



February – April 2024

**Molina Healthcare of Michigan
Preferred Drug List
(Formulary)**



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Molina Healthcare of Michigan
Medicaid**

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

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

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

If you need these services, contact Molina Member Services at (888) 898-7969.

Hearing Impaired: MI Relay (800) 649-3777 or 711.

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

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (248) 925-1765.

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

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

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

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

Molina Healthcare of Michigan Preferred Drug List (Formulary)

(02/01/2024)

INTRODUCTION

The Michigan Department of Health and Human Services has worked with its health plan partners to create a list of drugs that all Medicaid health plans must cover. This list is called the Michigan Medicaid Managed Care Common Formulary.

The 2023 Molina Healthcare of Michigan Preferred Drug List (Formulary) is the Michigan Medicaid Managed Care Common Formulary. We are pleased to provide this Formulary as a useful reference and informational tool. This document can assist medical providers in selecting clinically appropriate and cost-effective products for their patients.

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

This Formulary is up to date through its date of publication. Please notify Molina Healthcare of Michigan at MMIPharmacyOps@MolinaHealthCare.Com or 1-855-322-4077 with any mistakes in the formulary.

Molina Healthcare of Michigan only covers drugs made by a manufacturer that participates in the Federal Medicaid drug rebate program. Drugs obtained through the Molina Healthcare of Michigan prescription drug benefit are covered at no cost to the member.

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

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

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

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is

specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of the Common Formulary Committee, the State of Michigan Pharmacy and Therapeutics Committee (“P&T Committee”), and Molina Healthcare’s Pharmacy and Therapeutics Committee are utilized to approve safe and clinically effective drug therapies. Committee voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

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

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).
- Listed products on the document generally include all strengths and dosage forms of the cited product.
- This document may not contain all available dosage forms (including injectable dosage forms).
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products are listed separately.
- Dosage forms on the document will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, lowercase italicized type indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. This document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

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

- Approved by the U.S. Food and Drug Administration for safety and efficacy and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be

different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.

- Manufactured in the same strength and dosage form as the brand-name drugs.

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

PLAN DESIGN

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

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90MME per day and Acute Pain Duration Limits.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (888) 373-3059. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Healthcare of Michigan Pharmacy Department, please provide relevant information with the Prior Authorization request such as medication log, progress notes documenting previous use of Formulary medications, and/or lab reports.

LEGEND

Term	Definition
AGE	Age Limit
MED	Max 90 mg Morphine EQ Dose Per Day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug: these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
Biologic	MI Biologic Class
Preferred	Preferred product, requires Prior Authorization if PA indicator is present
Non-preferred	Non-Preferred product, requires Prior Authorization and documentation of medical necessity

REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to the Michigan Medicaid Health Plan Common Formulary with your contact information.

Email: MDHHSCommonFormulary@michigan.gov

STATE OF MICHIGAN, MEDICAID CARVE-OUT

The State of Michigan enacted a carve-out for Medicaid beneficiaries. This impacts all Medicaid members including Healthy Michigan Medicaid members. Claims for these medications must be submitted directly to the State Fee-for-Service Pharmacy Program, Magellan. These medications are subject to a \$1.10 or \$3.30 copay. The Medicaid Carve-Out includes:

- ADHD Stimulants
- Anticonvulsants

- Antidepressants
- Antineoplastic-Hypoxia Inducible Factor (HIF) Inhibitors
- Antipsychotics
- Antiretroviral Agents
- Benzodiazepines
- Drugs to treat substance abuse disorders
- Hemophilia Factor products
- Hepatitis C Agents
- Kinase Inhibitors
- Mood Stabilizers

STATE OF MICHIGAN, MEDICAID CARVE-OUT LIST

Medications on the Medicaid Carve-Out List include all dosage forms, i.e., oral, injectable, etc.

Abacavir Sulfate SOLN 20MG/ML	Adderall TABS 7.5MG
Abacavir Sulfate TABS 300MG	Adderall XR CP24 10MG
Abacavir Sulfate-lamiVUDine TABS 600-300MG	Adderall XR CP24 15MG
Abatrace CAPS	Adderall XR CP24 20MG
Abilify Asimtufii PRSY 720MG/2.4ML	Adderall XR CP24 25MG
Abilify Asimtufii PRSY 960MG/3.2ML	Adderall XR CP24 30MG
Abilify Maintena PRSY 300MG	Adderall XR CP24 5MG
Abilify Maintena PRSY 400MG	Advate SOLR 1000UNIT
Abilify Maintena SRER 300MG	Advate SOLR 1500UNIT
Abilify Maintena SRER 400MG	Advate SOLR 2000UNIT
Abilify MyCite Maintenance Kit TBPK 10MG	Advate SOLR 250UNIT
Abilify MyCite Maintenance Kit TBPK 15MG	Advate SOLR 3000UNIT
Abilify MyCite Maintenance Kit TBPK 20MG	Advate SOLR 4000UNIT
Abilify MyCite Maintenance Kit TBPK 2MG	Advate SOLR 500UNIT
Abilify MyCite Maintenance Kit TBPK 30MG	Advil PM TABS 200-38MG
Abilify MyCite Maintenance Kit TBPK 5MG	Adynovate SOLR 1000UNIT
Abilify MyCite Starter Kit TBPK 10MG	Adynovate SOLR 1500UNIT
Abilify MyCite Starter Kit TBPK 15MG	Adynovate SOLR 2000UNIT
Abilify MyCite Starter Kit TBPK 20MG	Adynovate SOLR 250UNIT
Abilify MyCite Starter Kit TBPK 2MG	Adynovate SOLR 3000UNIT
Abilify MyCite Starter Kit TBPK 30MG	Adynovate SOLR 500UNIT
Abilify MyCite Starter Kit TBPK 5MG	Adynovate SOLR 750UNIT
Abilify TABS 10MG	Adzenys XR-ODT TBED 12.5MG
Abilify TABS 15MG	Adzenys XR-ODT TBED 15.7MG
Abilify TABS 20MG	Adzenys XR-ODT TBED 18.8MG
Abilify TABS 2MG	Adzenys XR-ODT TBED 3.1MG
Abilify TABS 30MG	Adzenys XR-ODT TBED 6.3MG
Abilify TABS 5MG	Adzenys XR-ODT TBED 9.4MG
Acamprosate Calcium TBEC 333MG	Afstyla KIT 1000UNIT
Acetaminophen PM Ex St TABS 500-25MG	Afstyla KIT 1500UNIT
Acetaminophen PM TABS 500-25MG	Afstyla KIT 2000UNIT
Acthar GEL 80UNIT/ML	Afstyla KIT 2500UNIT
Adasuve AEPB 10MG	Afstyla KIT 250UNIT
Adderall TABS 10MG	Afstyla KIT 3000UNIT
Adderall TABS 12.5MG	Afstyla KIT 500UNIT
Adderall TABS 15MG	Albuked 25 SOLN 25%
Adderall TABS 20MG	Albuked 5 SOLN 5%
Adderall TABS 30MG	Albumin Human SOLN 25%
Adderall TABS 5MG	Albumin Human SOLN 5%

Albuminex SOLN 25%
Albuminex SOLN 5%
Albumin-ZLB SOLN 25%
Albumin-ZLB SOLN 5%
AlbuRx SOLN 5%
Albutein SOLN 25%
Albutein SOLN 5%
Aldurazyme SOLN 2.9MG/5ML
Alecensa CAPS 150MG
Aliqopa SOLR 60MG
Alphanate SOLR 1000UNIT
Alphanate SOLR 1500UNIT
Alphanate SOLR 2000UNIT
Alphanate SOLR 250UNIT
Alphanate SOLR 500UNIT
AlphaNine SD SOLR 1000UNIT
AlphaNine SD SOLR 1500UNIT
AlphaNine SD SOLR 500UNIT
ALPRAZolam ER TB24 0.5MG
ALPRAZolam ER TB24 1MG
ALPRAZolam ER TB24 2MG
ALPRAZolam ER TB24 3MG
ALPRAZolam Intensol CONC 1MG/ML
ALPRAZolam TABS 0.25MG
ALPRAZolam TABS 0.5MG
ALPRAZolam TABS 1MG
ALPRAZolam TABS 2MG
ALPRAZolam TBDP 0.25MG
ALPRAZolam TBDP 0.5MG
ALPRAZolam TBDP 1MG
ALPRAZolam TBDP 2MG
ALPRAZolam XR TB24 0.5MG
ALPRAZolam XR TB24 1MG
ALPRAZolam XR TB24 2MG
ALPRAZolam XR TB24 3MG
Alprolix SOLR 1000UNIT
Alprolix SOLR 2000UNIT
Alprolix SOLR 250UNIT
Alprolix SOLR 3000UNIT
Alprolix SOLR 4000UNIT
Alprolix SOLR 500UNIT
Altuviiiio SOLR 1000UNIT
Altuviiiio SOLR 2000UNIT
Altuviiiio SOLR 250UNIT
Altuviiiio SOLR 3000UNIT
Altuviiiio SOLR 4000UNIT
Altuviiiio SOLR 500UNIT
Alunbrig TABS 180MG
Alunbrig TABS 30MG
Alunbrig TABS 90MG
Alunbrig TBPK 90 & 180MG
Ambien CR TBCR 12.5MG
Ambien CR TBCR 6.25MG
Ambien TABS 10MG
Ambien TABS 5MG
Aminocaproic Acid SOLN 0.25GM/ML
Aminocaproic Acid SOLN 250MG/ML
Aminocaproic Acid TABS 1000MG
Aminocaproic Acid TABS 500MG
Amitriptyline HCl POWD
Amitriptyline HCl TABS 100MG
Amitriptyline HCl TABS 10MG
Amitriptyline HCl TABS 150MG
Amitriptyline HCl TABS 25MG
Amitriptyline HCl TABS 50MG
Amitriptyline HCl TABS 75MG
Ammonia Inhalants INHA
Ammonul SOLN 10-10%
Amondys 45 SOLN 100MG/2ML
Amoxapine TABS 100MG
Amoxapine TABS 150MG
Amoxapine TABS 25MG
Amoxapine TABS 50MG
Amphetamine Sulfate TABS 10MG
Amphetamine Sulfate TABS 5MG
Amphetamine-Dextroamphet ER CP24 10MG
Amphetamine-Dextroamphet ER CP24 15MG
Amphetamine-Dextroamphet ER CP24 20MG
Amphetamine-Dextroamphet ER CP24 25MG
Amphetamine-Dextroamphet ER CP24 30MG
Amphetamine-Dextroamphet ER CP24 5MG
Amphetamine-Dextroamphetamine TABS 10MG
Amphetamine-Dextroamphetamine TABS 12.5MG
Amphetamine-Dextroamphetamine TABS 15MG
Amphetamine-Dextroamphetamine TABS 20MG
Amphetamine-Dextroamphetamine TABS 30MG

Amphetamine-Dextroamphetamine TABS 5MG
Amphetamine-Dextroamphetamine TABS 7.5MG
Amphet-Dextroamphet 3-Bead ER CP24 12.5MG
Amphet-Dextroamphet 3-Bead ER CP24 25MG
Amphet-Dextroamphet 3-Bead ER CP24 37.5MG
Amphet-Dextroamphet 3-Bead ER CP24 50MG
Amytal Sodium SOLR 500MG
Anafranil CAPS 25MG
Anafranil CAPS 50MG
Anafranil CAPS 75MG
Anti-Gas CAPS
Aplenzin TB24 174MG
Aplenzin TB24 348MG
Aplenzin TB24 522MG
Apretude SUER 600MG/3ML
Aptensio XR CP24 10MG
Aptensio XR CP24 15MG
Aptensio XR CP24 20MG
Aptensio XR CP24 30MG
Aptensio XR CP24 40MG
Aptensio XR CP24 50MG
Aptensio XR CP24 60MG
Aptiom TABS 200MG
Aptiom TABS 400MG
Aptiom TABS 600MG
Aptiom TABS 800MG
Aptivus CAPS 250MG
Arcalyst SOLR 220MG
ARIPiprazole SOLN 1MG/ML
ARIPiprazole TABS 10MG
ARIPiprazole TABS 15MG
ARIPiprazole TABS 20MG
ARIPiprazole TABS 2MG
ARIPiprazole TABS 30MG
ARIPiprazole TABS 5MG
ARIPiprazole TBDP 10MG
ARIPiprazole TBDP 15MG
Aristada Initio PRSY 675MG/2.4ML
Aristada PRSY 1064MG/3.9ML
Aristada PRSY 441MG/1.6ML
Aristada PRSY 662MG/2.4ML
Aristada PRSY 882MG/3.2ML
Armodafinil TABS 150MG

Armodafinil TABS 200MG
Armodafinil TABS 250MG
Armodafinil TABS 50MG
Asenapine Maleate SUBL 10MG
Asenapine Maleate SUBL 2.5MG
Asenapine Maleate SUBL 5MG
Atazanavir Sulfate CAPS 150MG
Atazanavir Sulfate CAPS 200MG
Atazanavir Sulfate CAPS 300MG
Ativan SOLN 2MG/ML
Ativan SOLN 4MG/ML
Ativan TABS 0.5MG
Ativan TABS 1MG
Ativan TABS 2MG
Atomoxetine HCl CAPS 100MG
Atomoxetine HCl CAPS 10MG
Atomoxetine HCl CAPS 18MG
Atomoxetine HCl CAPS 25MG
Atomoxetine HCl CAPS 40MG
Atomoxetine HCl CAPS 60MG
Atomoxetine HCl CAPS 80MG
Augtyro CAPS 40MG
Auvelity TBCR 45-105MG
Ayvakit TABS 100MG
Ayvakit TABS 200MG
Ayvakit TABS 25MG
Ayvakit TABS 300MG
Ayvakit TABS 50MG
Azstarys CAPS 26.1-5.2MG
Azstarys CAPS 39.2-7.8MG
Azstarys CAPS 52.3-10.4MG
Balversa TABS 3MG
Balversa TABS 4MG
Balversa TABS 5MG
Banzel SUSP 40MG/ML
Banzel TABS 200MG
Banzel TABS 400MG
Beano Meltaways TBDP 450UNIT
Beano Ultra 800 TABS
Belsomra TABS 10MG
Belsomra TABS 15MG
Belsomra TABS 20MG
Belsomra TABS 5MG

BeneFIX KIT 1000UNIT
BeneFIX KIT 2000UNIT
BeneFIX KIT 250UNIT
BeneFIX KIT 3000UNIT
BeneFIX KIT 500UNIT
Benztropine Mesylate SOLN 1MG/ML
Benztropine Mesylate TABS 0.5MG
Benztropine Mesylate TABS 1MG
Benztropine Mesylate TABS 2MG
Berinert KIT 500UNIT
Betaine HCl CAPS 650-130MG
Betaine HCl CAPS 650-2-130MG
Betaine POWD
Bevitrol CAPS
Biktarvy TABS 30-120-15MG
Biktarvy TABS 50-200-25MG
BIOHM Prebiotic Supplement CAPS
Bio-Zyme TABS
Body Choice Hoodia Weight Loss LIQD
Bortezomib SOLN 3.5MG/1.4ML
Bortezomib SOLR 1MG
Bortezomib SOLR 2.5MG
Bortezomib SOLR 3.5MG
Bortezomib SOLR 3.5MG
Bosulif TABS 100MG
Bosulif TABS 400MG
Bosulif TABS 500MG
Briviact SOLN 10MG/ML
Briviact SOLN 50MG/5ML
Briviact TABS 100MG
Briviact TABS 10MG
Briviact TABS 25MG
Briviact TABS 50MG
Briviact TABS 75MG
Brixadi (Weekly) SOSY 16MG/0.32ML
Brixadi (Weekly) SOSY 24MG/0.48ML
Brixadi (Weekly) SOSY 32MG/0.64ML
Brixadi (Weekly) SOSY 8MG/0.16ML
Brixadi SOSY 128MG/0.36ML
Brixadi SOSY 64MG/0.18ML
Brixadi SOSY 96MG/0.27ML
Brukinsa CAPS 80MG
Buphenyl POWD 3GM/TSP

Buphenyl TABS 500MG
Buprenorphine HCl POWD
Buprenorphine HCl SOLN 0.3MG/ML
Buprenorphine HCl SUBL 2MG
Buprenorphine HCl SUBL 8MG
Buprenorphine HCl-Naloxone HCl FILM 12-3MG
Buprenorphine HCl-Naloxone HCl FILM 2-0.5MG
Buprenorphine HCl-Naloxone HCl FILM 4-1MG
Buprenorphine HCl-Naloxone HCl FILM 8-2MG
Buprenorphine HCl-Naloxone HCl SUBL 2-0.5MG
Buprenorphine HCl-Naloxone HCl SUBL 8-2MG
buPROPion HCl ER (SR) TB12 100MG
buPROPion HCl ER (SR) TB12 150MG
buPROPion HCl ER (SR) TB12 200MG
buPROPion HCl ER (XL) TB24 150MG
buPROPion HCl ER (XL) TB24 300MG
buPROPion HCl ER (XL) TB24 450MG
buPROPion HCl TABS 100MG
buPROPion HCl TABS 75MG
busPIRone HCl TABS 10MG
busPIRone HCl TABS 15MG
busPIRone HCl TABS 30MG
busPIRone HCl TABS 5MG
busPIRone HCl TABS 7.5MG
Bylvay (Pellets) CPSP 200MCG
Bylvay (Pellets) CPSP 600MCG
Bylvay CAPS 1200MCG
Bylvay CAPS 400MCG
Cabenuva SUER 400 & 600MG/2ML
Cabenuva SUER 600 & 900MG/3ML
Cabometyx TABS 20MG
Cabometyx TABS 40MG
Cabometyx TABS 60MG
Calquence TABS 100MG
Caplyta CAPS 10.5MG
Caplyta CAPS 21MG
Caplyta CAPS 42MG
Caprelsa TABS 100MG
Caprelsa TABS 300MG
Carbaglu TBSO 200MG
carBAMazepine CHEW 100MG
carBAMazepine ER CP12 100MG
carBAMazepine ER CP12 200MG

carBAMazepine ER CP12 300MG
carBAMazepine ER TB12 100MG
carBAMazepine ER TB12 200MG
carBAMazepine ER TB12 400MG
carBAMazepine SUSP 100MG/5ML
carBAMazepine TABS 200MG
Carbatrol CP12 100MG
Carbatrol CP12 200MG
Carbatrol CP12 300MG
Carglumic Acid TBSO 200MG
Carnitor SF SOLN 1GM/10ML
Carnitor SOLN 1GM/10ML
Carnitor SOLN 200MG/ML
Carnitor TABS 330MG
CeleXA TABS 10MG
CeleXA TABS 20MG
CeleXA TABS 40MG
Celontin CAPS 300MG
Ceprotin SOLR 1000UNIT
Ceprotin SOLR 500UNIT
Cerdelga CAPS 84MG
Cerebyx SOLN 100MG PE/2ML
Cerebyx SOLN 500MG PE/10ML
Cerezyme SOLR 400UNIT
Chloral Hydrate CRY
chlordiazepoxide HCl CAPS 10MG
chlordiazepoxide HCl CAPS 25MG
chlordiazepoxide HCl CAPS 5MG
chlordiazepoxide-Amitriptyline TABS 10-25MG
chlordiazepoxide-Amitriptyline TABS 5-12.5MG
chlorpromazine HCl CONC 100MG/ML
chlorpromazine HCl CONC 30MG/ML
chlorpromazine HCl POWD
chlorpromazine HCl SOLN 25MG/ML
chlorpromazine HCl SOLN 50MG/2ML
chlorpromazine HCl TABS 100MG
chlorpromazine HCl TABS 10MG
chlorpromazine HCl TABS 200MG
chlorpromazine HCl TABS 25MG
chlorpromazine HCl TABS 50MG
CholexMax POWD
Cholextra t/f POWD
Cimduo TABS 300-300MG

Cinryze SOLR 500UNIT
Citalopram Hydrobromide CAPS 30MG
Citalopram Hydrobromide SOLN 10MG/5ML
Citalopram Hydrobromide TABS 10MG
Citalopram Hydrobromide TABS 20MG
Citalopram Hydrobromide TABS 40MG
cloBAZam SUSP 2.5MG/ML
cloBAZam TABS 10MG
cloBAZam TABS 20MG
clomiPRAMINE HCl CAPS 25MG
clomiPRAMINE HCl CAPS 50MG
clomiPRAMINE HCl CAPS 75MG
clonazepam TABS 0.5MG
clonazepam TABS 1MG
clonazepam TABS 2MG
clonazepam TBP 0.125MG
clonazepam TBP 0.25MG
clonazepam TBP 0.5MG
clonazepam TBP 1MG
clonazepam TBP 2MG
cloNIDine HCl ER TB12 0.1MG
Clorazepate Dipotassium TABS 15MG
Clorazepate Dipotassium TABS 3.75MG
Clorazepate Dipotassium TABS 7.5MG
cloZAPine TABS 100MG
cloZAPine TABS 200MG
cloZAPine TABS 25MG
cloZAPine TABS 50MG
cloZAPine TBP 100MG
cloZAPine TBP 12.5MG
cloZAPine TBP 150MG
cloZAPine TBP 200MG
cloZAPine TBP 25MG
Clozaril TABS 100MG
Clozaril TABS 200MG
Clozaril TABS 25MG
Clozaril TABS 50MG
Coagadex SOLR 250UNIT
Coagadex SOLR 500UNIT
Cometriq (100 MG Daily Dose) KIT 80 & 20MG
Cometriq (140 MG Daily Dose) KIT 3 x 20 MG & 80 MG
Cometriq (60 MG Daily Dose) KIT 20MG
Complera TABS 200-25-300MG

Concerta TBCR 18MG
Concerta TBCR 27MG
Concerta TBCR 36MG
Concerta TBCR 54MG
Copiktra CAPS 15MG
Copiktra CAPS 25MG
Corifact KIT 1000-1600UNIT
Cortrophin GEL 80UNIT/ML
Cortrosyn SOLR 0.25MG
Cosela SOLR 300MG
Cosyntropin SOLR 0.25MG
Cotellic TABS 20MG
Cotempla XR-ODT TBED 17.3MG
Cotempla XR-ODT TBED 25.9MG
Cotempla XR-ODT TBED 8.6MG
Cramp ReLeaf LIQD
CranBladder ReLeaf LIQD
Cran-B-OTC LIQD
Culturelle IBS Complete PACK
CVS Acetaminophen PM Ext St TABS 500-25MG
CVS Beanaid CAPS
CVS Dairy Relief CHEW 9000UNIT
CVS Dairy Relief Ex St TABS 4500UNIT
CVS Dairy Relief Fast Acting TABS 9000UNIT
CVS Dairy Relief TABS 3000UNIT
CVS Ibuprofen PM TABS 200-38MG
CVS Lactase Enzyme Ultra Str TABS 9000UNIT
CVS Non-Aspirin Headache PM TABS 500-38MG
CVS Pain Relief PM Ex St TABS 25-500MG
CVS Sleep Aid Nighttime TABS 25MG
CVS Sleep Aid TABS 25MG
CVS Sleep-Aid (Doxylamine) TABS 25MG
CVS Sleep-Aid Nighttime CAPS 25MG
CVS Ultra Sleep TABS 25MG
Cyklokapron SOLN 1000MG/10ML
Cymbalta CPEP 20MG
Cymbalta CPEP 30MG
Cymbalta CPEP 60MG
Cystadane POWD
Cystagon CAPS 150MG
Cystagon CAPS 50MG
Cystex Urinary Health LIQD
Dairy Digestive Supplement TABS 9000UNIT

Dairy Digestive Ultra TABS 9000UNIT
Dairy Relief TABS 3000UNIT
Dairy-Digestive CHEW 9000UNIT
Darunavir TABS 600MG
Darunavir TABS 800MG
Daybue SOLN 200MG/ML
Daytrana PTCH 10MG/9HR
Daytrana PTCH 15MG/9HR
Daytrana PTCH 20MG/9HR
Daytrana PTCH 30MG/9HR
DayVigo TABS 10MG
DayVigo TABS 5MG
Deep Health LIQD
Deep Sleep LIQD
Delstrigo TABS 100-300-300MG
Depakote ER TB24 250MG
Depakote ER TB24 500MG
Depakote Sprinkles CSDR 125MG
Depakote TBEC 125MG
Depakote TBEC 250MG
Depakote TBEC 500MG
Descovy TABS 120-15MG
Descovy TABS 200-25MG
Desipramine HCl POWD
Desipramine HCl TABS 100MG
Desipramine HCl TABS 10MG
Desipramine HCl TABS 150MG
Desipramine HCl TABS 25MG
Desipramine HCl TABS 50MG
Desipramine HCl TABS 75MG
Desoxyn TABS 5MG
Desvenlafaxine ER TB24 100MG
Desvenlafaxine ER TB24 50MG
Desvenlafaxine Succinate ER TB24 100MG
Desvenlafaxine Succinate ER TB24 25MG
Desvenlafaxine Succinate ER TB24 50MG
Dexedrine CP24 10MG
dexmedetomidine HCl in NaCl SOLN 200-0.9MCG/50ML-%
dexmedetomidine HCl in NaCl SOLN 200MCG/50ML
dexmedetomidine HCl in NaCl SOLN 400MCG/100ML
dexmedetomidine HCl in NaCl SOLN 80MCG/20ML
dexmedetomidine HCl SOLN 1000MCG/10ML
dexmedetomidine HCl SOLN 200MCG/2ML

dexmedetomidine HCl SOLN 400MCG/4ML
dexmedetomidine HCl-Dextrose SOLN 200MCG/
50ML-5%
dexmedetomidine HCl-Dextrose SOLN 400MCG/
100ML-5%
Dexmethylphenidate HCl ER CP24 10MG
Dexmethylphenidate HCl ER CP24 15MG
Dexmethylphenidate HCl ER CP24 20MG
Dexmethylphenidate HCl ER CP24 25MG
Dexmethylphenidate HCl ER CP24 30MG
Dexmethylphenidate HCl ER CP24 35MG
Dexmethylphenidate HCl ER CP24 40MG
Dexmethylphenidate HCl ER CP24 5MG
Dexmethylphenidate HCl TABS 10MG
Dexmethylphenidate HCl TABS 2.5MG
Dexmethylphenidate HCl TABS 5MG
Dextroamphetamine Sulfate ER CP24 10MG
Dextroamphetamine Sulfate ER CP24 15MG
Dextroamphetamine Sulfate ER CP24 5MG
Dextroamphetamine Sulfate SOLN 5MG/5ML
Dextroamphetamine Sulfate TABS 10MG
Dextroamphetamine Sulfate TABS 15MG
Dextroamphetamine Sulfate TABS 2.5MG
Dextroamphetamine Sulfate TABS 20MG
Dextroamphetamine Sulfate TABS 30MG
Dextroamphetamine Sulfate TABS 5MG
Dextroamphetamine Sulfate TABS 7.5MG
Diacomit CAPS 250MG
Diacomit CAPS 500MG
Diacomit PACK 250MG
Diacomit PACK 500MG
Diastat AcuDial GEL 10MG
diazepam CONC 5MG/ML
diazepam GEL 10MG
diazepam GEL 2.5MG
diazepam GEL 20MG
diazepam Intensol CONC 5MG/ML
diazepam SOLN 10MG/2ML
diazepam SOLN 5MG/5ML
diazepam SOLN 5MG/ML
diazepam TABS 10MG
diazepam TABS 2MG
diazepam TABS 5MG

Digaz CAPS
Digestive Enzyme CAPS
Digestive Enzymes CAPS
Digestive Enzymes TABS
Digestive Support CAPS
Digestive Wellness CAPS
Dilantin CAPS 100MG
Dilantin CAPS 30MG
Dilantin Infatabs CHEW 50MG
Dilantin SUSP 125MG/5ML
diphenhydramine HCl (Sleep) TABS 50MG
Disulfiram POWD
Disulfiram TABS 250MG
Disulfiram TABS 500MG
Divalproex Sodium CSDR 125MG
Divalproex Sodium ER TB24 250MG
Divalproex Sodium ER TB24 500MG
Divalproex Sodium TBEC 125MG
Divalproex Sodium TBEC 250MG
Divalproex Sodium TBEC 500MG
Doctors Best Digestive Enzymes CAPS
Dopram SOLN 20MG/ML
Doral TABS 15MG
Dovato TABS 50-300MG
Doxepin HCl CAPS 100MG
Doxepin HCl CAPS 10MG
Doxepin HCl CAPS 150MG
Doxepin HCl CAPS 25MG
Doxepin HCl CAPS 50MG
Doxepin HCl CAPS 75MG
Doxepin HCl CONC 10MG/ML
Doxepin HCl POWD
Doxepin HCl TABS 3MG
Doxepin HCl TABS 6MG
droperidol POWD
droperidol SOLN 2.5MG/ML
DULoxetine HCl CPEP 20MG
DULoxetine HCl CPEP 30MG
DULoxetine HCl CPEP 40MG
DULoxetine HCl CPEP 60MG
Dyanavel XR CHER 10MG
Dyanavel XR CHER 15MG
Dyanavel XR CHER 20MG

Dyanavel XR CHER 5MG
Dyanavel XR SUER 2.5MG/ML
Early Alert LIQD
Eczema & Psoriasis Spray LIQD
Edluar SUBL 10MG
Edluar SUBL 5MG
Edurant TABS 25MG
Efavirenz TABS 600MG
Efavirenz-Emtricitab-Tenofo DF TABS 600-200-300MG
Efavirenz-lamiVUDine-Tenofovir TABS 400-300-300MG
Efavirenz-lamiVUDine-Tenofovir TABS 600-300-300MG
Effexor XR CP24 150MG
Effexor XR CP24 37.5MG
Effexor XR CP24 75MG
Elaprase SOLN 6MG/3ML
Elelyso SOLR 200UNIT
Elespia XR TB24 1000MG
Elespia XR TB24 1500MG
Eloctate SOLR 1000UNIT
Eloctate SOLR 1500UNIT
Eloctate SOLR 2000UNIT
Eloctate SOLR 250UNIT
Eloctate SOLR 3000UNIT
Eloctate SOLR 4000UNIT
Eloctate SOLR 5000UNIT
Eloctate SOLR 500UNIT
Eloctate SOLR 6000UNIT
Eloctate SOLR 750UNIT
Empaveli SOLN 1080MG/20ML
Emsam PT24 12MG/24HR
Emsam PT24 6MG/24HR
Emsam PT24 9MG/24HR
Emtricitabine CAPS 200MG
Emtricitabine-Tenofovir DF TABS 100-150MG
Emtricitabine-Tenofovir DF TABS 133-200MG
Emtricitabine-Tenofovir DF TABS 167-250MG
Emtricitabine-Tenofovir DF TABS 200-300MG
Emtriva CAPS 200MG
Emtriva SOLN 10MG/ML
Enjaymo SOLN 1100MG/22ML

Enulose SOLN 10GM/15ML
Enzyme Digest CAPS
Epclusa PACK 150-37.5MG
Epclusa PACK 200-50MG
Epclusa TABS 200-50MG
Epclusa TABS 400-100MG
Epidiolex SOLN 100MG/ML
Epitol TABS 200MG
Epivir SOLN 10MG/ML
Epivir TABS 150MG
Epivir TABS 300MG
Eprontia SOLN 25MG/ML
EQ Acetaminophen PM TABS 500-25MG
EQ Dairy Digestive Fast Acting CHEW 9000UNIT
EQ Dairy Digestive Fast Acting TABS 9000UNIT
EQ Ibuprofen PM TABS 200-38MG
EQ Nighttime Sleep Aid Max St CAPS 50MG
EQ Sleep-Aid Nighttime CAPS 25MG
EQL Acetaminophen PM TABS 25-500MG
EQL Dairy Digest Fast Acting TABS 9000UNIT
EQL Digestive Enzymes TABS
EQL Gas Prevention CAPS
EQL Ibuprofen PM TABS 200-38MG
EQL Nighttime Sleep Aid CAPS 25MG
EQL Nighttime Sleep Aid TABS 25MG
EQL Pain Relief PM Ex St TABS 25-500MG
EQL Sleep Aid CAPS 50MG
EQL Sleep Aid LIQD 50MG/30ML
Equetro CP12 100MG
Equetro CP12 200MG
Equetro CP12 300MG
Erlotinib HCl TABS 100MG
Erlotinib HCl TABS 150MG
Erlotinib HCl TABS 25MG
Escitalopram Oxalate SOLN 5MG/5ML
Escitalopram Oxalate TABS 10MG
Escitalopram Oxalate TABS 20MG
Escitalopram Oxalate TABS 5MG
Esperoct SOLR 1000UNIT
Esperoct SOLR 1500UNIT
Esperoct SOLR 2000UNIT
Esperoct SOLR 3000UNIT
Esperoct SOLR 500UNIT

Essiac Tonic LIQD
Estazolam TABS 1MG
Estazolam TABS 2MG
Eszopiclone TABS 1MG
Eszopiclone TABS 2MG
Eszopiclone TABS 3MG
Ethosuximide CAPS 250MG
Ethosuximide SOLN 250MG/5ML
Etravirine TABS 100MG
Etravirine TABS 200MG
Evekeo ODT TBDP 10MG
Evekeo ODT TBDP 15MG
Evekeo ODT TBDP 20MG
Evekeo ODT TBDP 5MG
Evekeo TABS 10MG
Evekeo TABS 5MG
Evotaz TABS 300-150MG
Evrysdi SOLR 0.75MG/ML
Excedrin PM TABS 500-38MG
Exkivity CAPS 40MG
Exondys 51 SOLN 100MG/2ML
Exondys 51 SOLN 500MG/10ML
Fabrazyme SOLR 35MG
Fabrazyme SOLR 5MG
Fanapt TABS 10MG
Fanapt TABS 12MG
Fanapt TABS 1MG
Fanapt TABS 2MG
Fanapt TABS 4MG
Fanapt TABS 6MG
Fanapt TABS 8MG
Fanapt Titration Pack TABS 1 & 2 & 4 & 6MG
Fanatrex FusePaq SUSP 25MG/ML
Feiba SOLR 1000UNIT
Feiba SOLR 2500UNIT
Feiba SOLR 500UNIT
Felbamate SUSP 600MG/5ML
Felbamate TABS 400MG
Felbamate TABS 600MG
Felbatol TABS 400MG
Felbatol TABS 600MG
Fetzima CP24 120MG
Fetzima CP24 20MG
Fetzima CP24 40MG
Fetzima CP24 80MG
Fetzima Titration C4PK 20 & 40MG
Fibryga SOLR
Fintepla SOLN 2.2MG/ML
Firdapse TABS 10MG
Flexbumin SOLN 25%
Flexbumin SOLN 5%
FLUoxetine HCl (PMDD) TABS 10MG
FLUoxetine HCl (PMDD) TABS 20MG
FLUoxetine HCl CAPS 10MG
FLUoxetine HCl CAPS 20MG
FLUoxetine HCl CAPS 40MG
FLUoxetine HCl CPDR 90MG
FLUoxetine HCl SOLN 20MG/5ML
FLUoxetine HCl TABS 10MG
FLUoxetine HCl TABS 20MG
FLUoxetine HCl TABS 60MG
fluPHENAZine Decanoate SOLN 25MG/ML
fluPHENAZine HCl CONC 5MG/ML
fluPHENAZine HCl ELIX 2.5MG/5ML
fluPHENAZine HCl SOLN 2.5MG/ML
fluPHENAZine HCl TABS 10MG
fluPHENAZine HCl TABS 1MG
fluPHENAZine HCl TABS 2.5MG
fluPHENAZine HCl TABS 5MG
Flurazepam HCl CAPS 15MG
Flurazepam HCl CAPS 30MG
fluvoxaMINE Maleate ER CP24 100MG
fluvoxaMINE Maleate ER CP24 150MG
fluvoxaMINE Maleate TABS 100MG
fluvoxaMINE Maleate TABS 25MG
fluvoxaMINE Maleate TABS 50MG
Focalin TABS 10MG
Focalin TABS 2.5MG
Focalin TABS 5MG
Focalin XR CP24 10MG
Focalin XR CP24 15MG
Focalin XR CP24 20MG
Focalin XR CP24 25MG
Focalin XR CP24 30MG
Focalin XR CP24 35MG
Focalin XR CP24 40MG

Focalin XR CP24 5MG
Forfivo XL TB24 450MG
Fosamprenavir Calcium TABS 700MG
Fosphenytoin Sodium SOLN 100MG PE/2ML
Fosphenytoin Sodium SOLN 500MG PE/10ML
Fotivda CAPS 0.89MG
Fotivda CAPS 1.34MG
Fruzaqla CAPS 1MG
Fruzaqla CAPS 5MG
FT Nighttime Sleep Aid TABS 25MG
FT Pain Reliever PM Extra Str TABS 25-500MG
FT Sleep Aid (Doxylamine) TABS 25MG
FT Sleep-Aid Maximum Strength CAPS 50MG
Fuzeon SOLR 90MG
Fycompa SUSP 0.5MG/ML
Fycompa TABS 10MG
Fycompa TABS 12MG
Fycompa TABS 2MG
Fycompa TABS 4MG
Fycompa TABS 6MG
Fycompa TABS 8MG
Gabapentin CAPS 100MG
Gabapentin CAPS 300MG
Gabapentin CAPS 400MG
Gabapentin SOLN 250MG/5ML
Gabapentin SOLN 300MG/6ML
Gabapentin TABS 25MG
Gabapentin TABS 50MG
Gabapentin TABS 600MG
Gabapentin TABS 800MG
Galafold CAPS 123MG
Gas Relief & Prevention CAPS
Gastrace Digestive Support CAPS
GastrAcid CAPS
Gas-X Prevention CAPS
Gavreto CAPS 100MG
Gefitinib TABS 250MG
Generlac SOLN 10GM/15ML
Genvoya TABS 150-150-200-10MG
Geodon CAPS 20MG
Geodon CAPS 40MG
Geodon CAPS 60MG
Geodon CAPS 80MG

Geodon SOLR 20MG
Gilotrif TABS 20MG
Gilotrif TABS 30MG
Gilotrif TABS 40MG
Gleevec TABS 100MG
Gleevec TABS 400MG
GNP Dairy Relief TABS 3000UNIT
GNP Fast Acting Dairy Relief CHEW 9000UNIT
GNP Ibuprofen PM TABS 200-38MG
GNP Pain Relief PM Ex St TABS 25-500MG
GNP Sleep Aid LIQD 50MG/30ML
GNP Sleep Aid Nighttime TABS 25MG
GNP Sleep Aid TABS 25MG
GoodSense Ibuprofen PM TABS 200-38MG
GoodSense Pain Relief PM Ex St TABS 25-500MG
GoodSense Sleep Aid CAPS 50MG
GoodSense SleepTime CAPS 25MG
GoodSense SleepTime LIQD 50MG/30ML
guanFACINE HCl ER TB24 1MG
guanFACINE HCl ER TB24 2MG
guanFACINE HCl ER TB24 3MG
guanFACINE HCl ER TB24 4MG
Haegarda SOLR 2000UNIT
Haegarda SOLR 3000UNIT
Halcion TABS 0.25MG
Haldol Decanoate SOLN 100MG/ML
Haldol Decanoate SOLN 50MG/ML
Haloperidol Decanoate SOLN 100MG/ML
Haloperidol Decanoate SOLN 50MG/ML
Haloperidol Lactate CONC 2MG/ML
Haloperidol Lactate SOLN 5MG/ML
Haloperidol POWD
Haloperidol TABS 0.5MG
Haloperidol TABS 10MG
Haloperidol TABS 1MG
Haloperidol TABS 20MG
Haloperidol TABS 2MG
Haloperidol TABS 5MG
Harvoni PACK 33.75-150MG
Harvoni PACK 45-200MG
Harvoni TABS 45-200MG
Harvoni TABS 90-400MG
Headache Relief PM TABS 500-38MG

Healthy Mama eaZZZe the Pain TABS 500-25MG
Hemlibra SOLN 105MG/0.7ML
Hemlibra SOLN 150MG/ML
Hemlibra SOLN 30MG/ML
Hemlibra SOLN 60MG/0.4ML
Hemofil M SOLR 1000UNIT
Hemofil M SOLR 1700UNIT
Hemofil M SOLR 250UNIT
Hemofil M SOLR 500UNIT
Herbaproyen LIQD
Hetlioz CAPS 20MG
Hetlioz LQ SUSP 4MG/ML
HM Ibuprofen PM TABS 200-38MG
Human Albumin Grifols SOLN 25%
Humate-P SOLR 1000-2400UNIT
Humate-P SOLR 250-600UNIT
Humate-P SOLR 500-1200UNIT
Ibrance CAPS 100MG
Ibrance CAPS 125MG
Ibrance CAPS 75MG
Ibrance TABS 100MG
Ibrance TABS 125MG
Ibrance TABS 75MG
Ibuprofen PM TABS 200-38MG
Iclusig TABS 10MG
Iclusig TABS 15MG
Iclusig TABS 30MG
Iclusig TABS 45MG
Idelvion SOLR 1000UNIT
Idelvion SOLR 2000UNIT
Idelvion SOLR 250UNIT
Idelvion SOLR 3500UNIT
Idelvion SOLR 500UNIT
Igalmi FILM 120MCG
Igalmi FILM 180MCG
Ilaris SOLN 150MG/ML
Imatinib Mesylate TABS 100MG
Imatinib Mesylate TABS 400MG
Imbruvica CAPS 140MG
Imbruvica CAPS 70MG
Imbruvica SUSP 70MG/ML
Imbruvica TABS 140MG
Imbruvica TABS 280MG

Imbruvica TABS 420MG
Imcivree SOLN 10MG/ML
Imipramine HCl TABS 10MG
Imipramine HCl TABS 25MG
Imipramine HCl TABS 50MG
Imipramine Pamoate CAPS 100MG
Imipramine Pamoate CAPS 125MG
Imipramine Pamoate CAPS 150MG
Imipramine Pamoate CAPS 75MG
Inlyta TABS 1MG
Inlyta TABS 5MG
Inrebic CAPS 100MG
Intelence TABS 100MG
Intelence TABS 200MG
Intelence TABS 25MG
Intuniv TB24 1MG
Intuniv TB24 2MG
Intuniv TB24 3MG
Intuniv TB24 4MG
Invega Hafyera SUSY 1092MG/3.5ML
Invega Hafyera SUSY 1560MG/5ML
Invega Sustenna SUSY 117MG/0.75ML
Invega Sustenna SUSY 156MG/ML
Invega Sustenna SUSY 234MG/1.5ML
Invega Sustenna SUSY 39MG/0.25ML
Invega Sustenna SUSY 78MG/0.5ML
Invega TB24 3MG
Invega TB24 6MG
Invega TB24 9MG
Invega Trinza SUSY 273MG/0.88ML
Invega Trinza SUSY 410MG/1.32ML
Invega Trinza SUSY 546MG/1.75ML
Invega Trinza SUSY 819MG/2.63ML
Iressa TABS 250MG
Isentress CHEW 100MG
Isentress CHEW 25MG
Isentress HD TABS 600MG
Isentress PACK 100MG
Isentress TABS 400MG
Ixinity SOLR 1000UNIT
Ixinity SOLR 1500UNIT
Ixinity SOLR 2000UNIT
Ixinity SOLR 250UNIT

Ixinity SOLR 3000UNIT
Ixinity SOLR 500UNIT
Javygtor PACK 100MG
Javygtor PACK 500MG
Javygtor TABS 100MG
Jaypirca TABS 100MG
Jaypirca TABS 50MG
Jivi SOLR 1000UNIT
Jivi SOLR 2000UNIT
Jivi SOLR 3000UNIT
Jivi SOLR 500UNIT
Jornay PM CP24 100MG
Jornay PM CP24 20MG
Jornay PM CP24 40MG
Jornay PM CP24 60MG
Jornay PM CP24 80MG
Juluca TABS 50-25MG
Kalbitor SOLN 10MG/ML
Kaletra SOLN 400-100MG/5ML
Kaletra TABS 100-25MG
Kaletra TABS 200-50MG
Kalydeco PACK 13.4MG
Kalydeco PACK 25MG
Kalydeco PACK 50MG
Kalydeco PACK 75MG
Kalydeco TABS 150MG
Kcentra KIT 1000UNIT
Kcentra KIT 500UNIT
Kedbumin SOLN 25%
Keppra SOLN 100MG/ML
Keppra SOLN 500MG/5ML
Keppra TABS 1000MG
Keppra TABS 250MG
Keppra TABS 500MG
Keppra TABS 750MG
Keppra XR TB24 500MG
Keppra XR TB24 750MG
Ketamine HCl TROC 100MG
Kineret SOSY 100MG/0.67ML
Kisqali (200 MG Dose) TBPK 200MG
Kisqali (400 MG Dose) TBPK 200MG
Kisqali (600 MG Dose) TBPK 200MG
KlonoPIN TABS 0.5MG

KlonoPIN TABS 1MG
KlonoPIN TABS 2MG
KLS Rapid Release APAP PM TABS 500-25MG
KLS Sleep Aid TABS 25MG
Koate SOLR 1000UNIT
Koate SOLR 250UNIT
Koate SOLR 500UNIT
Koate-DVI SOLR 1000UNIT
Koate-DVI SOLR 500UNIT
Kogenate FS KIT 1000UNIT
Kogenate FS KIT 2000UNIT
Kogenate FS KIT 250UNIT
Kogenate FS KIT 3000UNIT
Kogenate FS KIT 500UNIT
Koselugo CAPS 10MG
Koselugo CAPS 25MG
Kovaltry SOLR 1000UNIT
Kovaltry SOLR 2000UNIT
Kovaltry SOLR 250UNIT
Kovaltry SOLR 3000UNIT
Kovaltry SOLR 500UNIT
Kuvan PACK 100MG
Kuvan PACK 500MG
Kuvan TABS 100MG
Kyprolis SOLR 10MG
Kyprolis SOLR 30MG
Kyprolis SOLR 60MG
Lacosamide SOLN 10MG/ML
Lacosamide SOLN 200MG/20ML
Lacosamide TABS 100MG
Lacosamide TABS 150MG
Lacosamide TABS 200MG
Lacosamide TABS 50MG
Lactaid Fast Act CHEW 9000UNIT
Lactaid Fast Act TABS 9000UNIT
Lactaid TABS 3000UNIT
Lactase Enzyme TABS 3000UNIT
Lactase Enzyme TABS 9000UNIT
Lactase Fast Acting TABS 9000UNIT
Lactose Fast Acting Relief CHEW 9000UNIT
Lactose Fast Acting Relief TABS 9000UNIT
Lactulose Encephalopathy SOLN 10GM/15ML
LaMictal CHEW 25MG

LaMICtal CHEW 5MG
LaMICtal ODT KIT 21 x 25 MG & 7 x 50 MG
LaMICtal ODT KIT 25 & 50 & 100MG
LaMICtal ODT KIT 42 x 50 MG & 14x100 MG
LaMICtal ODT TBDP 100MG
LaMICtal ODT TBDP 200MG
LaMICtal ODT TBDP 25MG
LaMICtal ODT TBDP 50MG
LaMICtal Starter KIT 35 x 25MG
LaMICtal Starter KIT 42 x 25 MG & 7 x 100 MG
LaMICtal Starter KIT 84 x 25 MG & 14x100 MG
LaMICtal TABS 100MG
LaMICtal TABS 150MG
LaMICtal TABS 200MG
LaMICtal TABS 25MG
LaMICtal XR KIT 21 x 25 MG & 7 x 50 MG
LaMICtal XR KIT 25 & 50 & 100MG
LaMICtal XR KIT 50 & 100 & 200MG
LaMICtal XR TB24 100MG
LaMICtal XR TB24 200MG
LaMICtal XR TB24 250MG
LaMICtal XR TB24 25MG
LaMICtal XR TB24 300MG
LaMICtal XR TB24 50MG
lamiVUDine SOLN 10MG/ML
lamiVUDine TABS 150MG
lamiVUDine TABS 300MG
lamiVUDine-Zidovudine TABS 150-300MG
lamoTRigine CHEW 25MG
lamoTRigine CHEW 5MG
lamoTRigine ER TB24 100MG
lamoTRigine ER TB24 200MG
lamoTRigine ER TB24 250MG
lamoTRigine ER TB24 25MG
lamoTRigine ER TB24 300MG
lamoTRigine ER TB24 50MG
lamoTRigine KIT 21 x 25 MG & 7 x 50 MG
lamoTRigine KIT 25 & 50 & 100MG
lamoTRigine KIT 42 x 50 MG & 14x100 MG
lamoTRigine Starter Kit-Blue KIT 35 x 25MG
lamoTRigine Starter Kit-Green KIT 84 x 25 MG &
14x100 MG
lamoTRigine Starter Kit-Orange KIT 42 x 25 MG &

7 x 100 MG
lamoTRigine TABS 100MG
lamoTRigine TABS 150MG
lamoTRigine TABS 200MG
lamoTRigine TABS 25MG
lamoTRigine TBDP 100MG
lamoTRigine TBDP 200MG
lamoTRigine TBDP 25MG
lamoTRigine TBDP 50MG
Lapatinib Ditosylate TABS 250MG
Latuda TABS 120MG
Latuda TABS 20MG
Latuda TABS 40MG
Latuda TABS 60MG
Latuda TABS 80MG
LDL Care POWD
Ledipasvir-Sofosbuvir TABS 90-400MG
Lenvima (10 MG Daily Dose) CPPK 10MG
Lenvima (12 MG Daily Dose) CPPK 3 x 4MG
Lenvima (14 MG Daily Dose) CPPK 10 & 4MG
Lenvima (18 MG Daily Dose) CPPK 10 MG & 2 x 4 MG
Lenvima (20 MG Daily Dose) CPPK 2 x 10MG
Lenvima (24 MG Daily Dose) CPPK 2 x 10 MG & 4 MG
Lenvima (4 MG Daily Dose) CPPK 4MG
Lenvima (8 MG Daily Dose) CPPK 2 x 4MG
levETIRAcetam ER TB24 500MG
levETIRAcetam ER TB24 750MG
levETIRAcetam in NaCl SOLN 1000MG/100ML
levETIRAcetam in NaCl SOLN 1500MG/100ML
levETIRAcetam in NaCl SOLN 250MG/50ML
levETIRAcetam in NaCl SOLN 500MG/100ML
levETIRAcetam SOLN 100MG/ML
levETIRAcetam SOLN 500MG/5ML
levETIRAcetam TABS 1000MG
levETIRAcetam TABS 250MG
levETIRAcetam TABS 500MG
levETIRAcetam TABS 750MG
levOCARNitine SF SOLN 1GM/10ML
levOCARNitine SOLN 1GM/10ML
levOCARNitine SOLN 200MG/ML
levOCARNitine TABS 330MG
Lexapro TABS 10MG
Lexapro TABS 20MG

Lexapro TABS 5MG
Lipase Concentrate-HP CAPS 110MG
Lisdexamfetamine Dimesylate CAPS 10MG
Lisdexamfetamine Dimesylate CAPS 20MG
Lisdexamfetamine Dimesylate CAPS 30MG
Lisdexamfetamine Dimesylate CAPS 40MG
Lisdexamfetamine Dimesylate CAPS 50MG
Lisdexamfetamine Dimesylate CAPS 60MG
Lisdexamfetamine Dimesylate CAPS 70MG
Lisdexamfetamine Dimesylate CHEW 10MG
Lisdexamfetamine Dimesylate CHEW 20MG
Lisdexamfetamine Dimesylate CHEW 30MG
Lisdexamfetamine Dimesylate CHEW 40MG
Lisdexamfetamine Dimesylate CHEW 50MG
Lisdexamfetamine Dimesylate CHEW 60MG
Lithium Carbonate CAPS 150MG
Lithium Carbonate CAPS 300MG
Lithium Carbonate CAPS 600MG
Lithium Carbonate ER TBCR 300MG
Lithium Carbonate ER TBCR 450MG
Lithium Carbonate POWD
Lithium Carbonate TABS 300MG
Lithium SOLN 8MEQ/5ML
Lithobid TBCR 300MG
Lithostat TABS 250MG
Livmarli SOLN 9.5MG/ML
Lopinavir-Ritonavir SOLN 400-100MG/5ML
Lopinavir-Ritonavir TABS 100-25MG
Lopinavir-Ritonavir TABS 200-50MG
LORazepam CONC 2MG/ML
LORazepam Intensol CONC 2MG/ML
LORazepam SOLN 2MG/ML
LORazepam SOLN 4MG/ML
LORazepam TABS 0.5MG
LORazepam TABS 1MG
LORazepam TABS 2MG
Lorbrena TABS 100MG
Lorbrena TABS 25MG
Loreev XR CS24 1.5MG
Loreev XR CS24 1MG
Loreev XR CS24 2MG
Loreev XR CS24 3MG
Loviral LIQD
Loxapine Succinate CAPS 10MG
Loxapine Succinate CAPS 25MG
Loxapine Succinate CAPS 50MG
Loxapine Succinate CAPS 5MG
L-Tryptophan CAPS 500MG
L-Tryptophan POWD
L-Tryptophan TABS 500MG
Lumizyme SOLR 50MG
Lunesta TABS 1MG
Lunesta TABS 2MG
Lunesta TABS 3MG
Lung Tonic LIQD
Lurasidone HCl TABS 120MG
Lurasidone HCl TABS 20MG
Lurasidone HCl TABS 40MG
Lurasidone HCl TABS 60MG
Lurasidone HCl TABS 80MG
Lybalvi TABS 10-10MG
Lybalvi TABS 15-10MG
Lybalvi TABS 20-10MG
Lybalvi TABS 5-10MG
Lydia Pinkham LIQD
Lymphatonic LIQD
Lynparza TABS 100MG
Lynparza TABS 150MG
Lyrice CAPS 100MG
Lyrice CAPS 150MG
Lyrice CAPS 200MG
Lyrice CAPS 225MG
Lyrice CAPS 25MG
Lyrice CAPS 300MG
Lyrice CAPS 50MG
Lyrice CAPS 75MG
Lyrice CR TB24 165MG
Lyrice CR TB24 330MG
Lyrice CR TB24 82.5MG
Lyrice SOLN 20MG/ML
Lytgobi (12 MG Daily Dose) TBPK 4MG
Lytgobi (16 MG Daily Dose) TBPK 4MG
Lytgobi (20 MG Daily Dose) TBPK 4MG
Maraviroc TABS 150MG
Maraviroc TABS 300MG
Marplan TABS 10MG

Mavyret PACK 50-20MG
Mavyret TABS 100-40MG
Medi-Tabs PM Extra Strength TABS 25-500MG
Mekinist SOLR 0.05MG/ML
Mekinist TABS 0.5MG
Mekinist TABS 2MG
Mektovi TABS 15MG
Menopautonic LIQD
Meprobamate TABS 200MG
Meprobamate TABS 400MG
Mepsevii SOLN 10MG/5ML
Methamphetamine HCl TABS 5MG
Methsuximide CAPS 300MG
Methylin SOLN 10MG/5ML
Methylin SOLN 5MG/5ML
Methylphenidate HCl CHEW 10MG
Methylphenidate HCl CHEW 2.5MG
Methylphenidate HCl CHEW 5MG
Methylphenidate HCl ER (CD) CPCR 10MG
Methylphenidate HCl ER (CD) CPCR 20MG
Methylphenidate HCl ER (CD) CPCR 30MG
Methylphenidate HCl ER (CD) CPCR 40MG
Methylphenidate HCl ER (CD) CPCR 50MG
Methylphenidate HCl ER (CD) CPCR 60MG
Methylphenidate HCl ER (LA) CP24 10MG
Methylphenidate HCl ER (LA) CP24 20MG
Methylphenidate HCl ER (LA) CP24 30MG
Methylphenidate HCl ER (LA) CP24 40MG
Methylphenidate HCl ER (LA) CP24 60MG
Methylphenidate HCl ER (OSM) TBCR 18MG
Methylphenidate HCl ER (OSM) TBCR 27MG
Methylphenidate HCl ER (OSM) TBCR 36MG
Methylphenidate HCl ER (OSM) TBCR 45MG
Methylphenidate HCl ER (OSM) TBCR 54MG
Methylphenidate HCl ER (OSM) TBCR 63MG
Methylphenidate HCl ER (OSM) TBCR 72MG
Methylphenidate HCl ER (XR) CP24 10MG
Methylphenidate HCl ER (XR) CP24 15MG
Methylphenidate HCl ER (XR) CP24 20MG
Methylphenidate HCl ER (XR) CP24 30MG
Methylphenidate HCl ER (XR) CP24 40MG
Methylphenidate HCl ER (XR) CP24 50MG
Methylphenidate HCl ER (XR) CP24 60MG

