



Molina Healthcare of Nebraska

Medicaid

Preferred Drug List (Formulary)

FORMULARY GUIDE

INTRODUCTION

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

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

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

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

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

PLAN DESIGN

The document represents a closed drug list 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 preferred drug list exception may be requested for coverage. Medical necessity or preferred drug list exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-preferred prescription request criteria. Log in to www.molinahealthcare.com to check coverage.

Note: To promote safety in dosing, some medications are subject to age and dosing restrictions (i.e., edits) as per their respective FDA labeling and not denoted with AGE and/or QL indicators. Prior authorization may be required for doses or age limits outside the FDA recommendations.

PRESCRIPTION QUANTITIES

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 30-day supply, unless otherwise specified on the Preferred Drug List. Trial quantities may be used when trying new treatments, if appropriate.

NON-COVERED MEDICATIONS

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

- Appetite Suppressants / Anorexiants for weight loss
- Drugs for Cosmetic Purposes, including hair growth
- Drugs used to treat infertility

- Drugs used to treat erectile dysfunction
- 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)
- Experimental or Investigational Medications

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Preferred Drug List may be approved when medically necessary and when preferred drug list options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at 1-877-281-5364. 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 Nebraska's Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

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

*NOTE: Samples given to members in providers’ offices do not constitute evidence of existing therapy on a medication for prior authorization purposes. When choosing to provide samples, providers should choose only samples of medications on the Molina Healthcare preferred drug list.

CLASSES OF CONSIDERATION

OPIOID ANALGESICS

Molina Healthcare of Nebraska (MHNE) follows state requirements regarding opioid safety limits. Prior authorization (PA) is required for the following scenario(s):

- Opioid-naïve members (as defined as members with no opioid prescription for the previous 90 days) with a prescription for a short acting opioid that is either:
 - Greater than a 7 day supply, OR
 - Greater than 50 morphine milligram equivalents (MME) per day.
- Molina also follows state requirements for short acting opioids. Members are limited to a cumulative total of 150 oral dosage units per 30 days.

The following constitute exceptions from these limits:

- Members with sickle cell disease, cancer, or those receiving palliative or end-of-life

MHNE began using information systems to identify members receiving doses of opioids greater than 90 MME per day. PA is required in order to continue on chronic high dose opioids (greater than 90 MME per day). In evaluating PA requests for doses above these new limits, MHNE will be looking for supporting documentation including, but not limited to, pain consultation supporting the dose requested, signed and dated patient prescriber agreement, and medical records documenting treatment plan including rationale for the high dose and titration to current dose and plan.

REQUESTING PREFERRED DRUG LIST CHANGES

If you are a prescriber and would like to request a preferred drug list change, please submit your request and rationale to Molina's Pharmacy Department with your contact information. Requests can be faxed to 1-877-281-5364.

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 3-day supply of a medication before prior authorization may be obtained from Molina.(e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription). Successive 3-day supplies for a single prescription are not permitted.

In case of an emergency, a member who currently is enrolled in the Nebraska Medicaid Restrictive Services Program is allowed to obtain a 72-hour supply of a medication filled at a pharmacy that is not his/her designated lock-in pharmacy.

Pharmacies are instructed to call the Pharmacy Help Desk for assistance with emergency overrides.

NOTICE

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

LEGEND

AGE	Age Limit
OTC	Over-the-counter covered benefit with a prescription
QL	Quantity limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

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italics = Generic drugs		
UPPERCASE = Brand name drugs	Status	Notes
Drug	Status	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant - Drugs For The Nervous System		
*Adhd Agent - Selective Alpha Adrenergic Agonists*** - Drugs For Attention Deficit Disorder		
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
<i>cloNIDine HCl ER Oral Tablet Extended Release 12 Hour 0.1 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 6 Years)
<i>guanFACINE HCl ER Oral Tablet Extended Release 24 Hour 1 MG, 2 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day); AGE (Min 6 Years)
<i>guanFACINE HCl ER Oral Tablet Extended Release 24 Hour 3 MG, 4 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*** - Drugs For Attention Deficit Disorder		
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	Preferred	AGE (Min 6 Years)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 6 Years)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
<i>Atomoxetine HCl Oral Capsule 10 MG, 18 MG, 25 MG, 40 MG</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>Atomoxetine HCl Oral Capsule 100 MG, 60 MG, 80 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
*Amphetamine Mixtures*** - Drugs For Attention Deficit Disorder		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Preferred	AGE (Min 5 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Preferred	QL (2 EA per 1 day); AGE (Min 5 Years)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 13 Years)
<i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 5 Years)
<i>Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG</i>	Preferred	AGE (Min 5 Years)
<i>Amphet-Dextroamphet 3-Bead ER Oral Capsule Extended Release 24 Hour 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 13 Years)
*Amphetamines*** - Drugs For Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	Non-Preferred	PA; AGE (Min 5 Years)

Drug	Status	Notes
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	Preferred	AGE (Min 6 Years)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	Preferred	AGE (Min 6 Years)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	Non-Preferred	PA; AGE (Min 6 Years and Max 17 Years)
EVEKEO ORAL TABLET 10 MG, 5 MG	Non-Preferred	PA; AGE (Min 5 Years)
PROCENTRA ORAL SOLUTION 5 MG/5ML	Non-Preferred	PA; AGE (Min 5 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Preferred	QL (1 EA per 1 day); AGE (Min 5 Years)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Preferred	QL (1 EA per 1 day); AGE (Min 5 Years)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR	Non-Preferred	PA; AGE (Min 6 Years)
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Non-Preferred	PA; AGE (Min 5 Years)
<i>Amphetamine Sulfate Oral Tablet 10 MG, 5 MG</i>	Non-Preferred	PA; AGE (Min 5 Years)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 5 MG</i>	Non-Preferred	PA; AGE (Min 5 Years)
<i>Dextroamphetamine Sulfate Oral Solution 5 MG/5ML</i>	Non-Preferred	PA; AGE (Min 5 Years)
<i>Dextroamphetamine Sulfate Oral Tablet 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG</i>	Non-Preferred	PA; AGE (Min 5 Years)
<i>Lisdexamfetamine Dimesylate Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
<i>Lisdexamfetamine Dimesylate Oral Tablet Chewable 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
<i>Methamphetamine HCl Oral Tablet 5 MG</i>	Non-Preferred	PA; AGE (Min 5 Years)
*Analeptics*** - Drugs For The Nervous System		
<i>Caffeine Citrate Oral Solution 20 MG/ML, 60 MG/3ML</i>	Preferred	Note (120 mL / lifetime); AGE (Max 1 Years)
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*** - Drugs For Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG	Non-Preferred	PA; QL (1 EA per 1 day)
*Histamine H3-Receptor Antagonist/Inverse Agonists*** - Drugs For Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
WAKIX ORAL TABLET 4.45 MG	Non-Preferred	PA; SP; QL (3 EA per 1 day)
*Stimulant Combinations*** - Drugs For Attention Deficit Disorder		
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
*Stimulants - Misc.*** - Drugs For Attention Deficit Disorder		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	Preferred	QL (1 EA per 1 day); AGE (Min 5 Years)

Drug	Status	Notes
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	Preferred	QL (2 EA per 1 day); AGE (Min 5 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years and Max 17 Years)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years and Max 18 Years)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 5 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
METHYLIN ORAL SOLUTION 10 MG/5ML	Preferred	AGE (Min 5 Years)
METHYLIN ORAL SOLUTION 5 MG/5ML	Preferred	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
PROVIGIL ORAL TABLET 100 MG, 200 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	Preferred	AGE (Min 5 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Preferred	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG, 72 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 5 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years and Max 65 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	Non-Preferred	PA; AGE (Min 5 Years)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Preferred	PA; AGE (Min 5 Years)
<i>Armodafinil Oral Tablet 150 MG, 200 MG, 250 MG, 50 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Min 5 Years)
<i>Dexmethylphenidate HCl Oral Tablet 10 MG, 2.5 MG, 5 MG</i>	Preferred	QL (2 EA per 1 day); AGE (Min 5 Years)
<i>Methylphenidate HCl ER (CD) Oral Capsule Extended Release 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
<i>Methylphenidate HCl ER (LA) Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 30 MG, 40 MG</i>	Non-Preferred	PA; AGE (Min 5 Years)
<i>Methylphenidate HCl ER (LA) Oral Capsule Extended Release 24 Hour 60 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
<i>Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 18 MG, 27 MG, 54 MG, 72 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)

Drug	Status	Notes
<i>Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 36 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 5 Years)
<i>Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 45 MG, 63 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years and Max 65 Years)
<i>Methylphenidate HCl ER (XR) Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 10 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 5 Years)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 20 MG</i>	Non-Preferred	PA; QL (3 EA per 1 day); AGE (Min 5 Years)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 18 MG, 27 MG, 54 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 36 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 5 Years)
<i>Methylphenidate HCl Oral Solution 10 MG/5ML</i>	Preferred	AGE (Min 5 Years)
<i>Methylphenidate HCl Oral Solution 5 MG/5ML</i>	Preferred	
<i>Methylphenidate HCl Oral Tablet 10 MG, 20 MG, 5 MG</i>	Preferred	AGE (Min 5 Years)
<i>Methylphenidate HCl Oral Tablet Chewable 10 MG, 2.5 MG, 5 MG</i>	Non-Preferred	PA; AGE (Min 5 Years)
<i>Methylphenidate Transdermal Patch 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years and Max 18 Years)
<i>Modafinil Oral Tablet 100 MG, 200 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
Allergenic Extracts/Biologicals Misc - Biological Agents		
*Allergenic Extracts*** - Biological Agents		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years and Max 65 Years)
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)

Drug	Status	Notes
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Non-Preferred	PA; SP; AGE (Min 4 Years)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years and Max 65 Years)
*Mixed Allergenic Extracts*** - Biological Agents		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years and Max 65 Years)
ORALAIR ADULT SAMPLE KIT SUBLINGUAL TABLET SUBLINGUAL 300 IR	Non-Preferred	PA; AGE (Min 5 Years and Max 65 Years)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR	Non-Preferred	PA; AGE (Min 5 Years and Max 65 Years)
ORALAIR CHILDRENS SAMPLE KIT SUBLINGUAL THERAPY PACK 3 X 100 IR & 6 X 300 IR	Non-Preferred	PA
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR	Non-Preferred	PA; AGE (Min 5 Years and Max 65 Years)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Non-Preferred	PA; AGE (Min 5 Years and Max 65 Years)
Alternative Medicines - Vitamins And Minerals		
*Alternative Medicine - Me's*** - Vitamins And Minerals		
<i>CVS Melatonin Oral Capsule 5 MG</i>	Preferred	QL (2 EA per 1 day)
<i>CVS Melatonin Oral Tablet 3 MG, 5 MG</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Melatonin Quick-Dissolve Oral Tablet Dispersible 5 MG</i>	Preferred	QL (2 EA per 1 day)
<i>GNP Melatonin Maximum Strength Oral Tablet 5 MG</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Melatonin Oral Tablet 3 MG</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Melatonin Oral Tablet Extended Release 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>HM Melatonin Oral Tablet 5 MG</i>	Preferred	QL (1 EA per 1 day)
<i>HM Melatonin Oral Tablet Extended Release 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>KP Melatonin Oral Tablet 3 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Melatonin ER Oral Tablet Extended Release 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Melatonin Maximum Strength Oral Tablet 5 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Melatonin Oral Capsule 3 MG</i>	Preferred	
<i>Melatonin Oral Capsule 5 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Melatonin Oral Liquid 1 MG/4ML, 2.5 MG/10ML</i>	Preferred	QL (20 ML per 1 day)
<i>Melatonin Oral Tablet 1 MG, 3 MG, 5 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Melatonin Oral Tablet 300 MCG</i>	Preferred	
<i>Melatonin Oral Tablet Dispersible 5 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Melatonin TR Oral Tablet Extended Release 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>MM Melatonin Oral Tablet Extended Release 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>QC Melatonin Max St Oral Tablet 5 MG</i>	Preferred	QL (1 EA per 1 day)
<i>RA Melatonin Oral Tablet 3 MG, 5 MG</i>	Preferred	QL (1 EA per 1 day)
<i>SM Melatonin Oral Tablet 3 MG, 5 MG</i>	Preferred	QL (1 EA per 1 day)
<i>SM Melatonin Oral Tablet Dispersible 5 MG</i>	Preferred	QL (2 EA per 1 day)

Drug	Status	Notes
SV Melatonin Oral Tablet 5 MG	Preferred	QL (1 EA per 1 day)
*Alternative Medicine Combinations - Two Ingredients*** - Vitamins And Minerals		
MELATIN ORAL TABLET 3-1 MG	Preferred	QL (2 EA per 1 day)
EQL Melatonin/Vitamin B-6 Oral Tablet 3-1 MG	Preferred	QL (2 EA per 1 day)
Melatonin Oral Tablet 3-2 MG	Preferred	
Melatonin TR with Vitamin B6 Oral Tablet Extended Release 3-10 MG	Preferred	QL (1 EA per 1 day)
Melatonin/Vitamin B-6 Ex St Oral Tablet 3-1 MG	Preferred	QL (2 EA per 1 day)
Amebicides - Drugs For Infections		
*Amebicides*** - Drugs For Parasites		
SOLOSEC ORAL PACKET 2 GM	Non-Preferred	PA
Aminoglycosides - Drugs For Infections		
*Aminoglycosides*** - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Non-Preferred	PA
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	Preferred	PA; SP
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Preferred	PA; SP
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Non-Preferred	PA; SP
TOBI PODHALER INHALATION CAPSULE 28 MG	Preferred	PA; SP; QL (8 EA per 1 day); AGE (Min 6 Years)
Neomycin Sulfate Oral Tablet 500 MG	Preferred	
Paromomycin Sulfate Oral Capsule 250 MG	Non-Preferred	PA
Tobramycin Inhalation Nebulization Solution 300 MG/4ML	Non-Preferred	PA; SP
Tobramycin Inhalation Nebulization Solution 300 MG/5ML	Preferred	PA; SP
Tobramycin NEBULIZATION SOLUTION 300 MG/5ML INHALATION	Non-Preferred	PA; SP
Analgesics - Anti-Inflammatory - Drugs For Pain And Fever		
*Antirheumatic - Janus Kinase (Jak) Inhibitors*** - Arthritis And Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 4 MG	Non-Preferred	PA; SP
OLUMIANT ORAL TABLET 2 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
XELJANZ ORAL SOLUTION 1 MG/ML	Non-Preferred	PA; SP; QL (20 ML per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
*Antirheumatic Antimetabolites*** - Arthritis And Pain Drugs		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Non-Preferred	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.4ML	Non-Preferred	PA; QL (1.6 ML per 23 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Non-Preferred	PA
*Anti-Tnf-Alpha - Monoclonal Antibodies*** - Arthritis And Pain Drugs		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA; AGE (Min 2 Years)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA; AGE (Min 2 Years)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 4 Years)
CYLTEZO-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Preferred	PA; AGE (Min 6 Years)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
CYLTEZO-PSORIASIS/UV STARTER AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Preferred	PA; AGE (Min 18 Years)

Drug	Status	Notes
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Preferred	PA; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Preferred	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Preferred	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Preferred	PA; SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Preferred	PA; SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	Preferred	PA; SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Preferred	PA; SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Preferred	PA; SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Preferred	PA; SP
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Preferred	PA; SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)

Drug	Status	Notes
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA; AGE (Min 2 Years)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA; AGE (Min 2 Years)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Non-Preferred	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Non-Preferred	PA; SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	Non-Preferred	PA; AGE (Min 2 Years)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 6 Years)
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
<i>Adalimumab-aacf (2 Pen) Subcutaneous Auto-Injector Kit 40 MG/0.8ML</i>	Non-Preferred	PA; SP; AGE (Min 2 Years)
<i>Adalimumab-aaty (1 Pen) Subcutaneous Auto-Injector Kit 40 MG/0.4ML, 80 MG/0.8ML</i>	Non-Preferred	PA; AGE (Min 2 Years)
<i>Adalimumab-aaty (2 Pen) Subcutaneous Auto-Injector Kit 40 MG/0.4ML</i>	Non-Preferred	PA; AGE (Min 2 Years)
<i>Adalimumab-aaty (2 Syringe) Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML, 40 MG/0.4ML</i>	Non-Preferred	PA; AGE (Min 2 Years)
<i>Adalimumab-adaz Subcutaneous Solution Auto-Injector 40 MG/0.4ML</i>	Non-Preferred	PA; SP; AGE (Min 2 Years)
<i>Adalimumab-adaz Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML</i>	Non-Preferred	PA; SP; AGE (Min 2 Years)
<i>Adalimumab-adbm (2 Pen) Subcutaneous Auto-Injector Kit 40 MG/0.4ML</i>	Non-Preferred	PA; AGE (Min 2 Years)
<i>Adalimumab-adbm (2 Pen) Subcutaneous Auto-Injector Kit 40 MG/0.8ML</i>	Non-Preferred	PA; SP; AGE (Min 2 Years)

Drug	Status	Notes
Adalimumab-adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit 10 MG/0.2ML, 20 MG/0.4ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
Adalimumab-adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit 40 MG/0.4ML	Non-Preferred	PA; AGE (Min 2 Years)
Adalimumab-adbm (2 Syringe) Subcutaneous Prefilled Syringe Kit 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 4 Years)
Adalimumab-adbm(CDIUC/HS Strt) Auto-Injector Kit 40 MG/0.4ML Subcutaneous	Non-Preferred	PA; AGE (Min 6 Years)
Adalimumab-adbm(CDIUC/HS Strt) Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
Adalimumab-adbm(Ps/UV Starter) Auto-Injector Kit 40 MG/0.4ML Subcutaneous	Non-Preferred	PA; AGE (Min 18 Years)
Adalimumab-adbm(Ps/UV Starter) Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
Adalimumab-fkjp Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
Adalimumab-fkjp Subcutaneous Prefilled Syringe Kit 20 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
Adalimumab-ryvk (2 Pen) Subcutaneous Auto-Injector Kit 40 MG/0.4ML	Non-Preferred	PA; AGE (Min 2 Years)
*Cyclooxygenase 2 (Cox-2) Inhibitors*** - Arthritis And Pain Drugs		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	Non-Preferred	PA
Celecoxib Oral Capsule 100 MG, 200 MG, 400 MG, 50 MG	Preferred	
*Interleukin-1 Blockers*** - Arthritis And Pain Drugs		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Non-Preferred	PA; SP
*Interleukin-1 Receptor Antagonist (Il-1Ra)*** - Arthritis And Pain Drugs		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Non-Preferred	PA; SP
*Interleukin-6 Receptor Inhibitors*** - Arthritis And Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Non-Preferred	PA; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Non-Preferred	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Non-Preferred	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Non-Preferred	PA; SP
*Nonsteroidal Anti-Inflammatory Agent Combinations*** - Arthritis And Pain Drugs		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG	Non-Preferred	PA

Drug	Status	Notes
DUEXIS ORAL TABLET 800-26.6 MG	Non-Preferred	PA
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG	Non-Preferred	PA
<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
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** - Arthritis And Pain Drugs		
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG	Preferred	QL (4 EA per 1 day)
DAYPRO ORAL TABLET 600 MG	Non-Preferred	PA
FELDENE ORAL CAPSULE 10 MG, 20 MG	Non-Preferred	PA; QL (1 EA per 1 day)
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Preferred	DS (90 DS)
KIPROFEN ORAL CAPSULE 25 MG	Non-Preferred	PA
LOFENA ORAL TABLET 25 MG	Non-Preferred	PA
NALFON ORAL CAPSULE 400 MG	Non-Preferred	PA
NALFON ORAL TABLET 600 MG	Non-Preferred	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Preferred	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML	Non-Preferred	PA
RELAFEN DS ORAL TABLET 1000 MG	Non-Preferred	PA
TOLECTIN 600 ORAL TABLET 600 MG	Non-Preferred	PA
<i>All Day Pain Relief Oral Tablet 220 MG</i>	Preferred	
<i>All Day Relief Oral Tablet 220 MG</i>	Preferred	
<i>Childrens Ibuprofen Oral Suspension 100 MG/5ML, 200 MG/10ML</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>Diclofenac Sodium Oral Tablet Delayed Release 25 MG</i>	Preferred	
<i>Diclofenac Sodium Oral Tablet Delayed Release 50 MG, 75 MG</i>	Preferred	DS (90 DS)
<i>EC-Naproxen Oral Tablet Delayed Release 375 MG, 500 MG</i>	Preferred	DS (90 DS)
<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
<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>FT All Day Pain Relief Oral Tablet 220 MG</i>	Preferred	
<i>FT Ibuprofen Childrens Oral Suspension 100 MG/5ML</i>	Preferred	

Drug	Status	Notes
<i>FT Ibuprofen IB Childrens Oral Tablet Chewable 100 MG</i>	Preferred	
<i>FT Ibuprofen Minis Oral Capsule 200 MG</i>	Preferred	DS (90 DS)
<i>FT Ibuprofen Oral Capsule 200 MG</i>	Preferred	DS (90 DS)
<i>FT Ibuprofen Oral Tablet 200 MG</i>	Preferred	
<i>FT Naproxen Sodium Oral Capsule 220 MG</i>	Preferred	
<i>GNP Childrens Ibuprofen Oral Suspension 100 MG/5ML</i>	Preferred	
<i>GNP Ibuprofen Childrens Oral Tablet Chewable 100 MG</i>	Preferred	
<i>GNP Ibuprofen Infants Oral Suspension 50 MG/1.25ML</i>	Preferred	
<i>GNP Ibuprofen Oral Capsule 200 MG</i>	Preferred	DS (90 DS)
<i>GNP Ibuprofen Oral Tablet 200 MG</i>	Preferred	DS (90 DS)
<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 Childrens Oral Tablet Chewable 100 MG</i>	Preferred	
<i>GoodSense Ibuprofen Infants Oral Suspension 50 MG/1.25ML</i>	Preferred	
<i>GoodSense Ibuprofen Oral Capsule 200 MG</i>	Preferred	DS (90 DS)
<i>GoodSense Ibuprofen Oral Tablet 200 MG</i>	Preferred	DS (90 DS)
<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 Tablet 200 MG</i>	Preferred	DS (90 DS)
<i>IBU-200 Oral Tablet 200 MG</i>	Preferred	DS (90 DS)
<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	DS (90 DS)
<i>Ibuprofen Oral Suspension 100 MG/5ML</i>	Preferred	
<i>Ibuprofen Oral Tablet 200 MG, 400 MG, 600 MG, 800 MG</i>	Preferred	DS (90 DS)
<i>Indomethacin ER Oral Capsule Extended Release 75 MG</i>	Non-Preferred	PA
<i>Indomethacin Oral Capsule 25 MG, 50 MG</i>	Preferred	
<i>Indomethacin Oral Suspension 25 MG/5ML</i>	Non-Preferred	PA
<i>Indomethacin Rectal Suppository 50 MG</i>	Non-Preferred	PA
<i>Infants Ibuprofen Oral Suspension 50 MG/1.25ML</i>	Preferred	
<i>Ketoprofen ER Oral Capsule Extended Release 24 Hour 200 MG</i>	Non-Preferred	PA
<i>Ketoprofen Oral Capsule 50 MG, 75 MG</i>	Non-Preferred	PA

Drug	Status	Notes
<i>Ketorolac Tromethamine Nasal Solution 15.75 MG/SPRAY</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Ketorolac Tromethamine Oral Tablet 10 MG</i>	Preferred	QL (4 EA per 1 day)
<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; QL (1 EA per 1 day)
<i>Meloxicam Oral Tablet 15 MG, 7.5 MG</i>	Preferred	DS (90 DS)
<i>Nabumetone Oral Tablet 500 MG, 750 MG</i>	Preferred	
<i>Naproxen DR Oral Tablet Delayed Release 500 MG</i>	Preferred	DS (90 DS)
<i>Naproxen Oral Suspension 125 MG/5ML</i>	Non-Preferred	PA
<i>Naproxen Oral Tablet 250 MG, 375 MG, 500 MG</i>	Preferred	DS (90 DS)
<i>Naproxen Oral Tablet Delayed Release 375 MG, 500 MG</i>	Preferred	DS (90 DS)
<i>Naproxen Sodium ER Oral Tablet Extended Release 24 Hour 375 MG, 500 MG, 750 MG</i>	Non-Preferred	PA
<i>Naproxen Sodium Oral Capsule 220 MG</i>	Preferred	
<i>Naproxen Sodium Oral Tablet 220 MG</i>	Preferred	
<i>Naproxen Sodium Oral Tablet 275 MG, 550 MG</i>	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; QL (1 EA per 1 day)
<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 Jr Oral Tablet 100 MG</i>	Preferred	QL (4 EA per 1 day)
<i>SM Ibuprofen Oral Capsule 200 MG</i>	Preferred	DS (90 DS)
<i>SM Ibuprofen Oral Tablet 200 MG</i>	Preferred	DS (90 DS)
<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	
<i>Tolmetin Sodium Oral Capsule 400 MG</i>	Non-Preferred	PA
<i>Tolmetin Sodium Oral Tablet 600 MG</i>	Non-Preferred	PA
*Phosphodiesterase 4 (Pde4) Inhibitors*** - Arthritis And Pain Drugs		
<i>OTEZLA ORAL TABLET 30 MG</i>	Preferred	PA; SP; QL (2 EA per 1 day)
<i>OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG</i>	Preferred	PA; SP; QL (2 EA per 1 day)
*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		
<i>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML</i>	Non-Preferred	PA; SP

Drug	Status	Notes
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Non-Preferred	PA; SP
*Soluble Tumor Necrosis Factor Receptor Agents*** - Arthritis And Pain Drugs		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Preferred	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Preferred	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Preferred	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Preferred	PA; SP
Analgesics - Nonnarcotic - Drugs For Pain And Fever		
*Analgesics Other*** - Arthritis And Pain Drugs		
APHEN ORAL TABLET 325 MG	Preferred	QL (12 EA per 1 day)
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG	Preferred	QL (6 EA per 1 day)
CHLORASEPTIC SORE THROAT ORAL LIQUID 1000 MG/30ML	Preferred	
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG	Preferred	QL (6 EA per 1 day)
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	Preferred	QL (34 EA per 1 day)
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	Preferred	QL (50 EA per 1 day)
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML	Preferred	
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	Preferred	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	Preferred	QL (6 EA per 1 day)
MAX RELIEF JUNIOR ORAL ELIXIR 160 MG/5ML	Preferred	
MEDI-TABS CHILDRENS ORAL ELIXIR 80 MG/2.5ML	Preferred	
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE 160 MG	Preferred	QL (6 EA per 1 day)
MIDOL ORAL TABLET EXTENDED RELEASE 650 MG	Preferred	QL (6 EA per 1 day)
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
NORTEMP ORAL SUSPENSION 160 MG/5ML	Preferred	
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML	Preferred	

Drug	Status	Notes
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML	Preferred	
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML	Preferred	
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML	Preferred	
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML	Preferred	
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
PHARBETOL ORAL TABLET 325 MG	Preferred	QL (12 EA per 1 day)
PHARBETOL ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
<i>8 Hour Arthritis Pain Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>8 Hour Arthritis Pain Reliever Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>8 Hour Pain Reliever Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>8 HR Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>8HR Muscle Aches & Pain Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Acetaminophen 8 Hour Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Acetaminophen Childrens Oral Solution 160 MG/5ML</i>	Preferred	
<i>Acetaminophen Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>Acetaminophen Childrens Oral Tablet Chewable 160 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Acetaminophen ER Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Acetaminophen Extra Strength Oral Liquid 500 MG/15ML</i>	Preferred	
<i>Acetaminophen Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Acetaminophen Infants Oral Suspension 160 MG/5ML</i>	Preferred	
<i>Acetaminophen Junior Strength Oral Tablet Dispersible 160 MG</i>	Preferred	QL (25 EA per 1 day)
<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, 325 MG/10.15ML, 650 MG/20.3ML, 80 MG/2.5ML</i>	Preferred	
<i>Acetaminophen Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Acetaminophen Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Acetaminophen Oral Tablet Chewable 160 MG, 80 MG</i>	Preferred	QL (6 EA per 1 day)

Drug	Status	Notes
<i>Acetaminophen Rapid Tabs Child Oral Tablet Dispersible 80 MG</i>	Preferred	QL (50 EA per 1 day)
<i>Acetaminophen Rectal Suppository 120 MG</i>	Preferred	QL (34 EA per 1 day)
<i>Acetaminophen Rectal Suppository 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Aminofen Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Aminofen Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>APAP Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>APAP Extra Strength Oral Liquid 500 MG/15ML</i>	Preferred	
<i>APAP Oral Elixir 160 MG/5ML</i>	Preferred	
<i>Apra Oral Elixir 160 MG/5ML</i>	Preferred	
<i>Arthritis Pain APAP Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Arthritis Pain Reliever Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Aurophen Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>BetaTemp Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>Childrens Acetaminophen Oral Suspension 160 MG/5ML, 325 MG/10.15ML</i>	Preferred	
<i>Childrens Acetaminophen Oral Tablet Dispersible 80 MG</i>	Preferred	QL (50 EA per 1 day)
<i>Childrens APAP Oral Tablet Chewable 80 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Childrens Aspirin Free Oral Elixir 80 MG/2.5ML</i>	Preferred	
<i>Childrens Non-Aspirin Oral Suspension 160 MG/5ML</i>	Preferred	
<i>Childrens Non-Aspirin Oral Tablet Chewable 80 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Childrens Pain Reliever Oral Tablet Chewable 80 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Childrens Pain Reliever Oral Tablet Dispersible 80 MG</i>	Preferred	QL (50 EA per 1 day)
<i>Childrens Silapap Oral Liquid 160 MG/5ML</i>	Preferred	
<i>Childrens Tactinal Oral Tablet Chewable 80 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS 8HR Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS 8HR Muscle Aches & Pain Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS Acetaminophen Ex St Oral Liquid 500 MG/15ML</i>	Preferred	
<i>CVS Acetaminophen Ex St Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>CVS Acetaminophen Oral Liquid 500 MG/15ML</i>	Preferred	
<i>CVS Acetaminophen Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>CVS Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS Childs Non-Aspirin Oral Tablet Chewable 80 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS Fever Reducing Childrens Rectal Suppository 120 MG</i>	Preferred	QL (34 EA per 1 day)
<i>CVS Infants Pain Relief Drops Oral Suspension 160 MG/5ML</i>	Preferred	

Drug	Status	Notes
<i>CVS Non-Aspirin Childrens Oral Tablet Chewable 80 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS Non-Aspirin Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<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 Adult Oral Liquid 500 MG/15ML</i>	Preferred	
<i>CVS Pain Relief Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>CVS Pain Relief Childrens Oral Tablet Chewable 160 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS Pain Relief Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>CVS Pain Relief Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>CVS Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS Pain Relief Regular St Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Ed-APAP Oral Liquid 160 MG/5ML</i>	Preferred	
<i>EQ 8HR Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>EQ Acetaminophen Childrens Oral Tablet Dispersible 80 MG</i>	Preferred	QL (50 EA per 1 day)
<i>EQ Acetaminophen Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>EQ Acetaminophen Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>EQ Arthritis Pain Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>EQ Pain & Fever Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>EQ Pain & Fever Childrens Oral Tablet Chewable 160 MG</i>	Preferred	QL (6 EA per 1 day)
<i>EQ Pain & Fever Infants Oral Suspension 160 MG/5ML</i>	Preferred	
<i>EQ Pain Relief/Rapid Burst Oral Liquid 500 MG/15ML</i>	Preferred	
<i>EQ Pain Reliever Ex St Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>EQ Pain Reliever Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>EQ Pain Reliever Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>EQL Acetaminophen Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>EQL Acetaminophen Ex St Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>EQL Acetaminophen Infants Oral Suspension 160 MG/5ML</i>	Preferred	
<i>EQL Acetaminophen Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>EQL Acetaminophen Oral Tablet Dispersible 160 MG</i>	Preferred	QL (25 EA per 1 day)
<i>EQL Acetaminophen Rapid Tabs Oral Tablet Dispersible 160 MG</i>	Preferred	QL (25 EA per 1 day)
<i>EQL Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)

Drug	Status	Notes
<i>Fever Reducer Childrens Rectal Suppository 120 MG</i>	Preferred	QL (34 EA per 1 day)
<i>GNP 8 Hour Arthritis Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>GNP 8 Hour Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>GNP 8 Hour Pain Reliever Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Acetaminophen Ex St Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>GNP Acetaminophen Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>GNP Acetaminophen Oral Tablet Chewable 160 MG</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Childrens Easy-Melts Oral Tablet Dispersible 80 MG</i>	Preferred	QL (50 EA per 1 day)
<i>GNP Children's Pain & Fever Oral Suspension 160 MG/5ML</i>	Preferred	
<i>GNP Infants Pain Relief Oral Suspension 160 MG/5ML</i>	Preferred	
<i>GNP Infants Pain/Fever Oral Suspension 160 MG/5ML</i>	Preferred	
<i>GNP Pain & 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 Liquid 500 MG/15ML</i>	Preferred	
<i>GNP Pain Relief Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>GNP Pain Relief Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>GoodSense Arthritis Pain Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<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	QL (8 EA per 1 day)
<i>GoodSense Pain Relief Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>GoodSense Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>HM Acetaminophen Childrens Oral Tablet Chewable 160 MG</i>	Preferred	QL (6 EA per 1 day)
<i>HM Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>HM Pain & Fever Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>HM Pain & Fever Infants Oral Suspension 160 MG/5ML</i>	Preferred	
<i>HM Pain Relief Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>HM Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)

Drug	Status	Notes
<i>HM Pain Relieve Child Dye-Free Oral Suspension 160 MG/5ML</i>	Preferred	
<i>HM Pain Reliever Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>HM Pain Reliever Infants Oral Suspension 160 MG/5ML</i>	Preferred	
<i>HM Pain Reliever Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Infants Pain & Fever Oral Suspension 160 MG/5ML</i>	Preferred	
<i>KLS Acetaminophen Ex St Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>KLS Rapid Release Pain Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Liquid Acetaminophen Oral Liquid 160 MG/5ML</i>	Preferred	
<i>Liquid Pain Relief Oral Liquid 160 MG/5ML</i>	Preferred	
<i>Mapap Arthritis Pain Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Mapap Oral Liquid 160 MG/5ML</i>	Preferred	
<i>Mapap Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Mapap Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Mapap Oral Tablet Chewable 80 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Meijer Aspirin Free Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Meijer Aspirin Free Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Meijer Jr St Aspirin Free Oral Tablet Chewable 160 MG</i>	Preferred	QL (6 EA per 1 day)
<i>MM Arthritis Pain Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>M-PAP Oral Liquid 160 MG/5ML</i>	Preferred	
<i>Non-Aspirin Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>Non-Aspirin Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Non-Aspirin Jr Strength Oral Tablet Chewable 160 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Non-Aspirin Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Non-Aspirin Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Non-Aspirin Pain Relief Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Non-Aspirin Pain Reliever Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Pain & Fever Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>Pain & Fever Childrens Oral Tablet Chewable 160 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Pain & Fever Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Pain & Fever Infants Oral Suspension 160 MG/5ML</i>	Preferred	
<i>Pain & Fever Kids Oral Suspension 160 MG/5ML</i>	Preferred	
<i>Pain & Fever Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Pain Relief Childrens Oral Elixir 160 MG/5ML, 240 MG/7.5ML, 325 MG/10.15ML, 40 MG/1.25ML, 480 MG/15ML, 650 MG/20.31ML, 80 MG/2.5ML</i>	Preferred	
<i>Pain Relief Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>Pain Relief Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Pain Relief Oral Liquid 500 MG/15ML</i>	Preferred	
<i>Pain Relief Regular Strength Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)

Drug	Status	Notes
<i>Pain Reliever Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Pain Reliever for Adults Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Pain Reliever Oral Liquid 500 MG/15ML</i>	Preferred	
<i>Pain Reliever Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>Pain Reliever Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Pain Reliever/Fever Reducer Rectal Suppository 120 MG</i>	Preferred	QL (34 EA per 1 day)
<i>PX Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>PX Childrens Pain Relief Oral Suspension 160 MG/5ML</i>	Preferred	
<i>PX Pain Relief Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>QC 8 Hour Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Acetaminophen 8 Hours Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Acetaminophen 8Hr Arth Pain Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Acetaminophen 8Hr Musc Ache Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Acetaminophen Infants Oral Suspension 160 MG/5ML</i>	Preferred	
<i>QC Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Non-Aspirin 8 Hour Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Non-Aspirin Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>QC Non-Aspirin Childrens Oral Tablet Chewable 160 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Non-Aspirin Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>QC Non-Aspirin Jr Strength Oral Tablet Dispersible 160 MG</i>	Preferred	QL (25 EA per 1 day)
<i>QC Pain Relief Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>QC Pain Relief Extra Strength Oral Liquid 500 MG/15ML</i>	Preferred	
<i>QC Pain Relief Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>QC Pain Relief Infants Oral Suspension 160 MG/5ML</i>	Preferred	
<i>QC Pain Relief Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>RA 8 Hour Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>RA Acetaminophen Childrens Oral Tablet Chewable 160 MG</i>	Preferred	QL (6 EA per 1 day)
<i>RA Acetaminophen Ex St Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>RA Acetaminophen Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>RA Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)

Drug	Status	Notes
<i>RA Childrens Fever/Pain Oral Suspension 160 MG/5ML</i>	Preferred	
<i>RA Childrens Non-Aspirin 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</i>	Preferred	QL (12 EA per 1 day)
<i>RA Pain Relief Acetaminophen Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>RA Pain Reliever Ex St Oral Liquid 500 MG/15ML</i>	Preferred	
<i>SB Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>SB Childrens Non-Aspirin Oral Tablet Dispersible 80 MG</i>	Preferred	QL (50 EA per 1 day)
<i>SB Non-Aspirin Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>SB Non-Aspirin Jr Strength Oral Tablet Dispersible 160 MG</i>	Preferred	QL (25 EA per 1 day)
<i>SB Non-Aspirin Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>SB Non-Aspirin Oral Tablet Chewable 160 MG, 80 MG</i>	Preferred	QL (6 EA per 1 day)
<i>SB Pain Reliever Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>SB Pain Reliever Ex St Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>SM 8 Hour Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>SM Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>SM Arthritis Pain Reliever Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<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	QL (8 EA per 1 day)
<i>SM Pain Relief Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>SM Pain Reliever Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>SM Pain Reliever Ex St Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>SM Pain Reliever Ex St Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>SM Pain Reliever Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>SM Rapid Melts Junior Oral Tablet Dispersible 160 MG</i>	Preferred	QL (25 EA per 1 day)
<i>Tactical Extra Strength Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Tactical Oral Tablet 325 MG</i>	Preferred	QL (12 EA per 1 day)
<i>TGT Acetaminophen Childrens Oral Suspension 160 MG/5ML</i>	Preferred	
<i>TGT Acetaminophen Ex St Oral Tablet 500 MG</i>	Preferred	QL (8 EA per 1 day)

Drug	Status	Notes
<i>TGT Arthritis Pain Relief Oral Tablet Extended Release 650 MG</i>	Preferred	QL (6 EA per 1 day)
<i>TGT Childrens Acetaminophen Oral Suspension 160 MG/5ML</i>	Preferred	
*Analgesics-Sedatives*** - Arthritis And Pain Drugs		
BAC ORAL TABLET 50-325-40 MG	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Butalbital-Acetaminophen Oral Tablet 50-325 MG</i>	Preferred	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>Butalbital-APAP Oral Tablet 50-325 MG</i>	Preferred	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
*Salicylates*** - Arthritis And Pain Drugs		
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG	Preferred	DS (90 DS); QL (1 EA per 1 day)
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	Preferred	DS (90 DS); QL (12 EA per 1 day)
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Preferred	DS (90 DS); QL (1 EA per 1 day)
BAYER ASPIRIN ORAL TABLET 325 MG	Preferred	DS (90 DS); QL (12 EA per 1 day)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	Preferred	DS (90 DS); QL (12 EA per 1 day)
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	Preferred	DS (90 DS); QL (1 EA per 1 day)
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Preferred	DS (90 DS); QL (1 EA per 1 day)
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Preferred	DS (90 DS); QL (1 EA per 1 day)
ECPIRIN ORAL TABLET DELAYED RELEASE 325 MG	Preferred	DS (90 DS); QL (12 EA per 1 day)
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	Preferred	DS (90 DS); QL (12 EA per 1 day)
MEDIQUE ASPIRIN ORAL TABLET 325 MG	Preferred	DS (90 DS); QL (12 EA per 1 day)
MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Preferred	DS (90 DS); QL (1 EA per 1 day)
NORWICH ASPIRIN ORAL TABLET 325 MG	Preferred	DS (90 DS); QL (12 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Preferred	DS (90 DS); QL (1 EA per 1 day)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Preferred	DS (90 DS); QL (1 EA per 1 day)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Adult Aspirin Regimen Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin 81 Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin 81 Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)

Drug	Status	Notes
<i>Aspirin Adult Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin Adult Low Strength Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin Adult Low Strength Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin Adult Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>Aspirin Childrens Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin EC Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin EC Low Strength Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin Low Dose Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin Low Strength Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>Aspirin Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>Aspirin Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Aspirin Regimen Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Childrens Aspirin Low Strength Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Childrens Aspirin Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>CVS Aspirin Adult Low Dose Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>CVS Aspirin Adult Low Strength Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>CVS Aspirin EC Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>CVS Aspirin EC Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>CVS Aspirin Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>CVS Aspirin Low Strength Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>CVS Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>CVS Genuine Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>Diflunisal Oral Tablet 500 MG</i>	Non-Preferred	PA
<i>EQ Aspirin Adult Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>EQ Aspirin Low Dose Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>EQ Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>EQ Aspirin Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>EQL Aspirin EC Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>EQL Aspirin Low Dose Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>EQL Aspirin Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>EQL Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)

Drug	Status	Notes
<i>Genuine Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>GNP Adult Aspirin Low Strength Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>GNP Aspirin Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>GNP Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>GNP Aspirin Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>GNP Aspirin Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>GoodSense Aspirin Adult Low St Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>GoodSense Aspirin Adults Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>GoodSense Aspirin Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>GoodSense Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>GoodSense Aspirin Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>GoodSense Aspirin Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>H-E-B Aspirin Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>HM Adult Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>HM Aspirin EC Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>HM Aspirin EC Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>HM Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>HM Aspirin Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>HM Aspirin Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>KLS Aspirin EC Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>KLS Aspirin Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>KP Aspirin Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Meijer Aspirin EC Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>MM Aspirin Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>PX Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>PX Aspirin Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>PX Enteric Aspirin Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>PX Enteric Aspirin Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>QC Aspirin Low Dose Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>QC Aspirin Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>QC Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>QC Aspirin Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>QC Childrens Aspirin Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>QC Enteric Aspirin Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)

Drug	Status	Notes
<i>RA Aspirin Adult Low Dose Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>RA Aspirin Adult Low Strength Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>RA Aspirin Childrens Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>RA Aspirin EC Adult Low St Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>RA Aspirin EC Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>RA Aspirin EC Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>RA Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>RA Pain Relief Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>Salsalate Oral Tablet 500 MG, 750 MG</i>	Preferred	QL (4 EA per 1 day)
<i>SB Aspirin Adult Low Strength Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>SB Aspirin EC Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>SB Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>SB Aspirin Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>SB Childrens Aspirin Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>SB Low Dose ASA EC Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>SM Aspirin Adult Low Strength Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>SM Aspirin Adult Low Strength Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>SM Aspirin EC Low Strength Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>SM Aspirin EC Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>SM Aspirin Low Dose Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>SM Aspirin Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>SM Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>SM Childrens Aspirin Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>TGT Aspirin EC Oral Tablet Delayed Release 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>TGT Aspirin Low Dose Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>TGT Aspirin Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day)
<i>TGT Aspirin Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>TGT Aspirin Oral Tablet Delayed Release 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>TGT Childrens Aspirin Oral Tablet Chewable 81 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
Analgesics - Opioid - Drugs For Pain And Fever		
*Codeine Combinations*** - Arthritis And Pain Drugs		
<i>ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG</i>	Non-Preferred	PA
<i>Acetaminophen-Codeine Oral Solution 120-12 MG/5ML</i>	Preferred	

Drug	Status	Notes
Acetaminophen-Codeine Oral Tablet 300-15 MG, 300-30 MG, 300-60 MG	Preferred	QL (150 EA per 27 days); AGE (Min 12 Years)
Butalbital-APAP-Caff-Cod Oral Capsule 50-300-40-30 MG, 50-325-40-30 MG	Non-Preferred	PA
Butalbital-ASA-Caff-Codeine Oral Capsule 50-325-40-30 MG	Non-Preferred	PA
*Dihydrocodeine Combinations*** - Arthritis And Pain Drugs		
APAP-Caff-Dihydrocodeine Oral Capsule 320.5-30-16 MG	Non-Preferred	PA; QL (150 EA per 27 days); AGE (Min 12 Years)
*Hydrocodone Combinations*** - Arthritis And Pain Drugs		
HYDROcodone-Acetaminophen Oral Solution 2.5-108 MG/5ML, 5-217 MG/10ML, 7.5-325 MG/15ML	Preferred	
HYDROcodone-Acetaminophen Oral Tablet 10-300 MG, 10-325 MG, 5-300 MG, 5-325 MG, 7.5-300 MG, 7.5-325 MG	Preferred	QL (150 EA per 27 days)
HYDROcodone-Ibuprofen Oral Tablet 10-200 MG, 5-200 MG, 7.5-200 MG	Preferred	QL (150 EA per 27 days)
*Opioid Agonists*** - Arthritis And Pain Drugs		
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Non-Preferred	PA
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Non-Preferred	PA
DILAUDID ORAL LIQUID 1 MG/ML	Non-Preferred	PA
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	Non-Preferred	PA; QL (150 EA per 27 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Non-Preferred	PA
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Non-Preferred	PA; QL (1 EA per 1 day)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Non-Preferred	PA
METHADOSE ORAL CONCENTRATE 10 MG/ML	Non-Preferred	PA
METHADOSE ORAL TABLET SOLUBLE 40 MG	Non-Preferred	PA
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML	Non-Preferred	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	Non-Preferred	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Non-Preferred	PA; QL (150 EA per 27 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Non-Preferred	PA; QL (150 EA per 27 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Preferred	PA; QL (3 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG	Preferred	PA; QL (4 EA per 1 day)

Drug	Status	Notes
QDOLO ORAL SOLUTION 5 MG/ML	Non-Preferred	PA; QL (80 ML per 1 day); AGE (Min 12 Years)
ROXICODONE ORAL TABLET 15 MG, 30 MG	Non-Preferred	PA; QL (150 EA per 27 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	Non-Preferred	PA
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG	Preferred	PA; QL (3 EA per 1 day); AGE (Min 18 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG	Preferred	PA; QL (8 EA per 1 day); AGE (Min 18 Years)
<i>Codeine Sulfate Oral Tablet 15 MG, 30 MG, 60 MG</i>	Preferred	QL (150 EA per 27 days); 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
<i>fentaNYL Citrate Buccal Tablet 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</i>	Non-Preferred	PA
<i>FentaNYL Transdermal Patch 72 Hour 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR</i>	Preferred	PA; QL (0.5 EA per 1 day)
<i>FentaNYL Transdermal Patch 72 Hour 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	Non-Preferred	PA; QL (0.5 EA per 1 day)
<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; QL (1 EA per 1 day)
<i>HYDROMorphone HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 16 MG, 8 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>HYDROMorphone HCl ER Oral Tablet Extended Release 24 Hour 32 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day)
<i>HYDROMorphone HCl Oral Liquid 1 MG/ML</i>	Non-Preferred	PA
<i>HYDROMorphone HCl Oral Tablet 2 MG, 4 MG, 8 MG</i>	Preferred	QL (150 EA per 27 days)
<i>HYDROMorphone HCl Rectal Suppository 3 MG</i>	Non-Preferred	PA
<i>Levorphanol Tartrate Oral Tablet 2 MG, 3 MG</i>	Non-Preferred	PA; QL (150 EA per 27 days)
<i>Meperidine HCl Oral Solution 50 MG/5ML</i>	Non-Preferred	PA
<i>Meperidine HCl Oral Tablet 50 MG</i>	Non-Preferred	PA; QL (150 EA per 27 days)
<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 (Concentrate) Oral Solution 10 MG/0.5ML, 100 MG/5ML, 20 MG/ML</i>	Preferred	
<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; QL (1 EA per 1 day)
<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; QL (4 EA per 1 day)

Drug	Status	Notes
<i>Morphine Sulfate ER Oral Tablet Extended Release 100 MG, 15 MG, 200 MG, 30 MG, 60 MG</i>	Preferred	PA
<i>Morphine Sulfate Oral Solution 10 MG/5ML, 20 MG/5ML</i>	Preferred	
<i>Morphine Sulfate Oral Tablet 15 MG, 30 MG</i>	Preferred	QL (150 EA per 27 days)
<i>Morphine Sulfate Rectal Suppository 10 MG, 20 MG, 30 MG, 5 MG</i>	Non-Preferred	PA
<i>oxyCODONE HCl ER Oral Tablet ER 12 Hour Abuse-Deterrent 10 MG, 20 MG, 40 MG</i>	Non-Preferred	PA; QL (3 EA per 1 day)
<i>oxyCODONE HCl ER Oral Tablet ER 12 Hour Abuse-Deterrent 80 MG</i>	Non-Preferred	PA; QL (4 EA per 1 day)
<i>OxyCODONE HCl Oral Capsule 5 MG</i>	Non-Preferred	PA; QL (150 EA per 27 days)
<i>OxyCODONE HCl Oral Concentrate 100 MG/5ML</i>	Non-Preferred	PA
<i>oxyCODONE HCl Oral Solution 5 MG/5ML</i>	Preferred	
<i>oxyCODONE HCl Oral Tablet 10 MG, 15 MG, 20 MG, 30 MG, 5 MG</i>	Preferred	QL (150 EA per 27 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; QL (3 EA per 1 day)
<i>Oxymorphone HCl Oral Tablet 10 MG, 5 MG</i>	Non-Preferred	PA; QL (150 EA per 27 days)
<i>traMADol HCl (ER Biphasic) Oral Capsule Extended Release 24 Hour 100 MG, 200 MG, 300 MG</i>	Non-Preferred	PA
<i>traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 100 MG</i>	Non-Preferred	PA; QL (4 EA per 1 day)
<i>traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	Non-Preferred	PA
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG</i>	Preferred	PA; QL (4 EA per 1 day)
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	Preferred	PA
<i>traMADol HCl Oral Solution 5 MG/ML</i>	Non-Preferred	PA; QL (80 ML per 1 day); AGE (Min 12 Years)
<i>traMADol HCl Oral Tablet 100 MG</i>	Non-Preferred	PA; QL (4 EA per 1 day); AGE (Min 12 Years)
<i>traMADol HCl Oral Tablet 25 MG</i>	Non-Preferred	PA
<i>traMADol HCl Oral Tablet 50 MG</i>	Preferred	QL (8 EA per 1 day); AGE (Min 12 Years)
*Opioid Combinations*** - Arthritis And Pain Drugs		
<i>ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG</i>	Preferred	QL (150 EA per 27 days)
<i>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</i>	Non-Preferred	PA; QL (150 EA per 27 days)
<i>PROLATE ORAL SOLUTION 10-300 MG/5ML</i>	Non-Preferred	PA
<i>PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG</i>	Non-Preferred	PA; QL (150 EA per 27 days)
<i>Nalocet Oral Tablet 2.5-300 MG</i>	Non-Preferred	PA; QL (150 EA per 27 days)

Drug	Status	Notes
<i>oxyCODONE-Acetaminophen Oral Solution 5-325 MG/5ML</i>	Non-Preferred	PA
<i>Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</i>	Preferred	QL (150 EA per 27 days)
*Opioid Partial Agonists*** - Arthritis And Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	Preferred	PA; QL (4 EA per 23 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	Preferred	PA; SP
SUBOXONE SUBLINGUAL FILM 12-3 MG, 4-1 MG	Preferred	QL (2 EA per 1 day); AGE (Min 16 Years)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	Preferred	QL (3 EA per 1 day); AGE (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 11.4-2.9 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG	Non-Preferred	PA; QL (3 EA per 1 day); AGE (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG, 8.6-2.1 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
<i>Buprenorphine HCl Sublingual Tablet Sublingual 2 MG, 8 MG</i>	Preferred	QL (3 EA per 1 day); AGE (Min 16 Years)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film 12-3 MG, 4-1 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film 2-0.5 MG, 8-2 MG</i>	Non-Preferred	PA; QL (3 EA per 1 day); AGE (Min 16 Years)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual 2-0.5 MG, 8-2 MG</i>	Preferred	QL (3 EA per 1 day); AGE (Min 16 Years)
<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 (4 EA per 23 days)
<i>Butorphanol Tartrate Nasal Solution 10 MG/ML</i>	Non-Preferred	PA; QL (10 ML per 25 days)
<i>Pentazocine-Naloxone HCl Oral Tablet 50-0.5 MG</i>	Non-Preferred	PA; QL (150 EA per 27 days)
*Tramadol Combinations*** - Arthritis And Pain Drugs		
SEGLENTIS ORAL TABLET 56-44 MG	Non-Preferred	PA; AGE (Min 12 Years)
<i>traMADol-Acetaminophen Oral Tablet 37.5-325 MG</i>	Non-Preferred	PA; QL (150 EA per 27 days); AGE (Min 12 Years)
Androgens-Anabolic - Hormones		
*Androgens*** - Drugs For Men		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	Non-Preferred	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Preferred	PA

Drug	Status	Notes
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	Non-Preferred	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	Preferred	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	Non-Preferred	PA
NATESTO NASAL GEL 5.5 MG/ACT	Non-Preferred	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	Non-Preferred	PA
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Non-Preferred	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Non-Preferred	PA
<i>Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML</i>	Preferred	
<i>Testosterone Enanthate Intramuscular Solution 200 MG/ML</i>	Preferred	
<i>Testosterone Transdermal Gel 1.62 %, 10 MG/ACT (2%), 12.5 MG/ACT (1%), 20.25 MG/1.25GM (1.62%), 20.25 MG/ACT (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
Anorectal And Related Products - Rectal Preparations		
*Intrarectal Steroids*** - Rectal Preparations		
COLOCORT RECTAL ENEMA 100 MG/60ML	Preferred	QL (1680 ML per 25 days)
UCERIS RECTAL FOAM 2 MG/ACT	Non-Preferred	PA
<i>Budesonide Rectal Foam 2 MG</i>	Non-Preferred	PA
<i>Hydrocortisone Rectal Enema 100 MG/60ML</i>	Preferred	QL (1680 ML per 25 days)
*Rectal Anesthetic Combinations*** - Rectal Preparations		
AVEDANA HEMORRHOID PAIN RELIEF EXTERNAL CREAM 1-0.25-14.4-15 %	Preferred	
<i>CVS Hemorrhoidal External Cream 1-0.25-14.4-15 %</i>	Preferred	
<i>EQL Hemorrhoidal External Cream 1-0.25-14.4-15 %</i>	Preferred	
<i>Hemorrhoidal External Cream 1-0.25-14.4-15 %</i>	Preferred	
<i>Hemorrhoidal Max St/Aloe External Cream 1-0.25-14.4-15 %</i>	Preferred	
<i>Hemorrhoidal Max Str External Cream 1-0.25-14.4-15 %</i>	Preferred	
<i>PX Hemorrhoidal External Cream 1-0.25-14.4-15 %</i>	Preferred	
<i>QC Hemorrhoidal Max External Cream 1-0.25-14.4-15 %</i>	Preferred	
<i>QC Hemorrhoidal with Aloe External Cream 1-0.25-14.4-15 %</i>	Preferred	
<i>RA Hemorrhoidal External Cream 1-0.25-14.4-15 %</i>	Preferred	
<i>TGT Hemorrhoidal External Cream 1-0.25-14.4-15 %</i>	Preferred	
*Rectal Local Anesthetics*** - Rectal Preparations		
<i>Dibucaine (Perianal) External Ointment 1 %</i>	Preferred	

Drug	Status	Notes
QC Dibucaine (Perianal) External Ointment 1 %	Preferred	
*Rectal Steroids*** - Rectal Preparations		
ANUSOL-HC EXTERNAL CREAM 2.5 %	Preferred	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Preferred	QL (7 EA per 1 day)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	Preferred	QL (7 EA per 1 day)
PROCTOCORT EXTERNAL CREAM 1 %	Preferred	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Preferred	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Preferred	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Preferred	
Anucort-HC Rectal Suppository 25 MG	Preferred	QL (7 EA per 1 day)
Hydrocortisone (Perianal) External Cream 2.5 %	Preferred	
Hydrocortisone Acetate Rectal Suppository 25 MG	Preferred	QL (7 EA per 1 day)
Antacids - Drugs For The Stomach		
*Antacid & Simethicone*** - Drugs For Ulcers And Stomach Acid		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	Preferred	
ALMACONE ORAL SUSPENSION 200-200-20 MG/5ML	Preferred	
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML	Preferred	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	Preferred	
MI-ACID ORAL SUSPENSION 200-200-20 MG/5ML	Preferred	
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML	Preferred	
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG	Preferred	
MINTOX REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5ML	Preferred	
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	Preferred	
Alum & Mag Hydroxide-Simeth Oral Suspension 1200-1200-120 MG/30ML, 200-200-20 MG/5ML, 400-400-40 MG/5ML	Preferred	
Alumina-Magnesia-Simethicone Oral Suspension 200-200-20 MG/5ML	Preferred	
Aluminum-Magnesium-Simethicone Oral Suspension 200-200-20 MG/5ML	Preferred	
Antacid & Antigas Oral Suspension 200-200-20 MG/5ML	Preferred	
Antacid Advanced Oral Suspension 400-400-40 MG/5ML	Preferred	
Antacid Anti-Gas Max Strength Oral Suspension 400-400-40 MG/5ML	Preferred	
Antacid Anti-Gas Oral Suspension 200-200-20 MG/5ML	Preferred	

Drug	Status	Notes
<i>Antacid Anti-Gas Reg Strength 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	
<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 Oral Suspension 200-200-20 MG/5ML, 400-400-40 MG/10ML, 400-400-40 MG/5ML</i>	Preferred	
<i>Antacid Plus Anti-Gas Fast Act Oral Suspension 200-200-20 MG/5ML</i>	Preferred	
<i>Antacid Plus Anti-Gas Relief Oral Suspension 200-200-20 MG/5ML, 400-400-40 MG/5ML</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/Anti-Gas Oral Suspension 400-400-40 MG/5ML</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 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 Maximum Strength Oral Suspension 400-400-40 MG/5ML</i>	Preferred	
<i>EQ Antacid Oral Suspension 200-200-20 MG/5ML</i>	Preferred	
<i>EQ Antacid/Anti-Gas Oral Suspension 200-200-20 MG/5ML</i>	Preferred	
<i>EQL Antacid Advanced Max St Oral Suspension 400-400-40 MG/5ML</i>	Preferred	
<i>EQL Antacid/Anti-Gas Oral Suspension 200-200-20 MG/5ML</i>	Preferred	
<i>Fast Acting Antacid/Anti-Gas Oral Suspension 400-400-40 MG/5ML</i>	Preferred	
<i>Geri-Lanta Maximum Strength Oral Suspension 400-400-40 MG/5ML</i>	Preferred	

Drug	Status	Notes
<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 Suspension 200-200-20 MG/5ML</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>HM Advanced Antacid Max St Oral Suspension 400-400-40 MG/5ML</i>	Preferred	
<i>HM Antacid Anti-Gas Ex St Oral Suspension 400-400-40 MG/5ML</i>	Preferred	
<i>HM Antacid Oral Suspension 200-200-20 MG/5ML</i>	Preferred	
<i>HM Antacid/Antigas Oral Suspension 200-200-20 MG/5ML</i>	Preferred	
<i>Mag-AI Plus Oral Liquid 200-200-20 MG/5ML</i>	Preferred	
<i>Mag-AI 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>Mi-Acid Maximum Strength Oral Suspension 400-400-40 MG/5ML</i>	Preferred	
<i>Milantex Extra Strength Oral Suspension 400-400-40 MG/5ML</i>	Preferred	
<i>Milantex Oral Suspension 200-200-20 MG/5ML</i>	Preferred	
<i>Mintox Maximum Strength Oral Suspension 400-400-40 MG/5ML</i>	Preferred	
<i>PX Antacid Maximum Strength Oral Suspension 400-400-40 MG/5ML</i>	Preferred	
<i>PX Antacid Regular Strength Oral Suspension 200-200-20 MG/5ML</i>	Preferred	
<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	

