



**October 2023**

**Molina Healthcare**

**Medicaid**

**Preferred Drug List  
(Formulary)/**

**Lista de Medicamentos Preferidos  
(Formulario)**



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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
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**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](http://www.MolinaHealthcare.com)** to check coverage.

## PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have proven not to work. When this happens, the physician may fax a completed drug prior authorization form to Molina at (844) 271-6887 -. You can find these forms at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com). We will not consider trials of pharmaceutical samples as rationale for approving a prior authorization request.

## PRIOR AUTHORIZATION HELPFUL HINTS

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

The following are examples:

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

## EXCLUDED SERVICES

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

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

## NOTICE

The information contained in this guide is proprietary. The information may not be copied in whole or in part without written permission. ©2023. All rights reserved.

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

## FORMULARY UPDATES

Please review the formulary changes which pertain to the pharmacy benefit. If you have questions, contact Molina Member Services. We're available Monday through Friday from 8 a.m. to 8 p.m. local time.

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

<b>Key</b>			
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

<b>Date Effective</b>	<b>Product Name</b>	<b>Change</b>	<b>Notes</b>
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	DEXMETHYLPHENI DATE 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	DEXMETHYLPHENI DATE 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	DEXMETHYLPHENI DATE 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	DEXMETHYLPHENI DATE 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	DEXMETHYLPHENI DATE 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	DEXMETHYLPHENI DATE 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	DEXMETHYLPHENI DATE 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	DEXMETHYLPHENI DATE 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

<b>Date Effective</b>	<b>Product Name</b>	<b>Change</b>	<b>Notes</b>
	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	



<b>Date Effective</b>	<b>Product Name</b>	<b>Change</b>	<b>Notes</b>
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

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

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Drug Name	Formulary Status	Requirements/Limits
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<b>*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<b>*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG ( <i>viloxazine hcl</i> )	Preferred	
<b>*AMPHETAMINE MIXTURES***</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG ( <i>amphetamine-dextroamphetamine</i> )	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); 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 ( <i>amphetamine-dextroamphetamine</i> )	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<b>*AMPHETAMINES***</b>		
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	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 ( <i>lisdexamfetamine dimesylate</i> )	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>dextroamphetamine sulfate (Zenedi Oral Tablet 10 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg)</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<b>*STIMULANTS - MISC.***</b>		
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG ( <i>methylphenidate hcl</i> )	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR ( <i>methylphenidate</i> )	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Preferred	

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

Drug Name	Formulary Status	Requirements/Limits
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	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 ( <i>methylphenidate hcl</i> )	Preferred	QL (10 ML per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>modafinil oral tablet 100 mg, 200 mg</i>	Preferred	PA
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ( <i>methylphenidate hcl</i> )	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG ( <i>methylphenidate hcl</i> )	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<b>*ALTERNATIVE MEDICINES*</b>		
<b>*ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS***</b>		
<i>sm omega-3-6-9 fatty acids oral capsule</i>	Preferred	
<b>*AMINOGLYCOSIDES*</b>		
<b>*AMINOGLYCOSIDES***</b>		
<i>amikacin sulfate injection solution 1 gm/4ml</i>	Preferred	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )	Preferred	PA; Maximum 90-day supply per fill
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Preferred	
KITABIS PAK NEBULIZATION SOLUTION 300 MG/5ML INHALATION ( <i>tobramycin</i> )	Preferred	PA; Maximum 90-day supply per fill
<i>neomycin sulfate oral tablet 500 mg</i>	Preferred	
<i>tobramycin sulfate injection solution 1.2 gm/30ml</i>	Preferred	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	Preferred	
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***</b>		
XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )	Preferred	PA; Maximum 90-day supply per fill
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***</b>		
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab</i> )	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 ( <i>adalimumab</i> )	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 ( <i>adalimumab</i> )	Preferred	PA; Maximum 90-day supply per fill
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	Preferred	PA; Maximum 90-day supply per fill
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	Preferred	PA; Maximum 90-day supply per fill
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	Preferred	PA; Maximum 90-day supply per fill
HUMIRA PEN-PSOR/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	Preferred	PA; Maximum 90-day supply per fill
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 40 MG/0.8ML ( <i>adalimumab</i> )	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 ( <i>adalimumab</i> )	Preferred	PA; Maximum 90-day supply per fill
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
<i>celecoxib oral capsule 400 mg</i>	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***</b>		
<i>all day pain relief oral tablet 220 mg</i>	Preferred	
<i>all day relief oral tablet 220 mg</i>	Preferred	
<i>childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Preferred	Maximum 90-day supply per fill
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Preferred	Maximum 90-day supply per fill
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	Preferred	Maximum 90-day supply per fill
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Preferred	Maximum 90-day supply per fill
<i>etodolac oral capsule 200 mg, 300 mg</i>	Preferred	Maximum 90-day supply per fill
<i>etodolac oral tablet 400 mg, 500 mg</i>	Preferred	Maximum 90-day supply per fill
<i>fenoprofen calcium oral capsule 400 mg</i>	Preferred	Maximum 90-day supply per fill
<i>fenoprofen calcium oral tablet 600 mg</i>	Preferred	Maximum 90-day supply per fill
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Preferred	Maximum 90-day supply per fill
<i>gnp all day pain relief oral tablet 220 mg</i>	Preferred	