Methylphenidate HCl ER TB24 18MG
Methylphenidate HCl ER TB24 27MG
Methylphenidate HCl ER TB24 36MG
Methylphenidate HCl ER TB24 54MG
Methylphenidate HCl ER TBCR 10MG
Methylphenidate HCl ER TBCR 20MG
Methylphenidate HCl SOLN 10MG/5ML
Methylphenidate HCl SOLN 5MG/5ML
Methylphenidate HCl TABS 10MG
Methylphenidate HCl TABS 20MG
Methylphenidate HCl TABS 5MG
Methylphenidate PTCH 10MG/9HR
Methylphenidate PTCH 15MG/9HR
Methylphenidate PTCH 20MG/9HR
Methylphenidate PTCH 30MG/9HR
Midazolam HCl SYRP 2MG/ML
migLustat CAPS 100MG
Mirtazapine TABS 15MG
Mirtazapine TABS 30MG
Mirtazapine TABS 45MG
Mirtazapine TABS 7.5MG
Mirtazapine TBDP 15MG
Mirtazapine TBDP 30MG
Mirtazapine TBDP 45MG
Modafinil TABS 100MG
Modafinil TABS 200MG
Molindone HCl TABS 10MG
Molindone HCl TABS 25MG
Molindone HCl TABS 5MG
Motrin PM TABS 200-38MG
Mouth Tonic LIQD
Movana TABS 300MG
Myalept SOLR 11.3MG
Mydayis CP24 12.5MG
Mydayis CP24 25MG
Mydayis CP24 37.5MG
Mydayis CP24 50MG
Mysoline TABS 250MG
Mysoline TABS 50MG
Naglazyme SOLN 1MG/ML
Naltrexone HCl Dihydrate POWD
Naltrexone HCl POWD
Naltrexone HCl TABS 50MG

Nardil TABS 15MG
Nayzilam SOLN 5MG/0.1ML
Nefazodone HCl TABS 100MG
Nefazodone HCl TABS 150MG
Nefazodone HCl TABS 200MG
Nefazodone HCl TABS 250MG
Nefazodone HCl TABS 50MG
Neoke BCAA4 POWD
NeoKe BHB POWD
NeoPhe POWD
Nerlynx TABS 40MG
Neurontin CAPS 100MG
Neurontin CAPS 300MG
Neurontin CAPS 400MG
Neurontin SOLN 250MG/5ML
Neurontin TABS 600MG
Neurontin TABS 800MG
Nevirapine ER TB24 400MG
Nevirapine SUSP 50MG/5ML
Nevirapine TABS 200MG
NexAVAR TABS 200MG
Nexviazyme SOLR 100MG
Night Time Pain Medicine Ex St TABS 25-500MG
Night Time Sleep Aid TABS 25MG
Nighttime Sleep Aid TABS 25MG
Ninlaro CAPS 2.3MG
Ninlaro CAPS 3MG
Ninlaro CAPS 4MG
Nitisinone CAPS 10MG
Nitisinone CAPS 20MG
Nitisinone CAPS 2MG
Nitisinone CAPS 5MG
Nityr TABS 10MG
Nityr TABS 2MG
Nityr TABS 5MG
Non-Aspirin PM TABS 25-500MG
Norpramin TABS 10MG
Norpramin TABS 25MG
Nortriptyline HCl CAPS 10MG
Nortriptyline HCl CAPS 25MG
Nortriptyline HCl CAPS 50MG
Nortriptyline HCl CAPS 75MG
Nortriptyline HCl POWD

Nortriptyline HCl SOLN 10MG/5ML
Norvir PACK 100MG
Norvir TABS 100MG
Novoeight SOLR 1000UNIT
Novoeight SOLR 1500UNIT
Novoeight SOLR 2000UNIT
Novoeight SOLR 250UNIT
Novoeight SOLR 3000UNIT
Novoeight SOLR 500UNIT
NovoSeven RT SOLR 1MG
NovoSeven RT SOLR 2MG
NovoSeven RT SOLR 5MG
NovoSeven RT SOLR 8MG
Nuplazid CAPS 34MG
Nuplazid TABS 10MG
Nuvigil TABS 150MG
Nuvigil TABS 200MG
Nuvigil TABS 250MG
Nuvigil TABS 50MG
Nuwiq KIT 1000UNIT
Nuwiq KIT 1500UNIT
Nuwiq KIT 2000UNIT
Nuwiq KIT 2500UNIT
Nuwiq KIT 250UNIT
Nuwiq KIT 3000UNIT
Nuwiq KIT 4000UNIT
Nuwiq KIT 500UNIT
Nuwiq SOLR 1000UNIT
Nuwiq SOLR 1500UNIT
Nuwiq SOLR 2000UNIT
Nuwiq SOLR 2500UNIT
Nuwiq SOLR 250UNIT
Nuwiq SOLR 3000UNIT
Nuwiq SOLR 4000UNIT
Nuwiq SOLR 500UNIT
Nytol QuickCaps TABS 25MG
Obizur SOLR 500UNIT
Octaplas Blood Group A SOLN
Octaplas Blood Group AB SOLN
Octaplas Blood Group B SOLN
Octaplas Blood Group O SOLN
Odefsey TABS 200-25-25MG
Ogsiveo TABS 50MG

OLANzapine SOLR 10MG
OLANzapine TABS 10MG
OLANzapine TABS 15MG
OLANzapine TABS 2.5MG
OLANzapine TABS 20MG
OLANzapine TABS 5MG
OLANzapine TABS 7.5MG
OLANzapine TBDP 10MG
OLANzapine TBDP 15MG
OLANzapine TBDP 20MG
OLANzapine TBDP 5MG
OLANzapine-FLUoxetine HCl CAPS 12-25MG
OLANzapine-FLUoxetine HCl CAPS 12-50MG
OLANzapine-FLUoxetine HCl CAPS 3-25MG
OLANzapine-FLUoxetine HCl CAPS 6-25MG
OLANzapine-FLUoxetine HCl CAPS 6-50MG
Olpruva (2 GM Dose) THPK 2GM
Olpruva (3 GM Dose) THPK 3GM
Olpruva (4 GM Dose) THPK 2 & 2GM
Olpruva (5 GM Dose) THPK 2 & 3GM
Olpruva (6.67 GM Dose) THPK 3 & 3.67GM
Omnigest EZ TABS
Onfi SUSP 2.5MG/ML
Onfi TABS 10MG
Onfi TABS 20MG
Orfadin CAPS 10MG
Orfadin CAPS 20MG
Orfadin CAPS 2MG
Orfadin CAPS 5MG
Orfadin SUSP 4MG/ML
Orkambi PACK 100-125MG
Orkambi PACK 150-188MG
Orkambi PACK 75-94MG
Orkambi TABS 100-125MG
Orkambi TABS 200-125MG
Orladeyo CAPS 110MG
Orladeyo CAPS 150MG
Oxazepam CAPS 10MG
Oxazepam CAPS 15MG
Oxazepam CAPS 30MG
OXcarbazepine SUSP 300MG/5ML
OXcarbazepine TABS 150MG
OXcarbazepine TABS 300MG

OXcarbazepine TABS 600MG
Oxtellar XR TB24 150MG
Oxtellar XR TB24 300MG
Oxtellar XR TB24 600MG
Pain Relief PM Extra Strength TABS 500-25MG
Pain Reliever PM Ex St TABS 25-500MG
Pain Reliever PM Ex St TABS 500-25MG
Pain Reliever PM TABS 25-500MG
Pain Reliever PM TABS 500-25MG
Paliperidone ER TB24 1.5MG
Paliperidone ER TB24 3MG
Paliperidone ER TB24 6MG
Paliperidone ER TB24 9MG
Pamelor CAPS 10MG
Pamelor CAPS 25MG
Pamelor CAPS 50MG
Pamelor CAPS 75MG
Panadol PM Extra Strength TABS 25-500MG
Panhematin SOLR 350MG
Panplex 2-Phase TBEC
PanXyme pH CAPS
Papaya CHEW
Papaya Enzymes CHEW
Parnate TABS 10MG
PARoxetine HCl ER TB24 12.5MG
PARoxetine HCl ER TB24 25MG
PARoxetine HCl ER TB24 37.5MG
PARoxetine HCl SUSP 10MG/5ML
PARoxetine HCl TABS 10MG
PARoxetine HCl TABS 20MG
PARoxetine HCl TABS 30MG
PARoxetine HCl TABS 40MG
PARoxetine Mesylate CAPS 7.5MG
Parvenzyme Digestive Enzyme TABS
Paxil CR TB24 12.5MG
Paxil CR TB24 25MG
Paxil CR TB24 37.5MG
Paxil SUSP 10MG/5ML
Paxil TABS 10MG
Paxil TABS 20MG
Paxil TABS 30MG
Paxil TABS 40MG
PAZOPanib HCl TABS 200MG

Pegasys SOLN 180MCG/ML
Pegasys SOSY 180MCG/0.5ML
Pemazyre TABS 13.5MG
Pemazyre TABS 4.5MG
Pemazyre TABS 9MG
PENTObarbital Sodium SOLN 50MG/ML
Perphenazine TABS 16MG
Perphenazine TABS 2MG
Perphenazine TABS 4MG
Perphenazine TABS 8MG
Perphenazine-Amitriptyline TABS 2-10MG
Perphenazine-Amitriptyline TABS 2-25MG
Perphenazine-Amitriptyline TABS 4-10MG
Perphenazine-Amitriptyline TABS 4-25MG
Perphenazine-Amitriptyline TABS 4-50MG
Perseris PRSY 120MG
Perseris PRSY 90MG
Pheburane PLLT 483MG/GM
Phenelzine Sulfate TABS 15MG
PHENobarbital ELIX 20MG/5ML
PHENobarbital POWD
PHENobarbital Sodium POWD
PHENobarbital Sodium SOLN 130MG/ML
PHENobarbital Sodium SOLN 65MG/ML
PHENobarbital TABS 100MG
PHENobarbital TABS 15MG
PHENobarbital TABS 16.2MG
PHENobarbital TABS 30MG
PHENobarbital TABS 32.4MG
PHENobarbital TABS 60MG
PHENobarbital TABS 64.8MG
PHENobarbital TABS 97.2MG
Phenytek CAPS 200MG
Phenytek CAPS 300MG
Phenytoin CHEW 50MG
Phenytoin Infatabs CHEW 50MG
Phenytoin Sodium Extended CAPS 100MG
Phenytoin Sodium Extended CAPS 200MG
Phenytoin Sodium Extended CAPS 300MG
Phenytoin Sodium POWD
Phenytoin Sodium SOLN 50MG/ML
Phenytoin SUSP 100MG/4ML
Phenytoin SUSP 125MG/5ML

Phytocillin LIQD
Pifeltro TABS 100MG
Pimozide TABS 1MG
Pimozide TABS 2MG
Piqray (200 MG Daily Dose) TBPK 200MG
Piqray (250 MG Daily Dose) TBPK 200 & 50MG
Piqray (300 MG Daily Dose) TBPK 2 x 150MG
Plasbumin-25 SOLN 25%
Plasbumin-5 SOLN 5%
Plasmanate SOLN 5%
Precedex SOLN 200MCG/2ML
Precedex SOLN 200MCG/50ML
Precedex SOLN 400MCG/100ML
Precedex SOLN 80MCG/20ML
Pregabalin CAPS 100MG
Pregabalin CAPS 150MG
Pregabalin CAPS 200MG
Pregabalin CAPS 225MG
Pregabalin CAPS 25MG
Pregabalin CAPS 300MG
Pregabalin CAPS 50MG
Pregabalin CAPS 75MG
Pregabalin ER TB24 165MG
Pregabalin ER TB24 330MG
Pregabalin ER TB24 82.5MG
Pregabalin SOLN 20MG/ML
Prezcobix TABS 800-150MG
Prezista SUSP 100MG/ML
Prezista TABS 150MG
Prezista TABS 600MG
Prezista TABS 75MG
Prezista TABS 800MG
Primidone TABS 125MG
Primidone TABS 250MG
Primidone TABS 50MG
Pristiq TB24 100MG
Pristiq TB24 25MG
Pristiq TB24 50MG
ProCentra SOLN 5MG/5ML
Procysbi CPDR 25MG
Procysbi CPDR 75MG
Procysbi PACK 300MG
Procysbi PACK 75MG

Profilnine SOLR 1000UNIT
Profilnine SOLR 1500UNIT
Profilnine SOLR 500UNIT
Protriptyline HCl TABS 10MG
Protriptyline HCl TABS 5MG
Provigil TABS 100MG
Provigil TABS 200MG
PROzac CAPS 10MG
PROzac CAPS 20MG
PROzac CAPS 40MG
Pyrukynd TABS 20MG
Pyrukynd TABS 50MG
Pyrukynd TABS 5MG
Pyrukynd Taper Pack TBPK 5MG
Pyrukynd Taper Pack TBPK 7 x 20 MG & 7 x 5 MG
Pyrukynd Taper Pack TBPK 7 x 50 MG & 7 x 20 MG
QC Acetaminophen PM Ex St TABS 25-500MG
QC Aromatic Ammonia SPRT
QC Headache Relief PM TABS 500-38MG
QC Pain Relief Extra Strength TABS 500-25MG
QC Pain Reliever PM Ex St TABS 25-500MG
QC Rest Simply TABS 25MG
QC Sleep Aid Max St CAPS 50MG
QC Sleep-Aid Max St CAPS 50MG
QC Sleep-Aid Nighttime CAPS 25MG
Qelbree CP24 100MG
Qelbree CP24 150MG
Qelbree CP24 200MG
Qinlock TABS 50MG
Quazepam TABS 15MG
Qudexy XR CS24 100MG
Qudexy XR CS24 150MG
Qudexy XR CS24 200MG
Qudexy XR CS24 25MG
Qudexy XR CS24 50MG
QUetiapine Fumarate ER TB24 150MG
QUetiapine Fumarate ER TB24 200MG
QUetiapine Fumarate ER TB24 300MG
QUetiapine Fumarate ER TB24 400MG
QUetiapine Fumarate ER TB24 50MG
QUetiapine Fumarate TABS 100MG
QUetiapine Fumarate TABS 150MG
QUetiapine Fumarate TABS 200MG

QUetiapine Fumarate TABS 25MG
QUetiapine Fumarate TABS 300MG
QUetiapine Fumarate TABS 400MG
QUetiapine Fumarate TABS 50MG
QuilliChew ER CHER 20MG
QuilliChew ER CHER 30MG
QuilliChew ER CHER 40MG
Quillivant XR SRER 25MG/5ML
Quviviq TABS 25MG
Quviviq TABS 50MG
RA Acetaminophen PM Ex St TABS 25-500MG
RA Dairy Aid TABS 3000UNIT
RA Dairy Relief Fast Acting CHEW 9000UNIT
RA Dairy Relief Fast Acting TABS 9000UNIT
RA Ibuprofen PM TABS 200-38MG
RA Night Sleep Aid TABS 25MG
RA Nighttime Sleep Aid TABS 25MG
RA Sleep Aid (diphenhydrAMINE) TABS 25MG
RA Sleep Aid CAPS 50MG
RA Sleep Aid TABS 25MG
RA St Johns Wort TABS 300MG
Ramelteon TABS 8MG
Ravicti LIQD 1.1GM/ML
Rebinyn SOLR 1000UNIT
Rebinyn SOLR 2000UNIT
Rebinyn SOLR 3000UNIT
Rebinyn SOLR 500UNIT
Recombinate SOLR 1241-1800UNIT
Recombinate SOLR 1801-2400UNIT
Recombinate SOLR 220-400UNIT
Recombinate SOLR 401-800UNIT
Recombinate SOLR 801-1240UNIT
Relexxii TBCR 18MG
Relexxii TBCR 27MG
Relexxii TBCR 36MG
Relexxii TBCR 45MG
Relexxii TBCR 54MG
Relexxii TBCR 63MG
Remeron SolTab TBDP 15MG
Remeron SolTab TBDP 30MG
Remeron SolTab TBDP 45MG
Remeron TABS 15MG
Remeron TABS 30MG

Respiratonic LIQD
Restoril CAPS 15MG
Restoril CAPS 22.5MG
Restoril CAPS 30MG
Restoril CAPS 7.5MG
Retevmo CAPS 40MG
Retevmo CAPS 80MG
Retrovir CAPS 100MG
Retrovir SOLN 10MG/ML
Retrovir SYRP 50MG/5ML
Revcovi SOLN 2.4MG/1.5ML
Rexulti TABS 0.25MG
Rexulti TABS 0.5MG
Rexulti TABS 1MG
Rexulti TABS 2MG
Rexulti TABS 3MG
Rexulti TABS 4MG
Reyataz CAPS 200MG
Reyataz CAPS 300MG
Reyataz PACK 50MG
RiaSTAP SOLR
Ribavirin CAPS 200MG
Ribavirin TABS 200MG
RisperDAL Consta SRER 12.5MG
RisperDAL Consta SRER 25MG
RisperDAL Consta SRER 37.5MG
RisperDAL Consta SRER 50MG
RisperDAL SOLN 1MG/ML
RisperDAL TABS 0.5MG
RisperDAL TABS 1MG
RisperDAL TABS 2MG
RisperDAL TABS 3MG
RisperDAL TABS 4MG
risperiDONE Microspheres ER SRER 12.5MG
risperiDONE Microspheres ER SRER 25MG
risperiDONE Microspheres ER SRER 37.5MG
risperiDONE Microspheres ER SRER 50MG
risperiDONE SOLN 1MG/ML
risperiDONE TABS 0.25MG
risperiDONE TABS 0.5MG
risperiDONE TABS 1MG
risperiDONE TABS 2MG
risperiDONE TABS 3MG

risperiDONE TABS 4MG
risperiDONE TBDP 0.25MG
risperiDONE TBDP 0.5MG
risperiDONE TBDP 1MG
risperiDONE TBDP 2MG
risperiDONE TBDP 3MG
risperiDONE TBDP 4MG
Ritalin LA CP24 10MG
Ritalin LA CP24 20MG
Ritalin LA CP24 30MG
Ritalin LA CP24 40MG
Ritalin TABS 10MG
Ritalin TABS 20MG
Ritalin TABS 5MG
Ritonavir TABS 100MG
Rixubis SOLR 1000UNIT
Rixubis SOLR 2000UNIT
Rixubis SOLR 250UNIT
Rixubis SOLR 3000UNIT
Rixubis SOLR 500UNIT
Roweepra TABS 500MG
Rozerem TABS 8MG
Rozlytrek CAPS 100MG
Rozlytrek CAPS 200MG
Rozlytrek PACK 50MG
Rubraca TABS 200MG
Rubraca TABS 250MG
Rubraca TABS 300MG
Ruconest SOLR 2100UNIT
Rufinamide SUSP 40MG/ML
Rufinamide TABS 200MG
Rufinamide TABS 400MG
Rukobia TB12 600MG
Rydapt CAPS 25MG
Rykindo SRER 25MG
Rykindo SRER 37.5MG
Rykindo SRER 50MG
Ryplazim SOLR 68.8MG
Sabril PACK 500MG
Sabril TABS 500MG
Saphris SUBL 10MG
Saphris SUBL 2.5MG
Saphris SUBL 5MG

Sapropterin Dihydrochloride PACK 100MG
Sapropterin Dihydrochloride PACK 500MG
Sapropterin Dihydrochloride TABS 100MG
SB Dairy Relief TABS 9000UNIT
SB Lactase TABS 3000UNIT
SB Non-ASA Night Time TABS 500-25MG
SB Non-Aspirin Nighttime TABS 500-25MG
SB Pain Reliever PM TABS 500-25MG
SB Sleep TABS 25MG
Scemblix TABS 20MG
Scemblix TABS 40MG
Secuado PT24 3.8MG/24HR
Secuado PT24 5.7MG/24HR
Secuado PT24 7.6MG/24HR
Selzentry SOLN 20MG/ML
Selzentry TABS 150MG
Selzentry TABS 300MG
SEROquel TABS 100MG
SEROquel TABS 200MG
SEROquel TABS 25MG
SEROquel TABS 300MG
SEROquel TABS 400MG
SEROquel TABS 50MG
SEROquel XR TB24 150MG
SEROquel XR TB24 200MG
SEROquel XR TB24 300MG
SEROquel XR TB24 400MG
SEROquel XR TB24 50MG
Sertraline HCl CAPS 150MG
Sertraline HCl CAPS 200MG
Sertraline HCl CONC 20MG/ML
Sertraline HCl POWD
Sertraline HCl TABS 100MG
Sertraline HCl TABS 25MG
Sertraline HCl TABS 50MG
Sevenfact SOLR 1MG
Sevenfact SOLR 5MG
Sezaby SOLR 100MG
Silenor TABS 3MG
Silenor TABS 6MG
Similase Lipo CAPS
Simply Sleep TABS 25MG
Singers Saving Grace Throat LIQD

Skyclarys CAPS 50MG
Sleep Aid (Diphenhydramine) TABS 25MG
Sleep Aid (Doxylamine) TABS 25MG
Sleep Aid LIQD 50MG/30ML
Sleep Aid TABS 25MG
Sleep Tabs TABS 25MG
Sleep-Aid CAPS 25MG
Sleep-Aid CAPS 50MG
Sleep-Aid TABS 25MG
Sleep-Tabs TABS 25MG
SM Headache Relief PM TABS 500-38MG
SM Ibuprofen PM TABS 200-38MG
SM Nighttime Sleep Aid TABS 25MG
SM Pain Reliever PM Ex St TABS 25-500MG
SM Sleep Aid TABS 25MG
SM St Johns Wort TABS 300MG
SM Ultra Dairy Digestive TABS 9000UNIT
Sod Benz-Sod Phenylacet SOLN 10-10%
Sodium Phenylbutyrate POWD 3GM/TSP
Sodium Phenylbutyrate TABS 500MG
Sofosbuvir-Velpatasvir TABS 400-100MG
Sohonos CAPS 1.5MG
Sohonos CAPS 10MG
Sohonos CAPS 1MG
Sohonos CAPS 2.5MG
Sohonos CAPS 5MG
Soliris SOLN 300MG/30ML
Sominex Max St TABS 50MG
Sominex Nighttime Sleep-Aid TABS 25MG
Sominex TABS 25MG
SORafenib Tosylate TABS 200MG
Sovaldi PACK 150MG
Sovaldi PACK 200MG
Sovaldi TABS 200MG
Sovaldi TABS 400MG
Spinraza SOLN 12MG/5ML
Spravato (56 MG Dose) SOPK 28MG/DEVICE
Spravato (84 MG Dose) SOPK 28MG/DEVICE
Spritam TB3D 1000MG
Spritam TB3D 250MG
Spritam TB3D 500MG
Spritam TB3D 750MG
Sprycel TABS 100MG

Sprycel TABS 140MG
Sprycel TABS 20MG
Sprycel TABS 50MG
Sprycel TABS 70MG
Sprycel TABS 80MG
St Johns Wort CAPS 1000MG
St Johns Wort CAPS 150MG
St Johns Wort CAPS 300MG
St Johns Wort CAPS 450MG
St Johns Wort Mood Relaxer CAPS 300MG
St Johns Wort POWD
St Johns Wort TABS 150MG
St Johns Wort TABS 300MG
Stivarga TABS 40MG
Strattera CAPS 100MG
Strattera CAPS 10MG
Strattera CAPS 18MG
Strattera CAPS 25MG
Strattera CAPS 40MG
Strattera CAPS 60MG
Strattera CAPS 80MG
Strensiq SOLN 18MG/0.45ML
Strensiq SOLN 28MG/0.7ML
Strensiq SOLN 40MG/ML
Strensiq SOLN 80MG/0.8ML
Stress ReLeaf LIQD
Stribild TABS 150-150-200-300MG
Sublocade SOSY 100MG/0.5ML
Sublocade SOSY 300MG/1.5ML
Suboxone FILM 12-3MG
Suboxone FILM 2-0.5MG
Suboxone FILM 4-1MG
Suboxone FILM 8-2MG
Subvenite Starter Kit-Blue KIT 35 x 25MG
Subvenite Starter Kit-Green KIT 84 x 25 MG &
14x100 MG
Subvenite Starter Kit-Orange KIT 42 x 25 MG &7
x 100 MG
Subvenite TABS 100MG
Subvenite TABS 150MG
Subvenite TABS 200MG
Subvenite TABS 25MG
Sucraid SOLN 8500UNIT/ML

SUNItinib Malate CAPS 12.5MG
SUNItinib Malate CAPS 25MG
SUNItinib Malate CAPS 37.5MG
SUNItinib Malate CAPS 50MG
Sunlenca SOLN 463.5MG/1.5ML
Sunlenca TBPK 4 x 300MG
Sunlenca TBPK 5 x 300MG
Sunosi TABS 150MG
Sunosi TABS 75MG
Super Enzymes TABS
Surelac TABS 3000UNIT
Sutent CAPS 12.5MG
Sutent CAPS 25MG
Sutent CAPS 37.5MG
Sutent CAPS 50MG
Symbyax CAPS 3-25MG
Symbyax CAPS 6-25MG
Symdeko TBPK 100-150 & 150MG
Symdeko TBPK 50-75 & 75MG
Symfi Lo TABS 400-300-300MG
Symfi TABS 600-300-300MG
Sympazan FILM 10MG
Sympazan FILM 20MG
Sympazan FILM 5MG
Symtuza TABS 800-150-200-10MG
Tabrecta TABS 150MG
Tabrecta TABS 200MG
Tafinlar CAPS 50MG
Tafinlar CAPS 75MG
Tafinlar TBSO 10MG
Tagrisso TABS 40MG
Tagrisso TABS 80MG
Takhzyro SOLN 300MG/2ML
Takhzyro SOSY 150MG/ML
Takhzyro SOSY 300MG/2ML
Talzenna CAPS 0.1MG
Talzenna CAPS 0.25MG
Talzenna CAPS 0.35MG
Talzenna CAPS 0.5MG
Talzenna CAPS 0.75MG
Talzenna CAPS 1MG
Tarceva TABS 100MG
Tarceva TABS 150MG

Tarceva TABS 25MG
Tasigna CAPS 150MG
Tasigna CAPS 200MG
Tasigna CAPS 50MG
Tasimelteon CAPS 20MG
Tavneos CAPS 10MG
TEGretol SUSP 100MG/5ML
TEGretol TABS 200MG
TEGretol-XR TB12 100MG
TEGretol-XR TB12 200MG
TEGretol-XR TB12 400MG
Temazepam CAPS 15MG
Temazepam CAPS 22.5MG
Temazepam CAPS 30MG
Temazepam CAPS 7.5MG
Tenofovir Disoproxil Fumarate TABS 300MG
Tepmetko TABS 225MG
Thioridazine HCl TABS 100MG
Thioridazine HCl TABS 10MG
Thioridazine HCl TABS 25MG
Thioridazine HCl TABS 50MG
Thiothixene CAPS 10MG
Thiothixene CAPS 1MG
Thiothixene CAPS 2MG
Thiothixene CAPS 5MG
Thrombate III SOLR 1000UNIT
Thrombate III SOLR 500UNIT
tiaGABine HCl TABS 12MG
tiaGABine HCl TABS 16MG
tiaGABine HCl TABS 2MG
tiaGABine HCl TABS 4MG
Tivicay PD TBSO 5MG
Tivicay TABS 50MG
Topamax Sprinkle CPSP 15MG
Topamax Sprinkle CPSP 25MG
Topamax TABS 100MG
Topamax TABS 200MG
Topamax TABS 25MG
Topamax TABS 50MG
Topiramate CPSP 15MG
Topiramate CPSP 25MG
Topiramate ER CP24 100MG
Topiramate ER CP24 200MG
Topiramate ER CP24 25MG
Topiramate ER CP24 50MG
Topiramate ER CS24 100MG
Topiramate ER CS24 150MG
Topiramate ER CS24 200MG
Topiramate ER CS24 25MG
Topiramate ER CS24 50MG
Topiramate TABS 100MG
Topiramate TABS 200MG
Topiramate TABS 25MG
Topiramate TABS 50MG
Tranexamic Acid SOLN 1000MG/10ML
Tranexamic Acid TABS 650MG
Tranexamic Acid-NaCl SOLN 1000-0.7MG/100ML-%
Tranlycypromine Sulfate TABS 10MG
traZODone HCl POWD
traZODone HCl TABS 100MG
traZODone HCl TABS 150MG
traZODone HCl TABS 300MG
traZODone HCl TABS 50MG
Tretten SOLR 2500UNIT
Triazolam TABS 0.125MG
Triazolam TABS 0.25MG
Trifluoperazine HCl TABS 10MG
Trifluoperazine HCl TABS 1MG
Trifluoperazine HCl TABS 2MG
Trifluoperazine HCl TABS 5MG
Trihexyphenidyl HCl SOLN 0.4MG/ML
Trihexyphenidyl HCl TABS 2MG
Trihexyphenidyl HCl TABS 5MG
Trikafta TBPK 100-50-75 & 150MG
Trikafta TBPK 50-25-37.5 & 75MG
Trikafta THPK 100-50-75 & 75MG
Trikafta THPK 80-40-60 & 59.5MG
Trileptal SUSP 300MG/5ML
Trileptal TABS 150MG
Trileptal TABS 300MG
Trileptal TABS 600MG
Trimipramine Maleate CAPS 100MG
Trimipramine Maleate CAPS 25MG
Trimipramine Maleate CAPS 50MG
Trimipramine Maleate POWD
Trintellix TABS 10MG

Trintellix TABS 20MG
Trintellix TABS 5MG
Triumeq PD TBSO 60-5-30MG
Triumeq TABS 600-50-300MG
Trogarzo SOLN 200MG/1.33ML
Trokendi XR CP24 100MG
Trokendi XR CP24 200MG
Trokendi XR CP24 25MG
Trokendi XR CP24 50MG
Truvada TABS 100-150MG
Truvada TABS 133-200MG
Truvada TABS 167-250MG
Truvada TABS 200-300MG
Tryptophan POWD
Tukysa TABS 150MG
Tukysa TABS 50MG
Turalio CAPS 125MG
Tybost TABS 150MG
Tykerb TABS 250MG
Tylenol PM Extra Strength TABS 500-25MG
Tyler Similase CAPS
Tyler Similase Sensitive CAPS
Ultomiris SOLN 1100MG/11ML
Ultomiris SOLN 300MG/3ML
Unisom Sleepgels CAPS 50MG
Unisom SleepMelts TBDP 25MG
Unisom SleepMinis CAPS 25MG
Unisom SleepTabs TABS 25MG
Uzedy SUSY 100MG/0.28ML
Uzedy SUSY 125MG/0.35ML
Uzedy SUSY 150MG/0.42ML
Uzedy SUSY 200MG/0.56ML
Uzedy SUSY 250MG/0.7ML
Uzedy SUSY 50MG/0.14ML
Uzedy SUSY 75MG/0.21ML
Valium TABS 10MG
Valium TABS 2MG
Valium TABS 5MG
Valproate Sodium SOLN 100MG/ML
Valproic Acid CAPS 250MG
Valproic Acid SOLN 250MG/5ML
Valtoco 10 MG Dose LIQD 10MG/0.1ML
Valtoco 15 MG Dose LQPK 7.5MG/0.1ML
Valtoco 20 MG Dose LQPK 10MG/0.1ML
Valtoco 5 MG Dose LIQD 5MG/0.1ML
Vanflyta TABS 17.7MG
Vanflyta TABS 26.5MG
VB6 P5P POWD
Velcade SOLR 3.5MG
Venlafaxine Besylate ER TB24 112.5MG
Venlafaxine HCl ER CP24 150MG
Venlafaxine HCl ER CP24 37.5MG
Venlafaxine HCl ER CP24 75MG
Venlafaxine HCl ER TB24 150MG
Venlafaxine HCl ER TB24 225MG
Venlafaxine HCl ER TB24 37.5MG
Venlafaxine HCl ER TB24 75MG
Venlafaxine HCl TABS 100MG
Venlafaxine HCl TABS 25MG
Venlafaxine HCl TABS 37.5MG
Venlafaxine HCl TABS 50MG
Venlafaxine HCl TABS 75MG
Versacloz SUSP 50MG/ML
Verzenio TABS 100MG
Verzenio TABS 150MG
Verzenio TABS 200MG
Verzenio TABS 50MG
Vigabatrin PACK 500MG
Vigabatrin TABS 500MG
Vigadrone PACK 500MG
Vigadrone TABS 500MG
Vigpoder PACK 500MG
Viibryd TABS 10MG
Viibryd TABS 20MG
Viibryd TABS 40MG
Vijoice TBPK 125MG
Vijoice TBPK 200 & 50MG
Vijoice TBPK 50MG
Vilazodone HCl TABS 10MG
Vilazodone HCl TABS 20MG
Vilazodone HCl TABS 40MG
Viltepso SOLN 250MG/5ML
Vimizim SOLN 5MG/5ML
Vimpat SOLN 10MG/ML
Vimpat SOLN 200MG/20ML
Vimpat TABS 100MG

Vimpat TABS 150MG
Vimpat TABS 200MG
Vimpat TABS 50MG
Viracept TABS 250MG
Viracept TABS 625MG
Viread POWD 40MG/GM
Viread TABS 150MG
Viread TABS 200MG
Viread TABS 250MG
Viread TABS 300MG
Vitrakvi CAPS 100MG
Vitrakvi CAPS 25MG
Vitrakvi SOLN 20MG/ML
Vivitrol SUSR 380MG
Vizimpro TABS 15MG
Vizimpro TABS 30MG
Vizimpro TABS 45MG
Vocabria TABS 30MG
Vonjo CAPS 100MG
Vonvendi SOLR 1300UNIT
Vonvendi SOLR 650UNIT
Vosevi TABS 400-100-100MG
Votrient TABS 200MG
Voxzogo SOLR 0.4MG
Voxzogo SOLR 0.56MG
Voxzogo SOLR 1.2MG
Vpriv SOLR 400UNIT
Vraylar CAPS 1.5MG
Vraylar CAPS 3MG
Vraylar CAPS 4.5MG
Vraylar CAPS 6MG
Vraylar CPPK 1.5 & 3MG
Vyondys 53 SOLN 100MG/2ML
Vyvanse CAPS 10MG
Vyvanse CAPS 20MG
Vyvanse CAPS 30MG
Vyvanse CAPS 40MG
Vyvanse CAPS 50MG
Vyvanse CAPS 60MG
Vyvanse CAPS 70MG
Vyvanse CHEW 10MG
Vyvanse CHEW 20MG
Vyvanse CHEW 30MG

Vyvanse CHEW 40MG
Vyvanse CHEW 50MG
Vyvanse CHEW 60MG
Wakix TABS 17.8MG
Wakix TABS 4.45MG
Wal-Sleep Z CAPS 25MG
Wal-Sleep Z LIQD 50MG/30ML
Wal-Sleep Z TBDP 25MG
Wal-Som Maximum Strength CAPS 50MG
Wal-Som TABS 25MG
Wal-Som TBDP 25MG
Welireg TABS 40MG
Wellbutrin SR TB12 100MG
Wellbutrin SR TB12 150MG
Wellbutrin SR TB12 200MG
Wellbutrin XL TB24 150MG
Wellbutrin XL TB24 300MG
Wilate KIT 1000-1000UNIT
Wilate KIT 500-500UNIT
Xalkori CAPS 200MG
Xalkori CAPS 250MG
Xanax TABS 0.25MG
Xanax TABS 0.5MG
Xanax TABS 1MG
Xanax TABS 2MG
Xanax XR TB24 0.5MG
Xanax XR TB24 1MG
Xanax XR TB24 2MG
Xanax XR TB24 3MG
Xcopri (250 MG Daily Dose) TBPK 100 & 150MG
Xcopri (350 MG Daily Dose) TBPK 150 & 200MG
Xcopri TABS 100MG
Xcopri TABS 150MG
Xcopri TABS 200MG
Xcopri TABS 50MG
Xcopri TBPK 14 x 12.5 MG & 14 x 25 MG
Xcopri TBPK 14 x 150 MG & 14 x 200 MG
Xcopri TBPK 14 x 50 MG & 14 x 100 MG
Xelstrym PTCH 13.5MG/9HR
Xelstrym PTCH 18MG/9HR
Xelstrym PTCH 4.5MG/9HR
Xelstrym PTCH 9MG/9HR
Xospata TABS 40MG

Xylozyme CAPS
Xyntha KIT 1000UNIT
Xyntha KIT 2000UNIT
Xyntha KIT 250UNIT
Xyntha KIT 500UNIT
Xyntha Solofuse KIT 1000UNIT
Xyntha Solofuse KIT 2000UNIT
Xyntha Solofuse KIT 250UNIT
Xyntha Solofuse KIT 3000UNIT
Xyntha Solofuse KIT 500UNIT
Yargesa CAPS 100MG
Zaleplon CAPS 10MG
Zaleplon CAPS 5MG
Zarbee's Throat Spray Childrens LIQD
Zarontin CAPS 250MG
Zarontin SOLN 250MG/5ML
Zavesca CAPS 100MG
Zejula TABS 100MG
Zejula TABS 200MG
Zejula TABS 300MG
Zelboraf TABS 240MG
Zenzedi TABS 10MG
Zenzedi TABS 15MG
Zenzedi TABS 2.5MG
Zenzedi TABS 20MG
Zenzedi TABS 30MG
Zenzedi TABS 5MG
Zenzedi TABS 7.5MG
Zepatier TABS 50-100MG
Ziagen SOLN 20MG/ML
Zidovudine CAPS 100MG
Zidovudine SYRP 50MG/5ML
Zidovudine TABS 300MG
Ziprasidone HCl CAPS 20MG
Ziprasidone HCl CAPS 40MG
Ziprasidone HCl CAPS 60MG
Ziprasidone HCl CAPS 80MG
Ziprasidone Mesylate SOLR 20MG
Zokinvy CAPS 50MG
Zokinvy CAPS 75MG
Zoloft CONC 20MG/ML
Zoloft TABS 100MG
Zoloft TABS 25MG

Zoloft TABS 50MG
Zolpidem Tartrate CAPS 7.5MG
Zolpidem Tartrate ER TBCR 12.5MG
Zolpidem Tartrate ER TBCR 6.25MG
Zolpidem Tartrate SUBL 1.75MG
Zolpidem Tartrate SUBL 3.5MG
Zolpidem Tartrate TABS 10MG
Zolpidem Tartrate TABS 5MG
Zonegran CAPS 100MG
Zonegran CAPS 25MG
Zonisade SUSP 100MG/5ML
Zonisamide CAPS 100MG
Zonisamide CAPS 25MG
Zonisamide CAPS 50MG
Ztalmy SUSP 50MG/ML
Zubsolv SUBL 0.7-0.18MG
Zubsolv SUBL 1.4-0.36MG
Zubsolv SUBL 11.4-2.9MG
Zubsolv SUBL 2.9-0.71MG
Zubsolv SUBL 5.7-1.4MG
Zubsolv SUBL 8.6-2.1MG
Zydelig TABS 100MG
Zydelig TABS 150MG
Zykadia TABS 150MG
ZyPREXA Relprevv SUSR 210MG
ZyPREXA Relprevv SUSR 300MG
ZyPREXA Relprevv SUSR 405MG
ZyPREXA SOLR 10MG
ZyPREXA TABS 10MG
ZyPREXA TABS 15MG
ZyPREXA TABS 2.5MG
ZyPREXA TABS 20MG
ZyPREXA TABS 5MG
ZyPREXA TABS 7.5MG
ZyPREXA Zydys TBDP 10MG
ZyPREXA Zydys TBDP 15MG
ZyPREXA Zydys TBDP 20MG
ZyPREXA Zydys TBDP 5MG
ZzzQuil CAPS 25MG
ZzzQuil LIQD 50MG/30ML

NON-COVERED MEDICATIONS

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

- Drugs for Cosmetic Purposes
- Experimental or Investigational Medications
- Convenience Dosage Forms not listed in the Formulary
- Fertility Drugs
- Sexual Dysfunction Drugs
- OTC Medications not listed on the Formulary
- Medications used for non-FDA approved indications, unless approved by Medical Director
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related, or similar drugs (frequently referred to as “DESI 5 and 6” drugs)

URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member’s condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina Healthcare. (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription). Pharmacies are instructed to use their professional judgment. Molina Healthcare will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact CVS Caremark Help Desk at (800) 364-6331 to obtain an override for a 72-hour supply.

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FORMULARY UPDATES

Abbreviation	Definition
AL	Age Limit
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
ST	Step Therapy

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Drug Name	Formulary Status	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	Preferred	AGE (Max 1 Years)
*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>benzphetamine hcl oral tablet 50 mg</i>	Preferred	PA; AGE (Min 18 Years)
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	Preferred	PA; AGE (Min 18 Years)
<i>diethylpropion hcl oral tablet 25 mg</i>	Preferred	PA; AGE (Min 18 Years)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	Preferred	PA; AGE (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Preferred	PA; AGE (Min 18 Years)
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	Preferred	PA; AGE (Min 18 Years)
<i>phentermine hcl oral tablet 37.5 mg</i>	Preferred	PA; AGE (Min 18 Years)
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	Preferred	PA; AGE (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	Preferred	PA; AGE (Min 18 Years)
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	Preferred	PA; AGE (Min 12 Years)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	Preferred	PA; AGE (Min 12 Years)
*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>orlistat oral capsule 120 mg</i>	Preferred	PA; AGE (Min 12 Years)
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	Preferred	PA; AGE (Min 12 Years)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS		
*ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)

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
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ALTERNATIVE MEDICINES - VITAMINS AND MINERALS		
*ALTERNATIVE MEDICINE - ME'S*** - VITAMINS AND MINERALS		
<i>cvs melatonin oral capsule 10 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>cvs melatonin oral capsule 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 12 Years)
<i>cvs melatonin oral tablet 3 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>cvs melatonin quick-dissolve oral tablet dispersible 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 12 Years)
<i>cvs melatonin sublingual tablet sublingual 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>cvs quality sleep oral capsule 10 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>gnp melatonin maximum strength oral tablet 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>gnp melatonin oral tablet 3 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>gnp melatonin oral tablet extended release 10 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>kp melatonin oral tablet 3 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>melatonin er oral tablet extended release 10 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>melatonin liquid 1 mg/ml oral</i>	Preferred	CSHCS coverage only
<i>melatonin maximum strength oral tablet 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>melatonin oral capsule 10 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)

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>melatonin oral capsule 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 12 Years)
<i>melatonin oral liquid 1 mg/4ml, 2.5 mg/10ml</i>	Preferred	QL (20 ML per 1 day); AGE (Max 12 Years)
<i>melatonin oral liquid 1 mg/ml</i>	Preferred	
<i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>melatonin oral tablet dispersible 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 12 Years)
<i>melatonin sublingual tablet sublingual 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>mm melatonin oral tablet extended release 10 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>qc melatonin max st oral tablet 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>ra melatonin oral tablet 3 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>sm melatonin oral tablet 3 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>sm melatonin oral tablet dispersible 5 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 12 Years)
<i>sv melatonin oral tablet 5 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID 1 MG/ML (<i>melatonin</i>)	Preferred	
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>neomycin sulfate oral tablet 500 mg</i>	Preferred	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Preferred	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	Preferred	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	Preferred	
KITABIS PAK NEBULIZATION SOLUTION 300 MG/5ML INHALATION (<i>tobramycin</i>)	Preferred	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	Preferred	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Non Preferred	PA
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	Non Preferred	PA
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION (<i>tobramycin</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	Non Preferred	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	Non Preferred	PA
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Non Preferred	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	Non Preferred	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	Non Preferred	PA
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab</i>)	Preferred	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab</i>)	Preferred	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	Preferred	
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Preferred	
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	Preferred	
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Preferred	
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Preferred	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Preferred	
<i>adalimumab-aacf subcutaneous auto-injector kit 40 mg/0.8ml</i>	Non Preferred	PA
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Non Preferred	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	Non Preferred	PA
<i>adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml</i>	Non Preferred	PA
<i>adalimumab-adbm subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml</i>	Non Preferred	PA
<i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Non Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-atto</i>)	Non Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-atto</i>)	Non Preferred	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	Non Preferred	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	Non Preferred	PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	Non Preferred	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	Non Preferred	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	Non Preferred	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	Non Preferred	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	Non Preferred	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	Non Preferred	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	Non Preferred	PA
HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	Non Preferred	PA
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	Non Preferred	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	Non Preferred	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	Non Preferred	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	Non Preferred	PA
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	Non Preferred	PA
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	Non Preferred	PA
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	Non Preferred	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	Non Preferred	PA
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	Non Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	Non Preferred	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	Non Preferred	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	Non Preferred	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	Non Preferred	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	Non Preferred	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	Non Preferred	PA
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	Non Preferred	PA
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Preferred	QL (1 EA per 1 day)
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG (<i>celecoxib</i>)	Non Preferred	PA; QL (2 EA per 1 day)
CELEBREX ORAL CAPSULE 400 MG (<i>celecoxib</i>)	Non Preferred	PA; QL (1 EA per 1 day)
*INTERLEUKIN-6 RECEPTOR INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	Non Preferred	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	Non Preferred	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	Non Preferred	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	Non Preferred	PA
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Non Preferred	PA
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	Non Preferred	PA
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	Non Preferred	PA
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	Non Preferred	PA
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	Non Preferred	PA
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
<i>all day pain relief oral tablet 220 mg</i>	Preferred	
<i>all day relief oral tablet 220 mg</i>	Preferred	
<i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>	Preferred	
<i>childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>cvs all day pain relief oral tablet 220 mg</i>	Preferred	
<i>cvs childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>cvs ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>cvs ibuprofen childrens oral tablet chewable 100 mg</i>	Preferred	
<i>cvs ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>cvs ibuprofen oral capsule 200 mg</i>	Preferred	
<i>cvs ibuprofen oral tablet 200 mg</i>	Preferred	
<i>cvs naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>cvs naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Preferred	
<i>eq all day pain relief oral tablet 220 mg</i>	Preferred	
<i>eq ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>eq ibuprofen junior oral tablet chewable 100 mg</i>	Preferred	
<i>eq ibuprofen oral capsule 200 mg</i>	Preferred	
<i>eq ibuprofen oral tablet 200 mg</i>	Preferred	
<i>eq naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>eql childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>eql ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>eql ibuprofen oral capsule 200 mg</i>	Preferred	
<i>eql ibuprofen oral tablet 200 mg</i>	Preferred	
<i>eql naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	Preferred	
<i>gnp ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>gnp ibuprofen oral capsule 200 mg</i>	Preferred	
<i>gnp ibuprofen oral tablet 200 mg</i>	Preferred	
<i>gnp naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>gnp naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>goodsense ibuprofen oral capsule 200 mg</i>	Preferred	
<i>goodsense ibuprofen oral tablet 200 mg</i>	Preferred	
<i>goodsense naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>hm ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>hm ibuprofen oral capsule 200 mg</i>	Preferred	
<i>hy-vee all day relief oral tablet 220 mg</i>	Preferred	
<i>ibu-200 oral tablet 200 mg</i>	Preferred	
<i>ibuprofen 100 junior strength oral tablet chewable 100 mg</i>	Preferred	
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Preferred	
<i>ibuprofen oral capsule 200 mg</i>	Preferred	
<i>ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	Preferred	
<i>ibuprofen oral tablet chewable 100 mg</i>	Preferred	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Preferred	
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Preferred	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Preferred	QL (21 EA per 1 Fill)
<i>kls ibuprofen ib oral tablet 200 mg</i>	Preferred	
<i>kls ibuprofen oral tablet 200 mg</i>	Preferred	
<i>meijer ibuprofen oral tablet 200 mg</i>	Preferred	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Preferred	
<i>mm ibuprofen oral tablet 200 mg</i>	Preferred	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Preferred	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Preferred	
<i>naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>qc childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>qc ibuprofen ib oral tablet 200 mg</i>	Preferred	
<i>qc ibuprofen oral capsule 200 mg</i>	Preferred	
<i>qc ibuprofen oral tablet 200 mg</i>	Preferred	
<i>qc naproxen sodium oral capsule 220 mg</i>	Preferred	
<i>qc naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>ra ibuprofen childrens oral suspension 100 mg/5ml</i>	Preferred	
<i>ra ibuprofen infants oral suspension 50 mg/1.25ml</i>	Preferred	
<i>ra ibuprofen junior strength oral tablet chewable 100 mg</i>	Preferred	
<i>ra ibuprofen oral capsule 200 mg</i>	Preferred	
<i>ra ibuprofen oral tablet 200 mg</i>	Preferred	
<i>ra naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>ra pain relief ibuprofen oral tablet 200 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>sb ibuprofen oral tablet 200 mg</i>	Preferred	
<i>sb infants ibuprofen oral suspension 50 mg/1.25ml</i>	Preferred	
<i>sb naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	Preferred	
<i>sm ibuprofen ib childrens oral tablet chewable 100 mg</i>	Preferred	
<i>sm ibuprofen ib oral tablet 200 mg</i>	Preferred	
<i>sm ibuprofen oral capsule 200 mg</i>	Preferred	
<i>sm ibuprofen oral tablet 200 mg</i>	Preferred	
<i>sm infants ibuprofen oral suspension 50 mg/1.25ml</i>	Preferred	
<i>sm naproxen sodium oral tablet 220 mg</i>	Preferred	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Preferred	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (<i>ibuprofen</i>)	Preferred	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	Preferred	
CHILDRENS MEDI-PROFEN ORAL SUSPENSION 100 MG/5ML (<i>ibuprofen</i>)	Preferred	
HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML (<i>ibuprofen</i>)	Preferred	
<i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>	Preferred	
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG (<i>ibuprofen</i>)	Preferred	
MEDI-PROFEN ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	Preferred	
MEDI-PROFEN ORAL SUSPENSION 40 MG/ML (<i>ibuprofen</i>)	Preferred	
MEDI-PROFEN ORAL TABLET 200 MG (<i>ibuprofen</i>)	Preferred	
MEDIPROXEN ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Preferred	
MOTRIN IB ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	Preferred	
MOTRIN IB ORAL TABLET 200 MG (<i>ibuprofen</i>)	Preferred	
PAMPRIIN ALL DAY RELIEF MAX ST ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Preferred	
WAL-PROFEN ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	Preferred	
WAL-PROFEN ORAL TABLET 200 MG (<i>ibuprofen</i>)	Preferred	
<i>diclofenac potassium oral capsule 25 mg</i>	Non Preferred	PA
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	Non Preferred	PA
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Non Preferred	PA
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	Non Preferred	PA
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Non Preferred	PA
<i>etodolac oral capsule 200 mg, 300 mg</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>etodolac oral tablet 400 mg, 500 mg</i>	Non Preferred	PA
<i>fenoprofen calcium oral capsule 400 mg</i>	Non Preferred	PA
<i>fenoprofen calcium oral tablet 600 mg</i>	Non Preferred	PA
<i>flurbiprofen oral tablet 100 mg</i>	Non Preferred	PA
<i>indomethacin er oral capsule extended release 75 mg</i>	Non Preferred	PA
<i>indomethacin oral suspension 25 mg/5ml</i>	Non Preferred	PA
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	Non Preferred	PA
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Non Preferred	PA
<i>mefenamic acid oral capsule 250 mg</i>	Non Preferred	PA
<i>meloxicam oral capsule 10 mg, 5 mg</i>	Non Preferred	PA
<i>naproxen oral suspension 125 mg/5ml</i>	Non Preferred	PA
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Non Preferred	PA
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	Non Preferred	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Non Preferred	PA
<i>oxaprozin oral tablet 600 mg</i>	Non Preferred	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Non Preferred	PA
<i>tolmetin sodium oral capsule 400 mg</i>	Non Preferred	PA
<i>tolmetin sodium oral tablet 600 mg</i>	Non Preferred	PA
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	Non Preferred	PA
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	Non Preferred	PA
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	Non Preferred	PA
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	Non Preferred	PA
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>diclofenac potassium</i> (Lofena Oral Tablet 25 Mg)	Non Preferred	PA
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	Non Preferred	PA
NALFON ORAL TABLET 600 MG (<i>fenoprofen calcium</i>)	Non Preferred	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	Non Preferred	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	Non Preferred	PA
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	Non Preferred	PA
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	Non Preferred	PA
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Non Preferred	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	Non Preferred	PA
*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Preferred	QL (1 EA per 1 day)
*SELECTIVE COSTIMULATION MODULATORS*** - ARTHRITIS AND PAIN DRUGS		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	Non Preferred	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	Non Preferred	PA
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	Preferred	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	Preferred	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	Preferred	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	Preferred	
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS		
<i>8 hour arthritis pain oral tablet extended release 650 mg</i>	Preferred	
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	Preferred	
<i>8 hr arthritis pain relief oral tablet extended release 650 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>acetaminophen 8 hour oral tablet extended release 650 mg</i>	Preferred	
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	Preferred	
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>acetaminophen er oral tablet extended release 650 mg</i>	Preferred	
<i>acetaminophen extra strength oral tablet 500 mg</i>	Preferred	
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	Preferred	
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Preferred	
<i>acetaminophen oral liquid 160 mg/5ml</i>	Preferred	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	Preferred	
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Preferred	
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	
<i>acetaminophen oral tablet chewable 80 mg</i>	Preferred	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	Preferred	
<i>apap childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	Preferred	
<i>betatemp childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	Preferred	
<i>childrens apap oral tablet chewable 80 mg</i>	Preferred	
<i>childrens non-aspirin oral suspension 160 mg/5ml</i>	Preferred	
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	Preferred	
<i>childrens pain reliever oral tablet chewable 80 mg</i>	Preferred	
<i>childrens silapap oral liquid 160 mg/5ml</i>	Preferred	
<i>cvs 8hr arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>cvs 8hr muscle aches & pain oral tablet extended release 650 mg</i>	Preferred	
<i>cvs acetaminophen ex st oral tablet 500 mg</i>	Preferred	
<i>cvs acetaminophen oral tablet 325 mg</i>	Preferred	
<i>cvs arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>cvs childs non-aspirin oral tablet chewable 80 mg</i>	Preferred	
<i>cvs fever reducing childrens rectal suppository 120 mg</i>	Preferred	
<i>cvs infants pain relief drops oral suspension 160 mg/5ml</i>	Preferred	
<i>cvs non-aspirin childrens oral tablet chewable 80 mg</i>	Preferred	
<i>cvs non-aspirin extra strength oral tablet 500 mg</i>	Preferred	
<i>cvs pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>cvs pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>cvs pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>cvs pain relief oral tablet 500 mg</i>	Preferred	
<i>cvs pain relief oral tablet extended release 650 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>ed-apap oral liquid 160 mg/5ml</i>	Preferred	
<i>eq 8hr arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>eq acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	
<i>eq arthritis pain oral tablet extended release 650 mg</i>	Preferred	
<i>eq pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>eq pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>eq pain reliever ex st oral tablet 500 mg</i>	Preferred	
<i>eq pain reliever oral tablet 325 mg, 500 mg</i>	Preferred	
<i>eql acetaminophen childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>eql acetaminophen ex st oral tablet 500 mg</i>	Preferred	
<i>eql acetaminophen oral tablet 325 mg</i>	Preferred	
<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 oral tablet 325 mg</i>	Preferred	
<i>gnp children's pain & fever oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>gnp pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>gnp pain relief oral tablet 325 mg</i>	Preferred	
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	Preferred	
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	Preferred	
<i>goodsense pain & 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>hm arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>hm pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>hm pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>infants pain & fever oral suspension 160 mg/5ml</i>	Preferred	
<i>kls acetaminophen ex st oral tablet 500 mg</i>	Preferred	
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	Preferred	
<i>liquid pain relief oral liquid 160 mg/5ml</i>	Preferred	
<i>mapap oral capsule 500 mg</i>	Preferred	
<i>mapap oral liquid 160 mg/5ml</i>	Preferred	
<i>mapap oral tablet chewable 80 mg</i>	Preferred	
<i>meijer aspirin free oral tablet 325 mg, 500 mg</i>	Preferred	
<i>mm arthritis pain oral tablet extended release 650 mg</i>	Preferred	
<i>m-pap oral liquid 160 mg/5ml</i>	Preferred	
<i>non-aspirin extra strength oral tablet 500 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>non-aspirin oral tablet 325 mg, 500 mg</i>	Preferred	
<i>non-aspirin pain relief oral tablet 325 mg</i>	Preferred	
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	
<i>pain & fever kids oral suspension 160 mg/5ml</i>	Preferred	
<i>pain relief childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>pain relief extra strength oral capsule 500 mg</i>	Preferred	
<i>pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>pain relief regular strength oral tablet 325 mg</i>	Preferred	
<i>pain reliever extra strength oral tablet 500 mg</i>	Preferred	
<i>pain reliever for adults oral tablet 500 mg</i>	Preferred	
<i>pain reliever oral tablet 325 mg</i>	Preferred	
<i>pain reliever/fever reducer rectal suppository 120 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 extra strength oral tablet 500 mg</i>	Preferred	
<i>qc pain relief childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>qc pain relief extra strength oral tablet 500 mg</i>	Preferred	
<i>qc pain relief oral tablet 325 mg</i>	Preferred	
<i>ra 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>ra acetaminophen ex st oral tablet 500 mg</i>	Preferred	
<i>ra acetaminophen oral tablet 325 mg</i>	Preferred	
<i>ra arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>ra childrens fever/pain oral suspension 160 mg/5ml</i>	Preferred	
<i>ra fever reducer/pain reliever oral suspension 160 mg/5ml</i>	Preferred	
<i>ra pain relief acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	
<i>sb arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>sb non-aspirin extra strength oral tablet 500 mg</i>	Preferred	
<i>sb non-aspirin jr strength oral tablet dispersible 160 mg</i>	Preferred	
<i>sb non-aspirin oral tablet 325 mg</i>	Preferred	
<i>sb non-aspirin oral tablet chewable 80 mg</i>	Preferred	
<i>sb pain reliever childrens oral suspension 160 mg/5ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>sb pain reliever ex st oral tablet 500 mg</i>	Preferred	
<i>sm 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>sm arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	
<i>sm arthritis pain reliever oral tablet extended release 650 mg</i>	Preferred	
<i>sm pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	
<i>sm pain & 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 oral tablet 325 mg</i>	Preferred	
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>	Preferred	
APHEN ORAL TABLET 325 MG (<i>acetaminophen</i>)	Preferred	
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG (<i>acetaminophen</i>)	Preferred	
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG (<i>acetaminophen</i>)	Preferred	
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG (<i>acetaminophen</i>)	Preferred	
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG (<i>acetaminophen</i>)	Preferred	
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML (<i>acetaminophen</i>)	Preferred	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG (<i>acetaminophen</i>)	Preferred	
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	
MIDOL ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	Preferred	
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	
PHARBETOL ORAL TABLET 325 MG (<i>acetaminophen</i>)	Preferred	
TYLENOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	
TYLENOL ORAL TABLET 325 MG (<i>acetaminophen</i>)	Preferred	
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Preferred	AGE (Min 10 Years and Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Preferred	AGE (Min 10 Years and Max 64 Years)
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	Preferred	AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Preferred	AGE (Max 64 Years)
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg)	Preferred	AGE (Min 10 Years and Max 64 Years)
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	Preferred	AGE (Min 10 Years and Max 64 Years)
*SALICYLATE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg</i>	Preferred	AGE (Min 40 Years and Max 79 Years)
<i>sm aspirin tri-buffered oral tablet 325 mg</i>	Preferred	AGE (Min 40 Years and Max 79 Years)
<i>tri-buffered aspirin oral tablet 325 mg</i>	Preferred	AGE (Min 40 Years and Max 79 Years)
BUFFERIN ORAL TABLET 325 MG (<i>aspirin buf(cacarb-mgcarb- mgo)</i>)	Preferred	AGE (Min 40 Years and Max 79 Years)
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
<i>adult aspirin regimen oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin 81 oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin 81 oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin childrens oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin low dose oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin low strength oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>aspirin oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>aspirin oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>aspirin rectal suppository 300 mg</i>	Preferred	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>childrens aspirin oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>cvs genuine aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eq aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>eql aspirin ec oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>genuine aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>gnp aspirin oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>gnp aspirin oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>goodsense aspirin adults oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>goodsense aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>goodsense aspirin oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>hm adult aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>hm aspirin ec oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>hm aspirin oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>kp aspirin oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>mm aspirin oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>qc aspirin oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>ra pain relief aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>sb aspirin ec oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>sb aspirin oral tablet 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	Preferred	QL (1 EA per 1 day)
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day)
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day)
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day)
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day)
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day)