Drug	Status	Notes
<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	
<i>SM Antacid/Antigas Oral Suspension 200-200-20 MG/5ML</i>	Preferred	
<i>TGT Antacid Anti-Gas Oral Suspension 200-200-20 MG/5ML</i>	Preferred	
*Antacid Combinations*** - Drugs For Ulcers And Stomach Acid		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML	Preferred	
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	Preferred	
<i>Antacid Extra Strength Oral Tablet Chewable 160-105 MG, 675-135 MG</i>	Preferred	
<i>CVS Antacid Supreme Oral Suspension 400-135 MG/5ML</i>	Preferred	
<i>CVS Heartburn Relief Oral Tablet Chewable 160-105 MG</i>	Preferred	
<i>Gavis-Care Oral Suspension 95-358 MG/15ML</i>	Preferred	
<i>Geri-Lanta Supreme Oral Suspension 400-135 MG/5ML</i>	Preferred	
<i>GNP Antacid Extra Strength Oral Tablet Chewable 160-105 MG</i>	Preferred	
<i>Heartburn Antacid Ex St Oral Tablet Chewable 160-105 MG</i>	Preferred	
<i>QC Heartburn Antacid Oral Tablet Chewable 160-105 MG</i>	Preferred	
<i>TGT Antacid Extra Strength Oral Tablet Chewable 675-135 MG</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		
ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE 750 MG	Preferred	
ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG	Preferred	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	Preferred	
CHILDRENS SOOTHE ORAL TABLET CHEWABLE 400 MG	Preferred	
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG	Preferred	

Drug	Status	Notes
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG	Preferred	
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG	Preferred	
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG	Preferred	
<i>Antacid Calcium Extra Strength Oral Tablet Chewable 750 MG</i>	Preferred	
<i>Antacid Calcium Oral Tablet Chewable 500 MG</i>	Preferred	
<i>Antacid Calcium Rich Oral Tablet Chewable 500 MG</i>	Preferred	
<i>Antacid Extra Strength Oral Tablet Chewable 750 MG</i>	Preferred	
<i>Antacid Maximum Oral Tablet Chewable 1000 MG</i>	Preferred	
<i>Antacid Oral Tablet Chewable 500 MG, 750 MG</i>	Preferred	
<i>Antacid Regular Strength Oral Tablet Chewable 500 MG</i>	Preferred	
<i>Antacid Ultra Strength Oral Tablet Chewable 1000 MG</i>	Preferred	
<i>Calcium Antacid Extra Strength Oral Tablet Chewable 750 MG</i>	Preferred	
<i>Calcium Antacid Oral Tablet Chewable 500 MG</i>	Preferred	
<i>Calcium Antacid Ultra Max St Oral Tablet Chewable 1000 MG</i>	Preferred	
<i>Calcium Antacid Ultra Strength Oral Tablet Chewable 1000 MG</i>	Preferred	
<i>Calcium Carbonate Antacid Oral Suspension 1250 MG/5ML</i>	Preferred	
<i>Calcium Carbonate Antacid Oral Tablet 648 MG</i>	Preferred	
<i>Calcium Carbonate Antacid Oral Tablet Chewable 500 MG, 750 MG</i>	Preferred	
<i>Calcium Carbonate Oral Tablet Chewable 500 MG</i>	Preferred	
<i>Childrens Pepto Oral Tablet Chewable 400 MG</i>	Preferred	
<i>CVS Antacid Extra Oral Tablet Chewable 750 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 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 Extra Strength Oral Tablet Chewable 750 MG</i>	Preferred	

Drug	Status	Notes
<i>EQL Antacid Oral Tablet Chewable 500 MG</i>	Preferred	
<i>EQL Antacid Ultra Strength Oral Tablet Chewable 1000 MG</i>	Preferred	
<i>GNP Antacid Extra Strength Oral Tablet Chewable 750 MG</i>	Preferred	
<i>GNP Antacid Oral Tablet Chewable 500 MG</i>	Preferred	
<i>GNP Antacid Ultra Strength Oral Tablet Chewable 1000 MG</i>	Preferred	
<i>GoodSense Antacid Oral Tablet Chewable 1000 MG, 500 MG, 750 MG</i>	Preferred	
<i>HM Antacid Extra Strength Oral Tablet Chewable 750 MG</i>	Preferred	
<i>HM Antacid Oral Tablet Chewable 500 MG</i>	Preferred	
<i>HM Antacid Regular Strength Oral Tablet Chewable 500 MG</i>	Preferred	
<i>HM Calcium Antacid Ex St Oral Tablet Chewable 750 MG</i>	Preferred	
<i>HM Calcium Antacid Oral Tablet Chewable 500 MG, 750 MG</i>	Preferred	
<i>HM Calcium Antacid Ultra St Oral Tablet Chewable 1000 MG</i>	Preferred	
<i>Long Lasting Antacid Oral Tablet Chewable 500 MG</i>	Preferred	
<i>PX Antacid Extra Strength Oral Tablet Chewable 750 MG</i>	Preferred	
<i>PX Antacid Maximum Strength Oral Tablet Chewable 1000 MG</i>	Preferred	
<i>PX Calcium Antacid Oral Tablet Chewable 500 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 Extra Strength Oral Tablet Chewable 750 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	

Drug	Status	Notes
<i>TGT Antacid Extra Strength Oral Tablet Chewable 750 MG</i>	Preferred	
<i>TGT Antacid Oral Tablet Chewable 1000 MG</i>	Preferred	
*Antacids - Magnesium Salts*** - Drugs For Ulcers And Stomach Acid		
MAOX ORAL TABLET 420 MG	Preferred	
<i>GNP Magnesium Oxide Oral Tablet 250 MG</i>	Preferred	
<i>HM Magnesium Oral Tablet 250 MG</i>	Preferred	
<i>Magnesium Oxide Oral Tablet 250 MG, 420 MG</i>	Preferred	
<i>QC Magnesium Oral Tablet 250 MG</i>	Preferred	
Anthelmintics - Drugs For Infections		
*Anthelmintics*** - Drugs For Parasites		
BILTRICIDE ORAL TABLET 600 MG	Preferred	
EGATEN ORAL TABLET 250 MG	Non-Preferred	PA; AGE (Min 6 Years)
EMVERM ORAL TABLET CHEWABLE 100 MG	Non-Preferred	PA
STROMEKTOL ORAL TABLET 3 MG	Non-Preferred	PA
<i>Albendazole Oral Tablet 200 MG</i>	Preferred	
<i>CVS Pinworm Treatment Oral Suspension 144 (50 Base) MG/ML</i>	Preferred	
<i>Ivermectin Oral Tablet 3 MG</i>	Preferred	
<i>Pin-Away Oral Suspension 144 (50 Base) MG/ML</i>	Preferred	
<i>Pinworm Medicine Oral Suspension 144 (50 Base) MG/ML</i>	Preferred	
<i>Praziquantel Oral Tablet 600 MG</i>	Non-Preferred	PA
<i>Reeses Pinworm Medicine Oral Suspension 144 (50 Base) MG/ML</i>	Preferred	
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; DS (90 DS); QL (2 EA per 1 day)
*Nitrates*** - Drugs For Angina		
GONITRO SUBLINGUAL PACKET 400 MCG	Non-Preferred	PA
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG	Non-Preferred	PA
NITRO-BID TRANSDERMAL OINTMENT 2 %	Non-Preferred	PA
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	Non-Preferred	PA
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	Non-Preferred	PA
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	Non-Preferred	PA
<i>Isosorbide Dinitrate Oral Tablet 10 MG, 20 MG, 30 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Isosorbide Dinitrate Oral Tablet 40 MG</i>	Preferred	
<i>Isosorbide Dinitrate Tablet 40 MG Oral</i>	Non-Preferred	PA
<i>Isosorbide Dinitrate Tablet 5 MG Oral</i>	Non-Preferred	PA

Drug	Status	Notes
<i>Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 120 MG, 30 MG, 60 MG</i>	Preferred	DS (90 DS)
<i>Isosorbide Mononitrate Oral Tablet 10 MG, 20 MG</i>	Preferred	DS (90 DS)
<i>Nitroglycerin Sublingual Tablet Sublingual 0.3 MG, 0.4 MG, 0.6 MG</i>	Preferred	DS (90 DS)
<i>Nitroglycerin Transdermal Patch 24 Hour 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR</i>	Preferred	DS (90 DS)
<i>Nitroglycerin Translingual Solution 0.4 MG/SPRAY</i>	Non-Preferred	PA
Antianxiety Agents - Drugs For The Nervous System		
*Antianxiety Agents - Misc.*** - Drugs For Anxiety		
<i>busPIRone HCl Oral Tablet 10 MG, 15 MG, 30 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>busPIRone HCl Oral Tablet 7.5 MG</i>	Preferred	
<i>hydrOXYzine HCl Oral Syrup 10 MG/5ML</i>	Preferred	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hydrOXYzine HCl Oral Tablet 10 MG, 25 MG, 50 MG</i>	Preferred	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydrOXYzine Pamoate Oral Capsule 25 MG, 50 MG</i>	Preferred	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>Meprobamate Oral Tablet 200 MG, 400 MG</i>	Non-Preferred	PA
*Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML</i>	Non-Preferred	PA
<i>ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG</i>	Non-Preferred	PA
<i>DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML</i>	Non-Preferred	PA
<i>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</i>	Preferred	
<i>LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG</i>	Non-Preferred	PA; AGE (Min 18 Years)
<i>XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	Non-Preferred	PA
<i>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG</i>	Non-Preferred	PA
<i>ALPRAZolam ER Oral Tablet Extended Release 24 Hour 0.5 MG, 1 MG, 2 MG, 3 MG</i>	Non-Preferred	PA
<i>ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	Preferred	
<i>ALPRAZolam Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	Non-Preferred	PA
<i>ALPRAZolam XR Oral Tablet Extended Release 24 Hour 0.5 MG, 1 MG, 2 MG, 3 MG</i>	Non-Preferred	PA
<i>chlordiazePOXIDE HCl Oral Capsule 10 MG, 25 MG, 5 MG</i>	Preferred	
<i>Clorazepate Dipotassium Oral Tablet 15 MG, 3.75 MG, 7.5 MG</i>	Non-Preferred	PA

Drug	Status	Notes
<i>diazePAM Oral Concentrate 5 MG/ML</i>	Non-Preferred	PA
<i>diazePAM Oral Solution 5 MG/5ML</i>	Preferred	
<i>diazePAM Oral Tablet 10 MG, 2 MG, 5 MG</i>	Preferred	
<i>LORazepam Oral Concentrate 2 MG/ML</i>	Preferred	
<i>LORazepam Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	Preferred	
<i>Oxazepam Oral Capsule 10 MG, 15 MG, 30 MG</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</i>	Preferred	QL (8 EA per 1 day)
<i>Disopyramide Phosphate Oral Capsule 150 MG</i>	Preferred	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>quiNIDine Sulfate Oral Tablet 300 MG</i>	Preferred	QL (8 EA per 1 day)
*Antiarrhythmics Type I-B*** - Drugs For Abnormal Heart Rhythms		
<i>Mexiletine HCl Oral Capsule 150 MG, 200 MG, 250 MG</i>	Preferred	QL (6 EA per 1 day)
*Antiarrhythmics Type I-C*** - Drugs For Abnormal Heart Rhythms		
<i>Flecainide Acetate Oral Tablet 100 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Flecainide Acetate Oral Tablet 150 MG</i>	Preferred	QL (3 EA per 1 day)
<i>Flecainide Acetate Oral Tablet 50 MG</i>	Preferred	QL (7 EA per 1 day)
<i>Propafenone HCl Oral Tablet 150 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Propafenone HCl Oral Tablet 225 MG, 300 MG</i>	Preferred	QL (3 EA per 1 day)
*Antiarrhythmics Type Iii*** - Drugs For Abnormal Heart Rhythms		
<i>PACERONE ORAL TABLET 200 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day)
<i>Amiodarone HCl Oral Tablet 200 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day)
Antiasthmatic And Bronchodilator Agents - Drugs For The Lungs		
*5-Lipoxygenase Inhibitors*** - Drugs For Asthma/Copd		
<i>ZYFLO ORAL TABLET 600 MG</i>	Non-Preferred	PA
<i>Zileuton ER Oral Tablet Extended Release 12 Hour 600 MG</i>	Non-Preferred	PA
*Adrenergic Combinations*** - Drugs For Asthma/Copd		
<i>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</i>	Preferred	QL (2 EA per 1 day)
<i>ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT</i>	Preferred	QL (12 GM per 23 days)
<i>AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT</i>	Non-Preferred	PA; QL (1 EA per 23 days); AGE (Min 12 Years)

Drug	Status	Notes
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	Non-Preferred	PA; AGE (Min 12 Years)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	Non-Preferred	PA; AGE (Min 12 Years)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	Non-Preferred	PA; AGE (Min 12 Years)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Non-Preferred	PA; AGE (Min 18 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Preferred	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	Non-Preferred	PA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Non-Preferred	PA
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Non-Preferred	PA
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Non-Preferred	PA; QL (10.7 GM per 23 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Preferred	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT	Non-Preferred	PA
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Preferred	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Preferred	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Preferred	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Preferred	QL (60 EA per 25 days); AGE (Min 18 Years)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Non-Preferred	PA; QL (2 EA per 1 day)
<i>Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</i>	Non-Preferred	PA
<i>Fluticasone Furoate-Vilanterol Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT, 200-25 MCG/ACT</i>	Non-Preferred	PA
<i>Fluticasone-Salmeterol Inhalation Aerosol 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT</i>	Non-Preferred	PA; QL (12 GM per 23 days)
<i>Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</i>	Non-Preferred	PA; QL (2 EA per 1 day)
<i>Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT</i>	Non-Preferred	PA; AGE (Min 12 Years)

Drug	Status	Notes
<i>Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML</i>	Preferred	
*Anti-Ige Monoclonal Antibodies*** - Drugs For Asthma/Copd		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	Non-Preferred	PA; QL (0.29 ML per 1 day); AGE (Min 6 Years)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Non-Preferred	PA; QL (0.036 ML per 1 day); AGE (Min 6 Years)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Preferred	PA; SP; QL (0.29 ML per 1 day); AGE (Min 6 Years)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Preferred	PA; QL (0.29 ML per 1 day); AGE (Min 6 Years)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Preferred	PA; SP; QL (0.036 ML per 1 day); AGE (Min 6 Years)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Preferred	PA; SP; QL (0.29 EA per 1 day); AGE (Min 6 Years)
*Anti-Inflammatory Agents*** - Drugs For Asthma/Copd		
<i>Cromolyn Sodium Inhalation Nebulization Solution 20 MG/2ML</i>	Preferred	QL (26 ML per 1 day)
*Beta Adrenergics*** - Drugs For Asthma/Copd		
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	Non-Preferred	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	Non-Preferred	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Non-Preferred	PA; AGE (Min 4 Years)
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Preferred	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Non-Preferred	PA
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Preferred	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Preferred	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Non-Preferred	PA
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Preferred	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	Preferred	
<i>Albuterol Sulfate ER Oral Tablet Extended Release 12 Hour 4 MG, 8 MG</i>	Non-Preferred	PA
<i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT</i>	Preferred	
<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	

Drug	Status	Notes
<i>Albuterol Sulfate Oral Syrup 2 MG/5ML</i>	Preferred	
<i>Albuterol Sulfate Oral Tablet 2 MG, 4 MG</i>	Non-Preferred	PA
<i>Arformoterol Tartrate Inhalation Nebulization Solution 15 MCG/2ML</i>	Non-Preferred	PA
<i>Formoterol Fumarate Inhalation Nebulization Solution 20 MCG/2ML</i>	Non-Preferred	PA
<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
<i>Levalbuterol Tartrate Inhalation Aerosol 45 MCG/ACT</i>	Non-Preferred	PA
<i>Terbutaline Sulfate Oral Tablet 2.5 MG, 5 MG</i>	Non-Preferred	PA
*Bronchodilators - Anticholinergics*** - Drugs For Asthma/Copd		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Preferred	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Non-Preferred	PA
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG	Preferred	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Non-Preferred	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Non-Preferred	PA
YUPELRI INHALATION SOLUTION 175 MCG/3ML	Non-Preferred	PA
<i>Ipratropium Bromide Inhalation Solution 0.02 %</i>	Preferred	
<i>Tiotropium Bromide Monohydrate Inhalation Capsule 18 MCG</i>	Non-Preferred	PA
*Interleukin-5 Antagonists (Igg1 Kappa)*** - Drugs For Asthma/Copd		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Preferred	PA; SP; QL (1 ML per 23 days); AGE (Min 12 Years)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non-Preferred	PA; SP; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA; SP; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Non-Preferred	PA; SP
*Leukotriene Receptor Antagonists*** - Drugs For Asthma/Copd		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Non-Preferred	PA
SINGULAIR ORAL PACKET 4 MG	Non-Preferred	PA
SINGULAIR ORAL TABLET 10 MG	Non-Preferred	PA; QL (1 EA per 1 day)
SINGULAIR ORAL TABLET CHEWABLE 4 MG	Non-Preferred	PA; AGE (Max 11 Years)
SINGULAIR ORAL TABLET CHEWABLE 5 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Max 14 Years)
<i>Montelukast Sodium Oral Packet 4 MG</i>	Non-Preferred	PA
<i>Montelukast Sodium Oral Tablet 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Montelukast Sodium Oral Tablet Chewable 4 MG</i>	Preferred	AGE (Max 11 Years)

Drug	Status	Notes
<i>Montelukast Sodium Oral Tablet Chewable 5 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 14 Years)
<i>Zafirlukast Oral Tablet 10 MG, 20 MG</i>	Non-Preferred	PA
*Selective Phosphodiesterase 4 (Pde4) Inhibitors*** - Drugs For Asthma/Copd		
DALIRESP ORAL TABLET 250 MCG	Non-Preferred	PA; QL (28 EA per 310 days)
DALIRESP ORAL TABLET 500 MCG	Non-Preferred	PA
<i>Roflumilast Oral Tablet 250 MCG</i>	Preferred	PA; QL (28 EA per 310 days)
<i>Roflumilast Oral Tablet 500 MCG</i>	Preferred	PA
*Steroid Inhalants*** - Drugs For Asthma/Copd		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	Non-Preferred	PA; AGE (Min 12 Years)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT	Non-Preferred	PA; QL (1 EA per 23 days); AGE (Min 12 Years)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Preferred	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Preferred	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Preferred	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Preferred	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Preferred	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Preferred	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	Non-Preferred	PA
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	Preferred	DS (90 DS); AGE (Max 8 Years)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Preferred	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	Non-Preferred	PA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Non-Preferred	PA
<i>Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML</i>	Non-Preferred	PA
<i>Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT</i>	Non-Preferred	PA

Drug	Status	Notes
<i>Fluticasone Propionate HFA Inhalation Aerosol 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT</i>	Non-Preferred	PA; AGE (Max 8 Years)
*Thymic Stromal Lymphopoietin (Tslp) Antagonists*** - Drugs For Asthma/Copd		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Non-Preferred	PA; SP
*Xanthines*** - Drugs For Asthma/Copd		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Preferred	
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 300 MG</i>	Preferred	QL (4 EA per 1 day)
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 450 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Theophylline ER Oral Tablet Extended Release 24 Hour 400 MG, 600 MG</i>	Preferred	QL (3 EA per 1 day)
<i>Theophylline Oral Elixir 80 MG/15ML</i>	Preferred	
<i>Theophylline Oral Solution 80 MG/15ML</i>	Preferred	
Anticoagulants - Drugs For The Blood		
*Coumarin Anticoagulants*** - Drugs To Prevent Blood Clots		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Preferred	
<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	
*Direct Factor Xa Inhibitors*** - Drugs To Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Preferred	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Preferred	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Non-Preferred	PA; QL (1 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Non-Preferred	PA
XARELTO ORAL TABLET 10 MG	Preferred	
XARELTO ORAL TABLET 15 MG	Preferred	QL (2 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG	Preferred	PA; QL (2 EA per 1 day)
XARELTO ORAL TABLET 20 MG	Preferred	QL (1 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Preferred	
*Low Molecular Weight Heparins*** - Drugs To Prevent Blood Clots		
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	Non-Preferred	PA
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	Non-Preferred	PA
LOVENOX INJECTION SOLUTION 300 MG/3ML	Non-Preferred	PA

Drug	Status	Notes
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	Non-Preferred	PA
<i>Enoxaparin Sodium Injection Solution 300 MG/3ML</i>	Preferred	
<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	
*Synthetic Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	Non-Preferred	PA
<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
*Thrombin Inhibitors - Selective Direct & Reversible*** - Drugs To Prevent Blood Clots		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Preferred	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Non-Preferred	PA
<i>Dabigatran Etxilate Mesylate Oral Capsule 110 MG, 150 MG, 75 MG</i>	Non-Preferred	PA
Anticonvulsants - Drugs For The Nervous System		
*Anticonvulsants - Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Preferred	QL (10 EA per 25 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Preferred	QL (0.36 EA per 1 day); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	Preferred	QL (0.72 EA per 1 day); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	Preferred	QL (0.72 EA per 1 day); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Preferred	QL (0.36 EA per 1 day); AGE (Min 6 Years)
<i>CloBAZam Oral Tablet 10 MG, 20 MG</i>	Preferred	QL (2 EA per 1 day)
<i>clonazePAM Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	Preferred	QL (10 EA per 1 day)
*Anticonvulsants - Misc.*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Preferred	QL (8 EA per 1 day); AGE (Min 4 Years)
EPITOL ORAL TABLET 200 MG	Preferred	DS (90 DS); QL (8 EA per 1 day); AGE (Min 4 Years)
ROWEEPRA ORAL TABLET 1000 MG	Preferred	DS (90 DS); QL (3 EA per 1 day)
ROWEEPRA ORAL TABLET 500 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
ROWEEPRA ORAL TABLET 750 MG	Preferred	DS (90 DS); QL (4 EA per 1 day)

Drug	Status	Notes
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	Preferred	DS (90 DS); QL (4 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG	Preferred	DS (90 DS); QL (8 EA per 1 day)
SUBVENITE ORAL TABLET 150 MG, 200 MG	Preferred	DS (90 DS); QL (4 EA per 1 day)
SUBVENITE ORAL TABLET 25 MG	Preferred	DS (90 DS); QL (10 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Preferred	QL (60 ML per 1 day); AGE (Min 4 Years)
TEGRETOL ORAL TABLET 200 MG	Preferred	DS (90 DS); QL (8 EA per 1 day); AGE (Min 4 Years)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 400 MG	Preferred	QL (8 EA per 1 day); AGE (Min 4 Years)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	Preferred	DS (90 DS); QL (8 EA per 1 day); AGE (Min 4 Years)
<i>CarBAMazepine ER Oral Capsule Extended Release 12 Hour 100 MG, 200 MG, 300 MG</i>	Preferred	QL (8 EA per 1 day); AGE (Min 4 Years)
<i>carBAMazepine ER Oral Tablet Extended Release 12 Hour 100 MG, 400 MG</i>	Preferred	QL (8 EA per 1 day); AGE (Min 4 Years)
<i>carBAMazepine ER Oral Tablet Extended Release 12 Hour 200 MG</i>	Preferred	DS (90 DS); QL (8 EA per 1 day); AGE (Min 4 Years)
<i>carBAMazepine Oral Suspension 100 MG/5ML</i>	Preferred	QL (60 ML per 1 day); AGE (Min 4 Years)
<i>carBAMazepine Oral Tablet 200 MG</i>	Preferred	DS (90 DS); QL (8 EA per 1 day); AGE (Min 4 Years)
<i>carBAMazepine Oral Tablet Chewable 100 MG</i>	Preferred	DS (90 DS); QL (8 EA per 1 day); AGE (Min 4 Years)
<i>Gabapentin Oral Capsule 100 MG, 300 MG</i>	Preferred	QL (10 EA per 1 day)
<i>Gabapentin Oral Capsule 400 MG</i>	Preferred	QL (9 EA per 1 day)
<i>Gabapentin Oral Solution 250 MG/5ML, 300 MG/6ML</i>	Preferred	
<i>Gabapentin Oral Tablet 600 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Gabapentin Oral Tablet 800 MG</i>	Preferred	QL (4 EA per 1 day)
<i>Lacosamide Oral Solution 10 MG/ML</i>	Preferred	QL (20 ML per 1 day); AGE (Max 11 Years)
<i>Lacosamide Oral Tablet 100 MG, 150 MG, 200 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Lacosamide Oral Tablet 50 MG</i>	Preferred	QL (3 EA per 1 day)
<i>lamoTRlgine Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (8 EA per 1 day)
<i>lamoTRlgine Oral Tablet 150 MG, 200 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day)
<i>lamoTRlgine Oral Tablet 25 MG</i>	Preferred	DS (90 DS); QL (10 EA per 1 day)
<i>LamoTRlgine Oral Tablet Chewable 25 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Max 11 Years)
<i>LamoTRlgine Oral Tablet Chewable 5 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Max 11 Years)
<i>levETIRAcetam ER Oral Tablet Extended Release 24 Hour 500 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>levETIRAcetam ER Oral Tablet Extended Release 24 Hour 750 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day)

Drug	Status	Notes
<i>levETIRAcetam Oral Solution 100 MG/ML</i>	Preferred	QL (30 ML per 1 day)
<i>levETIRAcetam Oral Tablet 1000 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>levETIRAcetam Oral Tablet 250 MG, 500 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>levETIRAcetam Oral Tablet 750 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day)
<i>OXcarbazepine Oral Suspension 300 MG/5ML</i>	Preferred	DS (90 DS); QL (16.667 ML per 1 day)
<i>OXcarbazepine Oral Tablet 150 MG</i>	Preferred	DS (90 DS); QL (16 EA per 1 day); AGE (Min 4 Years)
<i>OXcarbazepine Oral Tablet 300 MG</i>	Preferred	DS (90 DS); QL (8 EA per 1 day); AGE (Min 4 Years)
<i>OXcarbazepine Oral Tablet 600 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 4 Years)
<i>Pregabalin Oral Capsule 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</i>	Preferred	PA; QL (3 EA per 1 day)
<i>Pregabalin Oral Capsule 225 MG, 300 MG</i>	Preferred	PA; QL (2 EA per 1 day)
<i>Primidone Oral Tablet 250 MG, 50 MG</i>	Preferred	QL (4 EA per 1 day)
<i>Rufinamide Oral Suspension 40 MG/ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 11 Years)
<i>Rufinamide Oral Tablet 200 MG</i>	Preferred	QL (3 EA per 1 day)
<i>Rufinamide Oral Tablet 400 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Topiramate Oral Capsule Sprinkle 15 MG, 25 MG</i>	Preferred	QL (8 EA per 1 day); AGE (Max 11 Years)
<i>Topiramate Oral Tablet 100 MG, 200 MG, 50 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Topiramate Oral Tablet 25 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day)
<i>Zonisamide Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Zonisamide Oral Capsule 25 MG, 50 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
*Gaba Modulators*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>VIGADRONE ORAL PACKET 500 MG</i>	Preferred	QL (6 EA per 1 day)
<i>VIGADRONE ORAL TABLET 500 MG</i>	Preferred	QL (6 EA per 1 day)
<i>tiaGABine HCl Oral Tablet 12 MG</i>	Preferred	QL (4.67 EA per 1 day)
<i>tiaGABine HCl Oral Tablet 16 MG</i>	Preferred	QL (3.5 EA per 1 day)
<i>tiaGABine HCl Oral Tablet 2 MG</i>	Preferred	QL (28 EA per 1 day)
<i>tiaGABine HCl Oral Tablet 4 MG</i>	Preferred	QL (14 EA per 1 day)
<i>Vigabatrin Oral Packet 500 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Vigabatrin Oral Tablet 500 MG</i>	Preferred	QL (6 EA per 1 day)
*Hydantoins*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG</i>	Preferred	QL (5 EA per 1 day)
<i>DILANTIN ORAL CAPSULE 100 MG, 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>DILANTIN ORAL SUSPENSION 125 MG/5ML</i>	Preferred	QL (20 ML per 1 day)
<i>PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG</i>	Preferred	QL (5 EA per 1 day)
<i>Phenytoin Oral Suspension 100 MG/4ML, 125 MG/5ML</i>	Preferred	QL (20 ML per 1 day)

Drug	Status	Notes
<i>Phenytoin Oral Tablet Chewable 50 MG</i>	Preferred	QL (5 EA per 1 day)
<i>Phenytoin Sodium Extended Oral Capsule 100 MG, 200 MG, 300 MG</i>	Preferred	QL (6 EA per 1 day)
*Succinimides*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>Ethosuximide Oral Capsule 250 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Ethosuximide Oral Solution 250 MG/5ML</i>	Preferred	QL (30 ML per 1 day)
*Valproic Acid*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG, 500 MG</i>	Preferred	DS (90 DS); QL (10 EA per 1 day); AGE (Min 4 Years)
<i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle 125 MG</i>	Preferred	DS (90 DS); QL (10 EA per 1 day); AGE (Min 4 Years)
<i>Divalproex Sodium Oral Tablet Delayed Release 125 MG</i>	Preferred	DS (90 DS); QL (15 EA per 1 day); AGE (Min 4 Years)
<i>Divalproex Sodium Oral Tablet Delayed Release 250 MG, 500 MG</i>	Preferred	DS (90 DS); QL (10 EA per 1 day); AGE (Min 4 Years)
<i>Valproic Acid Oral Capsule 250 MG</i>	Preferred	QL (20 EA per 1 day)
<i>Valproic Acid Oral Solution 250 MG/5ML</i>	Preferred	QL (100 ML per 1 day)
Antidepressants - Drugs For The Nervous System		
*Alpha-2 Receptor Antagonists (Tetracyclics)*** - Drugs For Depression		
<i>Mirtazapine Oral Tablet 15 MG, 45 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day); AGE (Min 4 Years)
<i>Mirtazapine Oral Tablet 30 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 4 Years)
*Antidepressants - Misc.*** - Drugs For Depression		
<i>buPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 100 MG, 200 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Min 4 Years)
<i>buPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 150 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 4 Years)
<i>buPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day); AGE (Min 4 Years)
<i>buPROPion HCl Oral Tablet 100 MG, 75 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 4 Years)
*Monoamine Oxidase Inhibitors (Maois)*** - Drugs For Depression		
<i>Phenelzine Sulfate Oral Tablet 15 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Min 4 Years)
<i>Tranylcypromine Sulfate Oral Tablet 10 MG</i>	Preferred	QL (8 EA per 1 day); AGE (Min 4 Years)
*Selective Serotonin Reuptake Inhibitors (SsrIs)*** - Drugs For Depression		
<i>Citalopram Hydrobromide Oral Solution 10 MG/5ML</i>	Preferred	DS (90 DS); QL (20 ML per 1 day)
<i>Citalopram Hydrobromide Oral Tablet 10 MG, 20 MG, 40 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day); AGE (Min 4 Years)
<i>Escitalopram Oxalate Oral Solution 5 MG/5ML</i>	Preferred	DS (90 DS)

Drug	Status	Notes
<i>Escitalopram Oxalate Oral Tablet 10 MG, 20 MG, 5 MG</i>	Preferred	DS (90 DS); AGE (Min 6 Years)
<i>FLUoxetine HCl Oral Capsule 10 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 4 Years)
<i>FLUoxetine HCl Oral Capsule 20 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 4 Years)
<i>FLUoxetine HCl Oral Capsule 40 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Min 4 Years)
<i>FLUoxetine HCl Oral Solution 20 MG/5ML</i>	Preferred	DS (90 DS)
<i>fluvoxamine Maleate Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 8 Years)
<i>Fluvoxamine Maleate Oral Tablet 25 MG, 50 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Min 8 Years)
<i>PARoxetine HCl Oral Tablet 10 MG</i>	Preferred	DS (90 DS); QL (5 EA per 1 day); AGE (Min 13 Years)
<i>PARoxetine HCl Oral Tablet 20 MG, 30 MG, 40 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day); AGE (Min 13 Years)
<i>Sertraline HCl Oral Concentrate 20 MG/5ML</i>	Preferred	
<i>Sertraline HCl Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Min 4 Years)
<i>Sertraline HCl Oral Tablet 25 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day); AGE (Min 4 Years)
<i>Sertraline HCl Oral Tablet 50 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 4 Years)
*Serotonin Modulators*** - Drugs For Depression		
<i>traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG</i>	Preferred	DS (90 DS); AGE (Min 14 Years)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snrts)*** - Drugs For Depression		
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Min 13 Years)
<i>Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 150 MG, 37.5 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day); AGE (Min 13 Years)
<i>Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 75 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 13 Years)
<i>Venlafaxine HCl Oral Tablet 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 13 Years)
*Tricyclic Agents*** - Drugs For Depression		
<i>Amitriptyline HCl Oral Tablet 10 MG, 25 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 4 Years)
<i>Amitriptyline HCl Oral Tablet 100 MG, 150 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 4 Years)
<i>Amitriptyline HCl Oral Tablet 50 MG, 75 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 4 Years)
<i>clomipRAMINE HCl Oral Capsule 25 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 4 Years)
<i>clomipRAMINE HCl Oral Capsule 50 MG, 75 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 4 Years)
<i>Desipramine HCl Oral Tablet 10 MG, 50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 4 Years)

Drug	Status	Notes
<i>Desipramine HCl Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 4 Years)
<i>Desipramine HCl Oral Tablet 150 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Min 4 Years)
<i>Desipramine HCl Oral Tablet 25 MG, 75 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 4 Years)
<i>Doxepin HCl Oral Capsule 10 MG, 100 MG, 25 MG, 50 MG, 75 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 4 Years)
<i>Doxepin HCl Oral Capsule 150 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Min 4 Years)
<i>Doxepin HCl Oral Concentrate 10 MG/ML</i>	Preferred	DS (90 DS); QL (30 ML per 1 day)
<i>Imipramine HCl Oral Tablet 10 MG, 25 MG, 50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 4 Years)
<i>Nortriptyline HCl Oral Capsule 10 MG, 25 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 4 Years)
<i>Nortriptyline HCl Oral Capsule 50 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 4 Years)
<i>Nortriptyline HCl Oral Capsule 75 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Min 4 Years)
<i>Protriptyline HCl Oral Tablet 10 MG, 5 MG</i>	Preferred	DS (90 DS); QL (8 EA per 1 day); AGE (Min 4 Years)
Antidiabetics - Hormones		
*Alpha-Glucosidase Inhibitors*** - Drugs For Diabetes		
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Preferred	PA
<i>Acarbose Oral Tablet 100 MG, 25 MG, 50 MG</i>	Preferred	
<i>Miglitol Oral Tablet 100 MG, 25 MG, 50 MG</i>	Non-Preferred	PA
*Antidiabetic - Amylin Analogs*** - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Non-Preferred	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Non-Preferred	PA
*Biguanides*** - Drugs For Diabetes		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	Non-Preferred	PA
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML	Non-Preferred	PA; AGE (Min 10 Years)
RIOMET ORAL SOLUTION 500 MG/5ML	Non-Preferred	PA
<i>metFORMIN HCl ER (MOD) Oral Tablet Extended Release 24 Hour 1000 MG, 500 MG</i>	Non-Preferred	PA
<i>metFORMIN HCl ER (OSM) Oral Tablet Extended Release 24 Hour 1000 MG, 500 MG</i>	Non-Preferred	PA
<i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG</i>	Preferred	DS (90 DS)
<i>metFORMIN HCl Oral Solution 500 MG/5ML</i>	Non-Preferred	PA
<i>metFORMIN HCl Oral Tablet 1000 MG, 500 MG, 850 MG</i>	Preferred	DS (90 DS)

Drug	Status	Notes
<i>metFORMIN HCl Oral Tablet 625 MG</i>	Non-Preferred	PA
*Diabetic Other - Combinations*** - Drugs For Diabetes		
DEX4 GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	
DEX4 NATURALS ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	
DEX4 POUCH PACK ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	
RELION GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	
<i>CVS Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Glucose Instant Energy Oral Tablet Chewable 4-6 GM-MG, 6-4 MG-GM</i>	Preferred	
<i>Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Glucose-Vitamin C Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>GNP Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>GoodSense Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>HM Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Hy-Vee Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Kroger Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Leader Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Longs Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Meijer Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Preferred Plus Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>PX Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>RA Glucose Oral Tablet Chewable 4-6 GM-MG, 6-4 MG-GM</i>	Preferred	
<i>SM Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>TGT Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Up & Up Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Value Plus Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
<i>Walgreens Glucose Oral Tablet Chewable 4-6 GM-MG</i>	Preferred	
*Diabetic Other*** - Drugs For Diabetes		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Preferred	AGE (Min 4 Years)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Preferred	AGE (Min 4 Years)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Preferred	

Drug	Status	Notes
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Non-Preferred	PA; AGE (Min 2 Years)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Non-Preferred	PA; AGE (Min 2 Years)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Non-Preferred	PA; AGE (Min 2 Years)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Non-Preferred	PA; AGE (Min 2 Years)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	Preferred	AGE (Min 6 Years)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	Non-Preferred	PA; AGE (Min 6 Years)
<i>Diazoxide Oral Suspension 50 MG/ML</i>	Non-Preferred	PA
<i>Glucagon Emergency Injection Kit 1 MG</i>	Preferred	
<i>Glucagon Emergency Injection Solution Reconstituted 1 MG/ML</i>	Non-Preferred	PA
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** - Drugs For Diabetes		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
TRADJENTA ORAL TABLET 5 MG	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Alogliptin Benzoate Oral Tablet 12.5 MG, 25 MG, 6.25 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>sAXagliptin HCl Oral Tablet 2.5 MG, 5 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>SITagliptin Oral Tablet 100 MG, 25 MG, 50 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Zituvio Oral Tablet 100 MG, 25 MG, 50 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** - Drugs For Diabetes		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)

Drug	Status	Notes
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Alogliptin-metFORMIN HCl Oral Tablet 12.5-1000 MG, 12.5-500 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
<i>sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 2.5-1000 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>sAXagliptin-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG, 5-500 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations*** - Drugs For Diabetes		
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Alogliptin-Pioglitazone Oral Tablet 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
*Human Insulin*** - Drugs For Diabetes		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	Non-Preferred	PA
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non-Preferred	PA; QL (30 ML per 25 days)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Non-Preferred	PA
APIDRA INJECTION SOLUTION 100 UNIT/ML	Preferred	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non-Preferred	PA; QL (30 ML per 25 days)
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non-Preferred	PA; QL (30 ML per 25 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non-Preferred	PA
FIASP INJECTION SOLUTION 100 UNIT/ML	Non-Preferred	PA
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Non-Preferred	PA
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Non-Preferred	PA
HUMALOG INJECTION SOLUTION 100 UNIT/ML	Preferred	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Non-Preferred	PA; QL (30 ML per 25 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Preferred	QL (30 ML per 25 days)

Drug	Status	Notes
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Preferred	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Preferred	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non-Preferred	PA
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Preferred	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Preferred	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Preferred	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Preferred	QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Preferred	PA; QL (18 ML per 25 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Preferred	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Preferred	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	Non-Preferred	PA
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Non-Preferred	PA
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non-Preferred	PA
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Non-Preferred	PA; QL (30 ML per 25 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Non-Preferred	PA; QL (30 ML per 25 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Non-Preferred	PA
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Non-Preferred	PA
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 25 days)

Drug	Status	Notes
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Non-Preferred	PA
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Non-Preferred	PA
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Non-Preferred	PA
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Non-Preferred	PA
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Preferred	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Preferred	QL (30 ML per 25 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Non-Preferred	PA
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Non-Preferred	PA
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Preferred	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Preferred	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non-Preferred	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Preferred	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non-Preferred	PA
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Non-Preferred	PA
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Non-Preferred	PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Non-Preferred	PA
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Preferred	PA
<i>Insulin Asp Prot & Asp FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML</i>	Preferred	QL (30 ML per 25 days)
<i>Insulin Aspart FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML</i>	Preferred	QL (30 ML per 25 days)
<i>Insulin Aspart Injection Solution 100 UNIT/ML</i>	Preferred	

Drug	Status	Notes
<i>Insulin Aspart PenFill Subcutaneous Solution Cartridge 100 UNIT/ML</i>	Preferred	
<i>Insulin Aspart Prot & Aspart Subcutaneous Suspension (70-30) 100 UNIT/ML</i>	Preferred	
<i>Insulin Degludec FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML, 200 UNIT/ML</i>	Non-Preferred	PA
<i>Insulin Degludec Subcutaneous Solution 100 UNIT/ML</i>	Non-Preferred	PA
<i>Insulin Glargine Max SoloStar Subcutaneous Solution Pen-Injector 300 UNIT/ML</i>	Non-Preferred	PA
<i>Insulin Glargine Solostar Subcutaneous Solution Pen-Injector 100 UNIT/ML</i>	Preferred	QL (30 ML per 25 days)
<i>Insulin Glargine Solostar Subcutaneous Solution Pen-Injector 300 UNIT/ML</i>	Non-Preferred	PA
<i>Insulin Glargine Subcutaneous Solution 100 UNIT/ML</i>	Preferred	
<i>Insulin Glargine-yfgn Subcutaneous Solution 100 UNIT/ML</i>	Non-Preferred	PA
<i>Insulin Glargine-yfgn Subcutaneous Solution Pen-Injector 100 UNIT/ML</i>	Non-Preferred	PA
<i>Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-Injector 100 UNIT/ML</i>	Preferred	QL (30 ML per 25 days)
<i>Insulin Lispro Injection Solution 100 UNIT/ML</i>	Preferred	
<i>Insulin Lispro Junior KwikPen Subcutaneous Solution Pen-Injector 100 UNIT/ML</i>	Preferred	QL (30 ML per 25 days)
<i>Insulin Lispro Prot & Lispro Subcutaneous Suspension Pen-Injector (75-25) 100 UNIT/ML</i>	Non-Preferred	PA; QL (30 ML per 25 days)
*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, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Non-Preferred	PA
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** - Drugs For Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Non-Preferred	PA; QL (3.4 ML per 23 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Non-Preferred	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Non-Preferred	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Preferred	PA; QL (1.5 ML per 23 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Preferred	PA; QL (3 ML per 23 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Preferred	PA; QL (3 ML per 23 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Preferred	PA; QL (3 ML per 23 days)

Drug	Status	Notes
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Non-Preferred	PA
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Preferred	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Preferred	PA
*Insulin-Incretin Mimetic Combinations*** - Drugs For Diabetes		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Non-Preferred	PA
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Non-Preferred	PA
*Meglitinide Analogues*** - Drugs For Diabetes		
<i>Nateglinide Oral Tablet 120 MG, 60 MG</i>	Non-Preferred	PA
<i>Repaglinide Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	Preferred	
*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	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations*** - Drugs For Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Non-Preferred	PA; AGE (Min 18 Years)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** - Drugs For Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG	Preferred	PA; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Preferred	PA
JARDIANCE ORAL TABLET 10 MG, 25 MG	Preferred	PA; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG	Non-Preferred	PA; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 5 MG	Non-Preferred	PA; QL (2 EA per 1 day)
<i>Dapagliflozin Propanediol Oral Tablet 10 MG, 5 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
*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	Preferred	PA
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Non-Preferred	PA
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	Non-Preferred	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)

Drug	Status	Notes
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	Preferred	PA; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	Preferred	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	Preferred	PA; QL (2 EA per 1 day)
<i>Dapagliflozin Pro-metFORMIN ER Oral Tablet Extended Release 24 Hour 10-1000 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Dapagliflozin Pro-metFORMIN ER Oral Tablet Extended Release 24 Hour 5-1000 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day)
*Sulfonylurea-Biguanide Combinations*** - Drugs For Diabetes		
<i>glipiZIDE-metFORMIN HCl Oral Tablet 2.5-250 MG, 2.5-500 MG, 5-500 MG</i>	Preferred	DS (90 DS)
<i>GlyBURIDE-MetFORMIN Oral Tablet 1.25-250 MG, 2.5-500 MG, 5-500 MG</i>	Preferred	DS (90 DS)
*Sulfonylureas*** - Drugs For Diabetes		
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG	Non-Preferred	PA
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	Non-Preferred	PA
<i>Glimepiride Oral Tablet 1 MG, 2 MG, 4 MG</i>	Preferred	DS (90 DS)
<i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>glipiZIDE Oral Tablet 10 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>glipiZIDE Oral Tablet 2.5 MG</i>	Preferred	
<i>GlipiZIDE XL Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>glyBURIDE Micronized Oral Tablet 1.5 MG, 3 MG, 6 MG</i>	Preferred	DS (90 DS)
<i>glyBURIDE Oral Tablet 1.25 MG, 2.5 MG, 5 MG</i>	Preferred	DS (90 DS)
*Sulfonylurea-Thiazolidinedione Combinations*** - Drugs For Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Non-Preferred	PA
<i>Pioglitazone HCl-Glimepiride Oral Tablet 30-2 MG, 30-4 MG</i>	Non-Preferred	PA
*Thiazolidinedione-Biguanide Combinations*** - Drugs For Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG	Non-Preferred	PA
<i>Pioglitazone HCl-metFORMIN HCl Oral Tablet 15-500 MG, 15-850 MG</i>	Non-Preferred	PA
*Thiazolidinediones*** - Drugs For Diabetes		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Non-Preferred	PA
<i>Pioglitazone HCl Oral Tablet 15 MG, 30 MG, 45 MG</i>	Preferred	

Drug	Status	Notes
Antidiarrheal/Probiotic Agents - Drugs For The Stomach		
Antidiarrheal/Probiotic Agents - Misc.* - Drugs For Diarrhea		
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML	Preferred	
KAOPECTATE ORAL SUSPENSION 262 MG/15ML	Preferred	
KAOPECTATE ORAL TABLET 262 MG	Preferred	
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML	Preferred	
SOOTHE ORAL SUSPENSION 262 MG/15ML, 525 MG/30ML	Preferred	
SOOTHE ORAL TABLET 262 MG	Preferred	
SOOTHE ORAL TABLET CHEWABLE 262 MG	Preferred	
<i>Bismatrol Maximum Strength Oral Suspension 525 MG/15ML</i>	Preferred	
<i>Bismatrol Oral Suspension 262 MG/15ML</i>	Preferred	
<i>Bismatrol Oral Tablet Chewable 262 MG</i>	Preferred	
<i>Bismuth Oral Tablet Chewable 262 MG</i>	Preferred	
<i>Bismuth Subsalicylate Oral Suspension 525 MG/30ML</i>	Preferred	
<i>Bismuth Subsalicylate Oral Tablet Chewable 262 MG</i>	Preferred	
<i>CVS Anti-Diarrheal Oral Suspension 262 MG/15ML</i>	Preferred	
<i>CVS Bismuth Oral Tablet 262 MG</i>	Preferred	
<i>CVS Bismuth Oral Tablet Chewable 262 MG</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>Diotame Oral Tablet Chewable 262 MG</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, 525 MG/30ML</i>	Preferred	
<i>EQL Stomach Relief Oral Tablet 262 MG</i>	Preferred	
<i>EQL Stomach Relief Oral Tablet Chewable 262 MG</i>	Preferred	
<i>Geri-Pectate Oral Suspension 262 MG/15ML</i>	Preferred	
<i>GNP Pink Bismuth Oral Tablet 262 MG</i>	Preferred	
<i>GNP Pink Bismuth Oral Tablet Chewable 262 MG</i>	Preferred	
<i>GNP Stomach Relief Max St Oral Suspension 525 MG/15ML</i>	Preferred	

Drug	Status	Notes
<i>GNP Stomach Relief Oral Suspension 262 MG/15ML, 525 MG/30ML</i>	Preferred	
<i>GNP Stomach Relief Ultra Oral Suspension 525 MG/15ML</i>	Preferred	
<i>GoodSense Stomach Relief Oral Suspension 1050 MG/30ML, 525 MG/30ML</i>	Preferred	
<i>GoodSense Stomach Relief Oral Tablet Chewable 262 MG</i>	Preferred	
<i>HM Stomach Relief Max Strength Oral Suspension 525 MG/15ML</i>	Preferred	
<i>HM Stomach Relief Oral Suspension 262 MG/15ML, 525 MG/30ML</i>	Preferred	
<i>HM Stomach Relief Oral Tablet Chewable 262 MG</i>	Preferred	
<i>HM Stomach Relief Ultra Oral Suspension 525 MG/15ML</i>	Preferred	
<i>Medi-Bismuth Oral Tablet Chewable 262 MG</i>	Preferred	
<i>Peptic Relief Oral Tablet Chewable 262 MG</i>	Preferred	
<i>Pink Bismuth Maximum Strength Oral Suspension 525 MG/15ML</i>	Preferred	
<i>Pink Bismuth Oral Suspension 262 MG/15ML</i>	Preferred	
<i>PX Stomach Relief Max St Oral Suspension 525 MG/15ML</i>	Preferred	
<i>PX Stomach Relief Oral Suspension 262 MG/15ML</i>	Preferred	
<i>PX Stomach Relief Oral Tablet Chewable 262 MG</i>	Preferred	
<i>QC Diarrhea Relief Oral Suspension 262 MG/15ML</i>	Preferred	
<i>QC Pink Bismuth Oral Suspension 262 MG/15ML, 525 MG/15ML</i>	Preferred	
<i>QC Pink Bismuth Oral Tablet 262 MG</i>	Preferred	
<i>QC Pink Bismuth Oral Tablet Chewable 262 MG</i>	Preferred	
<i>QC Stomach Relief Oral Suspension 525 MG/30ML</i>	Preferred	
<i>QC Stomach Relief Oral Tablet 262 MG</i>	Preferred	
<i>QC Stomach Relief Oral Tablet Chewable 262 MG</i>	Preferred	
<i>QC Stomach Relief Ultra Oral Suspension 525 MG/15ML</i>	Preferred	
<i>RA Pink Bismuth Oral Tablet Chewable 262 MG</i>	Preferred	
<i>RA Stomach Relief Max St 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 Max St Oral Suspension 525 MG/15ML</i>	Preferred	
<i>SM Stomach Relief Oral Suspension 262 MG/15ML, 525 MG/30ML</i>	Preferred	
<i>SM Stomach Relief Oral Tablet 262 MG</i>	Preferred	
<i>SM Stomach Relief Oral Tablet Chewable 262 MG</i>	Preferred	
<i>Stomach Relief Extra Strength Oral Suspension 525 MG/15ML</i>	Preferred	

Drug	Status	Notes
<i>Stomach Relief Max St Oral Suspension 525 MG/15ML</i>	Preferred	
<i>Stomach Relief Oral Suspension 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 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	
<i>TGT Stomach Relief Oral Tablet 262 MG</i>	Preferred	
*Antiperistaltic Agents*** - Drugs For Diarrhea		
<i>Anti-Diarrheal Oral Capsule 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Anti-Diarrheal Oral Liquid 1 MG/7.5ML</i>	Preferred	
<i>Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>CVS Anti-Diarrheal Oral Capsule 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>CVS Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>CVS Loperamide HCl Oral Liquid 1 MG/7.5ML</i>	Preferred	
<i>Diamode Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG</i>	Preferred	QL (8 EA per 1 day)
<i>EQ Anti-Diarrheal Oral Capsule 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>EQ Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>EQ Loperamide HCl Oral Suspension 1 MG/7.5ML</i>	Preferred	
<i>EQL Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>EQL Loperamide HCl Oral Suspension 1 MG/7.5ML</i>	Preferred	
<i>GNP Anti-Diarrheal Oral Capsule 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>GNP Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>GNP Loperamide HCl Oral Liquid 1 MG/7.5ML</i>	Preferred	
<i>GNP Loperamide HCl Oral Suspension 1 MG/7.5ML</i>	Preferred	
<i>GoodSense Anti-Diarrheal Oral Liquid 1 MG/7.5ML</i>	Preferred	
<i>HM Anti-Diarrheal Oral Capsule 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>HM Anti-Diarrheal Oral Liquid 1 MG/7.5ML</i>	Preferred	
<i>HM Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>HM Loperamide HCl Oral Capsule 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>HM Loperamide HCl Oral Liquid 1 MG/7.5ML</i>	Preferred	
<i>KLS Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Loperamide HCl Oral Capsule 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Loperamide HCl Oral Liquid 1 MG/5ML, 1 MG/7.5ML</i>	Preferred	
<i>Loperamide HCl Oral Suspension 1 MG/7.5ML</i>	Preferred	
<i>Loperamide HCl Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Meijer Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>MM Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>PX Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>QC Anti-Diarrheal Oral Capsule 2 MG</i>	Preferred	QL (8 EA per 1 day)
<i>QC Anti-Diarrheal Oral Tablet 2 MG</i>	Preferred	QL (8 EA per 1 day)

Drug	Status	Notes
RA Anti-Diarrheal Oral Capsule 2 MG	Preferred	QL (8 EA per 1 day)
RA Anti-Diarrheal Oral Tablet 2 MG	Preferred	QL (8 EA per 1 day)
RA Loperamide HCl Oral Suspension 1 MG/7.5ML	Preferred	
SB Anti-Diarrhea Oral Tablet 2 MG	Preferred	QL (8 EA per 1 day)
SM Anti-Diarrheal Oral Capsule 2 MG	Preferred	QL (8 EA per 1 day)
SM Anti-Diarrheal Oral Liquid 1 MG/7.5ML	Preferred	
SM Anti-Diarrheal Oral Tablet 2 MG	Preferred	QL (8 EA per 1 day)
SM Loperamide HCl Oral Suspension 1 MG/7.5ML	Preferred	
TGT Anti-Diarrheal Oral Tablet 2 MG	Preferred	QL (8 EA per 1 day)
TGT Loperamide HCl Oral Capsule 2 MG	Preferred	QL (8 EA per 1 day)
Antidotes And Specific Antagonists - Drugs For Overdose Or Poisoning		
*Opioid Antagonists*** - Drugs For Overdose Or Poisoning		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Non-Preferred	PA
NARCAN NASAL LIQUID 4 MG/0.1ML	Non-Preferred	PA
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Non-Preferred	PA; AGE (Min 12 Years)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Preferred	AGE (Min 16 Years)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	Non-Preferred	PA
LifEMS Naloxone Injection Prefilled Syringe Kit 2 MG/2ML	Preferred	
Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML	Preferred	
Naloxone HCl Injection Solution Cartridge 0.4 MG/ML	Preferred	
Naloxone HCl Injection Solution Prefilled Syringe 2 MG/2ML	Preferred	
Naloxone HCl Liquid 4 MG/0.1ML Nasal (OTC)	Non-Preferred	PA
Naloxone HCl Nasal Liquid 4 MG/0.1ML	Preferred	
Naltrexone HCl Oral Tablet 50 MG	Preferred	AGE (Min 18 Years)
Antiemetics - Drugs For The Stomach		
*5-Ht3 Receptor Antagonists*** - Drugs For Vomiting And Nausea		
ANZEMET ORAL TABLET 50 MG	Non-Preferred	PA
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Non-Preferred	PA
Granisetron HCl Oral Tablet 1 MG	Non-Preferred	PA
Ondansetron HCl Oral Solution 4 MG/5ML	Preferred	
Ondansetron HCl Oral Tablet 4 MG, 8 MG	Preferred	
Ondansetron Oral Tablet Dispersible 4 MG, 8 MG	Preferred	
*Antiemetic Combinations*** - Drugs For Vomiting And Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG	Non-Preferred	PA
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	Non-Preferred	PA; QL (2 EA per 1 day)

Drug	Status	Notes
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	Preferred	PA; QL (4 EA per 1 day)
<i>Anti-Nausea Oral Solution 1.87-1.87-21.5</i>	Preferred	
<i>Doxylamine-Pyridoxine Oral Tablet Delayed Release 10-10 MG</i>	Non-Preferred	PA; QL (4 EA per 1 day)
<i>GNP Anti-Nausea Relief Oral Solution 1.87-1.87-21.5</i>	Preferred	
<i>GNP Nausea Relief Oral Solution 1.87-1.87-21.5</i>	Preferred	
<i>Nausea Relief Oral Solution 1.87-1.87-21.5</i>	Preferred	
*Antiemetics - Anticholinergic*** - Drugs For Vomiting And Nausea		
ANTIVERT ORAL TABLET 50 MG	Non-Preferred	PA
ANTIVERT ORAL TABLET CHEWABLE 25 MG	Non-Preferred	PA
DRIMINATE ORAL TABLET 50 MG	Preferred	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	Preferred	
<i>FT Motion Sickness Oral Tablet 25 MG, 50 MG</i>	Preferred	
<i>GNP Motion Sickness Relief Oral Tablet 25 MG, 50 MG</i>	Preferred	
<i>HM Motion Sickness Oral Tablet 50 MG</i>	Preferred	
<i>HM Motion Sickness Relief Oral Tablet 25 MG</i>	Preferred	
<i>Meclizine HCl Oral Tablet 12.5 MG, 25 MG, 50 MG</i>	Preferred	
<i>Meclizine HCl Oral Tablet Chewable 25 MG</i>	Preferred	
<i>Motion Sickness Relief Oral Tablet 25 MG, 50 MG</i>	Preferred	
<i>Motion-Time Oral Tablet Chewable 25 MG</i>	Preferred	
<i>Scopolamine Transdermal Patch 72 Hour 1 MG/3DAYS</i>	Non-Preferred	PA
<i>SM Motion Sickness Oral Tablet 25 MG, 50 MG</i>	Preferred	
<i>Trimethobenzamide HCl Oral Capsule 300 MG</i>	Non-Preferred	PA
*Antiemetics - Miscellaneous*** - Drugs For Vomiting And Nausea		
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	Non-Preferred	PA; AGE (Min 18 Years)
<i>Dronabinol Oral Capsule 10 MG, 2.5 MG, 5 MG</i>	Preferred	AGE (Min 18 Years)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** - Drugs For Vomiting And Nausea		
EMEND ORAL CAPSULE 80 MG	Non-Preferred	PA
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Non-Preferred	PA
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG	Non-Preferred	PA
<i>Aprepitant Oral 80 & 125 MG</i>	Non-Preferred	PA
<i>Aprepitant Oral Capsule 125 MG, 40 MG, 80 MG</i>	Preferred	
<i>Aprepitant Oral Capsule 80 & 125 MG</i>	Non-Preferred	PA
Antifungals - Drugs For Infections		
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)*** - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG	Non-Preferred	PA

Drug	Status	Notes
*Antifungals*** - Drugs For Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Non-Preferred	PA
<i>Flucytosine Oral Capsule 250 MG, 500 MG</i>	Non-Preferred	PA
<i>Griseofulvin Microsize Oral Suspension 125 MG/5ML</i>	Preferred	
<i>Griseofulvin Microsize Oral Tablet 500 MG</i>	Preferred	
<i>Griseofulvin Ultramicrosize Oral Tablet 125 MG, 250 MG</i>	Non-Preferred	PA
<i>Nystatin Oral Tablet 500000 UNIT</i>	Preferred	
<i>Terbinafine HCl Oral Tablet 250 MG</i>	Preferred	
*Imidazoles*** - Drugs For Fungus		
<i>Ketoconazole Oral Tablet 200 MG</i>	Non-Preferred	PA
*Tetrazoles*** - Drugs For Fungus		
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Non-Preferred	PA
*Triazoles*** - Drugs For Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Non-Preferred	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML	Non-Preferred	PA
DIFLUCAN ORAL TABLET 100 MG, 200 MG	Non-Preferred	PA
NOXAFIL ORAL PACKET 300 MG	Non-Preferred	PA; AGE (Min 2 Years)
NOXAFIL ORAL SUSPENSION 40 MG/ML	Non-Preferred	PA; AGE (Min 13 Years)
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	Non-Preferred	PA; AGE (Min 13 Years)
SPORANOX ORAL CAPSULE 100 MG	Non-Preferred	PA
SPORANOX ORAL SOLUTION 10 MG/ML	Non-Preferred	PA
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Non-Preferred	PA
VFEND ORAL TABLET 200 MG, 50 MG	Non-Preferred	PA
<i>Fluconazole Oral Suspension Reconstituted 10 MG/ML, 40 MG/ML</i>	Preferred	
<i>Fluconazole Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG</i>	Preferred	
<i>Itraconazole Oral Capsule 100 MG</i>	Non-Preferred	PA
<i>Itraconazole Oral Solution 10 MG/ML</i>	Non-Preferred	PA
<i>Posaconazole Oral Suspension 40 MG/ML</i>	Non-Preferred	PA; AGE (Min 13 Years)
<i>Posaconazole Oral Tablet Delayed Release 100 MG</i>	Non-Preferred	PA; AGE (Min 13 Years)
<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
Antihistamines - Drugs For The Lungs		
*Antihistamines - Alkylamines*** - Drugs For Allergies		
CHLORPHEN SR ORAL TABLET EXTENDED RELEASE 12 MG	Preferred	QL (2 EA per 1 day)