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

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

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

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Drug Name	Formulary Status	Requirements/Limits
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	
<i>acetaminophen oral tablet chewable 160 mg</i>	Preferred	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	Preferred	
<i>arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	Preferred	
<i>childrens silapap oral liquid 160 mg/5ml</i>	Preferred	
<i>ed-apap oral liquid 160 mg/5ml</i>	Preferred	
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG (acetaminophen)	Preferred	
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG (acetaminophen)	Preferred	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG (acetaminophen)	Preferred	
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG (acetaminophen)	Preferred	
<i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i>	Preferred	
<i>gnp 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i>	Preferred	
<i>gnp acetaminophen ex st oral capsule 500 mg</i>	Preferred	
<i>gnp acetaminophen ex st oral tablet 500 mg</i>	Preferred	
<i>gnp acetaminophen oral tablet 325 mg</i>	Preferred	
<i>gnp acetaminophen oral tablet chewable 160 mg</i>	Preferred	
<i>gnp arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>gnp childrens easy-melts oral tablet dispersible 80 mg</i>	Preferred	
<i>gnp infants pain relief oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain &amp; fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain relief extra strength oral liquid 500 mg/15ml</i>	Preferred	
<i>gnp pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>gnp pain relief oral tablet 325 mg</i>	Preferred	
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	Preferred	
<i>goodsense pain &amp; fever child oral suspension 160 mg/5ml</i>	Preferred	
<i>goodsense pain &amp; fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>goodsense pain relief extra st oral tablet 500 mg</i>	Preferred	
<i>goodsense pain relief oral tablet 325 mg</i>	Preferred	
<i>goodsense pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>hm acetaminophen childrens oral tablet chewable 160 mg</i>	Preferred	
<i>hm arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>hm pain &amp; fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>hm pain &amp; fever infants oral suspension 160 mg/5ml</i>	Preferred	

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

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

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

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

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

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

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

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

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

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIARRHYTHMICS TYPE I-C***</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Preferred	Maximum 90-day supply per fill
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Preferred	Maximum 90-day supply per fill
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Preferred	Maximum 90-day supply per fill
<b>*ANTIARRHYTHMICS TYPE III***</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	Preferred	Maximum 90-day supply per fill
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Preferred	PA; Maximum 90-day supply per fill
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	Preferred	PA; Maximum 90-day supply per fill
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg)	Preferred	Maximum 90-day supply per fill
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*ADRENERGIC COMBINATIONS***</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT ( <i>fluticasone-salmeterol</i> )	Preferred	Maximum 90-day supply per fill
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	Preferred	Maximum 90-day supply per fill
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-vilanterol</i> )	Preferred	PA; QL (1 EA per 30 days); Maximum 90-day supply per fill
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Preferred	Maximum 90-day supply per fill
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	Preferred	Maximum 90-day supply per fill
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	Preferred	Maximum 90-day supply per fill
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Preferred	Maximum 90-day supply per fill
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Preferred	Maximum 90-day supply per fill
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	Preferred	PA; Maximum 90-day supply per fill
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	Preferred	Maximum 90-day supply per fill
<b>*ANTI-INFLAMMATORY AGENTS***</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Preferred	Maximum 90-day supply per fill
<b>*BETA ADRENERGICS***</b>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Preferred	Maximum 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Preferred	Maximum 90-day supply per fill
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Preferred	Maximum 90-day supply per fill
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	Preferred	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>salmeterol xinafoate</i> )	Preferred	PA; AGE (Min 4 Years); Maximum 90-day supply per fill
<b>*BRONCHODILATORS - ANTICHOLINERGICS***</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	Preferred	Maximum 90-day supply per fill
<i>ipratropium bromide inhalation solution 0.02 %</i>	Preferred	Maximum 90-day supply per fill
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	Preferred	Maximum 90-day supply per fill
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	Preferred	Maximum 90-day supply per fill
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT ( <i>acclidinium bromide</i> )	Preferred	Maximum 90-day supply per fill
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	Preferred	PA
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS***</b>		
<i>montelukast sodium oral packet 4 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 3 Years); Maximum 90-day supply per fill
<i>montelukast sodium oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
<b>*STEROID INHALANTS***</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>fluticasone furoate</i> )	Preferred	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	Preferred	Maximum 90-day supply per fill
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	Preferred	Maximum 90-day supply per fill

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

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Drug Name	Formulary Status	Requirements/Limits
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	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 ( <i>rivaroxaban</i> )	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	Preferred	QL (51 EA per 30 days)
<b>*HEPARINS AND HEPARINOID-LIKE AGENTS***</b>		
<i>heparin sod (pork) lock flush</i> (Bd Heparin Posiflush Intravenous Solution 100 Unit/MI)	Preferred	
<i>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-%</i>	Preferred	
<i>heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	Preferred	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	Preferred	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	Preferred	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Preferred	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	Preferred	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	Preferred	
<b>*LOW MOLECULAR WEIGHT HEPARINS***</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Preferred	QL (2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml</i>	Preferred	QL (2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Preferred	QL (1.2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 80 mg/0.8ml</i>	Preferred	QL (1.6 ML per 1 day)
<b>*THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE***</b>		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	Preferred	QL (2 EA per 1 day); Maximum 90-day supply per fill
<b>*ANTICONVULSANTS*</b>		
<b>*ANTICONVULSANTS - BENZODIAZEPINES***</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	Preferred	PA; Maximum 90-day supply per fill
<i>clobazam oral tablet 10 mg, 20 mg</i>	Preferred	PA; Maximum 90-day supply per fill

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

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

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

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

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>fluoxetine hcl oral capsule 20 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Preferred	QL (20 ML per 1 day); AGE (Min 6 Years and Max 12 Years); Maximum 90-day supply per fill
<i>fluvoxamine maleate oral tablet 100 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>fluvoxamine maleate oral tablet 25 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>fluvoxamine maleate oral tablet 50 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>paroxetine hcl oral tablet 40 mg</i>	Preferred	QL (1.5 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Preferred	QL (10 ML per 1 day); AGE (Min 6 Years and Max 12 Years); Maximum 90-day supply per fill
<i>sertraline hcl oral tablet 100 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>sertraline hcl oral tablet 25 mg</i>	Preferred	QL (3 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>sertraline hcl oral tablet 50 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<b>*SEROTONIN MODULATORS***</b>		
<i>trazodone hcl oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>trazodone hcl oral tablet 150 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>trazodone hcl oral tablet 300 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill