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
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
MEDIQUE ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 40 Years and Max 79 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	QL (1 EA per 1 day)
<i>diflunisal oral tablet 500 mg</i>	Non Preferred	PA
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Preferred	AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Preferred	AGE (Min 12 Years)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)</i>	Non Preferred	PA; AGE (Min 12 Years)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	Non Preferred	PA; AGE (Min 12 Years)
*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	Non Preferred	PA
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	Non Preferred	PA
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Preferred	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Preferred	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Non Preferred	PA
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Preferred	QL (180 EA per 30 days); AGE (Min 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Preferred	QL (10 EA per 1 Fill)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Preferred	QL (120 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	Preferred	QL (180 EA per 30 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	Preferred	QL (135 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Preferred	QL (67 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>	Preferred	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Preferred	QL (120 ML per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Preferred	
<i>morphine sulfate oral solution 10 mg/5ml</i>	Preferred	QL (240 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>	Preferred	QL (180 EA per 30 days)
<i>morphine sulfate oral tablet 30 mg</i>	Preferred	QL (90 EA per 30 days)
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Preferred	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Preferred	QL (240 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	Preferred	QL (90 EA per 30 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Preferred	AGE (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Preferred	AGE (Min 12 Years)
<i>tramadol hcl oral tablet 100 mg, 50 mg</i>	Preferred	AGE (Min 12 Years)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Non Preferred	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Non Preferred	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	Non Preferred	PA
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Non Preferred	PA
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Non Preferred	PA
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	Non Preferred	PA
<i>hydromorphone hcl rectal suppository 3 mg</i>	Non Preferred	PA
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	Non Preferred	PA
<i>meperidine hcl oral solution 50 mg/5ml</i>	Non Preferred	PA; QL (240 ML per 30 days)
<i>meperidine hcl oral tablet 50 mg</i>	Non Preferred	PA; QL (120 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>methadone hcl oral concentrate 10 mg/ml</i>	Non Preferred	PA
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Non Preferred	PA
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Non Preferred	PA
<i>methadone hcl oral tablet soluble 40 mg</i>	Non Preferred	PA
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Non Preferred	PA
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Non Preferred	PA
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg</i>	Non Preferred	PA; QL (180 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 20 mg</i>	Non Preferred	PA; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg</i>	Non Preferred	PA; QL (45 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	Non Preferred	PA; QL (22 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	Non Preferred	PA; QL (90 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Non Preferred	PA; QL (90 ML per 30 days)
<i>oxycodone hcl oral tablet 20 mg</i>	Non Preferred	PA; QL (90 EA per 30 days)
<i>oxycodone hcl oral tablet 30 mg</i>	Non Preferred	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Non Preferred	PA
<i>oxymorphone hcl oral tablet 10 mg</i>	Non Preferred	PA; QL (90 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	Non Preferred	PA; QL (120 EA per 30 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Non Preferred	PA; AGE (Min 12 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	Non Preferred	PA; AGE (Min 12 Years)
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (120 ML per 30 days)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (180 EA per 30 days)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (135 EA per 30 days)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (67 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (120 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	Non Preferred	PA
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	Non Preferred	PA
METHADOSE ORAL CONCENTRATE 10 MG/ML, 5 MG/0.5ML (<i>methadone hcl</i>)	Non Preferred	PA
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	Non Preferred	PA
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	Non Preferred	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	Non Preferred	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	Non Preferred	PA
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	Non Preferred	PA
OXAYDO ORAL TABLET 5 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (180 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (45 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (30 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (22 EA per 30 days)
QDOLO ORAL SOLUTION 5 MG/ML (<i>tramadol hcl</i>)	Non Preferred	PA; QL (80 ML per 1 day); AGE (Min 12 Years)
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (90 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (60 EA per 30 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 5 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (3 EA per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>)	Non Preferred	PA; QL (60 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>)	Non Preferred	PA; QL (45 EA per 30 days)
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Preferred	
<i>oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)</i>	Preferred	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	Preferred	QL (6 EA per 28 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Non Preferred	PA; QL (6 EA per 28 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Non Preferred	PA; QL (15 ML per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Non Preferred	PA
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
BELBUCA BUCCAL FILM 900 MCG (<i>buprenorphine hcl</i>)	Non Preferred	PA
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Preferred	AGE (Min 12 Years)
SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 12 Years)
ANDROGENS-ANABOLIC - HORMONES		
*ANDROGENS*** - DRUGS FOR MEN		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Preferred	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Preferred	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	Preferred	PA
<i>testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)</i>	Preferred	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Non Preferred	PA
<i>testosterone transdermal solution 30 mg/act</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	Non Preferred	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	Non Preferred	PA
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	Non Preferred	PA
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	Non Preferred	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	Non Preferred	PA
VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL (<i>testosterone</i>)	Non Preferred	PA
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	Non Preferred	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	Non Preferred	PA
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone (perianal) external cream 1 %</i>	Preferred	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Preferred	QL (45 GM per 30 days)
PREPARATION H EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	Preferred	
<i>hydrocortisone (Proctocare-Hc External Cream 2.5 %)</i>	Preferred	QL (45 GM per 30 days)
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	Preferred	QL (45 GM per 30 days)
<i>hydrocortisone (Proctosol Hc External Cream 2.5 %)</i>	Preferred	QL (45 GM per 30 days)
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	Preferred	QL (45 GM per 30 days)
<i>hydrocortisone (Proctocort External Cream 1 %)</i>	Non Preferred	PA
ANTACIDS - DRUGS FOR THE STOMACH		
*ANTACID & SIMETHICONE*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	Preferred	
<i>aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>antacid & antigas oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>antacid advanced oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>antacid extra strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>antacid fast relief oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>antacid i oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>antacid iii oral suspension 400-400-40 mg/5ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>antacid liquid oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>antacid m oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	Preferred	
<i>antacid multi-symptom oral tablet chewable 675-135-60 mg</i>	Preferred	
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	Preferred	
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	Preferred	
<i>antacid/simethicone ds oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>comfort gel antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>comfort gel antacid anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Preferred	
<i>comfort gel oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>cvs antacid & anti-gas oral tablet chewable 1000-60 mg</i>	Preferred	
<i>cvs antacid plus antigas oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>cvs antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Preferred	
<i>eq antacid antigas multi-sympt oral tablet chewable 675-135-60 mg</i>	Preferred	
<i>eq antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>geri-lanta maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>geri-lanta oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>geri-mox oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Preferred	
<i>gnp antacid & anti-gas oral tablet chewable 1000-60 mg</i>	Preferred	
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>goodsense advanced antacid oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml</i>	Preferred	
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	Preferred	
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	Preferred	
<i>meijer antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>meijer antacid oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>qc antacid multi-symptom oral tablet chewable 675-135-60 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>qc antacid oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml, 400-400-40 mg/5ml</i>	Preferred	
<i>ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>ra antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>sb antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>sm antacid advanced oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>sm antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	
<i>sm antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	
<i>sm antacid oral suspension 400-400-40 mg/10ml</i>	Preferred	
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>)	Preferred	
E-Z-GAS II ORAL PACKET 2.21-1.53-0.04 GM (<i>sod bicarb-citric ac-simeth</i>)	Preferred	
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>)	Preferred	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>)	Preferred	
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML (<i>alum & mag hydroxide-simeth</i>)	Preferred	
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG (<i>alum & mag hydroxide-simeth</i>)	Preferred	
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>)	Preferred	
*ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i>	Preferred	
<i>antacid oral tablet chewable 550-110 mg</i>	Preferred	
<i>antacid ultra strength oral tablet chewable 1000-200 mg</i>	Preferred	
<i>cvs antacid supreme oral suspension 400-135 mg/5ml</i>	Preferred	
<i>cvs heartburn relief ex st oral suspension 254-237.5 mg/5ml</i>	Preferred	
<i>cvs heartburn relief oral tablet chewable 160-105 mg</i>	Preferred	
<i>geri-lanta supreme oral suspension 400-135 mg/5ml</i>	Preferred	
<i>gnp antacid extra strength oral tablet chewable 160-105 mg</i>	Preferred	
<i>heartburn antacid ex st oral tablet chewable 160-105 mg</i>	Preferred	
<i>heartburn relief ex st oral suspension 254-237.5 mg/5ml</i>	Preferred	
<i>mag-al oral liquid 200-200 mg/5ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>qc heartburn antacid oral tablet chewable 160-105 mg</i>	Preferred	
<i>sm foaming antacid oral tablet chewable 80-20 mg</i>	Preferred	
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	
GAVISCON ORAL SUSPENSION 95-358 MG/15ML (<i>alum hydroxide-mag carbonate</i>)	Preferred	
ROLAIDS ULTRA STRENGTH ORAL TABLET CHEWABLE 1000-200 MG (<i>ca carbonate-mag hydroxide</i>)	Preferred	
*ANTACIDS - ALUMINUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	Preferred	
*ANTACIDS - BICARBONATE*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Preferred	
*ANTACIDS - CALCIUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>antacid calcium oral tablet chewable 500 mg</i>	Preferred	
<i>antacid calcium rich oral tablet chewable 500 mg</i>	Preferred	
<i>antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>antacid maximum oral tablet chewable 1000 mg</i>	Preferred	
<i>antacid oral tablet chewable 1177 mg, 500 mg, 750 mg</i>	Preferred	
<i>antacid regular strength oral tablet chewable 500 mg</i>	Preferred	
<i>antacid soft chews oral tablet chewable 1177 mg</i>	Preferred	
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>calcium antacid oral tablet chewable 500 mg</i>	Preferred	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Preferred	
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Preferred	
<i>childrens pepto oral tablet chewable 400 mg</i>	Preferred	
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>cvs antacid kids oral tablet chewable 750 mg</i>	Preferred	
<i>cvs antacid maximum strength oral tablet chewable 1000 mg</i>	Preferred	
<i>cvs antacid soft chews ultr st oral tablet chewable 1177 mg</i>	Preferred	
<i>cvs antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>cvs smooth antacid extra st oral tablet chewable 750 mg</i>	Preferred	
<i>eq antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>eq antacid oral tablet chewable 500 mg</i>	Preferred	
<i>eq antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>eql antacid oral tablet chewable 500 mg</i>	Preferred	
<i>eql antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>gnp antacid oral tablet chewable 500 mg</i>	Preferred	
<i>gnp antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>goodsense antacid oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Preferred	
<i>hm antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>long lasting antacid oral tablet chewable 500 mg</i>	Preferred	
<i>medi-first antacid oral tablet chewable 420 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>ra antacid oral tablet chewable 500 mg</i>	Preferred	
<i>ra antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	
<i>sb antacid extra strength oral tablet chewable 750 mg</i>	Preferred	
<i>sb antacid oral tablet chewable 500 mg</i>	Preferred	
<i>sm antacid oral tablet chewable 500 mg</i>	Preferred	
<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	
ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE 750 MG <i>(calcium carbonate antacid)</i>	Preferred	
ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG <i>(calcium carbonate antacid)</i>	Preferred	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG <i>(calcium carbonate antacid)</i>	Preferred	
CHILDRENS SOOTHE ORAL TABLET CHEWABLE 400 MG <i>(calcium carbonate antacid)</i>	Preferred	
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG <i>(calcium carbonate antacid)</i>	Preferred	
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG <i>(calcium carbonate antacid)</i>	Preferred	
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG <i>(calcium carbonate antacid)</i>	Preferred	
TITRALAC ORAL TABLET CHEWABLE 420 MG <i>(calcium carbonate antacid)</i>	Preferred	
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG <i>(calcium carbonate antacid)</i>	Preferred	
TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE 1177 MG <i>(calcium carbonate antacid)</i>	Preferred	
TUMS E-X 750 ORAL TABLET CHEWABLE 750 MG <i>(calcium carbonate antacid)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	Preferred	
TUMS LASTING EFFECTS ORAL TABLET CHEWABLE 500 MG (<i>calcium carbonate antacid</i>)	Preferred	
TUMS ORAL TABLET CHEWABLE 500 MG (<i>calcium carbonate antacid</i>)	Preferred	
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	Preferred	
TUMS ULTRA 1000 ORAL TABLET CHEWABLE 1000 MG (<i>calcium carbonate antacid</i>)	Preferred	
*ANTACIDS - MAGNESIUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>magnesium oxide oral tablet 420 mg</i>	Preferred	
<i>magnesium oxide tablet 400 mg oral</i>	Preferred	CSHCS coverage only
<i>magnesium oxide tablet 420 mg oral</i>	Preferred	CSHCS coverage only
MAOX ORAL TABLET 420 MG (<i>magnesium oxide</i>)	Preferred	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Preferred	PA
<i>ivermectin oral tablet 3 mg</i>	Preferred	QL (10 EA per 30 days)
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Preferred	PA; QL (2 EA per 1 day)
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (<i>ranolazine</i>)	Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
*NITRATES*** - DRUGS FOR ANGINA		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Preferred	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 60 mg</i>	Preferred	QL (2 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg</i>	Preferred	QL (1 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Preferred	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Preferred	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Preferred	QL (1 EA per 1 day)
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Preferred	ST (nitroglycerin SL tabs)
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	Preferred	
ANTIANGIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANGIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Preferred	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	Non Preferred	PA
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Preferred	AGE (Max 64 Years)
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Preferred	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Preferred	
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Preferred	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Preferred	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Preferred	
<i>amiodarone hcl (Pacerone Oral Tablet 100 Mg)</i>	Preferred	QL (1 EA per 1 day)
<i>amiodarone hcl (Pacerone Oral Tablet 200 Mg, 400 Mg)</i>	Preferred	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*5-LIPOXYGENASE INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Non Preferred	PA; Max 102-day supply per fill
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	Non Preferred	PA; Max 102-day supply per fill
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Preferred	PA; QL (36 GM per 90 days); Max 102-day supply per fill
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Preferred	PA; QL (2 EA per 1 day); Max 102-day supply per fill
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Preferred	Max 102-day supply per fill
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	Preferred	QL (2 EA per 1 day); Max 102-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	QL (36 GM per 90 days); Max 102-day supply per fill
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION (<i>umeclidinium-vilanterol</i>)	Preferred	QL (180 EA per 90 days); Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION (<i>umeclidinium-vilanterol</i>)	Preferred	QL (42 EA per 90 days); Max 102-day supply per fill
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	Preferred	QL (32.1 GM per 90 days); Max 102-day supply per fill
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	Preferred	QL (20 GM per 90 days); Max 102-day supply per fill
DULERA AEROSOL 100-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>)	Preferred	QL (53 GM per 90 days); Max 102-day supply per fill
DULERA AEROSOL 100-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>)	Preferred	QL (78 GM per 90 days); Max 102-day supply per fill
DULERA AEROSOL 200-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>)	Preferred	QL (53 GM per 90 days); Max 102-day supply per fill
DULERA AEROSOL 200-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>)	Preferred	QL (78 GM per 90 days); Max 102-day supply per fill
DULERA AEROSOL 50-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>)	Preferred	QL (78 GM per 90 days); Max 102-day supply per fill
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	Preferred	QL (12 GM per 90 days); Max 102-day supply per fill
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	Preferred	QL (61.2 GM per 90 days); Max 102-day supply per fill
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION (<i>fluticasone-umeclidin-vilant</i>)	Preferred	QL (180 EA per 90 days); Max 102-day supply per fill
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION (<i>fluticasone-umeclidin-vilant</i>)	Preferred	QL (84 EA per 90 days); Max 102-day supply per fill
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION (<i>fluticasone-umeclidin-vilant</i>)	Preferred	QL (180 EA per 90 days); Max 102-day supply per fill
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION (<i>fluticasone-umeclidin-vilant</i>)	Preferred	QL (84 EA per 90 days); Max 102-day supply per fill
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	Preferred	PA; QL (2 EA per 1 day); Max 102-day supply per fill
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Non Preferred	PA; QL (61.2 GM per 90 days); Max 102-day supply per fill
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	Non Preferred	PA; QL (2 EA per 1 day); Max 102-day supply per fill
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Non Preferred	PA; QL (3 EA per 90 days); Max 102-day supply per fill
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (<i>fluticasone-salmeterol(sensor)</i>)	Non Preferred	PA
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	Non Preferred	PA; QL (3 EA per 90 days); Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	Non Preferred	PA; QL (3 EA per 90 days); Max 102-day supply per fill
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	Non Preferred	PA; QL (3 EA per 90 days); Max 102-day supply per fill
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	Non Preferred	PA; QL (2 EA per 1 day); Max 102-day supply per fill
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION (<i>budeson-glycopyrrol-formoterol</i>)	Non Preferred	PA; QL (17.7 GM per 90 days); Max 102-day supply per fill
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION (<i>budeson-glycopyrrol-formoterol</i>)	Non Preferred	PA; QL (32.1 GM per 90 days); Max 102-day supply per fill
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	Non Preferred	PA
*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	Preferred	PA; AGE (Min 6 Years)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	Preferred	PA; AGE (Min 6 Years)
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Preferred	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Preferred	Max 102-day supply per fill
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Preferred	
PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate</i>)	Preferred	QL (40.2 GM per 90 days); Max 102-day supply per fill
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate</i>)	Preferred	QL (108 GM per 90 days); Max 102-day supply per fill
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate</i>)	Preferred	QL (48 GM per 90 days); Max 102-day supply per fill
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	Preferred	QL (90 GM per 90 days); Max 102-day supply per fill
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Non Preferred	PA; QL (108 GM per 90 days); Max 102-day supply per fill
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Non Preferred	PA; QL (40.2 GM per 90 days); Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Non Preferred	PA; QL (51 GM per 90 days); Max 102-day supply per fill
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Non Preferred	PA; Max 102-day supply per fill
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	Non Preferred	PA; Max 102-day supply per fill
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Non Preferred	PA; Max 102-day supply per fill
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Non Preferred	PA; QL (90 GM per 90 days); Max 102-day supply per fill
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	Non Preferred	PA; Max 102-day supply per fill
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	Non Preferred	PA; Max 102-day supply per fill
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate (sensor)</i>)	Non Preferred	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	Non Preferred	PA; QL (3 EA per 90 days); Max 102-day supply per fill
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>ipratropium bromide inhalation solution 0.02 %</i>	Preferred	Max 102-day supply per fill
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	Preferred	QL (77.4 GM per 90 days); Max 102-day supply per fill
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION (<i>umeclidinium bromide</i>)	Preferred	QL (21 EA per 90 days); Max 102-day supply per fill
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION (<i>umeclidinium bromide</i>)	Preferred	QL (90 EA per 90 days); Max 102-day supply per fill
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	Preferred	QL (90 EA per 90 days); Max 102-day supply per fill
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	Preferred	QL (12 GM per 90 days); Max 102-day supply per fill
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	Non Preferred	PA; Max 102-day supply per fill
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	Non Preferred	PA
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	Preferred	PA; AGE (Min 12 Years)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	Non Preferred	PA; AGE (Min 6 Years)

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Drug Name	Formulary Status	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (<i>mepolizumab</i>)	Non Preferred	PA; AGE (Min 6 Years)
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
<i>montelukast sodium oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>montelukast sodium oral tablet chewable 4 mg</i>	Preferred	AGE (Max 5 Years); Max 102-day supply per fill
<i>montelukast sodium oral tablet chewable 5 mg</i>	Preferred	AGE (Max 14 Years); Max 102-day supply per fill
<i>montelukast sodium oral packet 4 mg</i>	Non Preferred	PA; AGE (Max 5 Years); Max 102-day supply per fill
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Non Preferred	PA; Max 102-day supply per fill
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	Non Preferred	PA; Max 102-day supply per fill
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	Non Preferred	PA; AGE (Max 5 Years); Max 102-day supply per fill
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	Non Preferred	PA; Max 102-day supply per fill
SINGULAIR ORAL TABLET CHEWABLE 4 MG (<i>montelukast sodium</i>)	Non Preferred	PA; AGE (Max 5 Years); Max 102-day supply per fill
SINGULAIR ORAL TABLET CHEWABLE 5 MG (<i>montelukast sodium</i>)	Non Preferred	PA; AGE (Max 14 Years); Max 102-day supply per fill
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Preferred	PA
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	Non Preferred	PA
*STERIOD INHALANTS*** - DRUGS FOR ASTHMA/COPD		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Preferred	QL (4 ML per 1 day)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	Preferred	QL (36 GM per 90 days); Max 102-day supply per fill
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	Preferred	QL (72 GM per 90 days); Max 102-day supply per fill
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Preferred	QL (31.8 GM per 90 days); Max 102-day supply per fill
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	Preferred	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	Preferred	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	Preferred	QL (1 EA per 30 days)

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

Drug Name	Formulary Status	Requirements/Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT (<i>mometasone furoate</i>)	Preferred	QL (1 EA per 30 days); AGE (Max 11 Years)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	Preferred	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	Preferred	QL (1 EA per 30 days)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate(sensor)</i>)	Non Preferred	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	Non Preferred	PA
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	Non Preferred	PA; QL (39 GM per 90 days); Max 102-day supply per fill
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT (<i>budesonide</i>)	Non Preferred	PA; QL (6 EA per 90 days); Max 102-day supply per fill
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT (<i>budesonide</i>)	Non Preferred	PA; QL (3 EA per 90 days); Max 102-day supply per fill
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	Non Preferred	PA; QL (4 ML per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Non Preferred	PA
*THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	Non Preferred	PA; AGE (Min 12 Years)
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Preferred	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Preferred	
<i>theophylline oral elixir 80 mg/15ml</i>	Preferred	
<i>theophylline oral solution 80 mg/15ml</i>	Preferred	
<i>theophylline (Elixophyllin Oral Elixir 80 Mg/15ML)</i>	Preferred	
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Preferred	Max 102-day supply per fill
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	Preferred	Max 102-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
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	Preferred	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	Preferred	QL (218 EA per 102 days); Max 102-day supply per fill
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	Preferred	QL (20 ML per 1 day); Max 102-day supply per fill
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	Preferred	QL (1 EA per 1 day); Max 102-day supply per fill
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	Preferred	QL (51 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	Non Preferred	PA; Max 102-day supply per fill
*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	Preferred	
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Preferred	Max 102-day supply per fill
<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, 60 mg/0.6ml, 80 mg/0.8ml</i>	Preferred	Max 102-day supply per fill
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	Non Preferred	PA; Max 102-day supply per fill
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	Non Preferred	PA; Max 102-day supply per fill
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	Non Preferred	PA; Max 102-day supply per fill
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	Non Preferred	PA; Max 102-day supply per fill
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Non Preferred	PA; Max 102-day supply per fill
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	Non Preferred	PA; Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** - DRUGS TO PREVENT BLOOD CLOTS		
PRADAXA ORAL CAPSULE 110 MG (<i>dabigatran etexilate mesylate</i>)	Preferred	QL (4 EA per 1 day); Max 102-day supply per fill
PRADAXA ORAL CAPSULE 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	Non Preferred	PA; QL (2 EA per 1 day); Max 102-day supply per fill
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	Non Preferred	PA; AGE (Max 11 Years); Max 102-day supply per fill
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	Max 102-day supply per fill
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	Max 102-day supply per fill
*ANTIDIABETIC - AMYLIN ANALOGS*** - DRUGS FOR DIABETES		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	Preferred	Max 102-day supply per fill
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	Preferred	Max 102-day supply per fill
*BIGUANIDES*** - DRUGS FOR DIABETES		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Preferred	Max 102-day supply per fill
<i>metformin hcl oral tablet 1000 mg, 500 mg, 625 mg, 850 mg</i>	Preferred	Max 102-day supply per fill
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>metformin hcl oral solution 500 mg/5ml</i>	Non Preferred	PA; Max 102-day supply per fill
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
<i>glucagon emergency kit 1 mg injection</i>	Preferred	
BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL (<i>glucagon</i>)	Preferred	QL (2 EA per 28 days)
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL (<i>glucagon</i>)	Preferred	QL (2 EA per 28 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	Preferred	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	Preferred	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	Preferred	QL (0.4 ML per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	Preferred	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	Preferred	QL (0.4 ML per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	Preferred	
<i>diazoxide oral suspension 50 mg/ml</i>	Non Preferred	PA
<i>glucagon emergency solution reconstituted 1 mg/ml injection</i>	Non Preferred	PA
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	Non Preferred	PA; QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML (<i>glucagon</i>)	Non Preferred	PA; QL (0.2 ML per 30 days); AGE (Min 2 Years)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	Non Preferred	PA; QL (0.4 ML per 30 days); AGE (Min 2 Years)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	Preferred	Max 102-day supply per fill
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Non Preferred	PA; Max 102-day supply per fill
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	Preferred	QL (2 EA per 1 day); Max 102-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	Max 102-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	Max 102-day supply per fill
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Non Preferred	PA; Max 102-day supply per fill
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	Non Preferred	PA; Max 102-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>)	Non Preferred	PA; Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Non Preferred	PA; Max 102-day supply per fill
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
<i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i>	Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous</i>	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin aspart solution 100 unit/ml injection</i>	Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	
<i>insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin lispro solution 100 unit/ml injection</i>	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	Preferred	Max 102-day supply per fill
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Preferred	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro prot & lispro</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMALOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Preferred	QL (90 ML per 1 Fill)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (OTC) (<i>insulin nph human (isophane)</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart</i>)	Preferred	QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous</i>	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin glargine solostar solution pen-injector 100 unit/ml subcutaneous</i>	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>insulin glargine solution 100 unit/ml subcutaneous</i>	Non Preferred	PA; QL (90 ML per 1 Fill)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
<i>insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous</i>	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Non Preferred	PA
ADMELOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
AFREZZA INHALATION POWDER 12 UNIT, 8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	Non Preferred	PA; Max 102-day supply per fill
AFREZZA INHALATION POWDER 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 90 X 4 UNIT & 90X8 UNIT (<i>insulin regular human</i>)	Non Preferred	PA; QL (180 EA per 1 Fill); Max 102-day supply per fill
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin lispro</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-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
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart prot & aspart</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart prot & aspart</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
NOVOLOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin aspart</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	Non Preferred	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Non Preferred	PA; QL (90 ML per 1 Fill)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	Non Preferred	PA; QL (90 ML per 1 Fill); Max 102-day supply per fill
*INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	Non Preferred	PA; QL (6 ML per 84 days); Max 102-day supply per fill
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML (<i>tirzepatide</i>)	Non Preferred	PA; QL (2 ML per 28 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	Preferred	PA (Eligible for auto-PA); QL (7.2 ML per 90 days); Max 102-day supply per fill
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	Preferred	PA (Eligible for auto-PA); QL (3.6 ML per 90 days); Max 102-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 (Eligible for auto-PA); QL (6 ML per 84 days); Max 102-day supply per fill
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	Preferred	PA (Eligible for auto-PA); QL (27 ML per 90 days); Max 102-day supply per fill

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

Drug Name	Formulary Status	Requirements/Limits
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	Non Preferred	PA; QL (10.2 ML per 84 days); Max 102-day supply per fill
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	Non Preferred	PA; QL (9 ML per 84 days); Max 102-day supply per fill
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	Non Preferred	PA; QL (9 ML per 84 days); Max 102-day supply per fill
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	Non Preferred	PA; QL (9 ML per 84 days); Max 102-day supply per fill
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	Non Preferred	PA; QL (1 EA per 1 day); Max 102-day supply per fill
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - DRUGS FOR DIABETES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	Non Preferred	PA; QL (45 ML per 75 days); Max 102-day supply per fill
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	Non Preferred	PA; QL (45 ML per 90 days); Max 102-day supply per fill
*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Preferred	Max 102-day supply per fill
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	Max 102-day supply per fill
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - DRUGS FOR DIABETES		
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>)	Non Preferred	PA
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - DRUGS FOR DIABETES		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	Non Preferred	PA; Max 102-day supply per fill
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	Non Preferred	PA; Max 102-day supply per fill
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	Non Preferred	PA; Max 102-day supply per fill
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Preferred	Max 102-day supply per fill
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	Preferred	Max 102-day supply per fill
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Preferred	Max 102-day supply per fill
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglytamate</i>)	Non Preferred	PA; Max 102-day supply per fill
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - DRUGS FOR DIABETES		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	Preferred	Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	Preferred	Max 102-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	Max 102-day supply per fill
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Preferred	Max 102-day supply per fill
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Non Preferred	PA; Max 102-day supply per fill
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Preferred	Max 102-day supply per fill
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>glipizide oral tablet 10 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Preferred	Max 102-day supply per fill
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	Non Preferred	PA; Max 102-day supply per fill
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Non Preferred	PA; Max 102-day supply per fill
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	Non Preferred	PA; Max 102-day supply per fill
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Non Preferred	PA; Max 102-day supply per fill
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Preferred	Max 102-day supply per fill
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	Non Preferred	PA; Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** - DRUGS FOR DIARRHEA		
<i>bismatrol oral suspension 262 mg/15ml</i>	Preferred	
<i>bismatrol oral tablet chewable 262 mg</i>	Preferred	
<i>bismuth oral tablet chewable 262 mg</i>	Preferred	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Preferred	
<i>cvs anti-diarrheal oral suspension 262 mg/15ml</i>	Preferred	
<i>cvs stomach relief max st oral suspension 525 mg/15ml</i>	Preferred	
<i>cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml</i>	Preferred	
<i>cvs stomach relief oral tablet 262 mg</i>	Preferred	
<i>cvs stomach relief oral tablet chewable 262 mg</i>	Preferred	
<i>diarrhea oral suspension 262 mg/15ml</i>	Preferred	
<i>diotame instydose oral suspension 262 mg/15ml</i>	Preferred	
<i>eq pink-bismuth oral tablet chewable 262 mg</i>	Preferred	
<i>eq stomach relief oral suspension 262 mg/15ml</i>	Preferred	
<i>eql stomach relief max st oral suspension 525 mg/15ml</i>	Preferred	
<i>eql stomach relief oral suspension 262 mg/15ml</i>	Preferred	
<i>eql stomach relief oral tablet chewable 262 mg</i>	Preferred	
<i>gnp pink bismuth oral tablet 262 mg</i>	Preferred	
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	Preferred	
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	Preferred	
<i>goodsense stomach relief oral suspension 1050 mg/30ml, 525 mg/30ml</i>	Preferred	
<i>hm stomach relief oral suspension 525 mg/30ml</i>	Preferred	
<i>hm stomach relief ultra oral suspension 525 mg/15ml</i>	Preferred	
<i>medi-bismuth oral tablet chewable 262 mg</i>	Preferred	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	Preferred	
<i>pink bismuth oral suspension 262 mg/15ml</i>	Preferred	
<i>qc diarrhea relief oral suspension 262 mg/15ml</i>	Preferred	
<i>qc pink bismuth oral suspension 262 mg/15ml, 525 mg/15ml</i>	Preferred	
<i>qc pink bismuth oral tablet 262 mg</i>	Preferred	
<i>qc stomach relief oral suspension 525 mg/30ml</i>	Preferred	
<i>qc stomach relief oral tablet 262 mg</i>	Preferred	
<i>qc stomach relief oral tablet chewable 262 mg</i>	Preferred	
<i>qc stomach relief ultra oral suspension 525 mg/15ml</i>	Preferred	
<i>ra stomach relief oral suspension 262 mg/15ml</i>	Preferred	
<i>sb bismuth oral tablet 262 mg</i>	Preferred	
<i>sm stomach relief oral suspension 262 mg/15ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<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 oral suspension 525 mg/15ml, 525 mg/30ml, 527 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 plus oral suspension 525 mg/15ml</i>	Preferred	
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	Preferred	
CULTURELLE CAPSULE ORAL (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	CSHCS coverage only
CULTURELLE HEALTH & WELLNESS CAPSULE ORAL (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	CSHCS coverage only
CULTURELLE IMMUNITY SUPPORT CAPSULE ORAL (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	CSHCS coverage only
CULTURELLE PRO-WELL HEALTH CAPSULE ORAL (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	CSHCS coverage only
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>)	Preferred	
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (<i>bismuth subsalicylate</i>)	Preferred	
KAOPECTATE ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	Preferred	
PEPTO-BISMOL MAX STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>)	Preferred	
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML (<i>bismuth subsalicylate</i>)	Preferred	
PEPTO-BISMOL ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	Preferred	
PEPTO-BISMOL ORAL TABLET CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Preferred	
PEPTO-BISMOL TO-GO ORAL TABLET CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Preferred	
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>)	Preferred	
SOOTHE ORAL SUSPENSION 262 MG/15ML, 525 MG/30ML (<i>bismuth subsalicylate</i>)	Preferred	
SOOTHE ORAL TABLET CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Preferred	
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS*** - DRUGS FOR DIARRHEA		
CULTURELLE HEALTH (INULIN) CAPSULE ORAL (<i>lactobacillus-inulin</i>)	Preferred	CSHCS coverage only
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
<i>anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>anti-diarrheal oral tablet 2 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>cvs anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>diamode oral tablet 2 mg</i>	Preferred	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Preferred	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Preferred	
<i>eq anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>eq anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>eql anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>gnp anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>gnp anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>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>meijer anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>qc anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>qc anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>ra anti-diarrheal oral tablet 2 mg</i>	Preferred	
<i>sb anti-diarrhea oral tablet 2 mg</i>	Preferred	
<i>sm anti-diarrheal oral capsule 2 mg</i>	Preferred	
<i>sm anti-diarrheal oral tablet 2 mg</i>	Preferred	
IMODIUM A-D ORAL CAPSULE 2 MG (<i>loperamide hcl</i>)	Preferred	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Preferred	
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Preferred	QL (6 ML per 90 days); Max 102-day supply per fill
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Preferred	QL (6 ML per 90 days); Max 102-day supply per fill
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Preferred	QL (6 ML per 90 days); Max 102-day supply per fill
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Preferred	QL (6 EA per 90 days)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	Preferred	QL (6 EA per 90 days)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	Preferred	QL (6 EA per 90 days)
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	Preferred	QL (6 EA per 90 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	Preferred	QL (3 ML per 90 days)

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Drug Name	Formulary Status	Requirements/Limits
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>granisetron hcl oral tablet 1 mg</i>	Preferred	QL (2 EA per 1 day)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Preferred	QL (75 ML per 1 Fill)
<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)
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	Non Preferred	PA; QL (0.2 EA per 1 day)
*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	Non Preferred	PA; QL (1 EA per 1 Fill)
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
<i>cvs motion sickness ii oral tablet 25 mg</i>	Preferred	
<i>cvs motion sickness oral tablet 50 mg</i>	Preferred	
<i>cvs motion sickness relief oral tablet chewable 25 mg</i>	Preferred	
<i>eq motion sickness relief oral tablet 50 mg</i>	Preferred	
<i>eql motion sickness relief oral tablet 25 mg</i>	Preferred	
<i>gnp motion sickness relief oral tablet 25 mg, 50 mg</i>	Preferred	
<i>goodsense motion sickness oral tablet 50 mg</i>	Preferred	
<i>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 sickness relief oral tablet chewable 25 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>ra motion sickness relief oral tablet 50 mg</i>	Preferred	
<i>ra motion sickness relief oral tablet chewable 25 mg</i>	Preferred	
<i>sb motion sickness oral tablet 50 mg</i>	Preferred	
<i>sm motion sickness oral tablet 25 mg, 50 mg</i>	Preferred	
<i>travel-ease oral tablet 25 mg</i>	Preferred	
<i>trav-tabs oral tablet 50 mg</i>	Preferred	
BONINE ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	Preferred	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Preferred	
DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	Preferred	
DRAMAMINE ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Preferred	
DRIMINATE ORAL TABLET 50 MG (<i>dimenhydrinate</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
MEDI-MECLIZINE ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Preferred	
*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Preferred	PA
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	Preferred	QL (2 EA per 1 Fill); AGE (Min 12 Years)
<i>aprepitant oral 80 & 125 mg</i>	Non Preferred	PA; QL (3 EA per 1 Fill); AGE (Min 12 Years)
<i>aprepitant oral capsule 125 mg</i>	Non Preferred	PA; QL (1 EA per 1 Fill); AGE (Min 12 Years)
<i>aprepitant oral capsule 80 & 125 mg</i>	Non Preferred	PA; QL (3 EA per 1 Fill); AGE (Min 12 Years)
<i>aprepitant oral capsule 80 mg</i>	Non Preferred	PA; QL (2 EA per 1 Fill); AGE (Min 12 Years)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	Non Preferred	PA; AGE (Min 12 Years)
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	Non Preferred	PA; QL (3 EA per 1 Fill); AGE (Min 12 Years)
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)*** - ANTIBIOTICS		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Non Preferred	PA; QL (4 EA per 1 Fill)
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Preferred	
<i>nystatin oral tablet 500000 unit</i>	Preferred	
<i>terbinafine hcl oral tablet 250 mg</i>	Preferred	QL (84 EA per 1 Fill)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Non Preferred	PA
<i>griseofulvin microsize oral tablet 500 mg</i>	Non Preferred	PA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Non Preferred	PA
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	Non Preferred	PA
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet 200 mg</i>	Preferred	
*TETRAZOLES*** - DRUGS FOR FUNGUS		
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	Non Preferred	PA; QL (18 EA per 1 Fill)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Preferred	
<i>fluconazole oral tablet 150 mg</i>	Preferred	QL (2 EA per 1 Fill)
<i>itraconazole oral capsule 100 mg</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	Non Preferred	PA; QL (840 ML per 1 Fill)
<i>posaconazole oral suspension 40 mg/ml</i>	Non Preferred	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	Non Preferred	PA
<i>tolsura oral capsule 65 mg</i>	Non Preferred	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Non Preferred	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Non Preferred	PA
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	Non Preferred	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	Non Preferred	PA
DIFLUCAN ORAL TABLET 100 MG, 200 MG (<i>fluconazole</i>)	Non Preferred	PA
DIFLUCAN ORAL TABLET 150 MG (<i>fluconazole</i>)	Non Preferred	PA; QL (2 EA per 1 Fill)
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	Non Preferred	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	Non Preferred	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	Non Preferred	PA
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	Non Preferred	PA; QL (4 EA per 1 day)
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	Non Preferred	PA; QL (840 ML per 1 Fill)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	Non Preferred	PA
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	Non Preferred	PA
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
*ANTIHISTAMINES - ALKYLAMINES*** - DRUGS FOR ALLERGIES		
<i>aller-chlor oral tablet 4 mg</i>	Preferred	
<i>allergy oral tablet 4 mg</i>	Preferred	
<i>allergy relief oral tablet 4 mg</i>	Preferred	
<i>chlorhist oral tablet 4 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>chlorphen oral tablet 4 mg</i>	Preferred	
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Preferred	
<i>eql allergy oral tablet 4 mg</i>	Preferred	
<i>gnp allergy relief oral tablet 4 mg</i>	Preferred	
<i>pharbechlor oral tablet 4 mg</i>	Preferred	
<i>qc allergy relief oral tablet 4 mg</i>	Preferred	
<i>qc chlor-pheniramine oral tablet 4 mg</i>	Preferred	
<i>ra allergy relief oral tablet 4 mg</i>	Preferred	
<i>ra chlorpheniramine maleate oral tablet 4 mg</i>	Preferred	
<i>sb chlorpheniramine oral tablet 4 mg</i>	Preferred	
WAL-FINATE ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Preferred	
*ANTI-HISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>aler-cap oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>alertab oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>allergy oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>allergy relief oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>allergy relief oral liquid 25 mg/10ml</i>	Preferred	QL (80 ML per 1 day)
<i>allergy relief oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>anti-hist allergy oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Preferred	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Preferred	
<i>clemastine fumarate oral tablet 1.34 mg, 2.68 mg</i>	Preferred	
<i>complete allergy medicine oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>complete allergy medicine oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>complete allergy relief oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>cvs allergy oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>cvs allergy relief adult oral liquid 50 mg/20ml</i>	Preferred	QL (80 ML per 1 day)
<i>cvs allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>cvs allergy relief oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>cvs allergy relief oral liquid 25 mg/10ml</i>	Preferred	QL (80 ML per 1 day)
<i>cvs allergy relief oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>cvs childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>diphen oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>diphenhist oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Preferred	AGE (Max 64 Years)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Preferred	AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>diphenhydramine hcl oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>eq allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>eq allergy relief oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>eq allergy relief oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>eql allergy oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>eql allergy relief oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>eql childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>geri-dryl oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>gnp allergy oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>gnp allergy oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>gnp allergy relief oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>gnp allergy relief oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>gnp childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>h-e-b childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>kls allergy medicine oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	Preferred	AGE (Max 64 Years)
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>m-dryl oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>meijer antihistamine allergy oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	Preferred	AGE (Max 64 Years)
<i>qc allergy childrens oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>qc allergy relief oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>qc allergy relief oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>qc complete allergy medicine oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>ra allergy medication oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>ra allergy medication oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>ra allergy medication oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>ra allergy oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>ra allergy oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>ra allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>ra allergy relief oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>ra complete allergy oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>sb allergy medicine oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>sb allergy medicine oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>sb allergy oral capsule 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>siladryl allergy oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	QL (80 ML per 1 day)
<i>sm allergy relief oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>total allergy oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Preferred	AGE (Max 64 Years)
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (<i>diphenhydramine hcl</i>)	Preferred	AGE (Max 64 Years)
BANOPHEN ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	QL (80 ML per 1 day)
BANOPHEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Preferred	AGE (Max 64 Years)
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>)	Preferred	
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	QL (80 ML per 1 day)
MEDI-PHEDRYL ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Preferred	AGE (Max 64 Years)
MM ALLER-BEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Preferred	AGE (Max 64 Years)
NARAMIN ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	QL (80 ML per 1 day)
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	QL (80 ML per 1 day)
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	QL (80 ML per 1 day)
TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	QL (80 ML per 1 day)
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	QL (80 ML per 1 day)
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Preferred	AGE (Max 64 Years)
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	QL (80 ML per 1 day)
WAL-DRYL ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Preferred	AGE (Max 64 Years)
*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>12hr allergy relief oral tablet 60 mg</i>	Preferred	
<i>24hr allergy relief oral tablet 180 mg</i>	Preferred	
<i>all day allergy childrens oral solution 5 mg/5ml</i>	Preferred	
<i>all day allergy oral tablet 10 mg</i>	Preferred	
<i>all-day allergy childrens oral solution 5 mg/5ml</i>	Preferred	
<i>allergy (cetirizine) oral tablet 10 mg</i>	Preferred	
<i>allergy 24hour indoor/outdoor oral tablet 10 mg</i>	Preferred	
<i>allergy 24-hr oral tablet 180 mg</i>	Preferred	
<i>allergy childrens oral solution 5 mg/5ml</i>	Preferred	
<i>allergy childrens oral suspension 30 mg/5ml</i>	Preferred	
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	Preferred	

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

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp allergy relief oral tablet 180 mg</i>	Preferred	
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	Preferred	
<i>gnp loratadine oral solution 5 mg/5ml</i>	Preferred	
<i>gnp loratadine oral tablet 10 mg</i>	Preferred	
<i>gnp loratadine oral tablet dispersible 10 mg</i>	Preferred	
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	Preferred	
<i>goodsense all day allergy oral tablet 10 mg</i>	Preferred	
<i>goodsense aller-ease oral tablet 180 mg</i>	Preferred	
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	Preferred	
<i>goodsense allergy relief oral tablet 10 mg</i>	Preferred	
<i>hm all day allergy childrens oral solution 5 mg/5ml</i>	Preferred	
<i>hm fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Preferred	
<i>hm loratadine childrens oral solution 5 mg/5ml</i>	Preferred	
<i>hm loratadine oral tablet 10 mg</i>	Preferred	
<i>kp fexofenadine hcl oral tablet 60 mg</i>	Preferred	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Preferred	
<i>loradamed oral tablet 10 mg</i>	Preferred	
<i>loratadine childrens oral solution 5 mg/5ml</i>	Preferred	
<i>loratadine childrens oral tablet chewable 5 mg</i>	Preferred	
<i>loratadine oral solution 5 mg/5ml</i>	Preferred	
<i>loratadine oral tablet 10 mg</i>	Preferred	
<i>loratadine oral tablet dispersible 10 mg</i>	Preferred	
<i>meijer allergy relief oral tablet 10 mg</i>	Preferred	
<i>meijer allergy relief oral tablet dispersible 10 mg</i>	Preferred	
<i>meijer loratadine oral solution 5 mg/5ml</i>	Preferred	
<i>mm fexofenadine hcl oral tablet 180 mg</i>	Preferred	
<i>qc all day allergy oral tablet 10 mg</i>	Preferred	
<i>qc allergy relief childrens oral solution 5 mg/5ml</i>	Preferred	
<i>qc allergy relief childrens oral syrup 1 mg/ml</i>	Preferred	
<i>qc allergy relief oral tablet 60 mg</i>	Preferred	
<i>qc allergy relief oral tablet dispersible 10 mg</i>	Preferred	
<i>qc cetirizine allergy relief oral tablet 10 mg</i>	Preferred	
<i>qc childrens allergy oral solution 5 mg/5ml</i>	Preferred	
<i>qc loratadine allergy relief oral tablet 10 mg</i>	Preferred	
<i>ra allergy relief (cetirizine) oral tablet 10 mg</i>	Preferred	
<i>ra allergy relief (loratadine) oral tablet 10 mg</i>	Preferred	
<i>ra allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml</i>	Preferred	
<i>ra allergy relief childrens oral syrup 5 mg/5ml</i>	Preferred	
<i>ra allergy relief childrens oral tablet chewable 5 mg</i>	Preferred	
<i>ra allergy relief oral tablet 180 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>ra loratadine oral solution 5 mg/5ml</i>	Preferred	
<i>ra loratadine oral tablet 10 mg</i>	Preferred	
<i>sb allergy oral tablet 10 mg</i>	Preferred	
<i>sb allergy relief oral tablet dispersible 10 mg</i>	Preferred	
<i>sb cetirizine hcl childrens oral solution 1 mg/ml</i>	Preferred	
<i>sb loratadine allergy relief oral tablet 10 mg</i>	Preferred	
<i>sb loratadine oral solution 5 mg/5ml</i>	Preferred	
<i>sb loratadine oral tablet 10 mg</i>	Preferred	
<i>sm all day allergy childrens oral solution 5 mg/5ml</i>	Preferred	
<i>sm all day allergy oral tablet 10 mg</i>	Preferred	
<i>sm all day allergy relief oral tablet 10 mg</i>	Preferred	
<i>sm allergy childrens oral solution 5 mg/5ml</i>	Preferred	
<i>sm allergy relief oral tablet 60 mg</i>	Preferred	
<i>sm allergy relief oral tablet dispersible 10 mg</i>	Preferred	
<i>sm childrens loratadine oral solution 5 mg/5ml</i>	Preferred	
<i>sm fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Preferred	
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	Preferred	
<i>sm loratadine oral solution 5 mg/5ml</i>	Preferred	
<i>sm loratadine oral tablet 10 mg</i>	Preferred	
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	Preferred	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	Preferred	
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>)	Preferred	
KLS ALLERCLEAR ORAL TABLET 10 MG (<i>loratadine</i>)	Preferred	
KLS ALLER-FEX ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	Preferred	
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>cetirizine hcl</i>)	Preferred	
KLS ALLER-TEC ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	Preferred	
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	Preferred	
WAL-FEX ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	Preferred	
WAL-FEX ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	Preferred	
WAL-ITIN ALLERGY CHILDRENS ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	Preferred	
WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	Preferred	
WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	Preferred	
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>)	Preferred	
WAL-ITIN ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>)	Preferred	