Drug	Status	Notes
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML	Preferred	
WAL-FINATE ORAL TABLET 4 MG	Preferred	QL (6 EA per 1 day)
<i>Aller-Chlor Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Allergy Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Allergy Oral Tablet Extended Release 12 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Allergy Relief Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Allergy-Time Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>ChlorHist Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Chlorphen Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Chlorpheniramine Maleate ER Oral Tablet Extended Release 12 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Chlorpheniramine Maleate Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS Allergy Relief Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS Allergy Relief Oral Tablet Extended Release 12 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Ed Chlorped Jr Oral Syrup 2 MG/5ML</i>	Preferred	
<i>EQ Chlortabs Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>EQL Allergy Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>FT Allergy Relief Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Allergy Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Allergy Relief Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>HM Allergy Relief Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Pharbechlor Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Allergy Relief 4-Hour Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Allergy Relief Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Chlor-Pheniramine Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>RA Allergy Relief Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>RA Chlorpheniramine Maleate Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>SB Chlorpheniramine Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
<i>SM Allergy 4 Hour Oral Tablet 4 MG</i>	Preferred	QL (6 EA per 1 day)
*Antihistamines - Ethanolamines*** - Drugs For Allergies		
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
BANOPHEN ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG	Preferred	QL (2 EA per 1 day)
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
MEDI-PHEDRYL ORAL CAPSULE 25 MG	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)

Drug	Status	Notes
NARAMIN ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
PX DAYHIST ALLERGY ORAL TABLET 1.34 MG	Preferred	QL (2 EA per 1 day)
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE 12.5 MG	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Aler-Cap Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Aler-Dryl Oral Tablet 50 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Allergy Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>Allergy Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Allergy Relief Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>Allergy Relief Childrens Oral Tablet Dispersible 12.5 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Allergy Relief Oral Liquid 25 MG/10ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>Aurodryl Allergy Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 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</i>	Preferred	QL (2 EA per 1 day)
<i>Complete Allergy Medicine Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>CVS Allergy Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>CVS Allergy Relief Adult Oral Liquid 50 MG/20ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>CVS Allergy Relief Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>CVS Allergy Relief Childrens Oral Tablet Chewable 12.5 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 12 Years)

Drug	Status	Notes
<i>CVS Allergy Relief Childrens Oral Tablet Dispersible 12.5 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>CVS Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>CVS Allergy Relief Oral Liquid 25 MG/10ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>CVS Childrens Allergy Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>Diphen Oral Elixir 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>Di-Phen Oral Elixir 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>Diphenhist Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>diphenhydrAMINE HCl Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<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	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>diphenhydrAMINE HCl Oral Elixir 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>diphenhydrAMINE HCl Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>diphenhydrAMINE HCl Oral Tablet Chewable 12.5 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 12 Years)
<i>Dye-Free Allergy Relief Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>EQ Allergy Relief Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>EQ Allergy Relief Childrens Oral Tablet Dispersible 12.5 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>EQ Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>EQL Allergy Relief Childrens Oral Tablet Dispersible 12.5 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>EQL Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>EQL Childrens Allergy Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>FT Allergy Relief Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>FT Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Geri-Dryl Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>GNP Allergy Antihistamine Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>GNP Allergy Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)

Drug	Status	Notes
<i>GNP Allergy Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>GNP Allergy Relief Max St Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>GNP Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>GNP Allergy Relief Oral Tablet Chewable 12.5 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 12 Years)
<i>GNP Childrens Allergy Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>GNP Dayhist Allergy Oral Tablet 1.34 MG</i>	Preferred	QL (2 EA per 1 day)
<i>H-E-B Childrens Allergy Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>HM Allergy Multi Symptom Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>HM Allergy Relief Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>HM Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>KP DiphenhydrAMINE HCl Oral Capsule 50 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Liquid Allergy Relief Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>M-Dryl Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>Meijer Antihistamine Allergy Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Pharbedryl Oral Capsule 25 MG, 50 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>PX Allergy Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>PX Allergy Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>QC Allergy Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>QC Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>RA Allergy Medication Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>RA Allergy Medication Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>RA Allergy Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>RA Allergy Relief Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>RA Allergy Relief Childrens Oral Tablet Dispersible 12.5 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>RA Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)

Drug	Status	Notes
<i>SB Allergy Medicine Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>SB Allergy Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>Siladryl Allergy Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>SM Allergy Relief Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>SM Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>SM Allergy Relief Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>SM Allergy Relief Oral Tablet 1.34 MG</i>	Preferred	QL (2 EA per 1 day)
<i>TGT Allergy Melts Childrens Oral Tablet Dispersible 12.5 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>TGT Allergy Relief Childrens Oral Liquid 12.5 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>TGT Allergy Relief Oral Capsule 25 MG</i>	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
*Antihistamines - Non-Sedating*** - Drugs For Allergies		
<i>CLARINEX ORAL TABLET 5 MG</i>	Non-Preferred	PA
<i>12HR Allergy Relief Oral Tablet 60 MG</i>	Non-Preferred	PA
<i>24HR Allergy Relief Oral Tablet 180 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>All Day Allergy Childrens Oral Solution 5 MG/5ML</i>	Preferred	DS (90 DS)
<i>All Day Allergy Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>Allergy 24-HR Oral Tablet 180 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Allergy Childrens Oral Solution 5 MG/5ML</i>	Preferred	
<i>Allergy Childrens Oral Suspension 30 MG/5ML</i>	Non-Preferred	PA
<i>Allergy Rel Child (Loratadine) Oral Solution 5 MG/5ML</i>	Preferred	
<i>Allergy Relief (Cetirizine) Oral Capsule 10 MG</i>	Non-Preferred	PA
<i>Allergy Relief (Loratadine) Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>Allergy Relief Cetirizine Oral Tablet 10 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Allergy Relief Childrens Oral Solution 1 MG/ML</i>	Preferred	DS (90 DS)
<i>Allergy Relief Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>Allergy Relief Oral Tablet 180 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Allergy Relief Oral Tablet 5 MG</i>	Preferred	
<i>Allergy Relief/Indoor/Outdoor Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>Cetirizine HCl Allergy Child Oral Solution 5 MG/5ML</i>	Preferred	DS (90 DS)
<i>Cetirizine HCl Childrens Alrgy Oral Solution 1 MG/ML</i>	Preferred	DS (90 DS)
<i>Cetirizine HCl Oral Solution 1 MG/ML, 5 MG/5ML</i>	Non-Preferred	PA
<i>Cetirizine HCl Oral Tablet 10 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Cetirizine HCl Oral Tablet Chewable 10 MG, 5 MG</i>	Non-Preferred	PA
<i>Childrens Loratadine Oral Solution 5 MG/5ML</i>	Preferred	
<i>Desloratadine Oral Tablet 5 MG</i>	Non-Preferred	PA

Drug	Status	Notes
<i>Desloratadine Oral Tablet Dispersible 2.5 MG, 5 MG</i>	Non-Preferred	PA
<i>Fexofenadine HCl Oral Tablet 180 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Fexofenadine HCl Oral Tablet 60 MG</i>	Non-Preferred	PA
<i>FT All Day Allergy 24 Hour Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>FT All Day Allergy Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>FT All Day Allergy Relief Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>FT Allergy Childrens Oral Solution 5 MG/5ML</i>	Preferred	
<i>FT Allergy Relief 12 Hour Oral Tablet 60 MG</i>	Non-Preferred	PA
<i>FT Allergy Relief 24 Hour Oral Tablet 180 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>FT Allergy Relief Cetirizine Oral Tablet 10 MG</i>	Preferred	
<i>FT Allergy Relief Childrens Oral Solution 5 MG/5ML</i>	Preferred	DS (90 DS)
<i>FT Allergy Relief Childrens Oral Tablet Chewable 5 MG</i>	Non-Preferred	PA
<i>FT Allergy Relief Loratadine Oral Tablet 10 MG</i>	Preferred	
<i>FT Allergy Relief Oral Tablet 180 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>GNP All Day Allergy Childrens Oral Solution 1 MG/ML, 5 MG/5ML</i>	Preferred	DS (90 DS)
<i>GNP All Day Allergy Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>GNP All Day Allergy Relief Oral Capsule 10 MG</i>	Non-Preferred	PA
<i>GNP Allergy Relief 24 HR Oral Tablet 5 MG</i>	Preferred	
<i>GNP Allergy Relief Oral Tablet 180 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<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	DS (90 DS)
<i>GNP Loratadine Oral Tablet Dispersible 10 MG</i>	Non-Preferred	PA
<i>GoodSense All Day Allergy Oral Solution 5 MG/5ML</i>	Preferred	DS (90 DS)
<i>GoodSense All Day Allergy Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>GoodSense Aller-Ease Oral Tablet 180 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Goodsense Allergy Relief Child Oral Solution 5 MG/5ML</i>	Preferred	
<i>GoodSense Allergy Relief Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>HM All Day Allergy Childrens Oral Solution 5 MG/5ML</i>	Preferred	DS (90 DS)
<i>HM All Day Allergy Oral Solution 5 MG/5ML</i>	Preferred	DS (90 DS)
<i>HM Allergy Relief (Cetirizine) Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>HM Allergy Relief Oral Tablet 180 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>HM Allergy Relief Oral Tablet 60 MG</i>	Non-Preferred	PA
<i>HM Cetirizine HCl Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>HM Loratadine Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>Levocetirizine Dihydrochloride Oral Solution 2.5 MG/5ML</i>	Non-Preferred	PA
<i>Levocetirizine Dihydrochloride Oral Tablet 5 MG</i>	Preferred	
<i>Loratadine Childrens Oral Solution 5 MG/5ML</i>	Preferred	
<i>Loratadine Childrens Oral Tablet Chewable 5 MG</i>	Non-Preferred	PA
<i>Loratadine Oral Solution 5 MG/5ML</i>	Preferred	

Drug	Status	Notes
Loratadine Oral Tablet 10 MG	Preferred	DS (90 DS)
Loratadine Oral Tablet Dispersible 10 MG	Non-Preferred	PA
SM All Day Allergy Childrens Oral Solution 1 MG/ML, 5 MG/5ML	Preferred	DS (90 DS)
SM All Day Allergy Oral Tablet 10 MG	Preferred	DS (90 DS)
SM All Day Allergy Relief Oral Tablet 10 MG	Preferred	DS (90 DS)
SM Allergy Childrens Oral Solution 5 MG/5ML	Preferred	
SM Allergy Relief Oral Tablet 60 MG	Non-Preferred	PA
SM Fexofenadine HCl Oral Tablet 180 MG	Non-Preferred	PA; QL (1 EA per 1 day)
SM Loratadine Oral Solution 5 MG/5ML	Preferred	
SM Loratadine Oral Tablet 10 MG	Preferred	DS (90 DS)
*Antihistamines - Phenothiazines*** - Drugs For Allergies		
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Preferred	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Non-Preferred	PA
Promethazine HCl Oral Solution 6.25 MG/5ML	Preferred	
Promethazine HCl Oral Tablet 12.5 MG, 25 MG, 50 MG	Preferred	
Promethazine HCl Rectal Suppository 12.5 MG, 25 MG	Preferred	
*Antihistamines - Piperidines*** - Drugs For Allergies		
Cyproheptadine HCl Oral Syrup 2 MG/5ML	Preferred	QL (20 ML per 1 day); AGE (Max 64 Years)
Cyproheptadine HCl Oral Tablet 4 MG	Preferred	QL (6 EA per 1 day); AGE (Max 64 Years)
Antihyperlipidemics - Drugs For The Heart		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*** - Drugs For Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG	Non-Preferred	PA; QL (1 EA per 1 day)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*** - Drugs For Cholesterol		
NEXLETOL ORAL TABLET 180 MG	Non-Preferred	PA; QL (1 EA per 1 day)
*Antihyperlipidemics - Misc.*** - Drugs For Cholesterol		
LOVAZA ORAL CAPSULE 1 GM	Non-Preferred	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	Preferred	
Icosapent Ethyl Oral Capsule 0.5 GM, 1 GM	Non-Preferred	PA
Omega-3-acid Ethyl Esters Oral Capsule 1 GM	Preferred	
*Bile Acid Sequestrants*** - Drugs For Cholesterol		
COLESTID ORAL GRANULES 5 GM	Non-Preferred	PA
COLESTID ORAL PACKET 5 GM	Non-Preferred	PA
COLESTID ORAL TABLET 1 GM	Non-Preferred	PA
PREVALITE ORAL PACKET 4 GM	Preferred	
PREVALITE ORAL POWDER 4 GM/DOSE	Preferred	

Drug	Status	Notes
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE	Non-Preferred	PA
QUESTRAN ORAL PACKET 4 GM	Non-Preferred	PA
QUESTRAN ORAL POWDER 4 GM/DOSE	Non-Preferred	PA
WELCHOL ORAL PACKET 3.75 GM	Non-Preferred	PA
WELCHOL ORAL TABLET 625 MG	Non-Preferred	PA
<i>Cholestyramine Light Oral Packet 4 GM</i>	Preferred	
<i>Cholestyramine Light Oral Powder 4 GM/DOSE</i>	Preferred	
<i>Cholestyramine Oral Packet 4 GM</i>	Preferred	
<i>Cholestyramine Oral Powder 4 GM/DOSE</i>	Preferred	
<i>Colesevelam HCl Oral Packet 3.75 GM</i>	Non-Preferred	PA
<i>Colesevelam HCl Oral Tablet 625 MG</i>	Non-Preferred	PA
<i>Colestipol HCl Oral Granules 5 GM</i>	Non-Preferred	PA
<i>Colestipol HCl Oral Packet 5 GM</i>	Non-Preferred	PA
<i>Colestipol HCl Oral Tablet 1 GM</i>	Preferred	
*Fibric Acid Derivatives*** - Drugs For Cholesterol		
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Non-Preferred	PA
FIBRICOR ORAL TABLET 105 MG, 35 MG	Non-Preferred	PA
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Non-Preferred	PA
LOPID ORAL TABLET 600 MG	Non-Preferred	PA
TRICOR ORAL TABLET 145 MG, 48 MG	Non-Preferred	PA
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	Non-Preferred	PA
<i>Fenofibrate Micronized Oral Capsule 130 MG, 43 MG, 90 MG</i>	Non-Preferred	PA
<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 Capsule 150 MG, 50 MG</i>	Non-Preferred	PA
<i>Fenofibrate Oral Tablet 120 MG, 40 MG</i>	Non-Preferred	PA
<i>Fenofibrate Oral Tablet 145 MG, 160 MG, 48 MG, 54 MG</i>	Preferred	
<i>Fenofibric Acid Oral Capsule Delayed Release 135 MG, 45 MG</i>	Non-Preferred	PA
<i>Fenofibric Acid Oral Tablet 105 MG, 35 MG</i>	Non-Preferred	PA
<i>Gemfibrozil Oral Tablet 600 MG</i>	Preferred	DS (90 DS)
*Hmg Coa Reductase Inhibitors*** - Drugs For Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	Non-Preferred	PA
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Non-Preferred	PA; QL (20 ML per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Non-Preferred	PA; QL (1 EA per 1 day)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	Non-Preferred	PA

Drug	Status	Notes
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	Non-Preferred	PA; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 8 Years)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Preferred	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Non-Preferred	PA
<i>Atorvastatin Calcium Oral Tablet 10 MG, 20 MG, 40 MG, 80 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Fluvastatin Sodium ER Oral Tablet Extended Release 24 Hour 80 MG</i>	Non-Preferred	PA
<i>Fluvastatin Sodium Oral Capsule 20 MG, 40 MG</i>	Non-Preferred	PA
<i>Lovastatin Oral Tablet 10 MG, 20 MG, 40 MG</i>	Preferred	DS (90 DS)
<i>Pitavastatin Calcium Oral Tablet 1 MG, 2 MG, 4 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 8 Years)
<i>Pravastatin Sodium Oral Tablet 10 MG, 20 MG, 40 MG, 80 MG</i>	Preferred	DS (90 DS)
<i>Rosuvastatin Calcium Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG, 80 MG</i>	Preferred	DS (90 DS)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** - Drugs For Cholesterol		
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	Non-Preferred	PA
<i>Ezetimibe-Simvastatin Oral Tablet 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG</i>	Non-Preferred	PA
*Intestinal Cholesterol Absorption Inhibitors*** - Drugs For Cholesterol		
ZETIA ORAL TABLET 10 MG	Non-Preferred	PA
<i>Ezetimibe Oral Tablet 10 MG</i>	Preferred	
*Microsomal Triglyceride Transfer Protein Inhibitors*** - Drugs For Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Non-Preferred	PA; SP
*Nicotinic Acid Derivatives*** - Drugs For Cholesterol		
<i>Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 1000 MG, 500 MG, 750 MG</i>	Preferred	
*Pcsk9 Inhibitors*** - Drugs For Cholesterol		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Preferred	PA; QL (2 ML per 23 days); AGE (Min 18 Years)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Non-Preferred	PA; QL (3.5 ML per 23 days); AGE (Min 13 Years)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Non-Preferred	PA; QL (3 ML per 23 days); AGE (Min 13 Years)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Non-Preferred	PA; QL (3 ML per 23 days); AGE (Min 13 Years)

Drug	Status	Notes
Antihypertensives - Drugs For The Heart		
*Ace Inhibitor & Calcium Channel Blocker Combinations*** - Drugs For High Blood Pressure		
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Preferred	PA
<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	DS (90 DS)
<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
*Ace Inhibitors & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Preferred	PA
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Preferred	PA
VASERETIC ORAL TABLET 10-25 MG	Non-Preferred	PA
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Preferred	PA
<i>Benazepril-hydroCHLOROthiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG, 5-6.25 MG</i>	Preferred	
<i>Captopril-hydroCHLOROthiazide Oral Tablet 25-15 MG, 25-25 MG, 50-15 MG, 50-25 MG</i>	Non-Preferred	PA
<i>Enalapril-Hydrochlorothiazide Oral Tablet 10-25 MG, 5-12.5 MG</i>	Preferred	DS (90 DS)
<i>Fosinopril Sodium-HCTZ Oral Tablet 10-12.5 MG, 20-12.5 MG</i>	Non-Preferred	PA
<i>Lisinopril-hydroCHLOROthiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG</i>	Preferred	DS (90 DS)
<i>Quinapril-hydroCHLOROthiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG</i>	Preferred	
*Ace Inhibitors*** - Drugs For High Blood Pressure		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Non-Preferred	PA
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	Non-Preferred	PA
EPANED ORAL SOLUTION 1 MG/ML	Non-Preferred	PA
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Preferred	PA
QBRELIS ORAL SOLUTION 1 MG/ML	Non-Preferred	PA
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non-Preferred	PA
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Non-Preferred	PA
<i>Benazepril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Captopril Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG</i>	Non-Preferred	PA
<i>Enalapril Maleate Oral Solution 1 MG/ML</i>	Non-Preferred	PA

Drug	Status	Notes
<i>Enalapril Maleate Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Fosinopril Sodium Oral Tablet 10 MG, 20 MG, 40 MG</i>	Non-Preferred	PA
<i>Lisinopril Oral Tablet 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Moexipril HCl Oral Tablet 15 MG, 7.5 MG</i>	Non-Preferred	PA
<i>Perindopril Erbumine Oral Tablet 2 MG, 4 MG, 8 MG</i>	Non-Preferred	PA
<i>Quinapril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Ramipril Oral Capsule 1.25 MG, 10 MG, 2.5 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Trandolapril Oral Tablet 1 MG, 2 MG, 4 MG</i>	Non-Preferred	PA
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb*** - Drugs For High Blood Pressure		
<i>Methyldopa-hydroCHLOROthiazide Oral Tablet 250-15 MG, 250-25 MG</i>	Non-Preferred	PA
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb*** - Drugs For High Blood Pressure		
<i>AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG</i>	Non-Preferred	PA
<i>EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG</i>	Non-Preferred	PA
<i>amLODIPine Besylate-Valsartan Oral Tablet 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG</i>	Preferred	
<i>Amlodipine-Olmesartan Oral Tablet 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG</i>	Preferred	
<i>Telmisartan-amLODIPine Oral Tablet 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG</i>	Non-Preferred	PA
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure		
<i>ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG</i>	Non-Preferred	PA
<i>AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG</i>	Non-Preferred	PA
<i>BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG</i>	Non-Preferred	PA
<i>DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG</i>	Non-Preferred	PA
<i>EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</i>	Non-Preferred	PA
<i>HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG</i>	Non-Preferred	PA
<i>MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG</i>	Non-Preferred	PA
<i>Candesartan Cilexetil-HCTZ Oral Tablet 16-12.5 MG, 32-12.5 MG, 32-25 MG</i>	Non-Preferred	PA
<i>Irbesartan-Hydrochlorothiazide Oral Tablet 150-12.5 MG, 300-12.5 MG</i>	Preferred	DS (90 DS)

Drug	Status	Notes
<i>Losartan Potassium-HCTZ Oral Tablet 100-12.5 MG, 100-25 MG, 50-12.5 MG</i>	Preferred	DS (90 DS)
<i>Olmesartan Medoxomil-HCTZ Oral Tablet 20-12.5 MG, 40-12.5 MG, 40-25 MG</i>	Preferred	DS (90 DS)
<i>Telmisartan-HCTZ Oral Tablet 40-12.5 MG, 80-12.5 MG, 80-25 MG</i>	Non-Preferred	PA
<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	DS (90 DS)
*Angiotensin II Receptor Antagonists*** - Drugs For High Blood Pressure		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	Non-Preferred	PA
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	Non-Preferred	PA
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	Non-Preferred	PA
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Preferred	PA
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	Non-Preferred	PA
EDARBI ORAL TABLET 40 MG, 80 MG	Non-Preferred	PA
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	Non-Preferred	PA
<i>Candesartan Cilexetil Oral Tablet 16 MG, 32 MG, 4 MG, 8 MG</i>	Non-Preferred	PA
<i>Eprosartan Mesylate Oral Tablet 600 MG</i>	Non-Preferred	PA
<i>Irbesartan Oral Tablet 150 MG, 300 MG, 75 MG</i>	Preferred	DS (90 DS)
<i>Losartan Potassium Oral Tablet 100 MG, 25 MG, 50 MG</i>	Preferred	DS (90 DS)
<i>Olmesartan Medoxomil Oral Tablet 20 MG, 40 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Telmisartan Oral Tablet 20 MG, 40 MG, 80 MG</i>	Non-Preferred	PA
<i>Valsartan Oral Solution 4 MG/ML</i>	Non-Preferred	PA
<i>Valsartan Oral Tablet 160 MG, 320 MG, 40 MG, 80 MG</i>	Preferred	DS (90 DS)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides*** - Drugs For High Blood Pressure		
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	Non-Preferred	PA
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	Non-Preferred	PA
<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	
<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
*Antiadrenergics - Centrally Acting*** - Drugs For High Blood Pressure		
<i>cloNIDine HCl Oral Tablet 0.1 MG, 0.2 MG, 0.3 MG</i>	Preferred	DS (90 DS)

Drug	Status	Notes
<i>cloNIDine Transdermal Patch Weekly 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR</i>	Preferred	
<i>guanFACINE HCl Oral Tablet 1 MG, 2 MG</i>	Preferred	DS (90 DS)
<i>MethylDopa Oral Tablet 250 MG, 500 MG</i>	Preferred	
*Antiadrenergics - Peripherally Acting*** - Drugs For High Blood Pressure		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Non-Preferred	PA
<i>Doxazosin Mesylate Oral Tablet 1 MG</i>	Preferred	
<i>Doxazosin Mesylate Oral Tablet 2 MG, 4 MG, 8 MG</i>	Preferred	DS (90 DS)
<i>Prazosin HCl Oral Capsule 1 MG, 2 MG, 5 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Terazosin HCl Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG</i>	Preferred	DS (90 DS)
*Beta Blocker & Diuretic Combinations*** - Drugs For High Blood Pressure		
TENORETIC 100 ORAL TABLET 100-25 MG	Non-Preferred	PA
TENORETIC 50 ORAL TABLET 50-25 MG	Non-Preferred	PA
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	Non-Preferred	PA
<i>Atenolol-Chlorthalidone Oral Tablet 100-25 MG, 50-25 MG</i>	Preferred	DS (90 DS)
<i>Bisoprolol-hydroCHLOROthiazide Oral Tablet 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG</i>	Preferred	DS (90 DS)
<i>Metoprolol-hydroCHLOROthiazide Oral Tablet 100-25 MG, 100-50 MG, 50-25 MG</i>	Non-Preferred	PA
<i>Propranolol-HCTZ Oral Tablet 40-25 MG, 80-25 MG</i>	Non-Preferred	PA
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb*** - Drugs For High Blood Pressure		
TEKTRNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	Non-Preferred	PA
*Direct Renin Inhibitors*** - Drugs For High Blood Pressure		
TEKTRNA ORAL TABLET 150 MG, 300 MG	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Aliskiren Fumarate Oral Tablet 150 MG, 300 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
*Selective Aldosterone Receptor Antagonists (Saras)*** - Drugs For High Blood Pressure		
INSPIRA ORAL TABLET 25 MG, 50 MG	Non-Preferred	PA
<i>Eplerenone Oral Tablet 25 MG, 50 MG</i>	Non-Preferred	PA
*Vasodilators*** - Drugs For High Blood Pressure		
<i>hydrALAZINE HCl Oral Tablet 10 MG</i>	Preferred	QL (10 EA per 1 day)
<i>hydrALAZINE HCl Oral Tablet 100 MG</i>	Preferred	QL (3 EA per 1 day)
<i>hydrALAZINE HCl Oral Tablet 25 MG</i>	Preferred	QL (4 EA per 1 day)
<i>hydrALAZINE HCl Oral Tablet 50 MG</i>	Preferred	QL (8 EA per 1 day)
<i>Minoxidil Oral Tablet 10 MG, 2.5 MG</i>	Preferred	QL (5 EA per 1 day)

Drug	Status	Notes
Anti-Infective Agents - Misc. - Drugs For Infections		
*Anti-Infective Agents - Misc.*** - Drugs For Infections		
FLAGYL ORAL CAPSULE 375 MG	Non-Preferred	PA
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Non-Preferred	PA
XIFAXAN ORAL TABLET 200 MG, 550 MG	Non-Preferred	PA
<i>metroNIDAZOLE Oral Capsule 375 MG</i>	Non-Preferred	PA
<i>metroNIDAZOLE Oral Tablet 250 MG, 500 MG</i>	Preferred	
<i>Tinidazole Oral Tablet 250 MG, 500 MG</i>	Preferred	PA
<i>Trimethoprim Oral Tablet 100 MG</i>	Preferred	QL (6 EA per 1 day)
*Anti-Infective Misc. - Combinations*** - Antibiotics		
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Preferred	QL (40 ML per 1 day)
<i>Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML</i>	Preferred	QL (40 ML per 1 day)
<i>Sulfamethoxazole-Trimethoprim Oral Tablet 400-80 MG, 800-160 MG</i>	Preferred	QL (4 EA per 1 day)
*Antiprotozoal Agents*** - Drugs For Parasites		
<i>Atovaquone Oral Suspension 750 MG/5ML</i>	Preferred	PA
<i>Nitazoxanide Oral Tablet 500 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 12 Years)
*Glycopeptides*** - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	Preferred	QL (80 ML per 1 day)
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	Preferred	QL (40 ML per 1 day)
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	Non-Preferred	PA
<i>Vancomycin HCl Oral Capsule 125 MG, 250 MG</i>	Non-Preferred	PA
<i>Vancomycin HCl Oral Solution Reconstituted 25 MG/ML</i>	Non-Preferred	PA; QL (80 ML per 1 day)
<i>Vancomycin HCl Oral Solution Reconstituted 250 MG/5ML, 50 MG/ML</i>	Non-Preferred	PA; QL (40 ML per 1 day)
*Leprostatics*** - Antibiotics		
<i>Dapsone Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Dapsone Oral Tablet 25 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day)
*Lincosamides*** - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG	Non-Preferred	PA
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML	Non-Preferred	PA
<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	

Drug	Status	Notes
*Monobactams*** - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Non-Preferred	PA; SP
*Oxazolidinones*** - Antibiotics		
SIVEXTRO ORAL TABLET 200 MG	Non-Preferred	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Non-Preferred	PA
ZYVOX ORAL TABLET 600 MG	Non-Preferred	PA
<i>Linezolid Oral Suspension Reconstituted 100 MG/5ML</i>	Non-Preferred	PA
<i>Linezolid Oral Tablet 600 MG</i>	Preferred	
*Urinary Anti-Infectives*** - Antibiotics		
MACROBID ORAL CAPSULE 100 MG	Non-Preferred	PA
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	Non-Preferred	PA
<i>Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 25 MG, 50 MG</i>	Preferred	
<i>Nitrofurantoin Monohyd Macro Oral Capsule 100 MG</i>	Preferred	
<i>Nitrofurantoin Oral Suspension 25 MG/5ML, 50 MG/5ML</i>	Non-Preferred	PA
Antimalarials - Drugs For Infections		
*Antimalarials*** - Drugs For Parasites		
<i>Chloroquine Phosphate Oral Tablet 250 MG, 500 MG</i>	Preferred	
<i>Hydroxychloroquine Sulfate Oral Tablet 200 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day)
<i>Mefloquine HCl Oral Tablet 250 MG</i>	Preferred	QL (4 EA per 1 day)
Antimyasthenic/Cholinergic Agents - Drugs For Nerves And Muscles		
*Antimyasthenic/Cholinergic Agents*** - Drugs For Nerves And Muscles		
<i>pyRIDostigmine Bromide Oral Tablet 60 MG</i>	Preferred	QL (6 EA per 1 day)
Antimycobacterial Agents - Drugs For Infections		
*Antimycobacterial Agents*** - Antibiotics		
PRIFTIN ORAL TABLET 150 MG	Preferred	QL (1.143 EA per 1 day)
<i>Ethambutol HCl Oral Tablet 100 MG, 400 MG</i>	Preferred	QL (5 EA per 1 day)
<i>Isoniazid Oral Syrup 50 MG/5ML</i>	Preferred	DS (90 DS); QL (30 ML per 1 day)
<i>Isoniazid Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Isoniazid Oral Tablet 300 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Pyrazinamide Oral Tablet 500 MG</i>	Preferred	QL (6 EA per 1 day)
<i>rifAMPin Oral Capsule 150 MG</i>	Preferred	QL (8 EA per 1 day)
<i>rifAMPin Oral Capsule 300 MG</i>	Preferred	QL (4 EA per 1 day)
Antineoplastics And Adjunctive Therapies - Drugs For Cancer		
*Alkylating Agents*** - Drugs For Cancer		
MYLERAN ORAL TABLET 2 MG	Preferred	

Drug	Status	Notes
*Androgen Biosynthesis Inhibitors*** - Drugs For Cancer		
YONSA ORAL TABLET 125 MG	Non-Preferred	PA; SP
ZYTIGA ORAL TABLET 250 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day); AGE (Min 18 Years)
ZYTIGA ORAL TABLET 500 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day); AGE (Min 18 Years)
<i>Abiraterone Acetate Oral Tablet 250 MG</i>	Preferred	SP; QL (4 EA per 1 day); AGE (Min 18 Years)
<i>Abiraterone Acetate Oral Tablet 500 MG</i>	Preferred	SP; QL (2 EA per 1 day); AGE (Min 18 Years)
*Antiadrenals*** - Drugs For Cancer		
LYSODREN ORAL TABLET 500 MG	Preferred	SP
*Antiandrogens*** - Drugs For Cancer		
CASODEX ORAL TABLET 50 MG	Non-Preferred	PA; AGE (Min 18 Years)
ERLEADA ORAL TABLET 240 MG	Non-Preferred	PA; SP
ERLEADA ORAL TABLET 60 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
XTANDI ORAL CAPSULE 40 MG	Preferred	SP; QL (4 EA per 1 day); AGE (Min 19 Years)
XTANDI ORAL TABLET 40 MG, 80 MG	Preferred	SP
<i>Bicalutamide Oral Tablet 50 MG</i>	Preferred	AGE (Min 18 Years)
<i>Nilutamide Oral Tablet 150 MG</i>	Non-Preferred	PA; AGE (Min 18 Years)
*Antiestrogens*** - Drugs For Cancer		
FARESTON ORAL TABLET 60 MG	Non-Preferred	PA; AGE (Min 18 Years)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Non-Preferred	PA
<i>Tamoxifen Citrate Oral Tablet 10 MG, 20 MG</i>	Preferred	DS (90 DS); AGE (Min 18 Years)
<i>Toremifene Citrate Oral Tablet 60 MG</i>	Non-Preferred	PA; AGE (Min 18 Years)
*Antimetabolites*** - Drugs For Cancer		
JYLAMVO ORAL SOLUTION 2 MG/ML	Non-Preferred	PA
ONUREG ORAL TABLET 200 MG, 300 MG	Non-Preferred	PA; SP
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Non-Preferred	PA
TABLOID ORAL TABLET 40 MG	Preferred	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Non-Preferred	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Preferred	PA
XELODA ORAL TABLET 150 MG, 500 MG	Preferred	SP
<i>Capecitabine Oral Tablet 150 MG, 500 MG</i>	Preferred	SP
<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	

Drug	Status	Notes
<i>Methotrexate Sodium Oral Tablet 2.5 MG</i>	Preferred	
*Antineoplastic - Akt Inhibitors*** - Drugs For Cancer		
TRUQAP ORAL TABLET 160 MG, 200 MG	Non-Preferred	PA; SP
*Antineoplastic - Alk Inhibitors*** - Drugs For Cancer		
ALECENSA ORAL CAPSULE 150 MG	Non-Preferred	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
LORBRENA ORAL TABLET 100 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
LORBRENA ORAL TABLET 25 MG	Non-Preferred	PA; SP; QL (3 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Non-Preferred	PA; SP
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	Non-Preferred	PA; SP
ZYKADIA ORAL TABLET 150 MG	Non-Preferred	PA; SP
*Antineoplastic - Anti-Her2 Agents*** - Drugs For Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
*Antineoplastic - Bcl-2 Inhibitors*** - Drugs For Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Non-Preferred	PA; SP
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Non-Preferred	PA; SP
*Antineoplastic - Bcr-Abl Kinase Inhibitors*** - Drugs For Cancer		
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Non-Preferred	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
GLEEVEC ORAL TABLET 100 MG, 400 MG	Non-Preferred	PA; SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	Non-Preferred	PA
ICLUSIG ORAL TABLET 15 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Non-Preferred	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Non-Preferred	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
<i>Imatinib Mesylate Oral Tablet 100 MG, 400 MG</i>	Preferred	SP
*Antineoplastic - Braf Kinase Inhibitors*** - Drugs For Cancer		
BRAFTOVI ORAL CAPSULE 75 MG	Non-Preferred	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Preferred	SP
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Non-Preferred	PA; SP
ZELBORAF ORAL TABLET 240 MG	Non-Preferred	PA; SP

Drug	Status	Notes
*Antineoplastic - Btk Inhibitors*** - Drugs For Cancer		
BRUKINSA ORAL CAPSULE 80 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
CALQUENCE ORAL CAPSULE 100 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
CALQUENCE ORAL TABLET 100 MG	Non-Preferred	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Non-Preferred	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Non-Preferred	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Non-Preferred	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA; SP
*Antineoplastic - Egfr Inhibitors*** - Drugs For Cancer		
EXKIVITY ORAL CAPSULE 40 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Non-Preferred	PA; SP
IRESSA ORAL TABLET 250 MG	Non-Preferred	PA; SP
TAGRISSE ORAL TABLET 40 MG, 80 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Non-Preferred	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
<i>Erlotinib HCl Oral Tablet 100 MG, 150 MG, 25 MG</i>	Preferred	SP
<i>Gefitinib Oral Tablet 250 MG</i>	Non-Preferred	PA; SP
*Antineoplastic - Fgfr Kinase Inhibitors*** - Drugs For Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Non-Preferred	PA; SP
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Non-Preferred	PA; SP
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Non-Preferred	PA; SP
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Non-Preferred	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
*Antineoplastic - Gamma Secretase Inhibitors*** - Drugs For Cancer		
OGSIVEO ORAL TABLET 100 MG, 150 MG	Non-Preferred	PA
OGSIVEO ORAL TABLET 50 MG	Non-Preferred	PA; SP
*Antineoplastic - Hedgehog Pathway Inhibitors*** - Drugs For Cancer		
DAURISMO ORAL TABLET 100 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
DAURISMO ORAL TABLET 25 MG	Non-Preferred	PA; SP; QL (3 EA per 1 day)
ERIVEDGE ORAL CAPSULE 150 MG	Preferred	SP
ODOMZO ORAL CAPSULE 200 MG	Non-Preferred	PA; SP
*Antineoplastic - Hif-2-Alpha Inhibitors*** - Drugs For Cancer		
WELIREG ORAL TABLET 40 MG	Non-Preferred	PA; SP; QL (3 EA per 1 day)
*Antineoplastic - Histone Deacetylase Inhibitors*** - Drugs For Cancer		
ZOLINZA ORAL CAPSULE 100 MG	Non-Preferred	PA; SP

Drug	Status	Notes
*Antineoplastic - Hormonal And Related Agent Combinations*** - Drugs For Cancer		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Non-Preferred	PA; SP
*Antineoplastic - Immunomodulators*** - Drugs For Cancer		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Non-Preferred	PA; SP
*Antineoplastic - Kras Inhibitors*** - Drugs For Cancer		
KRAZATI ORAL TABLET 200 MG	Non-Preferred	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Non-Preferred	PA; SP; QL (8 EA per 1 day)
*Antineoplastic - Mek Inhibitors*** - Drugs For Cancer		
COTELLIC ORAL TABLET 20 MG	Non-Preferred	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Non-Preferred	PA; SP; AGE (Min 2 Years)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Non-Preferred	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Preferred	SP
MEKTOVI ORAL TABLET 15 MG	Non-Preferred	PA
*Antineoplastic - Met Inhibitors*** - Drugs For Cancer		
TABRECTA ORAL TABLET 150 MG, 200 MG	Non-Preferred	PA; SP
TEPMETKO ORAL TABLET 225 MG	Non-Preferred	PA; QL (2 EA per 1 day)
*Antineoplastic - Methyltransferase Inhibitors*** - Drugs For Cancer		
TAZVERIK ORAL TABLET 200 MG	Non-Preferred	PA; SP
*Antineoplastic - Mtor Kinase Inhibitors*** - Drugs For Cancer		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Non-Preferred	PA; SP
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Preferred	PA; SP
<i>Everolimus Oral Tablet 10 MG, 2.5 MG, 5 MG, 7.5 MG</i>	Non-Preferred	PA; SP
<i>Everolimus Oral Tablet Soluble 2 MG, 3 MG, 5 MG</i>	Non-Preferred	PA; SP
*Antineoplastic - Multikinase Inhibitors*** - Drugs For Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Non-Preferred	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	Non-Preferred	PA; SP
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Non-Preferred	PA; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Non-Preferred	PA; SP
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Non-Preferred	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
NERLYNX ORAL TABLET 40 MG	Non-Preferred	PA; SP
NEXAVAR ORAL TABLET 200 MG	Non-Preferred	PA; SP

Drug	Status	Notes
QINLOCK ORAL TABLET 50 MG	Non-Preferred	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Non-Preferred	PA; SP; QL (8 EA per 1 day)
STIVARGA ORAL TABLET 40 MG	Non-Preferred	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Preferred	SP
TURALIO ORAL CAPSULE 125 MG	Non-Preferred	PA; QL (4 EA per 1 day)
TYKERB ORAL TABLET 250 MG	Non-Preferred	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Non-Preferred	PA; SP
VOTRIENT ORAL TABLET 200 MG	Preferred	SP
XOSPATA ORAL TABLET 40 MG	Non-Preferred	PA; SP; QL (3 EA per 1 day)
<i>Lapatinib Ditosylate Oral Tablet 250 MG</i>	Non-Preferred	PA; SP
<i>PAZOPanib HCl Oral Tablet 200 MG</i>	Non-Preferred	PA; SP
<i>SORafenib Tosylate Oral Tablet 200 MG</i>	Non-Preferred	PA; SP
<i>SUNItinib Malate Oral Capsule 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	Non-Preferred	PA; SP
*Antineoplastic - Pdgfr-Alpha Inhibitors*** - Drugs For Cancer		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 18 Years)
*Antineoplastic - Proteasome Inhibitors*** - Drugs For Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Non-Preferred	PA; SP
*Antineoplastic - Ret Inhibitors*** - Drugs For Cancer		
GAVRETO ORAL CAPSULE 100 MG	Non-Preferred	PA; QL (4 EA per 1 day)
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Non-Preferred	PA; SP
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** - Drugs For Cancer		
AUGTYRO ORAL CAPSULE 40 MG	Non-Preferred	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG	Non-Preferred	PA; SP; QL (6 EA per 1 day); AGE (Min 12 Years)
ROZLYTREK ORAL CAPSULE 200 MG	Non-Preferred	PA; SP; QL (3 EA per 1 day); AGE (Min 12 Years)
ROZLYTREK ORAL PACKET 50 MG	Non-Preferred	PA; SP
VITRAKVI ORAL CAPSULE 100 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	Non-Preferred	PA; SP; QL (6 EA per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML	Non-Preferred	PA; SP; QL (10 ML per 1 day)
*Antineoplastic - Xpo1 Inhibitors*** - Drugs For Cancer		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Non-Preferred	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Non-Preferred	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Non-Preferred	PA

Drug	Status	Notes
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Non-Preferred	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Non-Preferred	PA; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Non-Preferred	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Non-Preferred	PA; SP
*Antineoplastic Combinations*** - Drugs For Cancer		
INQOVI ORAL TABLET 35-100 MG	Non-Preferred	PA; SP
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Non-Preferred	PA; SP
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Non-Preferred	PA; SP
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Non-Preferred	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Non-Preferred	PA; SP
*Antineoplastics Misc.*** - Drugs For Cancer		
HYDREA ORAL CAPSULE 500 MG	Non-Preferred	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	Preferred	SP
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	Preferred	SP
MATULANE ORAL CAPSULE 50 MG	Preferred	SP
<i>Hydroxyurea Oral Capsule 500 MG</i>	Preferred	
*Aromatase Inhibitors*** - Drugs For Cancer		
ARIMIDEX ORAL TABLET 1 MG	Non-Preferred	PA; AGE (Min 18 Years)
AROMASIN ORAL TABLET 25 MG	Non-Preferred	PA; AGE (Min 18 Years)
FEMARA ORAL TABLET 2.5 MG	Non-Preferred	PA; AGE (Min 18 Years)
<i>Anastrozole Oral Tablet 1 MG</i>	Preferred	PA; DS (90 DS); AGE (Min 18 Years)
<i>Exemestane Oral Tablet 25 MG</i>	Preferred	AGE (Min 18 Years)
<i>Letrozole Oral Tablet 2.5 MG</i>	Preferred	PA; DS (90 DS); AGE (Min 18 Years)
*Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Non-Preferred	PA; SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Non-Preferred	PA; SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Non-Preferred	PA; SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Non-Preferred	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day); AGE (Min 18 Years)
*Estrogens-Antineoplastic*** - Drugs For Cancer		
EMCYT ORAL CAPSULE 140 MG	Non-Preferred	PA

Drug	Status	Notes
*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	Non-Preferred	PA; SP; AGE (Min 18 Years)
*Imidazotetrazines*** - Drugs For Cancer		
<i>Temozolomide Oral Capsule 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG</i>	Preferred	SP
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** - Drugs For Cancer		
REZLIDHIA ORAL CAPSULE 150 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
TIBSOVO ORAL TABLET 250 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*** - Drugs For Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
*Janus Associated Kinase (Jak) Inhibitors*** - Drugs For Cancer		
INREBIC ORAL CAPSULE 100 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Non-Preferred	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Non-Preferred	PA; SP
VONJO ORAL CAPSULE 100 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
*Lhrh Analogs*** - Drugs For Cancer		
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Preferred	PA
<i>Leuprolide Acetate Injection Kit 1 MG/0.2ML</i>	Preferred	PA
*Nitrogen Mustards And Related Analogues*** - Drugs For Cancer		
LEUKERAN ORAL TABLET 2 MG	Preferred	
<i>Cyclophosphamide Oral Capsule 25 MG, 50 MG</i>	Preferred	SP
<i>Cyclophosphamide Oral Tablet 25 MG, 50 MG</i>	Preferred	
*Nitrosoureas*** - Drugs For Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Preferred	
*Ornithine Decarboxylase (Odc) Inhibitors*** - Drugs For Cancer		
IWILFIN ORAL TABLET 192 MG	Non-Preferred	PA; SP
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG	Non-Preferred	PA; SP; QL (3 EA per 1 day)
COPIKTRA ORAL CAPSULE 25 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Non-Preferred	PA; SP
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Non-Preferred	PA; SP

Drug	Status	Notes
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Non-Preferred	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Non-Preferred	PA; SP
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG	Non-Preferred	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	Non-Preferred	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
ZEJULA ORAL CAPSULE 100 MG	Non-Preferred	PA; SP; QL (3 EA per 1 day)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Non-Preferred	PA
*Progestins-Antineoplastic*** - Drugs For Cancer		
<i>Megestrol Acetate Oral Suspension 40 MG/ML, 400 MG/10ML, 800 MG/20ML</i>	Preferred	QL (40 ML per 1 day)
<i>Megestrol Acetate Oral Tablet 20 MG</i>	Preferred	QL (40 EA per 1 day)
<i>Megestrol Acetate Oral Tablet 40 MG</i>	Preferred	QL (20 EA per 1 day)
*Retinoids*** - Drugs For Cancer		
<i>Tretinoin Oral Capsule 10 MG</i>	Preferred	
*Selective Estrogen Receptor Degradars*** - Drugs For Cancer		
ORSERDU ORAL TABLET 345 MG, 86 MG	Non-Preferred	PA; SP
*Topoisomerase I Inhibitors*** - Drugs For Cancer		
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	Non-Preferred	PA; SP
*Vascular Endothelial Growth Factor (Vegf) Inhibitors*** - Drugs For Cancer		
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Non-Preferred	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Non-Preferred	PA; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Non-Preferred	PA; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Non-Preferred	PA; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Non-Preferred	PA; SP
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Non-Preferred	PA; SP
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Non-Preferred	PA; SP
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Non-Preferred	PA; SP
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Non-Preferred	PA; SP
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Non-Preferred	PA; SP

Drug	Status	Notes
Antiparkinson And Related Therapy Agents - Drugs For The Nervous System		
*Adenosine Receptor Antagonist*** - Drugs For Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Non-Preferred	PA; QL (1 EA per 1 day)
*Antiparkinson Anticholinergics*** - Drugs For Parkinson		
<i>Benzotropine Mesylate Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	Preferred	
<i>Trihexyphenidyl HCl Oral Solution 0.4 MG/ML</i>	Preferred	
<i>Trihexyphenidyl HCl Oral Tablet 2 MG, 5 MG</i>	Preferred	DS (90 DS)
*Antiparkinson Dopaminergics*** - Drugs For Parkinson		
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
INBRIJA INHALATION CAPSULE 42 MG	Non-Preferred	PA; SP; QL (10 EA per 1 day)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	Non-Preferred	PA; QL (1 EA per 1 day)
PARLODEL ORAL CAPSULE 5 MG	Non-Preferred	PA
PARLODEL ORAL TABLET 2.5 MG	Non-Preferred	PA
<i>Amantadine HCl Oral Capsule 100 MG</i>	Preferred	
<i>Amantadine HCl Oral Solution 50 MG/5ML</i>	Preferred	
<i>Amantadine HCl Oral Tablet 100 MG</i>	Preferred	
<i>Bromocriptine Mesylate Oral Capsule 5 MG</i>	Non-Preferred	PA
<i>Bromocriptine Mesylate Oral Tablet 2.5 MG</i>	Non-Preferred	PA
*Antiparkinson Monoamine Oxidase Inhibitors*** - Drugs For Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Non-Preferred	PA; QL (1 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Non-Preferred	PA
<i>Rasagiline Mesylate Oral Tablet 0.5 MG, 1 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Selegiline HCl Oral Capsule 5 MG</i>	Preferred	
<i>Selegiline HCl Oral Tablet 5 MG</i>	Preferred	
*Central/Peripheral Comt Inhibitors*** - Drugs For Parkinson		
TASMAR ORAL TABLET 100 MG	Non-Preferred	PA
<i>Tolcapone Oral Tablet 100 MG</i>	Non-Preferred	PA
*Decarboxylase Inhibitors*** - Drugs For Parkinson		
LODOSYN ORAL TABLET 25 MG	Non-Preferred	PA
<i>Carbidopa Oral Tablet 25 MG</i>	Non-Preferred	PA
*Levodopa Combinations*** - Drugs For Parkinson		
DHIVY ORAL TABLET 25-100 MG	Non-Preferred	PA; QL (8 EA per 1 day)
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Non-Preferred	PA; SP

Drug	Status	Notes
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Non-Preferred	PA
SINEMET ORAL TABLET 10-100 MG	Non-Preferred	PA
SINEMET ORAL TABLET 25-100 MG	Non-Preferred	PA; QL (8 EA per 1 day)
STALEVO 100 ORAL TABLET 25-100-200 MG	Non-Preferred	PA
STALEVO 125 ORAL TABLET 31.25-125-200 MG	Non-Preferred	PA
STALEVO 150 ORAL TABLET 37.5-150-200 MG	Non-Preferred	PA
STALEVO 200 ORAL TABLET 50-200-200 MG	Non-Preferred	PA
STALEVO 50 ORAL TABLET 12.5-50-200 MG	Non-Preferred	PA
STALEVO 75 ORAL TABLET 18.75-75-200 MG	Non-Preferred	PA
<i>Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG</i>	Preferred	DS (90 DS)
<i>Carbidopa-Levodopa ER Oral Tablet Extended Release 50-200 MG</i>	Preferred	
<i>Carbidopa-Levodopa Oral Tablet 10-100 MG, 25-250 MG</i>	Preferred	DS (90 DS)
<i>Carbidopa-Levodopa Oral Tablet 25-100 MG</i>	Preferred	DS (90 DS); QL (8 EA per 1 day)
<i>Carbidopa-Levodopa Oral Tablet Dispersible 10-100 MG, 25-100 MG, 25-250 MG</i>	Non-Preferred	PA
<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>	Preferred	
*Nonergoline Dopamine Receptor Agonists*** - Drugs For Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Non-Preferred	PA; SP
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25	Non-Preferred	PA; SP
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	Non-Preferred	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Non-Preferred	PA
<i>Apomorphine HCl Subcutaneous Solution Cartridge 30 MG/3ML</i>	Non-Preferred	PA; SP
<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
<i>Pramipexole Dihydrochloride Oral Tablet 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG</i>	Preferred	DS (90 DS)
<i>rOPINIRole HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</i>	Non-Preferred	PA
<i>rOPINIRole HCl Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG</i>	Preferred	DS (90 DS)

Drug	Status	Notes
*Peripheral Comt Inhibitors*** - Drugs For Parkinson		
COMTAN ORAL TABLET 200 MG	Non-Preferred	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Entacapone Oral Tablet 200 MG</i>	Non-Preferred	PA
Antipsychotics/Antimanic Agents - Drugs For The Nervous System		
*Antimanic Agents*** - Drugs For Severe Mental Disorders		
<i>Lithium Carbonate ER Oral Tablet Extended Release 300 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 4 Years)
<i>Lithium Carbonate ER Oral Tablet Extended Release 450 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 4 Years)
<i>Lithium Carbonate Oral Capsule 150 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day); AGE (Min 4 Years)
<i>Lithium Carbonate Oral Capsule 300 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 4 Years)
<i>Lithium Carbonate Oral Capsule 600 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 4 Years)
<i>Lithium Carbonate Oral Tablet 300 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 4 Years)
<i>Lithium Oral Solution 8 MEQ/5ML</i>	Preferred	AGE (Min 4 Years)
*Antipsychotics - Misc.*** - Drugs For Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Ziprasidone HCl Oral Capsule 20 MG, 40 MG, 60 MG, 80 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Min 6 Years)
*Benzisoxazoles*** - Drugs For Severe Mental Disorders		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Preferred	QL (0.75 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	Preferred	QL (1 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Preferred	QL (1.5 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Preferred	QL (0.25 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Preferred	QL (0.5 ML per 25 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	Preferred	DS (90 DS); QL (0.88 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	Preferred	DS (90 DS); QL (1.32 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	Preferred	DS (90 DS); QL (1.75 ML per 71 days); AGE (Min 18 Years)

Drug	Status	Notes
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	Preferred	DS (90 DS); QL (2.65 ML per 71 days); AGE (Min 18 Years)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	Preferred	QL (1 EA per 11 days); AGE (Min 18 Years)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 9 MG</i>	Preferred	PA; DS (90 DS); QL (1 EA per 1 day); AGE (Min 12 Years)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 6 MG</i>	Preferred	PA; DS (90 DS); QL (2 EA per 1 day); AGE (Min 12 Years)
<i>risperiDONE Oral Solution 1 MG/ML</i>	Preferred	DS (90 DS); QL (16 ML per 1 day); AGE (Min 5 Years)
<i>risperiDONE Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG</i>	Preferred	DS (90 DS); AGE (Min 5 Years)
<i>risperiDONE Oral Tablet 4 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 5 Years)
<i>RisperiDONE Oral Tablet Dispersible 0.5 MG, 1 MG, 2 MG, 3 MG</i>	Preferred	DS (90 DS); AGE (Min 5 Years)
<i>RisperiDONE Oral Tablet Dispersible 4 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 5 Years)
*Butyrophenones*** - Drugs For Severe Mental Disorders		
<i>Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML</i>	Preferred	AGE (Min 6 Years)
<i>Haloperidol Lactate Injection Solution 5 MG/ML</i>	Preferred	AGE (Min 6 Years)
<i>Haloperidol Lactate Oral Concentrate 2 MG/ML</i>	Preferred	DS (90 DS); AGE (Min 6 Years)
<i>Haloperidol Oral Tablet 0.5 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 6 Years)
<i>Haloperidol Oral Tablet 1 MG, 10 MG, 20 MG, 5 MG</i>	Preferred	DS (90 DS); QL (5 EA per 1 day); AGE (Min 6 Years)
*Dibenzodiazepines*** - Drugs For Severe Mental Disorders		
<i>cloZAPine Oral Tablet 100 MG, 200 MG, 25 MG</i>	Preferred	AGE (Min 6 Years)
<i>cloZAPine Oral Tablet 50 MG</i>	Preferred	QL (2 EA per 1 day); AGE (Min 6 Years)
*Dibenzo-Oxepino Pyrroles*** - Drugs For Severe Mental Disorders		
<i>Asenapine Maleate Sublingual Tablet Sublingual 10 MG, 5 MG</i>	Preferred	PA; DS (90 DS); QL (2 EA per 1 day); AGE (Min 10 Years)
*Dibenzothiazepines*** - Drugs For Severe Mental Disorders		
<i>QUetiapine Fumarate ER Oral Tablet Extended Release 24 Hour 150 MG, 200 MG</i>	Preferred	PA; DS (90 DS); QL (1 EA per 1 day); AGE (Min 6 Years)
<i>QUetiapine Fumarate ER Oral Tablet Extended Release 24 Hour 300 MG, 400 MG, 50 MG</i>	Preferred	PA; DS (90 DS); QL (2 EA per 1 day); AGE (Min 6 Years)
<i>QUetiapine Fumarate Oral Tablet 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG</i>	Preferred	DS (90 DS); AGE (Min 6 Years)

Drug	Status	Notes
*Dibenzoxazepines*** - Drugs For Severe Mental Disorders		
<i>Loxapine Succinate Oral Capsule 10 MG, 5 MG, 50 MG</i>	Preferred	DS (90 DS); QL (15 EA per 1 day); AGE (Min 6 Years)
<i>Loxapine Succinate Oral Capsule 25 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 6 Years)
*Phenothiazines*** - Drugs For Severe Mental Disorders		
COMPRO RECTAL SUPPOSITORY 25 MG	Non-Preferred	PA
<i>chlorproMAZINE HCl Oral Tablet 10 MG, 100 MG, 200 MG, 25 MG, 50 MG</i>	Preferred	DS (90 DS); QL (12 EA per 1 day); AGE (Min 6 Years)
<i>fluPHENAZine Decanoate Injection Solution 25 MG/ML</i>	Preferred	AGE (Min 6 Years)
<i>fluPHENAZine HCl Oral Tablet 1 MG, 10 MG, 2.5 MG, 5 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 6 Years)
<i>Perphenazine Oral Tablet 16 MG, 2 MG, 4 MG, 8 MG</i>	Preferred	DS (90 DS); AGE (Min 6 Years)
<i>Prochlorperazine Maleate Oral Tablet 10 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Prochlorperazine Rectal Suppository 25 MG</i>	Non-Preferred	PA
<i>Thioridazine HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day); AGE (Min 6 Years)
<i>Trifluoperazine HCl Oral Tablet 1 MG, 2 MG, 5 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 6 Years)
<i>Trifluoperazine HCl Oral Tablet 10 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day); AGE (Min 6 Years)
*Quinolinone Derivatives*** - Drugs For Severe Mental Disorders		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Preferred	QL (1 EA per 25 days); AGE (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Preferred	QL (1 EA per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	Preferred	QL (3.9 ML per 50 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	Preferred	QL (1.6 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	Preferred	QL (2.4 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	Preferred	QL (3.2 ML per 25 days); AGE (Min 18 Years)
<i>ARIPiprazole Oral Solution 1 MG/ML</i>	Preferred	PA; DS (90 DS); AGE (Min 6 Years)
<i>ARIPiprazole Oral Tablet 10 MG, 15 MG, 5 MG</i>	Preferred	DS (90 DS); QL (1.5 EA per 1 day); AGE (Min 6 Years)
<i>ARIPiprazole Oral Tablet 2 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day); AGE (Min 6 Years)
<i>ARIPiprazole Oral Tablet 20 MG, 30 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day); AGE (Min 6 Years)
<i>ARIPiprazole Oral Tablet Dispersible 10 MG, 15 MG</i>	Preferred	PA; DS (90 DS); QL (1.5 EA per 1 day); AGE (Min 6 Years)