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

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Drug Name	Formulary Status	Requirements/Limits
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years); Maximum 90-day supply per fill
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 6 Years); Maximum 90-day supply per fill
<b>*ANTIDIABETICS*</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS***</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	Maximum 90-day supply per fill
<b>*ANTIDIABETIC - AMYLIN ANALOGS***</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	Preferred	PA; Maximum 90-day supply per fill
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	Preferred	PA; Maximum 90-day supply per fill
<b>*BIGUANIDES***</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Preferred	Maximum 90-day supply per fill
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Preferred	Maximum 90-day supply per fill
<b>*DIABETIC OTHER - COMBINATIONS***</b>		
<i>hm glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<i>sm glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	
<b>*DIABETIC OTHER***</b>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	Preferred	QL (1 EA per 30 days)
<i>glucagon emergency kit 1 mg injection</i>	Preferred	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML ( <i>glucagon</i> )	Preferred	QL (0.2 ML per 32 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML ( <i>glucagon</i> )	Preferred	QL (0.4 ML per 32 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML ( <i>glucagon</i> )	Preferred	QL (0.2 ML per 32 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML ( <i>glucagon</i> )	Preferred	QL (0.4 ML per 32 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML ( <i>glucagon</i> )	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 ( <i>glucagon</i> )	Preferred	QL (0.2 ML per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML ( <i>diazoxide</i> )	Preferred	Maximum 90-day supply per fill
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	Preferred	QL (0.6 ML per 30 days)
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Preferred	ST; Maximum 90-day supply per fill
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )	Preferred	ST; Maximum 90-day supply per fill
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG ( <i>alogliptin benzoate</i> )	Preferred	ST; Maximum 90-day supply per fill
ONGLYZA ORAL TABLET 2.5 MG, 5 MG ( <i>saxagliptin hcl</i> )	Preferred	ST; Maximum 90-day supply per fill
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	Preferred	ST; Maximum 90-day supply per fill
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Preferred	ST; Maximum 90-day supply per fill
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	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 ( <i>sitagliptin-metformin hcl</i> )	Preferred	ST; Maximum 90-day supply per fill
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG ( <i>linagliptin-metformin hcl</i> )	Preferred	ST; Maximum 90-day supply per fill
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG ( <i>linagliptin-metformin hcl</i> )	Preferred	ST; Maximum 90-day supply per fill
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG ( <i>alogliptin-metformin hcl</i> )	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 ( <i>saxagliptin-metformin</i> )	Preferred	ST; Maximum 90-day supply per fill
<b>*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***</b>		
<i>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</i>	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 ( <i>alogliptin-pioglitazone</i> )	Preferred	ST; Maximum 90-day supply per fill
<b>*HUMAN INSULIN***</b>		
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	Preferred	Maximum 90-day supply per fill
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	Preferred	Maximum 90-day supply per fill

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

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Drug Name	Formulary Status	Requirements/Limits
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION ( <i>insulin regular human</i> )	Preferred	
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION ( <i>insulin regular human</i> )	Preferred	Maximum 90-day supply per fill
<b>*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***</b>		
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG ( <i>exenatide</i> )	Preferred	PA; Maximum 90-day supply per fill
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML ( <i>exenatide</i> )	Preferred	PA; Maximum 90-day supply per fill
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML ( <i>exenatide</i> )	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 ( <i>dulaglutide</i> )	Preferred	PA; Maximum 90-day supply per fill
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )	Preferred	PA; Maximum 90-day supply per fill
<b>*MEGLITINIDE ANALOGUES***</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Preferred	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	
<b>*PROGESTERONE RECEPTOR ANTAGONISTS***</b>		
KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )	Preferred	PA
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB***</b>		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	Preferred	ST; Maximum 90-day supply per fill
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	Preferred	ST; Maximum 90-day supply per fill
INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )	Preferred	ST; Maximum 90-day supply per fill
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	Preferred	ST; Maximum 90-day supply per fill
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	Preferred	ST; Maximum 90-day supply per fill
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	Preferred	ST; 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 ( <i>dapagliflozin prop-metformin</i> )	Preferred	ST; Maximum 90-day supply per fill