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **otc** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
WAL-ITIN ORAL TABLET 10 MG (<i>loratadine</i>)	Preferred	
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	Preferred	
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	Preferred	
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (<i>cetirizine hcl</i>)	Preferred	
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	Preferred	
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML (<i>cetirizine hcl</i>)	Preferred	
WAL-ZYR ORAL SOLUTION 5 MG/5ML (<i>cetirizine hcl</i>)	Preferred	
WAL-ZYR ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	Preferred	
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	Non Preferred	PA
<i>cetirizine hcl childrens solution 5 mg/5ml oral</i>	Non Preferred	PA
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	Non Preferred	PA
<i>desloratadine oral tablet 5 mg</i>	Non Preferred	PA
<i>desloratadine oral tablet dispersible 2.5 mg</i>	Non Preferred	PA; AGE (Max 11 Years)
<i>desloratadine oral tablet dispersible 5 mg</i>	Non Preferred	PA
<i>eq cetirizine hcl oral tablet chewable 10 mg</i>	Non Preferred	PA
<i>gnp all day allergy relief oral capsule 10 mg</i>	Non Preferred	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Non Preferred	PA
<i>qc all day allergy relief oral capsule 10 mg</i>	Non Preferred	PA
<i>ra allergy relief oral capsule 10 mg</i>	Non Preferred	PA
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	Non Preferred	PA
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG, 5 MG (<i>cetirizine hcl</i>)	Non Preferred	PA
WAL-ZYR ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	Non Preferred	PA
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	Non Preferred	PA
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	Non Preferred	PA
ZYRTEC ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
*ANTI-HISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Preferred	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Preferred	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Preferred	QL (4 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	Preferred	QL (4 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
*ANTI-HISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Preferred	AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Preferred	AGE (Max 64 Years)
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ACL INHIB-INTestinal CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR CHOLESTEROL		
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	Non Preferred	PA; AGE (Min 18 Years)
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	Non Preferred	PA; AGE (Min 18 Years)
*ANTIHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	Non Preferred	PA
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Non Preferred	PA
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	Non Preferred	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	Non Preferred	PA
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	Preferred	Max 102-day supply per fill
<i>cholestyramine light oral powder 4 gm/dose</i>	Preferred	Max 102-day supply per fill
<i>cholestyramine oral packet 4 gm</i>	Preferred	Max 102-day supply per fill
<i>cholestyramine oral powder 4 gm/dose</i>	Preferred	Max 102-day supply per fill
<i>colestipol hcl oral tablet 1 gm</i>	Preferred	Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>cholestyramine light</i> (Prevalite Oral Packet 4 Gm)	Preferred	Max 102-day supply per fill
<i>cholestyramine light</i> (Prevalite Oral Powder 4 Gm/Dose)	Preferred	Max 102-day supply per fill
<i>colesevelam hcl oral packet 3.75 gm</i>	Non Preferred	PA; Max 102-day supply per fill
<i>colesevelam hcl oral tablet 625 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>colestipol hcl oral granules 5 gm</i>	Non Preferred	PA; Max 102-day supply per fill
<i>colestipol hcl oral packet 5 gm</i>	Non Preferred	PA; Max 102-day supply per fill
COLESTID FLAVORED ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
COLESTID ORAL PACKET 5 GM (<i>colestipol hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	Non Preferred	PA; Max 102-day supply per fill
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	Non Preferred	PA; Max 102-day supply per fill
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	Non Preferred	PA; Max 102-day supply per fill
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Preferred	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	Preferred	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Preferred	Max 102-day supply per fill
<i>gemfibrozil oral tablet 600 mg</i>	Preferred	
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	Non Preferred	PA
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Non Preferred	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Non Preferred	PA
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Non Preferred	PA
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	Non Preferred	PA
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	Non Preferred	PA
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	Non Preferred	PA
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	Non Preferred	PA
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	Non Preferred	PA; Max 102-day supply per fill
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (<i>choline fenofibrate</i>)	Non Preferred	PA
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day); Max 102-day supply per fill
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day); Max 102-day supply per fill
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Preferred	QL (1 EA per 1 day); Max 102-day supply per fill
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Non Preferred	PA; QL (1 EA per 1 day)
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	Non Preferred	PA; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	Non Preferred	PA; QL (20 ML per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	Non Preferred	PA; QL (1 EA per 1 day); Max 102-day supply per fill
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	Non Preferred	PA; QL (1 EA per 1 day)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	Non Preferred	PA; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	Non Preferred	PA; QL (1 EA per 1 day); Max 102-day supply per fill
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	Non Preferred	PA; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	Non Preferred	PA; QL (1 EA per 1 day); Max 102-day supply per fill
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	Non Preferred	PA; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Non Preferred	PA; QL (1 EA per 1 day)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	Non Preferred	PA; QL (1 EA per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	Non Preferred	PA; Max 102-day supply per fill
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Non Preferred	PA
*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Preferred	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	Preferred	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	Preferred	PA; QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	Preferred	PA; QL (2 ML per 28 days)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Preferred	Max 102-day supply per fill
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Non Preferred	PA; Max 102-day supply per fill
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Preferred	Max 102-day supply per fill
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Preferred	Max 102-day supply per fill
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Preferred	Max 102-day supply per fill
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Non Preferred	PA; Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Non Preferred	PA; Max 102-day supply per fill
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	Non Preferred	PA; Max 102-day supply per fill
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	Non Preferred	PA; Max 102-day supply per fill
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	Non Preferred	PA; Max 102-day supply per fill
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	Non Preferred	PA; Max 102-day supply per fill
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>enalapril maleate oral solution 1 mg/ml</i>	Non Preferred	PA; Max 102-day supply per fill
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Non Preferred	PA; Max 102-day supply per fill
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	Non Preferred	PA; Max 102-day supply per fill
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	Non Preferred	PA; Max 102-day supply per fill
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	Non Preferred	PA; Max 102-day supply per fill
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	Non Preferred	PA; Max 102-day supply per fill
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	Non Preferred	PA; Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Preferred	Max 102-day supply per fill
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Preferred	Max 102-day supply per fill
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	Non Preferred	PA; Max 102-day supply per fill
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	Non Preferred	PA; Max 102-day supply per fill
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Preferred	Max 102-day supply per fill
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Preferred	Max 102-day supply per fill
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Preferred	Max 102-day supply per fill
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Non Preferred	PA; Max 102-day supply per fill
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	Non Preferred	PA; Max 102-day supply per fill
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	Non Preferred	PA; Max 102-day supply per fill
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	Non Preferred	PA; Max 102-day supply per fill
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	Non Preferred	PA; Max 102-day supply per fill
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	Non Preferred	PA; Max 102-day supply per fill
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	Non Preferred	PA; Max 102-day supply per fill
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	Non Preferred	PA; Max 102-day supply per fill
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Preferred	Max 102-day supply per fill
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>valsartan oral solution 4 mg/ml</i>	Non Preferred	PA; Max 102-day supply per fill
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	Non Preferred	PA; Max 102-day supply per fill
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	Non Preferred	PA; Max 102-day supply per fill
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	Non Preferred	PA; Max 102-day supply per fill
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	Non Preferred	PA; Max 102-day supply per fill
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	Non Preferred	PA; Max 102-day supply per fill
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	Non Preferred	PA; Max 102-day supply per fill
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	Non Preferred	PA; Max 102-day supply per fill
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Preferred	Max 102-day supply per fill
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Non Preferred	PA; Max 102-day supply per fill
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	Non Preferred	PA; Max 102-day supply per fill
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	Non Preferred	PA; Max 102-day supply per fill
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>clonidine hcl er oral tablet extended release 24 hour 0.17 mg</i>	Preferred	Max 102-day supply per fill
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Preferred	Max 102-day supply per fill
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Preferred	QL (14 EA per 102 days); Max 102-day supply per fill
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Preferred	Max 102-day supply per fill
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Preferred	Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	Preferred	QL (14 EA per 102 days); Max 102-day supply per fill
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	Preferred	QL (14 EA per 102 days); Max 102-day supply per fill
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	Preferred	QL (14 EA per 102 days); Max 102-day supply per fill
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine hcl</i>)	Preferred	Max 102-day supply per fill
*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Preferred	Max 102-day supply per fill
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	Non Preferred	PA; Max 102-day supply per fill
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Preferred	Max 102-day supply per fill
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Preferred	Max 102-day supply per fill
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Non Preferred	PA; Max 102-day supply per fill
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	Non Preferred	PA; Max 102-day supply per fill
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	Non Preferred	PA; Max 102-day supply per fill
*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Non Preferred	PA; Max 102-day supply per fill
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	Non Preferred	PA; Max 102-day supply per fill
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl injection solution 20 mg/ml</i>	Preferred	
<i>hydralazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day); Max 102-day supply per fill
<i>hydralazine hcl oral tablet 100 mg</i>	Preferred	QL (3 EA per 1 day); Max 102-day supply per fill
<i>hydralazine hcl solution 20 mg/ml injection</i>	Preferred	CSHCS coverage only
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
<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	
<i>metronidazole oral capsule 375 mg</i>	Non Preferred	PA
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 18 Years); Max 3-day supply per fill
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	Non Preferred	PA
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	Non Preferred	PA; QL (9 EA per 1 Fill); AGE (Min 12 Years)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Non Preferred	PA; AGE (Min 18 Years)
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Preferred	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Preferred	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)	Preferred	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
<i>atovaquone oral suspension 750 mg/5ml</i>	Preferred	
<i>nitazoxanide oral tablet 500 mg</i>	Non Preferred	PA
*GLYCOPEPTIDES*** - ANTIBIOTICS		
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	Preferred	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Preferred	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML (<i>vancomycin hcl</i>)	Preferred	
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL (<i>vancomycin hcl</i>)	Preferred	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Non Preferred	PA
<i>vancomycin hcl solution reconstituted 250 mg/5ml oral</i>	Non Preferred	PA
VANCOGIN ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Preferred	
*LINCOSAMIDES*** - ANTIBIOTICS		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Preferred	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Preferred	AGE (Max 12 Years)
*MONOBACTAMS*** - ANTIBIOTICS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	Preferred	
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid oral tablet 600 mg</i>	Preferred	QL (28 EA per 1 Fill)
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Non Preferred	PA
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	Non Preferred	PA; QL (14 EA per 1 Fill)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	Non Preferred	PA
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	Non Preferred	PA; QL (28 EA per 1 Fill)
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>methenamine hippurate oral tablet 1 gm</i>	Preferred	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	Preferred	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Max 64 Years)
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Preferred	QL (1 EA per 1 day)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Preferred	
<i>mefloquine hcl oral tablet 250 mg</i>	Preferred	PA; QL (5 EA per 30 days)
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Preferred	
<i>pyrimethamine oral tablet 25 mg</i>	Preferred	PA; QL (3 EA per 1 day)
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	Preferred	PA; QL (2 EA per 365 days); AGE (Min 16 Years)
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
<i>cycloserine oral capsule 250 mg</i>	Preferred	QL (4 EA per 1 day)
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Preferred	
<i>isoniazid oral syrup 50 mg/5ml</i>	Preferred	AGE (Max 12 Years)
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Preferred	
<i>pretomanid oral tablet 200 mg</i>	Preferred	PA
<i>pyrazinamide oral tablet 500 mg</i>	Preferred	
<i>rifabutin oral capsule 150 mg</i>	Preferred	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Preferred	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Preferred	QL (24 EA per 28 days)
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	Preferred	PA
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	Preferred	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	Preferred	
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	Preferred	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	Preferred	
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	Preferred	
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	Preferred	
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	Preferred	
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	Preferred	
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet 50 mg</i>	Preferred	
<i>nilutamide oral tablet 150 mg</i>	Preferred	
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	Preferred	
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	Preferred	
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	Preferred	
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	Preferred	
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	Preferred	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	Preferred	
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	Preferred	
*ANTIESTROGENS*** - DRUGS FOR CANCER		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Preferred	
<i>toremifene citrate oral tablet 60 mg</i>	Preferred	
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	Preferred	
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
<i>azacitidine injection suspension reconstituted 100 mg</i>	Preferred	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Preferred	
<i>cladribine intravenous solution 10 mg/10ml</i>	Preferred	
<i>clofarabine intravenous solution 1 mg/ml</i>	Preferred	
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	Preferred	
<i>cytarabine injection solution 20 mg/ml</i>	Preferred	
<i>decitabine intravenous solution reconstituted 50 mg</i>	Preferred	
<i>floxuridine injection solution reconstituted 0.5 gm</i>	Preferred	
<i>fludarabine phosphate intravenous solution 25 mg/ml, 50 mg/2ml</i>	Preferred	
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	Preferred	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	Preferred	
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	Preferred	
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	Preferred	
<i>mercaptopurine oral tablet 50 mg</i>	Preferred	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Preferred	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	Preferred	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Preferred	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Preferred	
<i>nelarabine intravenous solution 5 mg/ml</i>	Preferred	
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg</i>	Preferred	
<i>pralatrexate intravenous solution 20 mg/ml, 40 mg/2ml</i>	Preferred	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (<i>pemetrexed disodium</i>)	Preferred	
ARRANON INTRAVENOUS SOLUTION 5 MG/ML (<i>nelarabine</i>)	Preferred	
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML (<i>clofarabine</i>)	Preferred	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML (<i>pralatrexate</i>)	Preferred	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	Preferred	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	Preferred	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	Preferred	
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Preferred	
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG (<i>azacitidine</i>)	Preferred	
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	Preferred	
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	Preferred	
*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES*** - DRUGS FOR CANCER		
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML (<i>ofatumumab</i>)	Preferred	
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>obinutuzumab</i>)	Preferred	
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-arrx</i>)	Preferred	
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML (<i>rituximab</i>)	Preferred	
*ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES*** - DRUGS FOR CANCER		
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (<i>ipilimumab</i>)	Preferred	
*ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES*** - DRUGS FOR CANCER		
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (<i>pembrolizumab</i>)	Preferred	
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (<i>toripalimab-tpzi</i>)	Preferred	
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML (<i>nivolumab</i>)	Preferred	
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	Preferred	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	Preferred	
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** - DRUGS FOR CANCER		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (<i>blinatumomab</i>)	Preferred	
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	Preferred	
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	Preferred	
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	Preferred	
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	Preferred	

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*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	Preferred	
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** - DRUGS FOR CANCER		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	Preferred	
*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	Preferred	
*ANTINEOPLASTIC - KRAS INHIBITORS*** - DRUGS FOR CANCER		
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	Preferred	
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	Preferred	
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER		
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	Preferred	
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Preferred	
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Preferred	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	Preferred	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	Preferred	
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	Preferred	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	Preferred	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	Preferred	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	Preferred	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	Preferred	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	Preferred	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	Preferred	
*ANTINEOPLASTIC COMBINATIONS*** - DRUGS FOR CANCER		
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	Preferred	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	Preferred	
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	Preferred	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine-tipiracil</i>)	Preferred	
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
<i>hydroxyurea oral capsule 500 mg</i>	Preferred	Max 102-day supply per fill
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	Preferred	
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	Preferred	Max 102-day supply per fill
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	Preferred	
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>pentostatin</i>)	Preferred	
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet 1 mg</i>	Preferred	
<i>exemestane oral tablet 25 mg</i>	Preferred	
<i>letrozole oral tablet 2.5 mg</i>	Preferred	
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	Preferred	
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	Preferred	
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	Preferred	
ESTROGENS-ANTINEOPLASTIC* - DRUGS FOR CANCER		
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	Preferred	
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Preferred	
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER		
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	Preferred	
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Preferred	
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	Preferred	
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	Preferred	
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</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
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	Preferred	
*LHRH ANALOGS*** - DRUGS FOR CANCER		
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	Preferred	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Preferred	
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (<i>leuprolide mesylate (6 month)</i>)	Preferred	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	Preferred	
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	Preferred	
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	Preferred	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	Preferred	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	Preferred	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	Preferred	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	Preferred	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	Preferred	
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
<i>etoposide oral capsule 50 mg</i>	Preferred	
*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Preferred	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Preferred	
<i>melphalan oral tablet 2 mg</i>	Preferred	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Preferred	
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<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	
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule 10 mg</i>	Preferred	
*SELECTIVE ESTROGEN RECEPTOR DEGRADERS*** - DRUGS FOR CANCER		
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule 75 mg</i>	Preferred	
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	Preferred	
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	Preferred	
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	Preferred	
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>ramucirumab</i>)	Preferred	
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR PARKINSON		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	Non Preferred	PA; Max 102-day supply per fill
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule 100 mg</i>	Preferred	Max 102-day supply per fill
<i>amantadine hcl oral solution 50 mg/5ml</i>	Preferred	Max 102-day supply per fill
<i>amantadine hcl oral tablet 100 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>bromocriptine mesylate oral capsule 5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	Non Preferred	PA; Max 102-day supply per fill
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (<i>amantadine hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	Non Preferred	PA; Max 102-day supply per fill
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	Non Preferred	PA; Max 102-day supply per fill
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Preferred	AGE (Min 18 Years); Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>selegiline hcl oral capsule 5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>selegiline hcl oral tablet 5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	Non Preferred	PA; AGE (Min 18 Years); Max 102-day supply per fill
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	Non Preferred	PA; Max 102-day supply per fill
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>tolcapone oral tablet 100 mg</i>	Non Preferred	PA; Max 102-day supply per fill
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	Non Preferred	PA; Max 102-day supply per fill
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet 25 mg</i>	Non Preferred	PA; Max 102-day supply per fill
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	Non Preferred	PA; Max 102-day supply per fill
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Preferred	Max 102-day supply per fill
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Preferred	Max 102-day supply per fill
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Non Preferred	PA; Max 102-day supply per fill
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	Non Preferred	PA; Max 102-day supply per fill
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	Non Preferred	PA; Max 102-day supply per fill
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	Non Preferred	PA; Max 102-day supply per fill
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	Non Preferred	PA; Max 102-day supply per fill
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa-levodopa-entacapone</i>)	Non Preferred	PA; Max 102-day supply per fill
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	Non Preferred	PA; Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	Non Preferred	PA; Max 102-day supply per fill
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa-levodopa-entacapone</i>)	Non Preferred	PA; Max 102-day supply per fill
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa-levodopa-entacapone</i>)	Non Preferred	PA; Max 102-day supply per fill
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa-levodopa-entacapone</i>)	Non Preferred	PA; Max 102-day supply per fill
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Preferred	Max 102-day supply per fill
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Non Preferred	PA; Max 102-day supply per fill
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	Non Preferred	PA; Max 102-day supply per fill
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	Non Preferred	PA; QL (102 EA per 102 days); Max 102-day supply per fill
*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>entacapone oral tablet 200 mg</i>	Preferred	Max 102-day supply per fill
COMTAN ORAL TABLET 200 MG (<i>entacapone</i>)	Non Preferred	PA; Max 102-day supply per fill
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	Non Preferred	PA; Max 102-day supply per fill
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Preferred	QL (4 EA per 1 day)
<i>prochlorperazine rectal suppository 25 mg</i>	Preferred	QL (2 EA per 1 day)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	Preferred	QL (2 EA per 1 day)
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIVIRAL COMBINATIONS*** - DRUGS FOR INFECTIONS		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	Preferred	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>valganciclovir hcl oral tablet 450 mg</i>	Preferred	QL (2 EA per 1 day)
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	Preferred	PA
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Preferred	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years)
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	Preferred	Max 102-day supply per fill
<i>acyclovir oral suspension 200 mg/5ml</i>	Preferred	Max 102-day supply per fill
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Preferred	Max 102-day supply per fill
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Preferred	Max 102-day supply per fill
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	Non Preferred	PA; Max 102-day supply per fill
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Preferred	Max 102-day supply per fill
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet 100 mg</i>	Preferred	
*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS		
LAGEVRIO ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	Preferred	
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Preferred	QL (14 EA per 1 Fill)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Preferred	QL (120 ML per 1 Fill)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	Preferred	QL (20 EA per 1 Fill)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	Non Preferred	PA; QL (14 EA per 1 Fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	Non Preferred	PA; QL (120 ML per 1 Fill)
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	Preferred	
BETA BLOCKERS - DRUGS FOR THE HEART		
*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Preferred	Max 102-day supply per fill
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Preferred	Max 102-day supply per fill
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	Preferred	Max 102-day supply per fill
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Non Preferred	PA; Max 102-day supply per fill
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	Non Preferred	PA; Max 102-day supply per fill
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	Max 102-day supply per fill
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	Max 102-day supply per fill
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Preferred	Max 102-day supply per fill
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	Preferred	Max 102-day supply per fill
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Non Preferred	PA; Max 102-day supply per fill
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	Non Preferred	PA; Max 102-day supply per fill
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	Non Preferred	PA; Max 102-day supply per fill
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Non Preferred	PA; Max 102-day supply per fill
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Preferred	Max 102-day supply per fill
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Preferred	Max 102-day supply per fill
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Preferred	Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Preferred	Max 102-day supply per fill
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Preferred	Max 102-day supply per fill
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>pindolol oral tablet 10 mg, 5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	Non Preferred	PA; Max 102-day supply per fill
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	Non Preferred	PA; Max 102-day supply per fill
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	Non Preferred	PA; Max 102-day supply per fill
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	Non Preferred	PA; Max 102-day supply per fill
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 102-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, 420 mg</i>	Preferred	Max 102-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	Max 102-day supply per fill
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Preferred	Max 102-day supply per fill
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Preferred	Max 102-day supply per fill
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	Max 102-day supply per fill
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Preferred	Max 102-day supply per fill
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Preferred	Max 102-day supply per fill
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Preferred	Max 102-day supply per fill
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Preferred	Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>nimodipine oral capsule 30 mg</i>	Preferred	QL (252 EA per 365 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Preferred	Max 102-day supply per fill
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Preferred	Max 102-day supply per fill
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Preferred	Max 102-day supply per fill
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Preferred	Max 102-day supply per fill
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Preferred	Max 102-day supply per fill
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>levamlodipine maleate oral tablet 2.5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	Non Preferred	PA; Max 102-day supply per fill
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	Non Preferred	PA; Max 102-day supply per fill
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
CONJUPRI ORAL TABLET 2.5 MG (<i>levamlodipine maleate</i>)	Non Preferred	PA; Max 102-day supply per fill
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	Non Preferred	PA; Max 102-day supply per fill
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Non Preferred	PA; Max 102-day supply per fill
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	Non Preferred	PA; AGE (Min 6 Years); Max 102-day supply per fill
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	Non Preferred	PA; Max 102-day supply per fill
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	Non Preferred	PA; Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	Non Preferred	PA; Max 102-day supply per fill
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	Non Preferred	PA; Max 102-day supply per fill
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG (<i>verapamil hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	Non Preferred	PA; Max 102-day supply per fill
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Preferred	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	Preferred	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Non Preferred	PA; QL (1 EA per 1 day); Max 102-day supply per fill
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	Non Preferred	PA; QL (1 EA per 1 day); Max 102-day supply per fill
*CARDIAC MYOSIN INHIBITORS*** - DRUGS FOR THE HEART		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
*CARDIOVASCULAR SGLT2 INHIBITORS** - DRUGS FOR THE HEART		
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	Non Preferred	PA; Max 102-day supply per fill
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
*PERIPHERAL VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>niacin flush free oral capsule 590 mg</i>	Preferred	
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	Preferred	PA; Max 102-day supply per fill
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	Preferred	PA; Max 102-day supply per fill
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	Preferred	PA; Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	Preferred	PA; Max 102-day supply per fill
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	Non Preferred	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	Non Preferred	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	Non Preferred	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	Non Preferred	PA; Max 102-day supply per fill
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	Non Preferred	PA; Max 102-day supply per fill
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	Non Preferred	PA; Max 102-day supply per fill
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	Preferred	PA
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Preferred	PA; Max 102-day supply per fill
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Preferred	PA; Max 102-day supply per fill
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	Preferred	PA; Max 102-day supply per fill
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Non Preferred	PA; Max 102-day supply per fill
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	Non Preferred	PA; Max 102-day supply per fill
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	Non Preferred	PA; Max 102-day supply per fill
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Preferred	PA; Max 102-day supply per fill
<i>sildenafil citrate oral tablet 20 mg</i>	Preferred	PA; Max 102-day supply per fill
<i>tadalafil (pah) oral tablet 20 mg</i>	Preferred	PA; Max 102-day supply per fill
<i>tadalafil (pah) (Alyq Oral Tablet 20 Mg)</i>	Preferred	PA; Max 102-day supply per fill
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	Non Preferred	PA; Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>tadalafil (pah)</i> (Alyq Tablet 20 Mg Oral)	Non Preferred	PA; Max 102-day supply per fill
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	Non Preferred	PA
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	Non Preferred	PA; Max 102-day supply per fill
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	Non Preferred	PA; Max 102-day supply per fill
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	Non Preferred	PA; AGE (Min 18 Years)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR HIGH BLOOD PRESSURE		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	Preferred	PA; Max 102-day supply per fill
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	Preferred	PA; Max 102-day supply per fill
*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	Preferred	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Preferred	PA
*VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR ANGINA		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule 500 mg</i>	Preferred	QL (28 EA per 1 Fill)
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</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	
<i>cefadroxil oral tablet 1 gm</i>	Non Preferred	PA; QL (28 EA per 1 Fill)
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Preferred	QL (28 EA per 1 Fill)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Preferred	QL (42 EA per 1 Fill)

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Drug Name	Formulary Status	Requirements/Limits
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	Non Preferred	PA; QL (42 EA per 1 Fill)
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Non Preferred	PA; QL (42 EA per 1 Fill)
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	Non Preferred	PA
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule 300 mg</i>	Preferred	QL (28 EA per 1 Fill)
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>cefixime oral capsule 400 mg</i>	Preferred	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Non Preferred	PA
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Non Preferred	PA
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Non Preferred	PA; QL (28 EA per 1 Fill)
CHEMICALS		
*FIXED OILS***		
<i>castor oil oil</i>	Preferred	
<i>qc castor oil oil</i>	Preferred	
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Preferred	Max 365-day supply per fill
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	Max 365-day supply per fill
<i>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)</i>	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	Max 365-day supply per fill
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Preferred	Max 365-day supply per fill
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Preferred	Max 365-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	Preferred	Max 365-day supply per fill
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Preferred	Max 365-day supply per fill
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Preferred	Max 365-day supply per fill
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preferred	Max 365-day supply per fill
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	Preferred	Max 365-day supply per fill
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))</i>	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))</i>	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per fill
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per fill
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	Preferred	Max 365-day supply per fill
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	Preferred	Max 365-day supply per fill
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	Preferred	Max 365-day supply per fill
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	Preferred	Max 365-day supply per fill
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	Preferred	QL (36 EA per 365 days); Max 365-day supply per fill
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	Preferred	QL (36 EA per 365 days); Max 365-day supply per fill
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Preferred	QL (12 EA per 365 days); Max 365-day supply per fill
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	Preferred	QL (12 EA per 365 days); Max 365-day supply per fill
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	Preferred	QL (12 EA per 365 days); Max 365-day supply per fill
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	Preferred	Max 365-day supply per fill
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	Preferred	Max 365-day supply per fill
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
<i>levonorgestrel oral tablet 1.5 mg</i>	Preferred	Max 365-day supply per fill
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
CURAE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	Preferred	Max 365-day supply per fill
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per fill
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Preferred	Max 365-day supply per fill
<i>levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)</i>	Preferred	Max 365-day supply per fill
<i>levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)</i>	Preferred	Max 365-day supply per fill
<i>levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)</i>	Preferred	Max 365-day supply per fill
<i>levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)</i>	Preferred	Max 365-day supply per fill
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Preferred	QL (1 ML per 56 days); Max 84-day supply per fill
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Preferred	QL (1 ML per 84 days); Max 365-day supply per fill
*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>norethindrone oral tablet 0.35 mg</i>	Preferred	Max 365-day supply per fill
<i>norethindrone (Camila Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone (Deblitane Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone (Errin Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone (Heather Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone (Incassia Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone (Jencycla Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone (Lyleq Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone (Lyza Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone (Nora-Be Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per fill
<i>norethindrone (Norlyda Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	Preferred	Max 365-day supply per fill
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	Preferred	Max 365-day supply per fill
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	Preferred	Max 365-day supply per fill
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Preferred	Max 365-day supply per fill
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Preferred	Max 365-day supply per fill
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Preferred	Max 365-day supply per fill
<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	Max 365-day supply per fill
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	Max 365-day supply per fill
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	Max 365-day supply per fill
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per fill
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per fill
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per fill
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per fill
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	Preferred	Max 365-day supply per fill
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
<i>budesonide oral capsule delayed release particles 3 mg</i>	Preferred	PA
<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	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	Preferred	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>	Preferred	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	Preferred	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Preferred	
<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	
<i>prednisolone oral solution 15 mg/5ml</i>	Preferred	
<i>prednisolone oral tablet 5 mg</i>	Preferred	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Preferred	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Preferred	
<i>prednisone oral solution 5 mg/5ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<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	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Preferred	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	Preferred	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	Preferred	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML (<i>methylprednisolone acetate</i>)	Preferred	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	Preferred	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	Preferred	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	Preferred	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	Preferred	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	Preferred	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (<i>triamcinolone acetonide</i>)	Preferred	
KENALOG-40 INJECTION SUSPENSION 40 MG/ML (<i>triamcinolone acetonide</i>)	Preferred	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	Preferred	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	Preferred	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	Preferred	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (<i>prednisolone sodium phosphate</i>)	Preferred	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	Preferred	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</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 1000 MG, 2 GM, 500 MG (<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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TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	Preferred	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Non Preferred	PA
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	Non Preferred	PA
*MINERALOCORTICOIDS*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Preferred	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule 100 mg</i>	Preferred	QL (6 EA per 1 day)
<i>benzonatate oral capsule 200 mg</i>	Preferred	QL (5 EA per 1 day)
*ANTITUSSIVE-DECONGESTANT-ANALGESIC*** - DRUGS FOR COUGH AND COLD		
<i>cvs daytime cold/flu relief oral liquid 325-10-5 mg/15ml</i>	Preferred	
<i>cvs flu/severe cold daytime oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>cvs severe cold/flu daytime oral liquid 650-20-10 mg/30ml</i>	Preferred	
<i>daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>day-time cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>eq daytime cold/flu ms relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>eql daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>goodsense cold & flu oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>goodsense severe cold/cough oral liquid 20-10-650 mg/30ml</i>	Preferred	
<i>qc daytime cold/flu oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>ra daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>sb daytime oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>sb flu relief therapy daytime oral liquid 10-5-325 mg/15ml</i>	Preferred	
<i>sm day time cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	
THERAFLU EXPRESSMAX ORAL LIQUID 20-10-650 MG/30ML (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	
VICKS DAYQUIL COLD & FLU ORAL LIQUID 10-5-325 MG/15ML (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	
WAL-FLU SEVERE COLD & COUGH ORAL LIQUID 10-5-325 MG/15ML (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	
*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
<i>altarussin dm oral syrup 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>biocotron oral liquid 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs mucus dm extended release oral tablet extended release 12 hour 30-600 mg</i>	Preferred	QL (2 EA per 1 day)
<i>cvs tussin dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml, 200-20 mg/10ml</i>	Preferred	QL (360 ML per 30 days)
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>diabetic siltussin-dm oral liquid 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>eq mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	QL (2 EA per 1 day)
<i>eq tussin dm cough/chest oral syrup 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>eql mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	QL (2 EA per 1 day)
<i>eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>g tussin ac oral solution 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days); AGE (Min 2 Years)
<i>geri-tussin dm oral liquid 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>geri-tussin dm oral syrup 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>gnp tussin dm cough oral liquid 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>guaiasorb dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Preferred	QL (360 ML per 30 days)
<i>guaiatussin ac oral syrup 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days); AGE (Min 2 Years)
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days); AGE (Min 2 Years)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days); AGE (Min 2 Years)
<i>guaifenesin-dm oral liquid 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days); AGE (Min 2 Years)
<i>maxi-tuss g oral liquid 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>medi-tussin dm oral syrup 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	QL (2 EA per 1 day)
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	QL (2 EA per 1 day)
<i>mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	QL (2 EA per 1 day)
<i>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Preferred	QL (360 ML per 30 days)
<i>q-tussin dm oral syrup 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>ra mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	QL (2 EA per 1 day)
<i>ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>ra tussin cough dm sugar free oral syrup 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>ra tussin cough oral liquid 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)

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

Drug Name	Formulary Status	Requirements/Limits
<i>ra tussin cough/chest dm max oral liquid 10-200 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>ra tussin dm oral liquid 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>robafen dm clear oral syrup 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>siltussin dm das oral liquid 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>sm tussin cough/chest congest oral liquid 20-200 mg/10ml</i>	Preferred	QL (360 ML per 30 days)
<i>sm tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>sm tussin dm oral syrup 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>sorbutuss nr oral liquid 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>tusnel diabetic oral liquid 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>tussin cough+chest cong dm sf oral liquid 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>tussin cough+chest congest dm oral liquid 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>tussin dm cough + chest oral liquid 10-100 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>tussin dm oral liquid 10-100 mg/5ml, 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>tussin dm oral syrup 10-100 mg/5ml, 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>virtussin a/c oral solution 100-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days); AGE (Min 2 Years)
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
GILTUSS COUGH & CHEST ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
MAX TUSSIN DM COUGH&CHEST CONG ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
ROBAFEN DM COUGH CLEAR ORAL SYRUP 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
SORBUGEN NR ORAL LIQUID 15-150 MG/7.5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	QL (360 ML per 30 days)

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

Drug Name	Formulary Status	Requirements/Limits
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>12 hour allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>all day allergy d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>allergy d-12 oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>allergy relief d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>allergy relief d12 oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day)
<i>allergy relief d-12 oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day)
<i>allergy relief d-24 oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day)
<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day)
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>cvs allergy relief d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day)
<i>cvs cold & cough nighttime oral liquid 6.25-2.5 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>eq allergy & congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day)
<i>eq allergy relief oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>eq allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day)
<i>qc loratadine-d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>ra allergy relf & nasal decong oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>ra allergy rlf/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day)
<i>ra allergy/congestion relief-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>ra cetiri-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>ra lorata-d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>rynex pse oral liquid 1-15 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>sb allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>sm all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>sm cold & allergy childrens oral elixir 1-15 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Preferred	QL (2 EA per 1 day)
<i>sm lorata-dine d oral tablet extended release 24 hour 10-240 mg</i>	Preferred	QL (30 EA per 1 Fill)
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	Preferred	QL (2 EA per 1 day)
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	Preferred	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML (<i>diphenhydramine-phenylephrine</i>)	Preferred	QL (360 ML per 30 days)
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	Preferred	QL (30 EA per 1 Fill)
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	Preferred	QL (2 EA per 1 day)
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	Preferred	QL (30 EA per 1 Fill)
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	Preferred	QL (30 EA per 1 Fill)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	Preferred	QL (2 EA per 1 day)
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
*DECONGESTANT W/ EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
<i>cvs mucus d extended release oral tablet extended release 12 hour 60-600 mg</i>	Preferred	AGE (Min 4 Years)
<i>mucus relief d 12hr er oral tablet extended release 12 hour 60-600 mg</i>	Preferred	AGE (Min 4 Years)
<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	Preferred	AGE (Min 4 Years)
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Preferred	AGE (Min 4 Years)
<i>ra mucus relief d oral tablet extended release 12 hour 60-600 mg, 600-60 mg</i>	Preferred	AGE (Min 4 Years)
*EXPECTORANTS*** - DRUGS FOR COUGH AND COLD		
<i>altarussin oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>chest congestion relief child oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>chest congestion relief oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>chest congestion relief oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>coughtab oral tablet 200 mg</i>	Preferred	AGE (Min 4 Years)
<i>cvs chest congestion relief oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>cvs mucus extended release oral tablet extended release 12 hour 600 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>cvs tussin adult chest congest oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>eq 12 hour mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>eql tussin mucus/chest congest oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>geri-tussin oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>gnp mucus er oral tablet extended release 12 hour 600 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>gnp mucus relief oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>gnp tab tussin oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>gnp tussin mucus & chest cong oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>goodsense mucus er oral tablet extended release 12 hour 600 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>goodsense mucus relief oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>guaifenesin oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>kls mucus relief chest oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>mucosa oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>mucus relief chest congestion oral liquid 400 mg/20ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>mucus relief chest congestion oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>mucus relief oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>mucus+chest congestion oral liquid 200 mg/10ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>pharbinex oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>qc medifin 400 oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>qc medifin mucus relief child oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>qc mucus relief childrens oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>qc mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>qc tussin expectorant adult oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>qc tussin mucus/congestion oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>ra mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>ra tussin chest congestion oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>ra tussin oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>refenesen 400 oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>sb cough control oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>sb coughtab oral tablet 200 mg</i>	Preferred	AGE (Min 4 Years)
<i>sb mucus relief oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>scot-tussin expectorant oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>siltussin sa oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>sm chest congestion relief oral tablet 400 mg</i>	Preferred	AGE (Min 4 Years)
<i>sm mucus relief childrens oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>sm mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>sm tussin mucus+chest congest oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>tussin mucus & chest congest oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>tussin mucus+chest congest sf oral liquid 200 mg/10ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
<i>tussin mucus+chest congestion oral liquid 100 mg/5ml</i>	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)

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Drug Name	Formulary Status	Requirements/Limits
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
DIABETIC TUSSIN CHEST/CONGEST ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>guaifenesin</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML (<i>guaifenesin</i>)	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML (<i>guaifenesin</i>)	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML (<i>guaifenesin</i>)	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
TUSNEL-EX ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	Preferred	QL (Max 180ml per fill/360ml per 30 days); AGE (Min 4 Years)
XPECT ORAL TABLET 400 MG (<i>guaifenesin</i>)	Preferred	AGE (Min 4 Years)
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
<i>sodium chloride inhalation nebulization solution 0.9 %, 7 %</i>	Preferred	
<i>sodium chloride nebulization solution 3 % inhalation</i>	Preferred	CSHCS coverage only
<i>sodium chloride nebulization solution 7 % inhalation</i>	Preferred	CSHCS coverage only
HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION (<i>sodium chloride</i>)	Preferred	CSHCS coverage only
HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION (<i>sodium chloride</i>)	Preferred	CSHCS coverage only
<i>sodium chloride</i> (Nebusal Nebulization Solution 3 % Inhalation)	Preferred	CSHCS coverage only
NEBUSAL NEBULIZATION SOLUTION 6 % INHALATION (<i>sodium chloride</i>)	Preferred	CSHCS coverage only
<i>sodium chloride</i> (Pulmosal Inhalation Nebulization Solution 7 %)	Preferred	
<i>sodium chloride</i> (Pulmosal Nebulization Solution 7 % Inhalation)	Preferred	CSHCS coverage only
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Preferred	QL (360 ML per 30 days); AGE (Min 4 Years and Max 64 Years)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Preferred	QL (360 ML per 30 days)
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Preferred	QL (240 ML per 30 days); AGE (Min 2 Years and Max 64 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Preferred	QL (240 ML per 30 days); AGE (Min 2 Years and Max 64 Years)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
<i>clindamycin phosphate external solution 1 %</i>	Preferred	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	Preferred	
<i>erythromycin external solution 2 %</i>	Preferred	
<i>clindamycin phosphate (Clindacin Etz External Swab 1 %)</i>	Preferred	
<i>clindamycin phosphate (Clindacin-P External Swab 1 %)</i>	Preferred	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Preferred	QL (45 GM per 30 days); AGE (Max 30 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Preferred	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	Preferred	
<i>clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)</i>	Preferred	
<i>ACANYA EXTERNAL GEL 1.2-2.5 % (clindamycin phos-benzoyl perox)</i>	Non Preferred	PA
<i>ONEXTON EXTERNAL GEL 1.2-3.75 % (clindamycin phos-benzoyl perox)</i>	Non Preferred	PA
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
<i>acne foaming wash external liquid 10 %</i>	Preferred	
<i>acne medication 10 external gel 10 %</i>	Preferred	QL (3.78 GM per 1 day)
<i>acne medication 5 external gel 5 %</i>	Preferred	
<i>acne treatment external gel 10 %</i>	Preferred	QL (3.78 GM per 1 day)
<i>acne-clear external gel 10 %</i>	Preferred	QL (3.78 GM per 1 day)
<i>adapalene external gel 0.1 %</i>	Preferred	QL (45 GM per 30 days)
<i>adapalene external gel 0.3 %</i>	Preferred	QL (45 GM per 30 days); AGE (Max 30 Years)
<i>adapalene treatment external gel 0.1 %</i>	Preferred	QL (45 GM per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>benzoyl peroxide external gel 10 %</i>	Preferred	QL (3.78 GM per 1 day)
<i>benzoyl peroxide external gel 5 %</i>	Preferred	
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	Preferred	
<i>bp wash external liquid 10 %, 5 %</i>	Preferred	
<i>cvs acne foaming face wash external liquid 10 %</i>	Preferred	
<i>cvs acne treatment external gel 10 %</i>	Preferred	QL (3.78 GM per 1 day)
<i>cvs adapalene external gel 0.1 %</i>	Preferred	QL (45 GM per 30 days)
<i>cvs advanced 3-in-1 cleanser external liquid 5 %</i>	Preferred	
<i>cvs foaming acne face wash external liquid 10 %</i>	Preferred	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Preferred	PA; QL (2 EA per 1 day)
<i>tretinoin external cream 0.025 %, 0.05 %</i>	Preferred	QL (20 GM per 30 days); AGE (Max 30 Years)
<i>isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	Preferred	PA; QL (2 EA per 1 day)
<i>isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)</i>	Preferred	PA; QL (2 EA per 1 day)
<i>isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	Preferred	PA; QL (2 EA per 1 day)
CLEAN & CLEAR PERSA-GEL MAX ST EXTERNAL GEL 10 % (<i>benzoyl peroxide</i>)	Preferred	QL (3.78 GM per 1 day)
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 10 % (<i>benzoyl peroxide</i>)	Preferred	QL (3.78 GM per 1 day)
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 5 % (<i>benzoyl peroxide</i>)	Preferred	
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID 10 %, 5 % (<i>benzoyl peroxide</i>)	Preferred	
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 % (<i>benzoyl peroxide</i>)	Preferred	
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	Preferred	PA; QL (2 EA per 1 day)
*ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS*** - DRUGS FOR THE SKIN		
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years)
*ANTIBIOTIC MIXTURES TOPICAL*** - DRUGS FOR THE SKIN		
<i>cvs antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>eq triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>eql first aid antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>first aid antibiotic external ointment 3.5-400-5000 mg-unit, 3.5-500-10000</i>	Preferred	
<i>gnp triple antibiotic external ointment</i>	Preferred	
<i>medi-first triple antibiotic external ointment 5-400-5000 mg-unit</i>	Preferred	
<i>meijer triple antibiotic external ointment 3.5-400-5000</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>qc triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>ra triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>sb triple antibiotic external ointment 3.5-400-5000</i>	Preferred	
<i>sm 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 , 3.5-400-5000 mg-unit, 5-400-5000 , 5-400-5000 mg-unit</i>	Preferred	
LANABIOTIC EXTERNAL OINTMENT 5-500-10000 (<i>neomycin-bacitracin-polymyxin</i>)	Preferred	
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>antibiotic external ointment 500 unit/gm</i>	Preferred	
<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	
<i>cvs bacitracin external ointment 500 unit/gm</i>	Preferred	
<i>cvs bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>eq bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>eql bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>gentamicin sulfate external cream 0.1 %</i>	Preferred	
<i>gentamicin sulfate external ointment 0.1 %</i>	Preferred	
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>	Preferred	
<i>mupirocin external ointment 2 %</i>	Preferred	
<i>qc bacitracin external ointment 500 unit/gm</i>	Preferred	
<i>ra bacitracin external ointment 500 unit/gm</i>	Preferred	
<i>ra bacitracin zinc first aid external ointment 500 unit/gm</i>	Preferred	
<i>sb bacitracin external ointment 500 unit/gm</i>	Preferred	
<i>sm antibiotic external ointment 500 unit/gm</i>	Preferred	
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM (<i>bacitracin</i>)	Preferred	
<i>mupirocin calcium external cream 2 %</i>	Non Preferred	PA
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	Non Preferred	PA; QL (60 GM per 30 days)
*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Preferred	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Preferred	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Preferred	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	Non Preferred	PA
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	Non Preferred	PA
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>antifungal (tolnaftate) external cream 1 %</i>	Preferred	
<i>athletes foot (terbinafine) external cream 1 %</i>	Preferred	
<i>athletes foot powder spray external aerosol powder 1 %</i>	Preferred	
<i>ciclopirox external solution 8 %</i>	Preferred	
<i>ciclopirox olamine external cream 0.77 %</i>	Preferred	
<i>cvs athletes foot (tolnaftate) external aerosol powder 1 %</i>	Preferred	
<i>cvs athletes foot (tolnaftate) external cream 1 %</i>	Preferred	
<i>cvs athletes foot external cream 1 %</i>	Preferred	
<i>cvs foot & sneaker external aerosol powder 1 %</i>	Preferred	
<i>cvs jock itch external cream 1 %</i>	Preferred	
<i>eq athletes foot (terbinafine) external cream 1 %</i>	Preferred	
<i>eq athletes foot (tolnaftate) external cream 1 %</i>	Preferred	
<i>eql athletes foot(terbinafine) external cream 1 %</i>	Preferred	
<i>fungi-guard external cream 1 %</i>	Preferred	
<i>gnp terbinafine hydrochloride external cream 1 %</i>	Preferred	
<i>gnp tolnaftate external cream 1 %</i>	Preferred	
<i>jock itch spray powder external aerosol powder 1 %</i>	Preferred	
<i>nystatin external cream 100000 unit/gm</i>	Preferred	
<i>nystatin external ointment 100000 unit/gm</i>	Preferred	
<i>nystatin external powder 100000 unit/gm</i>	Preferred	
<i>odor control foot & sneaker external aerosol powder 1 %</i>	Preferred	
<i>qc antifungal (tolnaftate) external cream 1 %</i>	Preferred	
<i>qc athletes foot external cream 1 %</i>	Preferred	
<i>qc tolnaftate external cream 1 %</i>	Preferred	
<i>ra antifungal foot care external cream 1 %</i>	Preferred	
<i>ra foot care (terbinafine) external cream 1 %</i>	Preferred	
<i>ra foot care (tolnaftate) external cream 1 %</i>	Preferred	
<i>ra jock itch max st external aerosol powder 1 %</i>	Preferred	
<i>sb anti-fungal external cream 1 %</i>	Preferred	
<i>sm antifungal tolnaftate external cream 1 %</i>	Preferred	
<i>sm athletes foot external cream 1 %</i>	Preferred	
<i>terbinafine hcl external cream 1 %</i>	Preferred	
<i>tolnaftate antifungal external cream 1 %</i>	Preferred	
<i>tolnaftate external aerosol powder 1 %</i>	Preferred	
<i>tolnaftate external cream 1 %</i>	Preferred	

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<i>tolnaftate external powder 1 %</i>	Preferred	
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	Preferred	
LOTRIMIN AF EXTERNAL POWDER 1 % (<i>tolnaftate</i>)	Preferred	
<i>nystatin (Nyamyc External Powder 100000 Unit/Gm)</i>	Preferred	
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	Preferred	
ODOR EATERS ANTIFUNGAL EXTERNAL POWDER 1 % (<i>tolnaftate</i>)	Preferred	
ODOR EATERS FOOT/SNEAKER SPRAY EXTERNAL AEROSOL POWDER 1 % (<i>tolnaftate</i>)	Preferred	
<i>butenafine hcl external cream 1 %</i>	Non Preferred	PA
<i>ciclopirox external gel 0.77 %</i>	Non Preferred	PA
<i>ciclopirox external shampoo 1 %</i>	Non Preferred	PA
<i>ciclopirox olamine external suspension 0.77 %</i>	Non Preferred	PA
<i>ciclopirox treatment external kit 8 %</i>	Non Preferred	PA
<i>cvs butenafine hcl external cream 1 %</i>	Non Preferred	PA
<i>naftifine hcl external cream 1 %, 2 %</i>	Non Preferred	PA
<i>naftifine hcl external gel 2 %</i>	Non Preferred	PA
LOTRIMIN ULTRA EXTERNAL CREAM 1 % (<i>butenafine hcl</i>)	Non Preferred	PA
NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>)	Non Preferred	PA
TINACTIN EXTERNAL CREAM 1 % (<i>tolnaftate</i>)	Non Preferred	PA
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>arthritis pain reliever external gel 1 %</i>	Preferred	
<i>cvs diclofenac sodium external gel 1 %</i>	Preferred	
<i>diclofenac sodium external gel 1 %</i>	Preferred	
<i>diclofenac sodium external solution 1.5 %</i>	Preferred	
<i>eq arthritis pain external gel 1 %</i>	Preferred	
<i>eq arthritis pain reliever external gel 1 %</i>	Preferred	
<i>gnp arthritis pain external gel 1 %</i>	Preferred	
<i>goodsense arthritis pain external gel 1 %</i>	Preferred	
<i>kls diclofenac sodium external gel 1 %</i>	Preferred	
<i>qc diclofenac sodium external gel 1 %</i>	Preferred	
<i>sm arthritis pain external gel 1 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ASPERCREME ARTHRITIS PAIN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	Preferred	
MOTRIN ARTHRITIS PAIN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	Preferred	
<i>diclofenac epolamine external patch 1.3 %</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>diclofenac sodium external solution 2 %</i>	Non Preferred	PA
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	Non Preferred	PA; QL (2 EA per 1 day)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	Non Preferred	PA; QL (15 EA per 30 days)
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	Non Preferred	PA
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	Preferred	
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>fluorouracil external cream 0.5 %, 5 %</i>	Preferred	
<i>fluorouracil external solution 2 %, 5 %</i>	Preferred	
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	Preferred	
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	Preferred	
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel 3 %</i>	Preferred	
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Preferred	PA; QL (2 EA per 1 day)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Preferred	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Preferred	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Preferred	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	Preferred	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 300 MG/2ML (<i>secukinumab</i>)	Preferred	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	Non Preferred	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	Non Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	Non Preferred	PA
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	Non Preferred	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	Non Preferred	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Non Preferred	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	Non Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	Non Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	Non Preferred	PA
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream 0.005 %</i>	Preferred	PA; AGE (Min 2 Years)
<i>calcipotriene external ointment 0.005 %</i>	Preferred	PA; AGE (Min 2 Years)
<i>calcipotriene external solution 0.005 %</i>	Preferred	PA; AGE (Min 2 Years)
<i>calcitriol external ointment 3 mcg/gm</i>	Preferred	PA; AGE (Min 2 Years)
<i>tazarotene external cream 0.1 %</i>	Preferred	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Preferred	PA
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	Preferred	PA; AGE (Min 2 Years)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	Preferred	PA
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	Preferred	PA; AGE (Min 18 Years)
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	Preferred	PA; AGE (Min 6 Years)
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
<i>selenium sulfide external lotion 2.5 %</i>	Preferred	
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	Preferred	PA; AGE (Min 9 Years)
*ANTIVIRAL TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	Non Preferred	PA; Max 102-day supply per fill
*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external ointment 5 %</i>	Preferred	Max 102-day supply per fill
<i>docosanol external cream 10 %</i>	Preferred	
<i>gnp docosanol external cream 10 %</i>	Preferred	
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	Preferred	Max 102-day supply per fill
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	Preferred	Max 102-day supply per fill

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<i>acyclovir external cream 5 %</i>	Non Preferred	PA; Max 102-day supply per fill
<i>penciclovir external cream 1 %</i>	Non Preferred	PA; Max 102-day supply per fill
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	Non Preferred	PA; Max 102-day supply per fill
*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** - DRUGS FOR THE SKIN		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	Non Preferred	PA; AGE (Min 12 Years)
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	Non Preferred	PA; QL (240 GM per 30 days); AGE (Min 12 Years)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	Preferred	PA; QL (4 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	Preferred	PA; AGE (Min 2 Years)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	Preferred	PA
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>silver sulfadiazine external cream 1 %</i>	Preferred	
<i>silver sulfadiazine (Ssd (Silver Sulfadiazine) External Cream 1 %)</i>	Preferred	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	Preferred	
<i>silver sulfadiazine (Thermazene External Cream 1 %)</i>	Preferred	
*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ala-cort external cream 1 %</i>	Preferred	
<i>anti-itch maximum strength external cream 1 %</i>	Preferred	
<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	
<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 propionate external cream 0.05 %</i>	Preferred	
<i>clobetasol propionate external ointment 0.05 %</i>	Preferred	
<i>clobetasol propionate external solution 0.05 %</i>	Preferred	
<i>cvs cortisone maximum strength external cream 1 %</i>	Preferred	
<i>cvs cortisone maximum strength external ointment 1 %</i>	Preferred	
<i>cvs hydrocortisone anti-itch external cream 0.5 %</i>	Preferred	
<i>eq hydrocortisone external cream 1 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>eq hydrocortisone max st external cream 1 %</i>	Preferred	
<i>eql anti-itch intensive heal external cream 1 %</i>	Preferred	
<i>eql anti-itch maximum strength external cream 1 %</i>	Preferred	
<i>eql anti-itch maximum strength external ointment 1 %</i>	Preferred	
<i>fluticasone propionate external cream 0.05 %</i>	Preferred	
<i>fluticasone propionate external ointment 0.005 %</i>	Preferred	
<i>gnp hydrocortisone external cream 0.5 %</i>	Preferred	
<i>gnp hydrocortisone max st external ointment 1 %</i>	Preferred	
<i>gnp hydrocortisone plus external cream 1 %</i>	Preferred	
<i>gnp hydrocortisone/aloe external cream 1 %</i>	Preferred	
<i>goodsense anti-itch max str external cream 1 %</i>	Preferred	
<i>goodsense anti-itch maximum st external ointment 1 %</i>	Preferred	
<i>halobetasol propionate external cream 0.05 %</i>	Preferred	
<i>halobetasol propionate external ointment 0.05 %</i>	Preferred	
<i>hydrocortisone acetate external cream 1 %</i>	Preferred	
<i>hydrocortisone acetate external ointment 1 %</i>	Preferred	PA
<i>hydrocortisone anti-itch external cream 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 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 plus external cream 1 %</i>	Preferred	
<i>hydrocortisone/aloe max str external cream 1 %</i>	Preferred	
<i>instacort 5 external cream 0.5 %</i>	Preferred	
<i>mometasone furoate external cream 0.1 %</i>	Preferred	
<i>mometasone furoate external ointment 0.1 %</i>	Preferred	
<i>mometasone furoate external solution 0.1 %</i>	Preferred	
<i>qc anti-itch aloe external cream 1 %</i>	Preferred	
<i>qc hydrocortisone max st external cream 1 %</i>	Preferred	
<i>ra anti-itch maximum strength external cream 1 %</i>	Preferred	
<i>ra anti-itch maximum strength external ointment 1 %</i>	Preferred	
<i>sb hydrocortisone max st external ointment 1 %</i>	Preferred	
<i>sm hydrocortisone external cream 0.5 %, 1 %</i>	Preferred	
<i>sm hydrocortisone max st external ointment 1 %</i>	Preferred	
<i>sm hydrocortisone plus external cream 1 %</i>	Preferred	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Preferred	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Preferred	
<i>triamcinolone acetonide ointment 0.05 % external</i>	Preferred	
<i>triamcinolone in absorbase ointment 0.05 % external</i>	Preferred	
AQUAPHOR ITCH RELIEF CHILDREN EXTERNAL OINTMENT 1 % (hydrocortisone)	Preferred	
AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT 1 % (hydrocortisone)	Preferred	
AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM 1 % (hydrocortisone)	Preferred	
CORTIZONE-10 EXTERNAL OINTMENT 1 % (hydrocortisone)	Preferred	
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM 1 % (hydrocortisone)	Preferred	
CORTIZONE-10 INTENSIVE MOISTURE EXTERNAL CREAM 1 % (hydrocortisone)	Preferred	
CORTIZONE-10 OVERNIGHT EXTERNAL CREAM 1 % (hydrocortisone)	Preferred	
CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM 1 % (hydrocortisone)	Preferred	
CORTIZONE-10 PLUS EXTERNAL CREAM 1 % (hydrocortisone)	Preferred	
CORTIZONE-10 SENSITIVE SKIN EXTERNAL CREAM 1 % (hydrocortisone)	Preferred	
CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM 1 % (hydrocortisone)	Preferred	
CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM 1 % (hydrocortisone)	Preferred	
CORTIZONE-10 WATER RESISTANT EXTERNAL OINTMENT 1 % (hydrocortisone)	Preferred	
CORTIZONE-10/ALOE EXTERNAL CREAM 1 % (hydrocortisone)	Preferred	
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	Preferred	
<i>alclometasone dipropionate external cream 0.05 %</i>	Non Preferred	PA
<i>alclometasone dipropionate external ointment 0.05 %</i>	Non Preferred	PA
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Non Preferred	PA
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Non Preferred	PA
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Non Preferred	PA
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Non Preferred	PA
<i>betamethasone valerate external foam 0.12 %</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>clobetasol prop emollient base external cream 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate e external cream 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate external foam 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate external gel 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate external liquid 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate external lotion 0.05 %</i>	Non Preferred	PA
<i>clobetasol propionate external shampoo 0.05 %</i>	Non Preferred	PA
<i>clocortolone pivalate external cream 0.1 %</i>	Non Preferred	PA
<i>desonide external cream 0.05 %</i>	Non Preferred	PA
<i>desonide external lotion 0.05 %</i>	Non Preferred	PA
<i>desonide external ointment 0.05 %</i>	Non Preferred	PA
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Non Preferred	PA
<i>desoximetasone external gel 0.05 %</i>	Non Preferred	PA
<i>desoximetasone external liquid 0.25 %</i>	Non Preferred	PA
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Non Preferred	PA
<i>diflorasone diacetate external ointment 0.05 %</i>	Non Preferred	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	Non Preferred	PA
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Non Preferred	PA
<i>fluocinolone acetonide external ointment 0.025 %</i>	Non Preferred	PA
<i>fluocinolone acetonide external solution 0.01 %</i>	Non Preferred	PA
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Non Preferred	PA
<i>fluocinonide emulsified base external cream 0.05 %</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Non Preferred	PA
<i>fluocinonide external gel 0.05 %</i>	Non Preferred	PA
<i>fluocinonide external ointment 0.05 %</i>	Non Preferred	PA
<i>fluocinonide external solution 0.05 %</i>	Non Preferred	PA
<i>flurandrenolide external cream 0.05 %</i>	Non Preferred	PA
<i>flurandrenolide external lotion 0.05 %</i>	Non Preferred	PA
<i>fluticasone propionate external lotion 0.05 %</i>	Non Preferred	PA
<i>halcinonide external cream 0.1 %</i>	Non Preferred	PA
<i>halobetasol propionate external foam 0.05 %</i>	Non Preferred	PA
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	Non Preferred	PA
<i>hydrocortisone butyrate external cream 0.1 %</i>	Non Preferred	PA
<i>hydrocortisone butyrate external lotion 0.1 %</i>	Non Preferred	PA
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Non Preferred	PA
<i>hydrocortisone butyrate external solution 0.1 %</i>	Non Preferred	PA
<i>hydrocortisone valerate external cream 0.2 %</i>	Non Preferred	PA
<i>hydrocortisone valerate external ointment 0.2 %</i>	Non Preferred	PA
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	Non Preferred	PA
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	Non Preferred	PA
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	Non Preferred	PA
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	Non Preferred	PA
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	Non Preferred	PA
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	Non Preferred	PA
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	Non Preferred	PA
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	Non Preferred	PA
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	Non Preferred	PA
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	Non Preferred	PA
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	Non Preferred	PA
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	Non Preferred	PA
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	Non Preferred	PA
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	Non Preferred	PA
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	Non Preferred	PA
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	Non Preferred	PA
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	Non Preferred	PA
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	Non Preferred	PA
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	Non Preferred	PA
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	Non Preferred	PA
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	Non Preferred	PA
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)	Non Preferred	PA
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	Non Preferred	PA
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	Non Preferred	PA
*EMOLLIENTS*** - DRUGS FOR THE SKIN		
<i>ammonium lactate external cream</i> 12 %	Preferred	QL (140 GM per 30 days)
<i>ammonium lactate external lotion</i> 12 %	Preferred	QL (225 GM per 30 days)
<i>cvs hydrating skin treatment external lotion</i> 12 %	Preferred	QL (225 GM per 30 days)
<i>cvs skin treatment external lotion</i> 12 %	Preferred	QL (225 GM per 30 days)
AL12 EXTERNAL LOTION 12 % (<i>ammonium lactate</i>)	Preferred	QL (225 GM per 30 days)
AMLACTIN DAILY EXTERNAL LOTION 12 % (<i>ammonium lactate</i>)	Preferred	QL (225 GM per 30 days)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>antifungal (clotrimazole) external cream</i> 1 %	Preferred	
<i>antifungal clotrimazole external cream</i> 1 %	Preferred	
<i>anti-fungal external cream</i> 1 %	Preferred	
<i>antifungal external cream</i> 2 %	Preferred	
<i>athletes foot (clotrimazole) external cream</i> 1 %	Preferred	
<i>baza antifungal external cream</i> 2 %	Preferred	
<i>clotrimazole af external cream</i> 1 %	Preferred	
<i>clotrimazole anti-fungal external cream</i> 1 %	Preferred	
<i>clotrimazole athletes foot external cream</i> 1 %	Preferred	
<i>clotrimazole external cream</i> 1 %	Preferred	
<i>clotrimazole external solution</i> 1 %	Preferred	
<i>cvs clotrimazole external cream</i> 1 %	Preferred	
<i>cvs clotrimazole external solution</i> 1 %	Preferred	
<i>cvs itch relief external cream</i> 1 %	Preferred	
<i>cvs ringworm external cream</i> 1 %	Preferred	
<i>eq antifungal external cream</i> 1 %	Preferred	
<i>eq athletes foot external cream</i> 1 %	Preferred	
<i>eq jock itch external cream</i> 1 %	Preferred	
<i>eql athletes foot external cream</i> 1 %	Preferred	
<i>gnp athletes foot external cream</i> 1 %	Preferred	
<i>goodsense athletes foot external cream</i> 1 %	Preferred	
<i>jock itch external cream</i> 1 %	Preferred	
<i>jock itch relief external cream</i> 1 %	Preferred	
<i>ketoconazole external cream</i> 2 %	Preferred	
<i>ketoconazole external shampoo</i> 2 %	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>micaderm external cream 2 %</i>	Preferred	
<i>miconazole antifungal external cream 2 %</i>	Preferred	
<i>miconazole nitrate external cream 2 %</i>	Preferred	
<i>pro-ex antifungal external cream 1 %</i>	Preferred	
<i>qc clotrimazole external cream 1 %</i>	Preferred	
<i>ra athletes foot external cream 1 %</i>	Preferred	
<i>ra clotrimazole external cream 1 %</i>	Preferred	
<i>ra jock itch external cream 1 %</i>	Preferred	
<i>sb clotrimazole foot external cream 1 %</i>	Preferred	
<i>sm antifungal clotrimazole external cream 1 %</i>	Preferred	
<i>sm antifungal miconazole external cream 2 %</i>	Preferred	
<i>tm-clotrimazole external cream 1 %</i>	Preferred	
DESENEK EXTERNAL CREAM 1 % (<i>clotrimazole</i>)	Preferred	
MICOTRIN AC EXTERNAL CREAM 1 % (<i>clotrimazole</i>)	Preferred	
TINEACIDE EXTERNAL CREAM 2 % (<i>miconazole nitrate</i>)	Preferred	
<i>econazole nitrate external cream 1 %</i>	Non Preferred	PA
<i>ketoconazole external foam 2 %</i>	Non Preferred	PA
<i>luliconazole external cream 1 %</i>	Non Preferred	PA
<i>oxiconazole nitrate external cream 1 %</i>	Non Preferred	PA
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	Non Preferred	PA
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	Non Preferred	PA; AGE (Min 6 Years)
<i>ketoconazole</i> (Ketodan External Foam 2 %)	Non Preferred	PA
LOTRIMIN AF EXTERNAL CREAM 1 % (<i>clotrimazole</i>)	Non Preferred	PA
LOTRIMIN AF JOCK ITCH EXTERNAL CREAM 1 % (<i>clotrimazole</i>)	Non Preferred	PA
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	Non Preferred	PA
MYCOZYL AC CREAM 1 % EXTERNAL (<i>clotrimazole</i>)	Non Preferred	PA
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	Non Preferred	PA
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Non Preferred	PA
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>imiquimod external cream 5 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*INSECT REPELLENTS*** - DRUGS FOR THE SKIN		
<i>cvs insect repellent external aerosol 15 %</i>	Preferred	QL (360 GM per 30 days)
<i>cvs total home insect repel external aerosol , 30 %</i>	Preferred	QL (360 ML per 30 days)
<i>eagle watch mosquito elim external liquid</i>	Preferred	QL (360 ML per 30 days)
COLEMAN 100 MAX CONTINUOUS SPR EXTERNAL AEROSOL 98.11 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
COLEMAN 100 MAX INSECT REPEL EXTERNAL LIQUID 98.11 % (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
COLEMAN BOTANICALS INSECT REP EXTERNAL LIQUID (<i>insect repellent</i>)	Preferred	QL (360 ML per 30 days)
COLEMAN INSECT REPEL HIGH&DRY EXTERNAL AEROSOL 25 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
COLEMAN INSECT REPEL SPORTSMEN EXTERNAL AEROSOL 40 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
COLEMAN SKINSMART INSECT REPEL EXTERNAL AEROSOL (<i>insect repellent</i>)	Preferred	QL (360 GM per 30 days)
COLEMAN SKINSMART INSECT REPEL EXTERNAL LIQUID (<i>insect repellent</i>)	Preferred	QL (360 ML per 30 days)
CUTTER ALL FAMILY EXTERNAL AEROSOL 7 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
CUTTER ALL FAMILY EXTERNAL LIQUID 7 % (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
CUTTER BACKWOODS DRY EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
CUTTER BACKWOODS EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
CUTTER BACKWOODS EXTERNAL LIQUID (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
CUTTER DRY EXTERNAL AEROSOL 10 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
CUTTER EXTERNAL AEROSOL 10 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
CUTTER LEMON EUCALYPTUS EXTERNAL LIQUID (<i>insect repellent</i>)	Preferred	QL (360 ML per 30 days)
CUTTER NATURAL EXTERNAL AEROSOL (<i>insect repellent</i>)	Preferred	QL (360 GM per 30 days)
CUTTER NATURAL EXTERNAL LIQUID (<i>insect repellent</i>)	Preferred	QL (360 ML per 30 days)
CUTTER SKINSATIONS EXTERNAL AEROSOL 7 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
CUTTER SKINSATIONS EXTERNAL LIQUID 7 % (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
CUTTER SPORT EXTERNAL AEROSOL 15 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
MAXI DEET EXTERNAL LIQUID 98.11 % (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
NATRAPEL 12-HOUR TICK/INSECT EXTERNAL AEROSOL 20 % (<i>picaridin</i>)	Preferred	QL (360 ML per 30 days)
NATRAPEL EXTERNAL LIQUID 20 % (<i>picaridin</i>)	Preferred	QL (360 ML per 30 days)
OFF ACTIVE EXTERNAL AEROSOL 15 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
OFF DEEP WOODS DRY EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
OFF DEEP WOODS EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
OFF DEEP WOODS EXTERNAL LIQUID (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
OFF DEEP WOODS SPORTSMEN EXTERNAL AEROSOL 30 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
OFF DEEP WOODS SPORTSMEN EXTERNAL LIQUID , 98.25 % (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
OFF FAMILYCARE CLEAN FEEL EXTERNAL LIQUID 5 % (<i>picaridin</i>)	Preferred	QL (360 ML per 30 days)
OFF FAMILYCARE TROPICAL FRESH EXTERNAL LIQUID 5 % (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
OFF FAMILYCARE UNSCENTED EXTERNAL LIQUID 7 % (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
OFF SMOOTH & DRY EXTERNAL AEROSOL 15 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
RANGER READY REPELLENT EXTERNAL LIQUID 20 % (<i>picaridin</i>)	Preferred	QL (360 ML per 30 days)
REPEL 100 EXTERNAL LIQUID 98.11 % (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
REPEL FAMILY DRY EXTERNAL AEROSOL 10 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
REPEL FAMILY EXTERNAL AEROSOL 15 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
REPEL HUNTERS FORMULA EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
REPEL LEMON EUCALYPTUS EXTERNAL AEROSOL (<i>insect repellent</i>)	Preferred	QL (360 ML per 30 days)
REPEL SPORTSMEN DRY EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
REPEL SPORTSMEN EXTERNAL AEROSOL (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
REPEL SPORTSMEN MAX EXTERNAL AEROSOL 40 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
REPEL SPORTSMEN MAX EXTERNAL LIQUID 40 % (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
REPEL SPORTSMEN MAX EXTERNAL LOTION 40 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
REPEL TICK DEFENSE EXTERNAL AEROSOL 15 % (<i>picaridin</i>)	Preferred	QL (360 GM per 30 days)
SAWYER INSECT REPELLENT EXTERNAL AEROSOL 30 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 % (<i>picaridin</i>)	Preferred	QL (360 ML per 30 days)
SAWYER INSECT REPELLENT EXTERNAL LOTION 20 % (<i>diethyltoluamide</i>)	Preferred	QL (360 ML per 30 days)
ULTRATHON INSECT REPELLENT 8 EXTERNAL AEROSOL 25 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)
ULTRATHON INSECT REPELLENT EXTERNAL LOTION 34.34 % (<i>diethyltoluamide</i>)	Preferred	QL (360 GM per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** - DRUGS FOR THE SKIN		
<i>podofilox external solution 0.5 %</i>	Preferred	
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>asperflex max st external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>cvs pain relief external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>eq lidocaine pain relieving external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>gnp lidocaine pain relief external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>gnp lidocaine pain relieving cream 4 % external</i>	Preferred	
<i>lidocaine external ointment 5 %</i>	Preferred	QL (100 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Preferred	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external cream 3 %</i>	Preferred	QL (85 GM per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Preferred	
<i>lidocaine pain relief external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>lidocaine pain relief max st external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>lidocaine pain relieving external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>lidocanna external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>lidocore external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>pain relief maximum strength external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>pain relieving lidocaine external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>premium lidocaine external ointment 5 %</i>	Preferred	QL (100 GM per 30 days)
<i>qc lidocaine pain relief external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>ra lidocaine pain relieving external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>ra pain relieving external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
<i>theracare pain relief external patch 4 %</i>	Preferred	QL (30 EA per 30 days)
ASPERCREME LIDOCAINE EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	QL (30 EA per 30 days)
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	QL (30 EA per 30 days)
BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	QL (30 EA per 30 days)
FIRST CARE PAIN RELIEF EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	QL (30 EA per 30 days)
<i>lidocaine hcl (Glydo External Prefilled Syringe 2 %)</i>	Preferred	
HEALTHWISE PAIN RELIEF EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	QL (30 EA per 30 days)
LIDO KING EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	QL (30 EA per 30 days)
SALONPAS PAIN RELIEVING EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	QL (30 EA per 30 days)
WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	QL (30 EA per 30 days)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>pimecrolimus external cream 1 %</i>	Preferred	PA; QL (30 GM per 30 days); AGE (Min 2 Years)
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	Preferred	PA; QL (30 GM per 30 days); AGE (Min 2 Years)