Drug	Status	Notes
*Thienbenzodiazepines*** - Drugs For Severe Mental Disorders		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	Preferred	QL (2 EA per 25 days); AGE (Min 18 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	Preferred	QL (1 EA per 25 days); AGE (Min 18 Years)
OLANzapine Oral Tablet 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Preferred	PA; DS (90 DS); QL (1.5 EA per 1 day); AGE (Min 6 Years)
*Thioxanthenes*** - Drugs For Severe Mental Disorders		
Thiothixene Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG	Preferred	DS (90 DS); QL (6 EA per 1 day); AGE (Min 6 Years)
Antiseptics & Disinfectants - Antiseptics And Disinfectants		
*Chlorine Antiseptics*** - Antiseptics And Disinfectants		
BETASEPT SURGICAL SCRUB EXTERNAL LIQUID 4 %	Preferred	
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 %	Preferred	
Chlorhexidine Gluconate External Liquid 4 %	Preferred	
Chlorhexidine Gluconate External Solution 4 %	Preferred	
Antivirals - Drugs For Infections		
*Antiretroviral Combinations*** - Drugs For Viral Infections		
ATRIPLA ORAL TABLET 600-200-300 MG	Non-Preferred	PA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Preferred	PA; QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	Preferred	PA; QL (1 EA per 1 day)
COMBIVIR ORAL TABLET 150-300 MG	Non-Preferred	PA
COMPLERA ORAL TABLET 200-25-300 MG	Preferred	PA
DELSTRIGO ORAL TABLET 100-300-300 MG	Preferred	PA; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years)
DOVATO ORAL TABLET 50-300 MG	Preferred	PA; QL (1 EA per 1 day)
EPZICOM ORAL TABLET 600-300 MG	Non-Preferred	PA
EVOTAZ ORAL TABLET 300-150 MG	Preferred	PA; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG	Preferred	PA; QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML	Non-Preferred	PA
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Non-Preferred	PA
ODEFSEY ORAL TABLET 200-25-25 MG	Preferred	PA; QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG	Non-Preferred	PA; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Preferred	PA; QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	Preferred	PA; QL (1 EA per 1 day)

Drug	Status	Notes
SYMFI ORAL TABLET 600-300-300 MG	Preferred	PA; QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	Preferred	PA; QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	Preferred	PA
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	Non-Preferred	PA
TRIZIVIR ORAL TABLET 300-150-300 MG	Non-Preferred	PA
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Non-Preferred	PA
<i>Abacavir Sulfate-lamiVUDine Oral Tablet 600-300 MG</i>	Preferred	PA
<i>Efavirenz-Emtricitab-Tenofo DF Oral Tablet 600-200-300 MG</i>	Preferred	PA
<i>Efavirenz-lamiVUDine-Tenofovir Oral Tablet 400-300-300 MG, 600-300-300 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Emtricitabine-Tenofovir DF Oral Tablet 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG</i>	Preferred	PA
<i>lamiVUDine-Zidovudine Oral Tablet 150-300 MG</i>	Preferred	PA
<i>Lopinavir-Ritonavir Oral Solution 400-100 MG/5ML</i>	Preferred	PA
<i>Lopinavir-Ritonavir Oral Tablet 100-25 MG, 200-50 MG</i>	Preferred	PA
*Antiretrovirals - Capsid Inhibitors*** - Drugs For Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Non-Preferred	PA; QL (2 EA per 1 day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** - Drugs For Viral Infections		
SELZENTRY ORAL SOLUTION 20 MG/ML	Preferred	PA
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	Preferred	PA
<i>Maraviroc Oral Tablet 150 MG, 300 MG</i>	Non-Preferred	PA
*Antiretrovirals - Fusion Inhibitors*** - Drugs For Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Preferred	PA; QL (2 EA per 1 day); AGE (Min 6 Years)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor*** - Drugs For Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
*Antiretrovirals - Integrase Inhibitors*** - Drugs For Viral Infections		
ISENTRESS HD ORAL TABLET 600 MG	Preferred	PA; QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG	Preferred	PA
ISENTRESS ORAL TABLET 400 MG	Preferred	PA; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Preferred	PA
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Preferred	PA
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Non-Preferred	PA

Drug	Status	Notes
*Antiretrovirals - Protease Inhibitors*** - Drugs For Viral Infections		
APTIVUS ORAL CAPSULE 250 MG	Non-Preferred	PA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Preferred	
INVIRASE ORAL TABLET 500 MG	Preferred	
LEXIVA ORAL SUSPENSION 50 MG/ML	Non-Preferred	PA
LEXIVA ORAL TABLET 700 MG	Non-Preferred	PA
NORVIR ORAL PACKET 100 MG	Non-Preferred	PA
NORVIR ORAL TABLET 100 MG	Non-Preferred	PA
PREZISTA ORAL SUSPENSION 100 MG/ML	Non-Preferred	PA
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Non-Preferred	PA; AGE (Min 3 Years)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Non-Preferred	PA
REYATAZ ORAL PACKET 50 MG	Non-Preferred	PA
VIRACEPT ORAL TABLET 250 MG, 625 MG	Non-Preferred	PA
<i>Atazanavir Sulfate Oral Capsule 150 MG, 200 MG, 300 MG</i>	Preferred	PA
<i>Darunavir Oral Tablet 600 MG, 800 MG</i>	Non-Preferred	PA; AGE (Min 3 Years)
<i>Fosamprenavir Calcium Oral Tablet 700 MG</i>	Non-Preferred	PA
<i>Ritonavir Oral Tablet 100 MG</i>	Non-Preferred	PA
*Antiretrovirals - Rti-Non-Nucleoside Analogues*** - Drugs For Viral Infections		
EDURANT ORAL TABLET 25 MG	Preferred	PA
INTELENCE ORAL TABLET 100 MG, 200 MG	Preferred	PA; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Preferred	PA; QL (4 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Preferred	PA; QL (2 EA per 1 day)
<i>Efavirenz Oral Capsule 200 MG, 50 MG</i>	Preferred	PA
<i>Efavirenz Oral Tablet 600 MG</i>	Preferred	PA
<i>Etravirine Oral Tablet 100 MG, 200 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day)
<i>Nevirapine ER Oral Tablet Extended Release 24 Hour 100 MG, 400 MG</i>	Non-Preferred	PA
<i>Nevirapine Oral Suspension 50 MG/5ML</i>	Non-Preferred	PA
<i>Nevirapine Oral Tablet 200 MG</i>	Non-Preferred	PA
*Antiretrovirals - Rti-Nucleoside Analogues-Purines*** - Drugs For Viral Infections		
ZIAGEN ORAL SOLUTION 20 MG/ML	Non-Preferred	PA
ZIAGEN ORAL TABLET 300 MG	Non-Preferred	PA
<i>Abacavir Sulfate Oral Solution 20 MG/ML</i>	Preferred	PA
<i>Abacavir Sulfate Oral Tablet 300 MG</i>	Preferred	PA; DS (90 DS)
<i>Didanosine Oral Capsule Delayed Release 250 MG, 400 MG</i>	Non-Preferred	PA
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** - Drugs For Viral Infections		
EMTRIVA ORAL CAPSULE 200 MG	Preferred	PA
EMTRIVA ORAL SOLUTION 10 MG/ML	Preferred	PA

Drug	Status	Notes
EPIVIR ORAL SOLUTION 10 MG/ML	Non-Preferred	PA
EPIVIR ORAL TABLET 150 MG, 300 MG	Non-Preferred	PA
<i>Emtricitabine Oral Capsule 200 MG</i>	Non-Preferred	PA
<i>lamiVUDine Oral Solution 10 MG/ML</i>	Preferred	PA
<i>LamiVUDine Oral Tablet 150 MG, 300 MG</i>	Preferred	PA
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** - Drugs For Viral Infections		
RETROVIR ORAL CAPSULE 100 MG	Non-Preferred	PA
RETROVIR ORAL SYRUP 50 MG/5ML	Non-Preferred	PA
<i>Stavudine Oral Capsule 40 MG</i>	Non-Preferred	PA
<i>Zidovudine Oral Capsule 100 MG</i>	Preferred	PA
<i>Zidovudine Oral Syrup 50 MG/5ML</i>	Preferred	PA; DS (90 DS)
<i>Zidovudine Oral Tablet 300 MG</i>	Preferred	PA; DS (90 DS)
*Antiretrovirals - Rti-Nucleotide Analogues*** - Drugs For Viral Infections		
VIREAD ORAL POWDER 40 MG/GM	Non-Preferred	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	Non-Preferred	PA
<i>Tenofovir Disoproxil Fumarate Oral Tablet 300 MG</i>	Preferred	PA
*Antiretrovirals Adjuvants*** - Drugs For Viral Infections		
TYBOST ORAL TABLET 150 MG	Non-Preferred	PA; QL (1 EA per 1 day)
*Antiviral Combinations*** - Drugs For Infections		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Preferred	QL (30 EA per 4 days); AGE (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Preferred	QL (30 EA per 4 days); AGE (Min 12 Years)
*Cmv Agents*** - Drugs For Viral Infections		
<i>valGANciclovir HCl Oral Solution Reconstituted 50 MG/ML</i>	Preferred	PA; QL (18 ML per 1 day)
<i>valGANciclovir HCl Oral Tablet 450 MG</i>	Preferred	PA; QL (2 EA per 1 day)
*Hepatitis B Agents*** - Drugs For Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Non-Preferred	PA
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	Non-Preferred	PA
EPIVIR HBV ORAL SOLUTION 5 MG/ML	Non-Preferred	PA
EPIVIR HBV ORAL TABLET 100 MG	Non-Preferred	PA
VEMLIDY ORAL TABLET 25 MG	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Adefovir Dipivoxil Oral Tablet 10 MG</i>	Non-Preferred	PA
<i>Entecavir Oral Tablet 0.5 MG, 1 MG</i>	Preferred	
<i>LamiVUDine Oral Tablet 100 MG</i>	Non-Preferred	PA
*Hepatitis C Agent - Combinations*** - Drugs For Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	Non-Preferred	PA; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 6 Years)

Drug	Status	Notes
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day); AGE (Min 3 Years)
HARVONI ORAL TABLET 45-200 MG	Non-Preferred	PA; SP; AGE (Min 3 Years)
HARVONI ORAL TABLET 90-400 MG	Non-Preferred	PA; SP
MAVYRET ORAL PACKET 50-20 MG	Preferred	PA; SP; AGE (Min 3 Years)
MAVYRET ORAL TABLET 100-40 MG	Preferred	PA; SP; QL (3 EA per 1 day); AGE (Min 12 Years)
VOSEVI ORAL TABLET 400-100-100 MG	Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 18 Years)
ZEPATIER ORAL TABLET 50-100 MG	Non-Preferred	PA; SP
<i>Ledipasvir-Sofosbuvir Oral Tablet 90-400 MG</i>	Non-Preferred	PA; SP
<i>Sofosbuvir-Velpatasvir Oral Tablet 400-100 MG</i>	Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 6 Years)
*Hepatitis C Agents*** - Drugs For Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Preferred	PA; SP; QL (4 ML per 23 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Preferred	PA; SP; QL (2 ML per 23 days)
SOVALDI ORAL PACKET 150 MG, 200 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day); AGE (Min 3 Years)
SOVALDI ORAL TABLET 200 MG	Non-Preferred	PA; SP; AGE (Min 3 Years)
SOVALDI ORAL TABLET 400 MG	Non-Preferred	PA; SP
<i>Ribavirin Oral Capsule 200 MG</i>	Preferred	SP
<i>Ribavirin Oral Tablet 200 MG</i>	Preferred	SP
*Herpes Agents - Purine Analogues*** - Drugs For Viral Infections		
SITAVIG BUCCAL TABLET 50 MG	Non-Preferred	PA
VALTREX ORAL TABLET 1 GM	Non-Preferred	PA; QL (3 EA per 1 day)
VALTREX ORAL TABLET 500 MG	Non-Preferred	PA
<i>Acyclovir Oral Capsule 200 MG</i>	Preferred	
<i>Acyclovir Oral Suspension 200 MG/5ML</i>	Non-Preferred	PA
<i>Acyclovir Oral Tablet 400 MG, 800 MG</i>	Preferred	
<i>valACYclovir HCl Oral Tablet 1 GM</i>	Preferred	QL (3 EA per 1 day)
<i>valACYclovir HCl Oral Tablet 500 MG</i>	Preferred	
*Herpes Agents - Thymidine Analogues*** - Drugs For Viral Infections		
<i>Famciclovir Oral Tablet 125 MG, 250 MG, 500 MG</i>	Preferred	
*Influenza Agents*** - Drugs For Viral Infections		
FLUMADINE ORAL TABLET 100 MG	Non-Preferred	PA
<i>riMANTAdine HCl Oral Tablet 100 MG</i>	Non-Preferred	PA
*Misc. Antivirals*** - Drugs For Viral Infections		
VEKLURY INTRAVENOUS SOLUTION 100 MG/20ML	Preferred	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Preferred	
<i>Remdesivir Intravenous Solution Reconstituted 100 MG</i>	Preferred	

Drug	Status	Notes
*Neuraminidase Inhibitors*** - Drugs For Viral Infections		
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Non-Preferred	PA
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	Non-Preferred	PA
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	Non-Preferred	PA
<i>Oseltamivir Phosphate Oral Capsule 30 MG, 45 MG, 75 MG</i>	Preferred	
<i>Oseltamivir Phosphate Oral Suspension Reconstituted 6 MG/ML</i>	Preferred	
*Pa Endonuclease Inhibitors*** - Drugs For Viral Infections		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG	Non-Preferred	PA; AGE (Min 12 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Non-Preferred	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	Non-Preferred	PA; AGE (Min 12 Years)
Beta Blockers - Drugs For The Heart		
*Alpha-Beta Blockers*** - Drugs For High Blood Pressure		
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG	Non-Preferred	PA
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non-Preferred	PA
<i>Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG</i>	Preferred	DS (90 DS)
<i>Carvedilol Phosphate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 40 MG, 80 MG</i>	Non-Preferred	PA
<i>Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG</i>	Preferred	DS (90 DS)
*Beta Blockers Cardio-Selective*** - Drugs For High Blood Pressure		
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Preferred	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Non-Preferred	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	Non-Preferred	PA
<i>Acebutolol HCl Oral Capsule 200 MG, 400 MG</i>	Non-Preferred	PA
<i>Atenolol Oral Tablet 100 MG, 25 MG, 50 MG</i>	Preferred	DS (90 DS)
<i>Betaxolol HCl Oral Tablet 10 MG, 20 MG</i>	Non-Preferred	PA
<i>Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG</i>	Preferred	
<i>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG</i>	Preferred	DS (90 DS)

Drug	Status	Notes
<i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i>	Preferred	DS (90 DS)
<i>Metoprolol Tartrate Oral Tablet 37.5 MG, 75 MG</i>	Preferred	
<i>Nebivolol HCl Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG</i>	Preferred	
*Beta Blockers Non-Selective*** - Drugs For High Blood Pressure		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
CORGARD ORAL TABLET 20 MG, 40 MG	Non-Preferred	PA
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	Non-Preferred	PA
SORINE ORAL TABLET 120 MG, 80 MG	Preferred	DS (90 DS)
SORINE ORAL TABLET 160 MG, 240 MG	Preferred	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Non-Preferred	PA
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	Non-Preferred	PA
<i>Pindolol Oral Tablet 10 MG, 5 MG</i>	Non-Preferred	PA
<i>Propranolol HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 160 MG, 60 MG, 80 MG</i>	Preferred	DS (90 DS)
<i>Propranolol HCl Oral Solution 20 MG/5ML, 40 MG/5ML</i>	Preferred	DS (90 DS)
<i>Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG, 60 MG, 80 MG</i>	Preferred	DS (90 DS)
<i>Sotalol HCl (AF) Oral Tablet 120 MG, 80 MG</i>	Preferred	DS (90 DS)
<i>Sotalol HCl (AF) Oral Tablet 160 MG</i>	Preferred	
<i>Sotalol HCl Oral Tablet 120 MG, 80 MG</i>	Preferred	DS (90 DS)
<i>Sotalol HCl Oral Tablet 160 MG, 240 MG</i>	Preferred	
<i>Timolol Maleate Oral Tablet 10 MG, 20 MG, 5 MG</i>	Non-Preferred	PA
Calcium Channel Blockers - Drugs For The Heart		
*Calcium Channel Blockers*** - Drugs For High Blood Pressure		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-Preferred	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Preferred	

Drug	Status	Notes
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Preferred	PA; QL (10 ML per 1 day)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Preferred	PA
NORLIQVA ORAL SOLUTION 1 MG/ML	Non-Preferred	PA; AGE (Min 6 Years)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Preferred	PA
NYMALIZE ORAL SOLUTION 6 MG/ML	Non-Preferred	PA; AGE (Min 18 Years)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG	Non-Preferred	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	Non-Preferred	PA
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Preferred	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Preferred	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Preferred	PA
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Non-Preferred	PA
<i>amLODIPine Besylate Oral Tablet 10 MG, 2.5 MG, 5 MG</i>	Preferred	DS (90 DS)
<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	
<i>dilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	Preferred	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 120 MG, 60 MG, 90 MG</i>	Preferred	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i>	Preferred	
<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
<i>dilTIAZem HCl Oral Tablet 120 MG, 30 MG, 60 MG, 90 MG</i>	Preferred	DS (90 DS)
<i>Dilt-XR Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i>	Preferred	
<i>Felodipine ER Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG</i>	Non-Preferred	PA
<i>Isradipine Oral Capsule 2.5 MG, 5 MG</i>	Non-Preferred	PA
<i>Levamlodipine Maleate Oral Tablet 2.5 MG, 5 MG</i>	Non-Preferred	PA
<i>niCARDipine HCl Oral Capsule 20 MG, 30 MG</i>	Non-Preferred	PA
<i>NIFEdipine ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG</i>	Preferred	

Drug	Status	Notes
<i>NIFEdipine ER Osmotic Release Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG</i>	Preferred	
<i>NIFEdipine Oral Capsule 10 MG, 20 MG</i>	Non-Preferred	PA
<i>niMODipine Oral Capsule 30 MG</i>	Non-Preferred	PA
<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
<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
<i>Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG</i>	Preferred	DS (90 DS)
<i>Verapamil HCl Oral Tablet 120 MG, 80 MG</i>	Preferred	DS (90 DS)
<i>Verapamil HCl Oral Tablet 40 MG</i>	Preferred	
Cardiotonics - Drugs For The Heart		
*Cardiac Glycosides*** - Drugs For The Heart		
<i>DIGITEK ORAL TABLET 125 MCG, 250 MCG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>DIGOX ORAL TABLET 125 MCG, 250 MCG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>LANOXIN ORAL TABLET 125 MCG, 250 MCG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Digoxin Oral Solution 0.05 MG/ML</i>	Preferred	DS (90 DS); AGE (Max 12 Years)
<i>Digoxin Oral Tablet 125 MCG, 250 MCG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
Cardiovascular Agents - Misc. - Drugs For The Heart		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb*** - Drugs For Cholesterol		
<i>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>	Non-Preferred	PA
<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
*Cardiovascular Sglt2 Inhibitors** - Drugs For The Heart		
<i>INPEFA ORAL TABLET 200 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>INPEFA ORAL TABLET 400 MG</i>	Non-Preferred	PA
*Nepriylsin Inhib (Arni)-Angiotensin li Recept Antag Comb*** - Drugs For High Blood Pressure		
<i>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</i>	Preferred	PA; QL (2 EA per 1 day)
*Nitrate & Vasodilator Combinations*** - Drugs For High Blood Pressure		
<i>BIDIL ORAL TABLET 20-37.5 MG</i>	Preferred	PA
<i>Isosorb Dinitrate-hydrALAZINE Oral Tablet 20-37.5 MG, 37.5-20 MG</i>	Non-Preferred	PA
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations*** - Drugs For Cholesterol		
<i>OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG</i>	Non-Preferred	PA

Drug	Status	Notes
*Peripheral Vasodilators*** - Drugs For High Blood Pressure		
<i>EQL Niacin Flush Free Oral Capsule 500 MG</i>	Preferred	
<i>Niacin Flush Free Oral Capsule 500 MG</i>	Preferred	
<i>QC Niacin Oral Capsule 500 MG</i>	Preferred	
*Prostaglandin Vasodilators*** - Drugs For High Blood Pressure		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Non-Preferred	PA; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Non-Preferred	PA; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	Non-Preferred	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Non-Preferred	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Non-Preferred	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X 48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	Non-Preferred	PA; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG	Non-Preferred	PA; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML	Preferred	SP
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	Preferred	SP
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	Preferred	SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML	Preferred	SP; QL (5 ML per 1 day)
VENTAVIS INHALATION SOLUTION 20 MCG/ML	Preferred	SP; QL (3 ML per 1 day)
*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	Non-Preferred	PA; SP
*Pulmonary Hypertension - Endothelin Receptor Antagonists*** - Drugs For High Blood Pressure		
LETAIRIS ORAL TABLET 10 MG, 5 MG	Non-Preferred	PA; SP
OPSUMIT ORAL TABLET 10 MG	Non-Preferred	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Preferred	SP
TRACLEER ORAL TABLET SOLUBLE 32 MG	Non-Preferred	PA; SP
<i>Ambrisentan Oral Tablet 10 MG, 5 MG</i>	Preferred	SP
<i>Bosentan Oral Tablet 125 MG, 62.5 MG</i>	Non-Preferred	PA; SP
*Pulmonary Hypertension - Phosphodiesterase Inhibitors*** - Drugs For High Blood Pressure		
ADCIRCA ORAL TABLET 20 MG	Non-Preferred	PA; SP
ALYQ ORAL TABLET 20 MG	Preferred	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML	Non-Preferred	PA; SP

Drug	Status	Notes
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Preferred	PA; SP
REVATIO ORAL TABLET 20 MG	Preferred	PA; SP; QL (3 EA per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5ML	Non-Preferred	PA; SP
<i>Sildenafil Citrate Oral Suspension Reconstituted 10 MG/ML</i>	Non-Preferred	PA; SP
<i>Sildenafil Citrate Oral Tablet 20 MG</i>	Non-Preferred	PA; SP; QL (3 EA per 1 day)
<i>Tadalafil (PAH) Oral Tablet 20 MG</i>	Preferred	PA; SP
*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	Non-Preferred	PA; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Non-Preferred	PA; SP
*Sinus Node Inhibitors** - Drugs For High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5ML	Non-Preferred	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Non-Preferred	PA; QL (2 EA per 1 day)
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For Angina		
VERQUVO ORAL TABLET 10 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
VERQUVO ORAL TABLET 2.5 MG, 5 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
Cephalosporins - Drugs For Infections		
*Cephalosporins - 1St Generation*** - Antibiotics		
<i>Cefadroxil Oral Capsule 500 MG</i>	Preferred	
<i>Cefadroxil Oral Suspension Reconstituted 250 MG/5ML, 500 MG/5ML</i>	Preferred	
<i>Cefadroxil Oral Tablet 1 GM</i>	Non-Preferred	PA
<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>	Non-Preferred	PA
*Cephalosporins - 2Nd Generation*** - Antibiotics		
<i>Cefaclor ER Oral Tablet Extended Release 12 Hour 500 MG</i>	Non-Preferred	PA
<i>Cefaclor Oral Capsule 250 MG, 500 MG</i>	Non-Preferred	PA
<i>Cefaclor Oral Suspension Reconstituted 125 MG/5ML, 375 MG/5ML</i>	Non-Preferred	PA
<i>Cefprozil Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML</i>	Preferred	
<i>Cefprozil Oral Tablet 250 MG, 500 MG</i>	Preferred	
<i>Cefuroxime Axetil Oral Tablet 250 MG, 500 MG</i>	Preferred	
*Cephalosporins - 3Rd Generation*** - Antibiotics		
<i>Cefdinir Oral Capsule 300 MG</i>	Preferred	

Drug	Status	Notes
<i>Cefdinir Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML</i>	Preferred	
<i>Cefixime Oral Capsule 400 MG</i>	Non-Preferred	PA
<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
Chemicals		
*Bulk Chemicals - Ac's***		
<i>Acesulfame Potassium Powder</i>	Preferred	
*Bulk Chemicals - Bu's***		
<i>Budesonide Powder</i>	Preferred	
*Bulk Chemicals - Et's***		
<i>Ethyl Oleate Liquid</i>	Preferred	
*Bulk Chemicals - Hy's***		
<i>Hydroxyurea Powder</i>	Preferred	
*Bulk Chemicals - Pr's***		
<i>Progesterone Micronized Powder</i>	Preferred	
<i>Progesterone Ultra Micronized Powder</i>	Preferred	
*Bulk Chemicals - St's***		
TRUCLEAR STEVIA PLUS POWDER	Preferred	
<i>Stevia Extract Powder</i>	Preferred	
*Fixed Oils***		
<i>Sesame Oil Oil</i>	Preferred	
*Liquids***		
<i>Benzyl Benzoate Liquid</i>	Preferred	AGE (Min 16 Years and Max 60 Years)
Contraceptives - Drugs For Women		
*Biphasic Contraceptives - Oral*** - Birth Control Pills		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	DS (90 DS)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	DS (90 DS)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Preferred	DS (90 DS)
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	DS (90 DS)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	DS (90 DS)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	DS (90 DS)
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	DS (90 DS)
<i>Desogestrel-Ethinyl Estradiol Oral Tablet 0.15-0.02/0.01 MG (21/5)</i>	Preferred	DS (90 DS)
<i>Viorele Oral Tablet 0.15-0.02/0.01 MG (21/5)</i>	Preferred	DS (90 DS)
*Combination Contraceptives - Oral*** - Birth Control Pills		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Preferred	DS (90 DS)

Drug	Status	Notes
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
APRI ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Preferred	DS (90 DS)
AUBRA ORAL TABLET 0.1-20 MG-MCG	Preferred	DS (90 DS)
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	DS (90 DS)
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
AVIANE ORAL TABLET 0.1-20 MG-MCG	Preferred	DS (90 DS)
AYUNA ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	Preferred	DS (90 DS)
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Preferred	DS (90 DS)
BEYAZ ORAL TABLET 3-0.02-0.451 MG	Preferred	DS (90 DS)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	DS (90 DS)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	DS (90 DS)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
CHATEAL ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Preferred	DS (90 DS)
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
CYRED ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	Preferred	DS (90 DS)
ELINEST ORAL TABLET 0.3-30 MG-MCG	Preferred	DS (90 DS)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Preferred	DS (90 DS)
FALMINA ORAL TABLET 0.1-20 MG-MCG	Preferred	DS (90 DS)
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	DS (90 DS)
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	DS (90 DS)
GIANVI ORAL TABLET 3-0.02 MG	Preferred	DS (90 DS)
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	DS (90 DS)
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
JASMIEL ORAL TABLET 3-0.02 MG	Preferred	DS (90 DS)
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	Non-Preferred	PA
JULEBER ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)

Drug	Status	Notes
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Preferred	DS (90 DS)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Preferred	DS (90 DS)
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Preferred	DS (90 DS)
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	Preferred	DS (90 DS)
KURVELO ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	DS (90 DS)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Preferred	DS (90 DS)
LESSINA ORAL TABLET 0.1-20 MG-MCG	Preferred	DS (90 DS)
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
LORYNA ORAL TABLET 3-0.02 MG	Preferred	DS (90 DS)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Preferred	DS (90 DS)
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Preferred	DS (90 DS)
LUTERA ORAL TABLET 0.1-20 MG-MCG	Preferred	DS (90 DS)
MERZEE ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	DS (90 DS)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	DS (90 DS)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	DS (90 DS)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
MILI ORAL TABLET 0.25-35 MG-MCG	Preferred	DS (90 DS)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	DS (90 DS)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Preferred	DS (90 DS)

Drug	Status	Notes
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Preferred	DS (90 DS)
NEXTSTELLIS ORAL TABLET 3-14.2 MG	Preferred	DS (90 DS)
NIKKI ORAL TABLET 3-0.02 MG	Preferred	DS (90 DS)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Preferred	DS (90 DS)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Preferred	DS (90 DS)
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preferred	DS (90 DS)
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Preferred	DS (90 DS)
NYMYO ORAL TABLET 0.25-35 MG-MCG	Preferred	DS (90 DS)
OCELLA ORAL TABLET 3-0.03 MG	Preferred	DS (90 DS)
PHILITH ORAL TABLET 0.4-35 MG-MCG	Preferred	DS (90 DS)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Preferred	DS (90 DS)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG	Preferred	DS (90 DS)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Preferred	DS (90 DS)
SRONYX ORAL TABLET 0.1-20 MG-MCG	Preferred	DS (90 DS)
SYEDA ORAL TABLET 3-0.03 MG	Preferred	DS (90 DS)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	DS (90 DS)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	DS (90 DS)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	DS (90 DS)
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Non-Preferred	PA
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Preferred	DS (90 DS)
TYDEMY ORAL TABLET 3-0.03-0.451 MG	Preferred	DS (90 DS)
VESTURA ORAL TABLET 3-0.02 MG	Preferred	DS (90 DS)
VIENVA ORAL TABLET 0.1-20 MG-MCG	Preferred	DS (90 DS)
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Preferred	DS (90 DS)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Preferred	DS (90 DS)
WERA ORAL TABLET 0.5-35 MG-MCG	Preferred	DS (90 DS)
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Preferred	DS (90 DS)
YASMIN 28 ORAL TABLET 3-0.03 MG	Preferred	DS (90 DS)
YAZ ORAL TABLET 3-0.02 MG	Preferred	DS (90 DS)
ZARAH ORAL TABLET 3-0.03 MG	Preferred	DS (90 DS)
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preferred	DS (90 DS)
ZUMANDIMINE ORAL TABLET 3-0.03 MG	Preferred	DS (90 DS)
<i>Alyacen 1/35 Oral Tablet 1-35 MG-MCG</i>	Preferred	DS (90 DS)
<i>Briellyn Oral Tablet 0.4-35 MG-MCG</i>	Preferred	DS (90 DS)
<i>Drospiren-Eth Estrad-Levomefol Oral Tablet 3-0.02-0.451 MG, 3-0.03-0.451 MG</i>	Preferred	DS (90 DS)
<i>Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.02 MG, 3-0.03 MG</i>	Preferred	DS (90 DS)

Drug	Status	Notes
<i>Ethinodiol Diac-Eth Estradiol Oral Tablet 1-35 MG-MCG, 1-50 MG-MCG</i>	Preferred	DS (90 DS)
<i>Levonorgest-Eth Estradiol-Iron Oral Tablet 0.1-20 MG-MCG(21)</i>	Non-Preferred	PA
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG</i>	Preferred	DS (90 DS)
<i>Marlissa Oral Tablet 0.15-30 MG-MCG</i>	Preferred	DS (90 DS)
<i>Norethin Ace-Eth Estrad-FE Oral Capsule 1-20 MG-MCG(24)</i>	Preferred	DS (90 DS)
<i>Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG, 1.5-30 MG-MCG</i>	Preferred	DS (90 DS)
<i>Norethin Ace-Eth Estrad-FE Oral Tablet Chewable 1-20 MG-MCG(24)</i>	Preferred	DS (90 DS)
<i>Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG, 1.5-30 MG-MCG</i>	Preferred	DS (90 DS)
<i>Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.4-35 MG-MCG, 0.8-25 MG-MCG</i>	Preferred	DS (90 DS)
<i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i>	Preferred	DS (90 DS)
*Combination Contraceptives - Transdermal*** - Birth Control Pills		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Preferred	QL (0.143 EA per 1 day)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Preferred	QL (0.143 EA per 1 day)
*Combination Contraceptives - Vaginal*** - Birth Control Pills		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Preferred	QL (0.05 EA per 1 day)
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	Preferred	QL (0.05 EA per 1 day)
<i>Etonogestrel-Ethinyl Estradiol Vaginal Ring 0.12-0.015 MG/24HR</i>	Preferred	QL (0.05 EA per 1 day)
*Continuous Contraceptives - Oral*** - Birth Control Pills		
AMETHYST ORAL TABLET 90-20 MCG	Preferred	DS (90 DS)
DOLISHALE ORAL TABLET 90-20 MCG	Non-Preferred	PA
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 90-20 MCG</i>	Preferred	DS (90 DS)
*Emergency Contraceptives*** - Birth Control Pills		
ECONTRA EZ ORAL TABLET 1.5 MG	Preferred	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Preferred	
ELLA ORAL TABLET 30 MG	Preferred	
HER STYLE ORAL TABLET 1.5 MG	Preferred	
MY CHOICE ORAL TABLET 1.5 MG	Preferred	
MY WAY ORAL TABLET 1.5 MG	Preferred	
NEW DAY ORAL TABLET 1.5 MG	Preferred	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Preferred	
OPTION 2 ORAL TABLET 1.5 MG	Preferred	
<i>Levonorgestrel Oral Tablet 1.5 MG</i>	Preferred	

Drug	Status	Notes
*Extended-Cycle Contraceptives - Oral*** - Birth Control Pills		
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	Preferred	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	Preferred	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Preferred	
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	Preferred	
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	Preferred	
ICLEVIA ORAL TABLET 0.15-0.03 MG	Preferred	
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	Preferred	
JOLESSA ORAL TABLET 0.15-0.03 MG	Preferred	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Preferred	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	Preferred	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	Preferred	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	Preferred	
SETLAKIN ORAL TABLET 0.15-0.03 MG	Preferred	
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	Preferred	
<i>Levonorgest-Eth Est & Eth Est Oral Tablet 42-21-21-7 DAYS</i>	Preferred	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 MG, 0.15-0.03 & 0.01 MG, 0.15-0.03 MG</i>	Preferred	
*Four Phase Contraceptives - Oral*** - Birth Control Pills		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Preferred	DS (90 DS)
*Progestin Contraceptives - Injectable*** - Birth Control Pills		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	Preferred	
<i>medroxyPROGESTERone Acetate Intramuscular Suspension 150 MG/ML</i>	Preferred	QL (1 ML per 76 days)
<i>medroxyPROGESTERone Acetate Intramuscular Suspension Prefilled Syringe 150 MG/ML</i>	Preferred	QL (1 ML per 76 days)
*Progestin Contraceptives - IUD*** - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Preferred	QL (1 EA per 999 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Preferred	QL (1 EA per 999 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Preferred	QL (1 EA per 999 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Preferred	QL (1 EA per 999 days)
*Progestin Contraceptives - Oral*** - Birth Control Pills		
CAMILA ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
DEBLITANE ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
EMZAHH ORAL TABLET 0.35 MG	Non-Preferred	PA

Drug	Status	Notes
ERRIN ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
HEATHER ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
INCASSIA ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
JENCYCLA ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
LYLEQ ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
LYZA ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
NORA-BE ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
NORLYDA ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
OPILL ORAL TABLET 0.075 MG	Non-Preferred	PA
SHAROBEL ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
SLYND ORAL TABLET 4 MG	Preferred	DS (90 DS)
TULANA ORAL TABLET 0.35 MG	Preferred	DS (90 DS)
<i>Norethindrone Oral Tablet 0.35 MG</i>	Preferred	DS (90 DS)
*Triphasic Contraceptives - Oral*** - Birth Control Pills		
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Preferred	DS (90 DS)
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Preferred	DS (90 DS)
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	DS (90 DS)
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	Preferred	DS (90 DS)
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Preferred	DS (90 DS)
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Preferred	DS (90 DS)
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	DS (90 DS)
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	DS (90 DS)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	DS (90 DS)
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Preferred	DS (90 DS)
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	DS (90 DS)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	DS (90 DS)
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Preferred	DS (90 DS)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	DS (90 DS)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	DS (90 DS)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	DS (90 DS)
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	DS (90 DS)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	DS (90 DS)

Drug	Status	Notes
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	DS (90 DS)
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	DS (90 DS)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	DS (90 DS)
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	Preferred	DS (90 DS)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	DS (90 DS)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	DS (90 DS)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Preferred	DS (90 DS)
<i>Alyacen 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG</i>	Preferred	DS (90 DS)
<i>Levonorg-Eth Estrad Triphasic Oral Tablet 50-30/75-40/ 125-30 MCG</i>	Preferred	DS (90 DS)
<i>Norethindron-Ethinyl Estrad-Fe Oral Tablet 1-20/1-30/1-35 MG-MCG</i>	Preferred	DS (90 DS)
<i>Norgestim-Eth Estrad Triphasic Oral Tablet 0.18/0.215/0.25 MG-35 MCG</i>	Preferred	DS (90 DS)
Corticosteroids - Hormones		
*Glucocorticosteroids*** - Drugs For Inflammation		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Non-Preferred	PA; SP; AGE (Max 17 Years)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Non-Preferred	PA
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Non-Preferred	PA
EOHILIA ORAL SUSPENSION 2 MG/10ML	Non-Preferred	PA; Note (maximum 12 weeks of treatment per calendar year); AGE (Min 11 Years)
HEMADY ORAL TABLET 20 MG	Non-Preferred	PA
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	Non-Preferred	PA
MEDROL ORAL TABLET THERAPY PACK 4 MG	Non-Preferred	PA
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48)	Non-Preferred	PA
MILLIPRED ORAL TABLET 5 MG	Non-Preferred	PA
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Non-Preferred	PA
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG	Non-Preferred	PA
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	Non-Preferred	PA
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21)	Non-Preferred	PA
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	Non-Preferred	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	Non-Preferred	PA

Drug	Status	Notes
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	Non-Preferred	PA
<i>Budesonide ER Oral Tablet Extended Release 24 Hour 9 MG</i>	Non-Preferred	PA
<i>Budesonide Oral Capsule Delayed Release Particles 3 MG</i>	Preferred	
<i>Cortisone Acetate Oral Tablet 25 MG</i>	Non-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>	Non-Preferred	PA
<i>Hydrocortisone Oral Tablet 10 MG, 20 MG, 5 MG</i>	Preferred	
<i>methylPREDNISolone Oral Tablet 16 MG, 32 MG, 8 MG</i>	Non-Preferred	PA
<i>methylPREDNISolone Oral Tablet 4 MG</i>	Preferred	
<i>methylPREDNISolone Oral Tablet Therapy Pack 4 MG</i>	Preferred	
<i>prednisoLONE Oral Solution 15 MG/5ML</i>	Preferred	
<i>prednisoLONE Oral Tablet 5 MG</i>	Non-Preferred	PA
<i>PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 20 MG/5ML</i>	Non-Preferred	PA
<i>prednisoLONE Sodium Phosphate Oral Solution 15 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>	Non-Preferred	PA
<i>PredniSONE Oral Solution 5 MG/5ML</i>	Non-Preferred	PA
<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	
*Mineralocorticoids*** - Drugs For Inflammation		
<i>Fludrocortisone Acetate Oral Tablet 0.1 MG</i>	Preferred	QL (5 EA per 1 day)
Cough/Cold/Allergy - Drugs For The Lungs		
*Antitussive - Nonnarcotic*** - Drugs For Allergies		
<i>GILTUSS HONEY DM CHILDRENS ORAL LIQUID 15 MG/5ML</i>	Preferred	
<i>GILTUSS HONEY DM ORAL LIQUID 30 MG/10ML</i>	Preferred	
<i>WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID 15 MG/5ML</i>	Preferred	
<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)
<i>CVS Tussin Long-Acting Oral Liquid 15 MG/5ML</i>	Preferred	
<i>GNP Cough Relief Oral Liquid 15 MG/5ML</i>	Preferred	
<i>HM Cough Relief Oral Liquid 15 MG/5ML</i>	Preferred	

Drug	Status	Notes
QC Cough Relief Oral Liquid 15 MG/5ML	Preferred	
*Antitussive - Opioid*** - Drugs For Cough And Cold		
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	Non-Preferred	PA
HYDRocodone Bit-Homatrop MBr Oral Solution 5-1.5 MG/5ML	Non-Preferred	PA
HYDRocodone Bit-Homatrop MBr Oral Tablet 5-1.5 MG	Non-Preferred	PA
Hydromet Oral Solution 5-1.5 MG/5ML	Non-Preferred	PA
*Antitussive-Expectorant*** - Drugs For Cough And Cold		
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML	Preferred	QL (240 ML per 25 days)
DIABETIC TUSSIN MAX ST ORAL LIQUID 10-200 MG/5ML	Preferred	QL (240 ML per 25 days)
ROBAFEN DM COUGH CLEAR ORAL SYRUP 100-10 MG/5ML	Preferred	QL (240 ML per 25 days)
ROBAFEN DM ORAL SYRUP 100-10 MG/5ML	Preferred	QL (240 ML per 25 days)
WAL-TUSSIN COUGH/CHEST DM MAX ORAL LIQUID 10-200 MG/5ML	Preferred	QL (240 ML per 25 days)
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML	Preferred	QL (240 ML per 25 days)
Altarussin DM Oral Syrup 100-10 MG/5ML	Preferred	QL (240 ML per 25 days)
Chest Congestion Relief DM Oral Syrup 10-100 MG/5ML	Preferred	QL (240 ML per 25 days)
Cough/Chest Congestion DM Oral Syrup 10-100 MG/5ML	Preferred	QL (240 ML per 25 days)
CVS Mucus DM Extended Release Oral Tablet Extended Release 12 Hour 30-600 MG	Preferred	QL (2 EA per 1 day)
CVS Tussin DM Oral Liquid 10-200 MG/5ML	Preferred	QL (240 ML per 25 days)
Dextromethorphan-guaiFENesin Oral Syrup 10-100 MG/5ML	Preferred	QL (240 ML per 25 days)
EQ Mucus Relief DM Oral Tablet Extended Release 12 Hour 30-600 MG	Preferred	QL (2 EA per 1 day)
EQ Tussin DM Cough/Chest Oral Syrup 10-100 MG/5ML	Preferred	QL (240 ML per 25 days)
EQ Tussin DM Max Oral Liquid 10-200 MG/5ML	Preferred	QL (240 ML per 25 days)
EQL Mucus-DM Oral Tablet Extended Release 12 Hour 30-600 MG	Preferred	QL (2 EA per 1 day)
EQL Tussin Cough/Chest DM MAX Oral Liquid 10-200 MG/5ML	Preferred	QL (240 ML per 25 days)
EQL Tussin DM Cough/Chest Cong Oral Syrup 100-10 MG/5ML	Preferred	QL (240 ML per 25 days)
Extra Action Cough Oral Syrup 10-100 MG/5ML	Preferred	QL (240 ML per 25 days)
Geri-Tussin DM Oral Syrup 10-100 MG/5ML, 100-10 MG/5ML	Preferred	QL (240 ML per 25 days)
GNP Tussin DM Max Oral Liquid 10-200 MG/5ML	Preferred	QL (240 ML per 25 days)
Guaicon DMS Oral Syrup 100-10 MG/5ML	Preferred	QL (240 ML per 25 days)

Drug	Status	Notes
<i>guaifENesin-Codeine Oral Solution 100-10 MG/5ML, 200-20 MG/10ML</i>	Non-Preferred	PA; AGE (Min 18 Years)
<i>guaifENesin-DM Oral Syrup 100-10 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>HM Tussin Adult DM Oral Liquid 10-200 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>Maxi-Tuss GMX Oral Liquid 10-200 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>Medi-Tussin DM Oral Syrup 100-10 MG/5ML</i>	Preferred	QL (240 ML per 25 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>Q-Tussin DM Oral Syrup 10-100 MG/5ML</i>	Preferred	QL (240 ML per 25 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 Cough DM Sugar Free Oral Syrup 100-10 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>RA Tussin Cough/Chest DM Max Oral Liquid 10-200 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>Robafen DM Clear Oral Syrup 100-10 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>SB Cough Control DM Max Oral Liquid 10-200 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>Siltussin-DM Alcohol Free Oral Syrup 100-10 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>SM Tussin Cough/Chest Congest Oral Syrup 100-10 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>SM Tussin DM Max Oral Liquid 10-200 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>SM Tussin DM Oral Syrup 100-10 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>Tussin DM Cough + Chest Oral Liquid 10-200 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>Tussin DM Max Adult Oral Liquid 10-200 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
<i>Tussin DM Oral Syrup 10-100 MG/5ML, 100-10 MG/5ML</i>	Preferred	QL (240 ML per 25 days)
*Decongestant & Antihistamine*** - Drugs For Cough And Cold		
<i>ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML</i>	Preferred	QL (180 ML per 25 days)
<i>EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG</i>	Preferred	QL (1 EA per 1 day)
<i>KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
SHOPKO ALLERGY RELIEF-D (CETI) ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
SHOPKO ALLERGY RELIEF-D (LORA) ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day)
WAL-DRYL PE ALLERGY & SINUS ORAL TABLET 25-10 MG	Preferred	
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	Preferred	QL (1 EA per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day)
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<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-12 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 Rel D12 (Cetirizine) 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 (1 EA per 1 day)
<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 (1 EA per 1 day)
<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 (1 EA per 1 day)
<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 (1 EA per 1 day)
<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)

Drug	Status	Notes
<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 (1 EA per 1 day)
<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 (180 ML per 25 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>EQL 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>EQL Allergy/Congestion Relief Oral Tablet Extended Release 24 Hour 10-240 MG</i>	Preferred	QL (1 EA per 1 day)
<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 (1 EA per 1 day)
<i>GNP Allergy/Congestion Relief Oral Tablet Extended Release 24 Hour 10-240 MG</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Loratadine-D 12HR Oral Tablet Extended Release 12 Hour 5-120 MG</i>	Preferred	QL (2 EA per 1 day)
<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 & Congestion Oral Tablet Extended Release 12 Hour 5-120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>HM Allergy Complete-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 (1 EA per 1 day)
<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 (1 EA per 1 day)
<i>Meijer Allergy Relief-D Oral Tablet Extended Release 12 Hour 5-120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Promethazine-Phenylephrine Oral Syrup 6.25-5 MG/5ML</i>	Preferred	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>PX Allergy Relief D (Loratid) Oral Tablet Extended Release 12 Hour 5-120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>PX 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>PX Allergy Relief D Oral Tablet Extended Release 24 Hour 10-240 MG</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>QC Loratadine-D Oral Tablet Extended Release 24 Hour 10-240 MG</i>	Preferred	QL (1 EA per 1 day)
<i>RA Allergy Relf & Nasal Decong Oral Tablet Extended Release 24 Hour 10-240 MG</i>	Preferred	QL (1 EA per 1 day)
<i>RA Allergy Rlf/Nasal Decongest Oral Tablet Extended Release 24 Hour 10-240 MG</i>	Preferred	QL (1 EA per 1 day)
<i>RA Allergy/Congestion Relief Oral Tablet Extended Release 12 Hour 5-120 MG</i>	Preferred	QL (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 (1 EA per 1 day)
<i>Rynex PSE Oral Liquid 1-15 MG/5ML</i>	Preferred	QL (480 ML per 25 days)
<i>SB Allergy Relief/Nasal Decong Oral Tablet Extended Release 24 Hour 10-240 MG</i>	Preferred	QL (1 EA per 1 day)
<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 (480 ML per 25 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 Loratadine D 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 (1 EA per 1 day)
<i>SW 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>TGT Allergy/Congestion Relief Oral Tablet Extended Release 24 Hour 10-240 MG</i>	Preferred	QL (1 EA per 1 day)
<i>TGT Allergy+ Congestion Relief Oral Tablet Extended Release 12 Hour 5-120 MG</i>	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>Triacting Nighttime Cold&Cough Oral Liquid 6.25-2.5 MG/5ML</i>	Preferred	QL (180 ML per 25 days)
<i>Wal-tap Cold/Allergy Oral Elixir 1-15 MG/5ML</i>	Preferred	QL (480 ML per 25 days)
*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	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>EQ Mucus-D Oral Tablet Extended Release 12 Hour 60-600 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>FT Mucus Relief D 12 Hour Oral Tablet Extended Release 12 Hour 60-600 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>GNP Mucus D 12 HR Oral Tablet Extended Release 12 Hour 60-600 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>HM Mucus Relief D Oral Tablet Extended Release 12 Hour 60-600 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>Mucus D Oral Tablet Extended Release 12 Hour 60-600 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)

Drug	Status	Notes
<i>Mucus Relief D 12HR ER Oral Tablet Extended Release 12 Hour 60-600 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>Mucus Relief D Oral Tablet Extended Release 12 Hour 60-600 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>Mucus-D Oral Tablet Extended Release 12 Hour 60-600 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>Pseudoephedrine-guaiFENesin ER Oral Tablet Extended Release 12 Hour 60-600 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>RA Mucus Relief D Oral Tablet Extended Release 12 Hour 60-600 MG, 600-60 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>SM Guaifenesin/Pseudoephedrine Oral Tablet Extended Release 12 Hour 600-60 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
<i>SM Mucus Relief D Oral Tablet Extended Release 12 Hour 60-600 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Min 4 Years)
*Expectorants*** - Drugs For Cough And Cold		
BIDEX ORAL TABLET 400 MG	Preferred	AGE (Min 4 Years)
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
DIABETIC TUSSIN CHEST/CONGEST ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
DIABETIC TUSSIN ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Preferred	QL (2 EA per 1 day)
FENESIN IR ORAL TABLET 400 MG	Preferred	AGE (Min 4 Years)
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML	Preferred	AGE (Min 4 Years)
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML	Preferred	AGE (Min 4 Years)
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML	Preferred	AGE (Min 4 Years)
ROBITUSSIN MUCUS+CHEST CONGEST ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
TUSNEL-EX ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
XPECT ORAL TABLET 400 MG	Preferred	AGE (Min 4 Years)
<i>Altarussin Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Chest Congestion Childrens Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Chest Congestion Relief Child Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Chest Congestion Relief Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Chest Congestion Relief Oral Tablet 400 MG</i>	Preferred	AGE (Min 4 Years)
<i>Childrens Mucus Relief Expect Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Cough Syrup Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>CoughTab Oral Tablet 200 MG</i>	Preferred	AGE (Min 4 Years)

Drug	Status	Notes
<i>CVS Chest Congestion Childrens Oral Liquid 100 MG/5ML</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)
<i>CVS Tussin Adult Chest Congest Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Diabetic Siltussin DAS-Na Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>EQ 12 Hour Mucus Relief Oral Tablet Extended Release 12 Hour 600 MG</i>	Preferred	QL (2 EA per 1 day)
<i>EQL Tussin Mucus/Chest Congest Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>FT Mucus Relief 12HR Oral Tablet Extended Release 12 Hour 600 MG</i>	Preferred	QL (2 EA per 1 day)
<i>FT Tussin Adult Oral Liquid 200 MG/10ML</i>	Preferred	AGE (Min 4 Years)
<i>Geri-Tussin Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>GNP Mucus ER Oral Tablet Extended Release 12 Hour 600 MG</i>	Preferred	QL (2 EA per 1 day)
<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	AGE (Min 4 Years)
<i>GoodSense Mucus ER Oral Tablet Extended Release 12 Hour 600 MG</i>	Preferred	QL (2 EA per 1 day)
<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)
<i>guaifENesin Oral Liquid 100 MG/5ML, 200 MG/10ML, 300 MG/15ML</i>	Preferred	AGE (Min 4 Years)
<i>GuaiFENesin Oral Tablet 200 MG, 400 MG</i>	Preferred	AGE (Min 4 Years)
<i>HM Chest Congestion Relief Oral Tablet 400 MG</i>	Preferred	AGE (Min 4 Years)
<i>HM Mucus Relief Oral Tablet Extended Release 12 Hour 600 MG</i>	Preferred	QL (2 EA per 1 day)
<i>HM Tussin Adult Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>KLS Mucus Relief Chest Oral Tablet 400 MG</i>	Preferred	AGE (Min 4 Years)
<i>Liquibid Oral Tablet 400 MG</i>	Preferred	AGE (Min 4 Years)
<i>Mucosa Oral Tablet 400 MG</i>	Preferred	AGE (Min 4 Years)
<i>Mucus & Chest Congestion Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Mucus Relief Chest Congestion Oral Liquid 400 MG/20ML</i>	Preferred	AGE (Min 4 Years)
<i>Mucus Relief Chest Congestion Oral Tablet 200 MG, 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)
<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)

Drug	Status	Notes
<i>Mucus+Chest Congestion Oral Liquid 200 MG/10ML</i>	Preferred	AGE (Min 4 Years)
<i>Organ-I NR Oral Tablet 200 MG</i>	Preferred	AGE (Min 4 Years)
<i>Pharbinex Oral Tablet 400 MG</i>	Preferred	AGE (Min 4 Years)
<i>PX Tussin Oral Liquid 100 MG/5ML</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	AGE (Min 4 Years)
<i>QC Mucus Relief Childrens Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>QC Mucus Relief Oral Tablet Extended Release 12 Hour 600 MG</i>	Preferred	QL (2 EA per 1 day)
<i>QC Tussin Expectorant Adult Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>QC Tussin Mucus/Congestion Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>RA Mucus Relief Oral Tablet Extended Release 12 Hour 600 MG</i>	Preferred	QL (2 EA per 1 day)
<i>RA Tussin Chest Congestion Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>RA Tussin Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Refenesen 400 Oral Tablet 400 MG</i>	Preferred	AGE (Min 4 Years)
<i>Robafen Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>SB Cough Control Oral Liquid 100 MG/5ML</i>	Preferred	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	AGE (Min 4 Years)
<i>Siltussin DAS Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Siltussin SA Oral Liquid 100 MG/5ML</i>	Preferred	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	AGE (Min 4 Years)
<i>SM Mucus Relief Oral Tablet Extended Release 12 Hour 600 MG</i>	Preferred	QL (2 EA per 1 day)
<i>SM Tussin Mucus+Chest Congest Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Tussin Mucus & Chest Congest Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Tussin Mucus+Chest Congest SF Oral Liquid 200 MG/10ML</i>	Preferred	AGE (Min 4 Years)
<i>Tussin Mucus+Chest Congestion Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Tussin Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
<i>Wal-Tussin Oral Liquid 100 MG/5ML</i>	Preferred	AGE (Min 4 Years)
*Misc. Respiratory Inhalants*** - Drugs For Allergies		
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Preferred	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	Preferred	

Drug	Status	Notes
Sodium Chloride Inhalation Nebulization Solution 0.9 %, 3 %, 7 %	Preferred	
*Mucolytics*** - Drugs For The Lungs		
Acetylcysteine Inhalation Solution 20 %	Preferred	QL (120 ML per 1 day)
*Non-Narc Antitussive-Antihistamine*** - Drugs For Cough And Cold		
Promethazine-DM Oral Syrup 6.25-15 MG/5ML	Preferred	QL (180 ML per 25 days); AGE (Min 4 Years and Max 64 Years)
*Non-Narc Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	Preferred	QL (60 ML per 1 day)
Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML	Preferred	QL (60 ML per 1 day)
*Opioid Antitussive-Antihistamine*** - Drugs For Cough And Cold		
Promethazine-Codeine Oral Solution 6.25-10 MG/5ML	Non-Preferred	PA; AGE (Min 18 Years)
Promethazine-Codeine Oral Syrup 6.25-10 MG/5ML	Non-Preferred	PA; AGE (Min 18 Years)
*Opioid Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold		
Promethazine VCI/Codeine Oral Syrup 6.25-5-10 MG/5ML	Non-Preferred	PA; AGE (Min 18 Years)
Dermatologicals - Drugs For The Skin		
*Acne Antibiotics*** - Drugs For The Skin		
CLEOCIN-T EXTERNAL LOTION 1 %	Non-Preferred	PA
CLINDACIN ETZ EXTERNAL SWAB 1 %	Preferred	
CLINDACIN EXTERNAL FOAM 1 %	Non-Preferred	PA
CLINDACIN-P EXTERNAL SWAB 1 %	Preferred	
CLINDAGEL EXTERNAL GEL 1 %	Non-Preferred	PA
ERYGEL EXTERNAL GEL 2 %	Preferred	
EVOCLIN EXTERNAL FOAM 1 %	Non-Preferred	PA
KLARON EXTERNAL LOTION 10 %	Non-Preferred	PA
Clindamycin Phosphate External Foam 1 %	Non-Preferred	PA
Clindamycin Phosphate External Gel 1 %	Non-Preferred	PA
Clindamycin Phosphate External Lotion 1 %	Non-Preferred	PA
Clindamycin Phosphate External Solution 1 %	Preferred	
Clindamycin Phosphate External Swab 1 %	Preferred	
Dapsone External Gel 5 %, 7.5 %	Non-Preferred	PA
Ery External Pad 2 %	Non-Preferred	PA
Erythromycin External Gel 2 %	Preferred	
Erythromycin External Solution 2 %	Preferred	
Sulfacetamide Sodium (Acne) External Lotion 10 %	Non-Preferred	PA
*Acne Combinations*** - Drugs For The Skin		
ACANYA EXTERNAL GEL 1.2-2.5 %	Non-Preferred	PA
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	Non-Preferred	PA
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	Non-Preferred	PA

Drug	Status	Notes
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 %	Non-Preferred	PA
AVAR-E GREEN EXTERNAL CREAM 10-5 %	Non-Preferred	PA
AVAR-E LS EXTERNAL CREAM 10-2 %	Non-Preferred	PA
BENZAMYCIN EXTERNAL GEL 5-3 %	Non-Preferred	PA
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Non-Preferred	PA; AGE (Min 12 Years)
NEUAC EXTERNAL GEL 1.2-5 %	Non-Preferred	PA
ONEXTON EXTERNAL GEL 1.2-3.75 %	Non-Preferred	PA; AGE (Min 12 Years)
SUMADAN WASH EXTERNAL LIQUID 9-4.5 %	Non-Preferred	PA
ZIANA EXTERNAL GEL 1.2-0.025 %	Non-Preferred	PA
<i>Adapalene-Benzoyl Peroxide External Gel 0.1-2.5 %, 0.3-2.5 %</i>	Non-Preferred	PA
<i>Benzoyl Peroxide-Erythromycin External Gel 5-3 %</i>	Preferred	
<i>BP 10-1 External Emulsion 10-1 %</i>	Non-Preferred	PA
<i>BP Cleansing Wash External Emulsion 10-4 %</i>	Non-Preferred	PA
<i>Clindamycin Phos-Benzoyl Perox External Gel 1.2-2.5 %, 1.2-5 %</i>	Non-Preferred	PA
<i>Clindamycin Phos-Benzoyl Perox External Gel 1.2-3.75 %</i>	Non-Preferred	PA; AGE (Min 12 Years)
<i>Clindamycin Phos-Benzoyl Perox External Gel 1-5 %</i>	Preferred	
<i>Clindamycin Phos-Benzoyl Perox GEL 1-5 % EXTERNAL</i>	Non-Preferred	PA
<i>Clindamycin-Tretinoin External Gel 1.2-0.025 %</i>	Non-Preferred	PA
<i>SSS 10-5 External Cream 10-5 %</i>	Non-Preferred	PA
<i>SSS 10-5 External Foam 10-5 %</i>	Non-Preferred	PA
<i>Sulfacetamide Sodium-Sulfur External Cream 10-2 %, 10-5 %</i>	Non-Preferred	PA
<i>Sulfacetamide Sodium-Sulfur External Liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Non-Preferred	PA
<i>Sulfacetamide Sodium-Sulfur External Lotion 10-5 %</i>	Non-Preferred	PA
<i>Sulfacetamide Sodium-Sulfur External Pad 10-4 %</i>	Non-Preferred	PA
<i>Sulfacetamide Sodium-Sulfur External Suspension 10-5 %, 8-4 %</i>	Non-Preferred	PA
<i>Sulfacetamide Sod-Sulfur Wash External Liquid 9-4.5 %</i>	Non-Preferred	PA
*Acne Products*** - Drugs For The Skin		
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA; AGE (Min 12 Years)
ALTRENO EXTERNAL LOTION 0.05 %	Non-Preferred	PA; AGE (Min 9 Years and Max 25 Years)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Preferred	PA; AGE (Min 12 Years)
ARAZLO EXTERNAL LOTION 0.045 %	Non-Preferred	PA; AGE (Min 9 Years)
ATRALIN EXTERNAL GEL 0.05 %	Non-Preferred	PA; AGE (Max 25 Years)
BENZEFOAM EXTERNAL FOAM 5.3 %	Non-Preferred	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA; AGE (Min 12 Years)