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

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

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

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

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

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>qc allergy relief oral tablet 25 mg</i>	Preferred	
<i>qc complete allergy medicine oral tablet 25 mg</i>	Preferred	
<i>siladryl allergy oral liquid 12.5 mg/5ml</i>	Preferred	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	
<i>sm allergy relief oral capsule 25 mg</i>	Preferred	
<i>sm allergy relief oral liquid 12.5 mg/5ml</i>	Preferred	
<i>sm allergy relief oral tablet 1.34 mg, 25 mg</i>	Preferred	
<b>*ANTIHISTAMINES - NON-SEDATING***</b>		
<i>12hr allergy relief oral tablet 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>24hr allergy relief oral tablet 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>all day allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>all day allergy oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aller-ease oral tablet 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy 24-hr oral tablet 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>allergy childrens oral suspension 30 mg/5ml</i>	Preferred	
<i>allergy oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy relief (loratadine) oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy relief cetirizine oral tablet 10 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>allergy relief oral tablet 10 mg, 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>allergy relief/indoor/outdoor oral tablet 10 mg, 180 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>cetirizine hcl childrens alrgy oral solution 1 mg/ml</i>	Preferred	QL (5 ML per 1 day)
<i>cetirizine hcl childrens oral solution 1 mg/ml</i>	Preferred	QL (5 ML per 1 day)
<i>cetirizine hcl childrens oral tablet chewable 10 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>childrens loratadine oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>cvs allerg rel child (lorat) oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>cvs allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>eq allerg relief child (lorat) oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>eq allergy childrens oral solution 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	Preferred	QL (5 ML per 1 day)
<i>gnp all day allergy oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp all day allergy relief oral capsule 10 mg</i>	Preferred	QL (1 EA per 1 day)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Drug Name	Formulary Status	Requirements/Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG ( <i>desogestrel-ethinyl estradiol</i> )	Preferred	
<b>*CORTICOSTEROIDS*</b>		
<b>*GLUCOCORTICOSTEROIDS***</b>		
<i>budesonide oral capsule delayed release particles 3 mg</i>	Preferred	
<i>cortisone acetate oral tablet 25 mg</i>	Preferred	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML ( <i>methylprednisolone acetate</i> )	Preferred	PA
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>dexamethasone</i> )	Preferred	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Preferred	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Preferred	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Preferred	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>dexamethasone</i> (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))	Preferred	
<i>dexamethasone</i> (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))	Preferred	
<i>dexamethasone</i> (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))	Preferred	
HEMADY ORAL TABLET 20 MG ( <i>dexamethasone</i> )	Preferred	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	
KENALOG INJECTION SUSPENSION 10 MG/ML ( <i>triamcinolone acetonide</i> )	Preferred	PA
KENALOG-80 INJECTION SUSPENSION 80 MG/ML ( <i>triamcinolone acetonide</i> )	Preferred	PA
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )	Preferred	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Preferred	PA
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Preferred	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Preferred	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Preferred	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48) ( <i>prednisolone</i> )	Preferred	
<i>prednisolone</i> (Millipred Oral Tablet 5 Mg)	Preferred	
<i>prednisolone oral tablet 5 mg</i>	Preferred	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Preferred	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Preferred	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )	Preferred	
<i>prednisone oral solution 5 mg/5ml</i>	Preferred	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Preferred	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Preferred	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG ( <i>hydrocortisone sod succinate</i> )	Preferred	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG ( <i>methylprednisolone sodium succ</i> )	Preferred	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM ( <i>methylprednisolone sodium succ</i> )	Preferred	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) ( <i>dexamethasone</i> )	Preferred	
<i>dexamethasone</i> (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
<b>*MINERALOCORTICOIDS***</b>		
fludrocortisone acetate oral tablet 0.1 mg	Preferred	Maximum 90-day supply per fill
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*ANTITUSSIVE - NONNARCOTIC***</b>		
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	
<b>*ANTITUSSIVE - OPIOID***</b>		
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
<b>*ANTITUSSIVE-ANTIHISTAMINE-ANALGESIC***</b>		
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	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<i>estradiol</i> (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
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly 0.0375 Mg/24Hr)	Preferred	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	Maximum 90-day supply per fill
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Preferred	Maximum 90-day supply per fill
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr</i>	Preferred	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Preferred	Maximum 90-day supply per fill
<i>estradiol</i> (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
<i>estradiol</i> (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 ( <i>esterified estrogens</i> )	Preferred	Maximum 90-day supply per fill
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR ( <i>estradiol</i> )	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 ( <i>estrogens conjugated</i> )	Preferred	Maximum 90-day supply per fill
<b>*FLUOROQUINOLONES*</b>		
<b>*FLUOROQUINOLONES***</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Preferred	
<i>levofloxacin intravenous solution 25 mg/ml</i>	Preferred	
<i>levofloxacin oral solution 25 mg/ml</i>	Preferred	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Preferred	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Preferred	
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*ANTIFLATULENTS***</b>		
<i>eq gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>gas relief drops infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>gas relief oral suspension 20 mg/0.3ml</i>	Preferred	
<i>gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>gas relief ultra strength oral capsule 180 mg</i>	Preferred	
<i>gnp anti-gas oral capsule 180 mg</i>	Preferred	
<i>gnp gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>gnp gas relief oral tablet chewable 80 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	Preferred	
<i>gnp infants gas relief oral suspension 20 mg/0.3ml</i>	Preferred	
<i>hm gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>hm gas relief infants drops oral suspension 20 mg/0.3ml</i>	Preferred	
<i>hm gas relief oral tablet chewable 125 mg, 80 mg</i>	Preferred	
<i>infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Preferred	
<i>infants simethicone oral suspension 20 mg/0.3ml</i>	Preferred	
<i>mi-acid gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>qc anti-gas oral capsule 180 mg</i>	Preferred	
<i>qc gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>qc gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>qc gas relief oral capsule 125 mg</i>	Preferred	
<i>qc gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>simethicone oral capsule 180 mg</i>	Preferred	
<i>simethicone oral suspension 40 mg/0.6ml</i>	Preferred	
<i>simethicone oral tablet chewable 80 mg</i>	Preferred	
<i>simethicone ultra strength oral capsule 180 mg</i>	Preferred	
<i>sm gas relief antifatulent oral capsule 180 mg</i>	Preferred	
<i>sm gas relief extra strength oral capsule 125 mg</i>	Preferred	
<i>sm gas relief infants drops oral suspension 40 mg/0.6ml</i>	Preferred	
<i>sm gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>sm gas relief oral capsule 180 mg</i>	Preferred	
<i>sm gas relief oral tablet chewable 125 mg, 80 mg</i>	Preferred	
<b>*GALLSTONE SOLUBILIZING AGENTS***</b>		
<i>ursodiol oral capsule 300 mg</i>	Preferred	Maximum 90-day supply per fill
<i>ursodiol oral tablet 250 mg</i>	Preferred	Maximum 90-day supply per fill
<i>ursodiol oral tablet 500 mg</i>	Preferred	
<b>*GASTROINTESTINAL ANTIALLERGY AGENTS***</b>		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Preferred	
<b>*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Preferred	PA; Maximum 90-day supply per fill
<b>*GASTROINTESTINAL STIMULANTS***</b>		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Preferred	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Preferred	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>	Preferred	
<b>*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	Preferred	PA; Maximum 90-day supply per fill
<b>*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS***</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Preferred	
<b>*INFLAMMATORY BOWEL AGENTS***</b>		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG ( <i>mesalamine</i> )	Preferred	
CANASA RECTAL SUPPOSITORY 1000 MG ( <i>mesalamine</i> )	Preferred	QL (1 EA per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG ( <i>mesalamine</i> )	Preferred	QL (6 EA per 1 day); Maximum 90-day supply per fill
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM ( <i>mesalamine</i> )	Preferred	QL (4 EA per 1 day); Maximum 90-day supply per fill
<i>mesalamine oral tablet delayed release 800 mg</i>	Preferred	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )	Preferred	QL (9 EA per 1 day); Maximum 90-day supply per fill
SFROWASA RECTAL ENEMA 4 GM/60ML ( <i>mesalamine</i> )	Preferred	QL (60 ML per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	Preferred	QL (8 EA per 1 day); Maximum 90-day supply per fill
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Preferred	QL (8 EA per 1 day); Maximum 90-day supply per fill
<b>*INTESTINAL ACIDIFIERS***</b>		
<i>enulose oral solution 10 gm/15ml</i>	Preferred	
<i>generlac oral solution 10 gm/15ml</i>	Preferred	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Preferred	
<b>*PHOSPHATE BINDER AGENTS***</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Preferred	Maximum 90-day supply per fill
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Preferred	Maximum 90-day supply per fill
<i>calcium acetate oral tablet 667 mg</i>	Preferred	Maximum 90-day supply per fill
CALPHRON ORAL TABLET 667 MG ( <i>calcium acetate (phos binder)</i> )	Preferred	Maximum 90-day supply per fill