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Drug Name	Formulary Status	Requirements/Limits
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	Preferred	PA; AGE (Min 6 Years)
<i>tacrolimus external ointment 0.03 %</i>	Non Preferred	PA; QL (30 GM per 30 days); AGE (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>	Non Preferred	PA; QL (30 GM per 30 days); AGE (Min 16 Years)
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>tavaborole external solution 5 %</i>	Non Preferred	PA; AGE (Min 6 Years)
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	Non Preferred	PA; AGE (Min 6 Years)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	Preferred	PA; QL (100 GM per 30 days); AGE (Min 3 months)
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>metronidazole external cream 0.75 %</i>	Preferred	
<i>metronidazole external gel 0.75 %</i>	Preferred	
*SCABICIDE COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>cvs lice killing external shampoo 0.33-4 %</i>	Preferred	QL (59 ML per 30 days)
<i>eql lice killing max st external shampoo 0.33-4 %</i>	Preferred	QL (59 ML per 30 days)
<i>gnp lice treatment external shampoo 0.33-4 %</i>	Preferred	QL (59 ML per 30 days)
<i>lice killing external shampoo 4-0.33 %</i>	Preferred	QL (59 ML per 30 days)
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Preferred	QL (59 ML per 30 days)
<i>ra lice maximum strength external shampoo 0.33-4 %</i>	Preferred	QL (59 ML per 30 days)
<i>sb lice killing max st external shampoo 0.33-4 %</i>	Preferred	QL (59 ML per 30 days)
<i>sm lice killing external shampoo 0.33-4 %</i>	Preferred	QL (59 ML per 30 days)
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	Preferred	QL (59 ML per 30 days)
<i>stop lice maximum strength external liquid 0.33-4 %</i>	Preferred	QL (59 ML per 30 days)
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % (<i>pyrethrins-piperonyl butoxide</i>)	Preferred	QL (59 ML per 30 days)
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
<i>cvs lice treatment external liquid 1 %</i>	Preferred	QL (59 ML per 30 days)
<i>gnp lice treatment external liquid 1 %</i>	Preferred	QL (59 ML per 30 days)
<i>goodsense lice killing external liquid 1 %</i>	Preferred	QL (59 ML per 30 days)
<i>lice treatment external liquid 1 %</i>	Preferred	QL (59 ML per 30 days)
<i>lice treatment external lotion 1 %</i>	Preferred	QL (59 ML per 30 days)
<i>malathion external lotion 0.5 %</i>	Preferred	ST (permethrin 1% lotion); QL (1.97 ML per 1 day)
<i>permethrin external cream 5 %</i>	Preferred	QL (2 GM per 1 day)
<i>ra lice treatment external lotion 1 %</i>	Preferred	QL (59 ML per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>sb lice treatment external liquid 1 %</i>	Preferred	QL (59 ML per 30 days)
<i>sm lice treatment external lotion 1 %</i>	Preferred	QL (59 ML per 30 days)
<i>spinosad external suspension 0.9 %</i>	Preferred	ST (permethrin 1% lotion); QL (240 ML per 180 days)
NIX CREME RINSE EXTERNAL LIQUID 1 % (<i>permethrin</i>)	Preferred	QL (59 ML per 30 days)
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Preferred	QL (1 GM per 1 day)
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR THE SKIN		
<i>bexarotene external gel 1 %</i>	Preferred	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	Preferred	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (<i>glucose blood</i>)	Preferred	QL (8 strips/day for up to 18 years old, insulin users, or pregnancy; 4 strips/day for all others)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (<i>glucose blood</i>)	Preferred	QL (8 strips/day for up to 18 years old, insulin users, or pregnancy; 4 strips/day for all others)
*MULTIPLE URINE TESTS***		
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Preferred	
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Preferred	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Preferred	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
*DIETARY MANAGEMENT PRODUCT COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg</i>	Preferred	
<i>westab max oral tablet 2.5-25-2 mg</i>	Preferred	Max 102-day supply per fill
<i>westab max tablet 2.5-25-2 mg oral</i>	Preferred	CSHCS coverage only; Max 102-day supply per fill
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (<i>methylfol-algae-b12-acetylcyst</i>)	Preferred	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (<i>methylfol-methylcob-acetylcyst</i>)	Preferred	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (<i>methylfol-algae-b12-acetylcyst</i>)	Preferred	
NIVA-FOL TABLET 2.5-25-2 MG ORAL (<i>fa-pyridoxine-cyanocobalamin</i>)	Preferred	CSHCS coverage only; Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
*NUTRITIONAL SUPPLEMENTS*** - DRUGS FOR NUTRITION		
<i>5-htp tryptophan oral tablet 50 mg</i>	Preferred	
<i>bladder 2.2 oral tablet</i>	Preferred	
<i>chlorella-spirulina complex oral tablet</i>	Preferred	
<i>cholesterol defense oral tablet</i>	Preferred	
<i>chronoflex oral tablet</i>	Preferred	
<i>glucose management oral tablet</i>	Preferred	
<i>immune enhance oral tablet</i>	Preferred	
<i>liver defense oral tablet</i>	Preferred	
<i>osteo advance oral tablet</i>	Preferred	
<i>sm estro vital nutrients ex st oral tablet</i>	Preferred	
<i>stress shield oral tablet</i>	Preferred	
<i>ultra energy oral tablet</i>	Preferred	
<i>vitamin d plus cofactors oral tablet</i>	Preferred	
A/G PRO ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
CONCEPTIONXR REPRODUCTIVE ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
EQ ESTROBLEND MENOPAUSE ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
ESTRONATURAL EXTRA STRENGTH ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
ESTRONATURAL ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
ESTROVEN NIGHTTIME ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
NEWPHASE COMPLETE ES ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
NEWPHASE COMPLETE ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
PREKUNIL ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
SM ESTROPLUS EXTRA STRENGTH ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
THERALITH XR ORAL TABLET (<i>nutritional supplements</i>)	Preferred	
TYR COOLER LIQUID ORAL (<i>nutritional supplements</i>)	Preferred	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA (Eligible for auto-PA); Max 102-day supply per fill
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA (Eligible for auto-PA); Max 102-day supply per fill
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA (Eligible for auto-PA); QL (16 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA (Eligible for auto-PA); QL (16 EA per 1 day); Max 102-day supply per fill
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA (Eligible for auto-PA)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	Max 102-day supply per fill
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Non Preferred	PA; Max 102-day supply per fill
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Non Preferred	PA; Max 102-day supply per fill
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Preferred	QL (2 EA per 1 day)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Preferred	QL (4 EA per 1 day)
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Preferred	QL (2 EA per 1 day)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Preferred	QL (3 EA per 1 day)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Preferred	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Preferred	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Preferred	AGE (Max 12 Years); Max 102-day supply per fill
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
<i>toremide oral tablet 10 mg, 20 mg</i>	Preferred	QL (4 EA per 1 day)
<i>toremide oral tablet 100 mg, 5 mg</i>	Preferred	QL (2 EA per 1 day)
SOAANZ ORAL TABLET 20 MG (<i>toremide</i>)	Preferred	QL (4 EA per 1 day)
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride hcl oral tablet 5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day); Max 102-day supply per fill
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Preferred	Max 102-day supply per fill
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Preferred	Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (1 EA per 1 day)
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	Preferred	AGE (Max 12 Years)
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Preferred	
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Preferred	QL (0.15 EA per 1 day)
<i>alendronate sodium oral solution 70 mg/75ml</i>	Non Preferred	PA
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	Non Preferred	PA
<i>ibandronate sodium oral tablet 150 mg</i>	Non Preferred	PA; QL (0.04 EA per 1 day)
<i>risedronate sodium oral tablet 150 mg, 30 mg, 5 mg</i>	Non Preferred	PA
<i>risedronate sodium oral tablet 35 mg</i>	Non Preferred	PA; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Non Preferred	PA; QL (4 EA per 30 days)
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	Non Preferred	PA
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	Non Preferred	PA; QL (4 EA per 28 days)
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	Non Preferred	PA; QL (4 EA per 30 days)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	Non Preferred	PA; QL (0.15 EA per 1 day)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	Non Preferred	PA; QL (0.15 EA per 1 day)
*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Preferred	PA; QL (2 EA per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	Preferred	PA; QL (4 EA per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Preferred	
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet 0.5 mg</i>	Preferred	
*GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN		
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	Preferred	PA; QL (2 EA per 1 day); Max 180 days of therapy per lifetime; AGE (Min 18 Years)
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG (<i>somatropin</i>)	Preferred	PA
NORDITROPIN FLEXPOR SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
NORDITROPIN FLEXPOR SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (<i>somatropin</i>)	Preferred	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	Non Preferred	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	Non Preferred	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	Non Preferred	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	Non Preferred	PA
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>)	Non Preferred	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>)	Non Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	Non Preferred	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	Non Preferred	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>)	Non Preferred	PA
ZOMACTON SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS (<i>somatropin</i>)	Non Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG (<i>somatropin</i>)	Non Preferred	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Preferred	QL (4 EA per 1 day)
<i>calcitriol oral solution 1 mcg/ml</i>	Preferred	AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS*** - HORMONES		
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	Non Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	Non Preferred	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	Non Preferred	PA
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>raloxifene hcl oral tablet 60 mg</i>	Preferred	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	Non Preferred	PA
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Preferred	PA
*VASOPRESSIN*** - HORMONES		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Preferred	PA
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Preferred	QL (6 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Preferred	PA
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Preferred	AGE (Max 64 Years)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Preferred	AGE (Max 64 Years)
<i>estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg)</i>	Preferred	AGE (Max 64 Years)
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg)</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 1-5 Mg-Mcg)</i>	Preferred	AGE (Max 64 Years)
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	Preferred	AGE (Max 64 Years)
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	Preferred	AGE (Max 64 Years)
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
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	QL (1 EA per 1 day); AGE (Max 64 Years)
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST*** - DRUGS FOR WOMAN		
<i>MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **otc** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
*ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	AGE (Max 64 Years)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Preferred	QL (8 EA per 28 days); AGE (Max 64 Years)
<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	QL (4 EA per 28 days); AGE (Max 64 Years)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Preferred	Max 102-day supply per fill
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	Preferred	QL (8 EA per 28 days); AGE (Max 64 Years)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (<i>estradiol valerate</i>)	Preferred	Max 102-day supply per fill
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Preferred	QL (8 EA per 28 days); AGE (Max 64 Years)
<i>estradiol</i> (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Preferred	QL (8 EA per 28 days); AGE (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	Preferred	AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Preferred	QL (42 EA per 1 Fill)
<i>levofloxacin oral solution 25 mg/ml</i>	Preferred	
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	Preferred	QL (14 EA per 1 Fill)
<i>levofloxacin oral tablet 750 mg</i>	Preferred	QL (28 EA per 1 Fill)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	Preferred	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Non Preferred	PA; QL (14 EA per 1 Fill)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Non Preferred	PA
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	Non Preferred	PA
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	Non Preferred	PA; QL (42 EA per 1 Fill)

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Drug Name	Formulary Status	Requirements/Limits
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	Non Preferred	PA
*ANTIFLATULENTS*** - DRUGS FOR THE STOMACH		
<i>cvs gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>cvs gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>cvs gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>cvs infants gas relief oral suspension 20 mg/0.3ml</i>	Preferred	
<i>drxchoice gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>eq gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>eq infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Preferred	
<i>eql gas gone oral tablet chewable 125 mg</i>	Preferred	
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>gas relief infants oral liquid 40 mg/0.6ml</i>	Preferred	
<i>gas relief infants oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Preferred	
<i>gas relief oral liquid 40 mg/0.6ml</i>	Preferred	
<i>gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>gnp gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	Preferred	
<i>goodsense gas relief oral tablet chewable 125 mg</i>	Preferred	
<i>heartland gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Preferred	
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>qc gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>qc gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>ra gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	
<i>ra gas relief oral tablet chewable 80 mg</i>	Preferred	
<i>sb gas relief oral suspension 40 mg/0.6ml</i>	Preferred	
<i>sb gas relief oral tablet chewable 125 mg</i>	Preferred	
<i>simeped oral suspension 40 mg/0.6ml</i>	Preferred	
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Preferred	
<i>simethicone oral suspension 40 mg/0.6ml</i>	Preferred	
<i>simethicone oral tablet chewable 125 mg, 80 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 tablet chewable 125 mg, 80 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE 125 MG (<i>simethicone</i>)	Preferred	
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML (<i>simethicone</i>)	Preferred	
LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	Preferred	
LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	Preferred	
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	Preferred	
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	Preferred	
PHAZYME ORAL TABLET CHEWABLE 125 MG (<i>simethicone</i>)	Preferred	
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	Non Preferred	PA
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
<i>ursodiol oral capsule 300 mg</i>	Preferred	Max 102-day supply per fill
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Preferred	Max 102-day supply per fill
<i>ursodiol oral capsule 200 mg, 400 mg</i>	Non Preferred	PA; Max 102-day supply per fill
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	Non Preferred	PA; Max 102-day supply per fill
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	Non Preferred	PA; Max 102-day supply per fill
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	Non Preferred	PA; Max 102-day supply per fill
*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Preferred	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	Preferred	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
AMITIZA ORAL CAPSULE 24 MCG (<i>lubiprostone</i>)	Preferred	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Non Preferred	PA
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
<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
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Preferred	
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Non Preferred	PA; QL (2 EA per 1 day)
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Non Preferred	PA
LOTROXON ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	Non Preferred	PA
*IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
<i>mesalamine rectal enema 4 gm</i>	Preferred	
<i>sulfasalazine oral tablet 500 mg</i>	Preferred	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Preferred	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	Preferred	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	Preferred	
<i>balsalazide disodium oral capsule 750 mg</i>	Non Preferred	PA
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Non Preferred	PA
<i>mesalamine er oral capsule extended release 500 mg</i>	Non Preferred	PA
<i>mesalamine oral capsule delayed release 400 mg</i>	Non Preferred	PA
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	Non Preferred	PA
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	Non Preferred	PA
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	Non Preferred	PA
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	Non Preferred	PA
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	Non Preferred	PA
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	Non Preferred	PA
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	Non Preferred	PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	Non Preferred	PA
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	Non Preferred	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	Non Preferred	PA
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Preferred	
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	Non Preferred	PA
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	Non Preferred	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	Non Preferred	PA
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	Non Preferred	PA
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Preferred	PA (Eligible for auto-PA); Max 102-day supply per fill
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Preferred	PA (Eligible for auto-PA); Max 102-day supply per fill
<i>calcium acetate oral tablet 667 mg</i>	Preferred	PA (Eligible for auto-PA); Max 102-day supply per fill
<i>sevelamer carbonate oral tablet 800 mg</i>	Preferred	PA (Eligible for auto-PA); Max 102-day supply per fill
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate (phos binder)</i>)	Preferred	PA (Eligible for auto-PA); Max 102-day supply per fill
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Non Preferred	PA; Max 102-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>	Non Preferred	PA; Max 102-day supply per fill
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Non Preferred	PA; Max 102-day supply per fill
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	Non Preferred	PA; Max 102-day supply per fill
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	Non Preferred	PA; Max 102-day supply per fill
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	Non Preferred	PA; Max 102-day supply per fill
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	Non Preferred	PA; Max 102-day supply per fill
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	Non Preferred	PA; Max 102-day supply per fill
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Non Preferred	PA; Max 102-day supply per fill
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	Non Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	Non Preferred	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	Non Preferred	PA
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride oral capsule 0.5 mg</i>	Preferred	
<i>finasteride oral tablet 5 mg</i>	Preferred	
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	Non Preferred	PA
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	Non Preferred	PA
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Preferred	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Preferred	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Non Preferred	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	Non Preferred	PA; Max 102-day supply per fill
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	Non Preferred	PA
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
*CITRATES*** - DRUGS FOR INFECTIONS		
<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	
*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Preferred	PA; QL (3 EA per 1 day)
*PHOSPHATES*** - DRUGS FOR INFECTIONS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	Preferred	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Non Preferred	PA
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	Non Preferred	PA; QL (Max 182 days of therapy per lifetime)
*URINARY ANALGESICS*** - DRUGS FOR INFECTIONS		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Preferred	
<i>phenazopyridine hcl (Phenazo Oral Tablet 200 Mg)</i>	Preferred	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Preferred	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i>	Preferred	
<i>colchicine oral tablet 0.6 mg</i>	Preferred	
<i>colchicine oral capsule 0.6 mg</i>	Non Preferred	PA
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Non Preferred	PA
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	Non Preferred	PA
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	Non Preferred	PA
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	Non Preferred	PA
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet 500 mg</i>	Preferred	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Preferred	Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Preferred	
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Non Preferred	PA; Max 102-day supply per fill
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Non Preferred	PA; Max 102-day supply per fill
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Preferred	
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Preferred	QL (2 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Preferred	QL (1 EA per 1 day); Max 102-day supply per fill
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Preferred	AGE (Max 75 Years); Max 102-day supply per fill
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	Non Preferred	PA; AGE (Max 75 Years); Max 102-day supply per fill
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	Non Preferred	PA; QL (1 EA per 1 day); Max 102-day supply per fill
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	Preferred	PA; QL (6 EA per 1 day); AGE (Min 5 Years)
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>b-12 oral tablet 100 mcg, 1000 mcg, 500 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs b-12 oral tablet 500 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs vitamin b12 oral tablet 1000 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs vitamin b-12 oral tablet 1000 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Preferred	
<i>eql b-12 oral tablet 1000 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>eql vitamin b-12 oral tablet 500 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp vitamin b-12 oral tablet 500 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>kp vitamin b-12 oral tablet 1000 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>qc vitamin b12 oral tablet 500 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>ra vitamin b-12 oral tablet 100 mcg</i>	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>sm vitamin b-12 oral tablet 100 mcg, 500 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>vitamin b 12 oral tablet 500 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>vitamin b12 oral tablet 100 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 500 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>cyanocobalamin (Dodex Injection Solution 1000 Mcg/ML)</i>	Preferred	
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Preferred	Max 102-day supply per fill
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	Preferred	AGE (Min 2 Years and Max 14 Years); Max 102 Day Supply Per fill
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Preferred	PA
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
PROCRIT INJECTION SOLUTION 40000 UNIT/ML (<i>epoetin alfa</i>)	Non Preferred	PA
PROCRIT SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
PROCRIT SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
PROCRIT SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
PROCRIT SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
PROCRIT SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
*FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	Preferred	
<i>folbee oral tablet 2.5-25-1 mg</i>	Preferred	
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>westab one oral tablet 2.5-25-1 mg</i>	Preferred	
<i>folic acid-vit b6-vit b12 (Airavite Oral Tablet 2.5-25-1 Mg)</i>	Preferred	
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG (<i>folic acid-vit b6-vit b12</i>)	Preferred	
<i>folic acid-vit b6-vit b12 (Nufol Oral Tablet 2.5-25-1 Mg)</i>	Preferred	
RX SUPPORT HB/REFLUX/ALOE ORAL TABLET (<i>fa-cyanocobalamin-b6-d-ca-aloe</i>)	Preferred	
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>cvs folic acid oral tablet 800 mcg</i>	Preferred	
<i>folate oral tablet 400 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>folic acid oral tablet 1 mg, 800 mcg</i>	Preferred	
<i>folic acid oral tablet 400 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp folic acid oral tablet 400 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>kp folic acid oral tablet 1 mg, 800 mcg</i>	Preferred	
<i>qc folic acid oral tablet 800 mcg</i>	Preferred	
<i>ra folic acid oral tablet 400 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>ra folic acid oral tablet 800 mcg</i>	Preferred	
<i>sm folic acid oral tablet 400 mcg</i>	Preferred	QL (1 EA per 1 day)
<i>yl folic acid oral tablet 400 mcg</i>	Preferred	QL (1 EA per 1 day)
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	Preferred	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	Preferred	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	Preferred	QL (0.6 ML per 14 days)
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	Non Preferred	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	Non Preferred	PA; QL (0.6 ML per 14 days)
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	Non Preferred	PA; QL (0.6 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	Non Preferred	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	Non Preferred	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	Non Preferred	PA; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	Non Preferred	PA; QL (0.6 ML per 14 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	Non Preferred	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-fpgk</i>)	Non Preferred	PA; QL (0.6 ML per 14 days)
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	Non Preferred	PA; QL (0.6 ML per 14 days)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	Non Preferred	PA; QL (0.6 ML per 14 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	Non Preferred	PA; QL (0.6 ML per 14 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	Non Preferred	PA; QL (45 ML per 30 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	Non Preferred	PA; QL (0.6 ML per 14 days)
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)*** - DRUGS FOR NUTRITION		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	Non Preferred	PA
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** - DRUGS FOR NUTRITION		
OXBRYTA ORAL TABLET 300 MG (<i>voxelotor</i>)	Preferred	PA; QL (3 EA per 1 day); AGE (Min 4 Years)
OXBRYTA ORAL TABLET 500 MG (<i>voxelotor</i>)	Preferred	PA; QL (3 EA per 1 day); AGE (Min 12 Years)
OXBRYTA ORAL TABLET SOLUBLE 300 MG (<i>voxelotor</i>)	Preferred	PA; QL (3 EA per 1 day); AGE (Min 4 Years)
*IRON COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>active fe oral tablet 75-1.25 mg</i>	Preferred	
<i>fe c tab oral tablet 100-250 mg</i>	Preferred	
<i>fe c tab plus oral tablet 100-250-0.025-1 mg</i>	Preferred	AGE (Max 12 Years)
<i>ferocon oral capsule</i>	Preferred	QL (2 EA per 1 day)
<i>ferotinsic oral capsule</i>	Preferred	QL (2 EA per 1 day)
<i>foltrin oral capsule</i>	Preferred	QL (2 EA per 1 day)
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	Preferred	
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	Preferred	AGE (Max 12 Years)
<i>iron 100/c oral tablet 100-250 mg</i>	Preferred	
<i>iron complex oral capsule</i>	Preferred	QL (2 EA per 1 day)
<i>iron-vitamin c oral tablet 100-250 mg</i>	Preferred	
<i>iro-plex oral liquid 165-2 mg/5ml</i>	Preferred	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Preferred	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Preferred	QL (2 EA per 1 day)
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	Preferred	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>taron forte oral capsule</i>	Preferred	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	Preferred	
ABATRON AF ORAL TABLET 150-1 MG (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	Preferred	
BIFERA ORAL TABLET 28 MG (<i>polysacch fe cmp-fe heme poly</i>)	Preferred	
CENTRATEX ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	Preferred	
<i>iron combinations</i> (Chromagen Oral Capsule)	Preferred	QL (2 EA per 1 day)
FEOSOL BIFERA ORAL TABLET 28 MG (<i>polysacch fe cmp-fe heme poly</i>)	Preferred	
<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> (Ferrocite Plus Oral Tablet 106-1 Mg)	Preferred	
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG (<i>ferrous sulfate-c-folic acid</i>)	Preferred	
FOLIVANE-PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	Preferred	
FUSION ORAL CAPSULE 65-65-25-30 MG (<i>fe fum-fe poly-vit c-lactobac</i>)	Preferred	
FUSION PLUS ORAL CAPSULE (<i>iron-fa-b cmp-c-biot-probiotic</i>)	Preferred	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (<i>fe fum-vit c-vit b12-fa</i>)	Preferred	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (<i>fe fum-vit c-vit b12-fa</i>)	Preferred	
HEMATOGEN ORAL CAPSULE (<i>iron combinations</i>)	Preferred	QL (2 EA per 1 day)
HEMAX ORAL TABLET 150-1 MG (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	Preferred	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	Preferred	
<i>iron polysacch cmplx-b12-fa</i> (Iferex 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	Preferred	QL (2 EA per 1 day)
INTEGRA ORAL CAPSULE 62.5-62.5-40-3 MG (<i>fe fum-fepoly-vit c-vit b3</i>)	Preferred	
INTEGRA PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	Preferred	
<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i> (K-Tan Plus Oral Capsule 162-115.2-1 Mg)	Preferred	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (<i>fe asp gly-succ-c-thre-b12-fa</i>)	Preferred	
MULTIGEN ORAL TABLET 70 MG (<i>fe-succ-c-thre-b12-des stomach</i>)	Preferred	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (<i>feasp-fefum - suc-c-thre-b12-fa</i>)	Preferred	
NEPHRON FA ORAL TABLET (<i>iron-fa-dss-b cmplx-vit c</i>)	Preferred	
NEPHRON FA TABLET ORAL (<i>iron-fa-dss-b cmplx-vit c</i>)	Preferred	CSHCS coverage only
<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i> (Tandem Plus Oral Capsule 162-115.2-1 Mg)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule)	Preferred	QL (2 EA per 1 day)
VITRON-C ORAL TABLET 65-125 MG (<i>iron-vitamin c</i>)	Preferred	
*IRON W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>hematinic/folic acid oral tablet 324-1 mg</i>	Preferred	
FOLIVANE-F ORAL CAPSULE 125-1 MG (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	Preferred	
INTEGRA F ORAL CAPSULE 125-1 MG (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	Preferred	
*IRON*** - DRUGS FOR NUTRITION		
<i>cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg</i>	Preferred	
<i>cvs slow release dried iron oral tablet extended release 45 mg</i>	Preferred	
<i>cvs slow release iron oral tablet extended release 143 (45 fe) mg</i>	Preferred	
<i>eq slow-release iron oral tablet extended release 45 mg</i>	Preferred	
<i>eql carbonyl iron oral tablet 45 mg</i>	Preferred	
<i>eql iron supplement therapy oral tablet 325 mg</i>	Preferred	
<i>ferretts ips oral solution 40 mg/15ml</i>	Preferred	
<i>ferric x-150 oral capsule 150 mg</i>	Preferred	QL (2 EA per 1 day)
<i>ferrotabs oral tablet 240 mg</i>	Preferred	
<i>ferrous fumarate oral tablet 29 mg, 324 (106 fe) mg, 324 mg</i>	Preferred	
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i>	Preferred	
<i>ferrous sulfate er oral tablet extended release 140 (45 fe) mg, 50 mg</i>	Preferred	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	Preferred	AGE (Max 12 Years)
<i>ferrous sulfate oral tablet 27 mg, 325 (65 fe) mg</i>	Preferred	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg</i>	Preferred	
<i>ferrous sulfate solution 75 (15 fe) mg/ml oral</i>	Preferred	CSHCS coverage only; AGE (Max 12 Years)
<i>ferumoxytol intravenous solution 510 mg/17ml</i>	Preferred	
<i>fe-vite iron oral solution 75 (15 fe) mg/ml</i>	Preferred	AGE (Max 12 Years)
<i>fe-vite iron solution 75 (15 fe) mg/ml oral</i>	Preferred	CSHCS coverage only; AGE (Max 12 Years)
<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	AGE (Max 12 Years)
<i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i>	Preferred	
<i>iron (ferrous sulfate) solution 75 (15 fe) mg/ml oral</i>	Preferred	CSHCS coverage only; AGE (Max 12 Years)
<i>iron 27 oral tablet 240 (27 fe) mg</i>	Preferred	
<i>iron chews pediatric oral tablet chewable 15 mg</i>	Preferred	

