preferred	Maximum 90-day supply per fill
etravirine oral tablet 100 mg, 200 mg	Preferred	Maximum 90-day supply per fill
INTELENCE ORAL TABLET 25 MG (*etravirine*)	Preferred	Maximum 90-day supply per fill
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	Preferred	Maximum 90-day supply per fill
nevirapine oral suspension 50 mg/5ml	Preferred	Maximum 90-day supply per fill
nevirapine oral tablet 200 mg	Preferred	Maximum 90-day supply per fill
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	Preferred	Maximum 90-day supply per fill
RESCRIPTOR ORAL TABLET 200 MG (*delavirdine mesylate*)	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES**		
abacavir sulfate oral solution 20 mg/ml	Preferred	Maximum 90-day supply per fill
abacavir sulfate oral tablet 300 mg	Preferred	Maximum 90-day supply per fill
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	Preferred	Maximum 90-day supply per fill
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES**		
emtricitabine oral capsule 200 mg	Preferred	Maximum 90-day supply per fill
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	Preferred	Maximum 90-day supply per fill
lamivudine oral solution 10 mg/ml	Preferred	Maximum 90-day supply per fill
lamivudine oral tablet 150 mg, 300 mg	Preferred	Maximum 90-day supply per fill
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES**		
zidovudine oral capsule 100 mg	Preferred	Maximum 90-day supply per fill
zidovudine oral syrup 50 mg/5ml	Preferred	Maximum 90-day supply per fill
zidovudine oral tablet 300 mg	Preferred	Maximum 90-day supply per fill
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES**		
tenofovir disoproxil fumarate oral tablet 300 mg	Preferred	Maximum 90-day supply per fill
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	Preferred	Maximum 90-day supply per fill
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (*tenofovir disoproxil fumarate*)	Preferred	Maximum 90-day supply per fill
ANTIRETROVIRALS ADJUVANTS**		
TYBOST ORAL TABLET 150 MG (*cobicistat*)	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
CMV AGENTS**		
cidofovir intravenous solution 75 mg/ml	Preferred	PA
foscarnet sodium intravenous solution 6000 mg/250ml	Preferred	PA
ganciclovir sodium intravenous solution 500 mg/10ml	Preferred	PA
ganciclovir sodium intravenous solution reconstituted 500 mg	Preferred	PA
LIVTENCITY ORAL TABLET 200 MG (*maribavir*)	Preferred	PA

Drug Name	Formulary Status	Requirements/Limits
valganciclovir hcl oral solution reconstituted 50 mg/ml	Preferred	PA; Maximum 90-day supply per fill
valganciclovir hcl oral tablet 450 mg	Preferred	PA; Maximum 90-day supply per fill
HEPATITIS B AGENTS**		
adefovir dipivoxil oral tablet 10 mg	Preferred	PA; Maximum 90-day supply per fill
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	Preferred	PA; Maximum 90-day supply per fill
entecavir oral tablet 0.5 mg, 1 mg	Preferred	PA; Maximum 90-day supply per fill
EPIVIR HBV ORAL SOLUTION 5 MG/ML (*lamivudine*)	Preferred	Maximum 90-day supply per fill
lamivudine oral tablet 100 mg	Preferred	Maximum 90-day supply per fill
HEPATITIS C AGENT - COMBINATIONS**		
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	Preferred	PA; QL (6 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	Preferred	PA; QL (3 EA per 1 day)
sofosbuvir-velpatasvir tablet 400-100 mg oral	Preferred	PA; QL (1 EA per 1 day)
HEPATITIS C AGENTS**		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	Preferred	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	Preferred	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML (*peginterferon alfa-2b*)	Preferred	PA
ribavirin oral capsule 200 mg	Preferred	PA
ribavirin oral tablet 200 mg	Preferred	PA
HERPES AGENTS - PURINE ANALOGUES**		
acyclovir oral capsule 200 mg	Preferred	
acyclovir oral suspension 200 mg/5ml	Preferred	
acyclovir oral tablet 400 mg, 800 mg	Preferred	
acyclovir sodium intravenous solution 50 mg/ml	Preferred	
valacyclovir hcl oral tablet 1 gm, 500 mg	Preferred	
HERPES AGENTS - THYMIDINE ANALOGUES**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Preferred	PA
INFLUENZA AGENTS**		
rimantadine hcl oral tablet 100 mg	Preferred	
NEURAMINIDASE INHIBITORS**		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Preferred	QL (20 EA per 270 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Preferred	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*)	Preferred	QL (40 EA per 270 days)

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Drug Name	Formulary Status	Requirements/Limits
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (*oseltamivir phosphate*)	Preferred	QL (20 EA per 270 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (*oseltamivir phosphate*)	Preferred	
PA ENDONUCLEASE INHIBITORS**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG (*baloxavir marboxil*)	Preferred	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG, 2 X 40 MG (*baloxavir marboxil*)	Preferred	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Preferred	Maximum 90-day supply per fill
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	Preferred	Maximum 90-day supply per fill
BETA BLOCKERS CARDIO-SELECTIVE**		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
bisoprolol fumarate oral tablet 10 mg, 5 mg	Preferred	Maximum 90-day supply per fill
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Preferred	Maximum 90-day supply per fill
BETA BLOCKERS NON-SELECTIVE**		
nadolol oral tablet 20 mg, 40 mg, 80 mg	Preferred	Maximum 90-day supply per fill
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
propranolol hcl intravenous solution 1 mg/ml	Preferred	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	Preferred	Maximum 90-day supply per fill
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Preferred	Maximum 90-day supply per fill
sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Preferred	Maximum 90-day supply per fill
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Preferred	Maximum 90-day supply per fill
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS**		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	Preferred	Maximum 90-day supply per fill
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	Preferred	Maximum 90-day supply per fill
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	Maximum 90-day supply per fill
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Preferred	Maximum 90-day supply per fill
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	Maximum 90-day supply per fill
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Preferred	Maximum 90-day supply per fill
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	Preferred	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
nifedipine oral capsule 10 mg, 20 mg	Preferred	Maximum 90-day supply per fill
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	Preferred	Maximum 90-day supply per fill
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	Preferred	Maximum 90-day supply per fill
CARDIOTONICS		
CARDIAC GLYCOSIDES**		
digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Preferred	Maximum 90-day supply per fill
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Preferred	Maximum 90-day supply per fill
digoxin injection solution 0.25 mg/ml	Preferred	
digoxin oral solution 0.05 mg/ml	Preferred	Maximum 90-day supply per fill
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	Preferred	Maximum 90-day supply per fill
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (*digoxin*)	Preferred	
CARDIOVASCULAR AGENTS - MISC.		
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB**		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	Preferred	PA; Maximum 90-day supply per fill
PROSTAGLANDIN VASODILATORS**		
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	Preferred	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**		
ambrisentan oral tablet 10 mg, 5 mg	Preferred	PA; Maximum 90-day supply per fill
bosentan oral tablet 125 mg, 62.5 mg	Preferred	PA; Maximum 90-day supply per fill
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	Preferred	PA; Maximum 90-day supply per fill
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	Preferred	AGE (Max 12 Years); Maximum 90-day supply per fill
sildenafil citrate oral tablet 20 mg	Preferred	PA; Maximum 90-day supply per fill
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION**		
cefadroxil oral capsule 500 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Preferred	
cefadroxil oral tablet 1 gm	Preferred	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Preferred	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	
cephalexin oral tablet 250 mg, 500 mg	Preferred	
CEPHALOSPORINS - 2ND GENERATION**		
cefaclor er oral tablet extended release 12 hour 500 mg	Preferred	
cefaclor oral capsule 250 mg, 500 mg	Preferred	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	Preferred	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	
cefprozil oral tablet 250 mg, 500 mg	Preferred	
cefuroxime axetil oral tablet 250 mg, 500 mg	Preferred	
CEPHALOSPORINS - 3RD GENERATION**		
cefdinir oral capsule 300 mg	Preferred	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	
cefixime oral capsule 400 mg	Preferred	QL (1 EA per 1 day)
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Preferred	
cefotaxime sodium injection solution reconstituted 1 gm	Preferred	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Preferred	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Preferred	
ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg	Preferred	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (*cefixime*)	Preferred	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (*cefixime*)	Preferred	
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL**		
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	
desogestrel-ethinyl estradiol (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Preferred	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	

Drug Name	Formulary Status	Requirements/Limits
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	Preferred	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	Preferred	
COMBINATION CONTRACEPTIVES - ORAL**		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
alyacen 1/35 oral tablet 1-35 mg-mcg	Preferred	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
briellyn oral tablet 0.4-35 mg-mcg	Preferred	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Chateal Oral Tablet 0.15-30 Mg-Mcg)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	Preferred	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Preferred	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	Preferred	
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Preferred	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
norgestimate-eth estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	Preferred	
drospirenone-ethinyl estradiol (Gianvi Oral Tablet 3-0.02 Mg)	Preferred	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	Preferred	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	Preferred	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Larissia Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
norethin-eth estradiol-fe (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	Preferred	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Lillow Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	Preferred	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	Preferred	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	Preferred	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
marlissa oral tablet 0.15-30 mg-mcg	Preferred	
norethin ace-eth estrad-fe (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	
norethin ace-eth estrad-fe (Merzee Oral Capsule 1-20 Mg-Mcg(24))	Preferred	
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Preferred	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	Preferred	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	Preferred	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg	Preferred	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	Preferred	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	
norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	Preferred	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Preferred	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	
norgestimate-eth estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	Preferred	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
norgestimate-eth estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	Preferred	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	Preferred	
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	
norethin ace-eth estrad-fe (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	Preferred	
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	Preferred	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	Preferred	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	Preferred	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	Preferred	
drospirenone-ethinyl estradiol (Zarah Oral Tablet 3-0.03 Mg)	Preferred	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	
ethynodiol diac-eth estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	Preferred	
COMBINATION CONTRACEPTIVES - TRANSDERMAL**		
norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	Preferred	
norelgestromin-eth estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	Preferred	
COMBINATION CONTRACEPTIVES - VAGINAL**		
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	Preferred	
CONTINUOUS CONTRACEPTIVES - ORAL**		
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	Preferred	
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)	Preferred	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Preferred	
EMERGENCY CONTRACEPTIVES**		
AFTERA ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
CURAE ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
ECONTRA EZ ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	Preferred	QL (1 EA per 7 days)
HER STYLE ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
levonorgestrel oral tablet 1.5 mg	Preferred	
MY CHOICE ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
MY WAY ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
NEW DAY ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
OPTION 2 ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
REACT ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
TAKE ACTION ORAL TABLET 1.5 MG (*levonorgestrel*)	Preferred	
EXTENDED-CYCLE CONTRACEPTIVES - ORAL**		
levonorgest-eth estrad 91-day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	Preferred	Maximum 91-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	Preferred	Maximum 91-day supply per fill
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	Preferred	Maximum 91-day supply per fill
PROGESTIN CONTRACEPTIVES - IMPLANTS**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	Preferred	
PROGESTIN CONTRACEPTIVES - INJECTABLE**		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	Preferred	Maximum 90-day supply per fill
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Preferred	Maximum 90-day supply per fill
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Preferred	Maximum 90-day supply per fill
PROGESTIN CONTRACEPTIVES - ORAL**		
norethindrone (Camila Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Errin Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Heather Oral Tablet 0.35 Mg)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
norethindrone (Incassia Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Jolivette Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Lyza Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	Preferred	
norethindrone oral tablet 0.35 mg	Preferred	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Norlyroc Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	Preferred	
norethindrone (Tulana Oral Tablet 0.35 Mg)	Preferred	
TRIPHASIC CONTRACEPTIVES - ORAL**		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Preferred	
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	Preferred	
desogestrel-ethinyl estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	Preferred	
norethin-eth estrad triphasic (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Preferred	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Preferred	
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	Preferred	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Preferred	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	Preferred	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	Preferred	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Preferred	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Preferred	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Preferred	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
norgestim-eth estrad triphasic (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 (*desogestrel-ethinyl estradiol*)	Preferred	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS**		
budesonide oral capsule delayed release particles 3 mg	Preferred	
cortisone acetate oral tablet 25 mg	Preferred	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML (*methylprednisolone acetate*)	Preferred	PA
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (*dexamethasone*)	Preferred	
dexamethasone oral elixir 0.5 mg/5ml	Preferred	
dexamethasone oral solution 0.5 mg/5ml	Preferred	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Preferred	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
dexamethasone (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))	Preferred	
dexamethasone (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))	Preferred	
dexamethasone (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))	Preferred	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	Preferred	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Preferred	
KENALOG INJECTION SUSPENSION 10 MG/ML (*triamcinolone acetonide*)	Preferred	PA
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (*triamcinolone acetonide*)	Preferred	PA
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	Preferred	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	Preferred	PA
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Preferred	
methylprednisolone oral tablet therapy pack 4 mg	Preferred	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	Preferred	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48) (*prednisolone*)	Preferred	
prednisolone (Millipred Oral Tablet 5 Mg)	Preferred	
prednisolone oral tablet 5 mg	Preferred	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	Preferred	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	Preferred	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (*prednisone*)	Preferred	
prednisone oral solution 5 mg/5ml	Preferred	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Preferred	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Preferred	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG (*hydrocortisone sod succinate*)	Preferred	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG (*methylprednisolone sodium succ*)	Preferred	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM (*methylprednisolone sodium succ*)	Preferred	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	Preferred	
dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	Preferred	
triamcinolone acetonide injection suspension 40 mg/ml	Preferred	PA
MINERALOCORTICOIDS**		
fludrocortisone acetate oral tablet 0.1 mg	Preferred	Maximum 90-day supply per fill
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC**		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Preferred	
cough dm childrens oral suspension extended release 30 mg/5ml	Preferred	
cough dm oral suspension extended release 30 mg/5ml	Preferred	
dextromethorphan hbr oral capsule 15 mg	Preferred	
dextromethorphan polistirex er oral suspension extended release 30 mg/5ml	Preferred	
gnp cough dm er oral suspension extended release 30 mg/5ml	Preferred	
gnp cough gels oral capsule 15 mg	Preferred	
gnp tussin cough long acting oral syrup 15 mg/5ml	Preferred	
goodsense cough dm childrens oral suspension extended release 30 mg/5ml	Preferred	
goodsense cough dm oral suspension extended release 30 mg/5ml	Preferred	
hm cough dm oral suspension extended release 30 mg/5ml	Preferred	
robafen cough oral capsule 15 mg	Preferred	
sm cough dm childrens oral suspension extended release 30 mg/5ml	Preferred	
sm cough dm oral suspension extended release 30 mg/5ml	Preferred	
sm cough relief oral syrup 15 mg/5ml	Preferred	
ANTITUSSIVE - OPIOID**		
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years); Maximum 12-day supply per fill
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	Preferred	QL (20 EA per 1 day); AGE (Min 18 Years); Maximum 12-day supply per fill
hydromet oral solution 5-1.5 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years); Maximum 12-day supply per fill
ANTITUSSIVE-ANTIHISTAMINE-ANALGESIC**		
all-nite cold & flu nighttime oral liquid 30-12.5-650 mg/30ml	Preferred	
cold & flu nighttime relief oral capsule 15-6.25-325 mg	Preferred	
cold & flu relief nighttime oral capsule 15-6.25-325 mg	Preferred	
gnp night time cold & flu oral capsule 15-6.25-325 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
gnp night time cold & flu oral liquid 15-6.25-325 mg/15ml	Preferred	
gnp night time cold-flu oral capsule 15-6.25-325 mg	Preferred	
goodsense nighttime cold & flu oral capsule 15-6.25-325 mg	Preferred	
hm night time cold & flu oral capsule 15-6.25-325 mg	Preferred	
hm night time cold & flu oral liquid 15-6.25-325 mg/15ml	Preferred	
hm night time ms cold & flu oral capsule 15-6.25-325 mg	Preferred	
hm nighttime cold & flu relief oral capsule 15-6.25-325 mg	Preferred	
night time cold/flu relief oral capsule 15-6.25-325 mg	Preferred	
nighttime cold & flu max str oral liquid 15-6.25-325 mg/15ml	Preferred	
nighttime cold/flu relief oral capsule 15-6.25-325 mg	Preferred	
nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml	Preferred	
qc nighttime cold & flu oral capsule 15-6.25-325 mg	Preferred	
qc nighttime cold & flu oral liquid 15-6.25-325 mg/15ml	Preferred	
qc nighttime multi-symptom oral capsule 15-6.25-325 mg	Preferred	
sm night time cold & flu oral capsule 15-6.25-325 mg	Preferred	
sm nite time cold & flu oral liquid 15-6.25-325 mg/15ml	Preferred	
sm nite time cold & flu relief oral capsule 15-6.25-325 mg	Preferred	
ANTITUSSIVE-DECONGESTANT-ANALGESIC**		
cold & flu relief daytime oral capsule 10-5-325 mg	Preferred	
cold relief oral tablet 10-5-325 mg	Preferred	
cold/flu daytime relief oral capsule 10-5-325 mg	Preferred	
daytime cold & flu relief oral capsule 10-5-325 mg	Preferred	
daytime cold & flu relief oral liquid 10-5-325 mg/15ml	Preferred	
flu/severe cold & cough day oral packet 20-10-650 mg	Preferred	
gnp cold max daytime oral tablet 10-5-325 mg	Preferred	
gnp cold relief multi-symptom oral tablet 10-5-325 mg	Preferred	
gnp day time cold/flu oral capsule 10-5-325 mg	Preferred	
gnp day time cold/flu relief oral liquid 10-5-325 mg/15ml	Preferred	
gnp flu relief therapy daytime oral liquid 10-5-325 mg/15ml	Preferred	
gnp flu/severe cold/cough day oral packet 20-10-650 mg	Preferred	
goodsense cold & flu oral liquid 10-5-325 mg/15ml	Preferred	
goodsense cold max oral tablet 10-5-325 mg	Preferred	
goodsense day time cold & flu oral capsule 10-5-325 mg	Preferred	
hm day time oral capsule 10-5-325 mg	Preferred	
hm daytime cold & flu oral liquid 10-5-325 mg/15ml	Preferred	
hm severe cold/cough/flu oral packet 20-10-650 mg	Preferred	
MAPAP COLD FORMULA MULTI-SYMPT ORAL TABLET 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	Preferred	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	Preferred	
qc daytime cold/flu oral capsule 10-5-325 mg	Preferred	
qc daytime cold/flu oral liquid 10-5-325 mg/15ml	Preferred	
qc flu relief therapy daytime oral liquid 10-5-325 mg/15ml	Preferred	
qc severe cold/cough daytime oral packet 20-10-650 mg	Preferred	
sm day time cold & flu relief oral liquid 10-5-325 mg/15ml	Preferred	
sm day time non drowsy oral capsule 10-5-325 mg	Preferred	
sm day time pe cold/flu relief oral capsule 10-5-325 mg	Preferred	
sm daytime liquid oral capsule 10-5-325 mg	Preferred	
ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC**		
cold head congestion severe oral tablet 5-10-200-325 mg	Preferred	
daytime severe cold & flu oral liquid 5-10-200-325 mg/15ml	Preferred	
gnp cold max severe oral tablet 5-10-200-325 mg	Preferred	
gnp cold relief cold & flu oral tablet 5-10-200-325 mg	Preferred	
gnp cold relief daytime oral tablet 5-10-200-325 mg	Preferred	
gnp cold relief multi-symptom oral tablet 5-10-200-325 mg	Preferred	
gnp cold/flu severe oral tablet 5-10-200-325 mg	Preferred	
gnp mucus relief cold flu oral tablet 5-10-200-325 mg	Preferred	
gnp mucus relief max st oral liquid 5-10-200-325 mg/10ml	Preferred	
gnp multi-symptom cold daytime oral liquid 5-10-200-325 mg/15ml	Preferred	
gnp severe day time cold/flu oral liquid 5-10-200-325 mg/15ml	Preferred	
goodsense cold & flu oral tablet 5-10-200-325 mg	Preferred	
goodsense day time cold & flu oral liquid 5-10-200-325 mg/15ml	Preferred	
goodsense day time cold & flu oral tablet 5-10-200-325 mg	Preferred	
hm daytime cold & flu oral tablet 5-10-200-325 mg	Preferred	
hm mucus relief fm cold/flu oral tablet 5-10-200-325 mg	Preferred	
hm mucus relief fm severe oral tablet 5-10-200-325 mg	Preferred	
hm severe cold/flu oral tablet 5-10-200-325 mg	Preferred	
mucus relief cold flu throat oral liquid 5-10-200-325 mg/10ml	Preferred	
mucus relief severe cold oral tablet 5-10-200-325 mg	Preferred	
qc cold head congestion day oral tablet 5-10-200-325 mg	Preferred	
qc cold multi-symptom daytime oral tablet 5-10-200-325 mg	Preferred	
qc mucus cold flu & throat oral tablet 5-10-200-325 mg	Preferred	
qc mucus relief cold & flu oral tablet 5-10-200-325 mg	Preferred	
qc mucus relief sinus pressure oral tablet 5-10-200-325 mg	Preferred	
qc severe cold & flu oral tablet 5-10-200-325 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
severe cold & flu oral tablet 5-10-200-325 mg	Preferred	
sm cold & flu severe oral tablet 5-10-200-325 mg	Preferred	
sm daytime severe cold & flu oral liquid 5-10-200-325 mg/15ml	Preferred	
tussin cf severe multi-symptom oral liquid 5-10-200-325 mg/10ml	Preferred	
ANTITUSSIVE-EXPECTORANT**		
altarussin dm oral syrup 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
cheratussin ac oral syrup 100-10 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
chest congestion relief dm oral syrup 10-100 mg/5ml	Preferred	QL (16 ML per 1 day)
chest congestion relief dm oral tablet 20-400 mg	Preferred	
cough/chest congestion dm oral syrup 10-100 mg/5ml	Preferred	QL (16 ML per 1 day)
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml	Preferred	QL (16 ML per 1 day)
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Preferred	QL (16 ML per 1 day)
dextromethorphan-guaifenesin oral tablet 20-400 mg	Preferred	
diabetic siltussin-dm oral liquid 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg	Preferred	
eq tussin dm cough/chest oral syrup 10-100 mg/5ml	Preferred	QL (16 ML per 1 day)
eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
extra action cough oral syrup 10-100 mg/5ml	Preferred	QL (16 ML per 1 day)
geri-tussin dm oral syrup 10-100 mg/5ml	Preferred	QL (16 ML per 1 day)
gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg	Preferred	
gnp mucus relief dm max oral liquid 5-100 mg/5ml	Preferred	QL (16 ML per 1 day)
gnp mucus relief dm oral tablet 20-400 mg	Preferred	
gnp tab tussin dm oral tablet 20-400 mg	Preferred	
gnp tussin dm cough oral liquid 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
gnp tussin dm max oral liquid 10-200 mg/5ml, 20-400 mg/20ml	Preferred	QL (16 ML per 1 day)
gnp tussin dm oral liquid 20-200 mg/10ml	Preferred	QL (16 ML per 1 day)
gnp tussin dm oral liquid 20-200 mg/20ml	Preferred	
goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg	Preferred	
goodsense tussin dm max oral liquid 20-400 mg/20ml	Preferred	QL (16 ML per 1 day)
goodsense tussin dm oral liquid 20-200 mg/20ml	Preferred	
guaiatussin ac oral syrup 100-10 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
guaicon dms oral syrup 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
guaifenesin ac oral syrup 100-10 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
guaifenesin-codeine oral solution 100-10 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
guaifenesin-dm oral syrup 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
hm adult tussin cough & chest oral liquid 20-400 mg/20ml	Preferred	QL (16 ML per 1 day)
hm chest congestion relief dm oral tablet 20-400 mg	Preferred	
hm mucus relief cough children oral liquid 5-100 mg/5ml	Preferred	QL (16 ML per 1 day)
hm mucus relief dm max st oral tablet extended release 12 hour 60-1200 mg	Preferred	
hm mucus relief dm oral tablet extended release 12 hour 60-1200 mg	Preferred	
hm tussin adult dm oral liquid 10-200 mg/5ml, 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
medi-tussin dm oral syrup 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
mucosa dm oral tablet 20-400 mg	Preferred	
mucus & cough relief childrens oral liquid 5-100 mg/5ml	Preferred	QL (16 ML per 1 day)
mucus relief cough childrens oral liquid 5-100 mg/5ml	Preferred	QL (16 ML per 1 day)
mucus relief dm cough oral tablet 20-400 mg	Preferred	
mucus relief dm max oral liquid 20-400 mg/20ml	Preferred	QL (16 ML per 1 day)
mucus relief dm max oral tablet extended release 12 hour 60-1200 mg	Preferred	
mucus relief dm oral liquid 20-400 mg/20ml	Preferred	QL (16 ML per 1 day)
mucus relief dm oral tablet extended release 12 hour 30-600 mg	Preferred	
mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg	Preferred	
mucusrelief dm cough oral tablet 20-400 mg	Preferred	
qc medifin dm oral tablet 20-400 mg	Preferred	
qc mucus & cough relief child oral liquid 5-100 mg/5ml	Preferred	QL (16 ML per 1 day)
qc mucus relief dm max oral liquid 5-100 mg/5ml	Preferred	QL (16 ML per 1 day)
qc mucus relief dm max oral tablet extended release 12 hour 60-1200 mg	Preferred	
qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml	Preferred	QL (16 ML per 1 day)
ra tussin cough dm sugar free oral syrup 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (*dextromethorphan-guaifenesin*)	Preferred	QL (16 ML per 1 day)
ROBAFEN DM COUGH ORAL LIQUID 10-100 MG/5ML (*dextromethorphan-guaifenesin*)	Preferred	QL (16 ML per 1 day)
ROBAFEN DM ORAL LIQUID 20-200 MG/20ML (*dextromethorphan-guaifenesin*)	Preferred	
ROBAFEN DM PEAK COLD CGH/CONG ORAL LIQUID 10-100 MG/5ML (*dextromethorphan-guaifenesin*)	Preferred	QL (16 ML per 1 day)
siltussin dm das oral liquid 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
siltussin-dm alcohol free oral syrup 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
sm chest congestion relief dm oral tablet 20-400 mg	Preferred	
sm mucus relief cough children oral liquid 5-100 mg/5ml	Preferred	QL (16 ML per 1 day)
sm tussin cough/chest congest oral liquid 20-200 mg/10ml	Preferred	QL (16 ML per 1 day)
sm tussin cough/chest congest oral liquid 20-200 mg/20ml	Preferred	
sm tussin cough/chest congest oral syrup 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
sm tussin dm max oral liquid 10-200 mg/5ml, 20-400 mg/20ml	Preferred	QL (16 ML per 1 day)
sm tussin dm oral syrup 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
tusnel diabetic oral liquid 10-100 mg/5ml	Preferred	QL (16 ML per 1 day)
tussin dm cough + chest oral liquid 10-100 mg/5ml, 10-200 mg/5ml	Preferred	QL (16 ML per 1 day)
tussin dm max adult oral liquid 10-200 mg/5ml, 5-100 mg/5ml	Preferred	QL (16 ML per 1 day)
tussin dm oral liquid 100-10 mg/5ml, 20-200 mg/10ml	Preferred	QL (16 ML per 1 day)
tussin dm oral syrup 100-10 mg/5ml	Preferred	QL (16 ML per 1 day)
virtussin a/c oral solution 100-10 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
virtussin ac w/alc oral liquid 100-10 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML (*dextromethorphan-guaifenesin*)	Preferred	QL (16 ML per 1 day)
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT**		
aquanaz oral tablet 10-15-400 mg	Preferred	
deconex dmx oral tablet 10-17.5-400 mg	Preferred	
DURAVENT DM ORAL TABLET 10-15-395 MG (*phenylephrine-dm-gg*)	Preferred	
gnp mucus relief childrens oral liquid 2.5-5-100 mg/5ml	Preferred	
gnp mucus relief congest/cough oral liquid 10-20-400 mg/20ml	Preferred	
gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml	Preferred	
goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml	Preferred	
goodsense tussin cf oral liquid 5-10-100 mg/5ml	Preferred	
guaifenesin dac oral solution 30-10-100 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
hm tussin adult multi-symptom oral liquid 5-10-100 mg/5ml	Preferred	
mucus relief childrens oral liquid 2.5-5-100 mg/5ml	Preferred	
NIVANEX DMX ORAL TABLET 10-15-380 MG (*phenylephrine-dm-gg*)	Preferred	
phenylephrine-dm-gg oral liquid 10-18-200 mg/15ml	Preferred	
phenylephrine-dm-gg oral tablet 10-17.5-385 mg	Preferred	
qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml	Preferred	
qc tussin cf oral liquid 5-10-100 mg/5ml	Preferred	
robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml	Preferred	