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

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Drug Name	Formulary Status	Requirements/Limits
<i>sm urinary pain relief oral tablet 95 mg, 99.5 mg</i>	Preferred	
<i>urinary pain relief oral tablet 95 mg, 99.5 mg</i>	Preferred	
<b>*GOUT AGENTS*</b>		
<b>*GOUT AGENT COMBINATIONS***</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Preferred	
<b>*GOUT AGENTS***</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Preferred	
<i>colchicine oral tablet 0.6 mg</i>	Preferred	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Preferred	PA; Maximum 90-day supply per fill
<b>*URICOSURICS***</b>		
<i>probenecid oral tablet 500 mg</i>	Preferred	
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )	Preferred	PA
<b>*ANTIHEMOPHILIC PRODUCTS***</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	Preferred	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	Preferred	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact single chain</i> )	Preferred	PA
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )	Preferred	PA
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )	Preferred	PA
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>coagulation factor ix</i> )	Preferred	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>coagulation factor ix (rfixfc)</i> )	Preferred	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	Preferred	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT ( <i>factor xiii concentrate human</i> )	Preferred	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT ( <i>antihem fact (bdd-rfviiiifc)</i> )	Preferred	PA

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

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Drug Name	Formulary Status	Requirements/Limits
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (fibrinogen concentrate (human))	Preferred	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	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
<b>*BRADYKININ B2 RECEPTOR ANTAGONISTS***</b>		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (icatibant acetate)	Preferred	PA
<b>*C1 ESTERASE INHIBITORS***</b>		
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
<b>*DIRECT-ACTING P2Y12 INHIBITORS***</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	Preferred	PA; Maximum 90-day supply per fill
<b>*HEMATORHEOLOGIC AGENTS***</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Preferred	
<b>*PHOSPHODIESTERASE III INHIBITORS***</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Preferred	Maximum 90-day supply per fill
<b>*PLASMA KALLIKREIN INHIBITORS***</b>		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (ecallantide)	Preferred	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (berotralstat hcl)	Preferred	PA
<b>*PLATELET AGGREGATION INHIBITORS***</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Preferred	Maximum 90-day supply per fill
<b>*QUINAZOLINE AGENTS***</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Preferred	
<b>*THIENOPYRIDINE DERIVATIVES***</b>		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Preferred	