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<i>iron high-potency oral tablet 325 mg</i>	Preferred	
<i>iron high-potency oral tablet extended release 142 (45 fe) mg</i>	Preferred	
<i>iron infant & toddler oral solution 75 (15 fe) mg/ml</i>	Preferred	AGE (Max 12 Years)
<i>iron infant & toddler solution 75 (15 fe) mg/ml oral</i>	Preferred	CSHCS coverage only; AGE (Max 12 Years)
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	Preferred	AGE (Max 12 Years)
<i>iron infant/toddler solution 75 (15 fe) mg/ml oral</i>	Preferred	CSHCS coverage only; AGE (Max 12 Years)
<i>iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg, 90 (18 fe) mg</i>	Preferred	
<i>iron slow release oral tablet extended release 140 (45 fe) mg, 142 (45 fe) mg, 143 (45 fe) mg</i>	Preferred	
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>	Preferred	AGE (Max 12 Years)
<i>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</i>	Preferred	
<i>kp ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	
<i>meijer ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	
<i>nat-rul iron oral tablet 325 mg</i>	Preferred	
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	Preferred	AGE (Max 12 Years)
<i>pc pediatric iron drops solution 75 (15 fe) mg/ml oral</i>	Preferred	CSHCS coverage only; AGE (Max 12 Years)
<i>polysaccharide iron complex oral capsule 150 mg</i>	Preferred	QL (2 EA per 1 day)
<i>polysaccharide-iron complex oral capsule 150 mg</i>	Preferred	QL (2 EA per 1 day)
<i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	
<i>ra high potency iron oral tablet 27 mg</i>	Preferred	
<i>ra iron oral tablet 27 mg, 325 (65 fe) mg</i>	Preferred	
<i>ra slow release iron oral tablet extended release 45 mg</i>	Preferred	
<i>slow release iron oral tablet extended release 45 mg, 50 mg</i>	Preferred	
<i>sm iron oral tablet 325 (65 fe) mg</i>	Preferred	
<i>sm slow release dried iron oral tablet extended release 45 mg</i>	Preferred	
<i>sm slow release iron oral tablet extended release 142 (45 fe) mg, 143 (45 fe) mg</i>	Preferred	
<i>sv iron oral tablet 325 (65 fe) mg</i>	Preferred	
<i>true ferrous sulfate oral tablet delayed release 324 mg</i>	Preferred	
<i>wee care oral suspension 15 mg/1.25ml</i>	Preferred	
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML (<i>ferrous sulfate</i>)	Preferred	AGE (Max 12 Years)
BPROTECTED PEDIA IRON SOLUTION 75 (15 FE) MG/ML ORAL (<i>ferrous sulfate</i>)	Preferred	CSHCS coverage only; AGE (Max 12 Years)
FEOSOL ORAL TABLET 200 (65 FE) MG (<i>ferrous sulfate dried</i>)	Preferred	
FERATE ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>)	Preferred	
FERGON ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>)	Preferred	
FEROSUL ORAL TABLET 325 (65 FE) MG (<i>ferrous sulfate</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
FERREX 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Preferred	QL (2 EA per 1 day)
FERRIMIN 150 ORAL TABLET 150 MG (<i>ferrous fumarate</i>)	Preferred	
FERROCITE ORAL TABLET 324 MG (<i>ferrous fumarate</i>)	Preferred	
GOODSENSE IRON ORAL TABLET 325 MG (<i>ferrous sulfate</i>)	Preferred	
IFEREX 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Preferred	QL (2 EA per 1 day)
IRON UP ORAL LIQUID 15 MG/0.5ML (<i>polysaccharide iron complex</i>)	Preferred	
NOVAFERRUM 50 ORAL CAPSULE 50 MG (<i>polysaccharide iron complex</i>)	Preferred	
NOVAFERRUM ORAL LIQUID 125 MG/5ML (<i>polysaccharide iron complex</i>)	Preferred	
NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML (<i>polysaccharide iron complex</i>)	Preferred	
NU-IRON ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Preferred	QL (2 EA per 1 day)
POLY-IRON 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Preferred	QL (2 EA per 1 day)
PROFE ORAL CAPSULE 391.3 (180 FE) MG (<i>polysaccharide iron complex</i>)	Preferred	
PROFERRIN ES ORAL TABLET 12 MG (<i>iron heme polypeptide</i>)	Preferred	
*IRON-B12-FOLATE*** - DRUGS FOR NUTRITION		
FERRALET 90 ORAL TABLET 90-1 MG (<i>fe cbn-fe gluc-fa-b12-c-dss</i>)	Preferred	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTI-HISTAMINE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>cvs sleep aid nighttime oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>cvs sleep aid oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>eql nighttime sleep aid oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>gnp sleep aid nighttime oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>night time sleep aid oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>nighttime sleep aid oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>qc rest simply oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>ra nighttime sleep aid oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>ra sleep aid (diphenhydramine) oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>sb sleep oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>sleep tabs oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>sleep-tabs oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)
<i>sm nighttime sleep aid oral tablet 25 mg</i>	Preferred	AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
NYTOL QUICKCAPS ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	Preferred	AGE (Max 64 Years)
SIMPLY SLEEP ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	Preferred	AGE (Max 64 Years)
SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	Preferred	AGE (Max 64 Years)
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>midazolam hcl (pf) injection solution 10 mg/2ml</i>	Preferred	
<i>midazolam hcl (pf) injection solution 5 mg/ml</i>	Preferred	QL (4 ML per 30 days)
<i>midazolam hcl injection solution 10 mg/2ml, 25 mg/5ml, 5 mg/ml, 50 mg/10ml</i>	Preferred	QL (4 ML per 30 days)
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Preferred	QL (354 ML per 30 days)
<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-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)</i>	Preferred	
*BULK LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>clear fiber powder oral powder</i>	Preferred	
<i>clear soluble fiber oral powder</i>	Preferred	
<i>cvs daily fiber oral capsule 0.52 gm</i>	Preferred	
<i>cvs daily fiber oral packet 58.6 %</i>	Preferred	
<i>cvs easy fiber oral powder</i>	Preferred	
<i>cvs fiber gummies oral tablet chewable 2 gm</i>	Preferred	
<i>cvs fiber gummy bears children oral tablet chewable</i>	Preferred	
<i>cvs fiber laxative oral tablet 625 mg</i>	Preferred	
<i>cvs fiber oral capsule 0.52 gm</i>	Preferred	
<i>cvs natural daily fiber oral powder 48.57 %</i>	Preferred	
<i>cvs natural fiber supplement oral powder 100 %</i>	Preferred	
<i>cvs soluble fiber therapy oral tablet 500 mg</i>	Preferred	
<i>cvs yogurt + fiber gummies oral tablet chewable</i>	Preferred	
<i>eq fiber powder oral powder</i>	Preferred	
<i>eq fiber supplement oral tablet chewable 2 gm</i>	Preferred	
<i>eq fiber therapy oral capsule 0.52 gm</i>	Preferred	
<i>eq fiber therapy oral tablet 500 mg, 625 mg</i>	Preferred	
<i>eq fiber laxative oral tablet 625 mg</i>	Preferred	
<i>eq fiber supplement (wheat) oral powder</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>eql fiber supplement oral powder</i>	Preferred	
<i>eql fiber therapy oral powder 28.3 %, 48.57 %</i>	Preferred	
<i>eql fiber therapy oral tablet 500 mg</i>	Preferred	
<i>eql natural fiber oral powder 28.3 %</i>	Preferred	
<i>fiber (corn dextrin) oral powder</i>	Preferred	
<i>fiber adult gummies oral tablet chewable 2 gm</i>	Preferred	
<i>fiber laxative + calcium oral tablet 625 mg</i>	Preferred	
<i>fiber laxative oral tablet 625 mg</i>	Preferred	
<i>fiber oral powder 28.3 %</i>	Preferred	
<i>fiber oral tablet 625 mg</i>	Preferred	
<i>fiber therapy oral tablet 500 mg</i>	Preferred	
<i>fiber-lax oral tablet 625 mg</i>	Preferred	
<i>gnp best fiber oral powder</i>	Preferred	
<i>gnp fiber therapy oral tablet 500 mg</i>	Preferred	
<i>gnp fiber-caps oral tablet 625 mg</i>	Preferred	
<i>gnp natural fiber oral capsule 0.52 gm</i>	Preferred	
<i>gnp natural fiber oral powder 28.3 %</i>	Preferred	
<i>goodsense fiber oral tablet 500 mg</i>	Preferred	
<i>hm trueplus fiber oral tablet chewable 2 gm</i>	Preferred	
<i>konsyl daily fiber oral packet 100 %</i>	Preferred	
<i>konsyl daily fiber oral powder 28.3 %, 60.3 %</i>	Preferred	
<i>natural fiber laxative oral powder 28.3 %</i>	Preferred	
<i>natural psyllium seed oral powder 100 %</i>	Preferred	
<i>psyllium fiber oral capsule 0.52 gm</i>	Preferred	
<i>qc fiber laxative oral capsule 0.52 gm</i>	Preferred	
<i>qc fiber oral tablet 625 mg</i>	Preferred	
<i>qc fiber therapy oral tablet 500 mg</i>	Preferred	
<i>ra multihealth fiber oral powder 48.57 %</i>	Preferred	
<i>sb fiber laxative oral tablet 625 mg</i>	Preferred	
<i>sm fiber laxative oral tablet 500 mg</i>	Preferred	
<i>sm fiber oral powder 28.3 %, 48.57 %</i>	Preferred	
<i>sm fiber oral tablet 625 mg</i>	Preferred	
BENEFIBER DRINK MIX ORAL PACKET (<i>wheat dextrin</i>)	Preferred	
BENEFIBER ON THE GO ORAL PACKET (<i>wheat dextrin</i>)	Preferred	
BENEFIBER ON THE GO ORAL POWDER (<i>wheat dextrin</i>)	Preferred	
EQUALACTIN ORAL TABLET CHEWABLE 625 MG (<i>calcium polycarbophil</i>)	Preferred	
FIBER CHOICE FRUITY BITES ORAL TABLET CHEWABLE 1.5 GM (<i>inulin</i>)	Preferred	
FIBER CHOICE ORAL TABLET CHEWABLE 1.5 GM (<i>inulin</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
FIBER CHOICE PREBIOTIC FIBER ORAL TABLET CHEWABLE 1.5 GM (<i>inulin</i>)	Preferred	
FIBER SELECT GUMMIES ORAL TABLET CHEWABLE (<i>fiber</i>)	Preferred	
FIBERCEL ORAL POWDER (<i>fiber</i>)	Preferred	
FIBERCON ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	Preferred	
HYDROCIL ORAL PACKET 95 % (<i>psyllium</i>)	Preferred	
MEDI-MUCIL ORAL CAPSULE 0.52 GM (<i>psyllium</i>)	Preferred	
METAMUCIL FIBER ORAL TABLET CHEWABLE (<i>fiber</i>)	Preferred	
METAMUCIL ORAL WAFER (<i>psyllium</i>)	Preferred	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 % (<i>psyllium</i>)	Preferred	
NUTRISOURCE FIBER ORAL POWDER (<i>guar gum</i>)	Preferred	
OPTIFIBER LEAN ORAL POWDER 1.5 GM (<i>fiber</i>)	Preferred	
PEDIA-LAX FIBER GUMMIES ORAL TABLET CHEWABLE (<i>fiber</i>)	Preferred	
REGULOID ORAL CAPSULE 0.52 GM (<i>psyllium</i>)	Preferred	
REGULOID ORAL POWDER 28.3 %, 48.57 % (<i>psyllium</i>)	Preferred	
SOLFIBER ORAL POWDER (<i>fiber</i>)	Preferred	
SOLUBLE FIBER THERAPY ORAL POWDER (<i>methylcellulose (laxative)</i>)	Preferred	
UNIFIBER ORAL POWDER (<i>cellulose</i>)	Preferred	
WAL-MUCIL ORAL CAPSULE 0.52 GM (<i>psyllium</i>)	Preferred	
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 48.57 % (<i>psyllium</i>)	Preferred	
YUMVS PREBIOTIC FIBER ORAL TABLET CHEWABLE 2.5 GM (<i>fiber</i>)	Preferred	
YUMVS PREBIOTIC FIBER ZERO ORAL TABLET CHEWABLE 2 GM (<i>fiber</i>)	Preferred	
YUMVSKIDS PREBIOTIC FIBER ZERO ORAL TABLET CHEWABLE 2 GM (<i>fiber</i>)	Preferred	
*LAXATIVE COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
<i>cvs easy fiber/calcium oral tablet chewable</i>	Preferred	
WAL-MUCIL PLUS CALCIUM ORAL CAPSULE (<i>psyllium-calcium</i>)	Preferred	
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>constulose oral solution 10 gm/15ml</i>	Preferred	
<i>cvs glycerin adult rectal suppository 2 gm, 2.1 gm</i>	Preferred	
<i>cvs glycerin child rectal suppository 1 gm</i>	Preferred	
<i>gavilax oral powder 17 gm/scoop</i>	Preferred	
<i>gentlelax oral powder 17 gm/scoop</i>	Preferred	
<i>glycerin (adult) rectal suppository 2 gm, 2.1 gm</i>	Preferred	
<i>glycerin (child) rectal suppository 1.2 gm</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>glycerin (infants & children) rectal suppository 1 gm, 1.2 gm</i>	Preferred	
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	Preferred	
<i>glycerin adult rectal suppository 2 gm</i>	Preferred	
<i>glycerin childrens rectal suppository 1 gm</i>	Preferred	
<i>gnp glycerin (adult) rectal suppository 2.1 gm</i>	Preferred	
<i>gnp glycerin child rectal suppository 1.2 gm</i>	Preferred	
<i>lactulose oral solution 10 gm/15ml</i>	Preferred	
<i>peg 3350 oral powder 17 gm/scoop</i>	Preferred	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Preferred	
<i>qc natura-lax oral powder 17 gm/scoop</i>	Preferred	
<i>ra glycerin adult rectal suppository 80.7 %</i>	Preferred	
<i>ra glycerin child rectal suppository 80.7 %</i>	Preferred	
<i>ra laxative oral powder 17 gm/scoop</i>	Preferred	
<i>sb glycerin adult rectal suppository 2.1 gm</i>	Preferred	
<i>sb glycerin pediatric rectal suppository 1.2 gm</i>	Preferred	
<i>sb polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Preferred	
<i>sm glycerin pediatric rectal suppository 1.2 gm, 80.7 %</i>	Preferred	
AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM (<i>glycerin (laxative)</i>)	Preferred	
CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
CVS PURELAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
FLEET LIQUID GLYCERIN SUPP RECTAL ENEMA 5.4 GM/DOSE (<i>glycerin (laxative)</i>)	Preferred	
GLYCOLAX ORAL POWDER 17 GM/SCOOP (<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	
HM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
MM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM (<i>glycerin (laxative)</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
SM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
SMOOTH LAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	
*LAXATIVES & DSS*** - DRUGS TO PREVENT CONSTIPATION		
<i>cvs senna plus oral tablet 8.6-50 mg</i>	Preferred	
<i>cvs stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>docuzen oral tablet 8.6-50 mg</i>	Preferred	
<i>easy-lax plus oral tablet 8.6-50 mg</i>	Preferred	
<i>eq senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>eq stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>eql senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>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 stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>medi-laxx oral capsule 8.6-50 mg</i>	Preferred	
<i>medi-natural plus oral tablet 8.6-50 mg</i>	Preferred	
<i>qc senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg</i>	Preferred	
<i>ra 2-in-1 lax/stool softener oral tablet 8.6-50 mg</i>	Preferred	
<i>ra p col-rite oral tablet 8.6-50 mg</i>	Preferred	
<i>sb docusate sodium/senna oral tablet 8.6-50 mg</i>	Preferred	
<i>senexon-s oral tablet 8.6-50 mg</i>	Preferred	
<i>senna plus oral capsule 50-8.6 mg</i>	Preferred	
<i>senna plus oral tablet 8.6-50 mg</i>	Preferred	
<i>senna s oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-plus oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-s oral tablet 8.6-50 mg</i>	Preferred	
<i>senna-time s oral tablet 8.6-50 mg</i>	Preferred	
<i>senosides-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/laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stimulant laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stool softener laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	Preferred	
<i>stool softener/laxative oral capsule 50-8.6 mg</i>	Preferred	
<i>stool softener/laxative oral tablet 50-8.6 mg</i>	Preferred	
<i>vegetable lax+stool softener oral tablet 8.6-50 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG (<i>sennosides-docusate sodium</i>)	Preferred	
DOC-Q-LAX ORAL TABLET 8.6-50 MG (<i>sennosides-docusate sodium</i>)	Preferred	
SEKOKOT S ORAL TABLET 8.6-50 MG (<i>sennosides-docusate sodium</i>)	Preferred	
*LUBRICANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>cvs mineral oil enema rectal enema</i>	Preferred	
<i>cvs mineral oil oral oil</i>	Preferred	
<i>enema mineral oil rectal enema</i>	Preferred	
<i>eq mineral oil oral oil</i>	Preferred	
<i>gnp mineral oil oral oil</i>	Preferred	
<i>goodsense mineral oil oral oil</i>	Preferred	
<i>hm enema mineral oil enema rectal</i>	Preferred	CSHCS coverage only
<i>hm enema mineral oil rectal enema</i>	Preferred	
<i>mineral oil heavy oral oil</i>	Preferred	
<i>mineral oil oral oil</i>	Preferred	
<i>qc mineral oil heavy oral oil</i>	Preferred	
<i>ra mineral oil oral oil</i>	Preferred	
<i>sm mineral oil enema rectal</i>	Preferred	CSHCS coverage only
<i>sm mineral oil oral oil</i>	Preferred	
<i>sm mineral oil rectal enema</i>	Preferred	
FLEET OIL ENEMA RECTAL (<i>mineral oil</i>)	Preferred	CSHCS coverage only
FLEET OIL RECTAL ENEMA (<i>mineral oil</i>)	Preferred	
KONDREMUL ORAL EMULSION 50 % (<i>mineral oil</i>)	Preferred	
*SALINE LAXATIVE MIXTURES*** - DRUGS TO PREVENT CONSTIPATION		
<i>cvs enema disposable rectal enema 19-7 gm/118ml</i>	Preferred	
<i>cvs enema ready-to-use rectal enema 7-19 gm/118ml</i>	Preferred	
<i>enema disposable rectal enema</i>	Preferred	
<i>enema enema 7-19 gm/118ml rectal</i>	Preferred	CSHCS coverage only
<i>enema pediatric rectal enema 3.5-9.5 gm/59ml</i>	Preferred	
<i>enema ready-to-use enema 7-19 gm/118ml rectal</i>	Preferred	CSHCS coverage only
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	Preferred	
<i>enema rectal enema , 7-19 gm/118ml</i>	Preferred	
<i>eq enema rectal enema 19-7 gm/118ml</i>	Preferred	
<i>eql ready-to-use enema rectal enema , 7-19 gm/118ml</i>	Preferred	
<i>goodsense enema rectal enema 19-7 gm/118ml, 7-19 gm/118ml</i>	Preferred	
<i>hm enema enema 7-19 gm/118ml rectal</i>	Preferred	CSHCS coverage only
<i>hm enema rectal enema 7-19 gm/118ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>qc enema enema 16-6 gm/133ml rectal</i>	Preferred	CSHCS coverage only
<i>qc enema rectal enema 16-6 gm/133ml</i>	Preferred	
<i>ra enema rectal enema 7-19 gm/118ml</i>	Preferred	
<i>ra saline enema rectal enema 19-7 gm/118ml</i>	Preferred	
<i>sm enema enema 7-19 gm/118ml rectal</i>	Preferred	CSHCS coverage only
<i>sm enema rectal enema , 7-19 gm/118ml</i>	Preferred	
FLEET ENEMA ENEMA RECTAL (<i>sodium phosphates</i>)	Preferred	CSHCS coverage only
FLEET ENEMA RECTAL ENEMA , 7-19 GM/118ML (<i>sodium phosphates</i>)	Preferred	
*SALINE LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>citrate of magnesia oral solution</i>	Preferred	
<i>cvs epsom salt granules</i>	Preferred	
<i>cvs epsom salt oral granules</i>	Preferred	
<i>cvs laxative dietary supplement oral tablet 500 mg</i>	Preferred	
<i>cvs magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>cvs milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	
<i>epsom salt granules</i>	Preferred	
<i>epsom salt oral granules</i>	Preferred	
<i>eq magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>eql epsom salt granules</i>	Preferred	
<i>gnp epsom salt oral granules</i>	Preferred	
<i>gnp magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	
<i>goodsense epsom salt oral granules</i>	Preferred	
<i>goodsense magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>goodsense milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	
<i>hm milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	Preferred	
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	Preferred	
<i>qc epsom salt oral granules</i>	Preferred	
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>qc milk of magnesia oral suspension 400 mg/5ml</i>	Preferred	
<i>ra epsom salt granules</i>	Preferred	
<i>ra epsom salt oral granules</i>	Preferred	
<i>ra magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>ra milk of magnesia oral suspension 400 mg/5ml</i>	Preferred	
<i>sb magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>sb milk of magnesia oral suspension 400 mg/5ml</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>sm epsom salt oral granules</i>	Preferred	
<i>sm magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	
CITROMA ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	Preferred	
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (<i>magnesium hydroxide</i>)	Preferred	
DULCOLAX ORAL SUSPENSION 1200 MG/15ML (<i>magnesium hydroxide</i>)	Preferred	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	Preferred	
PEDIA-LAX ORAL TABLET CHEWABLE 400 MG (<i>magnesium hydroxide</i>)	Preferred	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (<i>magnesium hydroxide</i>)	Preferred	
PHILLIPS MILK OF MAGNESIA ORAL TABLET CHEWABLE 311 MG (<i>magnesium hydroxide</i>)	Preferred	
PHILLIPS ORAL TABLET 500 MG (<i>magnesium oxide</i>)	Preferred	
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Preferred	
<i>bisacodyl laxative rectal suppository 10 mg</i>	Preferred	
<i>bisacodyl oral tablet delayed release 5 mg</i>	Preferred	
<i>bisacodyl rectal suppository 10 mg</i>	Preferred	
<i>castor oil oral oil 100 %</i>	Preferred	
<i>castor oil stimulant laxative oral oil 100 %</i>	Preferred	
<i>chocolated laxative oral tablet chewable 15 mg</i>	Preferred	
<i>cvs castor oil oral oil 100 %</i>	Preferred	
<i>cvs chocolate laxative pieces oral tablet chewable 15 mg</i>	Preferred	
<i>cvs c-lax laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>cvs gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>cvs gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>cvs gentle laxative womens oral tablet delayed release 5 mg</i>	Preferred	
<i>cvs laxative pills max st oral tablet 25 mg</i>	Preferred	
<i>cvs senna oral tablet 8.6 mg</i>	Preferred	
<i>cvs senna-extra oral tablet 17.2 mg</i>	Preferred	
<i>eq gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>eq laxative maximum strength oral tablet 25 mg</i>	Preferred	
<i>eq natural vegetable laxative oral tablet 8.6 mg</i>	Preferred	
<i>eq vegetable laxative oral tablet 8.6 mg</i>	Preferred	
<i>eql castor oil oral oil 100 %</i>	Preferred	
<i>eql gentle laxative oral tablet delayed release 5 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>eql laxative maximum strength oral tablet 25 mg</i>	Preferred	
<i>eql laxative oral tablet chewable 15 mg</i>	Preferred	
<i>eql laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>eql senna laxative oral tablet 8.6 mg</i>	Preferred	
<i>gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>geri-kot oral tablet 8.6 mg</i>	Preferred	
<i>gnp castor oil oral oil 100 %</i>	Preferred	
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>gnp gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>gnp senna lax oral tablet 8.6 mg</i>	Preferred	
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>goodsense bisacodyl ec oral tablet delayed release 5 mg</i>	Preferred	
<i>goodsense bisacodyl laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>goodsense castor oil oral oil 100 %</i>	Preferred	
<i>goodsense laxative pills oral tablet 25 mg</i>	Preferred	
<i>goodsense senna laxative oral tablet 8.6 mg</i>	Preferred	
<i>kp bisacodyl oral tablet delayed release 5 mg</i>	Preferred	
<i>kp senna oral tablet 8.6 mg</i>	Preferred	
<i>laxative max str oral tablet 25 mg</i>	Preferred	
<i>laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>laxative rectal suppository 10 mg</i>	Preferred	
<i>laxative regular strength oral tablet 15 mg</i>	Preferred	
<i>medi-natural oral tablet 8.6 mg</i>	Preferred	
<i>natural senna laxative oral tablet 8.6 mg</i>	Preferred	
<i>qc chocolated laxative oral tablet chewable 15 mg</i>	Preferred	
<i>qc gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>qc gentle laxative rectal suppository 10 mg</i>	Preferred	
<i>qc gentle laxative womens oral tablet delayed release 5 mg</i>	Preferred	
<i>qc laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>qc senna oral tablet 8.6 mg</i>	Preferred	
<i>qc vegetable laxative oral tablet 8.6 mg</i>	Preferred	
<i>ra fast relief laxative rectal suppository 10 mg</i>	Preferred	
<i>ra laxative oral tablet chewable 15 mg</i>	Preferred	
<i>ra laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>ra womens laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>sb bisacodyl laxative ec oral tablet delayed release 5 mg</i>	Preferred	
<i>sb gentle lax-women oral tablet delayed release 5 mg</i>	Preferred	
<i>sb laxative rectal suppository 10 mg</i>	Preferred	
<i>sb senna-lax oral tablet 8.6 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>senexon oral liquid 8.8 mg/5ml</i>	Preferred	
<i>senna laxative oral tablet 8.6 mg</i>	Preferred	
<i>senna oral capsule 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-tabs oral tablet 8.6 mg</i>	Preferred	
<i>senna-time oral tablet 8.6 mg</i>	Preferred	
<i>sennazon oral syrup 8.8 mg/5ml</i>	Preferred	
<i>sennosides oral tablet 8.6 mg</i>	Preferred	
<i>sm gentle laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>sm laxative rectal suppository 10 mg</i>	Preferred	
<i>sm senna laxative oral tablet 8.6 mg</i>	Preferred	
<i>womans laxative oral tablet delayed release 5 mg</i>	Preferred	
<i>womens laxative oral tablet delayed release 5 mg</i>	Preferred	
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	Preferred	
DULCOLAX ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	Preferred	
DULCOLAX PINK LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	Preferred	
EVAC-U-GEN ORAL TABLET 8.6 MG (<i>sennosides</i>)	Preferred	
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG (<i>sennosides</i>)	Preferred	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	Preferred	
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML (<i>bisacodyl</i>)	Preferred	
MEDI-LAX ORAL TABLET 15 MG (<i>sennosides</i>)	Preferred	
ONELAX RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	Preferred	
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML (<i>sennosides</i>)	Preferred	
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG (<i>sennosides</i>)	Preferred	
SENNA SMOOTH ORAL TABLET 15 MG (<i>sennosides</i>)	Preferred	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (<i>sennosides</i>)	Preferred	
SENOKOT ORAL TABLET 8.6 MG (<i>sennosides</i>)	Preferred	
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	Preferred	
*SURFACTANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>cvs mini enema kids rectal enema 100 mg/5ml</i>	Preferred	
<i>cvs mini enema rectal enema 20-283 mg</i>	Preferred	
<i>cvs stool softener oral capsule 100 mg, 240 mg, 250 mg, 50 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>docqlace oral capsule 100 mg</i>	Preferred	
<i>docuprene oral tablet 100 mg</i>	Preferred	
<i>docusate calcium oral capsule 240 mg</i>	Preferred	
<i>docusate mini enema 283 mg/5ml rectal</i>	Preferred	CSHCS coverage only
<i>docusate mini rectal enema 283 mg/5ml</i>	Preferred	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	Preferred	
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	Preferred	
<i>docusate sodium oral syrup 60 mg/15ml</i>	Preferred	QL (30 ML per 1 day)
<i>dss oral capsule 100 mg, 250 mg</i>	Preferred	
<i>easy-lax oral capsule 100 mg</i>	Preferred	
<i>eq stool softener oral capsule 100 mg</i>	Preferred	
<i>eql stool softener oral capsule 100 mg</i>	Preferred	
<i>gnp stool softener ex st oral capsule 250 mg</i>	Preferred	
<i>gnp stool softener oral capsule 100 mg, 240 mg, 250 mg</i>	Preferred	
<i>goodsense stool softener oral capsule 100 mg</i>	Preferred	
<i>hm stool softener oral capsule 100 mg</i>	Preferred	
<i>kls stool softener oral capsule 100 mg</i>	Preferred	
<i>mm stool softener laxative oral capsule 100 mg</i>	Preferred	
<i>qc docusate calcium oral capsule 240 mg</i>	Preferred	
<i>qc stool softener oral capsule 100 mg, 250 mg</i>	Preferred	
<i>ra col-rite oral capsule 100 mg, 250 mg</i>	Preferred	
<i>ra stool softener oral capsule 100 mg</i>	Preferred	
<i>sb docusate sodium oral capsule 100 mg</i>	Preferred	
<i>sb stool softener oral capsule 240 mg</i>	Preferred	
<i>silace oral liquid 150 mg/15ml</i>	Preferred	
<i>sm docusate calcium oral capsule 240 mg</i>	Preferred	
<i>sm stool softener oral capsule 100 mg, 250 mg</i>	Preferred	
<i>sm stool softener oral tablet 100 mg</i>	Preferred	
<i>stool softener laxative oral capsule 100 mg</i>	Preferred	
<i>stool softener oral capsule 100 mg, 240 mg, 250 mg</i>	Preferred	
<i>stool softener oral liquid 50 mg/5ml</i>	Preferred	
<i>stool softener oral tablet 100 mg</i>	Preferred	
COLACE CLEAR ORAL CAPSULE 50 MG (<i>docusate sodium</i>)	Preferred	
DOCUSOL MINI RECTAL ENEMA 283 MG/5ML (<i>docusate sodium</i>)	Preferred	
DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG (<i>benzocaine-docusate sodium</i>)	Preferred	
DOK ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Preferred	
DOK ORAL TABLET 100 MG (<i>docusate sodium</i>)	Preferred	
DQZATE ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Preferred	
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Preferred	
ENEMEEZ MINI ENEMA 283 MG/5ML RECTAL (<i>docusate sodium</i>)	Preferred	CSHCS coverage only
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML (<i>docusate sodium</i>)	Preferred	
ENEMEEZ PLUS ENEMA 20-283 MG RECTAL (<i>benzocaine-docusate sodium</i>)	Preferred	CSHCS coverage only
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG (<i>benzocaine-docusate sodium</i>)	Preferred	
HEALTHY MAMA MOVE IT ALONG ORAL TABLET 100 MG (<i>docusate sodium</i>)	Preferred	
PEDIA-LAX ORAL LIQUID 50 MG/15ML (<i>docusate sodium</i>)	Preferred	QL (30 ML per 1 day)
PHILLIPS STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Preferred	
PROMOLAXIN ORAL TABLET 100 MG (<i>docusate sodium</i>)	Preferred	
SURFAK ORAL CAPSULE 240 MG (<i>docusate calcium</i>)	Preferred	
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin oral packet 1 gm</i>	Preferred	QL (2 EA per 1 Fill)
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Preferred	
<i>azithromycin oral tablet 250 mg</i>	Preferred	
<i>azithromycin oral tablet 500 mg</i>	Preferred	QL (3 EA per 1 Fill)
<i>azithromycin oral tablet 600 mg</i>	Preferred	QL (12 EA per 1 Fill)
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	Non Preferred	PA; QL (2 EA per 1 Fill)
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX ORAL TABLET 250 MG (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX ORAL TABLET 500 MG (<i>azithromycin</i>)	Non Preferred	PA; QL (3 EA per 1 Fill)
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	Non Preferred	PA; QL (3 EA per 1 Fill)
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	Non Preferred	PA
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Preferred	QL (28 EA per 1 Fill)
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
*ERYTHROMYCINS*** - ANTIBIOTICS		
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Preferred	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Preferred	
<i>erythromycin stearate oral tablet 250 mg</i>	Preferred	
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	Preferred	
E.E.S. GRANULES SUSPENSION RECONSTITUTED 200 MG/5ML ORAL (<i>erythromycin ethylsuccinate</i>)	Preferred	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	Preferred	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Non Preferred	PA
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Non Preferred	PA
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Non Preferred	PA
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	Non Preferred	PA
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Non Preferred	PA
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Non Preferred	PA
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Non Preferred	PA
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Non Preferred	PA
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	Non Preferred	PA
*FIDAXOMICIN*** - ANTIBIOTICS		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	Preferred	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	Preferred	
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*APPLICATORS,COTTON BALLS,ETC*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>alcohol prep pad , 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>alcohol prep pad pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>alcohol prep pads pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>alcohol swabs pad , 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>cvs alcohol prep pads pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>cvs prep pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>eql alcohol swabs pad 70 %</i>	Preferred	QL (200 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>essentra wipes 9x9" sheet 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>gnp alcohol swabs pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>h-e-b incontrol alcohol pad</i>	Preferred	QL (200 EA per 30 days)
<i>hm sterile alcohol prep pad</i>	Preferred	QL (200 EA per 30 days)
<i>meijer alcohol swabs pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>pure comfort alcohol prep pad</i>	Preferred	QL (200 EA per 30 days)
<i>qc alcohol swabs pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>ra alcohol swabs pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>reality swabs pad</i>	Preferred	QL (200 EA per 30 days)
<i>sb alcohol prep pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>sm alcohol prep pad , 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>sure comfort alcohol prep pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>true comfort pro alcohol prep pad 70 %</i>	Preferred	QL (200 EA per 30 days)
<i>ultilet alcohol swabs pad</i>	Preferred	QL (200 EA per 30 days)
<i>zevrx sterile alcohol prep pad pad 70 %</i>	Preferred	QL (200 EA per 30 days)
ALCOHOL SWABSTICK PAD (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
BD SWAB SINGLE USE REGULAR PAD (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
COMFORT TOUCH ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
CURITY ALCOHOL PREPS PAD 70 % (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
DROPSAFE ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
FIFTY50 ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
RELION ALCOHOL SWABS PAD , 70 % (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
ULTICARE ALCOHOL SWABS PAD , 70 % (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
WEBCOL ALCOHOL PREP LARGE PAD 70 % (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
WEBCOL ALCOHOL PREP MEDIUM PAD 70 % (<i>alcohol swabs</i>)	Preferred	QL (200 EA per 30 days)
*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	Preferred	
*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FC2 FEMALE CONDOM (<i>condoms - female</i>)	Preferred	QL (Max 12 per fill/36 per 30 days)
*CONDOMS - MALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>aimsco lubricated</i>	Preferred	QL (36 EA per 30 days)
<i>condoms</i>	Preferred	
<i>kimono</i>	Preferred	QL (36 EA per 30 days)
<i>kimono micro thin</i>	Preferred	QL (Max 12 per fill/36 per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>kimono micro thin plus</i>	Preferred	QL (36 EA per 30 days)
<i>kimono plus</i>	Preferred	QL (36 EA per 30 days)
<i>kimono ps</i>	Preferred	QL (36 EA per 30 days)
<i>kimono ps plus</i>	Preferred	QL (36 EA per 30 days)
<i>kimono sensation</i>	Preferred	QL (36 EA per 30 days)
<i>kimono sensation plus</i>	Preferred	QL (36 EA per 30 days)
<i>maxx</i>	Preferred	QL (36 EA per 30 days)
<i>maxx plus</i>	Preferred	QL (36 EA per 30 days)
DUREX EXTRA SENSITIVE THIN DEVICE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
DUREX REALFEEL DEVICE (<i>condoms non-latex lubricated</i>)	Preferred	
FANTASY LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
FANTASY LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
KAMELEON LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
KIMONO COLORS DEVICE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
KIMONO SPECIAL DEVICE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
REALITY LATEX CONDOMS (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
REALITY LATEX/ULTRA TEXTURED DEVICE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
REALITY LATEX/ULTRA THIN DEVICE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX COLOR CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX LUB/RIBBED/STUDDERED (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX LUB/SPERMICIDE EX ST (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX LUB/SPERMICIDE XL (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX LUBRICATED EXTRA ST (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX NATURAL CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Preferred	QL (Max 12 per fill/36 per 30 days)
TRUSTEX RIA LUB/SPERMICIDE (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)
TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Preferred	QL (Max 12 per fill/36 per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>condoms latex lubricated</i>)	Preferred	QL (36 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	Preferred	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	Preferred	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	Preferred	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	Preferred	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	Preferred	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	Preferred	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	Preferred	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	Preferred	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	Preferred	
*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>acti-lance 28g</i>	Preferred	
<i>acti-lance lite lancets 28g</i>	Preferred	
<i>acti-lance special lancets 17g</i>	Preferred	
<i>acti-lance universal 23g</i>	Preferred	
<i>advanced mobile lancet</i>	Preferred	
<i>aimsco twist lancets 32g</i>	Preferred	
<i>aurora lancet super thin 30g</i>	Preferred	
<i>aurora lancet thin 23g</i>	Preferred	
<i>careone lancet thin 23g</i>	Preferred	
<i>comfort assured lancets 28g</i>	Preferred	
<i>comfort assured lancets 33g</i>	Preferred	
<i>cvs lancets 21g</i>	Preferred	
<i>cvs lancets micro thin 33g</i>	Preferred	
<i>cvs lancets original</i>	Preferred	
<i>cvs lancets thin 26g</i>	Preferred	
<i>cvs lancets ultra thin 30g</i>	Preferred	
<i>cvs lancets ultra-thin 30g</i>	Preferred	
<i>cvs ultra thin lancets</i>	Preferred	
<i>drug mart lancets thin 26g</i>	Preferred	
<i>eql color lancets 21g</i>	Preferred	
<i>eql color lancets micro 33g</i>	Preferred	
<i>eql super thin lancets 30g</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>eql thin lancets 26g</i>	Preferred	
<i>gnp lancets 21g</i>	Preferred	
<i>gnp lancets thin 26g</i>	Preferred	
<i>gnp sterile lancets 28g</i>	Preferred	
<i>gnp sterile lancets 30g</i>	Preferred	
<i>gnp sterile lancets 33g</i>	Preferred	
<i>goodsense color lancets 33g</i>	Preferred	
<i>goodsense lancets 26g univ</i>	Preferred	
<i>goodsense lancets 30g</i>	Preferred	
<i>goodsense lancets 30g univ</i>	Preferred	
<i>goodsense lancets 33g</i>	Preferred	
<i>goodsense lancets 33g univ</i>	Preferred	
<i>h-e-b incontrol lancets 28g</i>	Preferred	
<i>h-e-b incontrol lancets 30g</i>	Preferred	
<i>h-e-b incontrol lancets 33g</i>	Preferred	
<i>hy-vee thin lancets</i>	Preferred	
<i>kinney lancets</i>	Preferred	
<i>kinney thin lancets</i>	Preferred	
<i>croger lancets</i>	Preferred	
<i>croger lancets 21g</i>	Preferred	
<i>croger lancets micro thin 33g</i>	Preferred	
<i>croger lancets super thin</i>	Preferred	
<i>croger lancets thin</i>	Preferred	
<i>croger lancets thin 26g</i>	Preferred	
<i>croger lancets ultrathin 30g</i>	Preferred	
<i>lancets</i>	Preferred	
<i>lancets 33g</i>	Preferred	
<i>lancets micro thin 33g</i>	Preferred	
<i>lancets super thin 28g</i>	Preferred	
<i>lancets thin</i>	Preferred	
<i>lancets ultra thin 30g</i>	Preferred	
<i>lite touch lancets</i>	Preferred	
<i>live better lancet super thin</i>	Preferred	
<i>longs lancets standard</i>	Preferred	
<i>longs lancets thin</i>	Preferred	
<i>longs lancets ultra thin</i>	Preferred	
<i>medichoice safety lancet extra</i>	Preferred	
<i>medichoice safety lancet norm</i>	Preferred	
<i>mpd safety lancet 21g</i>	Preferred	
<i>mpd safety lancet 23g</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>mpd safety lancet 28g</i>	Preferred	
<i>mpd safety lancet 30g</i>	Preferred	
<i>pip lancets 28g</i>	Preferred	
<i>pip lancets 30g</i>	Preferred	
<i>preferred plus lancets colored</i>	Preferred	
<i>preferred plus lancets thin</i>	Preferred	
<i>pro comfort safety lancets 30g</i>	Preferred	
<i>pure comfort lancets 30g</i>	Preferred	
<i>px lancets microthin 33g</i>	Preferred	
<i>px lancets ultra thin 28g</i>	Preferred	
<i>qc lancets super thin 30g</i>	Preferred	
<i>qc lancets ultra thin</i>	Preferred	
<i>qc unilet lancets 28g</i>	Preferred	
<i>qc unilet lancets micro thin</i>	Preferred	
<i>reality lancets</i>	Preferred	
<i>reality trigger lancets</i>	Preferred	
<i>saps health plus lancets</i>	Preferred	
<i>sb lancets thin</i>	Preferred	
<i>sb lancets ultra thin</i>	Preferred	
<i>sm lancets 33g</i>	Preferred	
<i>super thin lancets</i>	Preferred	
<i>sure comfort lancets 28g</i>	Preferred	
<i>tgt lancet micro thin 33g</i>	Preferred	
<i>tgt lancet thin 26g</i>	Preferred	
<i>tgt lancet ultra thin 30g</i>	Preferred	
<i>today's health thin lancets 28g</i>	Preferred	
<i>today's health thin lancets 30g</i>	Preferred	
<i>topcare lancets micro-thin 33g</i>	Preferred	
<i>true comfort safety lancets</i>	Preferred	
<i>true comfort twist top lancets</i>	Preferred	
<i>twist top lancets 30g</i>	Preferred	
<i>ultra thin lancets 31g</i>	Preferred	
<i>value plus lancet standard 21g</i>	Preferred	
<i>value plus lancets super thin</i>	Preferred	
<i>value plus lancets thin 26g</i>	Preferred	
<i>walgreens lancets micro thin</i>	Preferred	
<i>walgreens lancets super thin</i>	Preferred	
<i>zevrx twist top lancets 30g</i>	Preferred	
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	Preferred	
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ADVOCATE LANCETS 30G (<i>lancets</i>)	Preferred	
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	Preferred	
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	Preferred	
ASSURE LANCE LANCETS (<i>lancets</i>)	Preferred	
ASSURE LANCE LANCETS 21G (<i>lancets</i>)	Preferred	
ASSURE LANCE SAFETY LANCET 28G (<i>lancets</i>)	Preferred	
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	Preferred	
CARESENS LANCETS (<i>lancets</i>)	Preferred	
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	Preferred	
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	Preferred	
CARETOUCH TWIST MC LANCETS 30G (<i>lancets</i>)	Preferred	
CLEANLET LANCETS 28G (<i>lancets</i>)	Preferred	
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	Preferred	
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	Preferred	
COMFORT TOUCH PLUS LANCETS 28G (<i>lancets</i>)	Preferred	
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	Preferred	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA); QL (1 EA per 365 days); Max 365-day supply per fill
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA); QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	Preferred	PA (Eligible for auto-PA); QL (1 EA per 90 days); Max 90-day supply per fill
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA); QL (1 EA per 365 days); Max 365-day supply per fill
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA); QL (3 EA per 30 days)
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	Preferred	
DIATHRIVE LANCETS (<i>lancets</i>)	Preferred	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	Preferred	
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	Preferred	
DRUG MART UNILET LANCETS 28G (<i>lancets</i>)	Preferred	
DRUG MART UNILET LANCETS 30G (<i>lancets</i>)	Preferred	
DRUG MART UNILET LANCETS 33G (<i>lancets</i>)	Preferred	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	Preferred	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	Preferred	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	Preferred	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	Preferred	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	Preferred	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	Preferred	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	Preferred	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	Preferred	
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	Preferred	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	Preferred	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	Preferred	
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	Preferred	
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	
EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>)	Preferred	
EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>)	Preferred	
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	Preferred	
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	Preferred	
E-Z JECT LANCETS (<i>lancets</i>)	Preferred	
E-Z JECT LANCETS 21G (<i>lancets</i>)	Preferred	
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	Preferred	
EZ-LETS LANCETS 21G (<i>lancets</i>)	Preferred	
EZ-LETS LANCETS 26G (<i>lancets</i>)	Preferred	
EZ-LETS LANCETS 28G (<i>lancets</i>)	Preferred	
EZ-LETS LANCETS 30G (<i>lancets</i>)	Preferred	
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	Preferred	
FINE 30 (<i>lancets</i>)	Preferred	
FORA LANCETS (<i>lancets</i>)	Preferred	
FREESTYLE LANCETS (<i>lancets</i>)	Preferred	
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA); QL (1 EA per 365 days); Max 365-day supply per fill
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA); QL (1 EA per 365 days); Max 365-day supply per fill
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA); QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA); QL (1 EA per 365 days); Max 365-day supply per fill
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA); QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA); QL (1 EA per 365 days); Max 365-day supply per fill
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	Preferred	
GENTLE-LET GP LANCETS (<i>lancets</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
GENTLE-LET LANCETS (<i>lancets</i>)	Preferred	
GLUCOCOM LANCETS 28G (<i>lancets</i>)	Preferred	
GLUCOCOM LANCETS 30G (<i>lancets</i>)	Preferred	
GLUCOCOM LANCETS 33G (<i>lancets</i>)	Preferred	
GOJJI STERILE LANCETS (<i>lancets</i>)	Preferred	
HY-VEE LANCETS (<i>lancets</i>)	Preferred	
KROGER HEALTHPRO LANCET 26G (<i>lancets</i>)	Preferred	
LANCETS ULTRA THIN (<i>lancets</i>)	Preferred	
LIBERTY MEDICAL LANCETS (<i>lancets</i>)	Preferred	
LITETOUCH LANCETS (<i>lancets</i>)	Preferred	
MEDLANCE EXTRA 21G (<i>lancets</i>)	Preferred	
MEDLANCE LITE 25G (<i>lancets</i>)	Preferred	
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	Preferred	
MEDLANCE PLUS LANCETS (<i>lancets</i>)	Preferred	
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	Preferred	
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	Preferred	
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	Preferred	
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	Preferred	
MEDLANCE UNIVERSAL 21G (<i>lancets</i>)	Preferred	
MEIJER LANCETS (<i>lancets</i>)	Preferred	
MEIJER LANCETS THIN (<i>lancets</i>)	Preferred	
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	Preferred	
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	Preferred	
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	Preferred	
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	Preferred	
MICROLET LANCETS (<i>lancets</i>)	Preferred	
MM TWIST LANCETS (<i>lancets</i>)	Preferred	
MONOLET LANCETS (<i>lancets</i>)	Preferred	
MONOLET OPD LANCETS (<i>lancets</i>)	Preferred	
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	Preferred	
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Preferred	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	Preferred	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	Preferred	
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	Preferred	
PERFECT LANCETS 28G (<i>lancets</i>)	Preferred	
PERFECT LANCETS 30G (<i>lancets</i>)	Preferred	
PHARMACY COUNTER LANCETS (<i>lancets</i>)	Preferred	
PRECISION THINS GP LANCETS (<i>lancets</i>)	Preferred	
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	Preferred	
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
PSS SELECT GP LANCETS (<i>lancets</i>)	Preferred	
PSS SELECT SAFETY LANCETS (<i>lancets</i>)	Preferred	
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	Preferred	
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	Preferred	
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	Preferred	
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	Preferred	
READYLANCE SAFETY LANCETS (<i>lancets</i>)	Preferred	
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	Preferred	
RELION LANCETS THIN 26G (<i>lancets</i>)	Preferred	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	Preferred	
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	Preferred	
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Preferred	
REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>)	Preferred	
RIGHTTEST GL300 LANCETS (<i>lancets</i>)	Preferred	
SAFE-T-LANCE (<i>lancets</i>)	Preferred	
SAFETY LANCETS 23G (<i>lancets</i>)	Preferred	
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	Preferred	
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	Preferred	
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	Preferred	
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	Preferred	
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	Preferred	
STERILANCE TL (<i>lancets</i>)	Preferred	
SURELITE LANCETS (<i>lancets</i>)	Preferred	
TECHLITE AST LANCETS (<i>lancets</i>)	Preferred	
TECHLITE LANCETS (<i>lancets</i>)	Preferred	
TECHLITE LANCETS 30G (<i>lancets</i>)	Preferred	
THINLETS GP LANCETS (<i>lancets</i>)	Preferred	
TRUE METRIX LEVEL 1 SOLUTION LOW IN VITRO (<i>blood glucose calibration</i>)	Preferred	
TRUE METRIX LEVEL 2 SOLUTION NORMAL IN VITRO (<i>blood glucose calibration</i>)	Preferred	
TRUE METRIX LEVEL 3 SOLUTION HIGH IN VITRO (<i>blood glucose calibration</i>)	Preferred	
TRUEPLUS LANCETS 26G (<i>lancets</i>)	Preferred	
TRUEPLUS LANCETS 28G (<i>lancets</i>)	Preferred	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	Preferred	
TRUEPLUS LANCETS 33G (<i>lancets</i>)	Preferred	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	Preferred	
ULTILET LANCETS (<i>lancets</i>)	Preferred	
ULTRA-THIN II LANCETS (<i>lancets</i>)	Preferred	
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
UNILET EXCELITE (<i>lancets</i>)	Preferred	
UNILET EXCELITE II (<i>lancets</i>)	Preferred	
UNILET G.P. LANCET (<i>lancets</i>)	Preferred	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	Preferred	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	Preferred	
UNILET LANCET (<i>lancets</i>)	Preferred	
UNILET MICRO-THIN 33G (<i>lancets</i>)	Preferred	
UNILET SUPERLITE LANCET (<i>lancets</i>)	Preferred	
UNILET SUPER-THIN 30G (<i>lancets</i>)	Preferred	
UNILET ULTRA-THIN 28G (<i>lancets</i>)	Preferred	
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	Preferred	
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	Preferred	
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	Preferred	
VERIFINE UNIVERSAL LANCETS 28G (<i>lancets</i>)	Preferred	
VERIFINE UNIVERSAL LANCETS 30G (<i>lancets</i>)	Preferred	
VERIFINE UNIVERSAL LANCETS 33G (<i>lancets</i>)	Preferred	
VIVAGUARD LANCETS (<i>lancets</i>)	Preferred	
WALGREENS LANCETS (<i>lancets</i>)	Preferred	
WALGREENS THIN LANCETS (<i>lancets</i>)	Preferred	
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	Preferred	
*INSULIN ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD 5 G6 PODS (GEN 5) (<i>insulin disposable pump</i>)	Preferred	PA
*MASKS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>pediatric medium mask</i>	Preferred	QL (4 EA per 365 days)
<i>pediatric small mask</i>	Preferred	QL (4 EA per 365 days)
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>techlite insulin syringe 29g x 1/2" 0.3 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 29g x 1/2" 0.5 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 29g x 1/2" 1 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 30g x 1/2" 0.5 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 30g x 5/16" 0.3 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>techlite insulin syringe 30g x 5/16" 0.5 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 31g x 15/64" 0.3 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 31g x 15/64" 0.5 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 31g x 15/64" 1 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 31g x 5/16" 0.3 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 31g x 5/16" 0.5 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
<i>techlite insulin syringe 31g x 5/16" 1 ml</i>	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TECHLITE PEN NEEDLES 29G X 10MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TECHLITE PEN NEEDLES 29G X 12MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TECHLITE PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TECHLITE PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TECHLITE PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day)
TECHLITE PEN NEEDLES 32G X 6 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	QL (5 EA per 1 day); Max 102-day supply per fill
TRUEPLUS PEN NEEDLES 29G X 12MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TRUEPLUS PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TRUEPLUS PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TRUEPLUS PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day); Max 102-day supply per fill
TRUEPLUS PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Preferred	QL (8 EA per 1 day)
*PEAK FLOW METERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>lung perform peak flow meter device</i>	Preferred	QL (4 EA per 365 days)
<i>peak a-i-r flow meter device</i>	Preferred	QL (4 EA per 365 days)
<i>peak flow meter universal rang device</i>	Preferred	QL (4 EA per 365 days)
<i>pure comfort flow meter adult device</i>	Preferred	QL (4 EA per 365 days)
<i>pure comfort flow meter child device</i>	Preferred	QL (4 EA per 365 days)
AIRZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)
ASSESS PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)
CLEVER CHOICE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)
MICROLIFE DIGITAL PEAK FLOW DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)
MINI WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)
PIKO 1 DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)
POCKETPEAK PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	QL (4 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
*RESPIRATORY THERAPY SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>adult aerosol mask</i>	Preferred	QL (4 EA per 365 days)
<i>adult disposable mouthpiece</i>	Preferred	QL (4 EA per 365 days)
<i>adult mask device</i>	Preferred	QL (4 EA per 365 days)
<i>adult mask large</i>	Preferred	QL (4 EA per 365 days)
<i>breathe ease neb mask/child</i>	Preferred	QL (4 EA per 365 days)
<i>breathe ease neb mask/infant</i>	Preferred	QL (4 EA per 365 days)
<i>co monitor replacement pieces</i>	Preferred	QL (4 EA per 365 days)
<i>disposable paper mouthpiece</i>	Preferred	QL (4 EA per 365 days)
<i>expiratory mouthpiece</i>	Preferred	QL (4 EA per 365 days)
<i>filter air pp</i>	Preferred	QL (4 EA per 365 days)
<i>full kit nebulizer set</i>	Preferred	QL (4 EA per 365 days)
<i>nebulizer air tube/plugs</i>	Preferred	QL (4 EA per 365 days)
<i>nebulizer mask adult</i>	Preferred	QL (4 EA per 365 days)
<i>nebulizer mask child</i>	Preferred	QL (4 EA per 365 days)
<i>nose clip</i>	Preferred	QL (4 EA per 365 days)
<i>one-way valved expiratory mouthpiece</i>	Preferred	QL (4 EA per 365 days)
<i>one-way valved inspiratory mouthpiece</i>	Preferred	QL (4 EA per 365 days)
<i>ped disposable mouthpiece</i>	Preferred	QL (4 EA per 365 days)
<i>pediatric mouthpiece</i>	Preferred	QL (4 EA per 365 days)
<i>pharmacist choice mask wipes</i>	Preferred	QL (4 EA per 365 days)
<i>pillow mask/adult</i>	Preferred	QL (4 EA per 365 days)
<i>pillow mask/child</i>	Preferred	QL (4 EA per 365 days)
<i>pillow mask/pediatric</i>	Preferred	QL (4 EA per 365 days)
<i>replacement air filter</i>	Preferred	QL (4 EA per 365 days)
<i>replacement filters</i>	Preferred	QL (4 EA per 365 days)
<i>silicone mask/adult</i>	Preferred	QL (4 EA per 365 days)
<i>silicone mask/infant</i>	Preferred	QL (4 EA per 365 days)
<i>silicone mask/pediatric</i>	Preferred	QL (4 EA per 365 days)
<i>sootheneb nbl 100 adult mask</i>	Preferred	QL (4 EA per 365 days)
<i>sootheneb nbl 100 child mask</i>	Preferred	QL (4 EA per 365 days)
<i>sootheneb nbl 100 med cup</i>	Preferred	QL (4 EA per 365 days)
<i>sootheneb nbl 100 mesh cap</i>	Preferred	QL (4 EA per 365 days)
<i>tubing/wing tip</i>	Preferred	QL (4 EA per 365 days)
ACE AEROSOL CLOUD ENHANCER (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ACTIVITY POUCH (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ADAPTER PED DISPOSABLE MOUTHPIECE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
AEROBIKA DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
AEROTRACH PLUS (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
AIRS PEDIATRIC AEROSOL MASK (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ALL FLOW 1000 PFT FILTER (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ALL FLOW 1000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ALL FLOW 2000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ALL FLOW 3000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ALL FLOW 4000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ALL FLOW 5000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ALL FLOW 6000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ALL FLOW 7000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
BUBBLES THE FISH II PEDI MASK (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
CARETOUCH 2 CPAP HOSE HANGER (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
CARETOUCH CPAP & BIPAP HOSE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
CARETOUCH CPAP MASK WIPES (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
CARETOUCH CPAP PRE-WASH SOLN (<i>respiratory therapy supplies</i>)	Preferred	QL (4 ML per 365 days)
CARETOUCH CPAP TUBE BRUSH (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
CARETOUCH UNIVERSL CPAP FILTER (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
EASY FLOW 300 MM HOSE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
EASY FLOW 400 MM HOSE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
EASY FLOW AIR NOZZLE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
EASY FLOW HEPA FILTER (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
FLYP HYPERSONIQ CARTRIDGE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
IN-CHECK INSPIRATORY FLOW MTR DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
INNOSPIRE REPLACEMENT FILTER (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
KOKO PEAK PRO MOUTHPIECE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
LITETOUCH MASK LARGE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
LITETOUCH MASK MEDIUM (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
LITETOUCH MASK SMALL (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
MINIELITE FILTER REPLACEMENTS (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
ONE FLOW TESTER MOUTHPIECE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
PARI BABY CONVERSION KIT (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
PARI EXPIRATORY FILTER SET DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
PARI MANUAL INTERRUPTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
PARI MASK SET (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
PARI SMARTMASK BABY/ELBOW (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
PARI SOFT PLASTIC ADULT MASK (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
PARI SOFT PLASTIC PED MASK (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
PFLEX (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
PRONEB ULTRA FILTER SET (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
QUAKE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
SAMI THE SEAL FILTERS (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
SIDESTREAM ADULT FACE MASK (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
SIDESTREAM PLS ADULT FACE MASK (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
THRESHOLD IMT (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
THRESHOLD PEP DEVICE (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
WINDMILL TRAINER (<i>respiratory therapy supplies</i>)	Preferred	QL (4 EA per 365 days)
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>breathe ease large device</i>	Preferred	QL (4 EA per 365 days)
<i>breathe ease medium device</i>	Preferred	QL (4 EA per 365 days)
<i>breathe ease small device</i>	Preferred	QL (4 EA per 365 days)
<i>eq space chamber anti-static device</i>	Preferred	QL (4 EA per 365 days)
<i>eq space chamber anti-static l device</i>	Preferred	QL (4 EA per 365 days)
<i>eq space chamber anti-static m device</i>	Preferred	QL (4 EA per 365 days)
<i>eq space chamber anti-static s device</i>	Preferred	QL (4 EA per 365 days)
AEROCHAMBER MINI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER MV (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
AEROCHAMBER PLUS FLO-VU MEDIUM (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLOW VU (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
AEROVENT PLUS DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
COMPACT SPACE CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
EASIVENT (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
EASIVENT MASK LARGE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
EASIVENT MASK SMALL (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	Preferred	QL (4 EA per 365 days)
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	Preferred	QL (4 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	Preferred	QL (4 EA per 365 days)
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
INSPIREASE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
MASK VORTEX/CHILD/FROG (<i>spacer/aero-hold chamber mask</i>)	Preferred	QL (4 EA per 365 days)
MASK VORTEX/TODDLER/LADYBUG (<i>spacer/aero-hold chamber mask</i>)	Preferred	QL (4 EA per 365 days)
MICROCHAMBER (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
MICROCHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
MICROSPACER (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
PANDA MASK LARGE (<i>spacer/aero-hold chamber mask</i>)	Preferred	QL (4 EA per 365 days)
PANDA MASK MEDIUM (<i>spacer/aero-hold chamber mask</i>)	Preferred	QL (4 EA per 365 days)
PANDA MASK SMALL (<i>spacer/aero-hold chamber mask</i>)	Preferred	QL (4 EA per 365 days)
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	Preferred	QL (4 EA per 365 days)
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	Preferred	QL (4 EA per 365 days)
POCKET CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
POCKET SPACER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
RITEFLO DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	QL (4 EA per 365 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR MIGRAINE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	Preferred	PA; QL (54 EA per 90 days); AGE (Min 18 Years); Max 102-day supply per fill
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years); Max 102-day supply per fill
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	Non Preferred	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	Non Preferred	PA; QL (8 EA per 30 days); AGE (Min 18 Years)
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>erenumab-aooe</i>)	Preferred	PA; QL (3 ML per 90 days); AGE (Min 18 Years); Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	Preferred	PA; QL (6 ML per 90 days); AGE (Min 18 Years); Max 102-day supply per fill
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	Preferred	PA; QL (4.5 ML per 90 days); AGE (Min 18 Years); Max 102-day supply per fill
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	Preferred	PA; QL (4.5 ML per 90 days); AGE (Min 18 Years); Max 102-day supply per fill
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	Preferred	PA; QL (9 ML per 90 days); AGE (Min 18 Years); Max 102-day supply per fill
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Preferred	PA; QL (3 ML per 90 days); AGE (Min 18 Years); Max 102-day supply per fill
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Preferred	PA; QL (3 ML per 90 days); AGE (Min 18 Years); Max 102-day supply per fill
*MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - DRUGS FOR MIGRAINE HEADACHES		
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	Non Preferred	PA; QL (14 ML per 30 days); AGE (Min 18 Years)
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	Non Preferred	PA
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Preferred	QL (18 EA per 1 Fill)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Preferred	QL (18 EA per 1 Fill)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	QL (18 EA per 1 Fill)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Preferred	QL (4 ML per 1 Fill)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Preferred	QL (2 ML per 1 Fill)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Preferred	QL (4 ML per 1 Fill)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (<i>sumatriptan</i>)	Preferred	QL (6 EA per 1 Fill)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	Preferred	QL (4 ML per 1 Fill)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Non Preferred	PA; QL (9 EA per 1 Fill)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Non Preferred	PA; QL (12 EA per 1 Fill)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Non Preferred	PA; QL (18 EA per 1 Fill)

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Drug Name	Formulary Status	Requirements/Limits
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Non Preferred	PA; QL (9 EA per 1 Fill)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	Non Preferred	PA; QL (6 EA per 1 Fill)
<i>zolmitriptan nasal solution 5 mg</i>	Non Preferred	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Non Preferred	PA; QL (12 EA per 1 Fill)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Non Preferred	PA; QL (12 EA per 1 Fill)
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	Non Preferred	PA; QL (18 EA per 1 Fill)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (18 EA per 1 Fill)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (4 ML per 1 Fill)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	Non Preferred	PA; QL (18 EA per 1 Fill)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	Non Preferred	PA; QL (18 EA per 1 Fill)
RELPAK ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	Non Preferred	PA; QL (12 EA per 1 Fill)
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	Non Preferred	PA; QL (6 EA per 1 Fill)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	Non Preferred	PA
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	Non Preferred	PA
ZOMIG ORAL TABLET 2.5 MG, 5 MG (<i>zolmitriptan</i>)	Non Preferred	PA; QL (12 EA per 1 Fill)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** - DRUGS FOR MIGRAINE HEADACHES		
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	Non Preferred	PA; QL (8 EA per 30 days); AGE (Min 18 Years)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>600+d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>advanced calcium formula oral tablet 200 mg</i>	Preferred	
<i>cal/mag oral tablet 200-100 mg</i>	Preferred	
<i>calcitrate plus d oral tablet 315-5 mg-mcg</i>	Preferred	
<i>calcium + d oral tablet chewable 500-1000-40 mg-unt-mcg</i>	Preferred	
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg</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>calcium 1000 + d oral tablet 1000-20 mg-mcg</i>	Preferred	
<i>calcium 500 + d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>calcium 500/d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>calcium 500+d high potency oral tablet 500-10 mg-mcg</i>	Preferred	
<i>calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>calcium 600 + d oral tablet 600-5 mg-mcg</i>	Preferred	
<i>calcium 600 + minerals oral tablet 600-200 mg-unit</i>	Preferred	
<i>calcium 600 +d high potency oral tablet 600-10 mg-mcg</i>	Preferred	
<i>calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	Preferred	
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	Preferred	
<i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>calcium 600+d high potency oral tablet 600-10 mg-mcg</i>	Preferred	
<i>calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Preferred	
<i>calcium 600+d plus minerals oral tablet 600-400 mg-unit</i>	Preferred	
<i>calcium 600+d plus minerals oral tablet chewable 600-400 mg-unit</i>	Preferred	
<i>calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i>	Preferred	
<i>calcium 600+d3 plus minerals oral tablet 600-800 mg-unit</i>	Preferred	
<i>calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit</i>	Preferred	
<i>calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i>	Preferred	
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i>	Preferred	
<i>calcium carbonate-vitamin d oral capsule 600-5 mg-mcg</i>	Preferred	
<i>calcium carbonate-vitamin d oral tablet 600-5 mg-mcg</i>	Preferred	
<i>calcium citrate + d oral tablet 250-5 mg-mcg, 315-5 mg-mcg</i>	Preferred	
<i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-5 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg</i>	Preferred	
<i>calcium citrate + oral tablet 315-5 mg-mcg</i>	Preferred	
<i>calcium citrate malate-vit d oral tablet 250-2.5 mg-mcg</i>	Preferred	
<i>calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	Preferred	
<i>calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 315-5 mg-mcg</i>	Preferred	
<i>calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>calcium creamies oral tablet chewable 600-10 mg-mcg</i>	Preferred	
<i>calcium for women oral tablet chewable 500-100-40</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>calcium gummies oral tablet chewable 250-100-500 mg-unit</i>	Preferred	
<i>calcium high potency/vitamin d oral tablet 600-5 mg-mcg</i>	Preferred	
<i>calcium magnesium zinc oral tablet 333-133-5 mg</i>	Preferred	
<i>calcium plus vitamin d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>calcium plus vitamin d3 oral capsule 600-12.5 mg-mcg</i>	Preferred	
<i>calcium plus vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>calcium soft chews oral tablet chewable 500-1000-40 mg-unt-mcg</i>	Preferred	
<i>calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit</i>	Preferred	
<i>calcium/vitamin d3/adult gummy oral tablet chewable 250-100-500 mg-mg-unit</i>	Preferred	
<i>calcium+d3 gradual release oral tablet extended release 24 hour 600-40-500 mg-mg-unit</i>	Preferred	
<i>calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg</i>	Preferred	
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333-133-8.3 mg, 333.33-133.33-5 mg</i>	Preferred	
<i>calcium-vitamin d3 oral capsule 600-10 mg-mcg, 600-12.5 mg-mcg</i>	Preferred	
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>	Preferred	
<i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit, 600-800 mg-unit</i>	Preferred	
<i>calmag thins oral tablet 200-50 mg</i>	Preferred	
<i>chewable calcium oral tablet chewable 500-200-40 mg-unt-mcg</i>	Preferred	
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	Preferred	
<i>coral calcium oral capsule 185-50-100 mg-mg-unit, 250-125-100 mg-unit</i>	Preferred	
<i>cvs calcium + d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>cvs calcium 600 + d/minerals oral tablet 600-800 mg-unit</i>	Preferred	
<i>cvs calcium 600 + d/minerals oral tablet chewable 600-800 mg-unit</i>	Preferred	
<i>cvs calcium 600+d oral tablet 600-20 mg-mcg</i>	Preferred	
<i>cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	Preferred	
<i>cvs calcium soft chews oral tablet chewable 500-1000-40 mg-unt-mcg</i>	Preferred	
<i>cvs calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	Preferred	
<i>cvs calcium-vitamin d oral tablet chewable 250-10 mg-mcg</i>	Preferred	
<i>eq calcium 500+d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>eq calcium 600+d oral tablet 600-20 mg-mcg</i>	Preferred	
<i>eq calcium 600+d+minerals oral tablet 600-800 mg-unit</i>	Preferred	
<i>eq calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>eq calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>eq calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	Preferred	
<i>eql calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>eql calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>eql calcium gummies oral tablet chewable 250-10 mg-mcg</i>	Preferred	
<i>eql calcium soft chews oral tablet chewable 500-200-40 mg-unit-mcg</i>	Preferred	
<i>eql calcium/vitamin d oral capsule 600-2.5 mg-mcg</i>	Preferred	
<i>eql calcium/vitamin d oral tablet 600-10 mg-mcg</i>	Preferred	
<i>eql calcium/vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>finest nutrition calcium/vit d oral capsule 600-12.5 mg-mcg</i>	Preferred	
<i>gnp calcium 500 +d3 oral tablet 500-15 mg-mcg</i>	Preferred	
<i>gnp calcium 600 +d/minerals oral tablet 600-800 mg-unit</i>	Preferred	
<i>gnp calcium 600 +d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>gnp calcium 600 +d3/minerals oral tablet chewable 600-800 mg-unit</i>	Preferred	
<i>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>hm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i>	Preferred	
<i>hm calcium-vitamin d-minerals oral tablet 600-400 mg-unit</i>	Preferred	
<i>kp calcium 600+d oral capsule 600-12.5 mg-mcg</i>	Preferred	
<i>kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg</i>	Preferred	
<i>kp calcium 600+d3 oral capsule 600-12.5 mg-mcg</i>	Preferred	
<i>kp calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>kp calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	Preferred	
<i>liquid calcium with d3 oral capsule 600-12.5 mg-mcg, 600-25 mg-mcg</i>	Preferred	
<i>liquid calcium/vitamin d oral capsule 600-5 mg-mcg</i>	Preferred	
<i>localnesium oral tablet 166.67-83.33 mg</i>	Preferred	
<i>oyster calcium/d3 oral tablet 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium + d3 oral tablet 500-10 mg-mcg</i>	Preferred	
<i>oyster shell calcium oral tablet 500-10 mg-mcg</i>	Preferred	
<i>oyster shell calcium plus d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	Preferred	
<i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>parva-cal oral tablet 250-2.5 mg-mcg, 500-5 mg-mcg</i>	Preferred	
<i>qc calcium 600 +d3/minerals oral tablet chewable 600-800 mg-unit</i>	Preferred	
<i>qc calcium/minerals/vitamin d oral tablet 600-400 mg-unit</i>	Preferred	
<i>ra calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i>	Preferred	
<i>ra calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	Preferred	
<i>ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg</i>	Preferred	
<i>ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>ra calcium citrate plus vit d oral tablet 315-5 mg-mcg</i>	Preferred	
<i>ra calcium cit-vit d-3 petites oral tablet 200-6.25 mg-mcg</i>	Preferred	
<i>ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Preferred	
<i>ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg</i>	Preferred	
<i>ra calcium/vitamin d/minerals oral tablet 600-400 mg-unit</i>	Preferred	
<i>ra calcium-boron oral tablet 500-1.5 mg</i>	Preferred	
<i>sb calcium + d oral tablet 600-5 mg-mcg</i>	Preferred	
<i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i>	Preferred	
<i>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	Preferred	
<i>sm calcium 600+d plus minerals oral tablet chewable 600-800 mg-unit</i>	Preferred	
<i>sm calcium 600+d3 oral tablet 600-20 mg-mcg</i>	Preferred	
<i>sm calcium citrate+/vit d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>sm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i>	Preferred	
<i>sm calcium citrate+vit d3 max oral tablet 315-6.25 mg-mcg</i>	Preferred	
<i>sm calcium citrate-vit d oral tablet 315-5 mg-mcg</i>	Preferred	
<i>sm calcium soft chews oral tablet chewable 500-100-40 , 500-200-40 mg-unt-mcg</i>	Preferred	
<i>sm calcium/vitamin d oral tablet 500-5 mg-mcg, 600-20 mg-mcg</i>	Preferred	
<i>sm calcium/vitamin d3 oral tablet 600-800 mg-unit</i>	Preferred	
<i>sm calcium-magnesium-zinc oral tablet 333-133-5 mg, 333-133-8.3 mg</i>	Preferred	
<i>sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	Preferred	
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>	Preferred	
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>	Preferred	
<i>super cal/mag oral tablet 333.333-166.667 mg</i>	Preferred	
<i>super calcium 600 + d 400 oral tablet 600-10 mg-mcg</i>	Preferred	
<i>super calcium 600 + d3 oral tablet 600-10 mg-mcg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
BONE DENSITY ORAL TABLET 300-200 MG-UNIT (<i>calcium-vit d-arg-inos-silicon</i>)	Preferred	
CALCITRATE ORAL TABLET 315-6.25 MG-MCG (<i>calcium citrate-vitamin d</i>)	Preferred	
CAL-MAG ORAL TABLET 500-250 MG (<i>calcium-magnesium</i>)	Preferred	
CAL-QUICK ORAL LIQUID 500-10 MG-MCG/5ML (<i>calcium carb-cholecalciferol</i>)	Preferred	
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	
CITRACAL +D3 ORAL TABLET CHEWABLE 250-107-500 MG-MG-UNIT (<i>calcium-phosphorus-vitamin d</i>)	Preferred	
CITRACAL MAXIMUM ORAL TABLET 315-6.25 MG-MCG (<i>calcium citrate-vitamin d</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	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	
RA HI CAL ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	
UPCAL D ORAL PACKET 500-12.5 MG-MCG (<i>calcium citrate-vitamin d</i>)	Preferred	
UPCAL D ORAL POWDER 500-12.5 MG-MCG/5GM (<i>calcium citrate-vitamin d</i>)	Preferred	
*CALCIUM*** - DRUGS FOR NUTRITION		
<i>calcium 600 high potency oral tablet 600 mg</i>	Preferred	
<i>calcium 600 oral tablet 1500 (600 ca) mg, 600 mg</i>	Preferred	
<i>calcium carbonate oral powder 800 mg/2gm</i>	Preferred	
<i>calcium carbonate oral tablet 1500 (600 ca) mg, 600 mg</i>	Preferred	
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i>	Preferred	
<i>calcium chloride intravenous solution 10 %</i>	Preferred	
<i>calcium citrate oral granules 760 mg/3.5gm</i>	Preferred	
<i>calcium citrate oral tablet 250 mg</i>	Preferred	
<i>calcium citrate tablet 250 mg oral</i>	Preferred	CSHCS coverage only
<i>calcium gluconate oral tablet 50 mg</i>	Preferred	
<i>calcium gluconate oral tablet 650 mg</i>	Preferred	CSHCS coverage only
<i>calcium gluconate solution 10 % intravenous</i>	Preferred	CSHCS Coverage Only
<i>calcium gluconate solution 10 % intravenous</i>	Preferred	CSHCS coverage only
<i>calcium high potency oral tablet 1500 (600 ca) mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>calcium lactate oral tablet 100 mg</i>	Preferred	
<i>calcium oyster shell oral tablet 500 mg</i>	Preferred	
<i>chelated calcium oral tablet 200 mg</i>	Preferred	
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>	Preferred	
<i>oyster shell calcium oral tablet 500 mg</i>	Preferred	
<i>pure calcium carbonate oral tablet 1500 (600 ca) mg</i>	Preferred	
<i>qc calcium fast dissolution oral tablet 1500 (600 ca) mg</i>	Preferred	
<i>ra calcium 600 oral tablet 1500 (600 ca) mg</i>	Preferred	
<i>sb oyster shell calcium oral tablet 500 mg</i>	Preferred	
<i>super calcium oral tablet 1500 (600 ca) mg</i>	Preferred	
SM CORAL CALCIUM ORAL TABLET 1000 (390 CA) MG (<i>coral calcium</i>)	Preferred	
*ELECTROLYTES ORAL*** - DRUGS FOR NUTRITION		
<i>cvs electrolyte solution oral solution</i>	Preferred	
<i>cvs ped electrolyte freeze pop oral solution</i>	Preferred	
<i>cvs pediatric electrolyte oral solution</i>	Preferred	
<i>gnp electrolyte solution oral solution</i>	Preferred	
<i>gnp pediatric electrolyte oral solution</i>	Preferred	
<i>h-e-b oral electrolyte oral solution</i>	Preferred	
<i>oral electrolyte freezer pops oral solution</i>	Preferred	
<i>oral electrolytes oral solution</i>	Preferred	
<i>ped electrolyte freeze pops oral solution</i>	Preferred	
<i>ped electrolyte freezer pops oral solution</i>	Preferred	
<i>pediatric electrolyte oral solution</i>	Preferred	
<i>pediatric electrolyte-zinc oral solution</i>	Preferred	
<i>ra pediatric electrolyte oral solution</i>	Preferred	
<i>sb pediatric electrolyte oral solution</i>	Preferred	
<i>sm pediatric electrolyte oral solution</i>	Preferred	
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
BIOLYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
CERALYTE 70 ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
CERASPORT EX1 ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
CERASPORT ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
ENFAMIL ENFALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
EQUALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
HYDRALYTE FREEZER POPS ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
HYDRALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
KINDERLYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
KINDERLYTE PREMAX ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ORALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
PEDIA VANCE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
PEDIALYTE ADVANCED CARE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
PEDIALYTE FREEZER POPS ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
PEDIALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
PEDIALYTE SINGLES ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
REHYDRALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Preferred	QL (4 ML per 1 day); AGE (Max 16 Years)
<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	QL (1 EA per 1 day); AGE (Max 16 Years)
*MAGNESIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
BEELITH ORAL TABLET 362-20 MG (<i>magnesium oxide-pyridoxine hcl</i>)	Preferred	
BEELITH TABLET 362-20 MG ORAL (<i>magnesium oxide-pyridoxine hcl</i>)	Preferred	CSHCS coverage only
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG (<i>magnesium cl-calcium carbonate</i>)	Preferred	
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG (<i>magnesium cl-calcium carbonate</i>)	Preferred	
*MAGNESIUM*** - DRUGS FOR NUTRITION		
<i>cvs magnesium oral tablet 500 mg</i>	Preferred	
<i>mag-g oral tablet 500 (27 mg) mg</i>	Preferred	
<i>magnesium chloride injection solution 200 mg/ml</i>	Preferred	
<i>magnesium oral tablet 250 mg</i>	Preferred	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg</i>	Preferred	
<i>magnesium oxide -mg supplement tablet 400 (240 mg) mg oral</i>	Preferred	CSHCS coverage only
<i>magnesium oxide -mg supplement tablet 500 mg oral</i>	Preferred	CSHCS coverage only
<i>mgo oral tablet 400 (240 mg) mg</i>	Preferred	
<i>ra natural magnesium oral tablet 250 mg</i>	Preferred	
<i>sm magnesium oral tablet 250 mg</i>	Preferred	
<i>true magnesium oxide tablet 400 mg oral</i>	Preferred	CSHCS coverage only
<i>true magnesium oxide tablet 500 mg oral</i>	Preferred	CSHCS coverage only
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (<i>magnesium oxide</i>)	Preferred	
MAGNESIUM-OXIDE TABLET 400 (240 MG) MG ORAL (<i>magnesium oxide</i>)	Preferred	CSHCS coverage only