Drug Name	Formulary Status	Requirements/Limits
sm mucus relief cold childrens oral liquid 2.5-5-100 mg/5ml	Preferred	
sm severe congestion & cough oral liquid 10-20-400 mg/20ml	Preferred	
sm tussin cf oral liquid 5-10-100 mg/5ml	Preferred	
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML (*pseudoephedrine-codeine-gg*)	Preferred	
TUSNEL DM ORAL LIQUID 10-20-400 MG/5ML (*phenylephrine-dm-gg*)	Preferred	
TUSNEL DM PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML (*phenylephrine-dm-gg*)	Preferred	
TUSNEL-DM PEDIATRIC ORAL LIQUID 1.25-2.5-25 MG/ML (*phenylephrine-dm-gg*)	Preferred	
tussin cf multi-symptom cold oral liquid 5-10-100 mg/5ml	Preferred	
tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml	Preferred	
VANACOF DMX ORAL LIQUID 10-18-396 MG/15ML (*phenylephrine-dm-gg*)	Preferred	
VANATAB DM ORAL TABLET 5-9-198 MG (*phenylephrine-dm-gg*)	Preferred	
virtussin dac oral solution 30-10-100 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
DECONGESTANT & ANTIHISTAMINE**		
12hr allergy & congestion oral tablet extended release 12 hour 60-120 mg	Preferred	QL (1 EA per 1 day)
24hr allergy & congestion reli oral tablet extended release 24 hour 180-240 mg	Preferred	
all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
allergy relief d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	Preferred	
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	Preferred	
allergy relief-d oral tablet extended release 24 hour 10-240 mg	Preferred	
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
antihistamine & nasal deconges oral tablet extended release 12 hour 60-120 mg	Preferred	QL (1 EA per 1 day)
brohist d oral tablet 4-10 mg	Preferred	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
childrens cold & allergy oral elixir 1-2.5 mg/5ml	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
cold & allergy childrens oral elixir 1-2.5 mg/5ml	Preferred	
cold & allergy childrens oral liquid 2-5 mg/10ml	Preferred	
dimaphen childrens oral elixir 1-2.5 mg/5ml	Preferred	
ED A-HIST ORAL TABLET 4-10 MG (*chlorpheniramine-phenylephrine*)	Preferred	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	Preferred	QL (1 EA per 1 day)
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	Preferred	
gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg	Preferred	
gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	Preferred	
gnp allergy-d allergy & conges oral tablet extended release 12 hour 60-120 mg	Preferred	QL (1 EA per 1 day)
gnp cold/allergy childrens oral elixir 1-2.5 mg/5ml	Preferred	
gnp fexofenadine/pse er oral tablet extended release 12 hour 60-120 mg	Preferred	QL (1 EA per 1 day)
gnp loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
gnp sinus & allergy pe oral tablet 4-10 mg	Preferred	
goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
hm allergy & congestion oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
hm allergy complete-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	Preferred	
hm cold & allergy childrens oral elixir 1-2.5 mg/5ml	Preferred	
hm dibromm cold/allergy oral liquid 2-5 mg/10ml	Preferred	
LOHIST-D ORAL LIQUID 2-30 MG/5ML (*chlorpheniramine-pseudoeph*)	Preferred	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	Preferred	
promethazine vc oral syrup 6.25-5 mg/5ml	Preferred	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Preferred	
qc cold & allergy oral tablet 4-10 mg	Preferred	
qc dibromm childrens cold/all oral liquid 2-5 mg/10ml	Preferred	
qc loratadine-d oral tablet extended release 24 hour 10-240 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ru-hist d oral tablet 4-10 mg	Preferred	
rynex pe oral elixir 1-2.5 mg/5ml	Preferred	
rynex pse oral liquid 1-15 mg/5ml	Preferred	
sm all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
sm cold & allergy childrens oral elixir 1-15 mg/5ml, 1-2.5 mg/5ml	Preferred	
sm cold & allergy childrens oral liquid 2-5 mg/10ml	Preferred	
sm cold & allergy pe oral tablet 4-10 mg	Preferred	
sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
sm loratadine d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (1 EA per 1 day)
sm lorata-dine d oral tablet extended release 24 hour 10-240 mg	Preferred	
sm sinus & allergy max st oral tablet 4-60 mg	Preferred	
SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG (*chlorpheniramine-pseudoeph*)	Preferred	
DECONGESTANT W/ EXPECTORANT**		
chest congestion relief pe oral tablet 10-400 mg	Preferred	
DECONEX IR ORAL TABLET 10-385 MG (*phenylephrine-guaifenesin*)	Preferred	
DURAVENT PE ORAL TABLET 10-395 MG (*phenylephrine-guaifenesin*)	Preferred	
ed bron gp oral liquid 5-100 mg/5ml	Preferred	QL (16 ML per 1 day)
gnp mucus d 12 hr oral tablet extended release 12 hour 60-600 mg	Preferred	
gnp mucus relief pe oral tablet 10-400 mg	Preferred	
hm mucus relief d oral tablet extended release 12 hour 60-600 mg	Preferred	
mucus d oral tablet extended release 12 hour 60-600 mg	Preferred	
mucus relief d oral tablet extended release 12 hour 60-600 mg	Preferred	
mucus relief pe sinus oral tablet 10-400 mg	Preferred	
mucusrelief sinus oral tablet 10-400 mg	Preferred	
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Preferred	
sm chest congestion relief pe oral tablet 10-400 mg	Preferred	
sm guaifenesin/pseudoephedrine oral tablet extended release 12 hour 600-60 mg	Preferred	
sm mucus relief d oral tablet extended release 12 hour 60-600 mg	Preferred	
TUSNEL PEDIATRIC ORAL LIQUID 1.25-25 MG/ML (*phenylephrine-guaifenesin*)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
DECONGESTANT-ANALGESIC**		
acetaminophen congestion/pain oral tablet 5-325 mg	Preferred	
all day sinus/cold d oral tablet extended release 12 hour 120-220 mg	Preferred	
cold & sinus oral tablet 30-200 mg	Preferred	
gnp sinus & cold-d oral tablet extended release 12 hour 120-220 mg	Preferred	
gnp sinus pressure/pain oral tablet 5-325 mg	Preferred	
gnp sinus/headache oral tablet 5-325 mg	Preferred	
hm cold & sinus relief oral tablet 30-200 mg	Preferred	
hm sinus & cold-d oral tablet extended release 12 hour 120-220 mg	Preferred	
MAPAP SINUS MAXIMUM STRENGTH ORAL TABLET 5-325 MG (*phenylephrine-acetaminophen*)	Preferred	
qc ibuprofen cold/sinus oral tablet 30-200 mg	Preferred	
qc pressure & pain pe oral tablet 5-325 mg	Preferred	
qc sinus & headache oral tablet 5-325 mg	Preferred	
qc sinus pain relief oral tablet 5-325 mg	Preferred	
sinus & cold-d oral tablet extended release 12 hour 120-220 mg	Preferred	
sinus + headache oral tablet 5-325 mg	Preferred	
sinus and headache oral tablet 5-325 mg	Preferred	
sinus congestion/pain daytime oral tablet 5-325 mg	Preferred	
sinus congestion/pain oral tablet 5-325 mg	Preferred	
sinus pressure + pain oral tablet 5-325 mg	Preferred	
sm cold & sinus relief oral tablet 30-200 mg	Preferred	
sm sinus & cold-d oral tablet extended release 12 hour 120-220 mg	Preferred	
DECONGESTANT-ANALGESIC-EXPECTORANT**		
gnp cold/head congestion oral tablet 5-325-200 mg	Preferred	
gnp mucus relief cold & sinus oral tablet 5-325-200 mg	Preferred	
gnp sinus relief congest/pain oral tablet 5-325-200 mg	Preferred	
gnp sinus relief pressure/pain oral tablet 5-325-200 mg	Preferred	
gnp sinus severe daytime oral tablet 5-325-200 mg	Preferred	
head congestion/mucus oral tablet 5-325-200 mg	Preferred	
hm mucus relief fm cold/sinus oral tablet 5-325-200 mg	Preferred	
mucus relief cold/sinus max st oral tablet 5-325-200 mg	Preferred	
qc mucus relief sinus severe oral tablet 5-325-200 mg	Preferred	
qc pressure pain & mucus pe oral tablet 5-325-200 mg	Preferred	
qc severe cold head congestion oral tablet 5-325-200 mg	Preferred	
qc sinus congest/pain severe oral tablet 5-325-200 mg	Preferred	
sinus congestion/pain daytime oral tablet 5-325-200 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
sinus relief congestion-pain oral tablet 5-325-200 mg	Preferred	
sm sinus severe for adults oral tablet 5-325-200 mg	Preferred	
DECONGESTANT-ANTIHISTAMINE-ANALGESIC**		
cold relief plus oral tablet effervescent 2-7.8-325 mg	Preferred	
gnp allergy pls sinus headache oral tablet 12.5-5-325 mg	Preferred	
gnp allergy plus severe sinus oral tablet 25-5-325 mg	Preferred	
gnp cold relief plus oral tablet effervescent 2-7.8-325 mg	Preferred	
gnp flu & sev cold/cough night oral packet 25-10-650 mg	Preferred	
goodsense flu/cold/cough/night oral packet 25-10-650 mg	Preferred	
hm severe cold cough & flu oral packet 25-10-650 mg	Preferred	
qc allergy/sinus headache oral tablet 12.5-5-325 mg	Preferred	
qc cold relief plus oral tablet effervescent 2-7.8-325 mg	Preferred	
qc severe allergy relief sinus oral tablet 25-5-325 mg	Preferred	
qc severe cold/cough nighttime oral packet 25-10-650 mg	Preferred	
severe cold & cough nighttime oral packet 25-10-650 mg	Preferred	
severe cold/cough oral packet 25-10-650 mg	Preferred	
EXPECTORANTS**		
chest congestion relief oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
chest congestion relief oral tablet 400 mg	Preferred	
diabetic siltussin das-na oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg	Preferred	
gnp mucus relief oral tablet 400 mg	Preferred	
gnp mucus relief oral tablet extended release 12 hour 1200 mg	Preferred	
gnp tab tussin oral tablet 400 mg	Preferred	
gnp tussin mucus & chest cong oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg	Preferred	
goodsense mucus er oral tablet extended release 12 hour 600 mg	Preferred	
guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg	Preferred	
guaifenesin oral liquid 100 mg/5ml, 200 mg/10ml, 300 mg/15ml	Preferred	QL (16 ML per 1 day)
guaifenesin oral tablet 200 mg, 400 mg	Preferred	
hm chest congestion relief oral tablet 400 mg	Preferred	
hm mucus er oral tablet extended release 12 hour 1200 mg	Preferred	
hm mucus relief max st oral tablet extended release 12 hour 1200 mg	Preferred	
hm mucus relief oral tablet extended release 12 hour 600 mg	Preferred	
hm tussin adult oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
liquibid oral tablet 400 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
mucosa oral tablet 400 mg	Preferred	
mucus & chest congestion oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
mucus relief chest congestion oral tablet 200 mg	Preferred	
mucus relief er oral tablet extended release 12 hour 600 mg	Preferred	
mucus relief max st oral tablet extended release 12 hour 1200 mg	Preferred	
mucus relief oral tablet 400 mg	Preferred	
mucus relief oral tablet extended release 12 hour 600 mg	Preferred	
mucus-er max oral tablet extended release 12 hour 1200 mg	Preferred	
qc medifin 400 oral tablet 400 mg	Preferred	
qc medifin mucus relief child oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
qc mucus relief childrens oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
qc mucus relief er oral tablet extended release 12 hour 1200 mg	Preferred	
qc mucus relief max st oral tablet extended release 12 hour 1200 mg	Preferred	
qc mucus relief oral tablet extended release 12 hour 600 mg	Preferred	
qc tussin expectorant adult oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
qc tussin mucus/congestion oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML (*guaifenesin*)	Preferred	QL (16 ML per 1 day)
robafen oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
siltussin das oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
siltussin sa oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
sm chest congestion relief oral tablet 400 mg	Preferred	
sm mucus relief childrens oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
sm mucus relief max strength oral tablet extended release 12 hour 1200 mg	Preferred	
sm mucus relief oral tablet extended release 12 hour 600 mg	Preferred	
sm tussin mucus+chest congest oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
TUSNEL-EX ORAL LIQUID 100 MG/5ML (*guaifenesin*)	Preferred	QL (16 ML per 1 day)
tussin mucus & chest congest oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
tussin mucus+chest congestion oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
tussin oral liquid 100 mg/5ml	Preferred	QL (16 ML per 1 day)
MISC. RESPIRATORY INHALANTS**		
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	Preferred	
MUCOLYTICS**		
acetylcysteine inhalation solution 10 %, 20 %	Preferred	
NON-NARC ANTITUSSIVE-ANALGESIC**		
sm cough/sore throat daytime oral liquid 1000-30 mg/30ml	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
NON-NARC ANTITUSSIVE-ANTIHISTAMINE**		
gnp night time cough oral liquid 6.25-15 mg/15ml	Preferred	
goodsense night time cough oral liquid 6.25-15 mg/15ml	Preferred	
nighttime cough oral liquid 12.5-30 mg/30ml	Preferred	
promethazine-dm oral syrup 6.25-15 mg/5ml	Preferred	QL (16 ML per 1 day)
qc nighttime cough oral liquid 15-6.25 mg/15ml, 6.25-15 mg/15ml	Preferred	
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE**		
cold & cough childrens oral liquid 2.5-1-5 mg/5ml	Preferred	
cold/cough childrens oral liquid 2.5-1-5 mg/5ml	Preferred	
DIMAPHEN DM COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML (*phenylephrine-bromphen-dm*)	Preferred	
ed a-hist dm oral tablet 10-4-10 mg	Preferred	
ed-a-hist dm oral liquid 10-4-15 mg/5ml	Preferred	
ENDACOF-DM ORAL LIQUID 2.5-1-5 MG/5ML (*phenylephrine-bromphen-dm*)	Preferred	
gnp cold/cough childrens oral liquid 2.5-1-5 mg/5ml	Preferred	
hm cold & cough childrens oral liquid 2.5-1-5 mg/5ml	Preferred	
lohist-dm oral syrup 5-2-10 mg/5ml	Preferred	
nohist-dm oral liquid 10-4-15 mg/5ml	Preferred	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Preferred	
qc dibromm childrens cold&cgh oral liquid 2.5-1-5 mg/5ml	Preferred	
qc dibromm childrens cold/cgh oral liquid 2.5-1-5 mg/5ml	Preferred	
rynex dm oral liquid 2.5-1-5 mg/5ml	Preferred	
sm cold & cough childrens oral liquid 2.5-1-5 mg/5ml	Preferred	
sm cold & cough dm childrens oral liquid 2.5-1-5 mg/5ml	Preferred	
OPIOID ANTITUSSIVE-ANTIHISTAMINE**		
promethazine-codeine oral solution 6.25-10 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5ml	Preferred	QL (20 ML per 1 day); AGE (Min 18 Years)
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE**		
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	Preferred	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	Preferred	
DERMATOLOGICALS		
ACNE ANTIBIOTICS**		
clindamycin phosphate (Clindacin Etz External Swab 1 %)	Preferred	
clindamycin phosphate (Clindacin-P External Swab 1 %)	Preferred	
clindamycin phosphate external gel 1 %	Preferred	
clindamycin phosphate external lotion 1 %	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
clindamycin phosphate external solution 1 %	Preferred	
clindamycin phosphate external swab 1 %	Preferred	
ERYGEL EXTERNAL GEL 2 % (*erythromycin*)	Preferred	
erythromycin external gel 2 %	Preferred	
erythromycin external solution 2 %	Preferred	
ACNE COMBINATIONS**		
clindamycin phos-benzoyl perox external gel 1.2-5 %	Preferred	
clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)	Preferred	
ACNE PRODUCTS**		
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Preferred	PA
acne medication 10 external gel 10 %	Preferred	
acne medication 10 external lotion 10 %	Preferred	
acne medication 2.5 external gel 2.5 %	Preferred	
acne medication 5 external gel 5 %	Preferred	
acne medication 5 external lotion 5 %	Preferred	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Preferred	PA
benzoyl peroxide cleanser external liquid 6 %	Preferred	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	Preferred	
benzoyl peroxide wash external liquid 10 %, 5 %	Preferred	
bpo external gel 4 %, 8 %	Preferred	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Preferred	PA
gnp acne treatment external cream 10 %	Preferred	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	Preferred	PA
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Preferred	PA
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	Preferred	AGE (Max 26 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	Preferred	AGE (Max 26 Years)
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Preferred	PA
ANTIBIOTIC MIXTURES TOPICAL**		
double antibiotic external ointment 500-10000 unit/gm	Preferred	
first aid antibiotic external ointment 3.5-400-5000 mg-unit	Preferred	
gnp triple antibiotic external ointment	Preferred	
hm double antibiotic external ointment 500-10000 unit/gm	Preferred	
hm triple antibiotic external ointment 3.5-400-5000	Preferred	
poly bacitracin external ointment 500-10000 unit/gm	Preferred	
qc triple antibiotic external ointment 3.5-400-5000	Preferred	
sm double antibiotic external ointment 500-10000 unit/gm	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
sm triple antibiotic external ointment 3.5-400-5000	Preferred	
sm triple antibiotic original external ointment 3.5-400-5000	Preferred	
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000	Preferred	
triple antibiotic first aid external ointment 3.5-400-5000	Preferred	
ANTIBIOTICS - TOPICAL**		
bacitracin external ointment 500 unit/gm	Preferred	
bacitracin zinc external ointment 500 unit/gm	Preferred	
bacitracin zinc-aloe external ointment 500 unit/gm	Preferred	
CENTANY EXTERNAL OINTMENT 2 % (*mupirocin*)	Preferred	
gentamicin sulfate external cream 0.1 %	Preferred	
gentamicin sulfate external ointment 0.1 %	Preferred	
gnp bacitracin zinc external ointment 500 unit/gm	Preferred	
hm bacitracin zinc external ointment 500 unit/gm	Preferred	
mupirocin calcium external cream 2 %	Preferred	
mupirocin external ointment 2 %	Preferred	
qc bacitracin external ointment 500 unit/gm	Preferred	
sm antibiotic external ointment 500 unit/gm	Preferred	
ANTIFUNGALS - TOPICAL COMBINATIONS**		
clotrimazole-betamethasone external cream 1-0.05 %	Preferred	
ANTIFUNGALS - TOPICAL**		
antifungal (tolnaftate) external cream 1 %	Preferred	
anti-fungal external powder 1 %	Preferred	
athletes foot (terbinafine) external cream 1 %	Preferred	
athletes foot powder spray external aerosol powder 1 %	Preferred	
athletes foot spray external aerosol 1 %	Preferred	
butenafine hcl external cream 1 %	Preferred	
ciclopirox (Ciclodan External Solution 8 %)	Preferred	
ciclopirox external solution 8 %	Preferred	
ciclopirox olamine external cream 0.77 %	Preferred	
FUNGOID-D EXTERNAL CREAM 1 % (*tolnaftate*)	Preferred	
gnp terbinafine hydrochloride external cream 1 %	Preferred	
gnp tolnaftate external cream 1 %	Preferred	
jock itch spray external aerosol powder 1 %	Preferred	
MICOTRIN AL EXTERNAL SOLUTION 1 % (*tolnaftate*)	Preferred	
MYCOZYL AL EXTERNAL SOLUTION 1 % (*tolnaftate*)	Preferred	
nystatin (Nyamyc External Powder 100000 Unit/Gm)	Preferred	
nystatin external cream 100000 unit/gm	Preferred	
nystatin external ointment 100000 unit/gm	Preferred	
nystatin external powder 100000 unit/gm	Preferred	