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

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

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

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

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Drug Name	Formulary Status	Requirements/Limits
<i>hm fiber oral powder 28.3 %, 30.9 %, 58.6 %</i>	Preferred	
<i>hm fiber oral tablet 500 mg</i>	Preferred	
<i>konsyl daily fiber oral packet 100 %, 28.3 %</i>	Preferred	
<i>konsyl daily fiber oral powder 28.3 %</i>	Preferred	
KONSYL ORAL POWDER 30.9 % ( <i>psyllium</i> )	Preferred	
<i>konsyl original daily fiber oral packet 100 %</i>	Preferred	
KONSYL-D ORAL POWDER 52.3 % ( <i>psyllium</i> )	Preferred	
<i>natural fiber therapy oral powder 28.3 %, 48.57 %</i>	Preferred	
PEDIA-LAX FIBER GUMMIES ORAL TABLET CHEWABLE ( <i>fiber</i> )	Preferred	
<i>qc fiber laxative oral capsule 0.52 gm</i>	Preferred	
<i>qc fiber therapy oral powder 25 %, 51.7 %</i>	Preferred	
<i>qc fiber therapy oral tablet 500 mg</i>	Preferred	
<i>qc natural vegetable oral powder 95 %</i>	Preferred	
REGULOID ORAL CAPSULE 400 MG ( <i>psyllium</i> )	Preferred	
REGULOID ORAL POWDER 28.3 %, 48.57 %, 58.6 % ( <i>psyllium</i> )	Preferred	
<i>sm fiber laxative oral tablet 500 mg</i>	Preferred	
<i>sm fiber oral powder 28.3 %, 48.57 %, 58.6 %</i>	Preferred	
SOLUBLE FIBER THERAPY ORAL POWDER ( <i>methylcellulose (laxative)</i> )	Preferred	
<b>*LAXATIVES - MISCELLANEOUS***</b>		
CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
<i>constulose oral solution 10 gm/15ml</i>	Preferred	Maximum 90-day supply per fill
<i>gavilax oral powder 17 gm/scoop</i>	Preferred	
GLYCOLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
GNP CLEARLAX ORAL PACKET 17 GM ( <i>polyethylene glycol 3350</i> )	Preferred	
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
HEALTHYLAX ORAL PACKET 17 GM ( <i>polyethylene glycol 3350</i> )	Preferred	
HM CLEARLAX ORAL PACKET 17 GM ( <i>polyethylene glycol 3350</i> )	Preferred	
HM CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
KRISTALOSE ORAL PACKET 10 GM, 20 GM ( <i>lactulose</i> )	Preferred	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Preferred	Maximum 90-day supply per fill
<i>peg 3350 oral packet 17 gm</i>	Preferred	
<i>peg 3350 oral powder 17 gm/scoop</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Preferred	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Preferred	
<i>qc natura-lax oral powder 17 gm/scoop</i>	Preferred	
SM CLEARLAX ORAL POWDER 17 GM/SCOOP ( <i>polyethylene glycol 3350</i> )	Preferred	
<b>*LAXATIVES &amp; DSS***</b>		
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG ( <i>sennosides-docusate sodium</i> )	Preferred	
DOK PLUS ORAL TABLET 50-8.6 MG ( <i>sennosides-docusate sodium</i> )	Preferred	
<i>gnp senna plus oral tablet 8.6-50 mg</i>	Preferred	
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>hm senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>hm stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>qc senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg</i>	Preferred	
SENEXON-S ORAL TABLET 8.6-50 MG ( <i>sennosides-docusate sodium</i> )	Preferred	
<i>senna plus oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-time s oral tablet 8.6-50 mg</i>	Preferred	
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Preferred	
<i>sm natural laxative/stool soft oral tablet 8.6-50 mg</i>	Preferred	
<i>sm senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>sm stool softener oral tablet 8.6-50 mg</i>	Preferred	
<i>sm stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stimulant laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	Preferred	
<b>*SALINE LAXATIVES***</b>		
<i>gnp magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>hm magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>sm magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<b>*STIMULANT LAXATIVES***</b>		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Preferred	
<i>bisacodyl oral tablet delayed release 5 mg</i>	Preferred	
<i>bisacodyl rectal suppository 10 mg</i>	Preferred	
<i>chocolated laxative oral tablet chewable 15 mg</i>	Preferred	
<i>correct oral tablet delayed release 5 mg</i>	Preferred	

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

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

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

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Drug Name	Formulary Status	Requirements/Limits
<b>*NEEDLES &amp; SYRINGES***</b>		
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM ( <i>insulin pen needle</i> )	Preferred	
NOVOTWIST PEN NEEDLE 32G X 5 MM ( <i>insulin pen needle</i> )	Preferred	
<i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>	Preferred	
<i>techlite insulin syringe 29g x 1/2" 0.3 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 29g x 1/2" 0.5 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 29g x 1/2" 1 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 1/2" 0.3 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 1/2" 0.5 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 5/16" 0.3 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 5/16" 0.5 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 5/16" 1 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 15/64" 0.3 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 15/64" 0.5 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 15/64" 1 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 5/16" 0.3 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 5/16" 0.5 ml</i>	Preferred	QL (200 EA per 30 days)
<i>techlite insulin syringe 31g x 5/16" 1 ml</i>	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 29G X 10MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 6 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 8 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	Preferred	QL (200 EA per 30 days)

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

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

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

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

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

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

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

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

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

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>gnp mega multi for women oral tablet</i>	Preferred	
<i>gnp one daily maximum oral tablet</i>	Preferred	
<i>gnp one daily mens health 50+ oral tablet</i>	Preferred	
<i>gnp one daily mens/lycopene oral tablet</i>	Preferred	
<i>gnp one daily womens 50+ oral tablet</i>	Preferred	
<i>gnp one daily womens oral tablet</i>	Preferred	
<i>gnp therapeutic-m oral tablet</i>	Preferred	
ICAPS AREDS FORMULA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
ICAPS MV ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ICAPS ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
ICAPS PLUS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>i-vite oral tablet</i>	Preferred	
<i>i-vite protect oral tablet</i>	Preferred	
<i>multilex oral tablet</i>	Preferred	
<i>multivitamin oral liquid</i>	Preferred	
NICADAN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
NUTRICAP ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>multiple vitamins-minerals (Nutrifac Zx Oral Tablet)</i>	Preferred	
OCUVITE ADULT 50+ ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE ADULT FORMULA ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE EXTRA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE EYE + MULTI ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE EYE HEATHLH GUMMIES ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE-LUTEIN ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
OCUVITE-LUTEIN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
ONCOVITE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>one-daily multi caps oral capsule</i>	Preferred	
PRESERVISION AREDS 2 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
PRESERVISION AREDS ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
PRESERVISION AREDS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
PRESERVISION/LUTEIN ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
PRORENAL + D ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
PROSIGHT ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
PROSIGHT ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>qc daily multivit/multimineral oral tablet</i>	Preferred	
<i>qc mens daily multivitamin oral tablet</i>	Preferred	
<i>qc multi-vite 50 &amp; over oral tablet</i>	Preferred	
<i>qc multi-vite oral tablet</i>	Preferred	
<i>qc therin-m oral tablet</i>	Preferred	
<i>qc womens daily multivitamin oral tablet</i>	Preferred	
RENAPLEX ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
RENAPLEX-D ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
REQ 49+ ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>sm complete advanced formula oral tablet</i>	Preferred	
<i>sm complete oral tablet</i>	Preferred	
<i>sm complete senior formula oral tablet</i>	Preferred	
<i>sm daily diet support oral tablet</i>	Preferred	
<i>sm opti-vitamins oral tablet</i>	Preferred	
STROVITE ONE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
SYSTANE ICAPS AREDS2 ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Preferred	
SYSTANE ICAPS AREDS2 ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE ( <i>multiple vitamins-minerals</i> )	Preferred	
THERA M PLUS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>thera-m oral tablet</i>	Preferred	
THEREMS-H ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
THEREMS-M ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>thrivite 19 oral tablet</i>	Preferred	
UDAMIN SP ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
<i>unicomplex-m oral tablet</i>	Preferred	
<i>v-c forte oral capsule</i>	Preferred	
VENEXA FE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	
VENEXA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Preferred	