Drug	Status	Notes
FABIOR EXTERNAL FOAM 0.1 %	Non-Preferred	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA; AGE (Min 12 Years)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %	Preferred	AGE (Max 25 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 %	Preferred	AGE (Max 25 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %	Non-Preferred	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 %	Non-Preferred	PA
WINLEVI EXTERNAL CREAM 1 %	Non-Preferred	PA; AGE (Min 12 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA; AGE (Min 12 Years)
<i>Acne Medication 10 External Gel 10 %</i>	Preferred	
<i>Acne Medication 10 External Lotion 10 %</i>	Preferred	
<i>Acne Medication 2.5 External Gel 2.5 %</i>	Non-Preferred	PA
<i>Acne Medication 5 External Gel 5 %</i>	Preferred	
<i>Acne Medication 5 External Lotion 5 %</i>	Preferred	
<i>Adapalene External Cream 0.1 %</i>	Preferred	
<i>Adapalene External Gel 0.1 %, 0.3 %</i>	Preferred	
<i>Benzoyl Peroxide External Gel 10 %, 2.5 %, 5 %</i>	Preferred	
<i>Benzoyl Peroxide External Liquid 10 %</i>	Preferred	
<i>Benzoyl Peroxide Wash External Liquid 10 %, 5 %</i>	Preferred	
<i>BPO Foaming Cloths External 6 %</i>	Non-Preferred	PA
<i>ISOTretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG</i>	Preferred	PA; AGE (Min 12 Years)
<i>Lintera Wash External Foam 10 %</i>	Preferred	
<i>Tazarotene External Foam 0.1 %</i>	Non-Preferred	PA
<i>Tretinoin External Cream 0.025 %, 0.05 %, 0.1 %</i>	Non-Preferred	PA; AGE (Max 25 Years)
<i>Tretinoin External Gel 0.01 %, 0.025 %, 0.05 %</i>	Non-Preferred	PA; AGE (Max 25 Years)
<i>Tretinoin Microsphere External Gel 0.04 %, 0.1 %</i>	Non-Preferred	PA
<i>Tretinoin Microsphere Pump External Gel 0.04 %, 0.08 %, 0.1 %</i>	Non-Preferred	PA
*Agents For External Genital And Perianal Warts*** - Drugs For The Skin		
VEREGEN EXTERNAL OINTMENT 15 %	Non-Preferred	PA
*Alopecia Agents - Janus Kinus (Jak) Inhibitors*** - Drugs For The Skin		
LITFULO ORAL CAPSULE 50 MG	Non-Preferred	PA; AGE (Min 12 Years)
*Antibiotic Mixtures Topical*** - Drugs For The Skin		
<i>Double Antibiotic External Ointment 500-10000 UNIT/GM</i>	Preferred	
<i>GNP Antibiotic/Pain Relief External Cream 3.5-10000-10</i>	Preferred	
<i>GNP Triple Antibiotic External Ointment</i>	Preferred	
<i>GNP Triple Antibiotic Plus External Ointment 1 %</i>	Preferred	

Drug	Status	Notes
<i>GoodSense First Aid Antibiotic External Ointment</i>	Preferred	
<i>HM Double Antibiotic External Ointment 500-10000 UNIT/GM</i>	Preferred	
<i>HM Triple Antibiotic External Ointment 3.5-400-5000</i>	Preferred	
<i>HM Triple Antibiotic Max St External Ointment 1 %</i>	Preferred	
<i>Poly Bacitracin External Ointment 500-10000 UNIT/GM</i>	Preferred	
<i>SM Antibiotic Plus Pain Relief External Cream 3.5-10000-10</i>	Preferred	
<i>SM Double Antibiotic External Ointment 500-10000 UNIT/GM</i>	Preferred	
<i>SM Triple Antibiotic Max St External Ointment 1 %</i>	Preferred	
<i>SM Triple Antibiotic Original External Ointment 3.5-400-5000</i>	Preferred	
<i>Triple Antibiotic External Ointment , 3.5-400-5000 , 5-400-5000</i>	Preferred	
<i>Triple Antibiotic Plus External Ointment 1 %</i>	Preferred	
<i>Triple Antibiotic+Pain Relief External Ointment 1 %</i>	Preferred	
*Antibiotics - Topical*** - Drugs For The Skin		
CENTANY EXTERNAL OINTMENT 2 %	Non-Preferred	PA
<i>Bacitracin External Ointment 500 UNIT/GM</i>	Preferred	
<i>Bacitracin Zinc External Ointment 500 UNIT/GM</i>	Preferred	
<i>Gentamicin Sulfate External Cream 0.1 %</i>	Non-Preferred	PA
<i>Gentamicin Sulfate External Ointment 0.1 %</i>	Non-Preferred	PA
<i>GNP Bacitracin Zinc External Ointment 500 UNIT/GM</i>	Preferred	
<i>HM Bacitracin Zinc External Ointment 500 UNIT/GM</i>	Preferred	
<i>Mupirocin Calcium External Cream 2 %</i>	Non-Preferred	PA
<i>Mupirocin External Ointment 2 %</i>	Preferred	
<i>SM Antibiotic External Ointment 500 UNIT/GM</i>	Preferred	
*Antifungals - Topical Combinations*** - Drugs For The Skin		
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	Non-Preferred	PA
<i>Clotrimazole-Betamethasone External Cream 1-0.05 %</i>	Preferred	
<i>Clotrimazole-Betamethasone External Lotion 1-0.05 %</i>	Non-Preferred	PA
<i>Miconazole-Zinc Oxide-Petrolat External Ointment 0.25-15-81.35 %</i>	Non-Preferred	PA
<i>Nystatin-Triamcinolone External Cream 100000-0.1 UNIT/GM-%</i>	Preferred	
<i>Nystatin-Triamcinolone External Ointment 100000-0.1 UNIT/GM-%</i>	Preferred	
*Antifungals - Topical*** - Drugs For The Skin		
CICLODAN EXTERNAL SOLUTION 8 %	Non-Preferred	PA
LOPROX EXTERNAL CREAM 0.77 %	Non-Preferred	PA
LOPROX EXTERNAL KIT 0.77 %, 0.77 % (SUSP)	Non-Preferred	PA
LOPROX EXTERNAL SUSPENSION 0.77 %	Non-Preferred	PA

Drug	Status	Notes
MICOMITIN EXTERNAL SOLUTION 1 %	Preferred	
MICOTRIN AL EXTERNAL SOLUTION 1 %	Preferred	
MYCOZYL AL EXTERNAL SOLUTION 1 %	Preferred	
NAFTIN EXTERNAL GEL 1 %, 2 %	Non-Preferred	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Preferred	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Preferred	
TRIPENICOL C EXTERNAL CREAM 13 %	Non-Preferred	PA
TRITOLNACIDE S EXTERNAL SOLUTION 1 %	Preferred	
<i>Antifungal Maximum Strength External Solution 1 %</i>	Preferred	
<i>Athletes Foot (Terbinafine) External Cream 1 %</i>	Preferred	
<i>Athletes Foot Powder Spray External Aerosol Powder 1 %</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 External Solution 8 %</i>	Non-Preferred	PA
<i>Ciclopirox Olamine External Cream 0.77 %</i>	Non-Preferred	PA
<i>Ciclopirox Olamine External Suspension 0.77 %</i>	Non-Preferred	PA
<i>FT Antifungal External Cream 1 %</i>	Preferred	
<i>FT Athletes Foot (Terbinafine) External Cream 1 %</i>	Preferred	
<i>GNP Terbinafine Hydrochloride External Cream 1 %</i>	Preferred	
<i>GNP Tolnaftate External Cream 1 %</i>	Preferred	
<i>Naftifine HCl External Cream 1 %, 2 %</i>	Non-Preferred	PA
<i>Naftifine HCl External Gel 2 %</i>	Non-Preferred	PA
<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>SM Antifungal Tolnaftate External Cream 1 %</i>	Preferred	
<i>SM Athletes Foot External Cream 1 %</i>	Preferred	
<i>Terbinafine HCl External Cream 1 %</i>	Preferred	
<i>TM-Tolnaftate External Solution 1 %</i>	Preferred	
<i>TM-Tolnaftate LR External Solution 1 %</i>	Preferred	
<i>Tolnafi-AL External Solution 1 %</i>	Preferred	
<i>Tolnaftate External Cream 1 %</i>	Preferred	
<i>Tolnaftate External Powder 1 %</i>	Preferred	
*Anti-Inflammatory Agents - Topical*** - Drugs For The Skin		
FLECTOR EXTERNAL PATCH 1.3 %	Non-Preferred	PA
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Non-Preferred	PA
PENNSAID EXTERNAL SOLUTION 2 %	Preferred	
<i>Arthritis Pain Reliever External Gel 1 %</i>	Preferred	
<i>Diclofenac Epolamine External Patch 1.3 %</i>	Non-Preferred	PA
<i>Diclofenac Sodium External Gel 1 %</i>	Preferred	

Drug	Status	Notes
<i>Diclofenac Sodium External Solution 1.5 %, 2 %</i>	Non-Preferred	PA
<i>Diclofenac Sodium Gel 1 % External (Rx)</i>	Non-Preferred	PA
<i>FT Arthritis Pain External Gel 1 %</i>	Preferred	
<i>GNP Arthritis Pain External Gel 1 %</i>	Preferred	
<i>GNP Diclofenac Sodium External Gel 1 %</i>	Preferred	
<i>GoodSense Arthritis Pain External Gel 1 %</i>	Preferred	
<i>SM Arthritis Pain External Gel 1 %</i>	Preferred	
*Antineoplastic Antimetabolites - Topical*** - Drugs For The Skin		
<i>Fluorouracil External Cream 5 %</i>	Preferred	
*Antipsoriatics - Systemic*** - Drugs For The Skin		
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Non-Preferred	PA; SP; AGE (Min 18 Years)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Non-Preferred	PA; SP; AGE (Min 18 Years)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Preferred	PA; SP; AGE (Min 2 Years)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Preferred	PA; SP; AGE (Min 2 Years)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Preferred	PA; SP; AGE (Min 2 Years)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Preferred	PA; SP; AGE (Min 2 Years)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Preferred	PA; SP; AGE (Min 2 Years)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA; SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	Non-Preferred	PA; SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non-Preferred	PA; SP; QL (0.011 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non-Preferred	PA; SP
SOTYKTU ORAL TABLET 6 MG	Non-Preferred	PA; SP
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non-Preferred	PA; AGE (Min 12 Years)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Non-Preferred	PA; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Non-Preferred	PA; SP; AGE (Min 18 Years)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Non-Preferred	PA; SP; AGE (Min 18 Years)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Non-Preferred	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA; SP
<i>Acitretin Oral Capsule 10 MG, 17.5 MG, 25 MG</i>	Preferred	

Drug	Status	Notes
<i>Methoxsalen Rapid Oral Capsule 10 MG</i>	Non-Preferred	PA
*Antipsoriatics*** - Drugs For The Skin		
SORILUX EXTERNAL FOAM 0.005 %	Non-Preferred	PA
VTAMA EXTERNAL CREAM 1 %	Non-Preferred	PA; AGE (Min 18 Years)
ZORYVE EXTERNAL CREAM 0.3 %	Non-Preferred	PA; AGE (Min 12 Years)
<i>Calcipotriene External Cream 0.005 %</i>	Preferred	
<i>Calcipotriene External Foam 0.005 %</i>	Non-Preferred	PA
<i>Calcipotriene External Ointment 0.005 %</i>	Preferred	
<i>Calcipotriene External Solution 0.005 %</i>	Preferred	
<i>Calcitriol External Ointment 3 MCG/GM</i>	Non-Preferred	PA; AGE (Min 2 Years)
<i>Tazarotene External Cream 0.1 %</i>	Non-Preferred	PA
<i>Tazarotene External Gel 0.05 %, 0.1 %</i>	Non-Preferred	PA
*Antiseborrheic Products*** - Drugs For The Skin		
OVACE PLUS EXTERNAL CREAM 10 %	Non-Preferred	PA
OVACE PLUS EXTERNAL LOTION 9.8 %	Non-Preferred	PA
OVACE PLUS EXTERNAL SHAMPOO 10 %	Non-Preferred	PA
OVACE PLUS WASH EXTERNAL GEL 10 %	Non-Preferred	PA
OVACE PLUS WASH EXTERNAL LIQUID 10 %	Non-Preferred	PA
OVACE WASH EXTERNAL LIQUID 10 %	Non-Preferred	PA
ZORYVE EXTERNAL FOAM 0.3 %	Non-Preferred	PA; AGE (Min 9 Years)
<i>Anti-Dandruff External Shampoo 1 %</i>	Preferred	
<i>CVS Anti-Dandruff External Lotion 1 %</i>	Preferred	
<i>Dandruff Shampoo External Lotion 1 %</i>	Preferred	
<i>EQL Medicated Dandruff External Lotion 1 %</i>	Preferred	
<i>Selenium Sulfide External Lotion 2.5 %</i>	Preferred	
<i>Sodium Sulfacetamide External Shampoo 10 %</i>	Non-Preferred	PA
<i>Sodium Sulfacetamide Wash External Liquid 10 %</i>	Non-Preferred	PA
<i>Sulfacetamide Sodium (Cleans) External Gel 10 %</i>	Non-Preferred	PA
<i>Sulfacetamide Sodium External Liquid 10 %</i>	Non-Preferred	PA
*Antiviral Topical Combinations*** - Drugs For The Skin		
XERESE EXTERNAL CREAM 5-1 %	Non-Preferred	PA
*Antivirals - Topical*** - Drugs For The Skin		
DENAVIR EXTERNAL CREAM 1 %	Non-Preferred	PA
ZOVIRAX EXTERNAL CREAM 5 %	Non-Preferred	PA
ZOVIRAX EXTERNAL OINTMENT 5 %	Non-Preferred	PA
<i>Acyclovir External Cream 5 %</i>	Non-Preferred	PA
<i>Acyclovir External Ointment 5 %</i>	Preferred	
<i>Docosanol External Cream 10 %</i>	Preferred	QL (2 GM per 15 days)
<i>GNP Docosanol External Cream 10 %</i>	Preferred	QL (2 GM per 15 days)
<i>HM Docosanol External Cream 10 %</i>	Preferred	QL (2 GM per 15 days)
<i>Penciclovir External Cream 1 %</i>	Non-Preferred	PA

Drug	Status	Notes
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*** - Drugs For The Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
OPZELURA EXTERNAL CREAM 1.5 %	Non-Preferred	PA; AGE (Min 12 Years)
*Atopic Dermatitis - Monoclonal Antibodies*** - Drugs For The Skin		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Preferred	PA; SP; QL (0.1429 ML per 1 day); AGE (Min 18 Years)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Preferred	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	Preferred	PA; SP
*Burn Products*** - Drugs For The Skin		
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM 1 %	Preferred	
SSD EXTERNAL CREAM 1 %	Preferred	
THERMAZENE EXTERNAL CREAM 1 %	Preferred	
<i>Silver sulfADIAZINE External Cream 1 %</i>	Preferred	
*Corticosteroids - Topical*** - Drugs For The Skin		
APEXICON E EXTERNAL CREAM 0.05 %	Non-Preferred	PA
AQUANIL HC EXTERNAL LOTION 1 %	Preferred	
BESER EXTERNAL LOTION 0.05 %	Non-Preferred	PA
BRYHALI EXTERNAL LOTION 0.01 %	Non-Preferred	PA
CLODAN EXTERNAL SHAMPOO 0.05 %	Non-Preferred	PA
CLODERM EXTERNAL CREAM 0.1 %	Non-Preferred	PA
CORTIZONE-10 COOLING EXTERNAL GEL 1 %	Preferred	
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 %	Preferred	
CORTIZONE-10 ECZEMA EXTERNAL LOTION 1 %	Preferred	
CORTIZONE-10 EXTERNAL GEL 1 %	Preferred	
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION 1 %	Preferred	
CORTIZONE-10 PSORIASIS EXTERNAL LOTION 1 %	Preferred	
DERMAREST ECZEMA EXTERNAL LOTION 1 %	Preferred	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 %	Preferred	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 %	Preferred	
DIPROLENE EXTERNAL OINTMENT 0.05 %	Non-Preferred	PA
HALOG EXTERNAL CREAM 0.1 %	Non-Preferred	PA
HALOG EXTERNAL OINTMENT 0.1 %	Non-Preferred	PA
HALOG EXTERNAL SOLUTION 0.1 %	Non-Preferred	PA
HYDROXYM EXTERNAL GEL 2 %	Non-Preferred	PA

Drug	Status	Notes
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%)	Non-Preferred	PA; AGE (Min 18 Years)
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM	Non-Preferred	PA
LEXETTE EXTERNAL FOAM 0.05 %	Non-Preferred	PA; AGE (Min 18 Years)
LOCOID EXTERNAL LOTION 0.1 %	Non-Preferred	PA
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	Non-Preferred	PA
MG217 PSORIASIS ANIT-ITCH EXTERNAL GEL 1 %	Preferred	
OLUX EXTERNAL FOAM 0.05 %	Non-Preferred	PA
PANDEL EXTERNAL CREAM 0.1 %	Non-Preferred	PA
SARNOL-HC EXTERNAL LOTION 1 %	Preferred	
SYNALAR EXTERNAL CREAM 0.025 %	Non-Preferred	PA
SYNALAR EXTERNAL OINTMENT 0.025 %	Non-Preferred	PA
SYNALAR EXTERNAL SOLUTION 0.01 %	Non-Preferred	PA
TEMOVATE EXTERNAL OINTMENT 0.05 %	Non-Preferred	PA
TEXACORT EXTERNAL SOLUTION 2.5 %	Non-Preferred	PA
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	Non-Preferred	PA
TOPICORT EXTERNAL GEL 0.05 %	Non-Preferred	PA
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 %	Non-Preferred	PA
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	Non-Preferred	PA
TOVET EXTERNAL FOAM 0.05 %	Non-Preferred	PA
ULTRAVATE EXTERNAL LOTION 0.05 %	Non-Preferred	PA
VANOS EXTERNAL CREAM 0.1 %	Non-Preferred	PA
<i>Alclometasone Dipropionate External Cream 0.05 %</i>	Non-Preferred	PA
<i>Alclometasone Dipropionate External Ointment 0.05 %</i>	Non-Preferred	PA
<i>Amcinonide External Cream 0.1 %</i>	Non-Preferred	PA
<i>Anti-Itch Maximum Strength External Cream 1 %</i>	Preferred	
<i>Beta HC External Lotion 1 %</i>	Preferred	
<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 Dipropionate External Cream 0.05 %</i>	Non-Preferred	PA
<i>Betamethasone Dipropionate External Lotion 0.05 %</i>	Non-Preferred	PA
<i>Betamethasone Dipropionate External Ointment 0.05 %</i>	Non-Preferred	PA
<i>Betamethasone Valerate External Cream 0.1 %</i>	Non-Preferred	PA
<i>Betamethasone Valerate External Foam 0.12 %</i>	Non-Preferred	PA
<i>Betamethasone Valerate External Lotion 0.1 %</i>	Non-Preferred	PA
<i>Betamethasone Valerate External Ointment 0.1 %</i>	Non-Preferred	PA
<i>Clobetasol Prop Emollient Base External Cream 0.05 %</i>	Preferred	

Drug	Status	Notes
<i>Clobetasol Propionate E External Cream 0.05 %</i>	Preferred	
<i>Clobetasol Propionate Emulsion External Foam 0.05 %</i>	Non-Preferred	PA
<i>Clobetasol Propionate External Cream 0.05 %</i>	Preferred	
<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 Ointment 0.05 %</i>	Preferred	
<i>Clobetasol Propionate External Shampoo 0.05 %</i>	Non-Preferred	PA
<i>Clobetasol Propionate External Solution 0.05 %</i>	Preferred	
<i>Clocortolone Pivalate External Cream 0.1 %</i>	Non-Preferred	PA
<i>CVS Cortisone Maximum Strength External Gel 1 %</i>	Preferred	
<i>CVS Cortisone Maximum Strength External Lotion 1 %</i>	Preferred	
<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>Difflorasone Diacetate External Cream 0.05 %</i>	Non-Preferred	PA
<i>Difflorasone 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
<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>Flurandrenolide External Ointment 0.05 %</i>	Non-Preferred	PA
<i>Fluticasone Propionate External Cream 0.05 %</i>	Preferred	
<i>Fluticasone Propionate External Lotion 0.05 %</i>	Non-Preferred	PA
<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>	Non-Preferred	PA

Drug	Status	Notes
<i>GNP Hydrocortisone Plus External Cream 1 %</i>	Preferred	
<i>GNP Hydrocortisone/Aloe External Cream 1 %</i>	Preferred	
<i>Halcinonide External Cream 0.1 %</i>	Non-Preferred	PA
<i>Halobetasol Propionate External Cream 0.05 %</i>	Preferred	
<i>Halobetasol Propionate External Foam 0.05 %</i>	Non-Preferred	PA; AGE (Min 18 Years)
<i>Halobetasol Propionate External Ointment 0.05 %</i>	Preferred	
<i>HM Hydrocortisone Plus External Cream 1 %</i>	Preferred	
<i>HM Hydrocortisone-Aloe Max St External Cream 1 %</i>	Preferred	
<i>Hydrocortisone Acetate External Cream 1 %</i>	Preferred	
<i>Hydrocortisone Acetate External Ointment 1 %</i>	Preferred	
<i>Hydrocortisone 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 CREAM 1 % EXTERNAL (OTC)</i>	Non-Preferred	PA
<i>Hydrocortisone External Cream 0.5 %, 1 %, 2.5 %</i>	Preferred	
<i>Hydrocortisone External Lotion 1 %</i>	Preferred	
<i>Hydrocortisone External Lotion 2.5 %</i>	Preferred	
<i>Hydrocortisone External Ointment 0.5 %</i>	Preferred	QL (60 GM per 25 days)
<i>Hydrocortisone External Ointment 1 %, 2.5 %</i>	Preferred	
<i>Hydrocortisone Max St External Cream 1 %</i>	Preferred	
<i>Hydrocortisone Max St/12 Moist External Cream 1 %</i>	Preferred	
<i>Hydrocortisone OINTMENT 1 % EXTERNAL (OTC)</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>Hydrocortisone/Aloe Max Str External Cream 1 %</i>	Non-Preferred	PA
<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>Prednicarbate External Cream 0.1 %</i>	Non-Preferred	PA
<i>Prednicarbate External Ointment 0.1 %</i>	Non-Preferred	PA
<i>SM Hydrocortisone External Cream 1 %</i>	Non-Preferred	PA
<i>SM Hydrocortisone External Ointment 0.5 %</i>	Preferred	QL (60 GM per 25 days)
<i>SM Hydrocortisone Max St External Ointment 1 %</i>	Non-Preferred	PA
<i>SM Hydrocortisone Plus External Cream 1 %</i>	Non-Preferred	PA
<i>Triamcinolone Acetonide External Aerosol Solution 0.147 MG/GM</i>	Non-Preferred	PA
<i>Triamcinolone Acetonide External Cream 0.025 %, 0.1 %, 0.5 %</i>	Preferred	
<i>Triamcinolone Acetonide External Lotion 0.025 %, 0.1 %</i>	Preferred	
<i>Triamcinolone Acetonide External Ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	Preferred	

Drug	Status	Notes
<i>Triamcinolone Acetonide Powder</i>	Preferred	
<i>Triamcinolone in Absorbase External Ointment 0.05 %</i>	Preferred	
*Emollients*** - Drugs For The Skin		
AL12 EXTERNAL LOTION 12 %	Preferred	QL (225 GM per 25 days)
AMLACTIN DAILY EXTERNAL LOTION 12 %	Preferred	QL (225 GM per 25 days)
AMLACTIN EXTERNAL LOTION 12 %	Preferred	QL (225 GM per 25 days)
AQUA-NU EXTERNAL OINTMENT	Preferred	
DERMAPHOR EXTERNAL OINTMENT	Preferred	
GERI-HYDROLAC 12 EXTERNAL CREAM 12 %	Preferred	QL (280 GM per 25 days)
GERI-HYDROLAC 12 EXTERNAL LOTION 12 %	Preferred	QL (225 GM per 25 days)
HYDROLATUM EXTERNAL OINTMENT	Preferred	
SARATOGA EXTERNAL OINTMENT	Preferred	
<i>Advanced Healing/Baby External Ointment</i>	Preferred	
<i>Ammonium Lactate External Cream 12 %</i>	Preferred	QL (280 GM per 25 days)
<i>Ammonium Lactate External Lotion 12 %</i>	Preferred	QL (225 GM per 25 days)
<i>CVS Advanced Healing External Ointment</i>	Preferred	
<i>CVS Hydrating Skin Treatment External Lotion 12 %</i>	Preferred	QL (225 GM per 25 days)
<i>CVS Skin Treatment External Lotion 12 %</i>	Preferred	QL (225 GM per 25 days)
<i>Dry Skin Treatment Adv Therapy External Ointment</i>	Preferred	
<i>Dry Skin Treatment External Ointment</i>	Preferred	
<i>E-Ointment External Ointment</i>	Preferred	
<i>EQL Advanced Healing External Ointment 41 %</i>	Preferred	
<i>Hydrophor External Ointment</i>	Preferred	
<i>Petrolatum & Lanolin External Ointment</i>	Preferred	
*Enzymes - Topical*** - Drugs For The Skin		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Preferred	PA; QL (2 GM per 1 day)
*Imidazole-Related Antifungals - Topical*** - Drugs For The Skin		
CRITIC-AID CLEAR AF EXTERNAL OINTMENT 2 %	Preferred	QL (113 GM per 25 days)
DERMAFUNGAL EXTERNAL OINTMENT 2 %	Preferred	QL (113 GM per 25 days)
ERTACZO EXTERNAL CREAM 2 %	Non-Preferred	PA
EXTINA EXTERNAL FOAM 2 %	Non-Preferred	PA
FUNGOID TINCTURE EXTERNAL SOLUTION 2 %	Non-Preferred	PA
JUBLIA EXTERNAL SOLUTION 10 %	Non-Preferred	PA
KETODAN EXTERNAL FOAM 2 %	Non-Preferred	PA
LUZU EXTERNAL CREAM 1 %	Non-Preferred	PA
MICOTRIN AC EXTERNAL CREAM 1 %	Preferred	
MICOTRIN AP EXTERNAL POWDER 2 %	Preferred	
MYCOZYL AC EXTERNAL CREAM 1 %	Non-Preferred	PA
MYCOZYL AP EXTERNAL POWDER 2 %	Preferred	
OXISTAT EXTERNAL LOTION 1 %	Non-Preferred	PA
REMEDY ANTIFUNGAL CLEAR EXTERNAL OINTMENT 2 %	Preferred	QL (113 GM per 25 days)

Drug	Status	Notes
REMEDY PHYTOPLEX ANTIFUNGAL EXTERNAL OINTMENT 2 %	Preferred	QL (113 GM per 25 days)
TETTERINE EXTERNAL OINTMENT 2 %	Preferred	QL (113 GM per 25 days)
TRIPLE PASTE AF EXTERNAL OINTMENT 2 %	Preferred	QL (113 GM per 25 days)
<i>Alevazol External Ointment 1 %</i>	Non-Preferred	PA
<i>Antifungal (Clotrimazole) External Cream 1 %</i>	Preferred	
<i>Antifungal Clotrimazole External Cream 1 %</i>	Preferred	
<i>Antifungal External Cream 2 %</i>	Preferred	
<i>Antifungal External Powder 2 %</i>	Preferred	
<i>Athletes Foot (Clotrimazole) External Cream 1 %</i>	Preferred	
<i>Athletes Foot Powder Spray External Aerosol Powder 2 %</i>	Non-Preferred	PA
<i>Clotrimazole Anti-Fungal External Cream 1 %</i>	Preferred	
<i>Clotrimazole External Cream 1 %</i>	Preferred	
<i>Clotrimazole External Solution 1 %</i>	Preferred	
<i>Clotrimazole Solution 1 % External (Rx)</i>	Non-Preferred	PA
<i>Econazole Nitrate External Cream 1 %</i>	Non-Preferred	PA
<i>FT Antifungal External Cream 2 %</i>	Preferred	
<i>FT Athletes Foot (Clotrimaz) External Cream 1 %</i>	Preferred	
<i>GNP Athletes Foot External Cream 1 %</i>	Preferred	
<i>GNP Miconazorb AF External Powder 2 %</i>	Preferred	
<i>Ketoconazole External Cream 2 %</i>	Preferred	
<i>Ketoconazole External Foam 2 %</i>	Non-Preferred	PA
<i>Ketoconazole External Shampoo 2 %</i>	Preferred	
<i>Luliconazole External Cream 1 %</i>	Non-Preferred	PA
<i>Miconazole Nitrate External Cream 2 %</i>	Preferred	
<i>Miconazole Nitrate External Solution 2 %</i>	Non-Preferred	PA
<i>Miconi-AL External Solution 2 %</i>	Non-Preferred	PA
<i>Oxiconazole Nitrate External Cream 1 %</i>	Non-Preferred	PA
<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	
<i>Votriza-AL External Lotion 1 %</i>	Non-Preferred	PA
*Immunomodulators Imidazoquinolinamines - Topical*** - Drugs For The Skin		
ZYCLARA EXTERNAL CREAM 3.75 %	Non-Preferred	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 %	Non-Preferred	PA
<i>Imiquimod External Cream 3.75 %</i>	Non-Preferred	PA
<i>Imiquimod External Cream 5 %</i>	Preferred	
<i>Imiquimod Pump External Cream 3.75 %</i>	Non-Preferred	PA
*Keratolytic/Antimitotic/Vesicant Agents*** - Drugs For The Skin		
CONDYLOX EXTERNAL GEL 0.5 %	Non-Preferred	PA
<i>Bensal HP External Ointment 3 %</i>	Non-Preferred	PA

Drug	Status	Notes
<i>Podofilox External Gel 0.5 %</i>	Non-Preferred	PA
<i>Podofilox External Solution 0.5 %</i>	Non-Preferred	PA
*Local Anesthetics - Topical*** - Drugs For The Skin		
7T LIDO EXTERNAL GEL 2 %	Preferred	
ANECREAM EXTERNAL CREAM 4 %	Preferred	
ASPERCREME LIDOCAINE EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 %	Preferred	
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
CAPZASIN-P EXTERNAL CREAM 0.035 %	Preferred	
CIRCATA EXTERNAL CREAM 0.05 %	Preferred	
DERMACINRX CIRCATRIX EXTERNAL CREAM 0.05 %	Preferred	
DERMACINRX PENETRAL EXTERNAL CREAM 0.025 %	Preferred	
FIRST CARE PAIN RELIEF EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	Preferred	
HEALTHWISE PAIN RELIEF EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
LIDO KING EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
LIDOCAN EXTERNAL PATCH 5 %	Preferred	PA; QL (3 EA per 1 day)
LIDOFOR FLEXIPATCH EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
NUPERCAINAL (TOPICAL) EXTERNAL OINTMENT 1 %	Preferred	
PHARMACIST CHOICE PAIN RELIEF EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
PROXIVOL EXTERNAL GEL 2 %	Preferred	
REGENECARE HA EXTERNAL GEL 2 %	Preferred	
RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
SALONPAS PAIN RELIEVING EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH 4 %	Preferred	QL (4 EA per 1 day)
XEROBURN EXTERNAL GEL 2 %	Preferred	
ZOSTRIX HP EXTERNAL CREAM 0.1 %	Preferred	
ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 %	Preferred	
<i>Arthritis Pain Relieving External Cream 0.075 %</i>	Preferred	
<i>Asperflex Max St External Patch 4 %</i>	Preferred	QL (4 EA per 1 day)
<i>Blue Tube/ Aloe External Cream 4 %</i>	Preferred	
<i>Capsaicin External Cream 0.025 %, 0.075 %, 0.1 %</i>	Preferred	
<i>Capsaicin HP External Cream 0.1 %</i>	Preferred	
<i>Capsaicin Pain Relief External Cream 0.1 %</i>	Preferred	

Drug	Status	Notes
Capzix External Cream 0.1 %	Preferred	
CVS Capsaicin HP External Cream 0.1 %	Preferred	
CVS Hemorrhoidal & Analgesic External Ointment 1 %	Preferred	
CVS Pain Relief External Patch 4 %	Preferred	QL (4 EA per 1 day)
Dibucaine External Ointment 1 %	Preferred	
EQ Lidocaine Pain Relieving External Patch 4 %	Preferred	QL (4 EA per 1 day)
GNP Lidocaine Pain Relief External Patch 4 %	Preferred	QL (4 EA per 1 day)
HM Lidocaine Patch External Patch 4 %	Preferred	QL (4 EA per 1 day)
Lidocaine External Cream 4 %	Preferred	
Lidocaine External Patch 4 %	Preferred	QL (4 EA per 1 day)
Lidocaine External Patch 5 %	Preferred	PA; QL (3 EA per 1 day)
Lidocaine HCl External Solution 4 %	Preferred	
Lidocaine HCl Urethral/Mucosal External Gel 2 %	Preferred	
Lidocaine HCl Urethral/Mucosal External Prefilled Syringe 2 %	Preferred	
Lidocaine Max St 24 Hours External Patch 4 %	Preferred	QL (4 EA per 1 day)
Lidocaine Pain Relief External Patch 4 %	Preferred	QL (4 EA per 1 day)
Lidocaine Pain Relief Max St External Patch 4 %	Preferred	QL (4 EA per 1 day)
Lidocaine Pain Relieving External Patch 4 %	Preferred	QL (4 EA per 1 day)
Lidocanna External Patch 4 %	Preferred	QL (4 EA per 1 day)
Lidocore External Patch 4 %	Preferred	QL (4 EA per 1 day)
Pain Relief Maximum Strength External Patch 4 %	Preferred	QL (4 EA per 1 day)
Pain Relieving Lidocaine External Patch 4 %	Preferred	QL (4 EA per 1 day)
QC Lidocaine Pain Relief External Patch 4 %	Preferred	QL (4 EA per 1 day)
RA Lidocaine Pain Relieving External Patch 4 %	Preferred	QL (4 EA per 1 day)
RA Pain Relieving External Patch 4 %	Preferred	QL (4 EA per 1 day)
Sure Result SR Relief External Cream 0.025 %	Preferred	
TheraCare Pain Relief External Patch 4 %	Preferred	QL (4 EA per 1 day)
*Macrolide Immunosuppressants - Topical*** - Drugs For The Skin		
ELIDEL EXTERNAL CREAM 1 %	Preferred	AGE (Min 2 Years)
HYFTOR EXTERNAL GEL 0.2 %	Non-Preferred	PA; AGE (Min 6 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	Non-Preferred	PA; AGE (Min 2 Years)
Pimecrolimus External Cream 1 %	Non-Preferred	PA; AGE (Min 2 Years)
Tacrolimus External Ointment 0.03 %, 0.1 %	Preferred	AGE (Min 2 Years)
*Misc. Topical Combinations*** - Drugs For The Skin		
CALADROX EXTERNAL OINTMENT 0.44-20 %	Preferred	
ZINC-OXYDE PLUS EXTERNAL OINTMENT 0.44-20 %	Preferred	
*Misc. Topical*** - Drugs For The Skin		
DRYSOL EXTERNAL SOLUTION 20 %	Preferred	

Drug	Status	Notes
*Oxaborole-Related Antifungals - Topical*** - Drugs For The Skin		
<i>Tavaborole External Solution 5 %</i>	Non-Preferred	PA
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** - Drugs For The Skin		
EUCRISA EXTERNAL OINTMENT 2 %	Preferred	PA; QL (300 GM per 310 days)
*Rosacea Agents*** - Drugs For The Skin		
ROSDAN EXTERNAL CREAM 0.75 %	Preferred	
ROSDAN EXTERNAL GEL 0.75 %	Preferred	
<i>Doxycycline Oral Capsule Delayed Release 40 MG</i>	Non-Preferred	PA
<i>metroNIDAZOLE External Cream 0.75 %</i>	Preferred	
<i>MetroNIDAZOLE External Gel 0.75 %</i>	Preferred	
<i>MetroNIDAZOLE External Lotion 0.75 %</i>	Preferred	
*Scabicide Combinations*** - Drugs For The Skin		
CVS LICE SOLUTION COMBINATION KIT	Preferred	
LICIDE COMPLETE LICE TREATMENT COMBINATION KIT	Preferred	
VANALICE EXTERNAL GEL 0.3-3.5 %	Non-Preferred	PA
<i>FT Lice Killing Max St External Shampoo 0.33-4 %</i>	Preferred	
<i>GNP Lice Treatment External Shampoo 0.33-4 %</i>	Preferred	
<i>Lice Killing Maximum Strength External Shampoo 0.33-4 %</i>	Preferred	
<i>Lice Killing Shampoo Max Str External Shampoo 0.33-4 %</i>	Preferred	
<i>RA Lice Solution Combination Kit 0.5-0.33-4 %</i>	Preferred	
<i>SM Lice Killing Max Strength External Shampoo 0.33-4 %</i>	Preferred	
<i>SM Lice Solution Kit Combination Kit 0.33-4-0.5 %</i>	Preferred	
<i>Stop Lice Complete Treatment Combination Kit 0.33-4-0.5 %</i>	Preferred	
*Scabicides & Pediculicides*** - Drugs For The Skin		
CROTAN EXTERNAL LOTION 10 %	Non-Preferred	PA
NATROBA EXTERNAL SUSPENSION 0.9 %	Preferred	
OVIDE EXTERNAL LOTION 0.5 %	Non-Preferred	PA
SKLICE EXTERNAL LOTION 0.5 %	Non-Preferred	PA
<i>GNP Lice Treatment External Liquid 1 %</i>	Preferred	
<i>GoodSense Lice Killing External Liquid 1 %</i>	Preferred	
<i>Ivermectin External Lotion 0.5 %</i>	Non-Preferred	PA
<i>Lindane External Shampoo 1 %</i>	Non-Preferred	PA
<i>Malathion External Lotion 0.5 %</i>	Non-Preferred	PA
<i>Permethrin External Cream 5 %</i>	Preferred	
<i>SM Lice Treatment External Liquid 1 %</i>	Preferred	
<i>Spinosad External Suspension 0.9 %</i>	Non-Preferred	PA

Drug	Status	Notes
*Skin Protectants*** - Drugs For The Skin		
AMERICERIN EXTERNAL CREAM	Preferred	
DERMACERIN EXTERNAL CREAM	Preferred	
HYDROCERIN PLUS EXTERNAL CREAM	Preferred	
MINERIN CREME EXTERNAL CREAM	Preferred	
SWEEN MOISTURIZING BODY EXTERNAL CREAM	Preferred	
<i>Kerodex-51 External Cream</i>	Preferred	
<i>Kerodex-71 External Cream</i>	Preferred	
*Topical Anesthetic Combinations*** - Drugs For The Skin		
<i>Lidocaine-Prilocaine External Cream 2.5-2.5 %</i>	Preferred	QL (60 GM per 25 days)
*Topical Steroid Combinations*** - Drugs For The Skin		
DUOBRII EXTERNAL LOTION 0.01-0.045 %	Non-Preferred	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Non-Preferred	PA
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	Non-Preferred	PA; AGE (Min 18 Years)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	Non-Preferred	PA
<i>Calcipotriene-Betameth Diprop External Ointment 0.005-0.064 %</i>	Non-Preferred	PA; AGE (Min 18 Years)
<i>Calcipotriene-Betameth Diprop External Suspension 0.005-0.064 %</i>	Non-Preferred	PA
Diagnostic Products		
*Diagnostic Drugs***		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	Preferred	PA; QL (2 EA per 2 days)
*Diagnostic Tests***		
CHEMSTRIP K IN VITRO STRIP	Preferred	
KETOSTIX IN VITRO STRIP	Preferred	
RELION KETONE TEST IN VITRO STRIP	Preferred	
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO	Preferred	Note (Max of #100 / month for non-insulin users; Max of #200 / month for insulin users and pregnant members filling prenatal vitamins)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO	Preferred	Note (Max of #100 / month for non-insulin users; Max of #200 / month for insulin users and pregnant members filling prenatal vitamins)
<i>Ketone Test In Vitro Strip</i>	Preferred	
*Infection Tests***		
BINAXNOW COVID-19 AG HOME TEST KIT IN VITRO	Preferred	Note (Max qty 4 per fill, max 8 total per month)
CARESTART COVID-19 HOME TEST KIT IN VITRO	Preferred	Note (Max qty 4 per fill, max 8 total per month)
EVERLYWELL COVID-19 HOME TEST KIT IN VITRO	Preferred	Note (Max qty 4 per fill, max 8 total per month); QL (8 EA per 25 days)

Drug	Status	Notes
FLOWFLEX COVID-19 AG HOME TEST KIT IN VITRO	Preferred	Note (Max qty 4 per fill, max 8 total per month)
IHEALTH COVID-19 RAPID TEST KIT IN VITRO	Preferred	Note (Max qty 4 per fill, max 8 total per month)
INTELISWAB COVID-19 RAPID TEST KIT IN VITRO	Preferred	Note (Max qty 4 per fill, max 8 total per month)
LUCIRA CHECK IT COVID-19 TEST KIT IN VITRO	Preferred	Note (Max qty 4 per fill, max 8 total per month); QL (8 EA per 25 days)
PIXEL COVID-19 PCR HOME TEST KIT IN VITRO	Preferred	Note (Max qty 4 per fill, max 8 total per month); QL (8 EA per 25 days)
QUICKVUE AT-HOME COVID-19 TEST KIT IN VITRO	Preferred	Note (Max qty 4 per fill, max 8 total per month)
<i>Ellume Covid-19 Home Test Kit In Vitro</i>	Preferred	Note (Max qty 4 per fill, max 8 total per month)
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	Preferred	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	Non-Preferred	PA
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	Non-Preferred	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Preferred	
Diuretics - Drugs For The Heart		
*Carbonic Anhydrase Inhibitors*** - Drugs For High Blood Pressure		
<i>acetaZOLAMIDE ER Oral Capsule Extended Release 12 Hour 500 MG</i>	Preferred	QL (4 EA per 1 day)
<i>acetaZOLAMIDE Oral Tablet 125 MG, 250 MG</i>	Preferred	QL (4 EA per 1 day)
*Diuretic Combinations*** - Drugs For High Blood Pressure		
ALDACTAZIDE ORAL TABLET 50-50 MG	Non-Preferred	PA
<i>aMILoride-hydroCHLORothiazide Oral Tablet 5-50 MG</i>	Preferred	DS (90 DS)
<i>Spiro nolactone-HCTZ Oral Tablet 25-25 MG</i>	Preferred	
<i>Triamterene-HCTZ Oral Capsule 37.5-25 MG</i>	Preferred	DS (90 DS)
<i>Triamterene-HCTZ Oral Tablet 37.5-25 MG, 75-50 MG</i>	Preferred	DS (90 DS)
*Loop Diuretics*** - Drugs For High Blood Pressure		
EDECIN ORAL TABLET 25 MG	Non-Preferred	PA
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Non-Preferred	PA
<i>Bumetanide Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	Preferred	

Drug	Status	Notes
<i>Ethacrynic Acid Oral Tablet 25 MG</i>	Non-Preferred	PA
<i>Furosemide Oral Solution 10 MG/ML, 8 MG/ML</i>	Preferred	
<i>Furosemide Oral Tablet 20 MG, 40 MG, 80 MG</i>	Preferred	DS (90 DS)
<i>Torsemide Oral Tablet 10 MG, 100 MG, 20 MG, 5 MG</i>	Preferred	DS (90 DS)
*Potassium Sparing Diuretics*** - Drugs For High Blood Pressure		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Preferred	PA
CAROSPIR ORAL SUSPENSION 25 MG/5ML	Non-Preferred	PA; QL (20 ML per 1 day)
<i>aMILoride HCl Oral Tablet 5 MG</i>	Preferred	
<i>Spironolactone Oral Suspension 25 MG/5ML</i>	Non-Preferred	PA; QL (20 ML per 1 day)
<i>Spironolactone Oral Tablet 100 MG, 25 MG, 50 MG</i>	Preferred	DS (90 DS)
<i>Triamterene Oral Capsule 100 MG, 50 MG</i>	Non-Preferred	PA
*Thiazides And Thiazide-Like Diuretics*** - Drugs For High Blood Pressure		
DIURIL ORAL SUSPENSION 250 MG/5ML	Non-Preferred	PA
THALITONE ORAL TABLET 15 MG	Non-Preferred	PA
<i>Chlorthalidone Oral Tablet 25 MG, 50 MG</i>	Preferred	
<i>hydroCHLOROthiazide Oral Capsule 12.5 MG</i>	Preferred	DS (90 DS)
<i>hydroCHLOROthiazide Oral Tablet 12.5 MG, 25 MG, 50 MG</i>	Preferred	DS (90 DS)
<i>Indapamide Oral Tablet 1.25 MG, 2.5 MG</i>	Preferred	DS (90 DS)
<i>metOLazone Oral Tablet 10 MG, 2.5 MG, 5 MG</i>	Preferred	
Endocrine And Metabolic Agents - Misc. - Hormones		
*Bisphosphonates*** - Drugs For Menopause And Bone Loss		
ACTONEL ORAL TABLET 150 MG	Non-Preferred	PA; QL (1 EA per 25 days)
ACTONEL ORAL TABLET 35 MG	Non-Preferred	PA; QL (4 EA per 25 days)
AELVIA ORAL TABLET DELAYED RELEASE 35 MG	Non-Preferred	PA
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	Non-Preferred	PA
FOSAMAX ORAL TABLET 70 MG	Non-Preferred	PA; QL (4 EA per 23 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Non-Preferred	PA; QL (4 EA per 23 days)
<i>Alendronate Sodium Oral Solution 70 MG/75ML</i>	Non-Preferred	PA; QL (300 ML per 23 days)
<i>Alendronate Sodium Oral Tablet 10 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Alendronate Sodium Oral Tablet 35 MG, 70 MG</i>	Preferred	DS (90 DS); QL (4 EA per 23 days)
<i>Ibandronate Sodium Oral Tablet 150 MG</i>	Preferred	QL (1 EA per 23 days)
<i>Risedronate Sodium Oral Tablet 150 MG</i>	Non-Preferred	PA; QL (1 EA per 25 days)
<i>Risedronate Sodium Oral Tablet 30 MG</i>	Non-Preferred	PA
<i>Risedronate Sodium Oral Tablet 35 MG</i>	Non-Preferred	PA; QL (4 EA per 25 days)
<i>Risedronate Sodium Oral Tablet 5 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Risedronate Sodium Oral Tablet Delayed Release 35 MG</i>	Non-Preferred	PA

Drug	Status	Notes
*Calcitonins*** - Drugs For Menopause And Bone Loss		
<i>Calcitonin (Salmon) Nasal Solution 200 UNIT/ACT</i>	Preferred	QL (3.7 ML per 25 days)
*Carnitine Replenisher - Agents*** - Drugs For Menopause And Bone Loss		
<i>levOCARNitine Oral Solution 1 GMI/10ML</i>	Preferred	QL (60 ML per 1 day)
<i>levOCARNitine Oral Tablet 330 MG</i>	Preferred	QL (18 EA per 1 day)
<i>levOCARNitine SF Oral Solution 1 GMI/10ML</i>	Preferred	QL (60 ML per 1 day)
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*** - Drugs For Menopause And Bone Loss		
XPHOZAH ORAL TABLET 20 MG, 30 MG	Non-Preferred	PA
*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	Preferred	PA; QL (1 EA per 1 day)
ORLISSA ORAL TABLET 200 MG	Preferred	PA; QL (2 EA per 1 day)
*Growth Hormones*** - Drugs For Growth		
GENOTROPIN MINIUICK 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	Preferred	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Preferred	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	Non-Preferred	PA; SP
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	Non-Preferred	PA; SP; AGE (Min 3 Years)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Preferred	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	Preferred	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	Preferred	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	Preferred	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Non-Preferred	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Non-Preferred	PA; SP
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	Non-Preferred	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Non-Preferred	PA; SP
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	Non-Preferred	PA; SP

Drug	Status	Notes
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Non-Preferred	PA; SP
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	Non-Preferred	PA; SP
*Hyperparathyroid Treatment - Vitamin D Analogs*** - Drugs For Menopause And Bone Loss		
<i>Calcitriol Oral Capsule 0.25 MCG, 0.5 MCG</i>	Preferred	QL (4 EA per 1 day)
*Insulin-Like Growth Factors (Somatomedins)*** - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Preferred	PA; SP
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** - Drugs For Women		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Preferred	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	Preferred	PA
SYNAREL NASAL SOLUTION 2 MG/ML	Preferred	PA; SP; AGE (Min 18 Years)
*Mucopolysaccharidosis Ii (Mps Ii) - Agents*** - Drugs For Menopause And Bone Loss		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Preferred	PA; SP
*Non-Steroidal Mineralocorticoid Receptor Antagonists*** - Hormones		
KERENDIA ORAL TABLET 10 MG, 20 MG	Non-Preferred	PA; QL (1 EA per 1 day)
*Parathyroid Hormone And Derivatives*** - Drugs For Menopause And Bone Loss		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Preferred	PA; SP; QL (0.1 ML per 1 day)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Non-Preferred	PA; SP; QL (1.56 ML per 25 days)
<i>Teriparatide (Recombinant) Subcutaneous Solution Pen-Injector 600 MCG/2.4ML, 620 MCG/2.48ML</i>	Non-Preferred	PA; SP; QL (0.1 ML per 1 day)
<i>Teriparatide Subcutaneous Solution Pen-Injector 600 MCG/2.4ML</i>	Non-Preferred	PA; SP; QL (0.1 ML per 1 day)
*Rank Ligand (Rankl) Inhibitors*** - Drugs For Menopause And Bone Loss		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Preferred	PA; SP
*Selective Estrogen Receptor Modulators (Serms)*** - Drugs For Menopause And Bone Loss		
EVISTA ORAL TABLET 60 MG	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Raloxifene HCl Oral Tablet 60 MG</i>	Preferred	QL (1 EA per 1 day)
*Somatostatic Agents*** - Drugs For Growth		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	Preferred	PA; SP
<i>Octreotide Acetate Injection Solution 100 MCG/ML</i>	Preferred	PA; SP
*Vasopressin*** - Hormones		
STIMATE NASAL SOLUTION 1.5 MG/ML	Preferred	PA; SP

Drug	Status	Notes
<i>Desmopressin Ace Spray Refrig Nasal Solution 0.01 %</i>	Preferred	PA
<i>Desmopressin Acetate Nasal Solution 1.5 MG/ML</i>	Preferred	PA; SP
<i>Desmopressin Acetate Oral Tablet 0.1 MG</i>	Preferred	QL (4 EA per 1 day)
<i>Desmopressin Acetate Oral Tablet 0.2 MG</i>	Preferred	QL (5 EA per 1 day)
<i>Desmopressin Acetate Spray Nasal Solution 0.01 %</i>	Preferred	PA
Estrogens - Hormones		
*Estrogen & Progestin*** - Drugs For Women		
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Preferred	DS (90 DS); QL (1 EA per 1 day)
JINTELI ORAL TABLET 1-5 MG-MCG	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Norethindrone-Eth Estradiol Oral Tablet 0.5-2.5 MG-MCG, 1-5 MG-MCG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
*Estrogen-Progestin-Gnrh Antagonist*** - Drugs For Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Preferred	PA; AGE (Min 18 Years)
*Estrogens*** - Drugs For Women		
<i>Estradiol Oral Tablet 0.5 MG, 1 MG, 2 MG</i>	Preferred	DS (90 DS); AGE (Max 64 Years)
Fluoroquinolones - Drugs For Infections		
*Fluoroquinolones*** - Antibiotics		
BAXDELA ORAL TABLET 450 MG	Non-Preferred	PA; QL (2 EA per 1 day)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Non-Preferred	PA
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Preferred	PA
<i>Ciprofloxacin HCl Oral Tablet 100 MG, 250 MG, 500 MG, 750 MG</i>	Preferred	
<i>Ciprofloxacin Oral Suspension Reconstituted 250 MG/5ML (5%), 500 MG/5ML (10%)</i>	Non-Preferred	PA
<i>levoFLOXacin Oral Solution 25 MG/ML</i>	Non-Preferred	PA
<i>levoFLOXacin Oral Tablet 250 MG, 500 MG, 750 MG</i>	Preferred	
<i>Moxifloxacin HCl Oral Tablet 400 MG</i>	Non-Preferred	PA
<i>Ofloxacin Oral Tablet 300 MG, 400 MG</i>	Non-Preferred	PA
Gastrointestinal Agents - Misc. - Drugs For The Stomach		
*5-Ht4 Receptor Agonists*** - Drugs For The Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Non-Preferred	PA
*Antiflatulents*** - Drugs For The Stomach		
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	Preferred	
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML	Preferred	
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG	Preferred	

Drug	Status	Notes
LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION 20 MG/0.3ML	Preferred	
LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	Preferred	
LITTLE TUMMYS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	Preferred	
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML	Preferred	
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	Preferred	
PHAZYME ORAL TABLET CHEWABLE 125 MG	Preferred	
<i>CVS Gas Relief Drops Ex St Oral Liquid 40 MG/0.6ML</i>	Preferred	
<i>CVS Gas Relief Extra Strength Oral Capsule 125 MG</i>	Preferred	
<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 Capsule 125 MG</i>	Preferred	
<i>CVS Gas Relief Oral Tablet Chewable 80 MG</i>	Preferred	
<i>CVS Gas Relief Ultra Strength Oral Capsule 180 MG</i>	Preferred	
<i>CVS Infants Gas Relief Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>DRxChoice Gas Relief Oral Tablet Chewable 80 MG</i>	Preferred	
<i>EQ Gas Relief Extra Strength Oral Capsule 125 MG</i>	Preferred	
<i>EQ Gas Relief Extra Strength Oral Tablet Chewable 125 MG</i>	Preferred	
<i>EQ Gas Relief Oral Capsule 125 MG</i>	Preferred	
<i>EQ Infants Gas Relief Oral Suspension 20 MG/0.3ML, 40 MG/0.6ML</i>	Preferred	
<i>EQL Gas Gone Oral Tablet Chewable 125 MG</i>	Preferred	
<i>EQL Gas Relief Oral Capsule 125 MG</i>	Preferred	
<i>EQL Gas Relief Ultra Strength Oral Capsule 180 MG</i>	Preferred	
<i>EQL Infants Gas Relief Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>Gas Relief Drops Infants Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>Gas Relief Extra Strength Oral Capsule 125 MG</i>	Preferred	
<i>Gas Relief Extra Strength Oral Tablet Chewable 125 MG</i>	Preferred	
<i>Gas Relief Infants Oral 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 Capsule 180 MG</i>	Preferred	
<i>Gas Relief Oral Liquid 40 MG/0.6ML</i>	Preferred	
<i>Gas Relief Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>Gas Relief Oral Tablet Chewable 80 MG</i>	Preferred	

Drug	Status	Notes
<i>Gas Relief Ultra Strength Oral Capsule 180 MG</i>	Preferred	
<i>GNP Anti-Gas Oral Capsule 180 MG</i>	Preferred	
<i>GNP Gas Relief Extra Strength Oral Capsule 125 MG</i>	Preferred	
<i>GNP Gas Relief Extra Strength Oral Tablet Chewable 125 MG</i>	Preferred	
<i>GNP Gas Relief Oral Tablet Chewable 80 MG</i>	Preferred	
<i>GNP Infant Gas Relief Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>GNP Infants Gas Relief Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>GoodSense Gas Relief Oral Tablet Chewable 125 MG</i>	Preferred	
<i>Heartland Gas Relief Oral Tablet Chewable 80 MG</i>	Preferred	
<i>HM Gas Relief Extra Strength Oral Capsule 125 MG</i>	Preferred	
<i>HM Gas Relief Infants Drops Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>HM Gas Relief Oral Tablet Chewable 125 MG, 80 MG</i>	Preferred	
<i>Infants Gas Relief Oral Suspension 20 MG/0.3ML, 40 MG/0.6ML</i>	Preferred	
<i>Infants Simethicone Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>Mi-Acid Gas Relief Oral Tablet Chewable 80 MG</i>	Preferred	
<i>Mytab Gas Oral Tablet Chewable 80 MG</i>	Preferred	
<i>PX Gas Relief Extra Strength Oral Capsule 125 MG</i>	Preferred	
<i>PX Gas Relief Infants Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>PX Gas Relief Ultra Strength Oral Capsule 180 MG</i>	Preferred	
<i>QC Anti-Gas Oral Capsule 180 MG</i>	Preferred	
<i>QC Gas Relief Extra Strength Oral Capsule 125 MG</i>	Preferred	
<i>QC Gas Relief Extra Strength Oral Tablet Chewable 125 MG</i>	Preferred	
<i>QC Gas Relief Infants Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>QC Gas Relief Oral Capsule 125 MG</i>	Preferred	
<i>QC Gas Relief Oral Tablet Chewable 80 MG</i>	Preferred	
<i>RA Gas Relief Extra Strength Oral Capsule 125 MG</i>	Preferred	
<i>RA Gas Relief Extra Strength Oral Tablet Chewable 125 MG</i>	Preferred	
<i>RA Gas Relief Oral Capsule 125 MG</i>	Preferred	
<i>RA Gas Relief Oral Tablet Chewable 80 MG</i>	Preferred	
<i>RA Gas Relief Ultra Strength Oral Capsule 180 MG</i>	Preferred	
<i>SB Anti-Gas Oral Capsule 180 MG</i>	Preferred	
<i>SB Gas Relief Oral Suspension 40 MG/0.6ML</i>	Preferred	
<i>SB Gas Relief Oral Tablet Chewable 125 MG</i>	Preferred	
<i>Simeped Oral Suspension 40 MG/0.6ML</i>	Preferred	
<i>Simethicone Drops Infants Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>Simethicone Extra Strength Oral Capsule 125 MG</i>	Preferred	
<i>Simethicone Oral Capsule 125 MG, 180 MG</i>	Preferred	
<i>Simethicone Oral Suspension 40 MG/0.6ML</i>	Preferred	

Drug	Status	Notes
<i>Simethicone Oral Tablet Chewable 125 MG, 80 MG</i>	Preferred	
<i>Simethicone Ultra Strength Oral Capsule 180 MG</i>	Preferred	
<i>SM Gas Relief Antiflatuent Oral Capsule 180 MG</i>	Preferred	
<i>SM Gas Relief Extra Strength Oral Capsule 125 MG</i>	Preferred	
<i>SM Gas Relief Infants Drops Oral Suspension 40 MG/0.6ML</i>	Preferred	
<i>SM Gas Relief Infants Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>SM Gas Relief Oral Capsule 180 MG</i>	Preferred	
<i>SM Gas Relief Oral Tablet Chewable 125 MG, 80 MG</i>	Preferred	
<i>Teeny Tummy Gas Relief Drops Oral Suspension 20 MG/0.3ML</i>	Preferred	
<i>TGT Gas Relief Extra Strength Oral Capsule 125 MG</i>	Preferred	
<i>TGT Gas Relief Extra Strength Oral Tablet Chewable 125 MG</i>	Preferred	
<i>TGT Gas Relief Infants Oral Liquid 20 MG/0.3ML</i>	Preferred	
*Bile Acid Synthesis Disorder Agents*** - Drugs For The Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Non-Preferred	PA; SP
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation		
TRULANCE ORAL TABLET 3 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
*Farnesoid X Receptor (Fxr) Agonists*** - Drugs For The Stomach		
OICALIVA ORAL TABLET 10 MG, 5 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
*Gallstone Solubilizing Agents*** - Drugs For The Stomach		
CHENODAL ORAL TABLET 250 MG	Non-Preferred	PA; SP
RELTONE ORAL CAPSULE 200 MG, 400 MG	Non-Preferred	PA
URSO 250 ORAL TABLET 250 MG	Non-Preferred	PA
URSO FORTE ORAL TABLET 500 MG	Non-Preferred	PA
<i>Ursodiol Oral Capsule 300 MG</i>	Preferred	
<i>Ursodiol Oral Tablet 250 MG, 500 MG</i>	Preferred	
*Gastrointestinal Chloride Channel Activators*** - Drugs For Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
<i>Lubiprostone Oral Capsule 24 MCG, 8 MCG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
*Gastrointestinal Stimulants*** - Drugs For The Stomach		
GIMOTI NASAL SOLUTION 15 MG/ACT	Non-Preferred	PA
REGLAN ORAL TABLET 10 MG, 5 MG	Non-Preferred	PA
<i>Metoclopramide HCl Oral Solution 10 MG/10ML, 5 MG/5ML</i>	Preferred	
<i>Metoclopramide HCl Oral Tablet 10 MG, 5 MG</i>	Preferred	