Drug Name	Formulary Status	Requirements/Limits
nystatin (Nystop External Powder 100000 Unit/Gm)	Preferred	
qc antifungal (tolnaftate) external cream 1 %	Preferred	
qc athletes foot external cream 1 %	Preferred	
qc athletes foot relief external aerosol 1 %	Preferred	
qc tolnaftate external cream 1 %	Preferred	
sm antifungal tolnaftate external cream 1 %	Preferred	
sm athletes foot external cream 1 %	Preferred	
terbinafine hcl external cream 1 %	Preferred	
tm-tolnaftate external solution 1 %	Preferred	
tolnaftate antifungal external cream 1 %	Preferred	
tolnaftate external cream 1 %	Preferred	
tolnaftate external powder 1 %	Preferred	
ANTI-INFLAMMATORY AGENTS - TOPICAL**		
arthritis pain reliever external gel 1 %	Preferred	
diclofenac sodium external gel 1 %	Preferred	
gnp arthritis pain external gel 1 %	Preferred	
goodsense arthritis pain external gel 1 %	Preferred	
qc diclofenac sodium external gel 1 %	Preferred	
sm arthritis pain external gel 1 %	Preferred	
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL**		
CARAC EXTERNAL CREAM 0.5 % (*fluorouracil*)	Preferred	
fluorouracil external cream 0.5 %, 5 %	Preferred	
fluorouracil external solution 2 %, 5 %	Preferred	
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	Preferred	
ANTIPSORIATICS - SYSTEMIC**		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Preferred	
methoxsalen rapid oral capsule 10 mg	Preferred	
ANTIPSORIATICS**		
calcipotriene external cream 0.005 %	Preferred	
calcipotriene external ointment 0.005 %	Preferred	
calcipotriene external solution 0.005 %	Preferred	
calcipotriene (Calcitrene External Ointment 0.005 %)	Preferred	
ANTISEBORRHEIC PRODUCTS**		
anti-dandruff external shampoo 1 %	Preferred	
dandruff shampoo external lotion 1 %	Preferred	
selenium sulfide external lotion 2.5 %	Preferred	
selenium sulfide external shampoo 2.25 %	Preferred	
ANTIVIRALS - TOPICAL**		
docosanol external cream 10 %	Preferred	QL (0.5 GM per 1 day)
gnp docosanol external cream 10 %	Preferred	QL (0.5 GM per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
hm docosanol external cream 10 %	Preferred	QL (0.5 GM per 1 day)
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	Preferred	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	Preferred	
ASTRINGENTS**		
diaper rash external ointment 40 %	Preferred	
gnp zinc oxide external ointment 20 %	Preferred	
qc zinc oxide external ointment 20 %	Preferred	
zinc oxide external ointment 20 %	Preferred	
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES**		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	Preferred	PA
BURN PRODUCTS**		
silver sulfadiazine external cream 1 %	Preferred	
silver sulfadiazine (Ssd External Cream 1 %)	Preferred	
CORTICOSTEROIDS - TOPICAL**		
alclometasone dipropionate external cream 0.05 %	Preferred	QL (60 GM per 30 days)
alclometasone dipropionate external ointment 0.05 %	Preferred	QL (60 GM per 30 days)
anti-itch maximum strength external cream 1 %	Preferred	
AQUANIL HC EXTERNAL LOTION 1 % (*hydrocortisone*)	Preferred	
betamethasone dipropionate aug external cream 0.05 %	Preferred	
betamethasone dipropionate aug external gel 0.05 %	Preferred	QL (50 GM per 30 days)
betamethasone dipropionate aug external lotion 0.05 %	Preferred	QL (60 ML per 30 days)
betamethasone dipropionate aug external ointment 0.05 %	Preferred	QL (50 GM per 30 days)
betamethasone dipropionate external cream 0.05 %	Preferred	
betamethasone dipropionate external lotion 0.05 %	Preferred	
betamethasone dipropionate external ointment 0.05 %	Preferred	QL (45 GM per 30 days)
betamethasone valerate external cream 0.1 %	Preferred	
betamethasone valerate external lotion 0.1 %	Preferred	
betamethasone valerate external ointment 0.1 %	Preferred	
clobetasol prop emollient base external cream 0.05 %	Preferred	
clobetasol propionate e external cream 0.05 %	Preferred	
clobetasol propionate external cream 0.05 %	Preferred	
clobetasol propionate external gel 0.05 %	Preferred	
clobetasol propionate external ointment 0.05 %	Preferred	
clobetasol propionate external shampoo 0.05 %	Preferred	
clobetasol propionate external solution 0.05 %	Preferred	
clobetasol propionate (Clodan External Shampoo 0.05 %)	Preferred	
CORTAID MAXIMUM STRENGTH EXTERNAL CREAM 1 % (*hydrocortisone*)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	Preferred	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	Preferred	
desonide external cream 0.05 %	Preferred	QL (60 GM per 30 days)
desonide external ointment 0.05 %	Preferred	QL (60 GM per 30 days)
fluocinolone acetonide external cream 0.025 %	Preferred	QL (60 GM per 30 days)
fluocinolone acetonide external ointment 0.025 %	Preferred	QL (60 GM per 30 days)
fluocinonide emulsified base external cream 0.05 %	Preferred	QL (60 GM per 30 days)
fluocinonide external cream 0.05 %, 0.1 %	Preferred	
fluocinonide external gel 0.05 %	Preferred	QL (60 GM per 30 days)
fluocinonide external ointment 0.05 %	Preferred	
fluocinonide external solution 0.05 %	Preferred	
flurandrenolide external lotion 0.05 %	Preferred	
fluticasone propionate external cream 0.05 %	Preferred	
fluticasone propionate external ointment 0.005 %	Preferred	
gnp hydrocortisone external cream 0.5 %	Preferred	
gnp hydrocortisone max st external ointment 1 %	Preferred	
gnp hydrocortisone plus external cream 1 %	Preferred	
gnp hydrocortisone/aloe external cream 1 %	Preferred	
goodsense anti-itch maximum st external ointment 1 %	Preferred	
halcinonide external cream 0.1 %	Preferred	
halobetasol propionate external cream 0.05 %	Preferred	
halobetasol propionate external ointment 0.05 %	Preferred	
hm hydrocortisone plus external cream 1 %	Preferred	
hm hydrocortisone-aloe max st external cream 1 %	Preferred	
hydrocortisone acetate external cream 1 %	Preferred	
hydrocortisone acetate external ointment 1 %	Preferred	
hydrocortisone external cream 0.5 %, 1 %, 2.5 %	Preferred	
hydrocortisone external lotion 2.5 %	Preferred	
hydrocortisone external ointment 0.5 %, 1 %, 2.5 %	Preferred	
hydrocortisone max st external cream 1 %	Preferred	
hydrocortisone max st external ointment 1 %	Preferred	
hydrocortisone max st/12 moist external cream 1 %	Preferred	
hydrocortisone/aloe max str external cream 1 %	Preferred	
mometasone furoate external cream 0.1 %	Preferred	
mometasone furoate external ointment 0.1 %	Preferred	
mometasone furoate external solution 0.1 %	Preferred	
qc anti-itch aloe external cream 1 %	Preferred	
qc anti-itch intensive healing external cream 1 %	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
qc hydrocortisone max st external cream 1 %	Preferred	
sm hydrocortisone external cream 0.5 %, 1 %	Preferred	
sm hydrocortisone external ointment 0.5 %	Preferred	
sm hydrocortisone max st external ointment 1 %	Preferred	
sm hydrocortisone plus external cream 1 %	Preferred	
sm hydrocortisone-aloe max st external cream 1 %	Preferred	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	Preferred	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Preferred	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	Preferred	
triamcinolone in absorbase external ointment 0.05 %	Preferred	
EMOLLIENTS**		
A + D PERSONAL CARE LOTION EXTERNAL LOTION (*emollient*)	Preferred	PA
AMLACTIN DAILY EXTERNAL LOTION 12 % (*ammonium lactate*)	Preferred	
AMLACTIN EXTERNAL LOTION 12 % (*ammonium lactate*)	Preferred	
ammonium lactate external cream 12 %	Preferred	
ammonium lactate external lotion 12 %	Preferred	
AQUA GLYCOLIC HAND/BODY EXTERNAL LOTION (*emollient*)	Preferred	PA
AQUA LACTEN EXTERNAL LOTION (*emollient*)	Preferred	PA
AQUAMED EXTERNAL LOTION (*emollient*)	Preferred	PA
CAM EXTERNAL LOTION (*emollient*)	Preferred	PA
CERAVE AM SPF 30 EXTERNAL LOTION (*emollient*)	Preferred	PA
CERAVE EXTERNAL LOTION (*emollient*)	Preferred	PA
CERAVE PM EXTERNAL LOTION (*emollient*)	Preferred	PA
CERAVE SA RENEWING EXTERNAL LOTION (*emollient*)	Preferred	PA
CORN HUSKERS EXTERNAL LOTION (*emollient*)	Preferred	PA
DML EXTERNAL LOTION (*emollient*)	Preferred	PA
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (*ammonium lactate*)	Preferred	
LUBRISOFT EXTERNAL LOTION (*emollient*)	Preferred	PA
MINERIN EXTERNAL LOTION (*emollient*)	Preferred	PA
NUTRADERM ADVANCED FORMULA EXTERNAL LOTION (*emollient*)	Preferred	PA
NUTRADERM EXTERNAL LOTION (*emollient*)	Preferred	PA
sm dry skin therapy external lotion	Preferred	PA
thera-derm external lotion	Preferred	PA
WIBI EXTERNAL LOTION (*emollient*)	Preferred	PA
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL**		
alevazol external ointment 1 %	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
antifungal (clotrimazole) external cream 1 %	Preferred	
antifungal clotrimazole external cream 1 %	Preferred	
antifungal external cream 2 %	Preferred	
antifungal external powder 2 %	Preferred	
athletes foot (clotrimazole) external cream 1 %	Preferred	
athletes foot powder spray external aerosol powder 2 %	Preferred	
clotrimazole anti-fungal external cream 1 %	Preferred	
clotrimazole athletes foot external cream 1 %	Preferred	
clotrimazole external cream 1 %	Preferred	
clotrimazole external solution 1 %	Preferred	
gnp athletes foot external aerosol powder 2 %	Preferred	
gnp athletes foot external cream 1 %	Preferred	
gnp miconazorb af external powder 2 %	Preferred	
ketoconazole external cream 2 %	Preferred	
ketoconazole external shampoo 2 %	Preferred	
miconazole nitrate external cream 2 %	Preferred	
MICOTRIN AC EXTERNAL CREAM 1 % (*clotrimazole*)	Preferred	
MICOTRIN AP EXTERNAL POWDER 2 % (*miconazole nitrate*)	Preferred	
MYCOZYL AC EXTERNAL CREAM 1 % (*clotrimazole*)	Preferred	
MYCOZYL AP EXTERNAL POWDER 2 % (*miconazole nitrate*)	Preferred	
qc clotrimazole external cream 1 %	Preferred	
sm antifungal clotrimazole external cream 1 %	Preferred	
sm antifungal miconazole external cream 2 %	Preferred	
tm-clotrimazole external cream 1 %	Preferred	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL**		
imiquimod external cream 5 %	Preferred	QL (0.434 EA per 1 day); AGE (Min 12 Years)
KERATOLYTIC/ANTIMITOTIC AGENTS**		
corn & callus remover external liquid 17 %	Preferred	
DERMACINRX ATRIX ANTIBAC WASH EXTERNAL LIQUID 2 % (*salicylic acid*)	Preferred	
DERMACINRX ATRIX CLARIFY TONER EXTERNAL LIQUID 2 % (*salicylic acid*)	Preferred	
DHS SAL EXTERNAL SHAMPOO 3 % (*salicylic acid*)	Preferred	
gnp scalp relief external liquid 3 %	Preferred	
gnp wart remover external liquid 17 %	Preferred	
qc corn and callus remover external liquid 17 %	Preferred	
qc wart remover external liquid 17 %	Preferred	
SALACTIC FILM EXTERNAL SOLUTION 17 % (*salicylic acid*)	Preferred	
salicylic acid external cream 6 %	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
salicylic acid external foam 6 %	Preferred	
salicylic acid external gel 6 %	Preferred	
salicylic acid external liquid 27.5 %	Preferred	
salicylic acid external lotion 6 %	Preferred	
salicylic acid wart remover external liquid 27.5 %	Preferred	
SAL-PLANT EXTERNAL GEL 17 % (*salicylic acid*)	Preferred	
therapeutic dandruff external shampoo 3 %	Preferred	
wart remover maximum strength external liquid 17 %	Preferred	
LOCAL ANESTHETICS - TOPICAL**		
lidocaine hcl (Glydo External Prefilled Syringe 2 %)	Preferred	QL (2 ML per 1 day)
gnp lidocaine pain relief external patch 4 %	Preferred	
gnp lidocaine pain relieving external cream 4 %	Preferred	QL (266 GM per 30 days)
hm lidocaine patch external patch 4 %	Preferred	
LIDAFLEX EXTERNAL PATCH 4 % (*lidocaine hcl*)	Preferred	
lidocaine external cream 4 %	Preferred	
lidocaine external ointment 5 %	Preferred	PA
lidocaine external patch 4 %	Preferred	
lidocaine external patch 5 %	Preferred	PA
lidocaine hcl external cream 4 %	Preferred	QL (266 GM per 30 days)
lidocaine hcl external solution 4 %	Preferred	
lidocaine hcl urethral/mucosal external gel 2 %	Preferred	QL (60 ML per 30 days)
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	Preferred	QL (2 ML per 1 day)
lidocaine pain relief external patch 4 %	Preferred	
lidocaine pain relief max st external cream 4 %	Preferred	QL (266 GM per 30 days)
lidocaine pain relief max st external patch 4 %	Preferred	
lidocaine pain relieving external patch 4 %	Preferred	
pain relieving external cream 4 %	Preferred	QL (266 GM per 30 days)
qc lidocaine pain relief external patch 4 %	Preferred	
qc pain relieving + lidocaine external cream 4 %	Preferred	QL (266 GM per 30 days)
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL**		
pimecrolimus external cream 1 %	Preferred	PA
tacrolimus external ointment 0.03 %, 0.1 %	Preferred	PA
MISC. TOPICAL**		
DRYSOL EXTERNAL SOLUTION 20 % (*aluminum chloride*)	Preferred	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**		
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	Preferred	PA
ROSACEA AGENTS**		
metronidazole external cream 0.75 %	Preferred	
metronidazole external gel 0.75 %	Preferred	