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

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

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

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

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

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<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>qc suphedrine oral tablet 30 mg</i>	Preferred	
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>sinus congestion max strength oral tablet 30 mg</i>	Preferred	
<i>sm nasal decongestant max st oral tablet 30 mg</i>	Preferred	
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	
<i>sm nasal decongestant pe oral tablet 10 mg</i>	Preferred	
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	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	
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	Preferred	
<b>*TOPICAL DECONGESTANTS***</b>		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Preferred	
<i>12 hour nasal spray nasal solution 0.05 %</i>	Preferred	
<i>gnp nasal four spray nasal solution 1 %</i>	Preferred	
<i>gnp nasal spray extra moist nasal solution 0.05 %</i>	Preferred	
<i>gnp nasal spray fast acting nasal solution 1 %</i>	Preferred	
<i>gnp nasal spray nasal solution 0.05 %</i>	Preferred	
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	Preferred	
<i>gnp nose drops extra strength nasal solution 1 %</i>	Preferred	
<i>hm nasal spray nasal solution 0.05 %</i>	Preferred	
<i>hm nose drops nasal solution 1 %</i>	Preferred	
<i>hm sinus nasal spray nasal solution 0.05 %</i>	Preferred	
<i>long acting nasal spray nasal solution 0.05 %</i>	Preferred	
<i>nasal decongestant spray nasal solution 0.05 %</i>	Preferred	
<i>nasal four nasal solution 1 %</i>	Preferred	
<i>nasal relief nasal solution 0.05 %</i>	Preferred	
<i>nasal spray 12 hour nasal solution 0.05 %</i>	Preferred	
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	Preferred	
<i>nasal spray no drip nasal solution 0.05 %</i>	Preferred	
<i>qc nasal mist no drip nasal solution 0.05 %</i>	Preferred	
<i>qc nasal relief moisturizing nasal solution 0.05 %</i>	Preferred	
<i>qc nasal spray nasal solution 0.05 %, 1 %</i>	Preferred	
<i>qc no drip extra moisturizing nasal solution 0.05 %</i>	Preferred	
<i>qc no drip nasal relief nasal solution 0.05 %</i>	Preferred	

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

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

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

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

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

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

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

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

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

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

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

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

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Drug Name	Formulary Status	Requirements/Limits
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	Preferred	AGE (Min 18 Years)
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	Preferred	AGE (Min 18 Years)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	Preferred	AGE (Min 18 Years)
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	Preferred	AGE (Min 18 Years)
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>sm nicotine mouth/throat gum 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>sm nicotine mouth/throat lozenge 2 mg</i>	Preferred	AGE (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	AGE (Min 18 Years)
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	AGE (Min 18 Years)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Maximum 84-day supply per fill
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***</b>		
<i> fingolimod hcl oral capsule 0.5 mg</i>	Preferred	PA; Maximum 90-day supply per fill
GILENYA ORAL CAPSULE 0.25 MG ( <i>fingolimod hcl</i> )	Preferred	PA; Maximum 90-day supply per fill
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*ALPHA-PROTEINASE INHIBITOR (HUMAN)***</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase inhibitor</i> )	Preferred	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	Preferred	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<b>*CFTR POTENTIATORS***</b>		
KALYDECO ORAL PACKET 50 MG, 75 MG ( <i>ivacaftor</i> )	Preferred	PA
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	Preferred	PA
<b>*HYDROLYTIC ENZYMES***</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	Preferred	PA; Maximum 90-day supply per fill
<b>*PULMONARY FIBROSIS AGENTS***</b>		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	Preferred	PA
ESBRIET ORAL TABLET 267 MG, 801 MG ( <i>pirfenidone</i> )	Preferred	PA
<b>*SULFONAMIDES*</b>		
<b>*SULFONAMIDES***</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Preferred	
<b>*TETRACYCLINES*</b>		
<b>*TETRACYCLINES***</b>		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Preferred	PA
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Preferred	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Preferred	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Preferred	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Preferred	AGE (Max 12 Years)
<i>doxycycline monohydrate oral tablet 100 mg</i>	Preferred	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>minocycline hcl</i> )	Preferred	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Preferred	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg, 50 Mg)</i>	Preferred	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Preferred	
<b>*THYROID AGENTS*</b>		
<b>*ANTITHYROID AGENTS***</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Preferred	Maximum 90-day supply per fill
<i>propylthiouracil oral tablet 50 mg</i>	Preferred	Maximum 90-day supply per fill
<b>*THYROID HORMONES***</b>		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG ( <i>thyroid</i> )	Preferred	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 ( <i>thyroid</i> )	Preferred	Maximum 90-day supply per fill
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Preferred	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
<i>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)</i>	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	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 ( <i>thyroid</i> )	Preferred	Maximum 90-day supply per fill
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	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 ( <i>levothyroxine sodium</i> )	Preferred	
<i>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)</i>	Preferred	QL (1 EA per 1 day); Maximum 90-day supply per fill
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>		
<b>*ANTISPASMODICS***</b>		
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	Preferred	
<i>dicyclomine hcl oral capsule 10 mg</i>	Preferred	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Preferred	
<i>dicyclomine hcl oral tablet 20 mg</i>	Preferred	
<b>*BELLADONNA ALKALOIDS***</b>		
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	Preferred	Maximum 90-day supply per fill
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Preferred	Maximum 90-day supply per fill
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Preferred	Maximum 90-day supply per fill
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Preferred	Maximum 90-day supply per fill
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Preferred	Maximum 90-day supply per fill
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Preferred	Maximum 90-day supply per fill
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Preferred	Maximum 90-day supply per fill
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Preferred	Maximum 90-day supply per fill