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Drug Name	Formulary Status	Requirements/Limits
MAGONATE ORAL LIQUID 54 (MAG EQUIV) MG/5ML (<i>magnesium carbonate</i>)	Preferred	
*MINERAL COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>bone density builder oral tablet</i>	Preferred	
<i>bone essentials oral capsule</i>	Preferred	
<i>cal mag zinc +d3 oral tablet</i>	Preferred	
<i>calcium 600+d3 plus minerals oral tablet</i>	Preferred	
<i>calcium citrate + oral tablet</i>	Preferred	
<i>calcium citrate plus oral tablet</i>	Preferred	
<i>calcium citrate plus/magnesium oral tablet</i>	Preferred	
<i>calcium citrate-mag-minerals oral tablet</i>	Preferred	
<i>calcium-magnesium-zinc-d3 oral tablet</i>	Preferred	
<i>cal-mag-zinc-d oral tablet</i>	Preferred	
<i>cvs calcium citrate+d3 oral tablet</i>	Preferred	
<i>cvs calcium citrate+d3 w/magne oral tablet</i>	Preferred	
<i>fem-cal citrate oral tablet</i>	Preferred	
<i>gnp cal mag zinc +d3 oral tablet</i>	Preferred	
<i>multi-minerals oral tablet</i>	Preferred	
ADVANCED CALCIUM/D/MAGNESIUM ORAL TABLET (<i>multiple minerals-vitamins</i>)	Preferred	
CITRACAL MAXIMUM PLUS ORAL TABLET (<i>multiple minerals-vitamins</i>)	Preferred	
CITRACAL PLUS ORAL TABLET (<i>multiple minerals-vitamins</i>)	Preferred	
MULTI MEGA MINERALS ORAL TABLET (<i>multiple minerals-vitamins</i>)	Preferred	
NUTRA-SUPPORT BONE ORAL CAPSULE (<i>multiple minerals-vitamins</i>)	Preferred	
PROSTEON ORAL TABLET (<i>multiple minerals-vitamins</i>)	Preferred	
THERACAL D2000 ORAL TABLET (<i>multiple minerals-vitamins</i>)	Preferred	
THERACAL D4000 ORAL TABLET (<i>multiple minerals-vitamins</i>)	Preferred	
THERACAL RAPID REPLETION ORAL TABLET (<i>multiple minerals-vitamins</i>)	Preferred	
*PHOSPHATE*** - DRUGS FOR NUTRITION		
<i>phos-nak packet 280-160-250 mg oral</i>	Preferred	CSHCS coverage only
<i>phosphorus supplement oral packet 280-160-250 mg</i>	Preferred	
<i>phosphorus supplement packet 280-160-250 mg oral</i>	Preferred	CSHCS coverage only
<i>phosphorus w/sod & potassium oral packet 280-160-250 mg</i>	Preferred	
<i>phosphorus w/sod & potassium packet 280-160-250 mg oral</i>	Preferred	CSHCS coverage only
<i>potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml</i>	Preferred	

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **otc** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
<i>sodium phosphates intravenous solution 15 mmole/5ml, 45 mmole/15ml</i>	Preferred	
<i>sodium phosphates solution 15 mmole/5ml intravenous</i>	Preferred	CSHCS coverage only
<i>sodium phosphates solution 150 mmole/50ml intravenous</i>	Preferred	CSHCS coverage only
<i>sodium phosphates solution 45 mmole/15ml intravenous</i>	Preferred	CSHCS coverage only
<i>sodium-potassium-phosphorus oral packet 160-280-250 mg</i>	Preferred	
<i>sodium-potassium-phosphorus packet 160-280-250 mg oral</i>	Preferred	CSHCS coverage only
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML (<i>sodium glycerophosphate</i>)	Preferred	
<i>potassium phosphate monobasic (Phospho-Trin K500 Oral Tablet 500 Mg)</i>	Preferred	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<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 oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Preferred	
<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 M20 Oral Tablet Extended Release 20 Meq)</i>	Preferred	
<i>potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)</i>	Preferred	
<i>potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)</i>	Preferred	
<i>potassium bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)</i>	Preferred	
*ZINC*** - DRUGS FOR NUTRITION		
<i>zinc capsule 220 (50 zn) mg oral</i>	Preferred	CSHCS coverage only
<i>zinc gluconate tablet 100 mg oral</i>	Preferred	CSHCS coverage only
<i>zinc sulfate capsule 220 (50 zn) mg oral (otc)</i>	Preferred	CSHCS coverage only
<i>zinc sulfate tablet 220 (50 zn) mg oral</i>	Preferred	CSHCS coverage only
ORAZINC CAPSULE 220 (50 ZN) MG ORAL (<i>zinc sulfate</i>)	Preferred	CSHCS coverage only
ORAZINC TABLET 110 MG ORAL (<i>zinc sulfate</i>)	Preferred	CSHCS coverage only

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Drug Name	Formulary Status	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ANTILEPROTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	Preferred	
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine intravenous solution 50 mg/ml</i>	Preferred	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Preferred	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Preferred	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Preferred	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	Preferred	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	Preferred	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	Preferred	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	Preferred	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	Preferred	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Preferred	
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Preferred	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	Preferred	
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	Preferred	
<i>mycophenolate mofetil intravenous solution reconstituted 500 mg</i>	Preferred	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Preferred	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Preferred	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Preferred	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Preferred	
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>mycophenolate mofetil hcl</i>)	Preferred	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	Preferred	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	Preferred	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	Preferred	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Preferred	
<i>sirolimus oral solution 1 mg/ml</i>	Preferred	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Preferred	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Preferred	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	Preferred	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	Preferred	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Preferred	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	Preferred	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	Preferred	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	Preferred	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	Preferred	
*MONOCLONAL ANTIBODIES*** - VITAMINS AND MINERALS		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	Preferred	PA; QL (1 ML per 28 days); AGE (Min 18 Years)
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
<i>sodium polystyrene sulfonate oral powder</i>	Preferred	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	Preferred	
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Preferred	
<i>azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)</i>	Preferred	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	Preferred	
*ROCK INHIBITORS*** - VITAMINS AND MINERALS		
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	Preferred	
*SELECTIVE T-CELL COSTIMULATION BLOCKERS*** - VITAMINS AND MINERALS		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	Preferred	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Preferred	

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*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat troche 10 mg</i>	Preferred	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Preferred	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	Non Preferred	PA
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Preferred	
<i>chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)</i>	Preferred	
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sf 5000 plus dental cream 1.1 %</i>	Preferred	
<i>sf dental gel 1.1 %</i>	Preferred	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Preferred	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Preferred	
<i>sodium fluoride dental cream 1.1 %</i>	Preferred	
<i>sodium fluoride dental gel 1.1 %</i>	Preferred	
<i>sodium fluoride (Denta 5000 Plus Dental Cream 1.1 %)</i>	Preferred	
<i>sodium fluoride (Dentagel Dental Gel 1.1 %)</i>	Preferred	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Preferred	
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Preferred	QL (0.1667 GM per 1 day)
<i>triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)</i>	Preferred	QL (0.1667 GM per 1 day)
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX VITAMINS*** - DRUGS FOR NUTRITION		
<i>b complex oral capsule</i>	Preferred	
<i>b complex vitamins oral capsule</i>	Preferred	
<i>b-complex injection injectable</i>	Preferred	
<i>b-complex plus b-12 oral tablet</i>	Preferred	
<i>b-complex/b-12 oral tablet</i>	Preferred	
<i>ra b-complex oral tablet</i>	Preferred	
<i>ra b-complex with b-12 oral tablet</i>	Preferred	
<i>vitamin b complex 100 injection injectable</i>	Preferred	
<i>vitamin b complex oral capsule</i>	Preferred	
<i>vitamin b complex oral tablet</i>	Preferred	
<i>vitamin b complex-hydroxocobal injection injectable</i>	Preferred	
<i>vitamin b-complex 100 injectable injection</i>	Preferred	CSHCS coverage only

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Drug Name	Formulary Status	Requirements/Limits
<i>vitamin b-complex 100 injection injectable</i>	Preferred	
<i>vitamin-b complex oral tablet</i>	Preferred	
*B-COMPLEX W/ C & E + ZN*** - DRUGS FOR NUTRITION		
<i>bec/zinc oral tablet</i>	Preferred	
<i>cvs stress formula/zinc oral tablet</i>	Preferred	
<i>eql stress b-complex c/zinc oral tablet</i>	Preferred	
<i>stress b/zinc oral tablet</i>	Preferred	
<i>stress b-complex/vit c/zinc oral tablet</i>	Preferred	
<i>stress formula/zinc (b-compl) oral tablet</i>	Preferred	
<i>stress plus zinc oral tablet</i>	Preferred	
<i>zinc-vites oral tablet</i>	Preferred	
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>folbee plus oral tablet</i>	Preferred	
<i>full spectrum b/vitamin c oral tablet 0.8 mg</i>	Preferred	
<i>nephro vitamins oral tablet 0.8 mg</i>	Preferred	
<i>renal vitamin oral tablet 0.8 mg</i>	Preferred	
<i>rena-vite oral tablet</i>	Preferred	
<i>rena-vite rx oral tablet 1 mg</i>	Preferred	
<i>reno caps oral capsule 1 mg</i>	Preferred	
<i>tm-vite rx oral tablet 1 mg</i>	Preferred	
<i>triphrocaps capsule 1 mg oral</i>	Preferred	CSHCS coverage only
<i>triphrocaps oral capsule 1 mg</i>	Preferred	
<i>virt-caps capsule 1 mg oral</i>	Preferred	CSHCS coverage only
<i>virt-caps oral capsule 1 mg</i>	Preferred	
<i>wescaps capsule 1 mg oral</i>	Preferred	CSHCS coverage only
<i>wescaps oral capsule 1 mg</i>	Preferred	
<i>DIALYVITE 800 ORAL TABLET 0.8 MG (b complex-c-folic acid)</i>	Preferred	
<i>b complex-c-folic acid (Dialyvite Oral Tablet)</i>	Preferred	
<i>b complex-c-folic acid (Dialyvite Tablet Oral)</i>	Preferred	CSHCS coverage only
<i>b complex-c-folic acid (Mynephron Oral Capsule 1 Mg)</i>	Preferred	
<i>NEPHRONEX ORAL LIQUID 0.9 MG/5ML (b complex-c-folic acid)</i>	Preferred	
<i>b complex-c-folic acid (Nephronex Oral Tablet)</i>	Preferred	
<i>NEPHRO-VITE ORAL TABLET 0.8 MG (b complex-c-folic acid)</i>	Preferred	
<i>b complex-c-folic acid (Renal Capsule 1 Mg Oral)</i>	Preferred	CSHCS coverage only
<i>b complex-c-folic acid (Renal Oral Capsule 1 Mg)</i>	Preferred	
*B-COMPLEX W/ C*** - DRUGS FOR NUTRITION		
<i>b complex-c oral tablet</i>	Preferred	
<i>b-complex-c oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>better b complex oral tablet</i>	Preferred	
<i>cvs b complex plus c oral tablet</i>	Preferred	
<i>cvs super b complex/c oral tablet</i>	Preferred	
<i>sm super b complex/c oral tablet</i>	Preferred	
<i>sm vitamin b complex/vitamin c oral tablet</i>	Preferred	
<i>super b complex/vitamin c oral tablet</i>	Preferred	
<i>super b-complex + vitamin c oral tablet</i>	Preferred	
<i>vitamin b + c complex oral tablet</i>	Preferred	
ALLBEE/C ORAL TABLET (<i>b complex-c</i>)	Preferred	
*B-COMPLEX W/ C-BIOTIN-D & FOLIC ACID*** - DRUGS FOR NUTRITION		
DIALYVITE 800 PLUS D ORAL WAFER 800 MCG (<i>b complex-c-biotin-d-fa</i>)	Preferred	
*B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID*** - DRUGS FOR NUTRITION		
VITAL-D RX ORAL TABLET 1 MG (<i>b complex-c-biotin-d-zinc-fa</i>)	Preferred	
*B-COMPLEX W/ C-BIOTIN-E-MINERALS & FOLIC ACID*** - DRUGS FOR NUTRITION		
DIALYVITE 3000 ORAL TABLET 3 MG (<i>b complex-c-biotin-e-min-fa</i>)	Preferred	
DIALYVITE 3000 TABLET 3 MG ORAL (<i>b complex-c-biotin-e-min-fa</i>)	Preferred	CSHCS coverage only
DIALYVITE 5000 ORAL TABLET 5 MG (<i>b complex-c-biotin-e-min-fa</i>)	Preferred	
DIALYVITE 5000 TABLET 5 MG ORAL (<i>b complex-c-biotin-e-min-fa</i>)	Preferred	CSHCS coverage only
*B-COMPLEX W/ C-BIOTIN-FE & FOLIC ACID*** - DRUGS FOR NUTRITION		
DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG (<i>b-complex-c-biotin-fe & fa</i>)	Preferred	
*B-COMPLEX W/ C-ZN & FOLIC ACID*** - DRUGS FOR NUTRITION		
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG (<i>b complex-c-zn-folic acid</i>)	Preferred	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG (<i>b complex-c-zn-folic acid</i>)	Preferred	
DIALYVITE/ZINC ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	Preferred	
DIALYVITE/ZINC TABLET ORAL (<i>b complex-c-zn-folic acid</i>)	Preferred	CSHCS coverage only
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	Preferred	
NEPHPLEX RX TABLET ORAL (<i>b complex-c-zn-folic acid</i>)	Preferred	CSHCS coverage only
*B-COMPLEX W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex formula 1 (w/ fa) oral tablet</i>	Preferred	
<i>b complex vitamins (w/ fa) oral capsule</i>	Preferred	

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<i>b-complex (folic acid) oral tablet</i>	Preferred	
<i>b-complex/electrolytes oral tablet</i>	Preferred	
<i>benfotiamine multi-b oral capsule</i>	Preferred	
<i>kobee oral tablet</i>	Preferred	
<i>sm balanced b-100 oral tablet</i>	Preferred	
<i>sm balanced b-50 oral tablet</i>	Preferred	
BIG 100 ORAL TABLET (<i>b complex-folic acid</i>)	Preferred	
*B-COMPLEX W/ IRON*** - DRUGS FOR NUTRITION		
<i>super b-complex/iron/vitamin c oral tablet</i>	Preferred	
*B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID*** - DRUGS FOR NUTRITION		
ACTRIVIT ORAL LIQUID 800-15-1 MG/15ML (<i>b complex-lysine-min-fe-fa</i>)	Preferred	
NUTRIVIT ORAL LIQUID (<i>b complex-lysine-min-fe-fa</i>)	Preferred	
*B-COMPLEX W/ MINERALS*** - DRUGS FOR NUTRITION		
APETIGEN-PLUS ORAL TABLET (<i>b complex-minerals</i>)	Preferred	
*B-COMPLEX W/BIOTIN & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b-100 b-complex oral tablet</i>	Preferred	
<i>b-50 complex oral tablet</i>	Preferred	
<i>balance b-50 oral tablet</i>	Preferred	
<i>balanced b complex oral tablet</i>	Preferred	
<i>balanced b-100 oral tablet</i>	Preferred	
<i>balanced b-50/fa oral tablet</i>	Preferred	
<i>b-compleet-100 oral tablet</i>	Preferred	
<i>b-compleet-50 oral tablet</i>	Preferred	
<i>b-complex oral tablet</i>	Preferred	
<i>eql b complex 50 oral tablet</i>	Preferred	
<i>quin b strong b-25 oral tablet</i>	Preferred	
<i>ra balanced b-100 oral tablet</i>	Preferred	
<i>ra balanced b-50 oral tablet</i>	Preferred	
<i>sm b100 complex oral tablet</i>	Preferred	
<i>sm b-complex oral tablet</i>	Preferred	
<i>super b-complex oral tablet</i>	Preferred	
<i>yl balanced b-100 oral tablet</i>	Preferred	
BIG 100 (BIOTIN) ORAL TABLET (<i>b complex-biotin-fa</i>)	Preferred	
SUPER DEC B-100 ORAL TABLET (<i>b complex-biotin-fa</i>)	Preferred	
SUPER QUINTS B-50 ORAL TABLET (<i>b complex-biotin-fa</i>)	Preferred	
*IRON W/ VITAMINS*** - DRUGS FOR NUTRITION		
GERITOL COMPLETE ORAL TABLET (<i>iron-vitamins</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*MULTIPLE VITAMINS W/ IRON*** - DRUGS FOR NUTRITION		
<i>daily vitamin/iron oral tablet</i>	Preferred	
<i>daily vite multivitamin/iron oral tablet</i>	Preferred	
<i>multiple vitamins/iron oral tablet</i>	Preferred	
<i>multiple vitamins-iron oral tablet</i>	Preferred	
<i>multivitamin plus iron adult oral tablet</i>	Preferred	
<i>multi-vitamin/iron oral tablet</i>	Preferred	
<i>nat-rul daily-vite+iron oral tablet</i>	Preferred	
<i>one daily multivitamin/iron oral tablet</i>	Preferred	
<i>one-daily multi-vitamin/iron oral tablet</i>	Preferred	
<i>one-daily/iron oral tablet</i>	Preferred	
<i>qc daily multivitamins/iron oral tablet</i>	Preferred	
<i>sm multiple vitamins/iron oral tablet</i>	Preferred	
<i>stress b complex/iron oral tablet</i>	Preferred	
<i>stress formula/iron oral tablet</i>	Preferred	
<i>tab-a-vite/iron oral tablet</i>	Preferred	
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET (<i>multiple vitamins-iron</i>)	Preferred	
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID*** - DRUGS FOR NUTRITION		
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	Preferred	
*MULTIPLE VITAMINS W/ MINERALS*** - DRUGS FOR NUTRITION		
<i>50+ adult eye health oral capsule</i>	Preferred	
<i>a thru z advanced adult oral tablet</i>	Preferred	
<i>a thru z advanced oral tablet</i>	Preferred	
<i>a thru z high potency oral tablet</i>	Preferred	
<i>a thru z select 50+ advanced oral tablet</i>	Preferred	
<i>a thru z select 50+ mens oral tablet</i>	Preferred	
<i>a thru z select advanced oral tablet</i>	Preferred	
<i>a thru z select oral tablet</i>	Preferred	
<i>a thru z select oral tablet chewable</i>	Preferred	
<i>a thru z select ultimate women oral tablet</i>	Preferred	
<i>a thru z ultimate mens oral tablet</i>	Preferred	
<i>abc complete senior 50+ oral tablet</i>	Preferred	
<i>abc complete senior mens 50+ oral tablet</i>	Preferred	
<i>abc complete senior womens 50+ oral tablet</i>	Preferred	
<i>actical oral capsule</i>	Preferred	
<i>adult one daily gummies oral tablet chewable</i>	Preferred	

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<i>advanced eye health oral capsule</i>	Preferred	
<i>antioxidant a/c/e/selenium oral tablet</i>	Preferred	
<i>antioxidant formula oral tablet</i>	Preferred	
<i>antioxidant formula/minerals oral capsule</i>	Preferred	
<i>antioxidant oral capsule</i>	Preferred	
<i>antioxidant vitamins oral tablet</i>	Preferred	
<i>bariatric multivitamins/iron oral capsule</i>	Preferred	
<i>basic am oral tablet</i>	Preferred	
<i>basic pm oral tablet</i>	Preferred	
<i>biocal oral capsule</i>	Preferred	
<i>biocel oral tablet</i>	Preferred	
<i>body/hair/skin/nails oral capsule</i>	Preferred	
<i>b-plex plus oral tablet</i>	Preferred	
<i>centavite a-z complete-mineral oral tablet</i>	Preferred	
<i>centravites 50 plus oral tablet</i>	Preferred	
<i>centravites adults oral tablet</i>	Preferred	
<i>centravites oral tablet</i>	Preferred	
<i>century mature oral tablet</i>	Preferred	
<i>century oral tablet</i>	Preferred	
<i>companion oral tablet</i>	Preferred	
<i>complete multivitamin/mineral oral liquid</i>	Preferred	QL (1 ML per 1 day)
<i>coral calcium plus oral capsule</i>	Preferred	
<i>cvs adult 50+ eye health oral capsule</i>	Preferred	
<i>cvs daily gummies adult oral tablet chewable</i>	Preferred	
<i>cvs daily gummies oral tablet chewable</i>	Preferred	
<i>cvs daily multiple for men oral tablet</i>	Preferred	
<i>cvs daily multiple women 50+ oral tablet</i>	Preferred	
<i>cvs diabetes health support oral</i>	Preferred	
<i>cvs eye health & lutein oral tablet</i>	Preferred	
<i>cvs eye health adult 50+ oral capsule</i>	Preferred	
<i>cvs immune support vitamin c oral packet</i>	Preferred	
<i>cvs mens daily gummies oral tablet chewable</i>	Preferred	
<i>cvs one daily essential oral tablet</i>	Preferred	
<i>cvs one daily mens 50+ adv oral tablet</i>	Preferred	
<i>cvs one daily mens formula oral tablet</i>	Preferred	
<i>cvs one daily womens 50+ adv oral tablet</i>	Preferred	
<i>cvs one daily womens formula oral tablet</i>	Preferred	
<i>cvs spectravite adult 50+ oral tablet</i>	Preferred	
<i>cvs spectravite adult 50+ oral tablet chewable</i>	Preferred	
<i>cvs spectravite adults oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs spectravite advanced oral tablet</i>	Preferred	
<i>cvs spectravite men 50+ oral tablet</i>	Preferred	
<i>cvs spectravite men oral tablet</i>	Preferred	
<i>cvs spectravite senior oral tablet</i>	Preferred	
<i>cvs spectravite ultra men 50+ oral tablet</i>	Preferred	
<i>cvs spectravite ultra mens oral tablet</i>	Preferred	
<i>cvs spectravite ultra women oral tablet</i>	Preferred	
<i>cvs spectravite women 50+ oral tablet</i>	Preferred	
<i>cvs spectravite women oral tablet</i>	Preferred	
<i>cvs spectravite women oral tablet chewable</i>	Preferred	
<i>cvs spectravite womens senior oral tablet</i>	Preferred	
<i>cvs vision health oral capsule</i>	Preferred	
<i>cvs womens active daily oral tablet</i>	Preferred	
<i>cvs womens daily gummies oral tablet chewable</i>	Preferred	
<i>daily betic oral tablet</i>	Preferred	
<i>daily combo multi vitamins oral tablet</i>	Preferred	
<i>daily heart health support oral</i>	Preferred	
<i>daily multiple vitamins/min oral tablet</i>	Preferred	
<i>daily multivitamin oral capsule</i>	Preferred	
<i>dekas bariatric oral tablet chewable</i>	Preferred	
<i>diabetes health formula oral tablet</i>	Preferred	
<i>dialyvite 800/ultra d oral tablet</i>	Preferred	
<i>eq complete multivit adult 50+ oral tablet</i>	Preferred	
<i>eq complete multivitamin-adult oral tablet</i>	Preferred	
<i>eq multivitamins adult gummy oral tablet chewable</i>	Preferred	
<i>eq one daily mens 50+ oral tablet</i>	Preferred	
<i>eq one daily mens health oral tablet</i>	Preferred	
<i>eq one daily womens health oral tablet</i>	Preferred	
<i>eq vision formula 50+ oral capsule</i>	Preferred	
<i>eql air protector oral tablet effervescent</i>	Preferred	
<i>eql century mature adults 50+ oral tablet</i>	Preferred	
<i>eql century mature men 50+ oral tablet</i>	Preferred	
<i>eql century mature oral tablet</i>	Preferred	
<i>eql century mature women 50+ oral tablet</i>	Preferred	
<i>eql century mens oral tablet</i>	Preferred	
<i>eql century oral tablet</i>	Preferred	
<i>eql century womens oral tablet</i>	Preferred	
<i>eql one daily adult gummies oral tablet chewable</i>	Preferred	
<i>eql one daily mens 50+ advance oral tablet</i>	Preferred	
<i>eql one daily mens health oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>eql one daily mens oral tablet</i>	Preferred	
<i>eql one daily womens 50+ adv oral tablet</i>	Preferred	
<i>eql vision formula oral tablet</i>	Preferred	
<i>essential balance oral tablet</i>	Preferred	
<i>eye health + lutein oral tablet</i>	Preferred	
<i>eye health oral capsule</i>	Preferred	
<i>eye multivitamin/sodium oral tablet</i>	Preferred	
<i>freedavite oral tablet</i>	Preferred	
<i>genadek step 1 oral capsule</i>	Preferred	
<i>genadek step 2 oral capsule</i>	Preferred	
<i>geri-freeda senior formula oral tablet</i>	Preferred	
<i>gerivite complete oral tablet</i>	Preferred	
<i>glucoten oral capsule</i>	Preferred	
<i>gnp century mature women's 50+ oral tablet</i>	Preferred	
<i>gnp hair/skin/nails oral tablet</i>	Preferred	
<i>gnp healthy eyes oral tablet</i>	Preferred	
<i>gnp healthy eyes supervision 2 oral capsule</i>	Preferred	
<i>gnp immune support oral packet</i>	Preferred	
<i>gnp immune support oral tablet effervescent</i>	Preferred	
<i>gnp mega multi for men oral tablet</i>	Preferred	
<i>gnp mega multi for women oral tablet</i>	Preferred	
<i>gnp one daily mens health 50+ oral tablet</i>	Preferred	
<i>gnp one daily mens/lycopene oral tablet</i>	Preferred	
<i>gnp one daily womens 50+ oral tablet</i>	Preferred	
<i>gnp one daily womens oral tablet</i>	Preferred	
<i>gnp therapeutic-m oral tablet</i>	Preferred	
<i>hair skin & nails advanced oral tablet</i>	Preferred	
<i>hair skin and nails formula oral tablet</i>	Preferred	
<i>hair skin nails oral capsule</i>	Preferred	
<i>hair/skin/nails oral capsule</i>	Preferred	
<i>hair/skin/nails oral tablet</i>	Preferred	
<i>healthy eyes oral tablet</i>	Preferred	
<i>healthy eyes supervision 2 oral capsule</i>	Preferred	
<i>healthy eyes/lutein-zeaxanthin oral capsule</i>	Preferred	
<i>high potency multivit/fa oral tablet</i>	Preferred	
<i>hi-kovite 2-part formula oral tablet</i>	Preferred	
<i>hm complete men oral tablet</i>	Preferred	
<i>hm complete women oral tablet</i>	Preferred	
<i>hm womens 50+ advanced daily oral tablet</i>	Preferred	
<i>hylazinc oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>immune support oral tablet chewable</i>	Preferred	
<i>i-vite oral tablet</i>	Preferred	
<i>kp adults 50+ daily formula oral tablet</i>	Preferred	
<i>kp adults daily formula oral tablet</i>	Preferred	
<i>kp mens 50+ daily formula oral tablet</i>	Preferred	
<i>kp mens daily formula oral tablet</i>	Preferred	
<i>kp mens daily pack oral</i>	Preferred	
<i>kp womens 50+ daily formula oral tablet</i>	Preferred	
<i>kp womens daily formula oral tablet</i>	Preferred	
<i>kp womens daily oral</i>	Preferred	
<i>liver detox oral tablet</i>	Preferred	
<i>lutein-zeaxanthin oral tablet</i>	Preferred	
<i>maximum daily green oral tablet</i>	Preferred	
<i>mega multi for women oral tablet</i>	Preferred	
<i>mega-marathon 100 tr oral tablet extended release</i>	Preferred	
<i>megavite fruits & veggies oral tablet</i>	Preferred	
<i>megavite golden years 55+ oral tablet</i>	Preferred	
<i>meijer advanced formula oral tablet</i>	Preferred	
<i>mens 50+ advanced oral capsule</i>	Preferred	
<i>mens 50+ multivitamin oral tablet</i>	Preferred	
<i>mens daily formula/lycopene oral capsule</i>	Preferred	
<i>mens daily pack oral packet</i>	Preferred	
<i>mens multivitamin oral tablet</i>	Preferred	
<i>mens multivitamin oral tablet chewable</i>	Preferred	
<i>multi + omega-3 adult gummies oral tablet chewable</i>	Preferred	
<i>multi adult gummies oral tablet chewable</i>	Preferred	
<i>multi complete/iron oral tablet</i>	Preferred	
<i>multi for her 50+ oral capsule</i>	Preferred	
<i>multi for her 50+ oral tablet</i>	Preferred	
<i>multi for her oral capsule</i>	Preferred	
<i>multi for her oral packet</i>	Preferred	
<i>multi for her oral tablet</i>	Preferred	
<i>multi for him 50+ oral tablet</i>	Preferred	
<i>multi vitamin/minerals oral tablet</i>	Preferred	
<i>multiple vit/minerals/no iron oral tablet</i>	Preferred	
<i>multiple vitamins/womens oral tablet</i>	Preferred	
<i>multivit/multimineral adult oral liquid</i>	Preferred	QL (1 ML per 1 day)
<i>multivitamin & mineral oral liquid</i>	Preferred	QL (1 ML per 1 day)
<i>multivitamin adult (minerals) oral tablet</i>	Preferred	
<i>multivitamin adults 50+ oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>multivitamin adults oral tablet</i>	Preferred	
<i>multivitamin gummies adult oral tablet chewable</i>	Preferred	
<i>multivitamin gummies mens oral tablet chewable</i>	Preferred	
<i>multi-vitamin gummies oral tablet chewable</i>	Preferred	
<i>multivitamin gummies womens oral tablet chewable</i>	Preferred	
<i>multivitamin men 50+ oral tablet</i>	Preferred	
<i>multivitamin men oral tablet</i>	Preferred	
<i>multi-vitamin monocaps oral tablet</i>	Preferred	
<i>multivitamin oral liquid</i>	Preferred	QL (1 ML per 1 day)
<i>multivitamin women 50+ oral tablet</i>	Preferred	
<i>multivitamin women oral tablet</i>	Preferred	
<i>multivitamin womens 50+ adv oral tablet</i>	Preferred	
<i>multi-vitamin/minerals oral tablet</i>	Preferred	
<i>multivitamin/zinc stress oral tablet</i>	Preferred	
<i>multivitamin-minerals oral tablet</i>	Preferred	
<i>multi-vite oral liquid</i>	Preferred	QL (1 ML per 1 day)
<i>myamulti oral tablet</i>	Preferred	
<i>nat-rul theravite-m oral tablet</i>	Preferred	
<i>natrul-vites oral tablet</i>	Preferred	
<i>no iron mult vitamin-minerals oral tablet</i>	Preferred	
<i>ocular vitamins oral tablet</i>	Preferred	
<i>ocutabs oral tablet</i>	Preferred	
<i>ocutabs-lutein oral tablet</i>	Preferred	
<i>one daily 50 plus oral tablet</i>	Preferred	
<i>one daily calcium/iron oral tablet</i>	Preferred	
<i>one daily complete for men oral tablet</i>	Preferred	
<i>one daily complete oral tablet</i>	Preferred	
<i>one daily for men 50+ advanced oral tablet</i>	Preferred	
<i>one daily for men/lycopene oral tablet</i>	Preferred	
<i>one daily for women 50+ adv oral tablet</i>	Preferred	
<i>one daily for women oral tablet</i>	Preferred	
<i>one daily healthy weight adv oral tablet</i>	Preferred	
<i>one daily healthy weight oral tablet</i>	Preferred	
<i>one daily maximum oral tablet</i>	Preferred	
<i>one daily men formula w/o iron oral tablet</i>	Preferred	
<i>one daily mens 50+ multivit oral tablet</i>	Preferred	
<i>one daily mens 50+/lycopene oral tablet</i>	Preferred	
<i>one daily mens health oral tablet</i>	Preferred	
<i>one daily mens oral tablet</i>	Preferred	
<i>one daily multivit/iron-free oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>one daily multivitamin men oral tablet</i>	Preferred	
<i>one daily multivitamin women oral tablet</i>	Preferred	
<i>one daily womens 50 plus oral tablet</i>	Preferred	
<i>one daily womens 50+ oral tablet</i>	Preferred	
<i>one daily womens oral tablet</i>	Preferred	
<i>one daily/minerals oral tablet</i>	Preferred	
<i>one-daily multi caps oral capsule</i>	Preferred	
<i>one-daily multi-vit/mineral oral tablet</i>	Preferred	
<i>optic-vites oral tablet</i>	Preferred	
<i>optic-vites with lutein oral tablet</i>	Preferred	
<i>optimum airvites oral tablet chewable</i>	Preferred	
<i>optimum pms oral tablet</i>	Preferred	
<i>parvlex oral tablet</i>	Preferred	
<i>prevent oral capsule</i>	Preferred	
<i>qc daily multivit/multimineral oral tablet</i>	Preferred	
<i>qc hair skin & nails oral tablet</i>	Preferred	
<i>qc mens daily multivitamin oral tablet</i>	Preferred	
<i>qc multi-vite 50 & 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	
<i>quin b strong oral tablet</i>	Preferred	
<i>quintabs-m oral tablet</i>	Preferred	
<i>ra central-vite mens mature oral tablet</i>	Preferred	
<i>ra central-vite womens mature oral tablet</i>	Preferred	
<i>ra one daily maximum oral tablet</i>	Preferred	
<i>ra one daily mens 50+ w/vit d3 oral tablet</i>	Preferred	
<i>ra one daily mens multi oral tablet</i>	Preferred	
<i>ra one daily mens/vit d-3 oral tablet</i>	Preferred	
<i>senior tabs oral tablet</i>	Preferred	
<i>sentry oral tablet</i>	Preferred	
<i>sentry senior oral tablet</i>	Preferred	
<i>sentry senior/lutein oral tablet</i>	Preferred	
<i>skin beauty & wellness oral packet</i>	Preferred	
<i>sm antioxidant vitamins oral tablet</i>	Preferred	
<i>sm complete 50+ oral tablet</i>	Preferred	
<i>sm complete 50+ ultimate mens oral tablet</i>	Preferred	
<i>sm complete 50+ ultimate women oral tablet</i>	Preferred	
<i>sm complete advanced formula oral tablet</i>	Preferred	
<i>sm complete oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>sm complete senior formula oral tablet</i>	Preferred	
<i>sm daily diet support oral tablet</i>	Preferred	
<i>sm hair/skin/nails oral tablet</i>	Preferred	
<i>sm one daily mens oral tablet</i>	Preferred	
<i>sm one daily womens oral tablet</i>	Preferred	
<i>sm opti-vitamins oral tablet</i>	Preferred	
<i>solo oral tablet</i>	Preferred	
<i>stress b complex/antioxid/zinc oral tablet</i>	Preferred	
<i>super antioxidant oral capsule</i>	Preferred	
<i>super antioxidants protector oral capsule</i>	Preferred	
<i>super aytinal 50 plus oral tablet</i>	Preferred	
<i>super aytinal oral tablet</i>	Preferred	
<i>super multiple oral tablet</i>	Preferred	
<i>super natrul-100 oral tablet extended release</i>	Preferred	
<i>super thera vite m oral tablet</i>	Preferred	
<i>super vita-mins oral tablet</i>	Preferred	
<i>superior 35 oral tablet extended release</i>	Preferred	
<i>support oral liquid</i>	Preferred	QL (1 ML per 1 day)
<i>thera vital m oral tablet</i>	Preferred	
<i>thera vital-m oral tablet</i>	Preferred	
<i>therabasic-m oral tablet</i>	Preferred	
<i>therapeutic formula/hematinics oral tablet</i>	Preferred	
<i>therapeutic-m oral tablet</i>	Preferred	
<i>therapeutic-m/lutein oral tablet</i>	Preferred	
<i>thera-tabs m oral tablet</i>	Preferred	
<i>totalday multiple oral tablet extended release</i>	Preferred	
<i>tropical liquid nutrition oral liquid</i>	Preferred	QL (1 ML per 1 day)
<i>t-vites oral tablet</i>	Preferred	
<i>ultra freedda oral tablet</i>	Preferred	
<i>ultra freedda/iron oral tablet</i>	Preferred	
<i>ultra multi formula/iron oral capsule</i>	Preferred	
<i>ultra-mega oral tablet extended release</i>	Preferred	
<i>v-c forte oral capsule</i>	Preferred	
<i>vision formula 2 oral capsule</i>	Preferred	
<i>vision formula/lutein oral tablet</i>	Preferred	
<i>vision health oral capsule</i>	Preferred	
<i>vision plus oral capsule</i>	Preferred	
<i>vision vitamins oral tablet</i>	Preferred	
<i>vita hair oral tablet</i>	Preferred	
<i>vitabasic complete oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>vitabasic senior oral tablet</i>	Preferred	
<i>vitabex oral capsule</i>	Preferred	
<i>vitabex plus oral capsule</i>	Preferred	
<i>vitachew adult multi vitamin oral tablet chewable</i>	Preferred	
<i>vitamin c effervescent blend oral packet</i>	Preferred	
<i>vitamin d3 complete oral tablet</i>	Preferred	
<i>vita-min oral capsule</i>	Preferred	
<i>vitamins a-d-e/selenium oral tablet</i>	Preferred	
<i>vitatrum oral tablet</i>	Preferred	
<i>vitatrum oral tablet chewable</i>	Preferred	
<i>vitrum 50+ adult-multi oral tablet</i>	Preferred	
<i>vitrum 50+ senior multi oral tablet</i>	Preferred	
<i>womens 50+ advanced oral capsule</i>	Preferred	
<i>womens 50+ multi vitamin oral tablet</i>	Preferred	
<i>womens daily form/fa/ca/fe oral tablet</i>	Preferred	
<i>womens daily formula oral tablet</i>	Preferred	
<i>womens daily pack oral packet</i>	Preferred	
<i>womens multi gummies oral tablet chewable</i>	Preferred	
<i>womens multi oral capsule</i>	Preferred	
<i>womens multivitamin + collagen oral tablet chewable</i>	Preferred	
<i>womens multivitamin oral tablet</i>	Preferred	
ACTIVESENTIALS FOR WOMEN ORAL (<i>multiple vitamins-minerals</i>)	Preferred	
ACTIVESENTIALS ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
ACTIVESENTIALS/ONCOPLEX & D3 ORAL (<i>multiple vitamins-minerals</i>)	Preferred	
ACTIVNUTRIENTS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
ACTIVNUTRIENTS W/O IRON ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ADVANCED MULTI EA ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
AIRBORNE GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
AIRBORNE KIDS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
AIRBORNE ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
AIRBORNE ORAL TABLET EFFERVESCENT (<i>multiple vitamins-minerals</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE ENERGY 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE EVERYDAY IMMUNE HEALTH ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE MENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE MULTI-VITAMIN ORAL LIQUID (<i>multiple vitamins-minerals</i>)	Preferred	QL (1 ML per 1 day)
ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE ONCE DAILY WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE WOMENS ENERGY ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
AMORYN MOOD BOOSTER ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
APETIBEX ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
APPE-CURB ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
ATP IGNITE ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
BACMIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
BARIATRIC FUSION ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
BEROCCA ORAL TABLET EFFERVESCENT (<i>multiple vitamins-minerals</i>)	Preferred	
BIO-35 GLUTEN-FREE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
BIO-35 IRON FREE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
BONEUP ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
BPROTECTED MULTI-VITE ORAL LIQUID (<i>multiple vitamins-minerals</i>)	Preferred	QL (1 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
BURIED TREASURE ACTIVE 55 PLUS ORAL LIQUID (<i>multiple vitamins-minerals</i>)	Preferred	QL (1 ML per 1 day)
CELEBRATE MULTI-COMPLETE 18 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
CELEBRATE MULTI-COMPLETE 18 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CELEBRATE MULTI-COMPLETE 36 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
CELEBRATE MULTI-COMPLETE 36 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CELEBRATE MULTI-COMPLETE 45 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
CELEBRATE MULTI-COMPLETE 45 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CELEBRATE MULTI-COMPLETE 60 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
CELEBRATE MULTI-COMPLETE 60 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM ADULTS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM CARDIO ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM FLAVOR BURST DRINK ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM MEN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM MINIS WOMEN 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM SILVER ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM SILVER ULTRA WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM SPECIALIST HEART ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM SPECIALIST IMMUNE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM SPECIALIST VISION ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	

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
CENTRUM ULTRA WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CENTRUM VITAMINTS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CEROVITE SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CERTA-VITE ORAL LIQUID (<i>multiple vitamins-minerals</i>)	Preferred	QL (1 ML per 1 day)
CERTAVITE SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CERTAVITE/ANTIOXIDANTS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CHOICEFUL MULTIVITAMIN ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
COMPETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CONCEPTIONXR MOTILITY SUPPORT ORAL (<i>multiple vitamins-minerals</i>)	Preferred	
CORVITA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CVS AIRSHIELD FORMULA ORAL TABLET EFFERVESCENT (<i>multiple vitamins-minerals</i>)	Preferred	
CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
CVS AIRSHIELD ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
DAILY PAK MAXIMUM MULTIVITAMIN ORAL (<i>multiple vitamins-minerals</i>)	Preferred	
DECUBI-VITE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
DEKAS PLUS CAPSULE ORAL (<i>multiple vitamins-minerals</i>)	Preferred	CSHCS coverage only
DEKAS PLUS OCEAN ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
DEKAS PLUS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
DEKAS PLUS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
DEKAS PLUS TABLET CHEWABLE ORAL (<i>multiple vitamins-minerals</i>)	Preferred	CSHCS coverage only
DERMAVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
DIABETES HEALTH ORAL (<i>multiple vitamins-minerals</i>)	Preferred	
DIALYVITE SUPREME D ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
DIALYVITE SUPREME D TABLET ORAL (<i>multiple vitamins-minerals</i>)	Preferred	CSHCS coverage only

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
DRY EYE FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C BLUE ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C FIVE ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C HEART HEALTH ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C IMMUNE ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C IMMUNE PLUS ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C IMMUNE PLUS/VIT D ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C IMMUNE+WARMERS ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C JOINT HEALTH ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C KIDZ ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C MSM LITE ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C PINK ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C SUPER FRUIT ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C VITAMIN C LITE ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C VITAMIN C ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
EMERGEN-C VITAMIN D/CALCIUM ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
ENDUR-VM ORAL TABLET EXTENDED RELEASE (<i>multiple vitamins-minerals</i>)	Preferred	
ENDUR-VM WITH IRON ORAL TABLET EXTENDED RELEASE (<i>multiple vitamins-minerals</i>)	Preferred	
ENERGY BOOSTER ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EQ ONE DAILY WOMENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ESSENTIA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
EVOLUTION60 ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
EYE VITAMINS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
EYE-VITES ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
FITNESS TABS FOR MEN AM/PM ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	

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

Drug Name	Formulary Status	Requirements/Limits
FITNESS TABS FOR WOMEN AM/PM ORAL TABLET (<i>multiple vitamins-minerals</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	
IMMUBLAST-C ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
IMMUNE ESSENTIALS DAILY ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
KP VISION FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
KP VISION FORMULA/LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
LIFE PACK MENS ORAL (<i>multiple vitamins-minerals</i>)	Preferred	
LIFE PACK WOMENS ORAL (<i>multiple vitamins-minerals</i>)	Preferred	
LYSIPLEX PLUS ORAL LIQUID (<i>multiple vitamins-minerals</i>)	Preferred	QL (1 ML per 1 day)
<i>multiple vitamins-minerals</i> (Lysiplex Plus Oral Tablet)	Preferred	
MACULAR HEALTH FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
MACUVITE EYE CARE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
MACUVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
MACUVITE/LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
MAXIMIN PACK ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
MEGA MULTI MEN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
MENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
MENS PACK ORAL (<i>multiple vitamins-minerals</i>)	Preferred	
MOOD FOOD ES ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
MOOD FOOD ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
MULTI COMPLETE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
MULTI FOR HIM ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
MULTI FOR HIM ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
MULTI FOR HIM ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
MVW COMPLETE FORMULATION CAPSULE ORAL (<i>multiple vitamins-minerals</i>)	Preferred	CSHCS coverage only
MVW COMPLETE FORMULATION D3000 CAPSULE ORAL (<i>multiple vitamins-minerals</i>)	Preferred	CSHCS coverage only
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	

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

Drug Name	Formulary Status	Requirements/Limits
MVW COMPLETE FORMULATION D5000 CAPSULE ORAL (<i>multiple vitamins-minerals</i>)	Preferred	CSHCS coverage only
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
MVW COMPLETE FORMULATION MINIS CAPSULE ORAL (<i>multiple vitamins-minerals</i>)	Preferred	CSHCS coverage only
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
MVW COMPLETE FORMULATION ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
MVW MODULATOR FORMULATION MINI ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
MVW MODULATOR FORMULATION ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
NUTRICAP ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
<i>multiple vitamins-minerals</i> (Nutrifac Zx Oral Tablet)	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 HEATLH GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
OCUVITE-LUTEIN ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
OCUVITE-LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONCOVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE A DAY IMMUNITY DEFENSE ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY ENERGY ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ONE-A-DAY MENS (MINERALS) ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY MENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY MENS PRO EDGE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY PROACTIVE 65+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY WOMENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
OPURITY ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
OSTEOPRIME PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
OSTEOPRIME ULTRA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
PHYTOMULTI ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
PREMIUM PACKETS ORAL (<i>multiple vitamins-minerals</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	

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Drug Name	Formulary Status	Requirements/Limits
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
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	
PRO-CAL ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
PROCERV HP ORAL TABLET (<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 TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
PROTECT CARDIO AF ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
PROTECT PLUS SO ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
PROTEGRA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
PROVIT ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
PROXEED PLUS ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
QC OCUHEALTH VISION SUPPORT 2 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
RA CENTRAL-VITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
RA ESSENCE-C ORAL PACKET (<i>multiple vitamins-minerals</i>)	Preferred	
RENAPLEX ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
RENAPLEX-D ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
SPECTRAVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
STRESSTABS ADVANCED ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
SUPPORT-500 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
SYSTANE ICAPS AREDS2 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
SYSTANE ICAPS AREDS2 ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
THERADEX M ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
THERADEX M/BETA CAROTENE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
THERAGRAN-M ADVANCED ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
THERAGRAN-M ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
THERAGRAN-M PREMIER ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
THERAMILL FORTE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
THERANATAL LACTATION COMPLETE ORAL (<i>multiple vitamins-minerals</i>)	Preferred	
THERANATAL LACTATION ONE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
THERATRUM COMPLETE 50 PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
THERATRUM COMPLETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
THRIVE FOR LIFE WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
UDAMIN SP ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ULTRA BONEUP ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ULTRA MEGA GOLD ORAL TABLET EXTENDED RELEASE (<i>multiple vitamins-minerals</i>)	Preferred	
ULTRA MEGA ORAL TABLET EXTENDED RELEASE (<i>multiple vitamins-minerals</i>)	Preferred	
ULTRA MEGA TWO ORAL TABLET EXTENDED RELEASE (<i>multiple vitamins-minerals</i>)	Preferred	
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
ULTRACHOICE ADVANCED FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
<i>multiple vitamins-minerals</i> (Vic-Forte Oral Capsule)	Preferred	
VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
<i>multiple vitamins-minerals</i> (Vita S Forte Oral Tablet)	Preferred	
<i>multiple vitamins-minerals</i> (Vitacel Oral Tablet)	Preferred	
VITASANA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
VITATRUM COMPLETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
VITEYES CLASSIC ADVANCED ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
VITEYES CLASSIC MACULAR SUPPOR ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
VITEYES CLASSIC+OMEGA-3 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
VITEYES COMPLETE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	
VITEYES OPTIC NERVE SUPPORT ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
VITREXATE FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
VITREXATE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
VITREXYL + IRON ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
VITREXYL ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
VITRUM SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
WAL-BORN VITAMIN C ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
WOMENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
WOMENS PACK ORAL (<i>multiple vitamins-minerals</i>)	Preferred	
YELETS TEENAGE FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
YUMVS MULTI ZERO ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
YUMVS ZERO DIABETIC MULTIVITAM ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	
*MULTIVITAMINS*** - DRUGS FOR NUTRITION		
<i>antioxidant formula oral capsule 250-10000-200</i>	Preferred	
<i>anti-oxidant oral tablet</i>	Preferred	
<i>daily multiple vitamins oral tablet</i>	Preferred	
<i>daily value multivitamin oral tablet</i>	Preferred	
<i>daily vitamins oral tablet</i>	Preferred	
<i>daily vite oral tablet</i>	Preferred	
<i>daily vites oral tablet</i>	Preferred	
<i>daily-vite multivitamin oral tablet</i>	Preferred	
<i>daily-vite oral tablet</i>	Preferred	
<i>dekas essential capsule oral</i>	Preferred	CSHCS coverage only
<i>dekas essential liquid oral</i>	Preferred	CSHCS coverage only
<i>dekas essential oral capsule</i>	Preferred	
<i>dekas essential oral liquid</i>	Preferred	
<i>gnp essential one daily oral tablet</i>	Preferred	
<i>healthy hair/skin/nails oral tablet</i>	Preferred	
<i>high potency multivitamin oral tablet</i>	Preferred	
<i>multi vitamin oral tablet</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>multi vitamin w/d-3 oral tablet</i>	Preferred	
<i>multiple vitamin-folic acid oral tablet</i>	Preferred	
<i>multiple vitamins essential oral tablet</i>	Preferred	
<i>multiple vitamins oral tablet</i>	Preferred	
<i>multivitamin adult oral tablet</i>	Preferred	
<i>multivitamin iron-free oral tablet</i>	Preferred	
<i>multivitamin oral tablet</i>	Preferred	
<i>multi-vitamin oral tablet</i>	Preferred	
<i>multivitamin+ oral liquid</i>	Preferred	
<i>multi-vitamins oral tablet</i>	Preferred	
<i>mv-one oral capsule</i>	Preferred	
<i>novite oral capsule</i>	Preferred	
<i>omnicap oral tablet</i>	Preferred	
<i>once daily oral tablet</i>	Preferred	
<i>one daily multivitamin adult oral tablet</i>	Preferred	
<i>one daily oral tablet</i>	Preferred	
<i>one-daily multi vitamins oral tablet</i>	Preferred	
<i>one-daily multi-vitamin oral tablet</i>	Preferred	
<i>qc essentials oral tablet</i>	Preferred	
<i>quintabs oral tablet</i>	Preferred	
<i>sm multiple vitamins essential oral tablet</i>	Preferred	
<i>stress formula oral tablet</i>	Preferred	
<i>thera-tabs oral tablet</i>	Preferred	
<i>vit e-vit c-beta carotene oral tablet 200-250-5000</i>	Preferred	
<i>vitalee oral tablet</i>	Preferred	
CHLOROCAPS ORAL CAPSULE (<i>multiple vitamin</i>)	Preferred	
ESTROFACTORS ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
MOMMY'S BLISS MV ORGANIC DROPS ORAL LIQUID (<i>multiple vitamin</i>)	Preferred	
NEOMULTIVITE ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
ONE DAILY ESSENTIAL ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
ONE VITE DAILY MULTIVITAMIN ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
ONE-A-DAY ESSENTIAL ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
ONE-A-DAY MENS ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
STRESSTABS ENERGY ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
TAB-A-VITE ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
TAB-A-VITE/BETA CAROTENE ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
THERA ORAL TABLET (<i>multiple vitamin</i>)	Preferred	
THEREMS ORAL TABLET (<i>multiple vitamin</i>)	Preferred	

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

Drug Name	Formulary Status	Requirements/Limits
VITEYES CLASSIC ZINC FREE ORAL CAPSULE (<i>multiple vitamin</i>)	Preferred	
ZELDANA ORAL CAPSULE (<i>multiple vitamin</i>)	Preferred	
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Preferred	QL (2 ML per 1 day); AGE (Max 12 Years)
*PED MULTIPLE VITAMINS W/ MINERALS*** - DRUGS FOR NUTRITION		
<i>childrens gummies oral tablet chewable</i>	Preferred	
<i>cvs gummy dinos oral tablet chewable</i>	Preferred	
<i>cvs gummy multivitamin kids oral tablet chewable</i>	Preferred	
<i>eq multivitamin gummies oral tablet chewable</i>	Preferred	
<i>eq multivitamins gummy child oral tablet chewable</i>	Preferred	
<i>eql gummies childrens oral tablet chewable</i>	Preferred	
<i>genadek oral liquid</i>	Preferred	
<i>gnp multi childrens oral tablet chewable</i>	Preferred	
<i>healthy kids gummies oral tablet chewable</i>	Preferred	
<i>just 4 kidz multivit/probiotic oral tablet chewable</i>	Preferred	
<i>multivitamin childrens gummies oral tablet chewable</i>	Preferred	
<i>multivit-min gummies childrens oral tablet chewable</i>	Preferred	
<i>mvw hi-d drops w/extra vit d oral liquid</i>	Preferred	
<i>upspringbaby multivitamin/iron oral liquid</i>	Preferred	
<i>vitachew multiple vitamin oral tablet chewable</i>	Preferred	
ACTIVNUTRIENTS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
CENTRUM KIDS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
DEKAS PLUS LIQUID ORAL (<i>pediatric multivit-minerals</i>)	Preferred	CSHCS coverage only
DEKAS PLUS ORAL LIQUID (<i>pediatric multivit-minerals</i>)	Preferred	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
FLINTSTONES TODDLER ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
MVW COMPLETE FORMULATION D3000 TABLET CHEWABLE ORAL (<i>pediatric multivit-minerals</i>)	Preferred	CSHCS coverage only
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
MVW COMPLETE FORMULATION ORAL SOLUTION (<i>pediatric multivit-minerals</i>)	Preferred	
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
MVW COMPLETE FORMULATION SOLUTION ORAL (<i>pediatric multivit-minerals</i>)	Preferred	CSHCS coverage only
MVW COMPLETE FORMULATION TABLET CHEWABLE ORAL (<i>pediatric multivit-minerals</i>)	Preferred	CSHCS coverage only
NANOVM 1-3 YEARS POWDER ORAL (<i>pediatric multivit-minerals</i>)	Preferred	CSHCS coverage only
NANOVM 4-8 YEARS POWDER ORAL (<i>pediatric multivit-minerals</i>)	Preferred	CSHCS coverage only
NANOVM 9-18 YEARS POWDER ORAL (<i>pediatric multivit-minerals</i>)	Preferred	CSHCS coverage only
NANOVM T/F POWDER ORAL (<i>pediatric multivit-minerals</i>)	Preferred	CSHCS coverage only
SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
UPSPRING BABY IRON-IMMUNITY ORAL LIQUID (<i>pediatric multivit-minerals</i>)	Preferred	
VITALETS CHILDRENS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
YUMVSKIDS MULTI ZERO ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Preferred	
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Preferred	QL (2 ML per 1 day); AGE (Max 12 Years)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
<i>poly-vitamin/fluoride oral solution 0.5 mg/ml</i>	Preferred	QL (2 ML per 1 day); AGE (Max 12 Years)
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	Preferred	QL (2 ML per 1 day); AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	Preferred	QL (1 EA per 1 day); AGE (Max 12 Years)
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	Preferred	QL (2 ML per 1 day); AGE (Max 12 Years)
*PED MV W/ IRON*** - DRUGS FOR NUTRITION		
<i>fruity chews/iron oral tablet chewable</i>	Preferred	QL (1 EA per 1 day)
<i>gnp childrens chewables/iron oral tablet chewable 15 mg</i>	Preferred	QL (1 EA per 1 day)
<i>multiple vitamins-iron oral tablet chewable 15 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc childrens vitamins/iron oral tablet chewable 15 mg</i>	Preferred	QL (1 EA per 1 day)
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG (<i>pediatric multivitamins-iron</i>)	Preferred	QL (1 EA per 1 day)
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	Preferred	QL (2 ML per 1 day); AGE (Max 12 Years)
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	Preferred	QL (2 ML per 1 day); AGE (Max 12 Years)
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Preferred	QL (2 ML per 1 day); AGE (Max 12 Years)
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	Preferred	QL (2 ML per 1 day); AGE (Max 12 Years)
*PEDIATRIC MULTIPLE VITAMINS*** - DRUGS FOR NUTRITION		
<i>childrens chew multivitamin oral tablet chewable</i>	Preferred	
<i>childrens chewable vitamins oral tablet chewable</i>	Preferred	
<i>fruity chews oral tablet chewable</i>	Preferred	
<i>gnp childrens chewables/ex c oral tablet chewable</i>	Preferred	
<i>gnp little ones childrens oral tablet chewable</i>	Preferred	
<i>little animals oral tablet chewable</i>	Preferred	
<i>multivitamin childrens (w/ fa) oral tablet chewable</i>	Preferred	
<i>multivitamin childrens oral tablet chewable</i>	Preferred	
<i>multivitamin infant & toddler oral solution</i>	Preferred	
<i>pc pediatric poly-vitamin drop oral solution</i>	Preferred	
<i>poly-vita oral solution</i>	Preferred	
<i>poly-vite pediatric oral solution</i>	Preferred	
<i>qc childrens vitamins/extra c oral tablet chewable</i>	Preferred	
<i>sm animal shapes kids first oral tablet chewable</i>	Preferred	
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION (<i>pediatric multiple vitamins</i>)	Preferred	
CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	
FLINSTONES MULTIVITAMIN ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	
FLINSTONES PLUS CALCIUM ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	
FLINSTONES/MY FIRST ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	
GERBER GROW MIGHTY ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	
GERBER LIL' BRAINIES ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	
NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID (<i>pediatric multiple vitamins</i>)	Preferred	QL (1 ML per 1 day)
POLY-VI-SOL ORAL SOLUTION (<i>pediatric multiple vitamins</i>)	Preferred	
ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	
*PEDIATRIC VITAMINS A & D W/ C*** - DRUGS FOR NUTRITION		
<i>vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml</i>	Preferred	
<i>vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml</i>	Preferred	
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 (<i>pediatric vitamins adc</i>)	Preferred	
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
<i>classic prenatal oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>completenate oral tablet chewable 29-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>cvs prenatal oral tablet 27-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>eql prenatal formula oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>gnp prenatal oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>masonatal oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>m-natal plus oral tablet 27-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>multi prenatal oral tablet 27-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>neonatal prenatal oral tablet 27-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>one vite womens oral tablet 27-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>one vite womens plus oral tablet 27-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>prenatal 19 oral tablet 29-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>prenatal one daily oral tablet 27-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>prenatal plus oral tablet 27-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>prenatal/iron oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>qc prenatal oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>ra prenatal formula oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>ra prenatal oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>se-natal 19 oral tablet 29-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>sm prenatal vitamins oral tablet 28-0.8 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>thrivite rx oral tablet 29-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
<i>westab plus oral tablet 27-1 mg</i>	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
NIVA-PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
PRENATRIX ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
PRENATRYL ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
RIGHT STEP PRENATAL ORAL TABLET 27-0.8 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)