Drug Name	Formulary Status	Requirements/Limits
metronidazole external lotion 0.75 %	Preferred	
metronidazole (Rosadan External Cream 0.75 %)	Preferred	
metronidazole (Rosadan External Gel 0.75 %)	Preferred	
SCABICIDE COMBINATIONS**		
gnp lice treatment external shampoo 0.33-4 %	Preferred	
hm lice killing max st external shampoo 0.33-4 %	Preferred	
lice killing external shampoo 0.33-4 %	Preferred	
lice killing maximum strength external shampoo 0.33-4 %	Preferred	
sm lice killing external shampoo 0.33-4 %	Preferred	
sm lice killing max strength external shampoo 0.33-4 %	Preferred	
VANALICE EXTERNAL GEL 0.3-3.5 % (*pyrethrins-piperonyl butoxide*)	Preferred	
SCABICIDES & PEDICULICIDES**		
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	Preferred	
EURAX EXTERNAL CREAM 10 % (*crotamiton*)	Preferred	
gnp lice treatment external liquid 1 %	Preferred	
goodsense lice killing external liquid 1 %	Preferred	
hm lice treatment external liquid 1 %	Preferred	
ivermectin external lotion 0.5 %	Preferred	PA
lice treatment creme rinse external liquid 1 %	Preferred	
lindane external shampoo 1 %	Preferred	
malathion external lotion 0.5 %	Preferred	
NATROBA EXTERNAL SUSPENSION 0.9 % (*spinosad*)	Preferred	PA
permethrin external cream 5 %	Preferred	
sm lice treatment external lotion 1 %	Preferred	
spinosad external suspension 0.9 %	Preferred	PA
SKIN CLEANSERS**		
alcohol wipes external 70 %	Preferred	
gnp isopropyl alcohol wipes external 70 %	Preferred	
qc alcohol external 70 %	Preferred	
STEROID-LOCAL ANESTHETIC COMBINATIONS**		
EPIFOAM EXTERNAL FOAM 1-1 % (*pramoxine-hc*)	Preferred	
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	Preferred	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (*pramoxine-hc*)	Preferred	
TOPICAL ANESTHETIC COMBINATIONS**		
lidocaine-prilocaine external cream 2.5-2.5 %	Preferred	QL (30 GM per 30 days)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS**		
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (*glucose blood*)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (*glucose blood*)	Preferred	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	Preferred	QL (500 EA per 30 days); Maximum 90-day supply per fill
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 (*pancrelipase (lip-prot-amyl)*)	Preferred	QL (500 EA per 30 days); Maximum 90-day supply per fill
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS**		
acetazolamide er oral capsule extended release 12 hour 500 mg	Preferred	Maximum 90-day supply per fill
acetazolamide oral tablet 125 mg, 250 mg	Preferred	Maximum 90-day supply per fill
methazolamide oral tablet 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
DIURETIC COMBINATIONS**		
ALDACTAZIDE ORAL TABLET 50-50 MG (*spironolactone-hctz*)	Preferred	Maximum 90-day supply per fill
spironolactone-hctz oral tablet 25-25 mg	Preferred	Maximum 90-day supply per fill
triamterene-hctz oral capsule 37.5-25 mg	Preferred	Maximum 90-day supply per fill
triamterene-hctz oral tablet 37.5-25 mg	Preferred	Maximum 90-day supply per fill
triamterene-hctz oral tablet 75-50 mg	Preferred	
LOOP DIURETICS**		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	Maximum 90-day supply per fill
furosemide injection solution 10 mg/ml	Preferred	
furosemide oral solution 10 mg/ml, 8 mg/ml	Preferred	Maximum 90-day supply per fill
furosemide oral tablet 20 mg, 40 mg, 80 mg	Preferred	Maximum 90-day supply per fill
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Preferred	Maximum 90-day supply per fill
POTASSIUM SPARING DIURETICS**		
amiloride hcl oral tablet 5 mg	Preferred	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
THIAZIDES AND THIAZIDE-LIKE DIURETICS**		
chlorthalidone oral tablet 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	Preferred	Maximum 90-day supply per fill
hydrochlorothiazide oral capsule 12.5 mg	Preferred	Maximum 90-day supply per fill
hydrochlorothiazide oral tablet 12.5 mg	Preferred	
hydrochlorothiazide oral tablet 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
indapamide oral tablet 1.25 mg, 2.5 mg	Preferred	Maximum 90-day supply per fill
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	Maximum 90-day supply per fill
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BISPHOSPHONATES**		
alendronate sodium oral solution 70 mg/75ml	Preferred	Maximum 90-day supply per fill
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Preferred	Maximum 90-day supply per fill
ibandronate sodium intravenous solution 3 mg/3ml	Preferred	
ibandronate sodium oral tablet 150 mg	Preferred	Maximum 90-day supply per fill
CALCIMIMETIC AGENTS**		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Preferred	PA; Maximum 90-day supply per fill
CALCITONINS**		
calcitonin (salmon) nasal solution 200 unit/act	Preferred	Maximum 90-day supply per fill
CARNITINE REPLENISHER - AGENTS**		
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (*levocarnitine*)	Preferred	
levocarnitine oral solution 1 gm/10ml	Preferred	
levocarnitine oral tablet 330 mg	Preferred	
levocarnitine sf oral solution 1 gm/10ml	Preferred	
DOPAMINE RECEPTOR AGONISTS**		
cabergoline oral tablet 0.5 mg	Preferred	
GROWTH HORMONES**		
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS (*somatropin*)	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 (*somatropin*)	Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG (*somatropin*)	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (*somatropin*)	Preferred	PA; Maximum 90-day supply per fill
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	Preferred	PA
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS**		
calcitriol intravenous solution 1 mcg/ml	Preferred	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Preferred	
calcitriol oral solution 1 mcg/ml	Preferred	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	Preferred	PA; Maximum 90-day supply per fill
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (*leuprolide acetate*)	Preferred	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (*leuprolide acetate (3 month)*)	Preferred	PA
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	Preferred	PA
MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS**		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (*idursulfase*)	Preferred	PA
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS**		
KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*)	Preferred	PA
PARATHYROID HORMONE AND DERIVATIVES**		
FORTEO SOLUTION PEN-INJECTOR 600 MCG/2.4ML SUBCUTANEOUS (*teriparatide (recombinant)*)	Preferred	PA
RANK LIGAND (RANKL) INHIBITORS**		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	Preferred	PA
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)**		
raloxifene hcl oral tablet 60 mg	Preferred	Maximum 90-day supply per fill
SOMATOSTATIC AGENTS**		
lanreotide acetate subcutaneous solution 120 mg/0.5ml	Preferred	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Preferred	PA

Drug Name	Formulary Status	Requirements/Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	Preferred	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	Preferred	PA
VASOPRESSIN**		
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (*desmopressin ace refrigerated*)	Preferred	Maximum 90-day supply per fill
desmopressin ace spray refrig nasal solution 0.01 %	Preferred	Maximum 90-day supply per fill
desmopressin acetate injection solution 4 mcg/ml	Preferred	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	Preferred	PA; Maximum 90-day supply per fill
desmopressin acetate pf injection solution 4 mcg/ml	Preferred	
desmopressin acetate spray nasal solution 0.01 %	Preferred	Maximum 90-day supply per fill
STIMATE NASAL SOLUTION 1.5 MG/ML (*desmopressin acetate*)	Preferred	Maximum 90-day supply per fill
ESTROGENS		
ESTROGEN & PROGESTIN**		
estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Preferred	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	Preferred	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	Preferred	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Preferred	
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Preferred	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Preferred	
estradiol-norethindrone acet (Lopreeza Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Preferred	
estradiol-norethindrone acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	Preferred	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	Preferred	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Preferred	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	Preferred	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	Preferred	Maximum 90-day supply per fill
ESTROGENS**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Preferred	Maximum 90-day supply per fill
estradiol (Dotti Transdermal Patch Twice Weekly 0.0375 Mg/24Hr)	Preferred	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	Maximum 90-day supply per fill
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Preferred	Maximum 90-day supply per fill
estradiol transdermal patch twice weekly 0.0375 mg/24hr	Preferred	
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	Preferred	Maximum 90-day supply per fill
estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Preferred	Maximum 90-day supply per fill
estradiol (Lyllana Transdermal Patch Twice Weekly 0.0375 Mg/24Hr)	Preferred	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (*esterified estrogens*)	Preferred	Maximum 90-day supply per fill
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	Preferred	Maximum 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	Maximum 90-day supply per fill
FLUOROQUINOLONES		
FLUOROQUINOLONES**		
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Preferred	
levofloxacin intravenous solution 25 mg/ml	Preferred	
levofloxacin oral solution 25 mg/ml	Preferred	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Preferred	
ofloxacin oral tablet 300 mg, 400 mg	Preferred	
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS**		
eq gas relief extra strength oral capsule 125 mg	Preferred	
gas relief drops infants oral suspension 20 mg/0.3ml	Preferred	
gas relief extra strength oral capsule 125 mg	Preferred	
gas relief extra strength oral tablet chewable 125 mg	Preferred	
gas relief infants oral suspension 20 mg/0.3ml	Preferred	
gas relief oral suspension 20 mg/0.3ml	Preferred	
gas relief oral tablet chewable 80 mg	Preferred	
gas relief ultra strength oral capsule 180 mg	Preferred	
gnp anti-gas oral capsule 180 mg	Preferred	
gnp gas relief extra strength oral capsule 125 mg	Preferred	
gnp gas relief extra strength oral tablet chewable 125 mg	Preferred	
gnp gas relief oral tablet chewable 80 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
gnp infant gas relief oral suspension 20 mg/0.3ml	Preferred	
gnp infants gas relief oral suspension 20 mg/0.3ml	Preferred	
hm gas relief extra strength oral capsule 125 mg	Preferred	
hm gas relief infants drops oral suspension 20 mg/0.3ml	Preferred	
hm gas relief oral tablet chewable 125 mg, 80 mg	Preferred	
infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml	Preferred	
infants simethicone oral suspension 20 mg/0.3ml	Preferred	
mi-acid gas relief oral tablet chewable 80 mg	Preferred	
qc anti-gas oral capsule 180 mg	Preferred	
qc gas relief extra strength oral capsule 125 mg	Preferred	
qc gas relief extra strength oral tablet chewable 125 mg	Preferred	
qc gas relief infants oral suspension 20 mg/0.3ml	Preferred	
qc gas relief oral capsule 125 mg	Preferred	
qc gas relief oral tablet chewable 80 mg	Preferred	
simethicone drops infants oral suspension 20 mg/0.3ml	Preferred	
simethicone oral capsule 180 mg	Preferred	
simethicone oral suspension 40 mg/0.6ml	Preferred	
simethicone oral tablet chewable 80 mg	Preferred	
simethicone ultra strength oral capsule 180 mg	Preferred	
sm gas relief antiflatuent oral capsule 180 mg	Preferred	
sm gas relief extra strength oral capsule 125 mg	Preferred	
sm gas relief infants drops oral suspension 40 mg/0.6ml	Preferred	
sm gas relief infants oral suspension 20 mg/0.3ml	Preferred	
sm gas relief oral capsule 180 mg	Preferred	
sm gas relief oral tablet chewable 125 mg, 80 mg	Preferred	
GALLSTONE SOLUBILIZING AGENTS**		
ursodiol oral capsule 300 mg	Preferred	Maximum 90-day supply per fill
ursodiol oral tablet 250 mg	Preferred	Maximum 90-day supply per fill
ursodiol oral tablet 500 mg	Preferred	
GASTROINTESTINAL ANTIALLERGY AGENTS**		
cromolyn sodium oral concentrate 100 mg/5ml	Preferred	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**		
lubiprostone oral capsule 24 mcg, 8 mcg	Preferred	PA; Maximum 90-day supply per fill
GASTROINTESTINAL STIMULANTS**		
metoclopramide hcl injection solution 5 mg/ml	Preferred	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Preferred	
metoclopramide hcl oral tablet 10 mg, 5 mg	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
metoclopramide hcl oral tablet dispersible 10 mg, 5 mg	Preferred	
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	Preferred	PA; Maximum 90-day supply per fill
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS**		
alosetron hcl oral tablet 0.5 mg, 1 mg	Preferred	
INFLAMMATORY BOWEL AGENTS**		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (*mesalamine*)	Preferred	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	Preferred	QL (1 EA per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*)	Preferred	QL (6 EA per 1 day); Maximum 90-day supply per fill
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	Preferred	QL (4 EA per 1 day); Maximum 90-day supply per fill
mesalamine oral tablet delayed release 800 mg	Preferred	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	Preferred	QL (9 EA per 1 day); Maximum 90-day supply per fill
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	Preferred	QL (60 ML per 1 day)
sulfasalazine oral tablet 500 mg	Preferred	QL (8 EA per 1 day); Maximum 90-day supply per fill
sulfasalazine oral tablet delayed release 500 mg	Preferred	QL (8 EA per 1 day); Maximum 90-day supply per fill
INTESTINAL ACIDIFIERS**		
enulose oral solution 10 gm/15ml	Preferred	
generlac oral solution 10 gm/15ml	Preferred	
lactulose encephalopathy oral solution 10 gm/15ml	Preferred	
PHOSPHATE BINDER AGENTS**		
calcium acetate (phos binder) oral capsule 667 mg	Preferred	Maximum 90-day supply per fill
calcium acetate (phos binder) oral tablet 667 mg	Preferred	Maximum 90-day supply per fill
calcium acetate oral tablet 667 mg	Preferred	Maximum 90-day supply per fill
CALPHRON ORAL TABLET 667 MG (*calcium acetate (phos binder)*)	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Preferred	
sevelamer carbonate oral tablet 800 mg	Preferred	Maximum 90-day supply per fill
TUMOR NECROSIS FACTOR ALPHA BLOCKERS**		
infliximab solution reconstituted 100 mg intravenous	Preferred	PA
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS**		
dutasteride oral capsule 0.5 mg	Preferred	Maximum 90-day supply per fill
finasteride oral tablet 5 mg	Preferred	Maximum 90-day supply per fill
ALPHA 1-ADRENOCEPTOR ANTAGONISTS**		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Preferred	Maximum 90-day supply per fill
tamsulosin hcl oral capsule 0.4 mg	Preferred	Maximum 90-day supply per fill
CITRATES**		
cytra-2 oral solution 500-334 mg/5ml	Preferred	
cytra-k oral solution 1100-334 mg/5ml	Preferred	
ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*)	Preferred	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	Preferred	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Preferred	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	Preferred	
sod citrate-citric acid oral solution 500-334 mg/5ml	Preferred	
tricitrates oral solution 550-500-334 mg/5ml	Preferred	
INTERSTITIAL CYSTITIS AGENTS**		
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	Preferred	PA
PHOSPHATES**		
K-PHOS NO 2 ORAL TABLET 305-700 MG (*pot & sod ac phosphates*)	Preferred	
URINARY ANALGESICS**		
gnp urinary pain relief max st oral tablet 99.5 mg	Preferred	
gnp urinary pain relief oral tablet 95 mg, 97.5 mg	Preferred	
hm urinary pain relief oral tablet 95 mg, 99.5 mg	Preferred	
phenazopyridine hcl oral tablet 100 mg, 200 mg	Preferred	
qc azo oral tablet 95 mg	Preferred	
qc urinary pain relief max st oral tablet 97.5 mg, 99.5 mg	Preferred	
qc urinary pain relief oral tablet 95 mg	Preferred	
sm urinary pain relief max st oral tablet 97.5 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
sm urinary pain relief oral tablet 95 mg, 99.5 mg	Preferred	
urinary pain relief oral tablet 95 mg, 99.5 mg	Preferred	
GOUT AGENTS		
GOUT AGENT COMBINATIONS**		
colchicine-probenecid oral tablet 0.5-500 mg	Preferred	
GOUT AGENTS**		
allopurinol oral tablet 100 mg, 300 mg	Preferred	
colchicine oral tablet 0.6 mg	Preferred	
febuxostat oral tablet 40 mg, 80 mg	Preferred	PA; Maximum 90-day supply per fill
URICOSURICS**		
probenecid oral tablet 500 mg	Preferred	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES**		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*)	Preferred	PA
ANTIHEMOPHILIC PRODUCTS**		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	Preferred	PA
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	Preferred	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	Preferred	PA
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	Preferred	PA
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	Preferred	PA
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*coagulation factor ix*)	Preferred	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*coagulation factor ix (rfixfc)*)	Preferred	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	Preferred	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (*factor xiii concentrate human*)	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 (*antihem fact (bdd-rfviiifc)*)	Preferred	PA

Drug Name	Formulary Status	Requirements/Limits
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	Preferred	PA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	Preferred	PA
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihem factor recomb (rfviii)*)	Preferred	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	Preferred	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*)	Preferred	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (*coagulation factor ix (rix-fp)*)	Preferred	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	Preferred	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	Preferred	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	Preferred	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	Preferred	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem factor recomb (rfviii)*)	Preferred	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	Preferred	PA
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*coagulation factor ix*)	Preferred	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	Preferred	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*)	Preferred	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	Preferred	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	Preferred	PA
obizur intravenous solution reconstituted 500 unit	Preferred	PA
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	Preferred	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (*antihem factor recomb (rfviii)*)	Preferred	PA

Drug Name	Formulary Status	Requirements/Limits
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	Preferred	PA
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	Preferred	PA
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (*coagulation factor xiii a-sub*)	Preferred	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*)	Preferred	PA
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*)	Preferred	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	Preferred	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	Preferred	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS**		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	Preferred	PA
C1 ESTERASE INHIBITORS**		
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	Preferred	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	Preferred	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	Preferred	PA
DIRECT-ACTING P2Y12 INHIBITORS**		
BRILINTA ORAL TABLET 60 MG, 90 MG (*ticagrelor*)	Preferred	PA; Maximum 90-day supply per fill
HEMATORHEOLOGIC AGENTS**		
pentoxifylline er oral tablet extended release 400 mg	Preferred	
PHOSPHODIESTERASE III INHIBITORS**		
cilostazol oral tablet 100 mg, 50 mg	Preferred	Maximum 90-day supply per fill
PLASMA KALLIKREIN INHIBITORS**		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	Preferred	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	Preferred	PA
PLATELET AGGREGATION INHIBITORS**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Preferred	Maximum 90-day supply per fill
QUINAZOLINE AGENTS**		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Preferred	
THIENOPYRIDINE DERIVATIVES**		
clopidogrel bisulfate oral tablet 300 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
clopidogrel bisulfate oral tablet 75 mg	Preferred	Maximum 90-day supply per fill
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE**		
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	Preferred	PA; Maximum 90-day supply per fill
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	Preferred	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	Preferred	PA
miglustat oral capsule 100 mg	Preferred	PA; Maximum 90-day supply per fill
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	Preferred	PA
COBALAMINS**		
cyanocobalamin injection solution 1000 mcg/ml	Preferred	
cyanocobalamin (Dodex Injection Solution 1000 Mcg/Ml)	Preferred	
CYTOTOXIC AGENTS**		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	Preferred	Maximum 90-day supply per fill
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	Preferred	PA
EPOGEN SOLUTION 10000 UNIT/ML INJECTION (*epoetin alfa*)	Preferred	PA
EPOGEN SOLUTION 2000 UNIT/ML INJECTION (*epoetin alfa*)	Preferred	PA
EPOGEN SOLUTION 20000 UNIT/ML INJECTION (*epoetin alfa*)	Preferred	PA
EPOGEN SOLUTION 3000 UNIT/ML INJECTION (*epoetin alfa*)	Preferred	PA
EPOGEN SOLUTION 4000 UNIT/ML INJECTION (*epoetin alfa*)	Preferred	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	Preferred	PA
FOLIC ACID/FOLATES**		
folic acid oral tablet 1 mg	Preferred	
sm folic acid oral tablet 400 mcg	Preferred	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)**		
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-pbbk*)	Preferred	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	Preferred	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	Preferred	PA