Drug	Status	Notes
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years)
*Ibs Agent - Mu-Opioid Receptor Agonists*** - Drugs For Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** - Drugs For Irritable Bowel Syndrome		
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	Non-Preferred	PA
<i>Alosetron HCl Oral Tablet 0.5 MG, 1 MG</i>	Non-Preferred	PA
*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*** - Drugs For Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
*Ileal Bile Acid Transporter (Ibat) Inhibitors*** - Drugs For The Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Non-Preferred	PA; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Non-Preferred	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Non-Preferred	PA; SP
*Inflammatory Bowel Agents*** - Drugs For Inflammatory Bowel Disease		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	Preferred	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG	Non-Preferred	PA
AZULFIDINE ORAL TABLET 500 MG	Non-Preferred	PA
CANASA RECTAL SUPPOSITORY 1000 MG	Non-Preferred	PA
COLAZAL ORAL CAPSULE 750 MG	Non-Preferred	PA
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	Non-Preferred	PA
DIPENTUM ORAL CAPSULE 250 MG	Non-Preferred	PA
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	Preferred	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	Non-Preferred	PA
ROWASA RECTAL KIT 4 GM	Non-Preferred	PA
SFROWASA RECTAL ENEMA 4 GM/60ML	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

Drug	Status	Notes
Mesalamine Rectal Enema 4 GM	Non-Preferred	PA
Mesalamine Rectal Suppository 1000 MG	Non-Preferred	PA
sulfaSALazine Oral Tablet 500 MG	Preferred	
SulfaSALazine Oral Tablet Delayed Release 500 MG	Preferred	
*Integrin Receptor Antagonists*** - Drugs For Inflammatory Bowel Disease		
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML	Non-Preferred	PA; SP; AGE (Min 18 Years)
*Interleukin Antagonists*** - Drugs For Inflammatory Bowel Disease		
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML	Non-Preferred	PA; SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non-Preferred	PA; SP; AGE (Min 18 Years)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Non-Preferred	PA; SP; QL (0.043 ML per 1 day)
*Intestinal Acidifiers*** - Drugs For The Stomach		
Enulose Oral Solution 10 GM/15ML	Preferred	QL (180 ML per 1 day)
Generlac Oral Solution 10 GM/15ML	Preferred	QL (180 ML per 1 day)
Lactulose Encephalopathy Oral Solution 10 GM/15ML	Preferred	QL (180 ML per 1 day)
*Live Fecal Microbiota (Human)** - Drugs For The Stomach		
VOWST ORAL CAPSULE	Non-Preferred	PA; SP; QL (4 EA per 1 day); AGE (Min 18 Years)
*Peripheral Opioid Receptor Antagonists*** - Drugs For The Stomach		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Preferred	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Non-Preferred	PA; QL (3 EA per 1 day); AGE (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Preferred	
SYMPROIC ORAL TABLET 0.2 MG	Non-Preferred	PA
*Phosphate Binder Agents*** - Drugs For The Stomach		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	Non-Preferred	PA
CALPHRON ORAL TABLET 667 MG	Preferred	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Non-Preferred	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Non-Preferred	PA
PHOSLYRA ORAL SOLUTION 667 MG/5ML	Non-Preferred	PA
RENVELA ORAL PACKET 0.8 GM, 2.4 GM	Preferred	
RENVELA ORAL TABLET 800 MG	Preferred	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Non-Preferred	PA
Calcium Acetate (Phos Binder) Oral Capsule 667 MG	Non-Preferred	PA
Lanthanum Carbonate Oral Tablet Chewable 1000 MG, 500 MG, 750 MG	Non-Preferred	PA
Sevelamer Carbonate Oral Packet 0.8 GM, 2.4 GM	Non-Preferred	PA

Drug	Status	Notes
<i>Sevelamer Carbonate Oral Tablet 800 MG</i>	Non-Preferred	PA
<i>Sevelamer HCl Oral Tablet 400 MG, 800 MG</i>	Non-Preferred	PA
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)*** - Drugs For Irritable Bowel Syndrome		
VELSIPITY ORAL TABLET 2 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
*Tumor Necrosis Factor Alpha Blockers*** - Drugs For Inflammatory Bowel Disease		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Non-Preferred	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	Non-Preferred	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non-Preferred	PA; SP
Genitourinary Agents - Miscellaneous - Drugs For The Urinary System		
*5-Alpha Reductase Inhibitors*** - Drugs For The Prostate		
AVODART ORAL CAPSULE 0.5 MG	Non-Preferred	PA
PROSCAR ORAL TABLET 5 MG	Non-Preferred	PA; AGE (Min 13 Years)
<i>Dutasteride Oral Capsule 0.5 MG</i>	Preferred	DS (90 DS)
<i>Finasteride Oral Tablet 5 MG</i>	Preferred	DS (90 DS); AGE (Min 13 Years)
*Alpha 1-Adrenoceptor Antagonists*** - Drugs For The Prostate		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Non-Preferred	PA
FLOMAX ORAL CAPSULE 0.4 MG	Non-Preferred	PA
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Non-Preferred	PA
<i>Alfuzosin HCl ER Oral Tablet Extended Release 24 Hour 10 MG</i>	Preferred	
<i>Sildenafil Oral Capsule 4 MG, 8 MG</i>	Non-Preferred	PA
<i>Tamsulosin HCl Oral Capsule 0.4 MG</i>	Preferred	DS (90 DS)
*Citrates*** - Drugs For Infections		
<i>Cytra-2 Oral Solution 500-334 MG/5ML</i>	Preferred	
<i>Cytra-K Oral Solution 1100-334 MG/5ML</i>	Preferred	
<i>Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 5 MEQ (540 MG)</i>	Preferred	QL (3 EA per 1 day)
<i>Potassium Citrate ER Oral Tablet Extended Release 15 MEQ (1620 MG)</i>	Preferred	QL (4 EA per 1 day)
<i>Potassium Citrate-Citric Acid Oral Solution 1100-334 MG/5ML</i>	Preferred	
<i>Sod Citrate-Citric Acid Oral Solution 1.5-1 GM/15ML, 3-2 GM/30ML, 500-334 MG/5ML</i>	Preferred	
*Genitourinary Irrigants*** - Drugs For The Urinary System		
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	Preferred	QL (10000 ML per 25 days)

Drug	Status	Notes
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 %	Preferred	QL (10000 ML per 25 days)
<i>Acetic Acid Irrigation Solution 0.25 %</i>	Preferred	
<i>Sodium Chloride Irrigation Solution 0.9 %</i>	Preferred	QL (10000 ML per 25 days)
*Prostatic Hypertrophy Agent Combinations*** - Drugs For The Prostate		
ENTADFI ORAL CAPSULE 5-5 MG	Non-Preferred	PA
<i>Dutasteride-Tamsulosin HCl Oral Capsule 0.5-0.4 MG</i>	Non-Preferred	PA
*Urinary Analgesics*** - Drugs For Infections		
PHENAZO ORAL TABLET 200 MG	Preferred	QL (3 EA per 1 day)
<i>Phenazopyridine HCl Oral Tablet 100 MG, 200 MG</i>	Preferred	QL (3 EA per 1 day)
Gout Agents - Drugs For Pain And Fever		
*Gout Agent Combinations*** - Gout Drugs		
<i>Colchicine-Probenecid Oral Tablet 0.5-500 MG</i>	Preferred	
*Gout Agents*** - Gout Drugs		
COLCRYS ORAL TABLET 0.6 MG	Non-Preferred	PA
MITIGARE ORAL CAPSULE 0.6 MG	Non-Preferred	PA
ULORIC ORAL TABLET 40 MG, 80 MG	Non-Preferred	PA
ZYLOPRIM ORAL TABLET 100 MG	Non-Preferred	PA
<i>Allopurinol Oral Tablet 100 MG, 300 MG</i>	Preferred	DS (90 DS)
<i>Allopurinol Oral Tablet 200 MG</i>	Non-Preferred	PA
<i>Colchicine Oral Capsule 0.6 MG</i>	Non-Preferred	PA
<i>Colchicine Oral Tablet 0.6 MG</i>	Preferred	
<i>Febuxostat Oral Tablet 40 MG, 80 MG</i>	Non-Preferred	PA
*Uricosurics*** - Gout Drugs		
<i>Probenecid Oral Tablet 500 MG</i>	Preferred	
Hematological Agents - Misc. - Drugs For The Blood		
*Antihemophilic Products - Monoclonal Antibodies*** - Drugs For The Blood		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Preferred	SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	Preferred	
*Antihemophilic Products*** - Drugs To Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Non-Preferred	PA; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Non-Preferred	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Preferred	SP

Drug	Status	Notes
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Preferred	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Non-Preferred	PA; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Preferred	SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Non-Preferred	PA; SP
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Preferred	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Preferred	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Preferred	SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Non-Preferred	PA; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Non-Preferred	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Non-Preferred	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Non-Preferred	PA; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Preferred	SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Non-Preferred	PA; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Non-Preferred	PA; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Non-Preferred	PA; SP; AGE (Min 12 Years)
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Non-Preferred	PA; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Non-Preferred	PA; SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Non-Preferred	PA; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Preferred	SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Preferred	SP

Drug	Status	Notes
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Preferred	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Preferred	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Preferred	SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Non-Preferred	PA; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Non-Preferred	PA; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Non-Preferred	PA; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	Non-Preferred	PA; SP; AGE (Min 12 Years)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Non-Preferred	PA; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Non-Preferred	PA; SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Preferred	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Preferred	SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Preferred	SP
<i>Adynovate Intravenous Solution Reconstituted 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT</i>	Non-Preferred	PA; SP
<i>Obizur Intravenous Solution Reconstituted 500 UNIT</i>	Non-Preferred	PA; SP
<i>Rixubis Intravenous Solution Reconstituted 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</i>	Non-Preferred	PA; SP
*Bradykinin B2 Receptor Antagonists*** - Drugs For The Blood		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Non-Preferred	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Preferred	PA; SP
<i>Icatibant Acetate Subcutaneous Solution Prefilled Syringe 30 MG/3ML</i>	Preferred	PA; SP
*C1 Esterase Inhibitors*** - Drugs For The Blood		
BERINERT INTRAVENOUS KIT 500 UNIT	Preferred	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	Preferred	PA; SP; AGE (Min 6 Years)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	Non-Preferred	PA; SP; AGE (Min 13 Years)

Drug	Status	Notes
*Complement C5a Receptor Inhibitors*** - Drugs For The Blood		
TAVNEOS ORAL CAPSULE 10 MG	Non-Preferred	PA; SP; QL (6 EA per 1 day)
*Direct-Acting P2y12 Inhibitors*** - Drugs For The Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG	Preferred	
*Hematorheologic Agents*** - Drugs For The Blood		
<i>Pentoxifylline ER Oral Tablet Extended Release 400 MG</i>	Preferred	QL (4 EA per 1 day)
*Phosphodiesterase Iii Inhibitors*** - Drugs For The Blood		
<i>Cilostazol Oral Tablet 100 MG, 50 MG</i>	Preferred	QL (2 EA per 1 day)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** - Drugs For The Blood		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Non-Preferred	PA; SP; AGE (Min 2 Years)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Non-Preferred	PA; SP
*Plasma Kallikrein Inhibitors*** - Drugs For The Blood		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	Non-Preferred	PA; SP
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 12 Years)
*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
*Platelet Aggregation Inhibitors*** - Drugs For The Blood		
<i>Dipyridamole Oral Tablet 25 MG, 50 MG, 75 MG</i>	Preferred	
*Spleen Tyrosine Kinase (Syk) Inhibitors*** - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
*Thienopyridine Derivatives*** - Drugs For The Blood		
EFFIENT ORAL TABLET 10 MG, 5 MG	Non-Preferred	PA
PLAVIX ORAL TABLET 75 MG	Non-Preferred	PA
<i>Clopidogrel Bisulfate Oral Tablet 300 MG</i>	Preferred	
<i>Clopidogrel Bisulfate Oral Tablet 75 MG</i>	Preferred	DS (90 DS)
<i>Prasugrel HCl Oral Tablet 10 MG, 5 MG</i>	Preferred	
Hematopoietic Agents - Drugs For Nutrition		
*Agents For Gaucher Disease*** - Drugs For Nutrition		
CERDELGA ORAL CAPSULE 84 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
YARGESA ORAL CAPSULE 100 MG	Non-Preferred	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	Preferred	PA; SP

Drug	Status	Notes
<i>Miglustat Oral Capsule 100 MG</i>	Non-Preferred	PA; SP
*Amino Acids*** - Drugs For Nutrition		
ENDARI ORAL PACKET 5 GM	Preferred	PA; SP
*Cobalamins*** - Drugs For Nutrition		
B-12 MICROLOZENGE SUBLINGUAL TABLET SUBLINGUAL 500 MCG	Preferred	
<i>B-12 Oral Tablet 100 MCG, 1000 MCG, 250 MCG, 500 MCG</i>	Preferred	
<i>B-12 Oral Tablet Extended Release 1000 MCG</i>	Preferred	
<i>B-12 Sublingual Tablet Sublingual 1000 MCG, 2500 MCG, 500 MCG</i>	Preferred	
<i>B-12 TR Oral Tablet Extended Release 1000 MCG</i>	Preferred	
<i>B-12-SL Sublingual Tablet Sublingual 1000 MCG</i>	Preferred	
<i>CVS B-12 Oral Tablet 500 MCG</i>	Preferred	
<i>CVS B-12 Sublingual Tablet Sublingual 500 MCG</i>	Preferred	
<i>CVS Vitamin B12 Oral Tablet 1000 MCG</i>	Preferred	
<i>CVS Vitamin B-12 Oral Tablet 1000 MCG</i>	Preferred	
<i>CVS Vitamin B12 Oral Tablet Extended Release 1000 MCG</i>	Preferred	
<i>Cyanocobalamin Sublingual Tablet Sublingual 2500 MCG</i>	Preferred	
<i>EQL B-12 Oral Tablet 1000 MCG</i>	Preferred	
<i>EQL Vitamin B-12 Oral Tablet 500 MCG</i>	Preferred	
<i>EQL Vitamin B-12 TR Oral Tablet Extended Release 1000 MCG</i>	Preferred	
<i>GNP B-12 Sublingual Tablet Sublingual 2500 MCG</i>	Preferred	
<i>GNP Vitamin B-12 Oral Tablet 500 MCG</i>	Preferred	
<i>GNP Vitamin B-12 Oral Tablet Extended Release 1000 MCG</i>	Preferred	
<i>HM Vitamin B12 Oral Tablet 500 MCG</i>	Preferred	
<i>HM Vitamin B-12 Oral Tablet 500 MCG</i>	Preferred	
<i>KP Vitamin B-12 Oral Tablet 1000 MCG</i>	Preferred	
<i>QC Vitamin B12 Oral Tablet 500 MCG</i>	Preferred	
<i>QC Vitamin B12 Oral Tablet Extended Release 1000 MCG</i>	Preferred	
<i>RA Vitamin B-12 Oral Tablet 100 MCG</i>	Preferred	
<i>RA Vitamin B-12 TR Oral Tablet Extended Release 1000 MCG</i>	Preferred	
<i>SM Vitamin B-12 Oral Tablet 100 MCG, 500 MCG</i>	Preferred	
<i>SM Vitamin B12 TR Oral Tablet Extended Release 1000 MCG</i>	Preferred	
<i>SV Vitamin B-12 ER Oral Tablet Extended Release 1000 MCG</i>	Preferred	
<i>Vitamin B 12 Oral Tablet 500 MCG</i>	Preferred	
<i>Vitamin B-12 ER Oral Tablet Extended Release 1000 MCG</i>	Preferred	

Drug	Status	Notes
<i>Vitamin B-12 Oral Tablet 100 MCG, 1000 MCG, 250 MCG, 500 MCG</i>	Preferred	
<i>Vitamin B12 Oral Tablet 100 MCG, 500 MCG</i>	Preferred	
<i>Vitamin B12 Oral Tablet Extended Release 1000 MCG</i>	Preferred	
<i>Vitamin B-12 Sublingual Tablet Sublingual 1000 MCG, 2500 MCG, 500 MCG</i>	Preferred	
*Cytotoxic Agents*** - Drugs For Nutrition		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Preferred	
SIKLOS ORAL TABLET 100 MG, 1000 MG	Non-Preferred	PA; SP
*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	Preferred	
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	Preferred	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Preferred	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Non-Preferred	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Non-Preferred	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Preferred	
*Folic Acid/Folates*** - Drugs For Nutrition		
<i>CVS Folic Acid Oral Tablet 800 MCG</i>	Preferred	QL (5 EA per 1 day)
<i>Folate Oral Tablet 400 MCG</i>	Preferred	QL (5 EA per 1 day)
<i>Folic Acid Oral Tablet 1 MG</i>	Preferred	DS (90 DS); QL (5 EA per 1 day)
<i>Folic Acid Oral Tablet 400 MCG, 800 MCG</i>	Preferred	QL (5 EA per 1 day)
<i>GNP Folic Acid Oral Tablet 400 MCG</i>	Preferred	QL (5 EA per 1 day)
<i>HM Folic Acid Oral Tablet 400 MCG</i>	Preferred	QL (5 EA per 1 day)
<i>KP Folic Acid Oral Tablet 1 MG</i>	Preferred	DS (90 DS); QL (5 EA per 1 day)
<i>KP Folic Acid Oral Tablet 800 MCG</i>	Preferred	QL (5 EA per 1 day)
<i>PX Folic Acid Oral Tablet 400 MCG</i>	Preferred	QL (5 EA per 1 day)
<i>QC Folic Acid Oral Tablet 800 MCG</i>	Preferred	QL (5 EA per 1 day)
<i>RA Folic Acid Oral Tablet 400 MCG, 800 MCG</i>	Preferred	QL (5 EA per 1 day)
<i>SM Folic Acid Oral Tablet 400 MCG</i>	Preferred	QL (5 EA per 1 day)
<i>YL Folic Acid Oral Tablet 400 MCG</i>	Preferred	QL (5 EA per 1 day)
*Granulocyte Colony-Stimulating Factors (G-Csf)*** - Drugs For Nutrition		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non-Preferred	PA

Drug	Status	Notes
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Preferred	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Non-Preferred	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Non-Preferred	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non-Preferred	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Preferred	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Preferred	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Non-Preferred	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Non-Preferred	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non-Preferred	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML	Non-Preferred	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML	Non-Preferred	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non-Preferred	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	Non-Preferred	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non-Preferred	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Non-Preferred	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non-Preferred	PA
<i>Releuko Injection Solution 480 MCG/1.6ML</i>	Non-Preferred	PA
<i>Releuko Subcutaneous Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML</i>	Non-Preferred	PA
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*** - Drugs For Nutrition		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Non-Preferred	PA
*Hemoglobin S (Hbs) Polymerization Inhibitors*** - Drugs For Nutrition		
OXBRYTA ORAL TABLET 300 MG, 500 MG	Non-Preferred	PA; SP
OXBRYTA ORAL TABLET SOLUBLE 300 MG	Non-Preferred	PA; SP
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors*** - Drugs For Nutrition		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Non-Preferred	PA
*Iron Combinations*** - Drugs For Nutrition		
CHROMAGEN ORAL CAPSULE	Preferred	QL (2 EA per 1 day)

Drug	Status	Notes
HEMATOGEN ORAL CAPSULE	Preferred	QL (2 EA per 1 day)
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Preferred	QL (2 EA per 1 day)
TRICON ORAL CAPSULE	Preferred	QL (2 EA per 1 day)
<i>Ferocon Oral Capsule</i>	Preferred	QL (2 EA per 1 day)
<i>Ferotrinsic Oral Capsule</i>	Preferred	QL (2 EA per 1 day)
<i>Foltrin Oral Capsule</i>	Preferred	QL (2 EA per 1 day)
<i>Iron Complex Oral Capsule</i>	Preferred	QL (2 EA per 1 day)
<i>Myferon 150 Forte Oral Capsule 150-25-1 MG-MCG-MG</i>	Preferred	QL (2 EA per 1 day)
<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>TL Icon Oral Capsule</i>	Preferred	QL (2 EA per 1 day)
*Iron*** - Drugs For Nutrition		
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	Preferred	
FERATE ORAL TABLET 240 (27 FE) MG	Preferred	
FERGON ORAL TABLET 240 (27 FE) MG	Preferred	
FEROSUL ORAL TABLET 325 (65 FE) MG	Preferred	DS (90 DS); QL (3 EA per 1 day)
FERREX 150 ORAL CAPSULE 150 MG	Preferred	QL (2 EA per 1 day)
FERROCITE ORAL TABLET 324 MG	Preferred	
GOODSENSE IRON ORAL TABLET 325 MG	Preferred	DS (90 DS); QL (3 EA per 1 day)
IFEREX 150 ORAL CAPSULE 150 MG	Preferred	QL (2 EA per 1 day)
NU-IRON ORAL CAPSULE 150 MG	Preferred	QL (2 EA per 1 day)
ONE VITE FERROUS SULFATE ORAL LIQUID 220 (44 FE) MG/5ML	Preferred	
POLY-IRON 150 ORAL CAPSULE 150 MG	Preferred	QL (2 EA per 1 day)
<i>CVS Iron Oral Tablet 240 (27 Fe) MG</i>	Preferred	
<i>CVS Iron Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>CVS Slow Release Dried Iron Oral Tablet Extended Release 45 MG</i>	Preferred	
<i>EQ Slow-Release Iron Oral Tablet Extended Release 45 MG</i>	Preferred	
<i>EQL Iron Supplement Therapy Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>EQL Slow Release Iron Oral Tablet Extended Release 160 (50 Fe) MG</i>	Preferred	
<i>Fe Tabs Oral Tablet Delayed Release 325 (65 Fe) MG</i>	Preferred	DS (90 DS)
<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 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	

Drug	Status	Notes
<i>Ferrous Sulfate ER Oral Tablet Extended Release 50 MG</i>	Preferred	
<i>Ferrous Sulfate Iron Oral Tablet 200 (65 Fe) MG</i>	Preferred	
<i>Ferrous Sulfate Oral Elixir 220 (44 Fe) MG/5ML</i>	Preferred	
<i>Ferrous Sulfate Oral Liquid 220 (44 Fe) MG/5ML</i>	Preferred	
<i>Ferrous Sulfate Oral Solution 75 (15 Fe) MG/ML</i>	Preferred	
<i>Ferrous Sulfate Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Ferrous Sulfate Oral Tablet Delayed Release 324 (65 Fe) MG, 324 MG</i>	Preferred	
<i>Ferrous Sulfate Oral Tablet Delayed Release 325 (65 Fe) MG</i>	Preferred	DS (90 DS)
<i>FerrouSul Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Fe-Vite Iron Oral Solution 75 (15 Fe) MG/ML</i>	Preferred	
<i>GNP Iron Oral Tablet 200 (65 Fe) MG</i>	Preferred	
<i>GNP Iron Oral Tablet Extended Release 142 (45 Fe) MG, 45 MG</i>	Preferred	
<i>HM Iron Oral Tablet 200 (65 Fe) MG</i>	Preferred	
<i>HM Iron Slow Release Oral Tablet Extended Release 142 (45 Fe) MG</i>	Preferred	
<i>HM Slow Release Iron Oral Tablet Extended Release 45 MG</i>	Preferred	
<i>Iron (Ferrous Sulfate) Oral Solution 75 (15 Fe) MG/ML</i>	Preferred	
<i>Iron (Ferrous Sulfate) Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Iron 27 Oral Tablet 240 (27 Fe) MG</i>	Preferred	
<i>Iron High-Potency Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Iron High-Potency Oral Tablet Extended Release 142 (45 Fe) MG, 45 MG</i>	Preferred	
<i>Iron Infant & Toddler Oral Solution 75 (15 Fe) MG/ML</i>	Preferred	
<i>Iron Infant/Toddler Oral Solution 75 (15 Fe) MG/ML</i>	Preferred	
<i>Iron Oral Tablet 240 (27 Fe) MG</i>	Preferred	
<i>Iron Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Iron Oral Tablet Extended Release 142 (45 Fe) MG</i>	Preferred	
<i>Iron Slow Release Oral Tablet Extended Release 142 (45 Fe) MG, 45 MG</i>	Preferred	
<i>Iron Supplement Childrens Oral Solution 75 (15 Fe) MG/ML</i>	Preferred	
<i>Iron Supplement Oral Elixir 220 (44 Fe) MG/5ML</i>	Preferred	
<i>Iron Supplement Oral Solution 15 MG/ML, 75 (15 Fe) MG/ML</i>	Preferred	
<i>KP Ferrous Gluconate Oral Tablet 324 (37.5 Fe) MG</i>	Preferred	
<i>KP Ferrous Sulfate Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Meijer Ferrous Sulfate Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Myferon 150 Oral Capsule 150 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Nat-Rul Iron Oral Tablet 325 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>PC Pediatric Iron Drops Oral Solution 75 (15 Fe) MG/ML</i>	Preferred	

Drug	Status	Notes
<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>PX Iron Oral Tablet 200 (65 Fe) MG</i>	Preferred	
<i>QC Ferrous Sulfate Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>RA Iron Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>RA Slow Release Iron Oral Tablet Extended Release 45 MG</i>	Preferred	
<i>Slow Iron Oral Tablet Extended Release 160 (50 Fe) MG</i>	Preferred	
<i>Slow Release Iron Oral Tablet Extended Release 160 (50 Fe) MG, 45 MG, 50 MG</i>	Preferred	
<i>SM Iron Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>SM Iron Slow Release Oral Tablet Extended Release 160 (50 Fe) MG</i>	Preferred	
<i>SM Slow Release Dried Iron Oral Tablet Extended Release 45 MG</i>	Preferred	
<i>SM Slow Release Iron Oral Tablet Extended Release 142 (45 Fe) MG, 45 MG</i>	Preferred	
<i>SV Iron Oral Tablet 325 (65 Fe) MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
*Thrombopoietin (Tpo) Receptor Agonists*** - Drugs For Nutrition		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Non-Preferred	PA; AGE (Min 6 Years)
DOPTELET ORAL TABLET 20 MG	Non-Preferred	PA; SP
MULPLETA ORAL TABLET 3 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
PROMACTA ORAL PACKET 12.5 MG, 25 MG	Non-Preferred	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Preferred	PA; SP
Hypnotics/Sedatives/Sleep Disorder Agents - Drugs For The Nervous System		
*Antihistamine Hypnotics*** - Drugs For Insomnia		
NYTOL ORAL TABLET 25 MG	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
NYTOL QUICKCAPS ORAL TABLET 25 MG	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
SIMPLY SLEEP ORAL TABLET 25 MG	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET 25 MG	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>Compoz Oral Tablet 50 MG</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Sleep Aid Nighttime Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>CVS Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>CVS SleepAid (Diphenhydramine) Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>CVS Sleep-Aid (Doxylamine) Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Ultra Sleep Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>DiphenhydrAMINE HCl (Sleep) Oral Tablet 50 MG</i>	Preferred	QL (1 EA per 1 day)
<i>EQL Nighttime Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>EQL Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Nighttime Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>GNP Sleep Aid Nighttime Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>GNP Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>HM Nighttime Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>HM Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>KLS Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Night Time Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>Nighttime Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>QC Rest Simply Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>RA Night Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>RA Nighttime Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>RA Sleep Aid (diphenhydrAMINE) Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>RA Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>SB Sleep Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>Sleep Aid (DiphenhydrAMINE) Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>Sleep Aid (Doxylamine) Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Sleep II Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>Sleep Tabs Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>Sleep-Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Sleep-Tabs Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>SM Nighttime Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>SM Sleep Aid Night Time Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>SM Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)
<i>TGT Nighttime Sleep Aid Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>Wal-Som Oral Tablet 25 MG</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
*Barbiturate Hypnotics*** - Drugs For Insomnia		
<i>PHENobarbital Oral Elixir 20 MG/5ML</i>	Preferred	QL (50 ML per 1 day); AGE (Max 12 Years)
<i>PHENobarbital Oral Solution 20 MG/5ML</i>	Preferred	QL (50 ML per 1 day); AGE (Max 12 Years)
<i>PHENobarbital Oral Tablet 100 MG, 15 MG, 16.2 MG, 30 MG, 32.4 MG, 60 MG, 97.2 MG</i>	Preferred	QL (2 EA per 1 day)
<i>PHENobarbital Oral Tablet 64.8 MG</i>	Preferred	QL (3 EA per 1 day)
*Benzodiazepine Hypnotics*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>Estazolam Oral Tablet 1 MG, 2 MG</i>	Non-Preferred	PA
<i>Flurazepam HCl Oral Capsule 15 MG, 30 MG</i>	Non-Preferred	PA
<i>Temazepam Oral Capsule 15 MG, 30 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Temazepam Oral Capsule 22.5 MG, 7.5 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Triazolam Oral Tablet 0.125 MG, 0.25 MG</i>	Non-Preferred	PA
*Hypnotics - Tricyclic Agents*** - Drugs For Insomnia		
<i>Doxepin HCl Oral Tablet 3 MG, 6 MG</i>	Non-Preferred	PA; AGE (Min 4 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators*** - Drugs For Insomnia		
<i>AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>AMBIEN ORAL TABLET 10 MG, 5 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Eszopiclone Oral Tablet 1 MG, 2 MG, 3 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Zaleplon Oral Capsule 10 MG, 5 MG</i>	Preferred	
<i>Zolpidem Tartrate ER Oral Tablet Extended Release 12.5 MG, 6.25 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Zolpidem Tartrate Oral Capsule 7.5 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Zolpidem Tartrate Oral Tablet 10 MG, 5 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Zolpidem Tartrate Sublingual Tablet Sublingual 1.75 MG, 3.5 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
*Orexin Receptor Antagonists*** - Drugs For Insomnia		
<i>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 19 Years)
<i>DAYVIGO ORAL TABLET 10 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>DAYVIGO ORAL TABLET 5 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
<i>QUVIVIQ ORAL TABLET 25 MG, 50 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)

Drug	Status	Notes
*Selective Melatonin Receptor Agonists*** - Drugs For Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Non-Preferred	PA; QL (5 ML per 1 day); AGE (Min 3 Years and Max 15 Years)
HETLIOZ ORAL CAPSULE 20 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 16 Years)
ROZEREM ORAL TABLET 8 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Ramelteon Oral Tablet 8 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Tasimelteon Oral Capsule 20 MG</i>	Non-Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 16 Years)
Laxatives - Drugs For The Stomach		
*Bowel Evacuant Combinations*** - Drugs To Prevent Constipation		
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Preferred	QL (4000 ML per 1 day)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Preferred	QL (4000 ML per 1 day)
PEG-PREP ORAL KIT 5-210 MG-GM	Preferred	QL (1 EA per 1 day)
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	Preferred	QL (4000 ML per 1 day)
<i>PEG 3350/Electrolytes Oral Solution Reconstituted 240 GM</i>	Preferred	QL (4000 ML per 1 day)
<i>PEG 3350-KCl-Na Bicarb-NaCl Oral Solution Reconstituted 420 GM</i>	Preferred	QL (4000 ML per 1 day)
<i>PEG-3350/Electrolytes Oral Solution Reconstituted 236 GM</i>	Preferred	QL (4000 ML per 1 day)
*Bulk Laxatives*** - Drugs To Prevent Constipation		
BENEFIBER DRINK MIX ORAL PACKET	Preferred	
BENEFIBER ON THE GO ORAL PACKET	Preferred	
BENEFIBER ON THE GO ORAL POWDER	Preferred	
FIBERCON ORAL TABLET 625 MG	Preferred	
KONSYL FIBER ORAL TABLET 625 MG	Preferred	
KONSYL-D ORAL POWDER 52.3 %	Preferred	
MEDI-MUCIL ORAL CAPSULE 0.52 GM	Preferred	
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 %	Preferred	
METAMUCIL MULTIHEALTH FIBER ORAL PACKET 58.12 %	Preferred	
METAMUCIL ORAL PACKET 28 %	Preferred	
METAMUCIL ORAL POWDER 28.3 %	Preferred	
METAMUCIL ORAL WAFER	Preferred	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %	Preferred	
REGULOID ORAL CAPSULE 0.52 GM	Preferred	

Drug	Status	Notes
REGULOID ORAL POWDER 28.3 %, 43 %, 48.57 %, 58.6 %	Preferred	
UNIFIBER ORAL POWDER	Preferred	
WAL-MUCIL ORAL CAPSULE 0.52 GM	Preferred	
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 43 %, 48.57 %, 58.6 %	Preferred	
<i>Calcium Polycarbophil Oral Tablet 625 MG</i>	Preferred	
<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 Laxative Oral Tablet 625 MG</i>	Preferred	
<i>CVS Fiber Oral Capsule 0.52 GM</i>	Preferred	
<i>CVS Natural Daily Fiber Oral Powder 43 %, 48.57 %, 58.6 %</i>	Preferred	
<i>CVS Natural Fiber Supplement Oral Packet 58.6 %</i>	Preferred	
<i>CVS Natural Fiber Supplement Oral Powder 100 %</i>	Preferred	
<i>CVS Soluble Fiber Therapy Oral Tablet 500 MG</i>	Preferred	
<i>EQ Fiber Powder Oral Powder</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>EQL Fiber Laxative Oral Tablet 625 MG</i>	Preferred	
<i>EQL Fiber Supplement (Wheat) Oral Powder</i>	Preferred	
<i>EQL Fiber Supplement Oral Powder</i>	Preferred	
<i>EQL Fiber Therapy Oral Powder 28.3 %, 43 %, 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 Laxative + Calcium Oral Tablet 625 MG</i>	Preferred	
<i>Fiber Laxative Oral Capsule 0.52 GM</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 Oral Powder 43 %</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 %, 48.57 %</i>	Preferred	
<i>GoodSense Best Fiber Oral Powder</i>	Preferred	

Drug	Status	Notes
<i>GoodSense Fiber Oral Tablet 500 MG</i>	Preferred	
<i>GoodSense Natural Fiber Oral Powder 28.3 %</i>	Preferred	
<i>HM Clear Fiber Oral Powder</i>	Preferred	
<i>HM Fiber Oral Powder 28.3 %, 58.6 %</i>	Preferred	
<i>HM Fiber Oral Tablet 500 MG</i>	Preferred	
<i>KLS Natural Psyllium Fiber Oral Powder 58.6 %</i>	Preferred	
<i>Konsyl Daily Fiber Oral Packet 100 %, 28.3 %</i>	Preferred	
<i>Konsyl Daily Fiber Oral Powder 28.3 %</i>	Preferred	
<i>Konsyl Original Daily Fiber Oral Packet 100 %</i>	Preferred	
<i>Natural Fiber Laxative Oral Powder 28.3 %, 48.57 %, 58.6 %</i>	Preferred	
<i>Natural Fiber Oral Powder 28.3 %, 58.6 %</i>	Preferred	
<i>Natural Fiber Therapy Oral Powder 28.3 %, 48.57 %</i>	Preferred	
<i>Natural Psyllium Seed Oral Powder 100 %</i>	Preferred	
<i>Natural Vegetable Fiber Oral Powder 48.57 %</i>	Preferred	
<i>Psyllium Fiber Oral Capsule 0.52 GM</i>	Preferred	
<i>Psyllium Husk Oral Powder 100 %</i>	Preferred	
<i>PX Fiber Oral Capsule 0.52 GM</i>	Preferred	
<i>PX Fiber Oral Tablet 625 MG</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>QC Natural Vegetable Oral Powder 95 %</i>	Preferred	
<i>RA Fiber Oral Capsule 0.52 GM</i>	Preferred	
<i>RA Fiber Therapy Oral Capsule 0.52 GM</i>	Preferred	
<i>RA Fiber Therapy Oral Tablet 625 MG</i>	Preferred	
<i>RA Multihealth Fiber Oral Powder 43 %, 48.57 %, 58.6 %</i>	Preferred	
<i>SB Fib Lax Orange Oral Powder 33 %</i>	Preferred	
<i>SB Fiber Laxative 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 %, 43 %, 48.57 %, 58.6 %</i>	Preferred	
<i>SM Fiber Oral Tablet 625 MG</i>	Preferred	
<i>TGT Fiber Laxative Oral Tablet 625 MG</i>	Preferred	
<i>TGT Fiber Therapy Oral Powder 28.3 %, 58.6 %</i>	Preferred	
<i>TGT Psyllium Fiber Oral Capsule 520 MG</i>	Preferred	
*Laxatives - Miscellaneous*** - Drugs To Prevent Constipation		
<i>AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM</i>	Preferred	
<i>CLEARLAX ORAL POWDER 17 GM/SCOOP</i>	Preferred	QL (34 GM per 1 day)
<i>CVS PURELAX ORAL POWDER 17 GM/SCOOP</i>	Preferred	QL (34 GM per 1 day)
<i>EQ CLEARLAX ORAL POWDER 17 GM/SCOOP</i>	Preferred	QL (34 GM per 1 day)

Drug	Status	Notes
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	QL (34 GM per 1 day)
GLYCOLAX ORAL POWDER 17 GM/SCOOP	Preferred	QL (34 GM per 1 day)
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	QL (34 GM per 1 day)
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	QL (34 GM per 1 day)
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	QL (34 GM per 1 day)
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP	Preferred	QL (34 GM per 1 day)
MM CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	QL (34 GM per 1 day)
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	QL (34 GM per 1 day)
SMOOTH LAX ORAL POWDER 17 GM/SCOOP	Preferred	QL (34 GM per 1 day)
TGT POWDERLAX ORAL POWDER 17 GM/SCOOP	Preferred	QL (34 GM per 1 day)
<i>Constulose Oral Solution 10 GM/15ML</i>	Preferred	QL (180 ML per 1 day)
<i>CVS Glycerin Adult Rectal Suppository 2 GM, 2.1 GM</i>	Preferred	
<i>GaviLAX Oral Powder 17 GM/SCOOP</i>	Preferred	QL (34 GM per 1 day)
<i>GentleLax Oral Powder 17 GM/SCOOP</i>	Preferred	QL (34 GM per 1 day)
<i>Glycerin (Adult) Rectal Suppository 2 GM, 2.1 GM</i>	Preferred	
<i>Glycerin (Child) Rectal Suppository 1.2 GM</i>	Preferred	
<i>Glycerin (Infants & Children) Rectal Suppository 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>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, 20 GM/30ML</i>	Preferred	QL (180 ML per 1 day)
<i>PEG 3350 Oral Powder 17 GM/SCOOP</i>	Preferred	QL (34 GM per 1 day)
<i>Polyethylene Glycol 3350 Oral Powder 17 GM/SCOOP</i>	Preferred	QL (34 GM per 1 day)
<i>PX Glycerin Rectal Suppository 2.1 GM</i>	Preferred	
<i>QC Natura-LAX Oral Powder 17 GM/SCOOP</i>	Preferred	QL (34 GM per 1 day)
<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	QL (34 GM per 1 day)
<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	QL (34 GM per 1 day)
<i>SM Glycerin Pediatric Rectal Suppository 1.2 GM, 80.7 %</i>	Preferred	
*Laxatives & Dss*** - Drugs To Prevent Constipation		
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
DOC-Q-LAX ORAL TABLET 8.6-50 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
DOK PLUS ORAL TABLET 50-8.6 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
SENNALAX-S ORAL TABLET 8.6-50 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)

Drug	Status	Notes
<i>CVS Senna Plus Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>CVS Stool Softener/Laxative Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Docuzen Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Easy-Lax Plus Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>EQ Senna-S Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>EQ Stool Softener/Laxative Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>EQL Senna-S Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>EQL Stool Softener/Stimulant Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>GNP Senna Plus Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>GNP Stool Softener/Laxative Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>GoodSense Stimulant Laxative Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>HM Senna-S Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>HM Stool Softener/Laxative Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Laxacin Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Medi-Natural Plus Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>QC Senna-S Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>QC Stool Softener Pls Laxative Oral Tablet 50-8.6 MG, 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>RA 2-in-1 Lax/Stool Softener Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>RA Laxative & Stool Softener Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>RA P Col-Rite Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>RA Senna Plus Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>SB Docusate Sodium/Senna Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Senexon-S Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Senna Plus Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Senna S Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Senna-Docusate Sodium Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Senna-Plus Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Senna-S Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Senna-Time S Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Senosides-Docusate Sodium Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>SM Natural Laxative/Stool Soft Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>SM Senna-S Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>SM Stool Softener Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>SM Stool Softener/Laxative Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Stimulant Laxative Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Stool Softener Laxative Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Stool Softener Plus Laxative Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Stool Softener/Laxative Oral Tablet 50-8.6 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>TGT Senna Lax/Stool Softener Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>TGT Senna Laxative Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>TGT Stool Softener & Stimulant Oral Tablet 8.6-50 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)

Drug	Status	Notes
Vegetable Lax+Stool Softener Oral Tablet 8.6-50 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
*Lubricant Laxatives*** - Drugs To Prevent Constipation		
CVS Mineral Oil Enema Rectal Enema	Preferred	
CVS Mineral Oil Oral Oil	Preferred	
Enema Mineral Oil Rectal Enema	Preferred	
EQ Mineral Oil Oral Oil	Preferred	
GNP Mineral Oil Oral Oil	Preferred	
GNP Mineral Oil Rectal Enema	Preferred	
GoodSense Mineral Oil Oral Oil	Preferred	
HM Enema Mineral Oil Rectal Enema	Preferred	
HM Mineral Oil Oral Oil	Preferred	
Mineral Oil Heavy Oral Oil	Preferred	
Mineral Oil Oral Oil	Preferred	
Mineral Oil Rectal Enema	Preferred	
QC Mineral Oil Heavy Oral Oil	Preferred	
RA Mineral Oil Oral Oil	Preferred	
SM Mineral Oil Oral Oil	Preferred	
SM Mineral Oil Rectal Enema	Preferred	
*Saline Laxative Mixtures*** - Drugs To Prevent Constipation		
PURE & GENTLE ENEMA RECTAL ENEMA	Preferred	
CVS Enema Disposable Rectal Enema 19-7 GMI/118ML, 7-19 GMI/118ML	Preferred	
CVS Enema Ready-to-Use Rectal Enema 7-19 GMI/118ML	Preferred	
Enema Disposable Rectal Enema	Preferred	
Enema Pediatric Rectal Enema 3.5-9.5 GMI/59ML	Preferred	
Enema Ready-To-Use Rectal Enema 7-19 GMI/118ML	Preferred	
Enema Rectal Enema , 7-19 GMI/118ML	Preferred	
EQ Enema Rectal Enema 19-7 GMI/118ML	Preferred	
EQL Ready-to-Use Enema Rectal Enema , 7-19 GMI/118ML	Preferred	
GNP Enema Rectal Enema	Preferred	
GoodSense Enema Rectal Enema 19-7 GMI/118ML, 7-19 GMI/118ML	Preferred	
HM Enema Rectal Enema 7-19 GMI/118ML	Preferred	
QC Enema Rectal Enema 16-6 GMI/133ML	Preferred	
RA Enema Rectal Enema 7-19 GMI/118ML	Preferred	
RA Saline Enema Rectal Enema 19-7 GMI/118ML	Preferred	
SM Enema Rectal Enema , 7-19 GMI/118ML	Preferred	
TGT Saline Laxative Rectal Enema	Preferred	
*Saline Laxatives*** - Drugs To Prevent Constipation		
CITROMA ORAL SOLUTION 1.745 GM/30ML	Preferred	

Drug	Status	Notes
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	Preferred	
DULCOLAX ORAL SUSPENSION 1200 MG/15ML	Preferred	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML	Preferred	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	Preferred	
<i>Citrate of Magnesia Oral Solution</i>	Preferred	
<i>CVS Citrate of Magnesia Oral Solution</i>	Preferred	
<i>CVS Magnesium Citrate Oral Solution 1.745 GM/30ML</i>	Preferred	
<i>CVS Milk of Magnesia Oral Suspension 1200 MG/15ML, 400 MG/5ML</i>	Preferred	
<i>EQ Magnesium Citrate Oral Solution 1.745 GM/30ML</i>	Preferred	
<i>EQL Magnesium Citrate Oral Solution 1.745 GM/30ML</i>	Preferred	
<i>EQL Milk of Magnesia Oral Suspension 1200 MG/15ML, 400 MG/5ML</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 Magnesium Citrate Oral Solution 1.745 GM/30ML</i>	Preferred	
<i>GoodSense Milk of Magnesia Oral Suspension 1200 MG/15ML</i>	Preferred	
<i>HM Magnesium Citrate Oral Solution 1.745 GM/30ML</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>PX Milk of Magnesia Oral Suspension 1200 MG/15ML</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 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	
<i>SM Magnesium Citrate Oral Solution 1.745 GM/30ML</i>	Preferred	
<i>SM Milk of Magnesia Oral Suspension 1200 MG/15ML</i>	Preferred	
*Stimulant Laxatives*** - Drugs To Prevent Constipation		
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG	Preferred	DS (90 DS); QL (3 EA per 1 day)
CORRECTOL ORAL TABLET DELAYED RELEASE 5 MG	Preferred	DS (90 DS); QL (3 EA per 1 day)

Drug	Status	Notes
DR EDWARDS OLIVE LAXATIVE ORAL TABLET 8.6 MG	Preferred	DS (90 DS); QL (2 EA per 1 day)
EVAC-U-GEN ORAL TABLET 8.6 MG	Preferred	DS (90 DS); QL (2 EA per 1 day)
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG	Preferred	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	Preferred	DS (90 DS); QL (3 EA per 1 day)
FEENAMINT ORAL TABLET DELAYED RELEASE 5 MG	Preferred	DS (90 DS); QL (3 EA per 1 day)
GNP BISA-LAX ORAL TABLET DELAYED RELEASE 5 MG	Preferred	DS (90 DS); QL (3 EA per 1 day)
ONELAX RECTAL SUPPOSITORY 10 MG	Preferred	QL (1 EA per 1 day)
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML	Preferred	
SENNO ORAL TABLET 8.6 MG	Preferred	DS (90 DS); QL (2 EA per 1 day)
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	Preferred	QL (1 EA per 1 day)
<i>Bisacodyl EC Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Bisacodyl Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Bisacodyl Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Bisacodyl Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Chocolated Laxative Oral Tablet Chewable 15 MG</i>	Preferred	
<i>Correct Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>CVS Bisacodyl Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>CVS Bisacodyl Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<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	DS (90 DS); QL (3 EA per 1 day)
<i>CVS Gentle Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>CVS Gentle Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Gentle Laxative Womens Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>CVS Laxative Pills Max St Oral Tablet 25 MG</i>	Preferred	
<i>CVS Laxative Pills Oral Tablet 25 MG</i>	Preferred	
<i>CVS Senna Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Ducodyl Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>EQ Gentle Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>EQ Laxative Maximum Strength Oral Tablet 25 MG</i>	Preferred	
<i>EQ Natural Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>EQ Natural Vegetable Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>EQ Vegetable Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>EQL Gentle Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>EQL Laxative Maximum Strength Oral Tablet 25 MG</i>	Preferred	

Drug	Status	Notes
<i>EQL Laxative 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	DS (90 DS); QL (3 EA per 1 day)
<i>EQL Senna Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>FT Gentle Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Gentle Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Gentle Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Geri-kot Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>GNP Gentle Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>GNP Gentle Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Senna Lax Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>GNP Womens Gentle Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>GoodSense Bisacodyl EC Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>GoodSense Bisacodyl Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>GoodSense Laxative Pills Oral Tablet 25 MG</i>	Preferred	
<i>GoodSense Senna Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>GoodSense Womens Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>HM Gentle Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>HM Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>HM Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>HM Senna Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>KP Bisacodyl Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>KP Senna Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Laxative Max Str Oral Tablet 25 MG</i>	Preferred	
<i>Laxative Oral Tablet 25 MG</i>	Preferred	
<i>Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Laxative Pills Oral Tablet 25 MG</i>	Preferred	
<i>Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Medi-Natural Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Natural Senna Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>PX Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>PX Vegetable Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>QC Chocolated Laxative Oral Tablet Chewable 15 MG</i>	Preferred	
<i>QC Gentle Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>QC Gentle Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>QC Gentle Laxative Womens Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>QC Laxative Oral Tablet 25 MG</i>	Preferred	
<i>QC Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)

Drug	Status	Notes
<i>QC Natural Vegetable Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>QC Senna Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>QC Vegetable Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>RA Fast Relief Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>RA Laxative Maximum Strength Oral Tablet 25 MG</i>	Preferred	
<i>RA Laxative Oral Tablet 25 MG</i>	Preferred	
<i>RA Laxative Oral Tablet Chewable 15 MG</i>	Preferred	
<i>RA Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>RA Senna Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>RA Womens Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>SB Bisacodyl Laxative EC Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>SB Gentle Lax-Women Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>SB Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>SB Senna-Lax Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Senexon Oral Liquid 8.8 MG/5ML</i>	Preferred	
<i>Senna Lax Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Senna Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Senna Oral Liquid 8.8 MG/5ML</i>	Preferred	
<i>Senna Oral Syrup 8.8 MG/5ML</i>	Preferred	
<i>Senna Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Senna-GRX Oral Syrup 8.8 MG/5ML</i>	Preferred	
<i>Senna-Lax Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Senna-Tabs Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Senna-Time Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Sennazon Oral Syrup 8.8 MG/5ML</i>	Preferred	
<i>Sennosides Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>SM Gentle Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>SM Laxative Maximum Strength Oral Tablet 25 MG</i>	Preferred	
<i>SM Laxative Rectal Suppository 10 MG</i>	Preferred	QL (1 EA per 1 day)
<i>SM Senna Laxative Max St Oral Tablet 25 MG</i>	Preferred	
<i>SM Senna Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>SM Womans Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Stimulant Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>TGT Gentle Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>TGT Laxative Pills Max St Oral Tablet 25 MG</i>	Preferred	
<i>TGT Natural Laxative Pills Oral Tablet 25 MG</i>	Preferred	
<i>TGT Senna Laxative Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>TGT Senna Oral Tablet 8.6 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)

Drug	Status	Notes
<i>TGT Womens Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Veracolate Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Womans Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
<i>Womens Laxative Oral Tablet Delayed Release 5 MG</i>	Preferred	DS (90 DS); QL (3 EA per 1 day)
*Surfactant Laxatives*** - Drugs To Prevent Constipation		
CORRECTOL EXTRA GENTLE ORAL CAPSULE 100 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
DOCU LIQUID ORAL LIQUID 100 MG/10ML	Preferred	QL (30 ML per 1 day)
DOCUSIL ORAL CAPSULE 100 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
DOK ORAL CAPSULE 100 MG, 250 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
DOK ORAL TABLET 100 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
DQZATE ORAL CAPSULE 100 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
HEALTHY MAMA MOVE IT ALONG ORAL TABLET 100 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
KAO-TIN ORAL CAPSULE 240 MG	Preferred	QL (2 EA per 1 day)
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML	Preferred	QL (30 ML per 1 day)
PEDIA-LAX ORAL LIQUID 50 MG/15ML	Preferred	QL (30 ML per 1 day)
PHILLIPS STOOL SOFTENER ORAL CAPSULE 100 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
PROMOLAXIN ORAL TABLET 100 MG	Preferred	DS (90 DS); QL (6 EA per 1 day)
SURFAK ORAL CAPSULE 240 MG	Preferred	QL (2 EA per 1 day)
<i>CVS Stool Softener Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>CVS Stool Softener Oral Capsule 240 MG, 50 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Diocto Oral Liquid 50 MG/5ML</i>	Preferred	QL (30 ML per 1 day)
<i>Diocto Oral Syrup 60 MG/15ML</i>	Preferred	
<i>DocQLace Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Docu Oral Liquid 50 MG/5ML</i>	Preferred	QL (30 ML per 1 day)
<i>Docu Soft Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Docuprene Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Docusate Calcium Oral Capsule 240 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Docusate Sodium Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Docusate Sodium Oral Liquid 100 MG/10ML, 150 MG/15ML, 50 MG/5ML</i>	Preferred	QL (30 ML per 1 day)
<i>Docusate Sodium Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>DSS Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Easy-Lax Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>EQ Stool Softener Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>EQL Stool Softener Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)

Drug	Status	Notes
<i>GNP Docusate Calcium Oral Capsule 240 MG</i>	Preferred	QL (2 EA per 1 day)
<i>GNP Stool Softener Ex St Oral Capsule 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>GNP Stool Softener Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>GNP Stool Softener Oral Capsule 240 MG</i>	Preferred	QL (2 EA per 1 day)
<i>GNP Stool Softener Oral Liquid 50 MG/5ML</i>	Preferred	QL (30 ML per 1 day)
<i>GNP Stool Softener Oral Syrup 60 MG/15ML</i>	Preferred	
<i>GoodSense Stool Softener Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>HM Stool Softener Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>HM Stool Softener Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>KLS Stool Softener Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>KS Stool Softener Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Laxa Basic Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>MM Stool Softener Laxative Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>PX Docusate Sodium Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>QC Docusate Calcium Oral Capsule 240 MG</i>	Preferred	QL (2 EA per 1 day)
<i>QC Stool Softener Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>RA Col-Rite Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>RA Stool Softener Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>SB Docusate Sodium Oral Capsule 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>SB Stool Softener Oral Capsule 240 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Silace Oral Liquid 150 MG/15ML</i>	Preferred	QL (30 ML per 1 day)
<i>Silace Oral Syrup 60 MG/15ML</i>	Preferred	
<i>SM Docusate Calcium Oral Capsule 240 MG</i>	Preferred	QL (2 EA per 1 day)
<i>SM Stool Softener Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>SM Stool Softener Oral Capsule 240 MG</i>	Preferred	QL (2 EA per 1 day)
<i>SM Stool Softener Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Stool Softener Laxative Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Stool Softener Oral Capsule 100 MG, 250 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
<i>Stool Softener Oral Capsule 240 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Stool Softener Oral Liquid 50 MG/5ML</i>	Preferred	QL (30 ML per 1 day)
<i>Stool Softener Oral Tablet 100 MG</i>	Preferred	DS (90 DS); QL (6 EA per 1 day)
Macrolides - Drugs For Infections		
*Azithromycin*** - Antibiotics		
ZITHROMAX ORAL PACKET 1 GM	Non-Preferred	PA
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	Non-Preferred	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Non-Preferred	PA
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	Non-Preferred	PA
ZITHROMAX Z-PAK ORAL TABLET 250 MG	Non-Preferred	PA
<i>Azithromycin Oral Packet 1 GM</i>	Preferred	
<i>Azithromycin Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML</i>	Preferred	

Drug	Status	Notes
Azithromycin Oral Tablet 250 MG, 500 MG, 600 MG	Preferred	
*Clarithromycin*** - Antibiotics		
Clarithromycin ER Oral Tablet Extended Release 24 Hour 500 MG	Non-Preferred	PA
Clarithromycin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	Preferred	
Clarithromycin Oral Tablet 250 MG, 500 MG	Preferred	
*Erythromycins*** - Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG	Non-Preferred	PA
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	Preferred	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	Non-Preferred	PA
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	Non-Preferred	PA
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	Non-Preferred	PA
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Non-Preferred	PA
Erythromycin Base Oral Capsule Delayed Release Particles 250 MG	Non-Preferred	PA
Erythromycin Base Oral Tablet 250 MG, 500 MG	Non-Preferred	PA
Erythromycin Base Oral Tablet Delayed Release 250 MG, 333 MG, 500 MG	Non-Preferred	PA
Erythromycin Ethylsuccinate Oral Suspension Reconstituted 200 MG/5ML, 400 MG/5ML	Non-Preferred	PA
Erythromycin Ethylsuccinate Oral Tablet 400 MG	Non-Preferred	PA
Erythromycin Oral Tablet Delayed Release 250 MG, 333 MG, 500 MG	Non-Preferred	PA
*Fidaxomicin*** - Antibiotics		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Non-Preferred	PA
DIFICID ORAL TABLET 200 MG	Non-Preferred	PA
Medical Devices And Supplies - Medical Supplies And Durable Medical Equipment		
*Applicators,Cotton Balls,Etc*** - Medical Supplies And Durable Medical Equipment		
ADVOCATE ALCOHOL PREP PADS PAD 70 %	Preferred	QL (200 EA per 25 days)
ALCOH-GLOVE CONTOURED WIPE PAD	Preferred	QL (200 EA per 25 days)
ALCOHOL SWABSTICK PAD , 70 %	Preferred	QL (200 EA per 25 days)
APLICARE ALCOHOL SWABSTICK PAD 70 %	Preferred	QL (200 EA per 25 days)
BD SWAB SINGLE USE REGULAR PAD	Preferred	QL (200 EA per 25 days)
BD SWABS SINGLE USE BUTTERFLY PAD	Preferred	QL (200 EA per 25 days)
CARETOUCH ALCOHOL PREP PAD 70 %	Preferred	QL (200 EA per 25 days)
COMFORT TOUCH ALCOHOL PREP PAD 70 %	Preferred	QL (200 EA per 25 days)
CURITY ALCOHOL PREPS PAD 70 %	Preferred	QL (200 EA per 25 days)
CURITY ALCOHOL SWABS PAD	Preferred	QL (200 EA per 25 days)

Drug	Status	Notes
DROPSAFE ALCOHOL PREP PAD 70 %	Preferred	QL (200 EA per 25 days)
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	Preferred	QL (200 EA per 25 days)
FIFTY50 ALCOHOL PREP PAD 70 %	Preferred	QL (200 EA per 25 days)
PHARMACIST CHOICE ALCOHOL PAD	Preferred	QL (200 EA per 25 days)
RELION ALCOHOL SWABS PAD , 70 %	Preferred	QL (200 EA per 25 days)
SHOPKO ALCOHOL SWABS PAD 70 %	Preferred	QL (200 EA per 25 days)
SURE-PREP ALCOHOL PREP PAD 70 %	Preferred	QL (200 EA per 25 days)
ULTICARE ALCOHOL SWABS PAD , 70 %	Preferred	QL (200 EA per 25 days)
WEBCOL ALCOHOL PREP LARGE PAD 70 %	Preferred	QL (200 EA per 25 days)
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	Preferred	QL (200 EA per 25 days)
<i>Alcohol Pads Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Alcohol Prep Pad , 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Alcohol Prep Pad Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Alcohol Prep Pads Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Alcohol Swabs Pad , 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Alcoh-Wipe Sheet</i>	Preferred	QL (200 EA per 25 days)
<i>CVS Alcohol Prep Pads Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>CVS Prep Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Easy Comfort Alcohol Pads Pad</i>	Preferred	QL (200 EA per 25 days)
<i>EQL Alcohol Swabs Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Essentra Wipes 9x9" Sheet 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Global Alcohol Prep Ease Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>GNP Alcohol Swabs Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>H-E-B inControl Alcohol Pad</i>	Preferred	QL (200 EA per 25 days)
<i>HM Sterile Alcohol Prep Pad</i>	Preferred	QL (200 EA per 25 days)
<i>Meijer Alcohol Swabs Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Pro Comfort Alcohol Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Pure Comfort Alcohol Prep Pad</i>	Preferred	QL (200 EA per 25 days)
<i>QC Alcohol Swabs Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>RA Alcohol Swabs Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Reality Swabs Pad</i>	Preferred	QL (200 EA per 25 days)
<i>SAPS care Alcohol Prep Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>SAPS Health Alcohol Prep Pad , 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>SAPS Health Care Alcohol Prep Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>SB Alcohol Prep Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>SM Alcohol Prep Pad , 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Sure Comfort Alcohol Prep Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>TGT Alcohol Swabs Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>True Comfort Alcohol Prep Pads Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>True Comfort Pro Alcohol Prep Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>Utilex Alcohol Swabs Pad</i>	Preferred	QL (200 EA per 25 days)
<i>Ultra-Care Alcohol Prep Pads Pad 70 %</i>	Preferred	QL (200 EA per 25 days)
<i>ZevRx Sterile Alcohol Prep Pad Pad 70 %</i>	Preferred	QL (200 EA per 25 days)