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Drug Name	Formulary Status	Requirements/Limits
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 12 Years and Max 55 Years)
*SPECIALTY VITAMINS PRODUCTS*** - DRUGS FOR NUTRITION		
<i>a thru z advantage oral tablet</i>	Preferred	
<i>adrenal stress calm oral tablet</i>	Preferred	
<i>biotin plus keratin oral tablet 10000-100 mcg-mg</i>	Preferred	
<i>brain might/dha & co q10 oral tablet</i>	Preferred	
<i>cvs hair/skin/nails oral tablet</i>	Preferred	
<i>cvs menopause support oral tablet</i>	Preferred	
<i>hair nourishing supplement oral tablet</i>	Preferred	
<i>healthy heart complex oral tablet</i>	Preferred	
<i>ra ear care oral tablet</i>	Preferred	
<i>ultimate fat burner oral tablet</i>	Preferred	
<i>urosex oral tablet</i>	Preferred	
<i>varisan vitality oral tablet</i>	Preferred	
<i>vitamins for hair oral tablet</i>	Preferred	
<i>weight loss daily multi oral tablet</i>	Preferred	
ALLERWELL ALLERGY FORMULA ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
CENTRUM PERFORMANCE ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
CENTRUM SPECIALIST ENERGY ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
ELON MATRIX 5000 COMPLETE ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
ELON MATRIX 5000 ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
ELON MATRIX COMPLETE ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
ELON MATRIX PLUS ORAL TABLET 3000-50-100 MCG-MG-MG (<i>specialty vitamins products</i>)	Preferred	
ELON R3 ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
HEART TABS ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
LIPIDSHIELD PLUS ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
MG PLUS PROTEIN ORAL TABLET 133 MG (<i>specialty vitamins products</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
MIL ADREGEN ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
UPSPRING HE NATAL ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	
*VITAMINS A & D*** - DRUGS FOR NUTRITION		
<i>ra cod liver oil oral capsule 1250-133 unit</i>	Preferred	
<i>vitamin a & d oral capsule 8000-400 unit</i>	Preferred	
<i>vitamins a & d oral capsule 5000-400 unit</i>	Preferred	
<i>yl natural vitamin a & d oral capsule 1250-135 unit</i>	Preferred	
*VITAMINS W/ LIPOTROPICS*** - DRUGS FOR NUTRITION		
<i>b complex (lipotropics) oral tablet</i>	Preferred	
<i>b complex formula 1 (lipotrop) oral tablet</i>	Preferred	
<i>balance b-100 oral tablet</i>	Preferred	
<i>balanced b-50 complex oral tablet</i>	Preferred	
<i>cvs inner ear plus oral tablet</i>	Preferred	
<i>ear health formula oral tablet</i>	Preferred	
<i>ear health plus oral tablet</i>	Preferred	
<i>mega multiple/chelated mineral oral tablet</i>	Preferred	
<i>nat-rul b-50 oral tablet</i>	Preferred	
<i>risanoid plus oral tablet</i>	Preferred	
<i>ultra b-100 complex oral tablet</i>	Preferred	
ACTIFLOVIT EAR HEALTH ORAL TABLET (<i>vitamins-lipotropics</i>)	Preferred	
CVS BALANCED B50 ORAL TABLET (<i>vitamins-lipotropics</i>)	Preferred	
LIPO FLAVONOID PLUS ORAL TABLET (<i>vitamins-lipotropics</i>)	Preferred	
LIPOFLAVOVIT ORAL TABLET (<i>vitamins-lipotropics</i>)	Preferred	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>baclofen oral solution 5 mg/5ml</i>	Preferred	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Preferred	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 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	
<i>cyclobenzaprine hcl (Fexmid Oral Tablet 7.5 Mg)</i>	Preferred	
<i>baclofen oral suspension 25 mg/5ml</i>	Non Preferred	PA
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	Non Preferred	PA
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Non Preferred	PA
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	Non Preferred	PA
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	Non Preferred	PA
<i>cyclobenzaprine hcl</i> (Fexmid Tablet 7.5 Mg Oral)	Non Preferred	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	Non Preferred	PA
<i>chlorzoxazone</i> (Lorzone Oral Tablet 375 Mg, 750 Mg)	Non Preferred	PA
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (<i>baclofen</i>)	Non Preferred	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	Non Preferred	PA
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	Non Preferred	PA
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Non Preferred	PA
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	Non Preferred	PA
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>norgesic forte oral tablet 50-770-60 mg</i>	Non Preferred	PA
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	Non Preferred	PA
<i>orphenadrine-aspirin-caffeine</i> (Norgesic Oral Tablet 25-385-30 Mg)	Non Preferred	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANTI-HISTAMINE-STERIOD*** - ALLERGY		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Non Preferred	PA
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	Non Preferred	PA
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	Non Preferred	PA
*NASAL AGENTS - MISC.*** - ALLERGY		
<i>altamist spray nasal solution 0.65 %</i>	Preferred	
<i>cvs saline nasal spray nasal solution 0.65 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>deep sea nasal spray nasal solution 0.65 %</i>	Preferred	
<i>eq saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>eql saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>gnp nasal moisturizing nasal solution 0.65 %</i>	Preferred	
<i>meijer saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>nasal moisturizing spray nasal solution 0.65 %</i>	Preferred	
<i>qc saline nasal relief nasal solution 0.65 %</i>	Preferred	
<i>qc saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>ra saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>saline mist spray nasal solution 0.65 %</i>	Preferred	
<i>saline nasal spray nasal solution 0.65 %</i>	Preferred	
<i>sb saline nose nasal solution 0.65 %</i>	Preferred	
<i>sm nasal spray saline nasal solution 0.65 %</i>	Preferred	
<i>sodium chloride nasal solution 0.65 %</i>	Preferred	
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	
AYR NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	
BABY AYR SALINE NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	
NASAL MOIST NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	
OCEAN FOR KIDS NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Preferred	
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	Preferred	
<i>olopatadine hcl nasal solution 0.6 %</i>	Non Preferred	PA
*NASAL MAST CELL STABILIZERS*** - ALLERGY		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	Preferred	
NASALCROM NASAL AEROSOL SOLUTION 5.2 MG/ACT (<i>cromolyn sodium</i>)	Preferred	
*NASAL STEROIDS*** - ALLERGY		
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Preferred	
<i>allergy relief nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>allergy spray 24 hour nasal aerosol 55 mcg/act</i>	Non Preferred	PA
<i>allergy spray 24 hour nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>budesonide nasal suspension 32 mcg/act</i>	Non Preferred	PA
<i>cvs budesonide nasal suspension 32 mcg/act</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs fluticasone propionate nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>cvs nasal allergy spray nasal aerosol 55 mcg/act</i>	Non Preferred	PA
<i>eq allergy relief nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>eq budesonide nasal nasal suspension 32 mcg/act</i>	Non Preferred	PA
<i>eq nasal allergy nasal aerosol 55 mcg/act</i>	Non Preferred	PA
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Non Preferred	PA
<i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Non Preferred	PA
<i>gnp budesonide nasal spray nasal suspension 32 mcg/act</i>	Non Preferred	PA
<i>gnp fluticasone propionate nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>goodsense 24-hr allergy nasal nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	Non Preferred	PA
<i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Non Preferred	PA
<i>hm allergy relief nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>nasal allergy 24 hour nasal aerosol 55 mcg/act</i>	Non Preferred	PA
<i>qc allergy relief nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>ra budesonide nasal suspension 32 mcg/act</i>	Non Preferred	PA
<i>ra nasal allergy nasal aerosol 55 mcg/act</i>	Non Preferred	PA
<i>sm allergy relief nasal suspension 50 mcg/act</i>	Non Preferred	PA
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Non Preferred	PA
CLARISPRAY NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	Non Preferred	PA
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	Non Preferred	PA
KLS ALLER-FLO NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (triamcinolone acetonide)	Non Preferred	PA
NASONEX 24HR NASAL SUSPENSION 50 MCG/ACT (mometasone furoate)	Non Preferred	PA
OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)	Non Preferred	PA
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	Non Preferred	PA
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	Non Preferred	PA
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (fluticasone propionate)	Non Preferred	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (ciclesonide)	Non Preferred	PA
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ALS AGENT COMBINATIONS*** - DRUGS FOR NERVES AND MUSCLES		
RELYVRIO ORAL PACKET 3-1 GM (phenylbutyrate-taurursodiol)	Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
<i>riluzole oral tablet 50 mg</i>	Preferred	
EXSERVAN ORAL FILM 50 MG (riluzole)	Preferred	PA; AGE (Min 18 Years)
NUTRIENTS - DRUGS FOR NUTRITION		
*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>kelp-b6-lecithin-vinegar oral capsule 5-0.75-200-50 mg</i>	Preferred	
*MISC. NUTRITIONAL SUBSTANCES*** - DRUGS FOR NUTRITION		
<i>alp high3 oral capsule delayed release 600 mg</i>	Preferred	
<i>cvs fish oil half-the-size oral capsule 500 mg</i>	Preferred	
<i>cvs fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	
<i>cvs fish oil oral capsule delayed release 1200 mg</i>	Preferred	
<i>cvs natural fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	
<i>eql fish oil oral capsule 1000 mg</i>	Preferred	
<i>eql omega 3 fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	
<i>eql omega 3 fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	Preferred	
<i>fish oil burp-less oral capsule 1000 mg, 1200 mg, 500 mg</i>	Preferred	
<i>fish oil concentrate oral capsule 1000 mg, 300 mg, 435 mg</i>	Preferred	
<i>fish oil double strength oral capsule 1200 mg</i>	Preferred	
<i>fish oil extra strength oral capsule 1200 mg, 435 mg</i>	Preferred	
<i>fish oil high potency oral capsule 1000 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>fish oil maximum strength oral capsule 1200 mg</i>	Preferred	
<i>fish oil maximum strength oral capsule delayed release 1200 mg</i>	Preferred	
<i>fish oil odor-less oral capsule 1200 mg</i>	Preferred	
<i>fish oil omega-3 oral capsule 1000 mg</i>	Preferred	
<i>fish oil oral capsule 1000 mg, 1200 mg, 300 mg, 435 mg, 500 mg, 600 mg, 645 mg, 875 mg</i>	Preferred	
<i>fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	Preferred	
<i>fish oil triple strength oral capsule 1360 mg, 1400 mg</i>	Preferred	
<i>fish oil ultra oral capsule 1400 mg</i>	Preferred	
<i>fish oil/super potent/no burp oral capsule 1000 mg</i>	Preferred	
<i>gnp fish oil max st oral capsule delayed release 1200 mg</i>	Preferred	
<i>gnp fish oil oral capsule 1000 mg</i>	Preferred	
<i>gnp fish oil oral capsule delayed release 1000 mg, 840 mg</i>	Preferred	
<i>hm fish oil oral capsule 1000 mg</i>	Preferred	
<i>kp fish oil oral capsule 1200 mg</i>	Preferred	
<i>kp omega-3 fish oil oral capsule 1200 mg</i>	Preferred	
<i>kp omega-3 fish oil oral capsule delayed release 1200 mg</i>	Preferred	
<i>maxepa oral capsule 1000 mg</i>	Preferred	
<i>mini fish oil oral capsule 645 mg</i>	Preferred	
<i>norwegian salmon oil oral capsule 1000 mg</i>	Preferred	
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	Preferred	
<i>omega 3 oral capsule 1000 mg, 1200 mg</i>	Preferred	
<i>omega iii epa+dha oral capsule 1000 mg</i>	Preferred	
<i>omega-3 cf oral capsule 1000 mg</i>	Preferred	
<i>omega-3 epa fish oil oral capsule 1205 mg</i>	Preferred	
<i>omega-3 fatty acids oral capsule 1000 mg</i>	Preferred	
<i>omega-3 fish oil concentrate oral capsule delayed release 1000 mg</i>	Preferred	
<i>omega-3 fish oil ex st oral capsule 880 mg</i>	Preferred	
<i>omega-3 fish oil oral capsule 1000 mg, 1200 mg, 300 mg, 500 mg</i>	Preferred	
<i>omega-3 microgel oral capsule 600 mg</i>	Preferred	
<i>omega-3 oral capsule 1000 mg, 1400 mg</i>	Preferred	
<i>omega-3 oral capsule delayed release 350 mg</i>	Preferred	
<i>qc fish oil oral capsule 1000 mg</i>	Preferred	
<i>ra fish oil oral capsule 1000 mg</i>	Preferred	
<i>ra fish oil oral capsule delayed release 1000 mg</i>	Preferred	
<i>sam-e.p.a. oral capsule 200-300 mg</i>	Preferred	
<i>sb omega-3 fish oil oral capsule 1000 mg</i>	Preferred	
<i>sm fish oil oral capsule 1000 mg, 1200 mg, 300 mg, 554 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>sm fish oil oral capsule delayed release 1000 mg</i>	Preferred	
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Preferred	
<i>sv fish oil oral capsule 500 mg</i>	Preferred	
<i>ultra omega-3 fish oil oral capsule 1400 mg</i>	Preferred	
DIALYVITE OMEGA-3 CONCENTRATE ORAL CAPSULE 600 MG (<i>omega-3 fatty acids</i>)	Preferred	
FISH OIL PEARLS ORAL CAPSULE 150 MG, 180 MG, 183.33 MG, 300 MG (<i>omega-3 fatty acids</i>)	Preferred	
MAXIMUM EPA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	
OCEAN BLUE MINICAPS OMEGA-3 ORAL CAPSULE 350 MG (<i>omega-3 fatty acids</i>)	Preferred	
OMEGAPURE 600 EC ORAL CAPSULE DELAYED RELEASE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	
OMEGAPURE 780 EC ORAL CAPSULE DELAYED RELEASE 1400 MG (<i>omega-3 fatty acids</i>)	Preferred	
OMEGAPURE 820 ORAL CAPSULE 1250 MG (<i>omega-3 fatty acids</i>)	Preferred	
OMEGAPURE 900 EC ORAL CAPSULE DELAYED RELEASE 1290 MG (<i>omega-3 fatty acids</i>)	Preferred	
OVEGA-3 ORAL CAPSULE 500 MG (<i>omega-3 fatty acids</i>)	Preferred	
PRO NUTRIENTS OMEGA 3 ORAL CAPSULE DELAYED RELEASE 332.5 MG (<i>omega-3 fatty acids</i>)	Preferred	
SEA-OMEGA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	
SUPER DHA GEMS ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	
SUPER OMEGA-3 ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	
THERAGRAN-M FISH OIL CONC ORAL CAPSULE 1200 MG (<i>omega-3 fatty acids</i>)	Preferred	
THEROMEGA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	
ULTRA OMEGA 3 ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	
VITEYES OMEGA-3 VISION SUPPORT ORAL CAPSULE DELAYED RELEASE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** - DRUGS FOR GLAUCOMA		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	Preferred	
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS*** - DRUGS FOR THE EYE		
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	Preferred	
<i>cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %</i>	Preferred	
<i>cvs eye lubricant ophthalmic ointment</i>	Preferred	

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<i>cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>cvs lubricating eye/overnight ophthalmic ointment</i>	Preferred	
<i>cvs natural tears pf ophthalmic solution 0.1-0.3 %</i>	Preferred	
<i>cvs nighttime dry-eye relief ophthalmic ointment</i>	Preferred	
<i>dry eye relief ophthalmic gel 0.4-0.3 %</i>	Preferred	
<i>eq lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>eye lubricant ophthalmic ointment</i>	Preferred	
<i>for sty relief ophthalmic ointment 31.9-57.7 %</i>	Preferred	
<i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>lubricant eye drops (pf) ophthalmic solution 0.1-0.3 %</i>	Preferred	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>lubricant eye fast acting ophthalmic ointment</i>	Preferred	
<i>lubricant eye nighttime ophthalmic ointment</i>	Preferred	
<i>lubricant eye ophthalmic ointment</i>	Preferred	
<i>lubricant pm ophthalmic ointment</i>	Preferred	
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
<i>lubrifresh p.m. ophthalmic ointment</i>	Preferred	
<i>ra lubricant eye ophthalmic solution 0.4-0.3 %</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	
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	
ALTALUBE OPHTHALMIC OINTMENT 85-15 % (<i>white petrolatum-mineral oil</i>)	Preferred	
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % (<i>dextran 70-hypromellose</i>)	Preferred	
EQ RESTORE PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
HYPOTEARs OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
RETAINe PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
STYE OPHTHALMIC OINTMENT 31.9-57.7 % (<i>white petrolatum-mineral oil</i>)	Preferred	
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	Preferred	
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	Preferred	
ULTRA FRESH PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	
*ARTIFICIAL TEAR SOLUTIONS*** - DRUGS FOR THE EYE		
<i>artificial tears ophthalmic solution</i>	Preferred	
<i>just tears eye drops ophthalmic solution</i>	Preferred	
<i>sm artificial tears ophthalmic solution</i>	Preferred	
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (<i>artificial tear solution</i>)	Preferred	
SOOTHE HYDRATION OPHTHALMIC SOLUTION 1.25 % (<i>artificial tear solution</i>)	Preferred	
SOOTHE XP OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Preferred	
SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Preferred	
SYSTANE CONTACTS OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Preferred	
*ARTIFICIAL TEARS AND LUBRICANTS*** - DRUGS FOR THE EYE		
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	Preferred	
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	Preferred	
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	Preferred	
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Preferred	
<i>cvs lubricant drops ophthalmic gel 1 %</i>	Preferred	
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	Preferred	
<i>cvs lubricant eye drops ophthalmic solution 0.5 %</i>	Preferred	
<i>dry eye relief ophthalmic gel 1 %</i>	Preferred	
<i>eq restore plus lubricant eye ophthalmic solution 0.5 %</i>	Preferred	
<i>eq restore tears ophthalmic solution 0.5 %</i>	Preferred	
<i>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>lubricant eye drops ophthalmic solution 0.5 %</i>	Preferred	
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	Preferred	
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	Preferred	
<i>ra lubricant eye drops ophthalmic solution 0.5 %</i>	Preferred	
<i>sm lubricating plus ophthalmic solution 0.5 %</i>	Preferred	
BIOLLE GEL TEARS OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>)	Preferred	

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BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>)	Preferred	
REFRESH CELLUVISC OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>)	Preferred	
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>)	Preferred	
THERATEARS NIGHTTIME OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>)	Preferred	
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>)	Preferred	
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Preferred	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	Preferred	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Non Preferred	PA
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Non Preferred	PA
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	Non Preferred	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	Non Preferred	PA
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>carteolol hcl ophthalmic solution 1 %</i>	Preferred	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Preferred	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Preferred	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	Preferred	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Non Preferred	PA
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Non Preferred	PA
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Non Preferred	PA
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	Non Preferred	PA
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	Non Preferred	PA
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	Non Preferred	PA
<i>timolol maleate (Timolol Maleate OcuDose Ophthalmic Solution 0.5 %)</i>	Non Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	Non Preferred	PA

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*CHOLINERGIC AGONISTS*** - DRUGS FOR THE EYE		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	Non Preferred	PA; QL (8.4 ML per 30 days)
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
<i>atropine sulfate ophthalmic ointment 1 %</i>	Preferred	
<i>atropine sulfate ophthalmic solution 1 %</i>	Preferred	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Preferred	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	Preferred	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	Preferred	
<i>phenylephrine hcl (Altafrin Ophthalmic Solution 2.5 %)</i>	Preferred	
CYCLOGYL OPHTHALMIC SOLUTION 2 % (<i>cyclopentolate hcl</i>)	Preferred	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	Preferred	
*MIOTICS - CHOLINESTERASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	Preferred	
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Preferred	
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Preferred	
<i>cromolyn sodium ophthalmic solution 4 %</i>	Preferred	
<i>cvs olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</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>ft eye allergy itch relief ophthalmic solution 0.2 %</i>	Preferred	
<i>gnp olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Preferred	
<i>hm eye allergy itch relief ophthalmic solution 0.2 %</i>	Preferred	
<i>hm eye allergy itch/red relief ophthalmic solution 0.1 %</i>	Preferred	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	Preferred	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Preferred	
<i>qc olopatadine hcl ophthalmic solution 0.2 %</i>	Preferred	
<i>sm olopatadine hcl ophthalmic solution 0.2 %</i>	Preferred	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Non Preferred	PA
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Non Preferred	PA
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>Iodoxamide tromethamine</i>)	Non Preferred	PA
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	Non Preferred	PA
LASTACAPT OPHTHALMIC SOLUTION 0.25 % (<i>alcaftadine</i>)	Non Preferred	PA
PATADAY OPHTHALMIC SOLUTION 0.2 %, 0.7 % (<i>olopatadine hcl</i>)	Non Preferred	PA
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	Non Preferred	PA
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Preferred	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Preferred	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Preferred	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Preferred	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Preferred	
<i>tobramycin ophthalmic solution 0.3 %</i>	Preferred	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	Preferred	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Non Preferred	PA
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	Non Preferred	PA
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Non Preferred	PA
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	Non Preferred	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	Non Preferred	PA
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	Non Preferred	PA
KLARITY-A OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	Non Preferred	PA
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	Non Preferred	PA
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	Non Preferred	PA
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<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>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Preferred	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	Preferred	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	Preferred	
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution 1 %</i>	Preferred	QL (7.5 ML per 30 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Preferred	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	Preferred	
<i>brinzolamide ophthalmic suspension 1 %</i>	Non Preferred	PA
*OPHTHALMIC DECONGESTANT COMBINATIONS*** - DRUGS FOR ITCHY EYE		
<i>allergy eye ophthalmic solution 0.025-0.3 %</i>	Preferred	
<i>eye allergy relief ophthalmic solution 0.025-0.3 %</i>	Preferred	
NAPHCN-A OPHTHALMIC SOLUTION 0.025-0.3 % (<i>naphazoline-pheniramine</i>)	Preferred	
VISINE OPHTHALMIC SOLUTION 0.025-0.3 % (<i>naphazoline-pheniramine</i>)	Preferred	
*OPHTHALMIC HYPEROSMOLAR PRODUCTS*** - DRUGS FOR THE EYE		
<i>cvs sod chloride hypertonicity ophthalmic ointment 5 %</i>	Preferred	
<i>cvs sodium chloride ophthalmic ointment 5 %</i>	Preferred	
<i>cvs sodium chloride ophthalmic solution 5 %</i>	Preferred	
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Preferred	
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Preferred	
ALTACHLORE OPHTHALMIC OINTMENT 5 % (<i>sodium chloride hypertonic</i>)	Preferred	
ALTACHLORE OPHTHALMIC SOLUTION 5 % (<i>sodium chloride hypertonic</i>)	Preferred	
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
RESTASIS EMULSION 0.05 % OPHTHALMIC (<i>cyclosporine</i>)	Preferred	QL (60 EA per 30 days); AGE (Min 16 Years)
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC (<i>cyclosporine</i>)	Preferred	QL (5.5 ML per 30 days); AGE (Min 16 Years)
<i>cyclosporine emulsion 0.05 % ophthalmic</i>	Non Preferred	PA; QL (60 EA per 30 days); AGE (Min 16 Years)
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	Non Preferred	PA; QL (60 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
CYCLOSPORINE IN KLARITY OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	Non Preferred	PA; QL (4 ML per 1 day); AGE (Min 4 Years)
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 4 Years)
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR GLAUCOMA		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	Preferred	
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Preferred	
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	Preferred	PA; QL (112 ML per 28 days); AGE (Min 2 Years)
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Preferred	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Preferred	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Preferred	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Non Preferred	PA
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Non Preferred	PA
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	Non Preferred	PA
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	Non Preferred	PA
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	Non Preferred	PA
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	Non Preferred	PA
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	Non Preferred	PA
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	Non Preferred	PA
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	Non Preferred	PA
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	Preferred	
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Preferred	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Non Preferred	PA
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	Non Preferred	PA
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Preferred	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Preferred	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	Preferred	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Preferred	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Preferred	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Preferred	
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Preferred	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Preferred	QL (15 ML per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Preferred	
<i>prednisolone acetate p-f ophthalmic suspension 1 %</i>	Preferred	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Preferred	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	Preferred	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	Non Preferred	PA
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	Non Preferred	PA
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	Non Preferred	PA; QL (8.3 ML per 14 days); AGE (Min 18 Years)
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Preferred	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Preferred	
*OPHTHALMICS MISC. - OTHER*** - DRUGS FOR THE EYE		
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	Non Preferred	PA; QL (3 ML per 30 days); AGE (Min 18 Years)
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>latanoprost ophthalmic solution 0.005 %</i>	Preferred	
<i>bimatoprost ophthalmic solution 0.03 %</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Non Preferred	PA
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Non Preferred	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	Non Preferred	PA
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	Non Preferred	PA
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	Non Preferred	PA
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	Non Preferred	PA
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	Non Preferred	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	Non Preferred	PA
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution 2 %</i>	Preferred	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>ofloxacin otic solution 0.3 %</i>	Preferred	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Non Preferred	PA
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	Non Preferred	PA
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>antibiotic ear otic solution 3.5-10000-1</i>	Preferred	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Preferred	PA
<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	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Non Preferred	PA
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	Non Preferred	PA
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	Non Preferred	PA
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Preferred	
<i>hydrocortisone-acetic acid (Acetasol Hc Otic Solution 2-1 %)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
OXYTOCICS - HORMONES		
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Preferred	QL (28 EA per 180 days); AGE (Min 12 Years)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
*ANTIVIRAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>nirsevimab-alip</i>)	Preferred	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	Preferred	PA
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Preferred	Max 102-day supply per fill
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Preferred	Max 102-day supply per fill
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Preferred	Max 102-day supply per fill
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Preferred	Max 102-day supply per fill
<i>ampicillin oral capsule 500 mg</i>	Preferred	
*NATURAL PENICILLINS*** - ANTIBIOTICS		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	Max 102-day supply per fill
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Preferred	Max 102-day supply per fill
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<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	
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Preferred	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	Max 102-day supply per fill
<i>norethindrone acetate oral tablet 5 mg</i>	Preferred	Max 102-day supply per fill
<i>progesterone oral capsule 100 mg, 200 mg</i>	Preferred	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Non Preferred	PA
<i>progesterone intramuscular oil 50 mg/ml</i>	Non Preferred	PA; Max 102-day supply per fill

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PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	Non Preferred	PA
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	Non Preferred	PA; Max 102-day supply per fill
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR THE NERVOUS SYSTEM		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	Preferred	
*ANTI-CATAPLECTIC AGENTS*** - DRUGS FOR SLEEP DISORDER		
<i>sodium oxybate solution 500 mg/ml oral</i>	Preferred	PA; QL (540 ML per 28 days); AGE (Min 7 Years)
*ANTI-CATAPLECTIC COMBINATIONS*** - DRUGS FOR SLEEP DISORDER		
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	Preferred	PA; AGE (Min 7 Years)
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR ALZHEIMER'S DISEASE		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	Non Preferred	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	Non Preferred	PA
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Preferred	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Preferred	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Preferred	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Preferred	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	Preferred	
<i>donepezil hcl oral tablet 23 mg</i>	Non Preferred	PA
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Non Preferred	PA
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Non Preferred	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Non Preferred	PA
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	Non Preferred	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	Non Preferred	PA

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*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Preferred	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	Preferred	QL (60 EA per 30 days)
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Preferred	PA; AGE (Min 18 Years)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (<i>deutetrabenazine</i>)	Preferred	PA; AGE (Min 18 Years)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Preferred	PA; AGE (Min 18 Years)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	Preferred	PA; AGE (Min 18 Years)
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Preferred	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	Non Preferred	PA
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR MULTIPLE SCLEROSIS		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	Non Preferred	PA
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Preferred	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Preferred	QL (4 EA per 1 Fill)
BETASERON KIT 0.3 MG SUBCUTANEOUS (<i>interferon beta-1b</i>)	Preferred	

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EXTAVIA KIT 0.3 MG SUBCUTANEOUS (<i>interferon beta-1b</i>)	Non Preferred	PA
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Non Preferred	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Non Preferred	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Non Preferred	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Non Preferred	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Non Preferred	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Non Preferred	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Non Preferred	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Non Preferred	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Non Preferred	PA
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MULTIPLE SCLEROSIS		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	Non Preferred	PA
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Preferred	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	Non Preferred	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	Non Preferred	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	Non Preferred	PA
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years and Max 70 Years)
*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	Preferred	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	Non Preferred	PA
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/MI, 40 Mg/MI)	Non Preferred	PA
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl oral solution 2 mg/ml</i>	Preferred	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	Preferred	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Non Preferred	PA
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	Non Preferred	PA
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	Non Preferred	PA
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	Non Preferred	PA
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	Non Preferred	PA; QL (Max 1800mg per day across all strengths)
*RESTLESS LEG SYNDROME (RLS) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	Non Preferred	PA; QL (2 EA per 1 day)
*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Preferred	QL (2 EA per 1 day)
<i>cvs nicotine mouth/throat gum 2 mg</i>	Preferred	QL (30 EA per 1 day)
<i>cvs nicotine mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	Preferred	QL (20 EA per 1 day)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	Preferred	QL (30 EA per 1 day)
<i>cvs nicotine polacrilex mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	QL (20 EA per 1 day)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	QL (1 EA per 1 day)
<i>eq nicotine mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>eq nicotine mouth/throat lozenge 4 mg</i>	Preferred	QL (20 EA per 1 day)
<i>eq nicotine polacrilex mouth/throat gum 2 mg</i>	Preferred	QL (30 EA per 1 day)
<i>eq nicotine polacrilex mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	QL (20 EA per 1 day)
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Preferred	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Preferred	QL (1 EA per 1 day)
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	QL (20 EA per 1 day)
<i>gnp nicotine mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>gnp nicotine polacrilex mouth/throat gum 2 mg</i>	Preferred	QL (30 EA per 1 day)
<i>gnp nicotine polacrilex mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	QL (20 EA per 1 day)
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	QL (1 EA per 1 day)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	Preferred	QL (30 EA per 1 day)
<i>goodsense nicotine mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	QL (20 EA per 1 day)
<i>hm nicotine polacrilex mouth/throat gum 2 mg</i>	Preferred	QL (30 EA per 1 day)
<i>hm nicotine polacrilex mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	Preferred	QL (20 EA per 1 day)
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	QL (20 EA per 1 day)
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	Preferred	QL (20 EA per 1 day)
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	Preferred	QL (30 EA per 1 day)
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	QL (20 EA per 1 day)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Preferred	QL (1 EA per 1 day)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Preferred	QL (1 EA per 1 day)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Preferred	QL (1 EA per 1 day)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	Preferred	QL (56 EA per 56 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	QL (1 EA per 1 day)
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Preferred	QL (1 EA per 1 day)
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	QL (20 EA per 1 day)
<i>ra nicotine gum mouth/throat gum 2 mg</i>	Preferred	QL (30 EA per 1 day)
<i>ra nicotine gum mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>ra nicotine mouth/throat gum 2 mg</i>	Preferred	QL (30 EA per 1 day)
<i>ra nicotine mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	QL (20 EA per 1 day)
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Preferred	QL (1 EA per 1 day)
<i>sm nicotine mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>sm nicotine mouth/throat lozenge 2 mg</i>	Preferred	QL (20 EA per 1 day)
<i>sm nicotine polacrilex mouth/throat gum 2 mg</i>	Preferred	QL (30 EA per 1 day)
<i>sm nicotine polacrilex mouth/throat gum 4 mg</i>	Preferred	QL (24 EA per 1 day)
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Preferred	QL (20 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Preferred	QL (1 EA per 1 day)
<i>varenicline tartrate tablet 0.5 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 168 days of therapy per year across all varenicline formulations
<i>varenicline tartrate tablet 1 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 168 days of therapy per year across all varenicline formulations
<i>varenicline tartrate(continue) tablet 1 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 168 days of therapy per year across all varenicline formulations
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (<i>nicotine</i>)	Preferred	QL (1 EA per 1 day)
KLS QUIT2 MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	Preferred	QL (30 EA per 1 day)
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (<i>nicotine polacrilex</i>)	Preferred	QL (20 EA per 1 day)
KLS QUIT4 MOUTH/THROAT GUM 4 MG (<i>nicotine polacrilex</i>)	Preferred	QL (24 EA per 1 day)
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (<i>nicotine polacrilex</i>)	Preferred	QL (20 EA per 1 day)
NICORELIEF MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	Preferred	QL (30 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	Preferred	QL (168 EA per 30 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	Preferred	QL (40 ML per 30 days)
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	Preferred	QL (30 EA per 1 day)
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Preferred	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	Non Preferred	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod fumarate</i>)	Non Preferred	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG (<i>siponimod fumarate</i>)	Non Preferred	PA
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	Non Preferred	PA; AGE (Min 18 Years and Max 55 Years)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	Non Preferred	PA; AGE (Min 18 Years and Max 55 Years)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	Non Preferred	PA; AGE (Min 10 Years and Max 17 Years)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	Non Preferred	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	Non Preferred	PA
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS*** - DRUGS FOR CYSTIC FIBROSIS		
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	Preferred	PA; QL (20 EA per 1 day); AGE (Min 18 Years)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	Preferred	PA; QL (20 EA per 1 day); AGE (Min 18 Years)
*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	Preferred	PA; QL (2.5 ML per 1 day)
TETRACYCLINES - DRUGS FOR INFECTIONS		
*TETRACYCLINES*** - ANTIBIOTICS		
<i>avidoxy oral tablet 100 mg</i>	Preferred	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Preferred	
<i>doxycycline hyclate oral tablet 100 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	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Preferred	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Preferred	
<i>doxycycline monohydrate (Mondoxylene NI Oral Capsule 100 Mg)</i>	Preferred	
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Preferred	
<i>propylthiouracil oral tablet 50 mg</i>	Preferred	
*THYROID HORMONES*** - DRUGS FOR THYROID		
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg</i>	Preferred	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 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	Max 102-day supply per fill
<i>liothyronine sodium intravenous solution 10 mcg/ml</i>	Preferred	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Preferred	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	Preferred	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	Preferred	
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	Preferred	
<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	Max 102-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	Max 102-day supply per fill
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	Max 102-day supply per fill
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	Preferred	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Preferred	Max 102-day supply per fill
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	Preferred	
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	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	Preferred	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	Max 102-day supply per fill
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	Preferred	QL (1 Fill Per Lifetime); AGE (Min 19 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	Preferred	AGE (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	Preferred	AGE (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	Preferred	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (<i>tetanus-diphtheria toxoids td</i>)	Preferred	QL (1 Fill Per Lifetime); AGE (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>)	Preferred	QL (1 Fill Per Lifetime); AGE (Min 19 Years)

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Drug Name	Formulary Status	Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
<i>dicyclomine hcl oral capsule 10 mg</i>	Preferred	AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Preferred	AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	Preferred	AGE (Max 64 Years)
*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Preferred	AGE (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Preferred	AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Preferred	AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Preferred	AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Preferred	AGE (Max 64 Years)
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	Preferred	AGE (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Preferred	AGE (Max 64 Years)
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Preferred	AGE (Max 64 Years)
<i>hyosyne oral solution 0.125 mg/ml</i>	Preferred	AGE (Max 64 Years)
<i>oscimin oral tablet 0.125 mg</i>	Preferred	AGE (Max 64 Years)
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Preferred	AGE (Max 64 Years)
<i>hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)</i>	Preferred	AGE (Max 64 Years)
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid control maximum strength oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>acid controller max st oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>acid controller oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>acid reducer maximum strength oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>acid reducer oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>cimetidine 200 oral tablet 200 mg</i>	Preferred	
<i>cimetidine acid reducer oral tablet 200 mg</i>	Preferred	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Preferred	
<i>cvs acid controller max st oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>cvs acid controller oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>cvs heartburn relief oral tablet 200 mg</i>	Preferred	
<i>eq acid reducer oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>eq acid reducer oral tablet 200 mg</i>	Preferred	
<i>eq cimetidine oral tablet 200 mg</i>	Preferred	
<i>eq famotidine max st oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>eq heartburn prevention oral tablet 10 mg, 20 mg</i>	Preferred	Max 102-day supply per fill
<i>famotidine maximum strength oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill

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Drug Name	Formulary Status	Requirements/Limits
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Preferred	QL (5 ML per 1 day); AGE (Max 6 Years)
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	Max 102-day supply per fill
<i>famotidine orig st oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>gnp acid reducer max st oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>gnp acid reducer oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>heartburn relief max st oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>heartburn relief oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>kls acid controller max st oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>qc acid controller max st oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>qc acid controller oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>qc famotidine acid reducer oral tablet 10 mg, 20 mg</i>	Preferred	Max 102-day supply per fill
<i>ra acid reducer max st oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>ra acid reducer oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>sb acid controller max st oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>sb acid controller oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>sb acid reducer oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>sb cimetidine oral tablet 200 mg</i>	Preferred	
<i>sm acid reducer max st oral tablet 20 mg</i>	Preferred	Max 102-day supply per fill
<i>sm acid reducer oral tablet 10 mg</i>	Preferred	Max 102-day supply per fill
<i>sm acid reducer oral tablet 200 mg</i>	Preferred	
MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET 20 MG (<i>famotidine</i>)	Preferred	Max 102-day supply per fill
ZANTAC 360 MAX ST ORAL TABLET 20 MG (<i>famotidine</i>)	Preferred	Max 102-day supply per fill
ZANTAC 360 ORAL TABLET 10 MG (<i>famotidine</i>)	Preferred	Max 102-day supply per fill
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>sucralfate oral tablet 1 gm</i>	Preferred	QL (4 EA per 1 day)
*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	Non Preferred	PA
KONVOMEPEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	Preferred	QL (2 EA per 1 day)
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	Preferred	QL (2 EA per 1 day)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	Preferred	QL (2 EA per 1 day); Max 102-day supply per fill
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>	Non Preferred	PA
<i>acid reducer oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>cvs esomeprazole magnesium oral capsule delayed release 20 mg</i>	Non Preferred	PA
<i>cvs omeprazole magnesium oral capsule delayed release 20 mg, 20.6 mg</i>	Non Preferred	PA
<i>cvs omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Non Preferred	PA
<i>eq esomeprazole magnesium oral capsule delayed release 20 mg</i>	Non Preferred	PA
<i>eq lansoprazole oral capsule delayed release 15 mg</i>	Non Preferred	PA
<i>eq omeprazole magnesium oral capsule delayed release 20 mg</i>	Non Preferred	PA
<i>eq omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>eql lansoprazole oral capsule delayed release 15 mg</i>	Non Preferred	PA
<i>eql omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	Non Preferred	PA
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	Non Preferred	PA
<i>gnp lansoprazole oral capsule delayed release 15 mg</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp omeprazole oral capsule delayed release 20.6 (20 base) mg</i>	Non Preferred	PA
<i>gnp omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>goodsense lansoprazole oral capsule delayed release 15 mg</i>	Non Preferred	PA
<i>hm esomeprazole magnesium dr oral capsule delayed release 20 mg</i>	Non Preferred	PA
<i>kls esomeprazole magnesium oral capsule delayed release 20 mg</i>	Non Preferred	PA
<i>kls lansoprazole oral capsule delayed release 15 mg</i>	Non Preferred	PA
<i>kls omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>kp omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Non Preferred	PA
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Non Preferred	PA
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Non Preferred	PA
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Non Preferred	PA
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>pantoprazole sodium oral packet 40 mg</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>qc esomeprazole magnesium oral capsule delayed release 20 mg</i>	Non Preferred	PA
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	Non Preferred	PA
<i>qc omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Non Preferred	PA
<i>qc omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>ra esomeprazole magnesium oral capsule delayed release 20 mg</i>	Non Preferred	PA
<i>ra omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>sb omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA
<i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>sm lansoprazole oral capsule delayed release 15 mg</i>	Non Preferred	PA
<i>sm omeprazole oral tablet delayed release 20 mg</i>	Non Preferred	PA
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	Non Preferred	PA
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	Non Preferred	PA
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	Non Preferred	PA
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	Non Preferred	PA
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	Non Preferred	PA
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	Non Preferred	PA
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	Non Preferred	PA
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	Non Preferred	PA
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	Non Preferred	PA
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	Non Preferred	PA
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	Non Preferred	PA
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	Non Preferred	PA
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Preferred	AGE (Max 12 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Preferred	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	Preferred	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	Non Preferred	PA
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Non Preferred	PA
*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	Non Preferred	PA; QL (224 EA per 1 Fill)

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Drug Name	Formulary Status	Requirements/Limits
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	Non Preferred	PA
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	Non Preferred	PA
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Preferred	QL (4 EA per 1 day)
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Preferred	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	Preferred	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Preferred	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Preferred	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	Preferred	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	Preferred	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	Non Preferred	PA
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Non Preferred	PA
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Non Preferred	PA
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Non Preferred	PA
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	Non Preferred	PA
<i>trospium chloride oral tablet 20 mg</i>	Non Preferred	PA
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	Non Preferred	PA
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	Non Preferred	PA
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	Non Preferred	PA
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	Non Preferred	PA
VESICARE LS ORAL SUSPENSION 5 MG/5ML (<i>solifenacin succinate</i>)	Non Preferred	PA
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	Non Preferred	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	Non Preferred	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	Non Preferred	PA
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet 100 mg</i>	Non Preferred	PA
VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	Preferred	QL (2 Fills Per Lifetime); AGE (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION (<i>pneumococcal 13-val conj vacc</i>)	Preferred	QL (1 Fill Per Lifetime); AGE (Min 19 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>)	Preferred	QL (1 Fill Per Lifetime); AGE (Min 19 Years)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 15-val conj vacc</i>)	Preferred	QL (1 Fill Per Lifetime); AGE (Min 19 Years)
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (<i>hepatitis a-hep b recomb vac</i>)	Preferred	QL (3 Fills Per Lifetime); AGE (Min 19 Years)
*VIRAL VACCINES*** - VACCINES		
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	Preferred	AGE (Min 19 Years)
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac rcmb</i>)	Preferred	QL (1 Fill Per Lifetime)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 3 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 3 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (<i>rsvpref3 vac recomb adjuvanted</i>)	Preferred	QL (1 Fill Per Lifetime); AGE (Min 60 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (3 Fills Per Lifetime); AGE (Min 19 Years)

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Drug Name	Formulary Status	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (3 Fills Per Lifetime); AGE (Min 19 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b sa adj quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 3 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 3 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>influenza vac recomb ha quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 3 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 3 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac subunit quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 18 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 3 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION (<i>influenza virus vac live quad</i>)	Preferred	QL (1 Fill Per 365 Days); AGE (Min 3 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (<i>influenza vac high-dose quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 3 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Preferred	QL (1 Fill Per 180 Days); AGE (Min 3 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	Preferred	QL (2 Fills Per Lifetime); AGE (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>)	Preferred	QL (3 Fills Per Lifetime); AGE (Min 19 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (3 Fills Per Lifetime); AGE (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (3 Fills Per Lifetime); AGE (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (<i>zoster vac recomb adjuvanted</i>)	Preferred	QL (2 Fills Per Lifetime); AGE (Min 18 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (<i>hepatitis a vaccine</i>)	Preferred	QL (2 Fills Per Lifetime); AGE (Min 19 Years)

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Drug Name	Formulary Status	Requirements/Limits
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
<i>3 day vaginal vaginal cream 2 %</i>	Preferred	
<i>clotrimazole 3 vaginal cream 2 %</i>	Preferred	
<i>clotrimazole vaginal cream 1 %</i>	Preferred	
<i>clotrimazole-7 vaginal cream 1 %</i>	Preferred	
<i>cvs clotrimazole 3 vaginal cream 2 %</i>	Preferred	
<i>cvs miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>cvs miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>cvs miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>eq miconazole 7 day treatment vaginal cream 2 %</i>	Preferred	
<i>eql miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>eql miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>gnp clotrimazole 3 vaginal cream 2 %</i>	Preferred	
<i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>gnp miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</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 clotrimazole vaginal cream 1 %</i>	Preferred	
<i>qc miconazole 7 vaginal cream 2 %</i>	Preferred	
<i>ra clotrimazole 7 vaginal cream 1 %</i>	Preferred	
<i>ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>ra miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	
<i>ra 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 & 2 mg-% (9gm)</i>	Preferred	
<i>sm miconazole 3 vaginal kit 200 & 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>terconazole vaginal cream 0.4 %, 0.8 %</i>	Preferred	
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM) (<i>miconazole nitrate</i>)	Preferred	
MONISTAT 3 COMBO PACK APP VAGINAL KIT 200 & 2 MG-% (9GM) (<i>miconazole nitrate</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 % (<i>miconazole nitrate</i>)	Preferred	
VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM) (<i>miconazole nitrate</i>)	Preferred	
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
<i>clindamycin phosphate vaginal cream 2 %</i>	Preferred	
<i>metronidazole vaginal gel 0.75 %</i>	Preferred	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	Preferred	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	Preferred	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	Preferred	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	Non Preferred	PA
VANDAZOLE GEL 0.75 % VAGINAL (<i>metronidazole</i>)	Non Preferred	PA
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	Non Preferred	PA; AGE (Min 12 Years)
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** - DRUGS FOR WOMEN		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	Preferred	QL (180 GM per 30 days)
*VAGINAL CORTICOSTEROIDS*** - DRUGS FOR WOMEN		
CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	Preferred	
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Preferred	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet 10 mcg</i>	Preferred	
<i>estradiol (Yuvaferm Vaginal Tablet 10 Mcg)</i>	Preferred	
*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN		
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	Non Preferred	PA; Max 102-day supply per fill
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	Non Preferred	PA
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	Preferred	MYLAN AUTHORIZED GENERIC ONLY; QL (4 EA per 1 Fill)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Preferred	MYLAN AUTHORIZED GENERIC ONLY; QL (4 EA per 1 Fill)

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Drug Name	Formulary Status	Requirements/Limits
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	Preferred	QL (4 EA per 1 Fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	Preferred	QL (4 EA per 1 Fill)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Non Preferred	PA; QL (4 EA per 1 Fill)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML (<i>epinephrine</i>)	Non Preferred	PA; QL (4 EA per 1 Fill)
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	QL (3 EA per 1 day)
VITAMINS - DRUGS FOR NUTRITION		
*BIOTIN*** - DRUGS FOR NUTRITION		
<i>biotin forte oral tablet 5 mg</i>	Preferred	
<i>biotin oral tablet 5 mg, 5000 mcg</i>	Preferred	
<i>sm biotin oral tablet 5000 mcg</i>	Preferred	
<i>super biotin oral tablet 5000 mcg</i>	Preferred	
*VITAMIN A*** - DRUGS FOR NUTRITION		
<i>beta carotene capsule 25000 unit oral</i>	Preferred	CSHCS coverage only
<i>vitamin a capsule 3 mg (10000 ut) oral</i>	Preferred	CSHCS coverage only
*VITAMIN B-1*** - DRUGS FOR NUTRITION		
<i>b1 oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>b-1 oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>cvs b-1 oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>gnp vitamin b-1 oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>qc vitamin b1 oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>ra vitamin b-1 oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>sm vitamin b1 oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>thiamine hcl oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>thiamine mononitrate oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>vitamin b1 oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 100 mg</i>	Preferred	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 50 mg</i>	Preferred	QL (2 EA per 1 day)
*VITAMIN B-3*** - DRUGS FOR NUTRITION		
<i>kp niacin oral tablet 500 mg</i>	Preferred	Max 102-day supply per fill
<i>niacin er oral capsule extended release 250 mg</i>	Preferred	
<i>niacin er oral capsule extended release 500 mg</i>	Preferred	Max 102-day supply per fill
<i>niacin er oral tablet extended release 1000 mg, 750 mg</i>	Preferred	
<i>niacin er oral tablet extended release 500 mg</i>	Preferred	Max 102-day supply per fill
<i>niacin oral tablet 100 mg, 500 mg</i>	Preferred	Max 102-day supply per fill
<i>niacinamide oral tablet 500 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>plain niacin oral tablet 500 mg</i>	Preferred	Max 102-day supply per fill
<i>ra niacin oral tablet 100 mg, 500 mg</i>	Preferred	Max 102-day supply per fill
<i>ra no flush niacin oral tablet 500 mg</i>	Preferred	Max 102-day supply per fill
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacin</i>)	Preferred	Max 102-day supply per fill
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 750 MG (<i>niacin</i>)	Preferred	
NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG (<i>niacin</i>)	Preferred	
NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacin</i>)	Preferred	Max 102-day supply per fill
*VITAMIN B-6*** - DRUGS FOR NUTRITION		
<i>b6 natural oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>b-6 oral tablet 100 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>cvs b6 oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>eql b-6 oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>gnp vitamin b-6 oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>kp vitamin b-6 oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>pyridoxine hcl oral tablet 25 mg</i>	Preferred	QL (2 EA per 1 day)
<i>pyridoxine hcl oral tablet 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>qc vitamin b6 oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>ra vitamin b-6 oral tablet 100 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>sm vitamin b6 oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>sm vitamin b-6 oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
<i>vitamin b6 oral tablet 100 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 100 mg, 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 25 mg</i>	Preferred	QL (2 EA per 1 day)
<i>yl vitamin b-6 oral tablet 100 mg</i>	Preferred	QL (4 EA per 1 day)
*VITAMIN D*** - DRUGS FOR NUTRITION		
<i>aqueous vitamin d liquid 10 mcg/ml oral</i>	Preferred	CSHCS coverage only
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	Preferred	
<i>cvs d3 capsule 50 mcg (2000 ut) oral</i>	Preferred	CSHCS coverage only
<i>cvs d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>d 1000 oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>d 400 oral tablet 10 mcg (400 unit)</i>	Preferred	
<i>d 5000 oral capsule 125 mcg (5000 ut)</i>	Preferred	
<i>d-1000 extra strength oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>d2000 ultra strength capsule 50 mcg (2000 ut) oral</i>	Preferred	CSHCS coverage only
<i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i>	Preferred	
<i>d3 2000 oral capsule 50 mcg (2000 ut)</i>	Preferred	
<i>d3 5000 oral capsule 125 mcg (5000 ut)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>d3 high potency capsule 50 mcg (2000 ut) oral</i>	Preferred	CSHCS coverage only
<i>d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>d3 high potency oral tablet 10 mcg (400 unit)</i>	Preferred	
<i>d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	Preferred	
<i>d3 oral tablet 50 mcg (2000 ut)</i>	Preferred	
<i>d3 super strength oral capsule 50 mcg (2000 ut)</i>	Preferred	
<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>d3-1000 oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>d3-1000 tablet 25 mcg (1000 ut) oral</i>	Preferred	CSHCS coverage only
<i>d-3-5 oral capsule 125 mcg (5000 ut)</i>	Preferred	
<i>d-400 oral tablet 10 mcg (400 unit)</i>	Preferred	
<i>d-5000 oral tablet 125 mcg (5000 ut)</i>	Preferred	
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	Preferred	
<i>d-vite pediatric liquid 10 mcg/ml oral</i>	Preferred	CSHCS coverage only
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	Preferred	
<i>eql vitamin d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Preferred	
<i>ergocalciferol oral solution 200 mcg/ml</i>	Preferred	
<i>ergocalciferol solution 200 mcg/ml oral</i>	Preferred	CSHCS coverage only
<i>finest nutrition vitamin d3 oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>ft vitamin d3 capsule 50 mcg oral</i>	Preferred	CSHCS coverage only
<i>gnp d 1000 oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)</i>	Preferred	
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>gnp vitamin d super strength oral tablet 125 mcg (5000 ut)</i>	Preferred	
<i>gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>gnp vitamin d3 oral tablet 10 mcg (400 unit)</i>	Preferred	
<i>kls d3 oral capsule 50 mcg (2000 ut)</i>	Preferred	
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>nat-rul vitamin d oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	Preferred	
<i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i>	Preferred	
<i>qc vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>ra vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	Preferred	
<i>sm vitamin d oral tablet 10 mcg (400 unit)</i>	Preferred	
<i>sm vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg, 50 mcg (2000 ut)</i>	Preferred	
<i>sm vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut)</i>	Preferred	
<i>vitamin d (cholecalciferol) oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	Preferred	
<i>vitamin d (cholecalciferol) tablet 25 mcg (1000 ut) oral</i>	Preferred	CSHCS coverage only
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Preferred	
<i>vitamin d capsule 50 mcg (2000 ut) oral</i>	Preferred	CSHCS coverage only
<i>vitamin d high potency oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>vitamin d infant liquid 10 mcg/ml oral</i>	Preferred	CSHCS coverage only
<i>vitamin d infant oral liquid 10 mcg/ml</i>	Preferred	
<i>vitamin d liquid 10 mcg/ml oral</i>	Preferred	CSHCS coverage only
<i>vitamin d oral capsule 50 mcg (2000 ut)</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 d tablet 50 mcg (2000 ut) oral</i>	Preferred	CSHCS coverage only
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>	Preferred	CSHCS coverage only
<i>vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	Preferred	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>vitamin d-3 oral capsule 25 mcg (1000 ut)</i>	Preferred	
<i>vitamin d3 oral liquid 10 mcg/ml</i>	Preferred	
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	
<i>vitamin d3 super strength oral capsule 50 mcg (2000 ut)</i>	Preferred	
<i>vitamin d3 super strength oral tablet 50 mcg (2000 ut)</i>	Preferred	
<i>vitamin d3 tablet 25 mcg (1000 ut) oral</i>	Preferred	CSHCS coverage only
<i>vitamin d3 tablet 25 mcg (1000 ut) oral</i>	Preferred	CSHCS Coverage Only
<i>vitamin d3 tablet 25 mcg oral</i>	Preferred	CSHCS coverage only
<i>vitamin d3 tablet 250 mcg (10000 ut) oral</i>	Preferred	CSHCS coverage only
<i>vitamin d3 tablet 50 mcg (2000 ut) oral</i>	Preferred	CSHCS coverage only
<i>vitamin d3 ultra potency oral tablet 1250 mcg</i>	Preferred	
<i>vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML (<i>cholecalciferol</i>)	Preferred	
CALCIDOL ORAL SOLUTION 200 MCG/ML (<i>ergocalciferol</i>)	Preferred	
CALCIDOL SOLUTION 200 MCG/ML ORAL (<i>ergocalciferol</i>)	Preferred	CSHCS coverage only
D3-50 ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT) (<i>cholecalciferol</i>)	Preferred	
DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	
PRONUTRIENTS VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT) (<i>cholecalciferol</i>)	Preferred	
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (<i>cholecalciferol</i>)	Preferred	
REPLESTA ORAL WAFER 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (<i>cholecalciferol</i>)	Preferred	
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT) (<i>cholecalciferol</i>)	Preferred	
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT) (<i>cholecalciferol</i>)	Preferred	
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	
*VITAMIN E*** - DRUGS FOR NUTRITION		
<i>aqueous vitamin e oral solution 15 mg/0.67ml</i>	Preferred	
<i>eql vitamin e oral capsule 400 unit</i>	Preferred	
<i>gnp vitamin e oral capsule 400 unit</i>	Preferred	
<i>true vitamin e capsule 180 mg oral</i>	Preferred	CSHCS coverage only
<i>true vitamin e capsule 450 mg oral</i>	Preferred	CSHCS coverage only
<i>true vitamin e capsule 90 mg oral</i>	Preferred	CSHCS coverage only
<i>vitamin e blend oral capsule 400 unit</i>	Preferred	
<i>vitamin e capsule 180 mg (400 unit) oral</i>	Preferred	CSHCS coverage only
<i>vitamin e capsule 450 mg (1000 ut) oral</i>	Preferred	CSHCS coverage only
<i>vitamin e oral capsule 1000 unit, 400 unit</i>	Preferred	
<i>vitamin e oral solution 15 mg/0.67ml</i>	Preferred	
<i>vitamin e solution 15 mg/0.67ml oral</i>	Preferred	CSHCS coverage only
<i>vitamin supplement e-400 capsule 180 mg (400 unit) oral</i>	Preferred	CSHCS coverage only
SOLUVITA E ORAL SOLUTION 15.8 MG/0.7ML (<i>vitamin e</i>)	Preferred	
*VITAMIN K*** - DRUGS FOR NUTRITION		
<i>phytonadione oral tablet 5 mg</i>	Preferred	QL (3 EA per 30 days)

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