Drug Name	Formulary Status	Requirements/Limits
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	Preferred	PA
IRON COMBINATIONS**		
iron combinations (Chromagen Oral Capsule)	Preferred	
ferocon oral capsule	Preferred	
foltrin oral capsule	Preferred	
NEPHRON FA ORAL TABLET (*iron-fa-dss-b cmplx-vit c*)	Preferred	
tl icon oral capsule	Preferred	
trigels-f forte oral capsule 460-60-0.01-1 mg	Preferred	
IRON**		
FERATE ORAL TABLET 240 (27 FE) MG (*ferrous gluconate*)	Preferred	
FEROSUL ORAL ELIXIR 220 (44 FE) MG/5ML (*ferrous sulfate*)	Preferred	
FEROSUL ORAL TABLET 325 (65 FE) MG (*ferrous sulfate*)	Preferred	
ferretts oral tablet 325 (106 fe) mg	Preferred	
FERRIMIN 150 ORAL TABLET 150 MG (*ferrous fumarate*)	Preferred	
FERROCITE ORAL TABLET 324 MG (*ferrous fumarate*)	Preferred	
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg	Preferred	
ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg	Preferred	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	Preferred	
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	Preferred	
ferrous sulfate oral solution 75 (15 fe) mg/ml	Preferred	
ferrous sulfate oral syrup 300 (60 fe) mg/5ml	Preferred	
ferrous sulfate oral tablet 325 (65 fe) mg	Preferred	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	Preferred	
gnp iron oral tablet 200 (65 fe) mg	Preferred	
gnp iron oral tablet extended release 142 (45 fe) mg	Preferred	
iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml	Preferred	
iron infant/toddler oral solution 75 (15 fe) mg/ml	Preferred	
iron supplement childrens oral solution 75 (15 fe) mg/ml	Preferred	
qc ferrous sulfate oral tablet 325 (65 fe) mg	Preferred	
sm iron oral tablet 325 (65 fe) mg	Preferred	
sm iron slow release oral tablet extended release 160 (50 fe) mg	Preferred	
sm slow release iron oral tablet extended release 143 (45 fe) mg	Preferred	
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS**		
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (*romiplostim*)	Preferred	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	Preferred	PA; Maximum 90-day supply per fill

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

Drug Name	Formulary Status	Requirements/Limits
sm sleep aid night time oral tablet 25 mg	Preferred	
sm z-sleep oral capsule 25 mg	Preferred	
sm z-sleep oral liquid 50 mg/30ml	Preferred	
SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET 25 MG (*diphenhydramine hcl (sleep)*)	Preferred	
BARBITURATE HYPNOTICS**		
phenobarbital oral elixir 20 mg/5ml	Preferred	Maximum 90-day supply per fill
phenobarbital oral solution 20 mg/5ml	Preferred	Maximum 90-day supply per fill
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Preferred	Maximum 90-day supply per fill
BENZODIAZEPINE HYPNOTICS**		
temazepam oral capsule 15 mg, 30 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS**		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
zolpidem tartrate oral tablet 10 mg	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
zolpidem tartrate oral tablet 5 mg	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
SELECTIVE MELATONIN RECEPTOR AGONISTS**		
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	Preferred	ST; QL (1 EA per 1 day); AGE (Min 6 Years)
LAXATIVES		
BOWEL EVACUANT COMBINATIONS**		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	Preferred	
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Preferred	
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Preferred	
peg 3350/electrolytes oral solution reconstituted 240 gm	Preferred	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Preferred	
peg-3350/electrolytes oral solution reconstituted 236 gm	Preferred	
peg 3350-kcl-na bicarb-nacl (Trilyte Oral Solution Reconstituted 420 Gm)	Preferred	
BULK LAXATIVES**		
FIBEREX F15 ORAL LIQUID 15 GM/30ML (*fiber*)	Preferred	
gnp fiber therapy oral tablet 500 mg	Preferred	
gnp natural fiber oral capsule 0.52 gm	Preferred	
gnp natural fiber oral powder 28.3 %, 48.57 %	Preferred	

Drug Name	Formulary Status	Requirements/Limits
hm fiber oral powder 28.3 %, 30.9 %, 58.6 %	Preferred	
hm fiber oral tablet 500 mg	Preferred	
konsyl daily fiber oral packet 100 %, 28.3 %	Preferred	
konsyl daily fiber oral powder 28.3 %	Preferred	
KONSYL ORAL POWDER 30.9 % (*psyllium*)	Preferred	
konsyl original daily fiber oral packet 100 %	Preferred	
KONSYL-D ORAL POWDER 52.3 % (*psyllium*)	Preferred	
natural fiber therapy oral powder 28.3 %, 48.57 %	Preferred	
PEDIA-LAX FIBER GUMMIES ORAL TABLET CHEWABLE (*fiber*)	Preferred	
qc fiber laxative oral capsule 0.52 gm	Preferred	
qc fiber therapy oral powder 25 %, 51.7 %	Preferred	
qc fiber therapy oral tablet 500 mg	Preferred	
qc natural vegetable oral powder 95 %	Preferred	
REGULOID ORAL CAPSULE 400 MG (*psyllium*)	Preferred	
REGULOID ORAL POWDER 28.3 %, 48.57 %, 58.6 % (*psyllium*)	Preferred	
sm fiber laxative oral tablet 500 mg	Preferred	
sm fiber oral powder 28.3 %, 48.57 %, 58.6 %	Preferred	
SOLUBLE FIBER THERAPY ORAL POWDER (*methylcellulose (laxative)*)	Preferred	
LAXATIVES - MISCELLANEOUS**		
CLEARLAX ORAL POWDER 17 GM/SCOOP (*polyethylene glycol 3350*)	Preferred	
constulose oral solution 10 gm/15ml	Preferred	Maximum 90-day supply per fill
gavilax oral powder 17 gm/scoop	Preferred	
GLYCOLAX ORAL POWDER 17 GM/SCOOP (*polyethylene glycol 3350*)	Preferred	
GNP CLEARLAX ORAL PACKET 17 GM (*polyethylene glycol 3350*)	Preferred	
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP (*polyethylene glycol 3350*)	Preferred	
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP (*polyethylene glycol 3350*)	Preferred	
HEALTHYLAX ORAL PACKET 17 GM (*polyethylene glycol 3350*)	Preferred	
HM CLEARLAX ORAL PACKET 17 GM (*polyethylene glycol 3350*)	Preferred	
HM CLEARLAX ORAL POWDER 17 GM/SCOOP (*polyethylene glycol 3350*)	Preferred	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (*lactulose*)	Preferred	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Preferred	Maximum 90-day supply per fill
peg 3350 oral packet 17 gm	Preferred	
peg 3350 oral powder 17 gm/scoop	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
polyethylene glycol 3350 oral packet 17 gm	Preferred	
polyethylene glycol 3350 oral powder 17 gm/scoop	Preferred	
qc natura-lax oral powder 17 gm/scoop	Preferred	
SM CLEARLAX ORAL POWDER 17 GM/SCOOP (*polyethylene glycol 3350*)	Preferred	
LAXATIVES & DSS**		
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG (*sennosides-docusate sodium*)	Preferred	
DOK PLUS ORAL TABLET 50-8.6 MG (*sennosides-docusate sodium*)	Preferred	
gnp senna plus oral tablet 8.6-50 mg	Preferred	
gnp stool softener/laxative oral tablet 8.6-50 mg	Preferred	
hm senna-s oral tablet 8.6-50 mg	Preferred	
hm stool softener/laxative oral tablet 8.6-50 mg	Preferred	
qc senna-s oral tablet 8.6-50 mg	Preferred	
qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg	Preferred	
SENEXON-S ORAL TABLET 8.6-50 MG (*sennosides-docusate sodium*)	Preferred	
senna plus oral tablet 8.6-50 mg	Preferred	
senna-docusate sodium oral tablet 8.6-50 mg	Preferred	
senna-s oral tablet 8.6-50 mg	Preferred	
senna-time s oral tablet 8.6-50 mg	Preferred	
sennosides-docusate sodium oral tablet 8.6-50 mg	Preferred	
sm natural laxative/stool soft oral tablet 8.6-50 mg	Preferred	
sm senna-s oral tablet 8.6-50 mg	Preferred	
sm stool softener oral tablet 8.6-50 mg	Preferred	
sm stool softener/laxative oral tablet 8.6-50 mg	Preferred	
stimulant laxative oral tablet 8.6-50 mg	Preferred	
stool softener plus laxative oral tablet 8.6-50 mg	Preferred	
SALINE LAXATIVES**		
gnp magnesium citrate oral solution 1.745 gm/30ml	Preferred	
hm magnesium citrate oral solution 1.745 gm/30ml	Preferred	
magnesium citrate oral solution 1.745 gm/30ml	Preferred	
qc magnesium citrate oral solution 1.745 gm/30ml	Preferred	
sm magnesium citrate oral solution 1.745 gm/30ml	Preferred	
STIMULANT LAXATIVES**		
bisacodyl ec oral tablet delayed release 5 mg	Preferred	
bisacodyl oral tablet delayed release 5 mg	Preferred	
bisacodyl rectal suppository 10 mg	Preferred	
chocolated laxative oral tablet chewable 15 mg	Preferred	
correct oral tablet delayed release 5 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML (*bisacodyl*)	Preferred	
gentle laxative oral tablet delayed release 5 mg	Preferred	
gentle laxative rectal suppository 10 mg	Preferred	
GNP BISA-LAX ORAL TABLET DELAYED RELEASE 5 MG (*bisacodyl*)	Preferred	
gnp gentle laxative oral tablet delayed release 5 mg	Preferred	
gnp gentle laxative rectal suppository 10 mg	Preferred	
gnp senna lax oral tablet 8.6 mg	Preferred	
gnp womens gentle laxative oral tablet delayed release 5 mg	Preferred	
hm gentle laxative rectal suppository 10 mg	Preferred	
hm laxative oral tablet delayed release 5 mg	Preferred	
hm laxative rectal suppository 10 mg	Preferred	
hm senna oral tablet 8.6 mg	Preferred	
laxative max str oral tablet 25 mg	Preferred	
laxative regular strength oral tablet 15 mg	Preferred	
qc chocolated laxative oral tablet chewable 15 mg	Preferred	
qc gentle laxative oral tablet delayed release 5 mg	Preferred	
qc gentle laxative rectal suppository 10 mg	Preferred	
qc gentle laxative womens oral tablet delayed release 5 mg	Preferred	
qc laxative oral tablet 25 mg	Preferred	
qc laxative oral tablet delayed release 5 mg	Preferred	
qc natural vegetable laxative oral tablet 8.6 mg	Preferred	
qc senna oral tablet 8.6 mg	Preferred	
qc vegetable laxative oral tablet 8.6 mg	Preferred	
senna oral liquid 8.8 mg/5ml	Preferred	
senna oral syrup 176 mg/5ml, 8.8 mg/5ml	Preferred	
senna oral tablet 8.6 mg	Preferred	
senna-lax oral tablet 8.6 mg	Preferred	
senna-time oral tablet 8.6 mg	Preferred	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (*sennosides*)	Preferred	
sm gentle laxative oral tablet delayed release 5 mg	Preferred	
sm laxative maximum strength oral tablet 25 mg	Preferred	
sm laxative rectal suppository 10 mg	Preferred	
sm senna laxative max st oral tablet 25 mg	Preferred	
sm senna laxative oral tablet 8.6 mg	Preferred	
sm womans laxative oral tablet delayed release 5 mg	Preferred	
stimulant laxative oral tablet delayed release 5 mg	Preferred	
womans laxative oral tablet delayed release 5 mg	Preferred	
womens laxative oral tablet delayed release 5 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
SURFACTANT LAXATIVES**		
DOCU LIQUID ORAL LIQUID 100 MG/10ML (*docusate sodium*)	Preferred	
docu oral liquid 50 mg/5ml	Preferred	
docusate mini rectal enema 283 mg/5ml	Preferred	
docusate sodium oral capsule 100 mg, 250 mg	Preferred	
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml	Preferred	
DOCUSOL MINI RECTAL ENEMA 283 MG/5ML (*docusate sodium*)	Preferred	
DOK ORAL CAPSULE 100 MG, 250 MG (*docusate sodium*)	Preferred	
DOK ORAL TABLET 100 MG (*docusate sodium*)	Preferred	
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML (*docusate sodium*)	Preferred	
gnp stool softener oral capsule 100 mg, 250 mg	Preferred	
gnp stool softener oral liquid 50 mg/5ml	Preferred	
gnp stool softener oral syrup 60 mg/15ml	Preferred	
hm stool softener oral capsule 100 mg, 250 mg	Preferred	
hm stool softener oral tablet 100 mg	Preferred	
PEDIA-LAX ORAL LIQUID 50 MG/15ML (*docusate sodium*)	Preferred	
qc stool softener oral capsule 100 mg, 250 mg	Preferred	
silace oral liquid 150 mg/15ml	Preferred	
silace oral syrup 60 mg/15ml	Preferred	
sm stool softener oral capsule 100 mg, 250 mg	Preferred	
sm stool softener oral tablet 100 mg	Preferred	
stool softener laxative oral capsule 100 mg, 250 mg	Preferred	
stool softener oral capsule 100 mg, 250 mg	Preferred	
MACROLIDES		
AZITHROMYCIN**		
azithromycin intravenous solution reconstituted 500 mg	Preferred	
azithromycin oral packet 1 gm	Preferred	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Preferred	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Preferred	
ZITHROMAX ORAL PACKET 1 GM (*azithromycin*)	Preferred	
CLARITHROMYCIN**		
clarithromycin er oral tablet extended release 24 hour 500 mg	Preferred	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	
clarithromycin oral tablet 250 mg, 500 mg	Preferred	
ERYTHROMYCINS**		
erythromycin lactobionate (Erythrocin Lactobionate Intravenous Solution Reconstituted 500 Mg)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	Preferred	AGE (Max 12 Years)
erythromycin lactobionate intravenous solution reconstituted 500 mg	Preferred	
MEDICAL DEVICES AND SUPPLIES		
APPLICATORS,COTTON BALLS,ETC**		
alcohol prep pad 70 %	Preferred	
alcohol swabs pad , 70 %	Preferred	
gnp alcohol swabs pad 70 %	Preferred	
hm sterile alcohol prep pad	Preferred	
qc alcohol swabs pad 70 %	Preferred	
sm alcohol prep pad , 70 %	Preferred	
CONDOMS - MALE**		
premium condoms lubricated	Preferred	
DIAPHRAGMS**		
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	Preferred	
GLUCOSE MONITORING TEST SUPPLIES**		
DEXCOM G6 RECEIVER DEVICE (*continuous blood gluc receiver*)	Preferred	PA; QL (1 EA per 365 days); Maximum 365-day supply per fill
DEXCOM G6 SENSOR (*continuous blood gluc sensor*)	Preferred	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER (*continuous blood gluc transmit*)	Preferred	PA; QL (1 EA per 95 days); Maximum 90-day supply per fill
DEXCOM G7 RECEIVER DEVICE (*continuous blood gluc receiver*)	Preferred	PA; QL (1 EA per 365 days); Maximum 365-day supply per fill
DEXCOM G7 SENSOR (*continuous blood gluc sensor*)	Preferred	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous blood gluc receiver*)	Preferred	PA; QL (1 EA per 365 days); Maximum 365-day supply per fill
FREESTYLE LIBRE 14 DAY SENSOR (*continuous blood gluc sensor*)	Preferred	PA; QL (2 EA per 30 days)
FREESTYLE LIBRE 2 READER DEVICE (*continuous blood gluc receiver*)	Preferred	PA; QL (1 EA per 365 days); Maximum 365-day supply per fill
FREESTYLE LIBRE 2 SENSOR (*continuous blood gluc sensor*)	Preferred	PA; QL (2 EA per 30 days)
FREESTYLE LIBRE 3 SENSOR (*continuous blood gluc sensor*)	Preferred	PA; QL (2 EA per 30 days)
TRUE METRIX LEVEL 1 SOLUTION LOW IN VITRO (*blood glucose calibration*)	Preferred	
TRUE METRIX LEVEL 2 SOLUTION NORMAL IN VITRO (*blood glucose calibration*)	Preferred	
TRUE METRIX LEVEL 3 SOLUTION HIGH IN VITRO (*blood glucose calibration*)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
NEEDLES & SYRINGES**		
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (*insulin pen needle*)	Preferred	
NOVOTWIST PEN NEEDLE 32G X 5 MM (*insulin pen needle*)	Preferred	
safety pen needles 30g x 5 mm , 30g x 8 mm	Preferred	
techlite insulin syringe 29g x 1/2" 0.3 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 29g x 1/2" 0.5 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 29g x 1/2" 1 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 30g x 1/2" 0.3 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 30g x 1/2" 0.5 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 30g x 1/2" 1 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 30g x 5/16" 0.3 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 30g x 5/16" 0.5 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 30g x 5/16" 1 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 31g x 15/64" 0.3 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 31g x 15/64" 0.5 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 31g x 15/64" 1 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 31g x 5/16" 0.3 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 31g x 5/16" 0.5 ml	Preferred	QL (200 EA per 30 days)
techlite insulin syringe 31g x 5/16" 1 ml	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)
TECHLITE PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 6 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 6 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 8 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)

Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES 29G X 12MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES 31G X 6 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES 31G X 8 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	Preferred	QL (200 EA per 30 days)
RESPIRATORY THERAPY SUPPLIES**		
ACE AEROSOL CLOUD ENHANCER (*respiratory therapy supplies*)	Preferred	QL (2 EA per 365 days)
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES**		
AEROCHAMBER MINI CHAMBER DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER MV (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW VU (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)

Drug Name	Formulary Status	Requirements/Limits
AEROCHAMBER Z-STAT PLUS CHAMBR (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
AEROVENT PLUS DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
breathe comfort chamber/adult device	Preferred	QL (2 EA per 365 days)
breathe comfort chamber/child device	Preferred	QL (2 EA per 365 days)
breathe ease large device	Preferred	QL (2 EA per 365 days)
breathe ease medium device	Preferred	QL (2 EA per 365 days)
breathe ease small device	Preferred	QL (2 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
EASIVENT (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
EASIVENT MASK LARGE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
EASIVENT MASK MEDIUM (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
EASIVENT MASK SMALL (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
eq space chamber anti-static device	Preferred	QL (2 EA per 365 days)
eq space chamber anti-static l device	Preferred	QL (2 EA per 365 days)
eq space chamber anti-static m device	Preferred	QL (2 EA per 365 days)
eq space chamber anti-static s device	Preferred	QL (2 EA per 365 days)
FLEXICHAMBER ADULT MASK/SMALL (*spacer/aero-hold chamber mask*)	Preferred	QL (2 EA per 365 days)
FLEXICHAMBER CHILD MASK/LARGE (*spacer/aero-hold chamber mask*)	Preferred	QL (2 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL (*spacer/aero-hold chamber mask*)	Preferred	QL (2 EA per 365 days)
FLEXICHAMBER DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
INSPIRACHAMBER/LARGE DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)