Drug	Status	Notes
*Condoms - Male*** - Medical Supplies And Durable Medical Equipment		
DUREX EXTRA SENSITIVE THIN DEVICE	Preferred	
FANTASY LUBRICATED	Preferred	
FANTASY LUBRICATED/SPERMICIDE	Preferred	
KAMELEON LUBRICATED	Preferred	
KIMONO COLORS DEVICE	Preferred	
KIMONO MAXX-LARGE FLARE	Preferred	
KIMONO SPECIAL DEVICE	Preferred	
K-Y ME & YOU EXTRA LUBRICATED DEVICE	Preferred	
K-Y ME & YOU INTENSE DEVICE	Preferred	
LIFESTYLES ASSORTED COLORS	Preferred	
LIFESTYLES EXTRA STRENGTH	Preferred	
LIFESTYLES FORM FITTING	Preferred	
LIFESTYLES LUBRICATED	Preferred	
LIFESTYLES RIBBED	Preferred	
LIFESTYLES SKYN ORIGINAL	Preferred	
LIFESTYLES SPERMICIDAL LUBE	Preferred	
LIFESTYLES STUDDERED	Preferred	
LIFESTYLES ULTRA SENSITIVE	Preferred	
LIFESTYLES VIBRA-RIBBED	Preferred	
LIFESTYLES XTRA PLEASURE	Preferred	
REALITY LATEX CONDOMS	Preferred	
REALITY LATEX/ULTRA TEXTURED DEVICE	Preferred	
REALITY LATEX/ULTRA THIN DEVICE	Preferred	
TRUSTEX COLOR CONDOMS + LUBE	Preferred	
TRUSTEX LUB/RIBBED/STUDDERED	Preferred	
TRUSTEX LUB/SPERMICIDE EX ST	Preferred	
TRUSTEX LUB/SPERMICIDE XL	Preferred	
TRUSTEX LUBRICATED	Preferred	
TRUSTEX LUBRICATED EX LARGE	Preferred	
TRUSTEX LUBRICATED EXTRA ST	Preferred	
TRUSTEX LUBRICATED/SPERMICIDE	Preferred	
TRUSTEX NATURAL CONDOMS + LUBE	Preferred	
TRUSTEX NON-LUBRICATED	Preferred	
TRUSTEX RIA LUB/SPERMICIDE	Preferred	
TRUSTEX RIA LUBRICATED	Preferred	
TRUSTEX RIA NON-LUBRICATED	Preferred	
TRUSTEX-NONOXYNOL-9/RIB/STUD	Preferred	
<i>Aimsco Lubricated</i>	Preferred	
<i>Condoms</i>	Preferred	
<i>Kimono</i>	Preferred	
<i>Kimono Micro Thin</i>	Preferred	

Drug	Status	Notes
<i>Kimono Micro Thin Plus</i>	Preferred	
<i>Kimono Plus</i>	Preferred	
<i>Kimono PS</i>	Preferred	
<i>Kimono PS Plus</i>	Preferred	
<i>Kimono Sensation</i>	Preferred	
<i>Kimono Sensation Plus</i>	Preferred	
<i>Maxx</i>	Preferred	
<i>Maxx Plus</i>	Preferred	
<i>Premium Condoms Lubricated</i>	Preferred	
*Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCETS	Preferred	
ACCU-CHEK MULTICLIX LANCETS	Preferred	
ACCU-CHEK SAFE-T PRO LANCETS	Preferred	
ACCU-CHEK SOFTCLIX LANCETS	Preferred	
ADVOCATE LANCETS	Preferred	
ADVOCATE LANCETS 30G	Preferred	
ADVOCATE SAFETY LANCETS	Preferred	
ADVOCATE SAFETY LANCETS 26G	Preferred	
AGAMATRIX ULTRA-THIN LANCETS	Preferred	
AIMSCO TWIST LANCETS 33G	Preferred	
AQUALANCE LANCETS 30G	Preferred	
ASSURE HAEMOLANCE PLUS HIGH	Preferred	
ASSURE HAEMOLANCE PLUS LOW	Preferred	
ASSURE HAEMOLANCE PLUS MICRO	Preferred	
ASSURE HAEMOLANCE PLUS NORMAL	Preferred	
ASSURE HAEMOLANCE PLUS PED	Preferred	
ASSURE LANCE LANCETS	Preferred	
ASSURE LANCE LANCETS 21G	Preferred	
ASSURE LANCE PLUS SAFETY 25G	Preferred	
ASSURE LANCE PLUS SAFETY 30G	Preferred	
ASSURE LANCE SAFETY LANCET 28G	Preferred	
ASSURE LANCETS	Preferred	
BD LANCET ULTRAFINE 30G	Preferred	
BD LANCET ULTRAFINE 33G	Preferred	
BD MICROTAINER LANCETS	Preferred	
BULLSEYE SAFETY LANCETS	Preferred	
CAREONE LANCET SUPER THIN 30G	Preferred	
CARESENS LANCETS	Preferred	
CARETOUCH SAFETY LANCETS	Preferred	
CARETOUCH SAFETY LANCETS 26G	Preferred	
CARETOUCH TWIST LANCETS 28G	Preferred	
CARETOUCH TWIST LANCETS 30G	Preferred	

Drug	Status	Notes
CARETOUCH TWIST LANCETS 33G	Preferred	
CARETOUCH TWIST MC LANCETS 30G	Preferred	
CLEANLET LANCETS 28G	Preferred	
CLEVER CHEK LANCETS	Preferred	
CLEVER CHOICE COMFORT EZ	Preferred	
CLEVER CHOICE LANCETS 21G	Preferred	
CLEVER CHOICE LANCETS 23G	Preferred	
CLEVER CHOICE LANCETS 28G	Preferred	
COAGUCHEK LANCETS	Preferred	
COMFORT TOUCH LANCETS 31G	Preferred	
COMFORT TOUCH PLUS LANCETS 28G	Preferred	
COMFORT TOUCH PLUS LANCETS 30G	Preferred	
DEXCOM G5 MOB/G4 PLAT SENSOR	Preferred	PA; QL (2 EA per 23 days)
DEXCOM G5 MOBILE RECEIVER DEVICE	Preferred	PA; QL (1 EA per 310 days)
DEXCOM G5 MOBILE TRANSMITTER	Preferred	PA; QL (1 EA per 76 days)
DEXCOM G5 RECEIVER KIT DEVICE	Preferred	PA; QL (1 EA per 310 days)
DEXCOM G6 RECEIVER DEVICE	Preferred	PA; QL (1 EA per 310 days)
DEXCOM G6 SENSOR	Preferred	PA; QL (3 EA per 25 days)
DEXCOM G6 TRANSMITTER	Preferred	PA; QL (1 EA per 76 days)
DEXCOM G7 RECEIVER DEVICE	Preferred	PA; QL (1 EA per 310 days)
DEXCOM G7 SENSOR	Preferred	PA; QL (3 EA per 25 days)
DIATHRIVE LANCET ULTRA THIN 30	Preferred	
DIATHRIVE LANCETS	Preferred	
DROPLET LANCETS ULTRA THIN 30G	Preferred	
DROPLET PERSONAL LANCETS 30G	Preferred	
DRUG MART ON-THE-GO LANCET 30G	Preferred	
DRUG MART UNILET LANCETS 28G	Preferred	
DRUG MART UNILET LANCETS 30G	Preferred	
DRUG MART UNILET LANCETS 33G	Preferred	
EASY TOUCH LANCETS 21G	Preferred	
EASY TOUCH LANCETS 23G	Preferred	
EASY TOUCH LANCETS 26G	Preferred	
EASY TOUCH LANCETS 28G	Preferred	
EASY TOUCH LANCETS 28G/TWIST	Preferred	
EASY TOUCH LANCETS 30G	Preferred	
EASY TOUCH LANCETS 30G/TWIST	Preferred	
EASY TOUCH LANCETS 32G	Preferred	
EASY TOUCH LANCETS 32G/TWIST	Preferred	
EASY TOUCH LANCETS 33G/TWIST	Preferred	
EASY TOUCH SAFETY LANCETS 21G	Preferred	
EASY TOUCH SAFETY LANCETS 23G	Preferred	
EASY TOUCH SAFETY LANCETS 26G	Preferred	
EASY TOUCH SAFETY LANCETS 28G	Preferred	

Drug	Status	Notes
EASY TWIST & CAP LANCETS	Preferred	
EMBRACE LANCETS ULTRA THIN 30G	Preferred	
EMBRACE PRESSURE ACTIVATED 21G	Preferred	
EMBRACE PRESSURE ACTIVATED 28G	Preferred	
E-Z JECT LANCET MICRO-THIN 33G	Preferred	
E-Z JECT LANCET SUPER THIN 30G	Preferred	
E-Z JECT LANCETS	Preferred	
E-Z JECT LANCETS 21G	Preferred	
E-Z JECT LANCETS THIN 26G	Preferred	
EZ-LETS LANCETS 21G	Preferred	
EZ-LETS LANCETS 26G	Preferred	
EZ-LETS LANCETS 28G	Preferred	
EZ-LETS LANCETS 30G	Preferred	
FIFTY50 SAFETY SEAL LANCETS	Preferred	
FIFTY50 UNILET LANCETS 33G	Preferred	
FINE 30	Preferred	
FINGERSTIX LANCETS	Preferred	
FORA LANCETS	Preferred	
FREESTYLE LANCETS	Preferred	
FREESTYLE LIBRE 14 DAY READER DEVICE	Preferred	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE 14 DAY SENSOR	Preferred	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 2 READER DEVICE	Preferred	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE 2 SENSOR	Preferred	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 3 SENSOR	Preferred	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE READER DEVICE	Preferred	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE SENSOR SYSTEM	Preferred	PA; QL (2 EA per 23 days)
FREESTYLE UNISTICK II LANCETS	Preferred	
GENTEEL BUTTERFLY TOUCH LANCET	Preferred	
GENTLE-LET GP LANCETS	Preferred	
GENTLE-LET LANCETS	Preferred	
GLUCOCOM LANCETS 28G	Preferred	
GLUCOCOM LANCETS 30G	Preferred	
GLUCOCOM LANCETS 33G	Preferred	
GOJJI STERILE LANCETS	Preferred	
HAEMOLANCE	Preferred	
HAEMOLANCE LOW FLOW LANCETS	Preferred	
HAEMOLANCE PLUS	Preferred	
HAEMOLANCE PLUS HIGH FLOW	Preferred	
HAEMOLANCE PLUS LOW FLOW	Preferred	
HAEMOLANCE PLUS MAX FLOW	Preferred	
HAEMOLANCE PLUS PEDIATRIC FLOW	Preferred	
HY-VEE LANCETS	Preferred	
IN TOUCH STERILE LANCETS 30G	Preferred	

Drug	Status	Notes
KROGER HEALTHPRO LANCET 26G	Preferred	
LANCETS ULTRA FINE	Preferred	
LANCETS ULTRA THIN	Preferred	
LIBERTY MEDICAL LANCETS	Preferred	
LIFESCAN UNISTIK 2	Preferred	
LIFESCAN UNISTIK II LANCETS	Preferred	
LITETOUCH LANCETS	Preferred	
MEDISENSE THIN LANCETS	Preferred	
MEDLANCE EXTRA 21G	Preferred	
MEDLANCE LITE 25G	Preferred	
MEDLANCE PLUS EXTRA 21G	Preferred	
MEDLANCE PLUS LANCETS	Preferred	
MEDLANCE PLUS LITE 25G	Preferred	
MEDLANCE PLUS SPECIAL 0.8MM	Preferred	
MEDLANCE PLUS SUPERLITE 30G	Preferred	
MEDLANCE PLUS UNIVERSAL 21G	Preferred	
MEDLANCE UNIVERSAL 21G	Preferred	
MEIJER LANCETS	Preferred	
MEIJER LANCETS THIN	Preferred	
MEIJER LANCETS UNIVERSAL 21G	Preferred	
MEIJER LANCETS UNIVERSAL 30G	Preferred	
MEIJER LANCETS UNIVERSAL 33G	Preferred	
MEIJER SUPER THIN LANCETS	Preferred	
MICROLET LANCETS	Preferred	
MICROTAINER SAFETY FLOW LANCET	Preferred	
MM TWIST LANCETS	Preferred	
MONOLET LANCETS	Preferred	
MONOLET OPD LANCETS	Preferred	
MONOLETTOR SAFETY LANCETS	Preferred	
MYGLUCOHEALTH LANCETS 30G	Preferred	
NOVA SAFETY LANCETS 23G	Preferred	
NOVA SAFETY LANCETS 28G	Preferred	
NOVA SUREFLEX LANCETS	Preferred	
ON CALL LANCETS	Preferred	
ON CALL PLUS LANCETS	Preferred	
ONETOUCH CLUB LANCETS FINE PT	Preferred	
ONETOUCH DELICA LANCETS 30G	Preferred	
ONETOUCH DELICA LANCETS 33G	Preferred	
ONETOUCH DELICA PLUS LANCET30G	Preferred	
ONETOUCH DELICA PLUS LANCET33G	Preferred	
ONETOUCH FINEPOINT LANCETS	Preferred	
ONETOUCH ULTRASOFT 2 LANCETS	Preferred	
ONETOUCH ULTRASOFT LANCETS	Preferred	

Drug	Status	Notes
PERFECT LANCETS 28G	Preferred	
PERFECT LANCETS 30G	Preferred	
PHARMACIST CHOICE LANCETS	Preferred	
PHARMACY COUNTER LANCETS	Preferred	
PRECISION THINS GP LANCETS	Preferred	
PRODIGY LANCETS 28G	Preferred	
PRODIGY SAFETY LANCETS 26G	Preferred	
PRODIGY TWIST TOP LANCETS 28G	Preferred	
PSS SELECT GP LANCETS	Preferred	
PSS SELECT SAFETY LANCETS	Preferred	
RA E-ZJECT LANCETS 28G	Preferred	
RA E-ZJECT LANCETS THIN 26G	Preferred	
RA E-ZJECT LANCETS THIN 28G	Preferred	
RA E-ZJECT LANCETS ULTRA THIN	Preferred	
READYLANCE SAFETY LANCETS	Preferred	
RELION LANCETS MICRO-THIN 33G	Preferred	
RELION LANCETS THIN 26G	Preferred	
RELION LANCETS ULTRA-THIN 30G	Preferred	
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	Preferred	QL (1 EA per 310 days)
RELION ULTRA THIN LANCETS 30G	Preferred	
RELION ULTRA THIN PLUS LANCETS	Preferred	
REXALL LANCETS ULTRA THIN 30G	Preferred	
RIGHTEST GL300 LANCETS	Preferred	
SAFE-T-LANCE	Preferred	
SAFE-T-LANCE PLUS	Preferred	
SAFETY LANCETS	Preferred	
SAFETY LANCETS 21G	Preferred	
SAFETY LANCETS 23G	Preferred	
SAFETY LET LANCETS	Preferred	
SAFETY SEAL LANCETS	Preferred	
SHOPKO ON-THE-GO LANCETS 30G	Preferred	
SHOPKO UNILET LANCETS 28G	Preferred	
SHOPKO UNILET LANCETS 30G	Preferred	
SINGLE-LET	Preferred	
SMART SENSE COLOR LANCETS 33G	Preferred	
SMART SENSE STANDARD LANCETS	Preferred	
SMART SENSE SUPER THIN LANCETS	Preferred	
SMART SENSE THIN LANCETS 26G	Preferred	
SMARTTEST LANCETS 28G	Preferred	
SOLUS V2 LANCETS 28G	Preferred	
SOLUS V2 TWIST LANCETS 30G	Preferred	
STERILANCE TL	Preferred	

Drug	Status	Notes
SURE-LANCE FLAT LANCETS	Preferred	
SURE-LANCE LANCETS 26G	Preferred	
SURE-LANCE THIN LANCETS 28G	Preferred	
SURE-LANCE ULTRA THIN LANCETS	Preferred	
SURELITE LANCETS	Preferred	
SURE-TOUCH LANCETS UNIVERSAL	Preferred	
TECHLITE AST LANCETS	Preferred	
TECHLITE LANCETS	Preferred	
TECHLITE LANCETS 30G	Preferred	
THINLETS GP LANCETS	Preferred	
TRAVEL LANCETS ADVANCED 28G	Preferred	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	Preferred	QL (1 EA per 310 days)
TRUE METRIX METER KIT W/DEVICE	Preferred	QL (1 EA per 310 days)
TRUEPLUS LANCETS 26G	Preferred	
TRUEPLUS LANCETS 28G	Preferred	
TRUEPLUS LANCETS 30G	Preferred	
TRUEPLUS LANCETS 33G	Preferred	
TRUEPLUS SAFETY LANCETS 28G	Preferred	
ULTILET CLASSIC LANCETS	Preferred	
ULTILET LANCETS	Preferred	
ULTILET SAFETY LANCETS	Preferred	
ULTILET SAFETY LANCETS 23G	Preferred	
ULTRA-THIN II AUTO LANCET	Preferred	
ULTRA-THIN II LANCETS	Preferred	
UNILET COMFORTOUCH LANCET	Preferred	
UNILET EXCELITE	Preferred	
UNILET EXCELITE II	Preferred	
UNILET G.P. LANCET	Preferred	
UNILET G.P. SUPERLITE LANCET	Preferred	
UNILET GP 28 ULTRA THIN	Preferred	
UNILET LANCET	Preferred	
UNILET MICRO-THIN 33G	Preferred	
UNILET SUPERLITE LANCET	Preferred	
UNILET SUPER-THIN 30G	Preferred	
UNILET ULTRA-THIN 28G	Preferred	
UNISTIK 3 GENTLE	Preferred	
UNISTIK PRO SAFETY LANCET	Preferred	
UNISTIK SAFETY LANCETS 28G	Preferred	
UNISTIK SAFETY LANCETS 30G	Preferred	
UNISTIK TOUCH SAFETY LANC 21G	Preferred	
UNISTIK TOUCH SAFETY LANC 23G	Preferred	
UNISTIK TOUCH SAFETY LANC 28G	Preferred	

Drug	Status	Notes
UNISTIK TOUCH SAFETY LANC 30G	Preferred	
UNIVERSAL 1 LANCETS THIN 26G	Preferred	
UNIVERSAL 1 LANCETS THIN 33G	Preferred	
UNIVERSAL 1 LANCETS ULTRA THIN	Preferred	
VERIFINE UNIVERSAL LANCETS 28G	Preferred	
VERIFINE UNIVERSAL LANCETS 30G	Preferred	
VERIFINE UNIVERSAL LANCETS 33G	Preferred	
VIDA MIA UNILET LANCETS 28G	Preferred	
VIDA MIA UNILET LANCETS 30G	Preferred	
VITALET PRO LANCETS	Preferred	
VITALET PRO PLUS LANCETS	Preferred	
VIVAGUARD LANCETS	Preferred	
WALGREENS LANCETS	Preferred	
WALGREENS THIN LANCETS	Preferred	
WALGREENS ULTRA THIN LANCETS	Preferred	
<i>1st Tier Unilet ComforTouch</i>	Preferred	
<i>Acti-Lance 28G</i>	Preferred	
<i>Acti-Lance Lite Lancets 28G</i>	Preferred	
<i>Acti-Lance Special Lancets 17G</i>	Preferred	
<i>Acti-Lance Universal 23G</i>	Preferred	
<i>Advanced Mobile Lancet</i>	Preferred	
<i>Aimsco Twist Lancets 32G</i>	Preferred	
<i>Assure Comfort Lancets 28G</i>	Preferred	
<i>Aurora Lancet Super Thin 30G</i>	Preferred	
<i>Aurora Lancet Thin 23G</i>	Preferred	
<i>Bullseye Mini Safety Lancets</i>	Preferred	
<i>CareOne Lancet Thin 23G</i>	Preferred	
<i>Comfort Assured Lancets 28G</i>	Preferred	
<i>Comfort Assured Lancets 33G</i>	Preferred	
<i>Comfort Lancets</i>	Preferred	
<i>CVS Lancets 21G</i>	Preferred	
<i>CVS Lancets Micro Thin 33G</i>	Preferred	
<i>CVS Lancets Original</i>	Preferred	
<i>CVS Lancets Thin 26G</i>	Preferred	
<i>CVS Lancets Ultra Thin 30G</i>	Preferred	
<i>CVS Lancets Ultra-Thin 30G</i>	Preferred	
<i>CVS Ultra Thin Lancets</i>	Preferred	
<i>Drug Mart Lancets Thin 26G</i>	Preferred	
<i>Easy Comfort Lancets</i>	Preferred	
<i>Easy Comfort Lancets Twist Top</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	

Drug	Status	Notes
<i>EQL Thin Lancets 26G</i>	Preferred	
<i>Freds Pharmacy Unilet Lanc 28G</i>	Preferred	
<i>Freds Pharmacy Unilet Lanc 30G</i>	Preferred	
<i>Global Inject Ease Lancets 28G</i>	Preferred	
<i>Global Inject Ease Lancets 30G</i>	Preferred	
<i>GNP Lancets 21G</i>	Preferred	
<i>GNP Lancets Micro Thin 33G</i>	Preferred	
<i>GNP Lancets Super Thin 30G</i>	Preferred	
<i>GNP Lancets Thin</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>Healthy Accents Unilet Lancets</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>Kroger Lancets</i>	Preferred	
<i>Kroger Lancets 21G</i>	Preferred	
<i>Kroger Lancets Micro Thin 33G</i>	Preferred	
<i>Kroger Lancets Super Thin</i>	Preferred	
<i>Kroger Lancets Thin</i>	Preferred	
<i>Kroger Lancets Thin 26G</i>	Preferred	
<i>Kroger Lancets UltraThin 30G</i>	Preferred	
<i>Lancets</i>	Preferred	
<i>Lancets 28G</i>	Preferred	
<i>Lancets 30G</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	

Drug	Status	Notes
<i>Live Better Lancet Ultra 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</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	
<i>MPD Safety Lancet 28G</i>	Preferred	
<i>MPD Safety Lancet 30G</i>	Preferred	
<i>PC Lancets Super Thin 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>Pressure Activat Safety Lancet</i>	Preferred	
<i>Pro Comfort Lancets 30G</i>	Preferred	
<i>Pro Comfort Lancets 31G</i>	Preferred	
<i>Pro Comfort Safety Lancets 30G</i>	Preferred	
<i>Pure Comfort Lancets 30G</i>	Preferred	
<i>Push Button Safety Lancets</i>	Preferred	
<i>Push Button Safety Lancets 28G</i>	Preferred	
<i>PX Lancets MicroThin 33G</i>	Preferred	
<i>PX Lancets Ultra Thin</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>Safety Lancet 21G/Pressure Act</i>	Preferred	
<i>Safety Lancet 23G/Pressure Act</i>	Preferred	
<i>Safety Lancet 28G/Pressure Act</i>	Preferred	
<i>Safety Lancet 30G/Pressure Act</i>	Preferred	
<i>Safety Lancets 28G</i>	Preferred	
<i>SAPS Health Plus Lancets</i>	Preferred	
<i>SAPS health Twist Top Lancets</i>	Preferred	
<i>SAPS Twist Top Lancets</i>	Preferred	
<i>SAPScare Twist Top Lancets</i>	Preferred	
<i>SB Lancets Thin</i>	Preferred	
<i>SB Lancets Ultra Thin</i>	Preferred	

Drug	Status	Notes
<i>Side Button Safety Lancet</i>	Preferred	
<i>SM Lancets 33G</i>	Preferred	
<i>Super Thin Lancets</i>	Preferred	
<i>Sure Comfort Lancets 18G</i>	Preferred	
<i>Sure Comfort Lancets 21G</i>	Preferred	
<i>Sure Comfort Lancets 23G</i>	Preferred	
<i>Sure Comfort Lancets 28G</i>	Preferred	
<i>Sure Comfort Lancets 30G</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>Todays Health Thin Lancets 28G</i>	Preferred	
<i>Todays Health Thin Lancets 30G</i>	Preferred	
<i>TopCare Lancets Micro-Thin 33G</i>	Preferred	
<i>Travel Lancets</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>Ultra-Care Lancets 30G</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>ValuMark Lancet Super Thin 30G</i>	Preferred	
<i>ValuMark Lancet Ultra Thin 28G</i>	Preferred	
<i>Walgreens Adv Travel Lancets</i>	Preferred	
<i>Walgreens Lancets Micro Thin</i>	Preferred	
<i>Walgreens Lancets Super Thin</i>	Preferred	
<i>ZevRx Twist Top Lancets 30G</i>	Preferred	
*Nebulizers*** - Medical Supplies And Durable Medical Equipment		
AEROECLIPSE II NEBULIZER	Preferred	
AERONEB GO COMPLETE SYSTEM	Preferred	
AERONEB GO CONVENIENCE UNIT	Preferred	
AERONEB GO HANDSET/CABLE	Preferred	
AERONEB GO NEBULIZER HANDSET	Preferred	
AIRIAL COMPACT COMPRESSOR NEB	Preferred	
AIRIAL COMPACT MINI NEBULIZER	Preferred	
AIRIAL COMPRESS PED NEBULIZER	Preferred	
AIRIAL PEDIATRIC NEBULIZER	Preferred	
AIRIAL VOYAGER NEBULIZER	Preferred	
AIRS DISPOSABLE NEBULIZER	Preferred	
CLEVER CHOICE NEBULIZER	Preferred	

Drug	Status	Notes
CLEVER CHOICE WHIS AIR PED NEB	Preferred	
CLEVER CHOICE WHISPER AIRE NEB	Preferred	
CLEVER CHOICE WHISPER AIRE PED	Preferred	
COMP AIR COMPRESSOR NEBULIZER	Preferred	
COMP AIR ELITE COMPACT NEB	Preferred	
COMP A-I-R NEBULIZER	Preferred	
COMP-AIR ELITE COMPACT NEB	Preferred	
COMPAIR NEBULIZER	Preferred	
COMPAIR XL NEBULIZER	Preferred	
COMPAIR XLT NEBULIZER	Preferred	
COMPMIST COMPRESSOR NEBULIZER	Preferred	
EFLOW SCF ELECTRONIC NEBULIZER	Preferred	
EFLOW SCF NEBULIZER HANDSET	Preferred	
ELITE NEBULIZER SYSTEM	Preferred	
FLYP NEBULIZER	Preferred	
HOMENEB WITH SIDESTREAM	Preferred	
INNOSPIRE DELUXE NEBULIZER	Preferred	
INNOSPIRE ELEGANCE NEBULIZER	Preferred	
INNOSPIRE ESSENCE NEBULIZER	Preferred	
INNOSPIRE GO PORTABLE MESH NEB	Preferred	
INNOSPIRE MINI COMPRESSOR NEB	Preferred	
INSPIRATION ELITE COMPRESS/NEB	Preferred	
INSPIRATION ELITE NEBULIZER	Preferred	
INSPIRATION NEBULIZER SYSTEM	Preferred	
LUMINEB II PISTON NEBULIZER	Preferred	
MABIS COMPXP NEBULIZER	Preferred	
MABIS COSMOCOMP NEBULIZER	Preferred	
MARGO MOO COMPRESSOR NEBULIZER	Preferred	
MICRO AIR NEBULIZER	Preferred	
MICRO PLUS NEBULIZER	Preferred	
MICROAIR VIBRATING MESH NEBUL	Preferred	
MICROELITE COMPRESSOR NEB SYS	Preferred	
MICRONEB	Preferred	
MINI COMPRESSOR	Preferred	
MINI PLUS NEBULIZER	Preferred	
MINIBREEZE ULTRASONIC NEBULIZE	Preferred	
MINIELITE COMPRESSOR NEB SYS	Preferred	
MISTERNEB COMPRESSOR NEBULIZER	Preferred	
MY MDI PORTABLE NEBULISER	Preferred	
OPTIONHOME NEBULIZER SYSTEM	Preferred	
PARI ALTERA NEBULIZER SYSTEM	Preferred	
PARI BABY DEVICE	Preferred	
PARI BABY NEBULIZER SET	Preferred	

Drug	Status	Notes
PARI BABY SIZE 1/PARI LC PLUS DEVICE	Preferred	
PARI ERAPID NEBULIZER SYSTEM	Preferred	
PARI LC D NEBULIZER	Preferred	
PARI LC PLUS	Preferred	
PARI LC PLUS NEB SET PED MASK	Preferred	
PARI LC PLUS NEBULIZER	Preferred	
PARI LC PLUS VIOS PRO NEB	Preferred	
PARI LC SPRINT NEBULIZER SET	Preferred	
PARI LC STAR	Preferred	
PARI LC STAR NEBULIZER	Preferred	
PARI PRONEB MAX LC PLUS	Preferred	
PARI PRONEB MAX LC SPRINT	Preferred	
PARI PRONEB ULTRA II	Preferred	
PARI SINUS AEROSOL SYSTEM	Preferred	
PARI TREK S W/12V DC ADAPTOR DEVICE	Preferred	
PARI VIOS PRO LC PLUS SYSTEM	Preferred	
PARI VIOS PRO LC SPRINT SYSTEM	Preferred	
PHILLIPS WILLIS THE WHALE NEB	Preferred	
PROCARE COMPRESSOR NEBULIZER	Preferred	
PRODIGY MINI-MIST NEBULIZIER	Preferred	
PRONEB ULTRA II DELUXE/LC STAR	Preferred	
PRONEB ULTRA II DELUXE/LCD DEVICE	Preferred	
PRONEB ULTRA II DELX/LC SPRINT DEVICE	Preferred	
PRONEB ULTRA II PEDIATRIC DEVICE	Preferred	
PRONEB ULTRA II/LC PLUS DEVICE	Preferred	
PRONEB ULTRA II/LC SPRINT	Preferred	
PULMONEB LT	Preferred	
SIDESTREAM NEBULIZER-DISP	Preferred	
SIDESTREAM NEBULIZER-REUSABLE	Preferred	
SIDESTREAM PLUS NEBULIZER	Preferred	
VERSA-NEB COMPRESSOR/NEBULIZER	Preferred	
VIOS AEROSOL DELIVERY SYSTEM	Preferred	
VIOS LC PLUS	Preferred	
VIOS LC PLUS DELUXE	Preferred	
VIOS LC PLUS PEDIATRIC	Preferred	
VIOS LC SPRINT	Preferred	
VIOS LC SPRINT DELUXE	Preferred	
VIOS LC SPRINT PEDIATRIC	Preferred	
<i>Aeriva Concentrator Nebulizer</i>	Preferred	
<i>All-In-One Nebulizer System</i>	Preferred	
<i>Aura Portaneb</i>	Preferred	
<i>Bentley the Bear Ped Nebulizer</i>	Preferred	
<i>Captain Eagle Ped Nebulizer</i>	Preferred	

Drug	Status	Notes
<i>Compressor Nebulizer</i>	Preferred	
<i>Compressor/Nebulizer</i>	Preferred	
<i>Easy Air Compressor Nebulizer</i>	Preferred	
<i>Easy Neb</i>	Preferred	
<i>Elite Compressor Nebulizer</i>	Preferred	
<i>MEDNEB Nebuliz-Reuse-Disp Kit</i>	Preferred	
<i>MEDNEB Nebuliz-Reuse-Disp-Bag</i>	Preferred	
<i>MEDNEB Neb-with Dispo Neb Kit</i>	Preferred	
<i>Neb-Rite4</i>	Preferred	
<i>Nebulizer</i>	Preferred	
<i>Nebulizer Ped Frog</i>	Preferred	
<i>Nebulizer Ped Frog Kit</i>	Preferred	
<i>Nebulizer System All-In-One</i>	Preferred	
<i>Pediatric Compressor Nebulizer</i>	Preferred	
<i>Portable Compressor Nebulizer</i>	Preferred	
<i>Pure Air Mini Nebulizer</i>	Preferred	
<i>Smart Neb Compressor Nebulizer</i>	Preferred	
<i>Soothe Neb Mesh Nebulizer</i>	Preferred	
<i>SootheNeb Compressor Nebulizer</i>	Preferred	
<i>Sparky the Dog Ped Nebulizer</i>	Preferred	
<i>Ultrasonic Mini Nebulizer</i>	Preferred	
*Needles & Syringes*** - Medical Supplies And Durable Medical Equipment		
BD BLUNT FILL NEEDLE 18G X 1-1/2"	Preferred	
BD BLUNT FILTER NEEDLE 18G X 1-1/2"	Preferred	
BD DISP NEEDLES 18G X 1-1/2"	Preferred	
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2"	Preferred	
BD ECLIPSE SYRINGE 25G X 1" 3 ML	Preferred	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML	Preferred	
BD HYPODERMIC NEEDLE 18G X 1-1/2"	Preferred	
BD INSULIN SYRINGE U-100 1 ML	Preferred	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Preferred	QL (5 EA per 1 day)
BD INTEGRA SYRINGE 25G X 1" 3 ML	Preferred	
BD LUER-LOK SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML	Preferred	
BD NOKOR ADMIX NEEDLE 18G X 1-1/2"	Preferred	
BD PLASTIPAK SYRINGE 3 ML	Preferred	
BD SAFETYGLIDE NEEDLE 18G X 1-1/2"	Preferred	
BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML	Preferred	
BD SYRINGE LUER-LOK 3 ML	Preferred	
BD SYRINGE SLIP TIP 3 ML	Preferred	
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 3 ML	Preferred	

Drug	Status	Notes
CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML, 25G X 1" 3 ML	Preferred	
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2"	Preferred	
CARETOUCH LUER LOCK 3 ML	Preferred	
CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1" 3 ML, 25G X 1" 3 ML	Preferred	
CARETOUCH LUER SLIP 3 ML	Preferred	
EASY GLIDE LUER LOCK SYRINGE 3 ML	Preferred	
EASY TOUCH FLIPLOCK NEEDLES 18G X 1-1/2"	Preferred	
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1" 3 ML, 25G X 1" 3 ML	Preferred	
EASY TOUCH HYPODERMIC NEEDLE 18G X 1-1/2"	Preferred	
EASY TOUCH SAFETY SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML	Preferred	
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML	Preferred	
EASYPOINT NEEDLE 18G X 1-1/2"	Preferred	
EASYPOINT NEEDLE/SYRINGE 25G X 1" 3 ML	Preferred	
LUER LOCK SAFETY SYRINGES 22G X 1" 3 ML, 25G X 1" 3 ML, 3 ML	Preferred	
MONOJECT BLUNTIP SYR/CANNULA 3 ML	Preferred	
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2"	Preferred	
MONOJECT INSULIN SYRINGE U-100 1 ML	Preferred	
MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2"	Preferred	
MONOJECT MAGELLAN SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML	Preferred	
MONOJECT PHARMACY TRAY 3 ML	Preferred	
MONOJECT SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML, 3 ML	Preferred	
MONOJECT SYRINGE REG LUER 3 ML	Preferred	
MONOJECT SYRINGE REGULAR TIP 3 ML	Preferred	
NOKOR VENTED NEEDLE 18G X 1-1/2"	Preferred	
PATIENT SAFE SYRINGE 3 ML	Preferred	
SAFESNAP SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML, 3 ML	Preferred	
SAFETY-LOK SYRINGE 22G X 1" 3 ML, 3 ML	Preferred	
SECURESAFE HYPODERMIC NEEDLE 18G X 1-1/2"	Preferred	
SECURESAFE SYRINGE/NEEDLE 22G X 1" 3 ML	Preferred	
TECHLITE PEN NEEDLES 29G X 10MM	Preferred	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 29G X 12MM	Preferred	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 5 MM	Preferred	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 6 MM	Preferred	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 8 MM	Preferred	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 6 MM	Preferred	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 8 MM	Preferred	QL (200 EA per 25 days)

Drug	Status	Notes
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	Preferred	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Preferred	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	Preferred	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	Preferred	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	Preferred	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	Preferred	QL (200 EA per 25 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Preferred	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	Preferred	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	Preferred	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	Preferred	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	Preferred	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	Preferred	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	Preferred	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	Preferred	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	Preferred	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	Preferred	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	Preferred	QL (5 EA per 1 day)
VANISHPOINT SAFETY SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML	Preferred	
VANISHPOINT SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML	Preferred	
<i>Carepoint Poly Hub Needle 18G X 1-1/2"</i>	Preferred	
<i>Carepoint Syringe Luer Lock 3 ML</i>	Preferred	
<i>Hypodermic Needle 18G X 1-1/2"</i>	Preferred	
<i>Kmart Valu Insulin Syringe 29G U-100 1 ML</i>	Preferred	
<i>Kmart Valu Insulin Syringe 30G U-100 1 ML</i>	Preferred	
<i>Poly Hub Needle 18G X 1-1/2"</i>	Preferred	
<i>Safety Syringe/Needle 22G X 1" 3 ML</i>	Preferred	
<i>Syringe 22G X 1" 3 ML, 25G X 1" 3 ML</i>	Preferred	
<i>Syringe 2-3 ML 3 ML</i>	Preferred	
<i>Syringe Luer Lock 22G X 1" 3 ML, 25G X 1" 3 ML, 3 ML</i>	Preferred	
<i>Syringe Luer Slip 3 ML</i>	Preferred	
<i>Syringe/Cannula 3 ML</i>	Preferred	
<i>TechLITE Insulin Syringe 29G X 1/2" 0.3 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 29G X 1/2" 0.5 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 29G X 1/2" 1 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 30G X 1/2" 0.3 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 30G X 1/2" 0.5 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 30G X 1/2" 1 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 30G X 5/16" 0.3 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 30G X 5/16" 0.5 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 30G X 5/16" 1 ML</i>	Preferred	QL (5 EA per 1 day)

Drug	Status	Notes
<i>TechLITE Insulin Syringe 31G X 15/64" 0.3 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 31G X 15/64" 0.5 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 31G X 15/64" 1 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 31G X 5/16" 0.3 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 31G X 5/16" 0.5 ML</i>	Preferred	QL (5 EA per 1 day)
<i>TechLITE Insulin Syringe 31G X 5/16" 1 ML</i>	Preferred	QL (5 EA per 1 day)
*Peak Flow Meters*** - Medical Supplies And Durable Medical Equipment		
AIRZONE PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 365 days)
ASSESS FULL RANGE PEAK METER DEVICE	Preferred	QL (1 EA per 365 days)
ASSESS LOW RANGE PEAK METER DEVICE	Preferred	QL (1 EA per 365 days)
ASSESS PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 365 days)
ASTHMA CHECK METER-ZONE SYSTEM DEVICE	Preferred	QL (1 EA per 365 days)
ASTHMAMENTOR DEVICE	Preferred	QL (1 EA per 365 days)
CLEVER CHOICE PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 365 days)
MICROLIFE DIGITAL PEAK FLOW DEVICE	Preferred	QL (1 EA per 365 days)
MINI WRIGHT PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 365 days)
PEAK AIR PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 365 days)
PERSONAL BEST FULL RANGE DEVICE	Preferred	QL (1 EA per 365 days)
PERSONAL BEST LOW RANGE DEVICE	Preferred	QL (1 EA per 365 days)
PIKO 1 DEVICE	Preferred	QL (1 EA per 365 days)
POCKET PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 365 days)
POCKETPEAK PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 365 days)
<i>Breathe Ease Peak Flow Meter Device</i>	Preferred	QL (1 EA per 365 days)
<i>Lung Perform Peak Flow Meter Device</i>	Preferred	QL (1 EA per 365 days)
<i>Peak A-I-R Flow Meter Device</i>	Preferred	QL (1 EA per 365 days)
<i>Peak Flow Meter Universal Rang Device</i>	Preferred	QL (1 EA per 365 days)
<i>Pure Comfort Flow Meter Adult Device</i>	Preferred	QL (1 EA per 365 days)
<i>Pure Comfort Flow Meter Child Device</i>	Preferred	QL (1 EA per 365 days)
*Spacer/Aerosol-Holding Chambers & Supplies*** - Medical Supplies And Durable Medical Equipment		
AEROCHAMBER MINI CHAMBER DEVICE	Preferred	QL (2 EA per 365 days)
AEROCHAMBER MV	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	Preferred	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW VU	Preferred	QL (2 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR	Preferred	QL (2 EA per 365 days)

Drug	Status	Notes
AEROCHAMBER Z-STAT PLUS/LARGE	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM	Preferred	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL	Preferred	QL (2 EA per 365 days)
AEROVENT PLUS DEVICE	Preferred	QL (2 EA per 365 days)
AIRIAL CHAMBER DEVICE	Preferred	QL (2 EA per 365 days)
BREATHERITE	Preferred	QL (2 EA per 365 days)
BREATHERITE COLL SPACER ADULT	Preferred	QL (2 EA per 365 days)
BREATHERITE COLL SPACER CHILD	Preferred	QL (2 EA per 365 days)
BREATHERITE COLL SPACER INFANT	Preferred	QL (2 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	Preferred	QL (2 EA per 365 days)
BREATHERITE SPACER NEONATE	Preferred	QL (2 EA per 365 days)
BREATHERITE SPACER SMALL CHILD	Preferred	QL (2 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER DEVICE	Preferred	QL (2 EA per 365 days)
BREATHERITE/LARGE MASK	Preferred	QL (2 EA per 365 days)
BREATHERITE/MEDIUM MASK	Preferred	QL (2 EA per 365 days)
BREATHERITE/SMALL MASK	Preferred	QL (2 EA per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER DEVICE	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE	Preferred	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE	Preferred	QL (2 EA per 365 days)
EASIVENT	Preferred	QL (2 EA per 365 days)
EASIVENT MASK LARGE	Preferred	QL (2 EA per 365 days)
EASIVENT MASK MEDIUM	Preferred	QL (2 EA per 365 days)
EASIVENT MASK SMALL	Preferred	QL (2 EA per 365 days)
FLEXICHAMBER ADULT MASK/SMALL	Preferred	QL (1 EA per 365 days)
FLEXICHAMBER CHILD MASK/LARGE	Preferred	QL (1 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL	Preferred	QL (1 EA per 365 days)
FLEXICHAMBER DEVICE	Preferred	QL (2 EA per 365 days)
INSPIRACHAMBER/LARGE DEVICE	Preferred	QL (2 EA per 365 days)
INSPIRACHAMBER/MEDIUM DEVICE	Preferred	QL (2 EA per 365 days)
INSPIRACHAMBER/MOUTHPIECE DEVICE	Preferred	QL (2 EA per 365 days)
INSPIRACHAMBER/SMALL DEVICE	Preferred	QL (2 EA per 365 days)
INSPIREASE	Preferred	QL (2 EA per 365 days)
LITEAIRE DEVICE	Preferred	QL (2 EA per 365 days)
MASK VORTEX	Preferred	QL (1 EA per 365 days)
MASK VORTEX/CHILD/FROG	Preferred	QL (1 EA per 365 days)
MASK VORTEX/TODDLER/LADYBUG	Preferred	QL (1 EA per 365 days)
MICROCHAMBER	Preferred	QL (2 EA per 365 days)
MICROCHAMBER DEVICE	Preferred	QL (2 EA per 365 days)
MICROSPACER	Preferred	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-LG MASK	Preferred	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	Preferred	QL (2 EA per 365 days)

Drug	Status	Notes
OPTICHAMBER ADVANTAGE-SM MASK	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK	Preferred	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK	Preferred	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-LARGE	Preferred	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	Preferred	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	Preferred	QL (2 EA per 365 days)
OPTIHALER	Preferred	QL (2 EA per 365 days)
OPTIHALER DEVICE	Preferred	QL (2 EA per 365 days)
PANDA MASK LARGE	Preferred	QL (1 EA per 365 days)
PANDA MASK MEDIUM	Preferred	QL (1 EA per 365 days)
PANDA MASK SMALL	Preferred	QL (1 EA per 365 days)
PARI VORTEX ADULT MASK	Preferred	QL (1 EA per 365 days)
PEDIATRIC PANDA MASK	Preferred	QL (1 EA per 365 days)
POCKET CHAMBER DEVICE	Preferred	QL (2 EA per 365 days)
POCKET SPACER DEVICE	Preferred	QL (2 EA per 365 days)
PRIMEAIRE HOLDING CHAMBER DEVICE	Preferred	QL (2 EA per 365 days)
RITEFLO DEVICE	Preferred	QL (2 EA per 365 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	Preferred	QL (2 EA per 365 days)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	Preferred	QL (2 EA per 365 days)
VORTEX HOLDING CHAMBER/MASK DEVICE	Preferred	QL (2 EA per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE	Preferred	QL (2 EA per 365 days)
WATCHHALER DEVICE	Preferred	QL (2 EA per 365 days)
<i>Breathe Comfort Chamber/Adult Device</i>	Preferred	QL (2 EA per 365 days)
<i>Breathe Comfort Chamber/Child Device</i>	Preferred	QL (2 EA per 365 days)
<i>Breathe Ease Large Device</i>	Preferred	QL (2 EA per 365 days)
<i>Breathe Ease Medium Device</i>	Preferred	QL (2 EA per 365 days)
<i>Breathe Ease Small Device</i>	Preferred	QL (2 EA per 365 days)
<i>EQ Space Chamber Anti-Static Device</i>	Preferred	QL (2 EA per 365 days)
<i>EQ Space Chamber Anti-Static L Device</i>	Preferred	QL (2 EA per 365 days)
<i>EQ Space Chamber Anti-Static M Device</i>	Preferred	QL (2 EA per 365 days)
<i>EQ Space Chamber Anti-Static S Device</i>	Preferred	QL (2 EA per 365 days)
<i>Pro Comfort Spacer Adult</i>	Preferred	QL (2 EA per 365 days)
<i>Pro Comfort Spacer Child</i>	Preferred	QL (2 EA per 365 days)
<i>Pro Comfort Spacer Infant Device</i>	Preferred	QL (2 EA per 365 days)
<i>Procure Spacer/Adult Mask Device</i>	Preferred	QL (2 EA per 365 days)
<i>Procure Spacer/Child Mask Device</i>	Preferred	QL (2 EA per 365 days)
<i>ProChamber VHC Device</i>	Preferred	QL (2 EA per 365 days)
<i>Pure Comfort Spacer Chamber Device</i>	Preferred	QL (2 EA per 365 days)
<i>Valved Holding Chamber Device</i>	Preferred	QL (2 EA per 365 days)

Drug	Status	Notes
Migraine Products - Drugs For The Nervous System		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*** - Drugs For Migraine Headaches		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Preferred	PA; QL (18 EA per 25 days); AGE (Min 18 Years)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	Non-Preferred	PA; QL (8 EA per 25 days); AGE (Min 18 Years)
*Cgrp Receptor Antagonists - Monoclonal Antibodies*** - Drugs For Migraine Headaches		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Non-Preferred	PA; QL (1 ML per 24 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	Non-Preferred	PA; QL (2 ML per 24 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Preferred	PA; QL (4.5 ML per 71 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Preferred	PA; QL (4.5 ML per 71 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA; QL (3 ML per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Preferred	PA; QL (1 ML per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Preferred	PA; QL (1 ML per 25 days)
*Ergot Combinations*** - Drugs For Migraine Headaches		
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Non-Preferred	PA
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors*** - Drugs For Migraine Headaches		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Non-Preferred	PA; QL (4.8 ML per 1 day); AGE (Min 18 Years)
*Migraine Products - Nsaids*** - Drugs For Migraine Headaches		
<i>Diclofenac Potassium(Migraine) Oral Packet 50 MG</i>	Non-Preferred	PA
*Migraine Products*** - Drugs For Migraine Headaches		
MIGRANAL NASAL SOLUTION 4 MG/ML	Non-Preferred	PA
<i>Dihydroergotamine Mesylate Nasal Solution 4 MG/ML</i>	Non-Preferred	PA
*Selective Serotonin Agonist-Nsaid Combinations*** - Drugs For Migraine Headaches		
<i>Sumatriptan-Naproxen Sodium Oral Tablet 85-500 MG</i>	Non-Preferred	PA; QL (18 EA per 24 days)
*Selective Serotonin Agonists 5-Ht(1)*** - Drugs For Migraine Headaches		
FROVA ORAL TABLET 2.5 MG	Non-Preferred	PA; QL (18 EA per 24 days)

Drug	Status	Notes
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	Preferred	QL (3 EA per 24 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Preferred	PA; QL (18 EA per 24 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML	Non-Preferred	PA; QL (9 ML per 24 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML	Non-Preferred	PA; QL (9 ML per 24 days)
MAXALT ORAL TABLET 10 MG	Non-Preferred	PA; QL (18 EA per 24 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	Non-Preferred	PA; QL (18 EA per 24 days)
RELPAX ORAL TABLET 20 MG, 40 MG	Non-Preferred	PA; QL (18 EA per 24 days)
TOSYMRA NASAL SOLUTION 10 MG/ACT	Non-Preferred	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML	Non-Preferred	PA
ZOMIG NASAL SOLUTION 5 MG	Non-Preferred	PA; QL (18 EA per 24 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Non-Preferred	PA; QL (18 EA per 24 days)
<i>Almotriptan Malate Oral Tablet 12.5 MG, 6.25 MG</i>	Non-Preferred	PA; QL (18 EA per 24 days)
<i>Eletriptan Hydrobromide Oral Tablet 20 MG, 40 MG</i>	Non-Preferred	PA; QL (18 EA per 24 days)
<i>Frovatriptan Succinate Oral Tablet 2.5 MG</i>	Non-Preferred	PA; QL (18 EA per 24 days)
<i>Naratriptan HCl Oral Tablet 1 MG, 2.5 MG</i>	Non-Preferred	PA; QL (18 EA per 24 days)
<i>Rizatriptan Benzoate Oral Tablet 10 MG, 5 MG</i>	Preferred	QL (18 EA per 24 days)
<i>Rizatriptan Benzoate Oral Tablet Dispersible 10 MG, 5 MG</i>	Preferred	QL (18 EA per 24 days)
<i>SUMatriptan Nasal Solution 20 MG/ACT, 5 MG/ACT</i>	Preferred	QL (3 EA per 24 days)
<i>SUMatriptan Succinate Oral Tablet 100 MG, 25 MG, 50 MG</i>	Preferred	QL (18 EA per 24 days)
<i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML, 6 MG/0.5ML</i>	Preferred	QL (9 ML per 24 days)
<i>SUMatriptan Succinate Subcutaneous Solution 6 MG/0.5ML</i>	Preferred	QL (9 ML per 24 days)
<i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML, 6 MG/0.5ML</i>	Preferred	QL (9 ML per 24 days)
<i>ZOLmitriptan Nasal Solution 5 MG</i>	Non-Preferred	PA; QL (18 EA per 24 days)
<i>ZOLmitriptan Oral Tablet 2.5 MG, 5 MG</i>	Non-Preferred	PA; QL (18 EA per 24 days)
<i>ZOLmitriptan Oral Tablet Dispersible 2.5 MG, 5 MG</i>	Non-Preferred	PA; QL (18 EA per 24 days)
*Selective Serotonin Agonists 5-Ht(1F)*** - Drugs For Migraine Headaches		
REYVOW ORAL TABLET 100 MG	Non-Preferred	PA; QL (8 EA per 24 days); AGE (Min 18 Years)
REYVOW ORAL TABLET 50 MG	Non-Preferred	PA; QL (4 EA per 24 days); AGE (Min 18 Years)
Minerals & Electrolytes - Drugs For Nutrition		
*Calcium Combinations*** - Drugs For Nutrition		
CALCITRATE ORAL TABLET 315-6.25 MG-MCG	Preferred	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	Preferred	

Drug	Status	Notes
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG	Preferred	
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	Preferred	
OYSTERCAL-D ORAL TABLET 500-10 MG-MCG	Preferred	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG	Preferred	
RA HI CAL ORAL TABLET 500-5 MG-MCG	Preferred	
600+D3 Oral Tablet 600-20 MG-MCG	Preferred	
Calcitrate Plus D Oral Tablet 315-5 MG-MCG	Preferred	
Calcium + D Oral Tablet 315-5 MG-MCG	Preferred	
Calcium + Vitamin D3 Oral Tablet 500-5 MG-MCG, 600-10 MG-MCG, 600-5 MG-MCG	Preferred	
Calcium + Vitamin D3 Oral Tablet Chewable 500-10 MG-MCG	Preferred	
Calcium 500 + D Oral Tablet 500-3.125 MG-MCG, 500-5 MG-MCG	Preferred	
Calcium 500 + D3 Oral Tablet 500-5 MG-MCG	Preferred	
Calcium 500 +D Oral Tablet 500-10 MG-MCG	Preferred	
Calcium 500/D Oral Tablet 500-5 MG-MCG	Preferred	
Calcium 500/Vitamin D Oral Tablet 500-3.125 MG-MCG	Preferred	
Calcium 500+D High Potency Oral Tablet 500-10 MG-MCG	Preferred	
Calcium 500+D Oral Tablet 500-10 MG-MCG, 500-5 MG-MCG	Preferred	
Calcium 500+D3 Oral Tablet 500-10 MG-MCG, 500-5 MG-MCG	Preferred	
Calcium 600 + D Oral Tablet 600-5 MG-MCG	Preferred	
Calcium 600/Vitamin D Oral Tablet 600-10 MG-MCG	Preferred	
Calcium 600/Vitamin D Oral Tablet Chewable 600-10 MG-MCG	Preferred	
Calcium 600/Vitamin D3 Oral Tablet 600-20 MG-MCG	Preferred	
Calcium 600+D High Potency Oral Tablet 600-10 MG-MCG	Preferred	
Calcium 600+D Oral Tablet 600-10 MG-MCG, 600-20 MG-MCG, 600-5 MG-MCG	Preferred	
Calcium 600+D Plus Minerals Oral Tablet Chewable 600-400 MG-UNIT	Preferred	
Calcium 600+D3 Oral Tablet 600-10 MG-MCG, 600-20 MG-MCG, 600-5 MG-MCG	Preferred	
Calcium 600-D Oral Tablet 600-10 MG-MCG	Preferred	
Calcium Carb-Cholecalciferol Oral Tablet 250-3.125 MG-MCG, 500-10 MG-MCG, 500-3.125 MG-MCG, 500-5 MG-MCG, 600-10 MG-MCG, 600-20 MG-MCG, 600-5 MG-MCG	Preferred	
Calcium Carbonate-Vitamin D Oral Capsule 600-5 MG-MCG	Preferred	

Drug	Status	Notes
<i>Calcium Carbonate-Vitamin D Oral Tablet 500-3.125 MG-MCG, 500-5 MG-MCG, 600-3.125 MG-MCG, 600-5 MG-MCG</i>	Preferred	
<i>Calcium Citrate + D Oral Tablet 315-5 MG-MCG, 315-6.25 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 +D Oral Tablet 315-6.25 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 315-5 MG-MCG, 315-6.25 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 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 Oral Tablet Chewable 600-10 MG-MCG</i>	Preferred	
<i>Calcium Plus Vitamin D Oral Tablet 500-5 MG-MCG</i>	Preferred	
<i>Calcium Plus Vitamin D3 Oral Tablet 600-20 MG-MCG</i>	Preferred	
<i>Calcium+D3 Oral Tablet 500-10 MG-MCG, 600-20 MG-MCG</i>	Preferred	
<i>Calcium-Magnesium-Zinc Oral Tablet 333-133-5 MG, 333.33-133.33-5 MG</i>	Preferred	
<i>Calcium-Vitamin D3 Oral Tablet 250-3.125 MG-MCG, 600-3.125 MG-MCG</i>	Preferred	
<i>Calcium-Vitamin D-Minerals Oral Tablet Chewable 600-400 MG-UNIT</i>	Preferred	
<i>Citrus Calcium/Vitamin D Oral Tablet 200-6.25 MG-MCG</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 Oral Tablet 600-20 MG-MCG</i>	Preferred	
<i>CVS Calcium Citrate +D Oral Tablet 315-6.25 MG-MCG</i>	Preferred	
<i>CVS Calcium Citrate +D3 Mini Oral Tablet 200-6.25 MG-MCG</i>	Preferred	
<i>CVS Calcium Citrate+D3 Oral Tablet 315-6.25 MG-MCG</i>	Preferred	
<i>CVS Calcium Citrate+D3 Petites Oral Tablet 200-6.25 MG-MCG</i>	Preferred	

Drug	Status	Notes
<i>CVS Calcium-Magnesium-Zinc Oral Tablet 333-133-5 MG</i>	Preferred	
<i>CVS Oyster Shell Calcium+Vit D Oral Tablet 500-3.125 MG-MCG</i>	Preferred	
<i>CVS Oyster Shell Calcium-Vit D Oral Tablet 500-3.125 MG-MCG</i>	Preferred	
<i>EQ Calcium 500+D Oral Tablet 500-5 MG-MCG</i>	Preferred	
<i>EQ Calcium 600+D Oral Tablet 600-20 MG-MCG</i>	Preferred	
<i>EQ Calcium Citrate+D Oral Tablet 315-6.25 MG-MCG</i>	Preferred	
<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/Vitamin D Oral Tablet 600-10 MG-MCG</i>	Preferred	
<i>EQL Calcium/Vitamin D3 Oral Tablet 600-20 MG-MCG</i>	Preferred	
<i>GNP Calcium 600 +D3 Oral Tablet 600-20 MG-MCG</i>	Preferred	
<i>GNP Calcium Citrate +D3 Oral Tablet 315-6.25 MG-MCG</i>	Preferred	
<i>HM Calcium 600 & Vitamin D3 Oral Tablet 600-20 MG-MCG</i>	Preferred	
<i>HM Calcium Citrate+D3 Petite Oral Tablet 200-6.25 MG-MCG</i>	Preferred	
<i>HM Calcium Citrate+Vitamin D Oral Tablet 315-6.25 MG-MCG</i>	Preferred	
<i>HM Calcium Magnesium & Zinc Oral Tablet 333-133-5 MG</i>	Preferred	
<i>HM Calcium-Vitamin D Oral Tablet 500-5 MG-MCG, 600-10 MG-MCG, 600-20 MG-MCG</i>	Preferred	
<i>KP Calcium 600+D Oral Tablet 600-10 MG-MCG, 600-20 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/Vitamin D Oral Capsule 600-5 MG-MCG</i>	Preferred	
<i>Nat-Rul Oyster Calcium+Vit D Oral Tablet 500-3.125 MG-MCG</i>	Preferred	
<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	

Drug	Status	Notes
<i>Oyster Shell Calcium 250+D Oral Tablet 250-3.125 MG-MCG</i>	Preferred	
<i>Oyster Shell Calcium 500+D Oral Tablet Chewable 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 500-3.125 MG-MCG, 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	
<i>Oyster Shell Calcium/Vitamin D Oral Tablet 250-3.125 MG-MCG, 500-5 MG-MCG</i>	Preferred	
<i>PX Calcium&D Oral Tablet 600-10 MG-MCG</i>	Preferred	
<i>RA Calcium 600/Vit DIMinerals 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>Risacal-D Oral Tablet 105-81-120 MG-MG-UNIT</i>	Preferred	
<i>SB Calcium + D Oral Tablet 600-5 MG-MCG</i>	Preferred	
<i>SM Calcium 500/Vitamin D3 Oral Tablet 500-10 MG-MCG</i>	Preferred	
<i>SM Calcium 600/Vitamin D Oral Tablet 600-10 MG-MCG</i>	Preferred	
<i>SM Calcium 600+D3 Oral Tablet 600-20 MG-MCG</i>	Preferred	
<i>SM Calcium 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	

Drug	Status	Notes
<i>SM Calcium/Vitamin D Oral Tablet 500-5 MG-MCG, 600-20 MG-MCG</i>	Preferred	
<i>SM Calcium-Magnesium-Zinc Oral Tablet 333-133-5 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 Calcium 600 + D 400 Oral Tablet 600-10 MG-MCG</i>	Preferred	
<i>Super Calcium 600 + D3 Oral Tablet 600-10 MG-MCG</i>	Preferred	
<i>TGT Calcium + Vitamin D3 Oral Tablet 600-20 MG-MCG</i>	Preferred	
<i>TGT Calcium Dietary Supplement Oral Tablet Chewable 600-10 MG-MCG</i>	Preferred	
*Calcium*** - Drugs For Nutrition		
<i>CALCITRATE ORAL TABLET 950 (200 CA) MG</i>	Preferred	
<i>CALTRATE 600 ORAL TABLET 1500 (600 CA) MG</i>	Preferred	
<i>HIGH POTENCY CALCIUM ORAL TABLET 600 MG</i>	Preferred	
<i>OYSCO 500 ORAL TABLET 500 MG</i>	Preferred	
<i>OYSTERCAL ORAL TABLET 500 MG</i>	Preferred	
<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 Tablet 1250 (500 Ca) MG, 1500 (600 Ca) MG, 600 MG</i>	Preferred	
<i>Calcium Citrate Oral Tablet 950 (200 Ca) MG</i>	Preferred	
<i>Calcium High Potency Oral Tablet 1500 (600 Ca) MG</i>	Preferred	
<i>Calcium Oyster Shell Oral Tablet 1250 (500 Ca) MG, 500 MG</i>	Preferred	
<i>CVS Calcium Carbonate Oral Tablet 1250 (500 Ca) MG</i>	Preferred	
<i>GNP Calcium Oral Tablet 1500 (600 Ca) MG</i>	Preferred	
<i>HM Calcium Oral Tablet 1500 (600 Ca) MG</i>	Preferred	
<i>Oyster Calcium Oral Tablet 500 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>RA Oyster Shell Calcium Oral Tablet 500 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	