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

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

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

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

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Drug Name	Formulary Status	Requirements/Limits
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML ( <i>hepatitis a vaccine</i> )	Preferred	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML ( <i>zoster vaccine live</i> )	Preferred	
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS***</b>		
<i>3 day vaginal vaginal cream 2 %</i>	Preferred	
<i>clotrimazole vaginal cream 1 %</i>	Preferred	
<i>gnp clotrimazole 3 vaginal cream 2 %</i>	Preferred	
<i>gnp miconazole 1 vaginal kit 1200 &amp; 2 mg &amp; %</i>	Preferred	
<i>gnp miconazole 3 vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>gnp miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>gnp tioconazole 1 vaginal ointment 6.5 %</i>	Preferred	
<i>goodsense miconazole 1 vaginal kit 1200 &amp; 2 mg &amp; %</i>	Preferred	
<i>miconazole 1 vaginal kit 1200 &amp; 2 mg &amp; %</i>	Preferred	
<i>miconazole 3 combo-supp vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>miconazole 3 vaginal suppository 200 mg</i>	Preferred	
<i>miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>miconazole 7 vaginal suppository 100 mg</i>	Preferred	
<i>miconazole nitrate vaginal cream 2 %</i>	Preferred	
<i>qc 3 day vaginal cream 4 %</i>	Preferred	
<i>qc clotrimazole vaginal cream 1 %</i>	Preferred	
<i>qc miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>sm 3-day vaginal vaginal cream 2 %</i>	Preferred	
<i>sm clotrimazole vaginal vaginal cream 1 %</i>	Preferred	
<i>sm miconazole 3 applicator vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>sm miconazole 3 vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Preferred	
<i>sm miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>sm miconazole 7 vaginal suppository 100 mg</i>	Preferred	
<i>sm tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Preferred	
<i>terconazole vaginal suppository 80 mg</i>	Preferred	
<i>tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	
<b>*VAGINAL ANTI-INFECTIVES***</b>		
<i>AVC VAGINAL VAGINAL CREAM 15 % (sulfanilamide)</i>	Preferred	
<i>CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)</i>	Preferred	
<i>clindamycin phosphate vaginal cream 2 %</i>	Preferred	
<i>metronidazole vaginal gel 0.75 %</i>	Preferred	
<i>NUVESSA VAGINAL GEL 1.3 % (metronidazole)</i>	Preferred	
<i>VANAZOLE VAGINAL GEL 0.75 % (metronidazole)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<b>*VAGINAL ESTROGENS***</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Preferred	Maximum 90-day supply per fill
<i>estradiol vaginal tablet 10 mcg</i>	Preferred	Maximum 90-day supply per fill
ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR ( <i>estradiol</i> )	Preferred	Maximum 90-day supply per fill
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR ( <i>estradiol acetate</i> )	Preferred	PA; Maximum 90-day supply per fill
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	Preferred	PA; Maximum 90-day supply per fill
<i>estradiol (YuvaFem Vaginal Tablet 10 Mcg)</i>	Preferred	Maximum 90-day supply per fill
<b>*VAGINAL PROGESTINS***</b>		
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	Preferred	
<b>*VASOPRESSORS*</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS***</b>		
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	Preferred	QL (2 EA per 30 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Preferred	QL (2 EA per 30 days)
<b>*VASOPRESSORS***</b>		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	
<b>*VITAMINS*</b>		
<b>*VITAMIN B-1***</b>		
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	Preferred	
<i>vitamin b1 oral tablet 100 mg</i>	Preferred	
<i>vitamin b-1 oral tablet 100 mg</i>	Preferred	
<b>*VITAMIN B-3***</b>		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	Preferred	
<i>niacin er oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Preferred	
<i>niacin oral tablet 100 mg, 500 mg</i>	Preferred	
<i>niacinamide oral tablet 500 mg</i>	Preferred	
<b>*VITAMIN B-6***</b>		
<i>pyridoxine hcl injection solution 100 mg/ml</i>	Preferred	
<i>sm vitamin b-6 oral tablet 100 mg</i>	Preferred	
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	
<b>*VITAMIN D***</b>		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	Preferred	
<i>d3 vitamin oral liquid 10 mcg/ml</i>	Preferred	
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 250 MCG (10000 UT), 625 MCG (25000 UT) ( <i>cholecalciferol</i> )	Preferred	

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

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