Drug Name	Formulary Status	Requirements/Limits
INSPIRACHAMBER/MEDIUM DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
INSPIRACHAMBER/MOUTHPIECE DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
INSPIRACHAMBER/SMALL DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
INSPIREASE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
MASK VORTEX/CHILD/FROG (*spacer/aero-hold chamber mask*)	Preferred	QL (2 EA per 365 days)
MASK VORTEX/TODDLER/LADYBUG (*spacer/aero-hold chamber mask*)	Preferred	QL (2 EA per 365 days)
MICROCHAMBER (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
MICROCHAMBER DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
MICROSPACER (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
PANDA MASK LARGE (*spacer/aero-hold chamber mask*)	Preferred	QL (2 EA per 365 days)
PANDA MASK MEDIUM (*spacer/aero-hold chamber mask*)	Preferred	QL (2 EA per 365 days)
PANDA MASK SMALL (*spacer/aero-hold chamber mask*)	Preferred	QL (2 EA per 365 days)
PARI VORTEX ADULT MASK (*spacer/aero-hold chamber mask*)	Preferred	QL (2 EA per 365 days)
PEDIATRIC PANDA MASK (*spacer/aero-hold chamber mask*)	Preferred	QL (2 EA per 365 days)
POCKET CHAMBER DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
POCKET SPACER DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
pro comfort spacer adult	Preferred	QL (2 EA per 365 days)
pro comfort spacer child	Preferred	QL (2 EA per 365 days)
pro comfort spacer infant device	Preferred	QL (2 EA per 365 days)
procare spacer/adult mask device	Preferred	QL (2 EA per 365 days)
procare spacer/child mask device	Preferred	QL (2 EA per 365 days)
pure comfort spacer chamber device	Preferred	QL (2 EA per 365 days)
RITEFLO DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	Preferred	QL (2 EA per 365 days)

Drug Name	Formulary Status	Requirements/Limits
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)**		
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	Preferred	PA; QL (8 EA per 30 days)
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES**		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	Preferred	PA; QL (1.5 ML per 30 days); Maximum 90-day supply per fill
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	Preferred	PA; QL (0.057 ML per 1 day); Maximum 90-day supply per fill
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	Preferred	PA; Maximum 90-day supply per fill
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	Preferred	PA; Maximum 90-day supply per fill
ERGOT COMBINATIONS**		
CAFERGOT ORAL TABLET 1-100 MG (*ergotamine-caffeine*)	Preferred	QL (40 EA per 30 days)
SELECTIVE SEROTONIN AGONISTS 5-HT(1)**		
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (*sumatriptan*)	Preferred	QL (0.2 EA per 1 day)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	Preferred	
naratriptan hcl oral tablet 1 mg, 2.5 mg	Preferred	QL (9 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Preferred	QL (0.3 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Preferred	QL (0.3 EA per 1 day)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Preferred	QL (0.3 EA per 1 day)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	Preferred	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Preferred	QL (0.067 ML per 1 day)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Preferred	QL (0.067 ML per 1 day)
zolmitriptan nasal solution 2.5 mg	Preferred	QL (0.2 EA per 1 day)
zolmitriptan oral tablet 2.5 mg, 5 mg	Preferred	QL (0.3 EA per 1 day)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Preferred	QL (0.3 EA per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*)	Preferred	QL (0.2 EA per 1 day)
MINERALS & ELECTROLYTES		
CALCIUM COMBINATIONS**		
calcium 600-d oral tablet 600-10 mg-mcg	Preferred	
calcium carb-cholecalciferol oral tablet 250-3.125 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg	Preferred	
calcium-vitamin d3 oral tablet 250-3.125 mg-mcg	Preferred	
gnp calcium 500 +d3 oral tablet 500-15 mg-mcg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
gnp calcium plus 600 +d oral tablet 600-200 mg-unit	Preferred	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (*calcium carb-cholecalciferol*)	Preferred	
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG (*calcium carb-cholecalciferol*)	Preferred	
OYSCO 500+D ORAL TABLET 500-5 MG-MCG (*calcium carb-cholecalciferol*)	Preferred	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	Preferred	
oyster shell calcium/vit d oral tablet 500-5 mg-mcg	Preferred	
qc calcium/minerals/vitamin d oral tablet 600-400 mg-unit	Preferred	
sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg	Preferred	
sm calcium 600/vitamin d oral tablet 600-10 mg-mcg	Preferred	
sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg	Preferred	
sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg	Preferred	
CALCIUM**		
calcium acetate oral tablet 668 (169 ca) mg	Preferred	
calcium lactate oral tablet 648 mg	Preferred	
FLUORIDE**		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Preferred	Maximum 90-day supply per fill
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Preferred	Maximum 90-day supply per fill
MAGNESIUM**		
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg	Preferred	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (*magnesium oxide*)	Preferred	
sm magnesium oral tablet 250 mg	Preferred	
POTASSIUM COMBINATIONS**		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (*potassium bicarb-citric acid*)	Preferred	
POTASSIUM**		
potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)	Preferred	
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Preferred	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Preferred	
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	Preferred	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Preferred	
potassium chloride (Klor-Con Oral Packet 20 Meq)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	Preferred	
potassium chloride (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	Preferred	
potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Preferred	
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ (*potassium chloride*)	Preferred	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	Preferred	
potassium chloride er oral capsule extended release 10 meq, 8 meq	Preferred	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	Preferred	
potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	Preferred	
potassium chloride oral packet 20 meq	Preferred	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	Preferred	
SODIUM**		
sodium chloride (pf) injection solution 0.9 %	Preferred	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS**		
penicillamine oral capsule 250 mg	Preferred	
CYCLOSPORINE ANALOGS**		
cyclosporine intravenous solution 50 mg/ml	Preferred	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Preferred	Maximum 90-day supply per fill
cyclosporine modified oral solution 100 mg/ml	Preferred	Maximum 90-day supply per fill
cyclosporine oral capsule 100 mg, 25 mg	Preferred	Maximum 90-day supply per fill
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Preferred	Maximum 90-day supply per fill
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	Preferred	Maximum 90-day supply per fill
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	Preferred	Maximum 90-day supply per fill
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS**		
mycophenolate mofetil oral capsule 250 mg	Preferred	Maximum 90-day supply per fill
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
mycophenolate mofetil oral tablet 500 mg	Preferred	Maximum 90-day supply per fill
MACROLIDE IMMUNOSUPPRESSANTS**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	Preferred	Maximum 90-day supply per fill
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Preferred	PA; Maximum 90-day supply per fill
sirolimus oral solution 1 mg/ml	Preferred	Maximum 90-day supply per fill
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	Maximum 90-day supply per fill
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Preferred	Maximum 90-day supply per fill
POTASSIUM REMOVING AGENTS**		
sodium polystyrene sulfonate (Kionex Oral Suspension 15 Gm/60Ml)	Preferred	
sodium polystyrene sulfonate oral powder	Preferred	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	Preferred	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	Preferred	
PURINE ANALOGS**		
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	Preferred	Maximum 90-day supply per fill
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Preferred	Maximum 90-day supply per fill
ROCK INHIBITORS**		
REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*)	Preferred	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL**		
lidocaine viscous hcl mouth/throat solution 2 %	Preferred	QL (100 ML per 30 days)
ANTI-INFECTIVES - THROAT**		
clotrimazole mouth/throat troche 10 mg	Preferred	
nystatin mouth/throat suspension 100000 unit/ml	Preferred	
ANTISEPTICS - MOUTH/THROAT**		
chlorhexidine gluconate mouth/throat solution 0.12 %	Preferred	
DRY MOUTH AGENTS AND ARTIFICIAL SALIVA**		
AQUORAL MOUTH/THROAT SOLUTION (*artificial saliva*)	Preferred	
FLUORIDE DENTAL PRODUCTS**		
sodium fluoride mouth/throat solution 0.2 %	Preferred	
SALIVA STIMULANTS**		
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Preferred	
STEROIDS - MOUTH/THROAT/DENTAL**		
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
triamcinolone acetonide mouth/throat paste 0.1 %	Preferred	PA
MULTIVITAMINS		
B-COMPLEX VITAMINS**		
b-complex/b-12 oral tablet	Preferred	
B-COMPLEX W/ C & FOLIC ACID**		
DIALYVITE 800 ORAL TABLET 0.8 MG (*b complex-c-folic acid*)	Preferred	
b complex-c-folic acid (Dialyvite Oral Tablet)	Preferred	
folbee plus oral tablet	Preferred	
b complex-c-folic acid (Nephronex Oral Tablet)	Preferred	
b complex-c-folic acid (Renal Oral Capsule 1 Mg)	Preferred	
renal-vite oral tablet 0.8 mg	Preferred	
rena-vite oral tablet	Preferred	
rena-vite rx oral tablet 1 mg	Preferred	
triphrocaps oral capsule 1 mg	Preferred	
virt-caps oral capsule 1 mg	Preferred	
vita-bee/c oral tablet	Preferred	
vol-care rx oral tablet 1 mg	Preferred	
vp-vite rx oral tablet 1 mg	Preferred	
wescaps oral capsule 1 mg	Preferred	
west-vite w/folic acid oral tablet 0.8 mg	Preferred	
B-COMPLEX W/ C**		
sm super b complex/c oral tablet	Preferred	
superplex-t oral tablet	Preferred	
total b/c oral tablet	Preferred	
B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID**		
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	Preferred	
B-COMPLEX W/ FOLIC ACID**		
sm balanced b-100 oral tablet	Preferred	
sm balanced b-50 oral tablet	Preferred	
B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID**		
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	Preferred	
B-COMPLEX W/ MINERALS**		
ELDERTONIC ORAL LIQUID (*b complex-minerals*)	Preferred	
MULTIPLE VITAMINS W/ CALCIUM**		
gnp one daily womens health oral tablet	Preferred	
MULTIPLE VITAMINS W/ IRON**		
daily-vite/iron/beta-carotene oral tablet	Preferred	
gnp one daily plus iron oral tablet	Preferred	
qc daily multivitamins/iron oral tablet	Preferred	
sm multiple vitamins/iron oral tablet	Preferred	

Drug Name	Formulary Status	Requirements/Limits
stress formula/iron oral tablet	Preferred	
tab-a-vite/iron oral tablet	Preferred	
MULTIPLE VITAMINS W/ MINERALS**		
algae based calcium oral tablet	Preferred	
antioxidant formula oral tablet	Preferred	
AQUADEKS ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	Preferred	
BACMIN ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
CEROVITE ADVANCED FORMULA ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
CEROVITE SENIOR ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
CERTAVITE/ANTIOXIDANTS ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
COMPETE ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
CORVITA ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
multiple vitamins-minerals (Corvite Free Oral Tablet)	Preferred	
DERMACINRX MULTITAM ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
DERMACINRX RIBOTIN-E ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
DERMACINRX ZINTREXYL-C ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
DEXATRAN ORAL CAPSULE (*multiple vitamins-minerals*)	Preferred	
dialyvite 800/ultra d oral tablet	Preferred	
DIALYVITE SUPREME D ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
eye multivitamin oral capsule	Preferred	
eye multivitamin/lutein oral capsule	Preferred	
eyeprotect oral tablet	Preferred	
FOLIFLEX ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
FOLITIN-Z ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
glucoten oral capsule	Preferred	
gnp century adults 50+ senior oral tablet	Preferred	
gnp century cardio health oral tablet	Preferred	
gnp century oral tablet	Preferred	
gnp century ultimate mens oral tablet	Preferred	
gnp century ultimate womens oral tablet	Preferred	
gnp healthy eyes oral tablet	Preferred	
gnp healthy eyes supervision oral capsule	Preferred	
gnp mega multi for men oral tablet	Preferred	

Drug Name	Formulary Status	Requirements/Limits
gnp mega multi for women oral tablet	Preferred	
gnp one daily maximum oral tablet	Preferred	
gnp one daily mens health 50+ oral tablet	Preferred	
gnp one daily mens/lycopene oral tablet	Preferred	
gnp one daily womens 50+ oral tablet	Preferred	
gnp one daily womens oral tablet	Preferred	
gnp therapeutic-m oral tablet	Preferred	
ICAPS AREDS FORMULA ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE (*multiple vitamins-minerals*)	Preferred	
ICAPS MV ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
ICAPS ORAL CAPSULE (*multiple vitamins-minerals*)	Preferred	
ICAPS PLUS ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
i-vite oral tablet	Preferred	
i-vite protect oral tablet	Preferred	
multilex oral tablet	Preferred	
multivitamin oral liquid	Preferred	
NICADAN ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
NUTRICAP ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
multiple vitamins-minerals (Nutrifac Zx Oral Tablet)	Preferred	
OCUVITE ADULT 50+ ORAL CAPSULE (*multiple vitamins-minerals*)	Preferred	
OCUVITE ADULT FORMULA ORAL CAPSULE (*multiple vitamins-minerals*)	Preferred	
OCUVITE EXTRA ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
OCUVITE EYE + MULTI ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE (*multiple vitamins-minerals*)	Preferred	
OCUVITE EYE HEATLH GUMMIES ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	Preferred	
OCUVITE-LUTEIN ORAL CAPSULE (*multiple vitamins-minerals*)	Preferred	
OCUVITE-LUTEIN ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
ONCOVITE ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
one-daily multi caps oral capsule	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	

Drug Name	Formulary Status	Requirements/Limits
PRESERVISION AREDS ORAL CAPSULE (*multiple vitamins-minerals*)	Preferred	
PRESERVISION AREDS ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
PRESERVISION/LUTEIN ORAL CAPSULE (*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 CAPSULE (*multiple vitamins-minerals*)	Preferred	
PROSIGHT ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
qc daily multivit/multimineral oral tablet	Preferred	
qc mens daily multivitamin oral tablet	Preferred	
qc multi-vite 50 & over oral tablet	Preferred	
qc multi-vite oral tablet	Preferred	
qc therin-m oral tablet	Preferred	
qc womens daily multivitamin oral tablet	Preferred	
RENAPLEX ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
RENAPLEX-D ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
REQ 49+ ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
sm complete advanced formula oral tablet	Preferred	
sm complete oral tablet	Preferred	
sm complete senior formula oral tablet	Preferred	
sm daily diet support oral tablet	Preferred	
sm opti-vitamins oral tablet	Preferred	
STROVITE ONE ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
SYSTANE ICAPS AREDS2 ORAL CAPSULE (*multiple vitamins-minerals*)	Preferred	
SYSTANE ICAPS AREDS2 ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	Preferred	
THERA M PLUS ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
thera-m oral tablet	Preferred	
THEREMS-H ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
THEREMS-M ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
thrivite 19 oral tablet	Preferred	
UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
unicomplex-m oral tablet	Preferred	
v-c forte oral capsule	Preferred	
VENEXA FE ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
VENEXA ORAL TABLET (*multiple vitamins-minerals*)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
VENTRIXYL FE ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
VENTRIXYL ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
multiple vitamins-minerals (Vita S Forte Oral Tablet)	Preferred	
vitamins/minerals oral tablet	Preferred	
VITRAMYN ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
VITRANOL FE ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
VITRANOL ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
VITREXATE FE ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
VITREXATE ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
VITREXYL + IRON ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
VITREXYL ORAL TABLET (*multiple vitamins-minerals*)	Preferred	
PED MV W/ FLUORIDE**		
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	Preferred	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Preferred	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Preferred	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Preferred	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	Preferred	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	Preferred	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG (*pediatric multivitamins-fl*)	Preferred	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	Preferred	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	Preferred	
PED MV W/ IRON**		
multivitamin drops/iron oral solution 11 mg/ml	Preferred	
multivitamin infant & toddler oral solution 11 mg/ml	Preferred	
PED VITAMINS ACD W/ FLUORIDE**		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	Preferred	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Preferred	
vitamins acd-fluoride oral solution 0.25 mg/ml	Preferred	
PEDIATRIC MULTIPLE VITAMINS**		
multivitamin infant & toddler oral solution	Preferred	
PRENATAL MV & MIN W/FE-FA**		
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (*prenat w/o a fecbnfeglu-fa &b6*)	Preferred	
c-nate dha oral capsule 28-1-200 mg	Preferred	
completenate oral tablet chewable 29-1 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
dothelle dha oral capsule 53.5-38-1 mg	Preferred	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	Preferred	
MARNATAL-F ORAL CAPSULE 60-1 MG (*prenat w/o a-fe poly cmplx-fa*)	Preferred	
m-natal plus oral tablet 27-1 mg	Preferred	
NESTABS DHA ORAL 32-1 MG (*prenat-w/oa-fe bisgly-fa-omega*)	Preferred	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	Preferred	
NIVA-PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	Preferred	
OB COMPLETE ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	Preferred	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (*prenatal-fe cbn-fe asp gly-fa*)	Preferred	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (*prenat-fecbn-feaspgl-fa-omega*)	Preferred	
O-CAL FA ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	Preferred	
O-CAL PRENATAL ORAL TABLET (*prenatal vit-fe fumarate-fa*)	Preferred	
pnv tabs 29-1 oral tablet 29-1 mg	Preferred	
pnv-omega oral capsule 28-0.6-0.4-340 mg	Preferred	
prenatabs fa oral tablet 29-1 mg	Preferred	
PRENATABS RX ORAL TABLET 29-1 MG (*prenatal vit-iron carbonyl-fa*)	Preferred	
prenatal 19 oral tablet	Preferred	
prenatal 19 oral tablet chewable	Preferred	
prenatal oral tablet 27-0.8 mg, 27-1 mg	Preferred	
prenatal plus oral tablet 27-1 mg	Preferred	
prenatal plus vitamin/mineral oral tablet 27-1 mg	Preferred	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (*prenatal w/o a vit-fe fum-fa*)	Preferred	
PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	Preferred	
PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	Preferred	
preplus oral tablet 27-1 mg	Preferred	
pretab oral tablet 29-1 mg	Preferred	
relnate dha oral capsule 28-1-200 mg	Preferred	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (*prenat vit-fepoly-methylfol-fa*)	Preferred	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	Preferred	
se-natal 19 oral tablet 29-1 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
se-natal 19 oral tablet chewable 29-1 mg	Preferred	
thrivite rx oral tablet 29-1 mg	Preferred	
TRICARE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	Preferred	
trinatal rx 1 oral tablet 60-1 mg	Preferred	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	Preferred	
tri-tabs dha oral 32-1 mg	Preferred	
vena-bal dha oral 27-1 & 430 mg	Preferred	
VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*)	Preferred	
virt-c dha oral capsule 53.5-38-1 mg	Preferred	
virt-nate dha oral capsule 28-1-200 mg	Preferred	
virt-pn plus oral capsule 28-0.6-0.4-340 mg	Preferred	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (*prenatal vit-fe phos-fa-omega*)	Preferred	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*)	Preferred	
VITAFOL-OB ORAL TABLET (*prenatal vit-fe fumarate-fa*)	Preferred	
VIVA DHA ORAL CAPSULE 28-1-200 MG (*prenatal vit-fe fum-fa-omega*)	Preferred	
vol-nate oral tablet 28-1 mg	Preferred	
vol-plus oral tablet 27-1 mg	Preferred	
vol-tab rx oral tablet 29-1 mg	Preferred	
vp-pnv-dha oral capsule 28-1-215.8 mg	Preferred	
wescap-c dha oral capsule 53.5-38-1 mg	Preferred	
wesnate dha oral capsule 28-1-200 mg	Preferred	
westab plus oral tablet 27-1 mg	Preferred	
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG (*prenat w/o a-fe-methf-fa-omega*)	Preferred	
PRENATAL MV & MIN W/FE-FA-DHA**		
pnv-dha oral capsule 27-0.6-0.4-300 mg	Preferred	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	Preferred	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	Preferred	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	Preferred	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	Preferred	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (*prenat w/o a-fe-methfol-fa-dha*)	Preferred	
SPECIALTY VITAMINS PRODUCTS**		
gnp century energy metabolism oral tablet	Preferred	
urosex oral tablet	Preferred	

Drug Name	Formulary Status	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS**		
baclofen oral tablet 10 mg, 20 mg, 5 mg	Preferred	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Preferred	
metaxalone oral tablet 400 mg, 800 mg	Preferred	
methocarbamol oral tablet 500 mg, 750 mg	Preferred	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Preferred	
tizanidine hcl oral tablet 2 mg, 4 mg	Preferred	
DIRECT MUSCLE RELAXANTS**		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Preferred	
VISCOSUPPLEMENTS**		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	Preferred	PA
sodium hyaluronate (viscosup) intra-articular solution prefilled syringe 20 mg/2ml	Preferred	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.**		
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 % (*saline*)	Preferred	
deep sea nasal spray nasal solution 0.65 %	Preferred	
hm saline nasal spray nasal solution 0.65 %	Preferred	
OCEAN FOR KIDS NASAL SOLUTION 0.65 % (*saline*)	Preferred	
qc saline nasal spray nasal solution 0.65 %	Preferred	
saline mist spray nasal solution 0.65 %	Preferred	
sm nasal spray saline nasal solution 0.65 %	Preferred	
NASAL AGENTS MISC. - COMBINATIONS**		
neti pot sinus wash nasal kit 2300-700 mg	Preferred	
sm sinus wash nasal packet 2300-700 mg	Preferred	
sm sinus wash neti pot nasal kit 2300-700 mg	Preferred	
NASAL ANTICHOLINERGICS**		
ipratropium bromide nasal solution 0.03 %, 0.06 %	Preferred	Maximum 90-day supply per fill
NASAL ANTIHISTAMINES**		
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	Preferred	
NASAL STEROIDS**		
allergy relief nasal suspension 50 mcg/act	Preferred	
budesonide nasal suspension 32 mcg/act	Preferred	
flunisolide nasal solution 25 mcg/act (0.025%)	Preferred	
fluticasone propionate nasal suspension 50 mcg/act	Preferred	
gnp 24 hour nasal allergy nasal aerosol 55 mcg/act	Preferred	
gnp budesonide nasal spray nasal suspension 32 mcg/act	Preferred	

Drug Name	Formulary Status	Requirements/Limits
gnp fluticasone propionate chl nasal suspension 50 mcg/act	Preferred	
gnp fluticasone propionate nasal suspension 50 mcg/act	Preferred	
goodsense 24-hr allergy nasal nasal suspension 50 mcg/act	Preferred	
goodsense nasal allergy spray nasal aerosol 55 mcg/act	Preferred	
hm 24 hour nasal allergy nasal aerosol 55 mcg/act	Preferred	
hm allergy relief nasal suspension 50 mcg/act	Preferred	
nasal allergy 24 hour nasal aerosol 55 mcg/act	Preferred	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	Preferred	
qc allergy relief nasal suspension 50 mcg/act	Preferred	
qc fluticasone propionate nasal suspension 50 mcg/act	Preferred	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	Preferred	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	Preferred	
sm allergy relief nasal suspension 50 mcg/act	Preferred	
triamcinolone acetonide nasal aerosol 55 mcg/act	Preferred	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*)	Preferred	
SYSTEMIC DECONGESTANTS**		
12 hour decongestant oral tablet extended release 12 hour 120 mg	Preferred	
12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	Preferred	
gnp nasal decongestant oral tablet 30 mg	Preferred	
gnp nasal decongestant pe oral tablet 10 mg	Preferred	
gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg	Preferred	
gnp suphedrin oral liquid 15 mg/5ml	Preferred	
hm nasal decongestant 12 hour oral tablet extended release 12 hour 120 mg	Preferred	
hm nasal decongestant oral tablet 30 mg	Preferred	
hm nasal decongestant pe oral tablet 10 mg	Preferred	
nasal decongestant max st oral tablet 30 mg	Preferred	
nasal decongestant oral tablet 30 mg	Preferred	
nasal decongestant pe max st oral tablet 10 mg	Preferred	
nasal decongestant pe oral tablet 10 mg	Preferred	
phenylephrine hcl oral tablet 10 mg	Preferred	
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	Preferred	
pseudoephedrine hcl oral tablet 30 mg, 60 mg	Preferred	
qc nasal decongestant pe oral tablet 10 mg, 30 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg	Preferred	
qc suphedrine oral tablet 30 mg	Preferred	
sinus 12 hour oral tablet extended release 12 hour 120 mg	Preferred	
sinus congestion max strength oral tablet 30 mg	Preferred	
sm nasal decongestant max st oral tablet 30 mg	Preferred	
sm nasal decongestant oral tablet extended release 12 hour 120 mg	Preferred	
sm nasal decongestant pe oral tablet 10 mg	Preferred	
sudogest 12 hour oral tablet extended release 12 hour 120 mg	Preferred	
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG (*pseudoephedrine hcl*)	Preferred	
SUDOGEST ORAL TABLET 30 MG, 60 MG (*pseudoephedrine hcl*)	Preferred	
SUDOGEST PE ORAL TABLET 10 MG (*phenylephrine hcl*)	Preferred	
suphedrine 12hour oral tablet extended release 12 hour 120 mg	Preferred	
TOPICAL DECONGESTANTS**		
12 hour nasal decongestant nasal solution 0.05 %	Preferred	
12 hour nasal spray nasal solution 0.05 %	Preferred	
gnp nasal four spray nasal solution 1 %	Preferred	
gnp nasal spray extra moist nasal solution 0.05 %	Preferred	
gnp nasal spray fast acting nasal solution 1 %	Preferred	
gnp nasal spray nasal solution 0.05 %	Preferred	
gnp no drip nasal spray nasal solution 0.05 %	Preferred	
gnp nose drops extra strength nasal solution 1 %	Preferred	
hm nasal spray nasal solution 0.05 %	Preferred	
hm nose drops nasal solution 1 %	Preferred	
hm sinus nasal spray nasal solution 0.05 %	Preferred	
long acting nasal spray nasal solution 0.05 %	Preferred	
nasal decongestant spray nasal solution 0.05 %	Preferred	
nasal four nasal solution 1 %	Preferred	
nasal relief nasal solution 0.05 %	Preferred	
nasal spray 12 hour nasal solution 0.05 %	Preferred	
nasal spray extra moisturizing nasal solution 0.05 %	Preferred	
nasal spray no drip nasal solution 0.05 %	Preferred	
qc nasal mist no drip nasal solution 0.05 %	Preferred	
qc nasal relief moisturizing nasal solution 0.05 %	Preferred	
qc nasal spray nasal solution 0.05 %, 1 %	Preferred	
qc no drip extra moisturizing nasal solution 0.05 %	Preferred	
qc no drip nasal relief nasal solution 0.05 %	Preferred	

Drug Name	Formulary Status	Requirements/Limits
qc no drip original 12 hours nasal solution 0.05 %	Preferred	
sinus nasal spray nasal solution 0.05 %	Preferred	
sinus relief extra strength nasal solution 1 %	Preferred	
sm nasal spray 12 hour nasal solution 0.05 %	Preferred	
sm nasal spray moisturizing nasal solution 0.05 %	Preferred	
sm nasal spray nasal solution 0.05 %	Preferred	
sm nasal spray sinus nasal solution 0.05 %	Preferred	
sm nose drops nasal decongest nasal solution 1 %	Preferred	
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES**		
enteric fish oil oral capsule delayed release 1000 mg	Preferred	
fish oil high potency oral capsule 1000 mg	Preferred	
fish oil oral capsule 1000 mg, 500 mg	Preferred	
SEA-OMEGA 30 ORAL CAPSULE 1200 MG (*omega-3 fatty acids*)	Preferred	
SEA-OMEGA ORAL CAPSULE 1000 MG (*omega-3 fatty acids*)	Preferred	
sm fish oil oral capsule 1000 mg	Preferred	
sm omega-3 fish oil oral capsule 1200 mg	Preferred	
OPHTHALMIC AGENTS		
ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS**		
artificial tears ophthalmic ointment 83-15 %	Preferred	
artificial tears ophthalmic solution 0.5-0.6 %	Preferred	
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % (*dextran 70-hypromellose*)	Preferred	
dry eye relief drops ophthalmic solution 0.2-0.2-1 %	Preferred	
dry eye relief ophthalmic gel 0.4-0.3 %	Preferred	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (*white petrolatum-mineral oil*)	Preferred	
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.3 % (*dextran 70-hypromellose*)	Preferred	
gnp artificial tears ophthalmic solution 5-6 mg/ml	Preferred	
gnp eye drops long lasting ophthalmic solution 0.4-0.3 %	Preferred	
gnp eye drops ophthalmic solution 0.2-0.2-1 %	Preferred	
gnp lubricant eye drops ophthalmic solution 0.4-0.3 %	Preferred	
gnp lubricant pm ophthalmic ointment	Preferred	
gnp ultra lubricant eye drops ophthalmic solution 0.4-0.3 %	Preferred	
hm artificial tears ophthalmic solution 5-6 mg/ml	Preferred	
hm dry eye relief ophthalmic solution 0.2-0.2-1 %	Preferred	
hm lubricating tears ophthalmic solution 0.4-0.3 %	Preferred	
lubricant eye drops ophthalmic solution 0.4-0.3 %	Preferred	

Drug Name	Formulary Status	Requirements/Limits
lubricant eye nighttime ophthalmic ointment	Preferred	
lubricating eye drops ophthalmic solution 0.4-0.3 %	Preferred	
lubricating tears eye drops ophthalmic solution 0.1-0.3 %	Preferred	
lubrifresh p.m. ophthalmic ointment	Preferred	
natural balance tears ophthalmic solution 0.1-0.3 %	Preferred	
natures tears ophthalmic solution 0.1-0.3 %	Preferred	
PURALUBE OPHTHALMIC OINTMENT 85-15 % (*white petrolatum-mineral oil*)	Preferred	
qc artificial tears ophthalmic solution 5-6 mg/ml	Preferred	
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (*white petrolatum-mineral oil*)	Preferred	
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 % (*carboxymethylcellul-glycerin*)	Preferred	
REFRESH P.M. OPHTHALMIC OINTMENT (*white petrolatum-mineral oil*)	Preferred	
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % (*carboxymethylcellul-glycerin*)	Preferred	
sm dry eye relief ophthalmic solution 0.2-0.2-1 %	Preferred	
sm lubricant eye drops ophthalmic solution 0.4-0.3 %	Preferred	
sm lubricating tears ophthalmic solution 0.4-0.3 %	Preferred	
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (*white petrolatum-mineral oil*)	Preferred	
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	Preferred	
ARTIFICIAL TEAR SOLUTIONS**		
artificial tears ophthalmic solution	Preferred	
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (*artificial tear solution*)	Preferred	
sm artificial tears ophthalmic solution	Preferred	
SYSTANE CONTACTS OPHTHALMIC SOLUTION (*artificial tear solution*)	Preferred	
ARTIFICIAL TEARS AND LUBRICANTS**		
artificial tears ophthalmic solution 1.4 %	Preferred	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Preferred	
dry eye relief ophthalmic gel 1 %	Preferred	
gnp eye drops ophthalmic solution 0.5 %	Preferred	
gnp lubricating plus eye drops ophthalmic solution 0.5 %	Preferred	
goodsense lubricating eye drop ophthalmic solution 0.5 %	Preferred	
hm lubricating plus ophthalmic solution 0.5 %	Preferred	
lubricant eye drops ophthalmic solution 0.5 %, 0.6 %	Preferred	
lubricant eye drops pf ophthalmic solution 0.5 %	Preferred	
lubricating plus eye drops ophthalmic solution 0.5 %	Preferred	
polyvinyl alcohol ophthalmic solution 1.4 %	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
sm lubricating plus ophthalmic solution 0.5 %	Preferred	
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS**		
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Preferred	Maximum 90-day supply per fill
BETA-BLOCKERS - OPHTHALMIC**		
betaxolol hcl ophthalmic solution 0.5 %	Preferred	Maximum 90-day supply per fill
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*)	Preferred	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	Preferred	Maximum 90-day supply per fill
carteolol hcl ophthalmic solution 1 %	Preferred	Maximum 90-day supply per fill
levobunolol hcl ophthalmic solution 0.5 %	Preferred	Maximum 90-day supply per fill
timolol maleate (once-daily) ophthalmic solution 0.5 %	Preferred	
timolol maleate (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	Preferred	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Preferred	Maximum 90-day supply per fill
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Preferred	Maximum 90-day supply per fill
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	Preferred	
CYCLOPLEGIC MYDRIATICS**		
atropine sulfate ophthalmic ointment 1 %	Preferred	Maximum 90-day supply per fill
atropine sulfate ophthalmic solution 1 %	Preferred	Maximum 90-day supply per fill
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (*cyclopentolate hcl*)	Preferred	Maximum 90-day supply per fill
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	Preferred	Maximum 90-day supply per fill
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (*atropine sulfate*)	Preferred	Maximum 90-day supply per fill
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Preferred	
MIOTICS - DIRECT ACTING**		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Preferred	Maximum 90-day supply per fill
OPHTHALMIC ANTIALLERGIC**		
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	Preferred	
ALAWAY OPHTHALMIC SOLUTION 0.025 % (*ketotifen fumarate*)	Preferred	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (*lodoxamide tromethamine*)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
azelastine hcl ophthalmic solution 0.05 %	Preferred	
cromolyn sodium ophthalmic solution 4 %	Preferred	
epinastine hcl ophthalmic solution 0.05 %	Preferred	
eye allergy itch relief ophthalmic solution 0.2 %	Preferred	
eye allergy itch/redness rel ophthalmic solution 0.1 %	Preferred	
eye itch relief ophthalmic solution 0.025 %	Preferred	
gnp eye itch relief ophthalmic solution 0.025 %	Preferred	
gnp itchy eye ophthalmic solution 0.025 %	Preferred	
gnp olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	Preferred	
hm eye allergy itch relief ophthalmic solution 0.2 %	Preferred	
hm eye allergy itch/red relief ophthalmic solution 0.1 %	Preferred	
hm eye itch relief ophthalmic solution 0.025 %	Preferred	
ketotifen fumarate ophthalmic solution 0.025 %	Preferred	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	Preferred	
PATADAY OPHTHALMIC SOLUTION 0.7 % (*olopatadine hcl*)	Preferred	
PAZEO OPHTHALMIC SOLUTION 0.7 % (*olopatadine hcl*)	Preferred	
qc olopatadine hcl ophthalmic solution 0.2 %	Preferred	
sm eye itch relief ophthalmic solution 0.025 %	Preferred	
sm olopatadine hcl ophthalmic solution 0.2 %	Preferred	
OPHTHALMIC ANTIBIOTICS**		
bacitracin ophthalmic ointment 500 unit/gm	Preferred	QL (0.5 GM per 1 day)
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	Preferred	
ciprofloxacin hcl ophthalmic solution 0.3 %	Preferred	
erythromycin ophthalmic ointment 5 mg/gm	Preferred	
GENTAK OPHTHALMIC OINTMENT 0.3 % (*gentamicin sulfate*)	Preferred	
gentamicin sulfate ophthalmic solution 0.3 %	Preferred	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Preferred	
moxifloxacin hcl ophthalmic solution 0.5 %	Preferred	
ofloxacin ophthalmic solution 0.3 %	Preferred	
tobramycin ophthalmic solution 0.3 %	Preferred	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	Preferred	QL (0.5 GM per 1 day)
OPHTHALMIC ANTIFUNGAL**		
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	Preferred	
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS**		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	Preferred	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Preferred	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	Preferred	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	Preferred	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	Preferred	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Preferred	
OPHTHALMIC ANTIVIRALS**		
trifluridine ophthalmic solution 1 %	Preferred	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS**		
brinzolamide ophthalmic suspension 1 %	Preferred	PA; Maximum 90-day supply per fill
dorzolamide hcl ophthalmic solution 2 %	Preferred	Maximum 90-day supply per fill
OPHTHALMIC DECONGESTANT COMBINATIONS**		
eye drops advanced relief ophthalmic solution 0.05-0.1-1-1 %	Preferred	
gnp eye drops ophthalmic solution 0.012-0.25 %, 0.03-0.5 %, 0.05-0.1-1-1 %, 0.05-0.25 %	Preferred	
gnp redness relief ophthalmic solution 0.012-0.25 %	Preferred	
hm eye drops advanced relief ophthalmic solution 0.05-0.1-1-1 %	Preferred	
hm eye drops ophthalmic solution 0.012-0.2 %	Preferred	
qc eye drops ophthalmic solution 0.05-0.1-1-1 %	Preferred	
REDNESS RELIEF OPHTHALMIC SOLUTION 0.012-0.25 % (*naphazoline-glycerin*)	Preferred	
sm eye drops ophthalmic solution 0.05-0.1-1-1 %	Preferred	
sm redness relief ophthalmic solution 0.012-0.2 %	Preferred	
OPHTHALMIC DECONGESTANTS**		
eye drops ophthalmic solution 0.05 %	Preferred	
gnp eye drops ophthalmic solution 0.05 %	Preferred	
hm eye drops ophthalmic solution 0.05 %	Preferred	
opti-clear ophthalmic solution 0.05 %	Preferred	
sm eye drops ophthalmic solution 0.05 %	Preferred	
OPHTHALMIC IMMUNOMODULATORS**		
RESTASIS EMULSION 0.05 % OPHTHALMIC (*cyclosporine*)	Preferred	PA; Maximum 90-day supply per fill
VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	Preferred	
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	Preferred	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Preferred	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
diclofenac sodium ophthalmic solution 0.1 %	Preferred	
flurbiprofen sodium ophthalmic solution 0.03 %	Preferred	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Preferred	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	Preferred	
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS**		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*)	Preferred	
apraclonidine hcl ophthalmic solution 0.5 %	Preferred	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	Preferred	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	Preferred	
OPHTHALMIC STEROID COMBINATIONS**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Preferred	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (*sulfacetamide-prednisolone*)	Preferred	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (*sulfacetamide-prednisolone*)	Preferred	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Preferred	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Preferred	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Preferred	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Preferred	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (*gentamicin-prednisolone acet*)	Preferred	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (*gentamicin-prednisolone acet*)	Preferred	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Preferred	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	Preferred	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	Preferred	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Preferred	
OPHTHALMIC STEROIDS**		
dexamethasone sodium phosphate ophthalmic solution 0.1 %	Preferred	
fluorometholone ophthalmic suspension 0.1 %	Preferred	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	Preferred	
FML OPHTHALMIC OINTMENT 0.1 % (*fluorometholone*)	Preferred	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	Preferred	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	Preferred	
prednisolone acetate ophthalmic suspension 1 %	Preferred	
prednisolone sodium phosphate ophthalmic solution 1 %	Preferred	
OPHTHALMIC SULFONAMIDES**		
sulfacetamide sodium ophthalmic ointment 10 %	Preferred	
sulfacetamide sodium ophthalmic solution 10 %	Preferred	
PROSTAGLANDINS - OPHTHALMIC**		
latanoprost ophthalmic solution 0.005 %	Preferred	QL (2.5 ML per 30 days); Maximum 90-day supply per fill
tafluprost (pf) ophthalmic solution 0.0015 %	Preferred	PA; Maximum 90-day supply per fill
travoprost (bak free) ophthalmic solution 0.004 %	Preferred	PA; Maximum 90-day supply per fill
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS**		
acetic acid otic solution 2 %	Preferred	
ear drops otic solution 6.5 %	Preferred	
earwax removal otic solution 6.5 %	Preferred	
gnp ear drops otic solution 6.5 %	Preferred	
gnp ear systems otic solution 6.5 %	Preferred	
gnp earwax removal drops otic solution 6.5 %	Preferred	
gnp earwax removal kit otic solution 6.5 %	Preferred	
hm earwax removal kit otic solution 6.5 %	Preferred	
hm earwax removal otic solution 6.5 %	Preferred	
qc ear wax removal otic solution 6.5 %	Preferred	
qc earwax removal kit otic solution 6.5 %	Preferred	
qc earwax removal otic solution 6.5 %	Preferred	
sm ear drops otic solution 6.5 %	Preferred	
OTIC ANTI-INFECTIVES**		
ciprofloxacin hcl otic solution 0.2 %	Preferred	
ofloxacin otic solution 0.3 %	Preferred	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS**		
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	Preferred	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (*ciprofloxacin-dexamethasone*)	Preferred	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Preferred	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	Preferred	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Preferred	

Drug Name	Formulary Status	Requirements/Limits
OTIC STEROIDS**		
fluocinolone acetonide (Flac Otic Oil 0.01 %)	Preferred	
fluocinolone acetonide otic oil 0.01 %	Preferred	
hydrocortisone-acetic acid otic solution 1-2 %	Preferred	
OXYTOCICS		
OXYTOCICS**		
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	Preferred	
methylergonovine maleate oral tablet 0.2 mg	Preferred	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ANTIVIRAL MONOCLONAL ANTIBODIES**		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*)	Preferred	
IMMUNE SERUMS**		
BIVIGAM SOLUTION 10 GM/100ML INTRAVENOUS (*immune globulin (human)*)	Preferred	PA
BIVIGAM SOLUTION 5 GM/50ML INTRAVENOUS (*immune globulin (human)*)	Preferred	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 2.5 GM/50ML (*immune globulin (human)*)	Preferred	PA
FLEBOGAMMA DIF SOLUTION 10 GM/100ML INTRAVENOUS (*immune globulin (human)*)	Preferred	PA
FLEBOGAMMA DIF SOLUTION 10 GM/200ML INTRAVENOUS (*immune globulin (human)*)	Preferred	PA
FLEBOGAMMA DIF SOLUTION 20 GM/200ML INTRAVENOUS (*immune globulin (human)*)	Preferred	PA
FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS (*immune globulin (human)*)	Preferred	PA
FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS (*immune globulin (human)*)	Preferred	PA
FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS (*immune globulin (human)*)	Preferred	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*)	Preferred	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*)	Preferred	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	Preferred	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (*immune globulin (human)*)	Preferred	PA
HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS (*immune globulin (human)*)	Preferred	PA
HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS (*immune globulin (human)*)	Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
ampicillin oral capsule 500 mg	Preferred	
ampicillin sodium intravenous solution reconstituted 10 gm	Preferred	
NATURAL PENICILLINS**		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML (*penicillin g benzathine*)	Preferred	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	
penicillin v potassium oral tablet 250 mg, 500 mg	Preferred	
PENICILLIN COMBINATIONS**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	Preferred	
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	Preferred	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Preferred	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	Preferred	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (*amoxicillin-pot clavulanate*)	Preferred	
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	Preferred	
PENICILLINASE-RESISTANT PENICILLINS**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	Preferred	
PROGESTINS		
PROGESTINS**		
MAKENA INTRAMUSCULAR OIL 250 MG/ML (*hydroxyprogesterone caproate*)	Preferred	PA
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	Maximum 90-day supply per fill
norethindrone acetate oral tablet 5 mg	Preferred	Maximum 90-day supply per fill
progesterone oral capsule 100 mg, 200 mg	Preferred	Maximum 90-day supply per fill
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ALCOHOL DETERRENTS**		
acamprosate calcium oral tablet delayed release 333 mg	Preferred	QL (6 EA per 1 day); Maximum 90-day supply per fill
disulfiram oral tablet 250 mg, 500 mg	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
CHOLINOMIMETICS - ACHE INHIBITORS**		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	Preferred	Maximum 90-day supply per fill
donepezil hcl oral tablet dispersible 10 mg, 5 mg	Preferred	Maximum 90-day supply per fill
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Preferred	PA; Maximum 90-day supply per fill
galantamine hydrobromide oral solution 4 mg/ml	Preferred	PA; Maximum 90-day supply per fill
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Preferred	PA; Maximum 90-day supply per fill
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Preferred	PA; Maximum 90-day supply per fill
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Preferred	PA; Maximum 90-day supply per fill
MOVEMENT DISORDER DRUG THERAPY**		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*)	Preferred	PA; Maximum 90-day supply per fill
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	Preferred	PA; Maximum 90-day supply per fill
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS**		
teriflunomide oral tablet 14 mg, 7 mg	Preferred	
MULTIPLE SCLEROSIS AGENTS - INTERFERONS**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	Preferred	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	Preferred	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	Preferred	PA; Maximum 90-day supply per fill
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	Preferred	PA; Maximum 90-day supply per fill
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	Preferred	PA; Maximum 90-day supply per fill
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	Preferred	PA; Maximum 90-day supply per fill
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	Preferred	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	Preferred	PA
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS**		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Preferred	
dimethyl fumarate starter pack oral 120 & 240 mg	Preferred	

Drug Name	Formulary Status	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*glatiramer acetate*)	Preferred	PA; Maximum 90-day supply per fill
glatiramer acetate (Glatopa Solution Prefilled Syringe 40 Mg/Ml Subcutaneous)	Preferred	PA; Maximum 90-day supply per fill
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Preferred	PA
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	Preferred	PA; Maximum 90-day supply per fill
memantine hcl oral tablet 10 mg, 5 mg	Preferred	PA; Maximum 90-day supply per fill
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Preferred	PA
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG (*memantine hcl*)	Preferred	PA
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**		
GRALISE ORAL 300 (9) & 600(24) MG (*gabapentin (once-daily)*)	Preferred	PA
GRALISE ORAL TABLET 300 MG, 600 MG (*gabapentin (once-daily)*)	Preferred	PA; Maximum 90-day supply per fill
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**		
ergoloid mesylates oral tablet 1 mg	Preferred	
pimozide oral tablet 1 mg, 2 mg	Preferred	AGE (Min 12 Years); Maximum 90-day supply per fill
RESTLESS LEG SYNDROME (RLS) AGENTS**		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	Preferred	PA; Maximum 90-day supply per fill
SMOKING DETERRENTS**		
apo-varenicline oral tablet 0.5 mg, 1 mg	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Maximum 84-day supply per fill
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
gnp nicotine mouth/throat gum 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	AGE (Min 18 Years)
goodsense nicotine mouth/throat gum 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	Preferred	AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	AGE (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	Preferred	AGE (Min 18 Years)
nicotine mini mouth/throat lozenge 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
nicotine polacrilex mini mouth/throat lozenge 2 mg	Preferred	AGE (Min 18 Years)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	Preferred	AGE (Min 18 Years)
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	Preferred	AGE (Min 18 Years)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Preferred	AGE (Min 18 Years)
nicotine transdermal kit 21-14-7 mg/24hr	Preferred	AGE (Min 18 Years)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	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)
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Preferred	AGE (Min 18 Years)
sm nicotine mouth/throat gum 4 mg	Preferred	AGE (Min 18 Years)
sm nicotine mouth/throat lozenge 2 mg	Preferred	AGE (Min 18 Years)
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	AGE (Min 18 Years)
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	AGE (Min 18 Years)
varenicline tartrate oral tablet 0.5 mg, 1 mg	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Maximum 84-day supply per fill
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS**		
fingolimod hcl oral capsule 0.5 mg	Preferred	PA; Maximum 90-day supply per fill
GILENYA ORAL CAPSULE 0.25 MG (*fingolimod hcl*)	Preferred	PA; Maximum 90-day supply per fill
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*)	Preferred	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	Preferred	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	Preferred	PA

Drug Name	Formulary Status	Requirements/Limits
CFTR POTENTIATORS**		
KALYDECO ORAL PACKET 50 MG, 75 MG (*ivacaftor*)	Preferred	PA
KALYDECO ORAL TABLET 150 MG (*ivacaftor*)	Preferred	PA
HYDROLYTIC ENZYMES**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	Preferred	PA; Maximum 90-day supply per fill
PULMONARY FIBROSIS AGENTS**		
ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*)	Preferred	PA
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	Preferred	PA
SULFONAMIDES		
SULFONAMIDES**		
sulfadiazine oral tablet 500 mg	Preferred	
TETRACYCLINES		
TETRACYCLINES**		
demeclocycline hcl oral tablet 150 mg, 300 mg	Preferred	PA
doxycycline hyclate oral capsule 100 mg, 50 mg	Preferred	
doxycycline hyclate oral tablet 100 mg, 20 mg	Preferred	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Preferred	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Preferred	AGE (Max 12 Years)
doxycycline monohydrate oral tablet 100 mg	Preferred	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*minocycline hcl*)	Preferred	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Preferred	
doxycycline hyclate (Morgidox Oral Capsule 100 Mg, 50 Mg)	Preferred	
tetracycline hcl oral capsule 250 mg, 500 mg	Preferred	
THYROID AGENTS		
ANTITHYROID AGENTS**		
methimazole oral tablet 10 mg, 5 mg	Preferred	Maximum 90-day supply per fill
propylthiouracil oral tablet 50 mg	Preferred	Maximum 90-day supply per fill
THYROID HORMONES**		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (*thyroid*)	Preferred	Maximum 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 (*thyroid*)	Preferred	Maximum 90-day supply per fill
levothyroxine sodium (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); Maximum 90-day supply per fill
levothyroxine sodium (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); Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Preferred	
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	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
levothyroxine sodium (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); Maximum 90-day supply per fill
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	Preferred	Maximum 90-day supply per fill
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Preferred	Maximum 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 (*levothyroxine sodium*)	Preferred	
levothyroxine sodium (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); Maximum 90-day supply per fill
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS**		
dicyclomine hcl intramuscular solution 10 mg/ml	Preferred	
dicyclomine hcl oral capsule 10 mg	Preferred	
dicyclomine hcl oral solution 10 mg/5ml	Preferred	
dicyclomine hcl oral tablet 20 mg	Preferred	
BELLADONNA ALKALOIDS**		
ed-spaz oral tablet dispersible 0.125 mg	Preferred	Maximum 90-day supply per fill
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Preferred	Maximum 90-day supply per fill
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Preferred	Maximum 90-day supply per fill
hyoscyamine sulfate oral solution 0.125 mg/ml	Preferred	Maximum 90-day supply per fill
hyoscyamine sulfate oral tablet 0.125 mg	Preferred	Maximum 90-day supply per fill
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Preferred	Maximum 90-day supply per fill
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Preferred	Maximum 90-day supply per fill
hyosyne oral elixir 0.125 mg/5ml	Preferred	Maximum 90-day supply per fill

Drug Name	Formulary Status	Requirements/Limits
hyosyne oral solution 0.125 mg/ml	Preferred	Maximum 90-day supply per fill
hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	Preferred	Maximum 90-day supply per fill
oscimin oral tablet 0.125 mg	Preferred	Maximum 90-day supply per fill
oscimin oral tablet dispersible 0.125 mg	Preferred	Maximum 90-day supply per fill
oscimin sr oral tablet extended release 12 hour 0.375 mg	Preferred	Maximum 90-day supply per fill
oscimin sublingual tablet sublingual 0.125 mg	Preferred	Maximum 90-day supply per fill
SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG (*hyoscyamine sulfate*)	Preferred	
hyoscyamine sulfate (Symax-Sl Sublingual Tablet Sublingual 0.125 Mg)	Preferred	Maximum 90-day supply per fill
hyoscyamine sulfate (Symax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Preferred	Maximum 90-day supply per fill
H-2 ANTAGONISTS**		
acid control maximum strength oral tablet 150 mg	Preferred	
acid reducer maximum strength oral tablet 20 mg	Preferred	Maximum 90-day supply per fill
acid reducer oral tablet 10 mg, 150 mg, 75 mg	Preferred	
cimetidine hcl oral solution 300 mg/5ml, 400 mg/6.67ml	Preferred	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Preferred	
famotidine maximum strength oral tablet 20 mg	Preferred	Maximum 90-day supply per fill
famotidine oral suspension reconstituted 40 mg/5ml	Preferred	Maximum 90-day supply per fill
famotidine oral tablet 10 mg	Preferred	
famotidine oral tablet 20 mg, 40 mg	Preferred	Maximum 90-day supply per fill
famotidine orig st oral tablet 10 mg	Preferred	
gnp acid control 150 max st oral tablet 150 mg	Preferred	
gnp acid reducer max st oral tablet 20 mg	Preferred	Maximum 90-day supply per fill
gnp acid reducer oral tablet 10 mg, 75 mg	Preferred	
gnp heartburn relief oral tablet 200 mg	Preferred	
goodsense acid reducer oral tablet 150 mg, 75 mg	Preferred	
heartburn relief max st oral tablet 20 mg	Preferred	Maximum 90-day supply per fill
heartburn relief oral tablet 10 mg	Preferred	
hm acid reducer max strength oral tablet 150 mg	Preferred	
hm acid reducer oral tablet 150 mg, 75 mg	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
hm famotidine oral tablet 10 mg	Preferred	
hm famotidine oral tablet 20 mg	Preferred	Maximum 90-day supply per fill
kls acid controller max st oral tablet 20 mg	Preferred	Maximum 90-day supply per fill
kls acid reducer max st oral tablet 150 mg	Preferred	
kls acid reducer oral tablet 75 mg	Preferred	
nizatidine oral capsule 150 mg, 300 mg	Preferred	
nizatidine oral solution 15 mg/ml	Preferred	
qc acid controller max st oral tablet 20 mg	Preferred	Maximum 90-day supply per fill
qc acid controller oral tablet 10 mg	Preferred	
qc famotidine acid reducer oral tablet 10 mg	Preferred	
qc famotidine acid reducer oral tablet 20 mg	Preferred	Maximum 90-day supply per fill
ranitidine 150 max strength oral tablet 150 mg	Preferred	
ranitidine hcl oral capsule 150 mg, 300 mg	Preferred	Maximum 90-day supply per fill
ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml	Preferred	Maximum 90-day supply per fill
ranitidine hcl oral tablet 150 mg, 300 mg, 75 mg	Preferred	
sm acid reducer max st oral tablet 150 mg	Preferred	
sm acid reducer max st oral tablet 20 mg	Preferred	Maximum 90-day supply per fill
sm acid reducer oral tablet 10 mg, 200 mg, 75 mg	Preferred	
MISC. ANTI-ULCER**		
sucralfate oral suspension 1 gm/10ml	Preferred	
sucralfate oral tablet 1 gm	Preferred	Maximum 90-day supply per fill
PROTON PUMP INHIBITORS**		
acid reducer oral capsule delayed release 20.6 (20 base) mg	Preferred	
eq lansoprazole oral capsule delayed release 15 mg	Preferred	QL (2 EA per 1 day); Max 90 Day Supply Per Fill
eql lansoprazole oral capsule delayed release 15 mg	Preferred	QL (2 EA per 1 day); Max 90 Day Supply Per Fill
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	Preferred	QL (1 EA per 1 day); AGE (Max 18 Years); Maximum 90-day supply per fill
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (*lansoprazole*)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (*omeprazole*)	Preferred	
ft acid reducer oral capsule delayed release 15 mg	Preferred	QL (2 EA per 1 day); Max 90 Day Supply Per Fill
gnp esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
gnp lansoprazole oral capsule delayed release 15 mg	Preferred	QL (2 EA per 1 day); Max 90 Day Supply Per Fill
gnp omeprazole oral capsule delayed release 20.6 (20 base) mg	Preferred	
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG (*esomeprazole magnesium*)	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
goodsense lansoprazole oral capsule delayed release 15 mg	Preferred	QL (2 EA per 1 day); Max 90 Day Supply Per Fill
hm esomeprazole magnesium dr oral capsule delayed release 20 mg	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
kls lansoprazole oral capsule delayed release 15 mg	Preferred	QL (2 EA per 1 day); Max 90 Day Supply Per Fill
lansoprazole oral capsule delayed release 15 mg	Preferred	QL (2 EA per 1 day); Max 90 Day Supply Per Fill
lansoprazole oral capsule delayed release 30 mg	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	Preferred	QL (2 EA per 1 day); AGE (Max 18 Years); Maximum 90-day supply per fill
NEXIUM ORAL PACKET 2.5 MG, 5 MG (*esomeprazole magnesium*)	Preferred	QL (1 EA per 1 day); AGE (Max 18 Years); Maximum 90-day supply per fill
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	Preferred	
omeprazole magnesium oral tablet delayed release 20 mg	Preferred	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
pantoprazole sodium oral packet 40 mg	Preferred	QL (1 EA per 1 day); AGE (Max 18 Years); Maximum 90-day supply per fill
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
qc esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
qc lansoprazole oral capsule delayed release 15 mg	Preferred	QL (2 EA per 1 day); Max 90 Day Supply Per Fill
qc omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	Preferred	
sm esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
sm lansoprazole oral capsule delayed release 15 mg	Preferred	QL (2 EA per 1 day); Max 90 Day Supply Per Fill
QUATERNARY ANTICHOLINERGICS**		
GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*)	Preferred	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml	Preferred	
glycopyrrolate oral solution 1 mg/5ml	Preferred	Maximum 90-day supply per fill
glycopyrrolate oral tablet 1 mg, 2 mg	Preferred	
propantheline bromide oral tablet 15 mg	Preferred	
ULCER DRUGS - PROSTAGLANDINS**		
misoprostol oral tablet 100 mcg, 200 mcg	Preferred	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)**		
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (*tolterodine tartrate*)	Preferred	Maximum 90-day supply per fill
DETROL ORAL TABLET 1 MG, 2 MG (*tolterodine tartrate*)	Preferred	Maximum 90-day supply per fill
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Preferred	Maximum 90-day supply per fill
oxybutynin chloride oral solution 5 mg/5ml	Preferred	
oxybutynin chloride oral syrup 5 mg/5ml	Preferred	Maximum 90-day supply per fill
oxybutynin chloride oral tablet 5 mg	Preferred	Maximum 90-day supply per fill
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	Preferred	Maximum 90-day supply per fill
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Preferred	
VACCINES		
BACTERIAL VACCINES**		
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (*pneumococcal vac polyvalent*)	Preferred	
VIRAL VACCINES**		
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (*hepatitis b vac recombinant*)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (*hepatitis a vaccine*)	Preferred	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML (*zoster vaccine live*)	Preferred	
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS**		
3 day vaginal vaginal cream 2 %	Preferred	
clotrimazole vaginal cream 1 %	Preferred	
gnp clotrimazole 3 vaginal cream 2 %	Preferred	
gnp miconazole 1 vaginal kit 1200 & 2 mg & %	Preferred	
gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	Preferred	
gnp miconazole 7 vaginal cream 2 %	Preferred	
gnp tioconazole 1 vaginal ointment 6.5 %	Preferred	
goodsense miconazole 1 vaginal kit 1200 & 2 mg & %	Preferred	
miconazole 1 vaginal kit 1200 & 2 mg & %	Preferred	
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Preferred	
miconazole 3 vaginal suppository 200 mg	Preferred	
miconazole 7 vaginal cream 2 %	Preferred	
miconazole 7 vaginal suppository 100 mg	Preferred	
miconazole nitrate vaginal cream 2 %	Preferred	
qc 3 day vaginal cream 4 %	Preferred	
qc clotrimazole vaginal cream 1 %	Preferred	
qc miconazole 7 vaginal cream 2 %	Preferred	
sm 3-day vaginal vaginal cream 2 %	Preferred	
sm clotrimazole vaginal vaginal cream 1 %	Preferred	
sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)	Preferred	
sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	Preferred	
sm miconazole 7 vaginal cream 2 %	Preferred	
sm miconazole 7 vaginal suppository 100 mg	Preferred	
sm tioconazole-1 vaginal ointment 6.5 %	Preferred	
terconazole vaginal cream 0.4 %, 0.8 %	Preferred	
terconazole vaginal suppository 80 mg	Preferred	
tioconazole-1 vaginal ointment 6.5 %	Preferred	
VAGINAL ANTI-INFECTIVES**		
AVC VAGINAL VAGINAL CREAM 15 % (*sulfanilamide*)	Preferred	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	Preferred	
clindamycin phosphate vaginal cream 2 %	Preferred	
metronidazole vaginal gel 0.75 %	Preferred	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	Preferred	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	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
VAGINAL ESTROGENS**		
estradiol vaginal cream 0.1 mg/gm	Preferred	Maximum 90-day supply per fill
estradiol vaginal tablet 10 mcg	Preferred	Maximum 90-day supply per fill
ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR (*estradiol*)	Preferred	Maximum 90-day supply per fill
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	Preferred	PA; Maximum 90-day supply per fill
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	Preferred	PA; Maximum 90-day supply per fill
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Preferred	Maximum 90-day supply per fill
VAGINAL PROGESTINS**		
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	Preferred	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS**		
epinephrine solution auto-injector 0.15 mg/0.3ml injection	Preferred	QL (2 EA per 30 days)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	Preferred	QL (2 EA per 30 days)
VASOPRESSORS**		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	
VITAMINS		
VITAMIN B-1**		
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	Preferred	
vitamin b1 oral tablet 100 mg	Preferred	
vitamin b-1 oral tablet 100 mg	Preferred	
VITAMIN B-3**		
niacin er oral capsule extended release 250 mg, 500 mg	Preferred	
niacin er oral tablet extended release 1000 mg, 500 mg, 750 mg	Preferred	
niacin oral tablet 100 mg, 500 mg	Preferred	
niacinamide oral tablet 500 mg	Preferred	
VITAMIN B-6**		
pyridoxine hcl injection solution 100 mg/ml	Preferred	
sm vitamin b-6 oral tablet 100 mg	Preferred	
vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg	Preferred	
VITAMIN D**		
aqueous vitamin d oral liquid 10 mcg/ml	Preferred	
d3 vitamin oral liquid 10 mcg/ml	Preferred	
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 250 MCG (10000 UT), 625 MCG (25000 UT) (*cholecalciferol*)	Preferred	

Drug Name	Formulary Status	Requirements/Limits
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT) (*cholecalciferol*)	Preferred	
ergocalciferol oral capsule 1.25 mg (50000 ut)	Preferred	
sm vitamin d3 oral tablet 25 mcg (1000 ut)	Preferred	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Preferred	
vitamin d oral liquid 10 mcg/ml	Preferred	
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	Preferred	
vitamin d3 oral capsule 1.25 mg (50000 ut), 125 mcg (5000 ut), 50 mcg (2000 ut)	Preferred	
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	Preferred	
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT) (*cholecalciferol*)	Preferred	
VITAMIN E**		
e-400 oral capsule 400 unit	Preferred	
vitamin e oral capsule 100 unit, 180 mg (400 unit), 200 unit, 400 unit	Preferred	

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