Drug	Status	Notes
*Electrolytes Oral*** - Drugs For Nutrition		
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION	Preferred	
CERALYTE 70 ORAL SOLUTION	Preferred	
ORALYTE FREEZER POPS ORAL SOLUTION	Preferred	
ORALYTE ORAL SOLUTION	Preferred	
PEDIA VANCE ORAL SOLUTION	Preferred	
REHYDRALYTE ORAL SOLUTION	Preferred	
<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>HM Pediatric 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	
*Fluoride*** - Drugs For Nutrition		
LUDENT ORAL TABLET CHEWABLE 1.1 (0.5 F) MG, 2.2 (1 F) MG	Preferred	QL (1 EA per 1 day)
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	Preferred	QL (1 EA per 1 day)
<i>Sodium Fluoride Oral Solution 0.5 MG/ML</i>	Preferred	
<i>Sodium Fluoride Oral Solution 1.1 (0.5 F) MG/ML</i>	Preferred	QL (50 ML per 1 day)
<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)
*Magnesium*** - Drugs For Nutrition		
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG	Preferred	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	Preferred	
<i>CVS Magnesium Oral Tablet 250 MG, 500 MG</i>	Preferred	
<i>CVS Magnesium Oxide Oral Tablet 250 MG, 500 MG</i>	Preferred	
<i>Magnesium Chloride Oral Tablet Delayed Release 64 MG</i>	Preferred	
<i>Magnesium Gluconate Oral Tablet 27.5 MG, 500 (27 Mg) MG</i>	Preferred	
<i>Magnesium Oral Capsule 500 MG</i>	Preferred	
<i>Magnesium Oral Tablet 250 MG, 400 MG</i>	Preferred	

Drug	Status	Notes
<i>Magnesium Oxide -Mg Supplement Oral Capsule 500 MG</i>	Preferred	
<i>Magnesium Oxide -Mg Supplement Oral Tablet 250 MG, 400 (240 Mg) MG, 500 MG</i>	Preferred	
<i>MgO Oral Tablet 400 (240 Mg) MG</i>	Preferred	
<i>Natrul Magnesium Oral Tablet 250 MG</i>	Preferred	
<i>RA Magnesium Oral Capsule 500 MG</i>	Preferred	
<i>RA Natural Magnesium Oral Tablet 250 MG</i>	Preferred	
<i>SM Magnesium Oral Tablet 250 MG</i>	Preferred	
<i>SM Magnesium Oxide Oral Tablet 250 MG</i>	Preferred	
*Phosphate*** - Drugs For Nutrition		
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Preferred	QL (4 EA per 1 day)
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Preferred	QL (4 EA per 1 day)
<i>Av-Phos 250 Neutral Oral Tablet 155-852-130 MG</i>	Preferred	QL (4 EA per 1 day)
<i>Phosphorous Oral Tablet 155-852-130 MG</i>	Preferred	QL (4 EA per 1 day)
<i>Virt-Phos 250 Neutral Oral Tablet 155-852-130 MG</i>	Preferred	QL (4 EA per 1 day)
<i>Wes-Phos 250 Neutral Oral Tablet 155-852-130 MG</i>	Preferred	QL (4 EA per 1 day)
*Potassium*** - Drugs For Nutrition		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	Preferred	QL (2 EA per 1 day)
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Preferred	QL (4 EA per 1 day)
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Preferred	QL (4 EA per 1 day)
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Preferred	QL (5 EA per 1 day)
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Preferred	QL (4 EA per 1 day)
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ	Preferred	QL (4 EA per 1 day)
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	Preferred	QL (2 EA per 1 day)
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ	Preferred	QL (2 EA per 1 day)
<i>Potassium Chloride Crys ER Oral Tablet Extended Release 10 MEQ</i>	Preferred	QL (4 EA per 1 day)
<i>Potassium Chloride Crys ER Oral Tablet Extended Release 20 MEQ</i>	Preferred	QL (5 EA per 1 day)
<i>Potassium Chloride ER Oral Capsule Extended Release 10 MEQ, 8 MEQ</i>	Preferred	QL (4 EA per 1 day)
<i>Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 8 MEQ</i>	Preferred	QL (4 EA per 1 day)
<i>Potassium Chloride ER Oral Tablet Extended Release 20 MEQ</i>	Preferred	QL (5 EA per 1 day)
<i>Potassium Chloride Oral Solution 10 %, 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)</i>	Preferred	

Drug	Status	Notes
*Sodium*** - Drugs For Nutrition		
<i>Sodium Chloride Oral Tablet 1 GM</i>	Preferred	
*Zinc*** - Drugs For Nutrition		
ORAZINC ORAL CAPSULE 220 (50 ZN) MG	Preferred	
<i>Zinc Oral Capsule 220 (50 Zn) MG</i>	Preferred	
<i>Zinc Sulfate Oral Capsule 220 (50 Zn) MG</i>	Preferred	
<i>Zinc-220 Oral Capsule 220 (50 Zn) MG</i>	Preferred	
Miscellaneous Therapeutic Classes - Vitamins And Minerals		
*Antileptotics*** - Vitamins And Minerals		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Non-Preferred	PA; SP
*Chelating Agents*** - Vitamins And Minerals		
<i>penicillAMINE Oral Tablet 250 MG</i>	Preferred	PA
*Cyclosporine Analogs*** - Vitamins And Minerals		
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Preferred	
GENGRAF ORAL SOLUTION 100 MG/ML	Non-Preferred	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	Non-Preferred	PA
NEORAL ORAL SOLUTION 100 MG/ML	Non-Preferred	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Non-Preferred	PA
<i>cycloSPORINE Modified Oral Capsule 100 MG, 25 MG</i>	Preferred	
<i>cycloSPORINE Modified Oral Capsule 50 MG</i>	Non-Preferred	PA
<i>CycloSPORINE Modified Oral Solution 100 MG/ML</i>	Non-Preferred	PA
<i>CycloSPORINE Oral Capsule 100 MG, 25 MG</i>	Non-Preferred	PA
*Immunomodulators For Myelodysplastic Syndromes*** - Vitamins And Minerals		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Preferred	SP; QL (1 EA per 1 day)
<i>Lenalidomide Oral Capsule 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG</i>	Non-Preferred	PA; SP; QL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors*** - Vitamins And Minerals		
CELLCEPT ORAL CAPSULE 250 MG	Non-Preferred	PA
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	Non-Preferred	PA
CELLCEPT ORAL TABLET 500 MG	Non-Preferred	PA
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	Non-Preferred	PA
<i>Mycophenolate Mofetil Oral Capsule 250 MG</i>	Preferred	DS (90 DS)
<i>Mycophenolate Mofetil Oral Suspension Reconstituted 200 MG/ML</i>	Non-Preferred	PA
<i>Mycophenolate Mofetil Oral Tablet 500 MG</i>	Preferred	DS (90 DS)
<i>Mycophenolate Sodium Oral Tablet Delayed Release 180 MG, 360 MG</i>	Non-Preferred	PA

Drug	Status	Notes
<i>Mycophenolic Acid Oral Tablet Delayed Release 180 MG, 360 MG</i>	Non-Preferred	PA
*Irrigation Solutions*** - Vitamins And Minerals		
ARGYLE STERILE WATER IRRIGATION SOLUTION	Preferred	
<i>Sterile Water for Irrigation Irrigation Solution</i>	Preferred	
<i>Water For Irrigation, Sterile Irrigation Solution</i>	Preferred	
*Macrolide Immunosuppressants*** - Vitamins And Minerals		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Non-Preferred	PA
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	Non-Preferred	PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Non-Preferred	PA
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Non-Preferred	PA
RAPAMUNE ORAL SOLUTION 1 MG/ML	Preferred	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Preferred	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Non-Preferred	PA; AGE (Min 18 Years)
<i>Everolimus Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG, 1 MG</i>	Preferred	AGE (Min 18 Years)
<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	DS (90 DS)
*Monoclonal Antibodies*** - Vitamins And Minerals		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Non-Preferred	PA; SP
*Potassium Removing Agents*** - Vitamins And Minerals		
KIONEX ORAL SUSPENSION 15 GM/60ML	Preferred	
LOKELMA ORAL PACKET 10 GM, 5 GM	Preferred	QL (3 EA per 1 day)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Preferred	QL (1 EA per 1 day)
<i>Sodium Polystyrene Sulfonate Oral Powder</i>	Preferred	
<i>Sodium Polystyrene Sulfonate Oral Suspension 15 GM/60ML</i>	Preferred	
*Purine Analogs*** - Vitamins And Minerals		
AZASAN ORAL TABLET 100 MG, 75 MG	Non-Preferred	PA
IMURAN ORAL TABLET 50 MG	Non-Preferred	PA
<i>azaTHIOprine Oral Tablet 100 MG, 50 MG, 75 MG</i>	Preferred	
*Rock Inhibitors*** - Vitamins And Minerals		
REZUROCK ORAL TABLET 200 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 12 Years)

Drug	Status	Notes
Mouth/Throat/Dental Agents - Drugs For The Mouth And Throat		
*Anesthetics Topical Oral*** - Drugs For The Mouth And Throat		
<i>Lidocaine Viscous HCl Mouth/Throat Solution 2 %</i>	Preferred	
*Anti-Infectives - Throat*** - Drugs For The Mouth And Throat		
ORAVIG BUCCAL TABLET 50 MG	Non-Preferred	PA
<i>Clotrimazole Mouth/Throat Troche 10 MG</i>	Preferred	
<i>Nystatin Mouth/Throat Suspension 100000 UNIT/ML</i>	Preferred	
*Antiseptics - Mouth/Throat*** - Drugs For The Mouth And Throat		
PAROEX MOUTH/THROAT SOLUTION 0.12 %	Preferred	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Preferred	
<i>Chlorhexidine Gluconate Mouth/Throat Solution 0.12 %</i>	Preferred	
*Fluoride Dental Products*** - Drugs For The Mouth And Throat		
CAVAREST DENTAL GEL 1.1 %	Preferred	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Preferred	
DENTAGEL DENTAL GEL 1.1 %	Preferred	
JUST RIGHT 5000 DENTAL GEL 1.1 %	Preferred	
<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 5000 PPM Dental Gel 1.1 %</i>	Preferred	
<i>Sodium Fluoride Dental Cream 1.1 %</i>	Preferred	
<i>Sodium Fluoride Dental Gel 1.1 %</i>	Preferred	
*Saliva Stimulants*** - Drugs For The Mouth And Throat		
<i>Pilocarpine HCl Oral Tablet 5 MG, 7.5 MG</i>	Preferred	
*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat		
ORALONE MOUTH/THROAT PASTE 0.1 %	Non-Preferred	PA
<i>Triamcinolone Acetonide Mouth/Throat Paste 0.1 %</i>	Non-Preferred	PA
Multivitamins - Drugs For Nutrition		
*B-Complex W/ C & Folic Acid*** - Drugs For Nutrition		
DEXIFOL ORAL TABLET 5 MG	Preferred	
DIALYVITE 800 ORAL TABLET 0.8 MG	Preferred	
DIALYVITE ORAL TABLET	Preferred	
GENICIN VITA-S ORAL TABLET 1 MG	Preferred	
MYNEPHRON ORAL CAPSULE 1 MG	Preferred	QL (2 EA per 1 day)
NEPHRONEX ORAL TABLET	Preferred	

Drug	Status	Notes
NEPHRO-VITE ORAL TABLET 0.8 MG	Preferred	
RENAL MULTIVITAMIN FORMULA ORAL TABLET	Preferred	
RENAL ORAL CAPSULE 1 MG	Preferred	QL (2 EA per 1 day)
<i>Activite Oral Tablet 1 MG</i>	Preferred	
<i>B Complex-C-Folic Acid Oral Tablet</i>	Preferred	
<i>B-Complex Balanced Oral Tablet</i>	Preferred	
<i>B-Complex/Vitamin C Oral Tablet</i>	Preferred	
<i>B-Complex-C (w/Folic Acid) Oral Tablet</i>	Preferred	
<i>B-Plex Oral Tablet</i>	Preferred	
<i>DaVite Oral Tablet 1 MG</i>	Preferred	
<i>EQL Super B Complex/Vitamin C Oral Tablet</i>	Preferred	
<i>Folbee Plus Oral Tablet</i>	Preferred	
<i>Folika-NC Oral Tablet 1 MG</i>	Preferred	
<i>Folika-T Oral Tablet 1 MG</i>	Preferred	
<i>Full Spectrum B/Vitamin C Oral Tablet 0.8 MG</i>	Preferred	
<i>HM Vitamin B Complex/Vitamin C Oral Tablet</i>	Preferred	
<i>Hylavite Oral Tablet</i>	Preferred	
<i>KP B Complex-C Oral Tablet</i>	Preferred	
<i>Lorid Oral Tablet 1 MG</i>	Preferred	
<i>Mynephrocaps Oral Capsule 1 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Nephro Vitamins Oral Tablet 0.8 MG</i>	Preferred	
<i>PX B Complex/Vitamin C Oral Tablet</i>	Preferred	
<i>Renal Vitamin Oral Tablet 0.8 MG</i>	Preferred	
<i>Renal-Vite Oral Tablet 0.8 MG</i>	Preferred	
<i>Rena-Vite Oral Tablet</i>	Preferred	
<i>Rena-Vite Rx Oral Tablet 1 MG</i>	Preferred	
<i>Reno Caps Oral Capsule 1 MG</i>	Preferred	QL (2 EA per 1 day)
<i>SM B Super Vitamin Complex Oral Tablet</i>	Preferred	
<i>Stress Formula (Folic Acid) Oral Tablet</i>	Preferred	
<i>Super B Complex/FA/Vit C Oral Tablet</i>	Preferred	
<i>Super B-Complex/Vit C/FA Oral Tablet</i>	Preferred	
<i>TM-Vite RX Oral Tablet 1 MG</i>	Preferred	
<i>Triphrocaps Oral Capsule 1 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Tronvite Oral Tablet 1 MG</i>	Preferred	
<i>Virt-Caps Oral Capsule 1 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Vita-Bee/C Oral Tablet</i>	Preferred	
<i>Vitasure Oral Tablet 1 MG</i>	Preferred	
<i>Vol-Care Rx Oral Tablet 1 MG</i>	Preferred	
<i>VP-Vite Rx Oral Tablet 1 MG</i>	Preferred	
<i>WesCaps Oral Capsule 1 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Xvite Oral Tablet 1 MG</i>	Preferred	
*Multiple Vitamins W/ Iron*** - Drugs For Nutrition		
<i>Daily Multiple Vitamins/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>Daily Vitamin Formula+Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Vitamin/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Vite Multivitamin/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily-Vitamin/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily-Vite/Iron/Beta-Carotene Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP One Daily Plus Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM One Daily/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Day Plus Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multiple Vitamins/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multiple Vitamins-Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamin Plus Iron Adult Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Vitamin/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Nat-Rul Daily-Vite+Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Once Daily/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Multivitamin/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One-Daily Multi-Vitamin/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One-Daily/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>QC Daily Multivitamins/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Multiple Vitamins/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Stress B Complex/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Stress Formula/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Tab-A-Vite/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
*Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid*** - Drugs For Nutrition		
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	Non-Preferred	PA
*Multiple Vitamins W/ Minerals*** - Drugs For Nutrition		
ABC PLUS SENIOR ADULTS 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
ABC PLUS SENIOR ORAL TABLET	Preferred	QL (1 EA per 1 day)
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET	Preferred	QL (1 EA per 1 day)
ALIVE ENERGY 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
ALIVE MENS 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
ALIVE MENS ENERGY ORAL TABLET	Preferred	QL (1 EA per 1 day)
ALIVE ONCE DAILY WOMENS ORAL TABLET	Preferred	QL (1 EA per 1 day)
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
ALIVE WOMENS 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
ALIVE WOMENS ENERGY ORAL TABLET	Preferred	QL (1 EA per 1 day)
AMORYN MOOD BOOSTER ORAL CAPSULE	Preferred	
ANTIOXIN 4000 ORAL CAPSULE	Preferred	
AZO HORMONAL HEALTH CYCLE CARE ORAL TABLET	Preferred	QL (1 EA per 1 day)
AZO HORMONAL HEALTH HAPPY CYCL ORAL TABLET	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
BACMIN ORAL TABLET	Preferred	QL (1 EA per 1 day)
BPROTECTED MULTI-VITE ORAL LIQUID	Preferred	QL (1 ML per 1 day)
CAL-DAY 1000 ORAL TABLET	Preferred	QL (1 EA per 1 day)
CARRAVITE ORAL TABLET	Preferred	QL (1 EA per 1 day)
CENTRUM CARDIO ORAL TABLET	Preferred	QL (1 EA per 1 day)
CENTRUM MEN ORAL TABLET	Preferred	QL (1 EA per 1 day)
CENTRUM MINIS WOMEN 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
CENTRUM SILVER ULTRA WOMENS ORAL TABLET	Preferred	QL (1 EA per 1 day)
CENTRUM SPECIALIST HEART ORAL TABLET	Preferred	QL (1 EA per 1 day)
CENTRUM SPECIALIST IMMUNE ORAL TABLET	Preferred	QL (1 EA per 1 day)
CENTRUM SPECIALIST VISION ORAL TABLET	Preferred	QL (1 EA per 1 day)
CENTRUM ULTRA WOMENS ORAL TABLET	Preferred	QL (1 EA per 1 day)
CEROVITE ADVANCED FORMULA ORAL TABLET	Preferred	QL (1 EA per 1 day)
CEROVITE SENIOR ORAL TABLET	Preferred	QL (1 EA per 1 day)
CERTA-VITE ORAL LIQUID	Preferred	QL (1 ML per 1 day)
CERTAVITE SENIOR ORAL TABLET	Preferred	QL (1 EA per 1 day)
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	Preferred	QL (1 EA per 1 day)
CERTAVITE/ANTIOXIDANTS ORAL TABLET	Preferred	QL (1 EA per 1 day)
CLINICAL NUTRIENTS 45-PLUS WMN ORAL TABLET	Preferred	QL (1 EA per 1 day)
CLINICAL NUTRIENTS 50-PLUS MEN ORAL TABLET	Preferred	QL (1 EA per 1 day)
CLINICAL NUTRIENTS FEMALE TEEN ORAL TABLET	Preferred	QL (1 EA per 1 day)
CLINICAL NUTRIENTS FOR MEN ORAL TABLET	Preferred	QL (1 EA per 1 day)
CLINICAL NUTRIENTS FOR WOMEN ORAL TABLET	Preferred	QL (1 EA per 1 day)
CLINICAL NUTRIENTS MALE TEEN ORAL TABLET	Preferred	QL (1 EA per 1 day)
COMPETE ORAL TABLET	Preferred	QL (1 EA per 1 day)
CORVITA ORAL TABLET	Preferred	QL (1 EA per 1 day)
CORVITE FREE ORAL TABLET	Preferred	QL (1 EA per 1 day)
DERMACINRX MULTITAM ORAL TABLET	Preferred	QL (1 EA per 1 day)
DERMACINRX RIBOTIN-E ORAL TABLET	Preferred	QL (1 EA per 1 day)
DERMACINRX ZINTREXYL-C ORAL TABLET	Preferred	QL (1 EA per 1 day)
DERMAVITE ORAL TABLET	Preferred	QL (1 EA per 1 day)
DIALYVITE SUPREME D ORAL TABLET	Preferred	QL (1 EA per 1 day)
DOCTORS CHOICE MEN ORAL TABLET	Preferred	QL (1 EA per 1 day)
DRY EYE FORMULA ORAL CAPSULE	Preferred	
EQ ONE DAILY WOMENS 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
EQ ONE DAILY WOMENS PRO-ACTIVE ORAL TABLET	Preferred	QL (1 EA per 1 day)
ESSENTIA ORAL TABLET	Preferred	QL (1 EA per 1 day)
ESTROVEN MENOPAUSE SUPPLEMENT ORAL TABLET	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
EYE VITAMINS ORAL CAPSULE	Preferred	
EYE-VITES ORAL TABLET	Preferred	QL (1 EA per 1 day)
FITNESS TABS FOR MEN AM/PM ORAL TABLET	Preferred	QL (1 EA per 1 day)
FITNESS TABS FOR WOMEN AM/PM ORAL TABLET	Preferred	QL (1 EA per 1 day)
FOLIFLEX ORAL TABLET	Preferred	QL (1 EA per 1 day)
FOLITIN-Z ORAL TABLET	Preferred	QL (1 EA per 1 day)
ICAPS AREDS FORMULA ORAL TABLET	Preferred	QL (1 EA per 1 day)
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	Preferred	
ICAPS MV ORAL TABLET	Preferred	QL (1 EA per 1 day)
ICAPS ORAL CAPSULE	Preferred	
KP VISION FORMULA ORAL TABLET	Preferred	QL (1 EA per 1 day)
KP VISION FORMULA/LUTEIN ORAL TABLET	Preferred	QL (1 EA per 1 day)
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	Preferred	QL (1 EA per 1 day)
LYSIPLEX PLUS ORAL LIQUID	Preferred	QL (1 ML per 1 day)
LYSIPLEX PLUS ORAL TABLET	Preferred	QL (1 EA per 1 day)
MACULAR HEALTH FORMULA ORAL CAPSULE	Preferred	
MACUVITE EYE CARE ORAL TABLET	Preferred	QL (1 EA per 1 day)
MACUVITE ORAL TABLET	Preferred	QL (1 EA per 1 day)
MACUVITE/LUTEIN ORAL TABLET	Preferred	QL (1 EA per 1 day)
MEDIPLEX PLUS ORAL TABLET	Preferred	QL (1 EA per 1 day)
MEGA MULTI MEN ORAL TABLET	Preferred	QL (1 EA per 1 day)
MENS HAIR FORMULA ULTRA MAN ORAL TABLET	Preferred	QL (1 EA per 1 day)
MENS LIFE PACK ORAL TABLET	Preferred	QL (1 EA per 1 day)
MILLTRIUM ADVANCED FORMULA ORAL TABLET	Preferred	QL (1 EA per 1 day)
MILLTRIUM CARDIO ORAL TABLET	Preferred	QL (1 EA per 1 day)
MILLTRIUM SENIOR ORAL TABLET	Preferred	QL (1 EA per 1 day)
MULTI COMPLETE ORAL CAPSULE	Preferred	
MULTI FOR HIM ORAL CAPSULE	Preferred	
MULTI FOR HIM ORAL TABLET	Preferred	QL (1 EA per 1 day)
MULTI-BETIC DIABETES ORAL TABLET	Preferred	QL (1 EA per 1 day)
MULTI-DAY WEIGHT TRIM ORAL TABLET	Preferred	QL (1 EA per 1 day)
MULTI-LEAN ORAL TABLET	Preferred	QL (1 EA per 1 day)
NICADAN ORAL TABLET	Preferred	QL (1 EA per 1 day)
NICAZEL FORTE ORAL TABLET	Preferred	QL (1 EA per 1 day)
NICAZEL ORAL TABLET	Preferred	QL (1 EA per 1 day)
NUTRICAP ORAL TABLET	Preferred	QL (1 EA per 1 day)
NUTRIFAC ZX ORAL TABLET	Preferred	QL (1 EA per 1 day)
OCUVITE EXTRA ORAL TABLET	Preferred	QL (1 EA per 1 day)
OCUVITE EYE + MULTI ORAL TABLET	Preferred	QL (1 EA per 1 day)
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE	Preferred	
OCUVITE-LUTEIN ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONCOVITE ORAL TABLET	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
ONE DAILY PLUS IRON ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY ENERGY ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY MENS (MINERALS) ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY MENS 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY MENS PRO EDGE ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY WOMENS 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
ONE-A-DAY WOMENS ORAL TABLET	Preferred	QL (1 EA per 1 day)
OPURITY ORAL TABLET	Preferred	QL (1 EA per 1 day)
OSTEOPRIME PLUS ORAL TABLET	Preferred	QL (1 EA per 1 day)
OSTEOPRIME ULTRA ORAL TABLET	Preferred	QL (1 EA per 1 day)
PHYTOMULTI ORAL TABLET	Preferred	QL (1 EA per 1 day)
PRESERVISION AREDS ORAL TABLET	Preferred	QL (1 EA per 1 day)
PRO-CAL ORAL TABLET	Preferred	QL (1 EA per 1 day)
PROCERV HP ORAL TABLET	Preferred	QL (1 EA per 1 day)
PRORENAL + D ORAL TABLET	Preferred	QL (1 EA per 1 day)
PROSIGHT ORAL CAPSULE	Preferred	
PROSIGHT ORAL TABLET	Preferred	QL (1 EA per 1 day)
PROVIT ORAL TABLET	Preferred	QL (1 EA per 1 day)
RA CENTRAL-VITE ORAL TABLET	Preferred	QL (1 EA per 1 day)
RENAPLEX ORAL TABLET	Preferred	QL (1 EA per 1 day)
RENAPLEX-D ORAL TABLET	Preferred	QL (1 EA per 1 day)
REQ 49+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
SAVISION ORAL TABLET	Preferred	QL (1 EA per 1 day)
SIDEROL ORAL TABLET	Preferred	QL (1 EA per 1 day)
SPECTRAVITE ORAL TABLET	Preferred	QL (1 EA per 1 day)
STRESSSTABS ADVANCED ORAL TABLET	Preferred	QL (1 EA per 1 day)
STROVITE ONE ORAL TABLET	Preferred	QL (1 EA per 1 day)
SUNVITE ACTIVE ADULT 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
SUNVITE ADVANCED ORAL TABLET	Preferred	QL (1 EA per 1 day)
SUPER NU-THERA ORAL LIQUID	Preferred	QL (1 ML per 1 day)
SUPER NU-THERA ORAL TABLET	Preferred	QL (1 EA per 1 day)
SYSTANE ICAPS AREDS2 ORAL CAPSULE	Preferred	
SYSTANE ICAPS AREDS2 ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERA M PLUS ORAL TABLET	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
THERABETIC MULTI-VITAMIN ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERADDEX M ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERADDEX M/BETA CAROTENE ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERAGRAN-M ADVANCED ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERAGRAN-M ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERAGRAN-M PREMIER ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERA-MILL M ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERATRUM COMPLETE 50 PLUS ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERATRUM COMPLETE ORAL TABLET	Preferred	QL (1 EA per 1 day)
THEREMS-H ORAL TABLET	Preferred	QL (1 EA per 1 day)
THEREMS-M ORAL TABLET	Preferred	QL (1 EA per 1 day)
THRIVE FOR LIFE WOMENS ORAL TABLET	Preferred	QL (1 EA per 1 day)
UDAMIN SP ORAL TABLET	Preferred	QL (1 EA per 1 day)
ULTRA BONEUP ORAL TABLET	Preferred	QL (1 EA per 1 day)
ULTRA VITA-TIME ORAL TABLET	Preferred	QL (1 EA per 1 day)
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET	Preferred	QL (1 EA per 1 day)
ULTRACHOICE ADVANCED FORMULA ORAL TABLET	Preferred	QL (1 EA per 1 day)
VEGETARIAN BONEUP ORAL TABLET	Preferred	QL (1 EA per 1 day)
VENEXA FE ORAL TABLET	Preferred	QL (1 EA per 1 day)
VENEXA ORAL TABLET	Preferred	QL (1 EA per 1 day)
VENTRIXYL FE ORAL TABLET	Preferred	QL (1 EA per 1 day)
VENTRIXYL ORAL TABLET	Preferred	QL (1 EA per 1 day)
VIC-FORTE ORAL CAPSULE	Preferred	
VITA S FORTE ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITACEL ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITALINE TOTAL FORMULA 2 ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITALINE TOTAL FORMULA 3 ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITASANA ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITATRUM COMPLETE ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITEYES COMPLETE ORAL CAPSULE	Preferred	
VITEYES OPTIC NERVE SUPPORT ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITRAMYN ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITRANOL FE ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITRANOL ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITREXATE FE ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITREXATE ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITREXYL + IRON ORAL TABLET	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
VITREXYL ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITRUM SENIOR ORAL TABLET	Preferred	QL (1 EA per 1 day)
WOMENS LIFE PACK ORAL TABLET	Preferred	QL (1 EA per 1 day)
YELETS TEENAGE FORMULA ORAL TABLET	Preferred	QL (1 EA per 1 day)
YOUR LIFE MULTI MENS 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
YOUR LIFE MULTI WOMENS 50+ ORAL TABLET	Preferred	QL (1 EA per 1 day)
<i>50+ Adult Eye Health Oral Capsule</i>	Preferred	
<i>A Thru Z Advanced Adult Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>A Thru Z Advanced Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>A Thru Z High Potency Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>A Thru Z Select 50+ Advanced Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>A Thru Z Select 50+ Mens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>A Thru Z Select Advanced Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>A Thru Z Select Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>A Thru Z Select Ultimate Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>A Thru Z Ultimate Mens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>ABC Complete Senior 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>ABC Complete Senior Mens 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>ABC Complete Senior Womens 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>ABC Plus Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Actical Oral Capsule</i>	Preferred	
<i>Advanced Diabetic Multivitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Advanced Eye Health Oral Capsule</i>	Preferred	
<i>Algae Based Calcium Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Antioxidant A/C/E/Selenium Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Anti-Oxidant Formula Oral Capsule</i>	Preferred	
<i>Antioxidant Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Antioxidant Formula/Minerals Oral Capsule</i>	Preferred	
<i>Antioxidant Oral Capsule</i>	Preferred	
<i>Antioxidant Protection Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Antioxidant Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Basic AM Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Basic PM Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Biocel Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Biotin Plus/Calcium/Vit D3 Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Body/Hair/Skin/Nails Oral Capsule</i>	Preferred	
<i>B-Plex Plus Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Centavite A-Z Complete-Mineral Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Centravites 50 Plus Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Centravites Adults Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Centravites Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Century Mature Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Century Oral Tablet</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>Certa Plus Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Companion Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Complete Daily/Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Complete Energy Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Complete Multivitamin/Mineral Oral Liquid</i>	Preferred	QL (1 ML per 1 day)
<i>Complete Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Complete PMS Support Complex Oral Capsule</i>	Preferred	
<i>Complete Senior Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Complete Womens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Coral Calcium Plus Oral Capsule</i>	Preferred	
<i>CVS Daily Multiple For Men Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Daily Multiple For Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Daily Multiple Women 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Eye Health & Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS One Daily Essential Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS One Daily Mens 50+ Adv Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS One Daily Mens Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS One Daily Womens 50+ Adv Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS One Daily Womens Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Adult 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Adults Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Advanced Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Men 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Men Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Senior Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Ultra Men 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Ultra Mens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Ultra Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Women 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Spectravite Womens Senior Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Womens Active Daily Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Betic Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Combo Multi Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Mens Health Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Multi 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Multi Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Multiple Vitamins/Min Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Multivitamin Oral Capsule</i>	Preferred	
<i>Daily Vitamin Formula+Minerals Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Vitamin Plus Oral Capsule</i>	Preferred	
<i>Daily Womens Health Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily-Vitamin Maximum Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>DayaVite Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Diabetes Health Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Dialyvite 800/Ultra D Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQ Complete Multivit Adult 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQ Complete Multivitamin-Adult Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQ One Daily Mens 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQ One Daily Mens Health Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQ One Daily Womens Health Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQ Vision Formula 50+ Oral Capsule</i>	Preferred	
<i>EQL Century Mature Adults 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL Century Mature Men 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL Century Mature Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL Century Mature Women 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL Century Mens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL Century Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL Century Womens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL One Daily Mens 50+ Advance Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL One Daily Mens Health Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL One Daily Mens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL One Daily Womens 50+ Adv Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EQL Vision Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Essential Balance Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Eye Health + Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Eye Multivitamin/Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Eye Multivitamin/Sodium Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>EyeProtect Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>FolaMax Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Folika-CI Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Folika-MG Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Freedavite Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Geri-Freeda Senior Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Gerivite Complete Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Glucoten Oral Capsule</i>	Preferred	
<i>GNP Century Adult Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Century Adults 50+ Senior Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Century Cardio Health Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Century Mature Women's 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Century Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Century Ultimate Mens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Century Ultimate Womens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Hair/Skin/Nails Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Healthy Eyes Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Healthy Eyes SuperVision 2 Oral Capsule</i>	Preferred	

Drug	Status	Notes
<i>GNP Healthy Eyes SuperVision Oral Capsule</i>	Preferred	
<i>GNP Mega Multi for Men Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Mega Multi for Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP One Daily Maximum Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP One Daily Mens Health 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP One Daily Mens/Lycopene Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP One Daily Womens 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP One Daily Womens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Therapeutic-M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Hair Formula Extra Strength Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Hair Skin & Nails Advanced Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Hair Skin and Nails Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Hair Skin Nails Oral Capsule</i>	Preferred	
<i>Hair Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Hair/Skin/Nails Oral Capsule</i>	Preferred	
<i>Hair/Skin/Nails Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Healthy Eyes Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Healthy Eyes/Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Healthy Eyes/Lutein-Zeaxanthin Oral Capsule</i>	Preferred	
<i>High Pot Multivitamin/Beta-Car Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>High Potency MultiVit/FA Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Hi-Kovite 2-Part Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Hi-Potency Multi-Vitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM Antioxidant Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM Complete 50+ Mens Ultimate Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM Complete 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM Complete 50+ Women Ultimate Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM Complete Men Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM Complete Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM Complete Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM Hair/Skin/Nails Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM Mens 50+ Advanced One Daily Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM One Daily Mens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM One Daily Womens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HM Womens 50+ Advanced Daily Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>HylaZinc Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>I-Vite Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>I-Vite Protect Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>KeyFolic Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>KP Adults 50+ Daily Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>KP Adults Daily Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>KP Mens 50+ Daily Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>KP Mens Daily Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>KP Womens 50+ Daily Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>KP Womens Daily Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Liver Detox Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Lutein-Zeaxanthin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Macular Vitamin Benefit Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Maximum Daily Green Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Mega Multi for Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Mega Multivitamin for Men Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Mega Multivitamin for Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Mega VM-80 Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Megavite Fruits & Veggies Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Megavite Golden Years 55+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Meijer Advanced Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Mens 50+ Multi Vitamin/Min Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Mens 50+ Multivitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Mens Daily Formula/Lycopene Oral Capsule</i>	Preferred	
<i>Mens Multi Vitamin & Mineral Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Mens Multivitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi Complete/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi For Her 50+ Oral Capsule</i>	Preferred	
<i>Multi For Her 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi For Her Oral Capsule</i>	Preferred	
<i>Multi For Her Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi For Him 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi Vitamin/Minerals Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Day Plus Minerals Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multilex Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multilex-T&M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multiple Vit/Minerals/No Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multiple Vitamins/Womens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>MultiPro Oral Capsule</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	QL (1 EA per 1 day)
<i>Multivitamin Adults 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamin Adults Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamin Men 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamin Men Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Vitamin Menopausal Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Vitamin Monocaps Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamin Oral Liquid</i>	Preferred	QL (1 ML per 1 day)
<i>Multivitamin Women 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamin Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>Multivitamin Womens 50+ Adv Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Vitamin/Minerals Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamin/Zinc Stress Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamin-Minerals Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamins/Minerals Adult Oral Liquid</i>	Preferred	QL (1 ML per 1 day)
<i>Myamulti Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>My-Vitalife Oral Capsule</i>	Preferred	
<i>Nat-Rul Theravite-M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Natrul-Vites Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>NEOVite Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>No Iron Mult Vitamin-Minerals Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Ocular Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Ocutabs Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Ocutabs-Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily 50 Plus Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Adults 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Calcium/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Complete for Men Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Complete Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily For Men 50+ Advanced Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily For Men/Lycopene Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily For Women 50+ Adv Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily For Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Healthy Weight Adv Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Healthy Weight Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Maximum Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Men Formula w/o Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Mens 50+ Multivit Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Mens 50+/Lycopene Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Mens Health Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Mens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Multivit/Iron-Free Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Multivitamin Men Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Multivitamin Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Multivit-Min Adult Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Womens 50 Plus Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Womens 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Womens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily/Minerals Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One-Daily Multi-Vit/Mineral Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>OneVite Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Optic-Vites Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Optic-Vites with Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>Optimum PMS Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Parvlex Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Prevent Oral Capsule</i>	Preferred	
<i>ProFola Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>PX Advanced Formula Multivits Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>PX Complete Senior Multivits Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>PX Mens Multivitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>QC Daily Multiviti/Multimineral Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>QC Hair Skin & Nails Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>QC Mens Daily Multivitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>QC Multi-Vite 50 & Over Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>QC Multi-Vite Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>QC Therin-M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>QC Womens Daily Multivitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Quin B Strong Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Quintabs-M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>RA Central-Vite Mens Mature Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>RA Central-Vite Womens Mature Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>RA One Daily Energy Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>RA One Daily Maximum Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>RA One Daily Mens 50+ w/Vit D3 Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>RA One Daily Mens Multi Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>RA One Daily Mens/Vit D-3 Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>RA One Daily Womens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>RayaVit Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Senior Tabs Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Sentry Adult Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Sentry Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Sentry Senior Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Sentry Senior/Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Antioxidant Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Complete 50+ Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Complete 50+ Ultimate Mens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Complete 50+ Ultimate Women Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Complete Advanced Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Complete Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Complete Senior Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Daily Diet Support Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Hair/Skin/Nails Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM One Daily Mens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM One Daily Womens Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Opti-Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Solo Oral Tablet</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>Stress B Complex/Antioxid/Zinc Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Stress B-Complex/C/Zinc Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Stress Formula (w/ Minerals) Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Stress Formula/Iron (MVI) Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Stress Formula/Zinc Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Super Antioxidants Protector Oral Capsule</i>	Preferred	
<i>Super Aytinal 50 Plus Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Super Aytinal Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Super Multiple Oral Capsule</i>	Preferred	
<i>Super Multiple Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Super Thera Vite M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Super Vita-Mins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>TGT Multivitamin/Multimineral Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Thera Vital M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Thera vital-M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Therabasic-M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Thera-M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Therapeutic Formula/Hematinics Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Therapeutic M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Therapeutic Multivit/Mineral Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Therapeutic-M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Therapeutic-M/Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Thera-Tabs M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Theravim-M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Thrivite 19 Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Tropical Liquid Nutrition Oral Liquid</i>	Preferred	QL (1 ML per 1 day)
<i>T-Vites Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Ultra Antioxidant Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Ultra Freeda Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Ultra Freeda/Iron Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Ultra Multi Formula/Iron Oral Capsule</i>	Preferred	
<i>Unicomplex-M Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>V-C Forte Oral Capsule</i>	Preferred	
<i>Vision Formula 2 Oral Capsule</i>	Preferred	
<i>Vision Formula Eye Health Oral Capsule</i>	Preferred	
<i>Vision Formula/Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Vision Plus Oral Capsule</i>	Preferred	
<i>Vision Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>VisiVites Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>VisiVites/Lutein Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Vita Hair Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Vitabasic Complete Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Vitabasic Senior Oral Tablet</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>Vitamin D3 Complete Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Vita-Min Oral Capsule</i>	Preferred	
<i>Vitamins A-D-E/Selenium Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamins/Minerals Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>VitaTRUM Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Vitrum 50+ Adult-Multi Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>VITRUM 50+ Senior Multi Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>WellFola Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Whole Food Multivitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Womens 50+ Advanced Oral Capsule</i>	Preferred	
<i>Womens 50+ Multi Vitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Womens 50+ Multi Vitamin/Min Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Womens Biomultiple Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Womens Daily Form/FA/Cal/Fe Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Womens Daily Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Womens Multi Oral Capsule</i>	Preferred	
<i>Womens Multi Vitamin & Mineral Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Womens Multivitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Womens One Daily Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
*Multivitamins*** - Drugs For Nutrition		
CHLOROCAPS ORAL CAPSULE	Preferred	QL (1 EA per 1 day)
ONE DAILY ESSENTIAL ORAL TABLET	Preferred	QL (1 EA per 1 day)
SIGTAB ORAL TABLET	Preferred	QL (1 EA per 1 day)
STRESSTABS ENERGY ORAL TABLET	Preferred	QL (1 EA per 1 day)
TAB-A-VITE ORAL TABLET	Preferred	QL (1 EA per 1 day)
TAB-A-VITE/BETA CAROTENE ORAL TABLET	Preferred	QL (1 EA per 1 day)
THERA ORAL TABLET	Preferred	QL (1 EA per 1 day)
THEREMS ORAL TABLET	Preferred	QL (1 EA per 1 day)
VITEYES CLASSIC ZINC FREE ORAL CAPSULE	Preferred	QL (1 EA per 1 day)
<i>Antioxidant Formula Oral Capsule 250-10000-200</i>	Preferred	QL (1 EA per 1 day)
<i>Anti-Oxidant Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Multiple Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Value Multivitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Vitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Vite Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily Vites Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily-Vitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily-Vite Multivitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Daily-Vite Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Essential One Daily Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Healthy Hair/Skin/Nails Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi Vitamin Daily Oral Tablet</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>Multi Vitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Day Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Day Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multiple Vitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multiple Vitamin-Folic Acid Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multiple Vitamins Essential Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multiple Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamin Adult Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Vitamin Daily Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamin Iron-Free Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Vitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Multivitamins Oral Capsule</i>	Preferred	QL (1 EA per 1 day)
<i>Multi-Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>MV-One Oral Capsule</i>	Preferred	QL (1 EA per 1 day)
<i>Novite Oral Capsule</i>	Preferred	QL (1 EA per 1 day)
<i>Once Daily Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Multivitamin Adult Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One Daily Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One-Daily Multi Vitamins Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>One-Daily Multi-Vitamin Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>QC Essentials Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>RA One Daily Essential Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>SM Multiple Vitamins Essential Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Stress Formula Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Thera-mill Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Thera-Tabs Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Vit E-Vit C-Beta Carotene Oral Tablet 200-250-5000</i>	Preferred	QL (1 EA per 1 day)
<i>Vitalee Oral Tablet</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin E/Folic Acid/B-6/B-12 Oral Capsule</i>	Preferred	QL (1 EA per 1 day)
*Ped Multi Vitamins W/Fl & Fe*** - Drugs For Nutrition		
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML	Non-Preferred	PA
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG	Non-Preferred	PA
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	Non-Preferred	PA
<i>Multi-Vit/Iron/Fluoride Oral Solution 0.25-10 MG/ML</i>	Preferred	
<i>Multi-Vitamin/Fluoride/Iron Oral Solution 0.25-10 MG/ML</i>	Preferred	
*Ped Multiple Vitamins W/ Minerals*** - Drugs For Nutrition		
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
DEKAS PLUS ORAL LIQUID	Non-Preferred	PA; AGE (Max 3 Years)
FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
HEALTHY KIDS OVERALL HEALTH ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
SEA BUDDIES DAILY MULTIPLE ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
SPIDER-MAN COMPLETE MULTI-VIT ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
VITAMAX PEDIATRIC ORAL SOLUTION	Preferred	
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE	Preferred	QL (1 EA per 1 day)
<i>ABDEK Pediatric Oral Solution</i>	Preferred	
<i>Childrens Gummies Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>Complete Multi-Vitamin Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Gummy Dinos Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Gummy Multivitamin Kids Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>Disney Cars Gummies Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>Disney Princess Gummies Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>EQ Multivitamin Gummies Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>EQ Multivitamins Gummy Child Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>EQL Gummies Childrens Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>Multivit-Min Gummies Childrens Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>VitaChew Multiple Vitamin Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>Zoo Friends Gummies (w/ Min) Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>Zoo Friends Gummies Plus D Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>Zoo Friends Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
*Ped Mv W/ Fluoride*** - Drugs For Nutrition		
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	Non-Preferred	PA
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Non-Preferred	PA

Drug	Status	Notes
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Non-Preferred	PA
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Non-Preferred	PA
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	Non-Preferred	PA
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	Non-Preferred	PA
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Non-Preferred	PA
<i>Multivitamin w/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG</i>	Non-Preferred	PA
<i>Multivitamin/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML</i>	Preferred	
<i>Multi-Vitamin/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML</i>	Preferred	
<i>Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG</i>	Preferred	
*Ped Mv W/ Iron*** - Drugs For Nutrition		
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML	Preferred	QL (50 EA per 25 days)
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	Preferred	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 18 MG	Preferred	
FLINTSTONES PLUS EXTRA IRON ORAL TABLET CHEWABLE 18 MG	Preferred	
FLINTSTONES W/IRON ORAL TABLET CHEWABLE 18 MG	Preferred	
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG	Preferred	QL (1 EA per 1 day)
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	Preferred	QL (50 ML per 25 days)
PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE 18 MG	Preferred	
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG	Preferred	
<i>Bite-A-Mins/Iron Oral Tablet Chewable 15 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Chewable Vit/Iron Childrens Oral Tablet Chewable 15 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Child Chewable Vitamins/Iron Oral Tablet Chewable</i>	Preferred	QL (1 EA per 1 day)
<i>Childrens Animal Shapes Oral Tablet Chewable 18 MG</i>	Preferred	
<i>Childrens Multivitamin/Iron Oral Tablet Chewable 15 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Childrens Vitamins/Iron Oral Tablet Chewable 15 MG</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Chewable Childrens Vitamin Oral Tablet Chewable 18 MG</i>	Preferred	
<i>CVS Childrens Complete Oral Tablet Chewable 18 MG</i>	Preferred	

Drug	Status	Notes
<i>EQ Complete Multivitamin Child Oral Tablet Chewable 18 MG</i>	Preferred	
<i>EQL Child Multivitamin/Minerals Oral Tablet Chewable 18 MG</i>	Preferred	
<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>HM Animal Shapes Oral Tablet Chewable 18 MG</i>	Preferred	
<i>Little Animals Plus 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>Multivitamin Drops/Iron Oral Solution 11 MG/ML</i>	Preferred	QL (50 ML per 25 days)
<i>Multivitamin Infant & Toddler Oral Solution 11 MG/ML</i>	Preferred	QL (50 ML per 25 days)
<i>PC Pediatric Poly-Vital/Fe Drop Oral Solution 10 MG/ML</i>	Preferred	QL (50 ML per 25 days)
<i>Poly-Vital/Iron Oral Solution 10 MG/ML</i>	Preferred	QL (50 ML per 25 days)
<i>Poly-Vitamin/Iron Oral Solution 10 MG/ML</i>	Preferred	QL (50 ML per 25 days)
<i>Polyvitamin/Iron Oral Tablet Chewable 18 MG</i>	Preferred	
<i>Poly-Vite/Iron Oral Solution 11 MG/ML</i>	Preferred	QL (50 ML per 25 days)
<i>QC Childrens Complete Oral Tablet Chewable 18 MG</i>	Preferred	
<i>QC Childrens Vitamins/Iron Oral Tablet Chewable 15 MG</i>	Preferred	QL (1 EA per 1 day)
<i>RA Vitamins Complete Childrens Oral Tablet Chewable 18 MG</i>	Preferred	
<i>SM Animal Shapes Complete Oral Tablet Chewable 18 MG</i>	Preferred	
<i>Zoo Friends Plus Iron Oral Tablet Chewable 15 MG</i>	Preferred	QL (1 EA per 1 day)
*Ped Vitamins Acd & Fa W/ Fluoride*** - Drugs For Nutrition		
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	Non-Preferred	PA
*Ped Vitamins Acd W/ Fluoride*** - Drugs For Nutrition		
<i>ADC/F (0.5mg/ml) Oral Solution 0.5 MG/ML</i>	Preferred	
<i>Tri-Vite/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML</i>	Preferred	
<i>Vitamins ACD-Fluoride Oral Solution 0.25 MG/ML</i>	Preferred	
*Pediatric Multiple Vitamins & Minerals W/ Fluoride*** - Drugs For Nutrition		
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Non-Preferred	PA
*Pediatric Multiple Vitamins*** - Drugs For Nutrition		
<i>GNP Childrens Chewables/Ex C Oral Tablet Chewable</i>	Preferred	
<i>GNP Little Ones Childrens Oral Tablet Chewable</i>	Preferred	
<i>Multivitamin Infant & Toddler Oral Solution</i>	Preferred	

Drug	Status	Notes
*Pediatric Vitamins A & D W/ C*** - Drugs For Nutrition		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	Preferred	DS (90 DS); QL (50 ML per 25 days)
<i>PC Pediatric Tri-Vitamin Drops Oral Solution 750-400-35 UNIT-MG/ML</i>	Preferred	DS (90 DS); QL (50 ML per 25 days)
<i>Tri-Vite Pediatric Oral Solution 750-400-35 UNIT-MG/ML</i>	Preferred	DS (90 DS); QL (50 ML per 25 days)
<i>Vitamin A/C/D/ Infant/Toddler Oral Solution 250-10-50 MCG-MG/ML</i>	Preferred	DS (90 DS); QL (50 ML per 25 days)
<i>Vitamin A-C-D Infant Oral Solution 250-10-50 MCG-MG/ML</i>	Preferred	DS (90 DS); QL (50 ML per 25 days)
*Prenatal Mv & Min W/Fe-Fa*** - Drugs For Nutrition		
ATABEX OB ORAL TABLET 29-1 MG	Preferred	DS (100 DS); QL (1 EA per 1 day)
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	Non-Preferred	PA
CLINICAL NUTRIENTS PRENATAL ORAL TABLET 7.5-0.2 MG	Preferred	DS (100 DS)
CO-NATAL FA TABLET ORAL	Preferred	DS (100 DS); QL (1 EA per 1 day)
DERMACINRX PRETRATE ORAL TABLET 1 MG	Non-Preferred	PA
ELITE-OB ORAL TABLET 50-1.25 MG	Preferred	
ENBRACE HR ORAL CAPSULE	Non-Preferred	PA
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Non-Preferred	PA
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG	Preferred	DS (100 DS); QL (1 EA per 1 day)
INATAL GT ORAL TABLET	Preferred	DS (100 DS); QL (1 EA per 1 day)
MARNATAL-F ORAL CAPSULE 60-1 MG	Preferred	
MYNATAL ADVANCE ORAL TABLET	Preferred	DS (100 DS); QL (1 EA per 1 day)
MYNATAL ORAL TABLET 90-1 MG	Preferred	DS (100 DS); QL (1 EA per 1 day)
NATALVIT ORAL TABLET	Preferred	DS (100 DS); QL (1 EA per 1 day)
NESTABS DHA ORAL 32-1 MG	Non-Preferred	PA
NESTABS ORAL TABLET 32-1 MG	Non-Preferred	PA
NIVA-PLUS ORAL TABLET 27-1 MG	Non-Preferred	PA
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG	Non-Preferred	PA
OB COMPLETE ORAL TABLET 50-1.25 MG	Non-Preferred	PA
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG	Non-Preferred	PA
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Non-Preferred	PA
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG	Non-Preferred	PA
O-CAL PRENATAL ORAL TABLET	Preferred	DS (100 DS)
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG, 28-0.8 & 440 MG	Preferred	DS (100 DS); QL (1 EA per 1 day)
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	Preferred	DS (100 DS)
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	Non-Preferred	PA
PRENATRIX ORAL TABLET 27-1 MG	Non-Preferred	PA

Drug	Status	Notes
PRENATRYL ORAL TABLET 27-1 MG	Non-Preferred	PA
PRIMACARE ORAL CAPSULE 30-1-470 MG	Non-Preferred	PA
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG	Non-Preferred	PA
TARON-C DHA ORAL CAPSULE 35-1 MG	Preferred	
TRICARE ORAL TABLET	Non-Preferred	PA
VINATE II ORAL TABLET 29-1 MG	Preferred	DS (100 DS); QL (1 EA per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	Preferred	
VITAFOL-OB ORAL TABLET	Non-Preferred	PA
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG	Non-Preferred	PA
YOUR LIFE MULTI PRENATAL ORAL CAPSULE 28-0.8-530 MG	Preferred	DS (100 DS)
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG	Non-Preferred	PA
<i>Classic Prenatal Oral Tablet 28-0.8 MG</i>	Preferred	
<i>C-Nate DHA Oral Capsule 28-1-200 MG</i>	Non-Preferred	PA
<i>CompleteNate Oral Tablet Chewable 29-1 MG</i>	Preferred	
<i>GNP PreNatal Oral Tablet 28-0.8 MG</i>	Preferred	
<i>HM One Daily Prenatal Oral 28-0.8 & 440 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>KPN Prenatal Oral Tablet 0.1 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>M-Natal Plus Oral Tablet 27-1 MG</i>	Preferred	
<i>Mynate 90 Plus Oral Tablet Extended Release</i>	Preferred	DS (100 DS)
<i>Natal PNV Oral Tablet 6-0.5 MG</i>	Non-Preferred	PA
<i>PNV-Omega Oral Capsule 28-0.6-0.4-340 MG</i>	Non-Preferred	PA
<i>PNV-Select Oral Tablet 27-0.6-0.4 MG</i>	Preferred	
<i>Prenatal (w/Iron & FA) Oral Tablet 27-0.8 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Prenatal Complete Oral Tablet 14-0.4 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Prenatal Formula A-Free Oral Tablet 9-0.267 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Prenatal Formula Oral Capsule 28-0.8-235 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Pre-Natal Formula Oral Tablet</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Prenatal Forte Oral Tablet</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Prenatal Multi +DHA Oral Capsule 27-0.8-228 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Prenatal Oral Tablet 27-0.8 MG, 27-1 MG</i>	Preferred	
<i>Prenatal Oral Tablet 6.75-0.2 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Prenatal Plus Vitamin/Mineral Oral Tablet 27-1 MG</i>	Non-Preferred	PA
<i>Prenatal Vitamins Oral Tablet 28-0.8 MG</i>	Preferred	
<i>Prenatal/Iron Oral Tablet</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Prenatal/Omega-3/FA/Iron Oral Capsule 28-0.8-530 MG</i>	Preferred	DS (100 DS)
<i>PrenatVite Rx Oral Tablet 0.8 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Se-Natal 19 Oral Tablet 29-1 MG</i>	Non-Preferred	PA
<i>Se-Natal 19 Oral Tablet Chewable 29-1 MG</i>	Preferred	

Drug	Status	Notes
<i>SM One Daily Prenatal Oral 28-0.8 & 440 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Thrivite Rx Oral Tablet 29-1 MG</i>	Preferred	
<i>Trinatal Rx 1 Oral Tablet 60-1 MG</i>	Preferred	
<i>Virt-Nate DHA Oral Capsule 28-1-200 MG</i>	Non-Preferred	PA
<i>WesCap-C DHA Oral Capsule 53.5-38-1 MG</i>	Non-Preferred	PA
<i>WesNate DHA Oral Capsule 28-1-200 MG</i>	Non-Preferred	PA
<i>WesTab Plus Oral Tablet 27-1 MG</i>	Preferred	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil*** - Drugs For Nutrition		
<i>Complete Natal DHA Oral 29-1-200 & 200 MG</i>	Preferred	
<i>WesNatal DHA Complete Oral 29-1-200 & 200 MG</i>	Preferred	
*Prenatal Mv & Min W/Fe-Fa-Dha*** - Drugs For Nutrition		
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG	Preferred	DS (100 DS); QL (1 EA per 1 day)
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG	Preferred	DS (100 DS); QL (1 EA per 1 day)
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	Preferred	DS (100 DS); QL (2 EA per 1 day)
NESTABS ONE ORAL CAPSULE 38-1-225 MG	Non-Preferred	PA
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	Preferred	DS (100 DS); QL (2 EA per 1 day)
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	Non-Preferred	PA
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG	Non-Preferred	PA
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	Non-Preferred	PA
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	Non-Preferred	PA
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG	Non-Preferred	PA
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG	Non-Preferred	PA
SELECT-OB+DHA ORAL 29-1 & 250 MG	Non-Preferred	PA
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG	Preferred	DS (100 DS); QL (1 EA per 1 day)
STUART ONE ORAL CAPSULE 27-0.8-200 MG	Preferred	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG	Non-Preferred	PA
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG	Preferred	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG	Non-Preferred	PA
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG	Non-Preferred	PA
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG	Non-Preferred	PA
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	Non-Preferred	PA
<i>CVS Prenatal Multi+DHA Oral Capsule 27-0.8-250 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>CVS Womens Prenatal+DHA Oral 28-0.975 & 200 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)

Drug	Status	Notes
<i>PNV-DHA Oral Capsule 27-0.6-0.4-300 MG</i>	Non-Preferred	PA
<i>Prenatal Multi +DHA Oral Capsule 27-0.8-250 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Prenatal Multivitamin Plus DHA Oral Capsule 27-0.8-250 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>Prenatal+DHA Oral 28-0.975 & 200 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>TriStart DHA Oral Capsule 31-0.6-0.4-200 MG</i>	Non-Preferred	PA
<i>Virt-PN DHA Oral Capsule 27-0.6-0.4-300 MG</i>	Non-Preferred	PA
<i>Wegmans Complete Prenatal+DHA Oral 28-0.975 & 200 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
<i>WesCap-PN DHA Oral Capsule 27-0.6-0.4-300 MG</i>	Non-Preferred	PA
<i>WestGel DHA Oral Capsule 31-0.6-0.4-200 MG</i>	Non-Preferred	PA
*Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron*** - Drugs For Nutrition		
<i>CVS Prenatal Gummy Oral Tablet Chewable 0.4-113.5 MG</i>	Preferred	DS (100 DS); QL (1 EA per 1 day)
*Prenatal Mv & Minerals W/Fa Without Iron*** - Drugs For Nutrition		
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG	Non-Preferred	PA
<i>Prenatal + Complete Multi Oral Therapy Pack 0.267 & 373 MG</i>	Preferred	DS (100 DS); QL (2 EA per 1 day)
*Prenatal Vitamins*** - Drugs For Nutrition		
PRENATE AM ORAL TABLET 1 MG	Non-Preferred	PA
<i>Calna Oral Tablet</i>	Preferred	DS (100 DS)
Musculoskeletal Therapy Agents - Drugs For Muscles, Ligaments, Tendons, And Bones		
*Central Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	Non-Preferred	PA
FEXMID ORAL TABLET 7.5 MG	Non-Preferred	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	Non-Preferred	PA; QL (16 ML per 1 day)
LORZONE ORAL TABLET 375 MG, 750 MG	Non-Preferred	PA
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG	Non-Preferred	PA
SOMA ORAL TABLET 250 MG	Non-Preferred	PA
SOMA ORAL TABLET 350 MG	Non-Preferred	PA; QL (4 EA per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Non-Preferred	PA
ZANAFLEX ORAL TABLET 4 MG	Non-Preferred	PA
<i>Baclofen Oral Solution 10 MG/5ML</i>	Non-Preferred	PA
<i>Baclofen Oral Solution 5 MG/5ML</i>	Non-Preferred	PA; QL (80 ML per 1 day)
<i>Baclofen Oral Suspension 25 MG/5ML</i>	Non-Preferred	PA; QL (16 ML per 1 day)
<i>Baclofen Oral Tablet 10 MG, 20 MG</i>	Preferred	DS (90 DS)
<i>Baclofen Oral Tablet 15 MG, 5 MG</i>	Preferred	
<i>Carisoprodol Oral Tablet 250 MG</i>	Non-Preferred	PA
<i>Carisoprodol Oral Tablet 350 MG</i>	Non-Preferred	PA; QL (4 EA per 1 day)

Drug	Status	Notes
<i>Chlorzoxazone Oral Tablet 250 MG, 375 MG, 500 MG, 750 MG</i>	Preferred	
<i>Cyclobenzaprine HCl ER Oral Capsule Extended Release 24 Hour 15 MG, 30 MG</i>	Non-Preferred	PA
<i>Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG</i>	Preferred	QL (3 EA per 1 day)
<i>Cyclobenzaprine HCl Oral Tablet 7.5 MG</i>	Preferred	
<i>Metaxalone Oral Tablet 400 MG, 800 MG</i>	Non-Preferred	PA
<i>Methocarbamol Oral Tablet 500 MG, 750 MG</i>	Preferred	
<i>Orphenadrine Citrate ER Oral Tablet Extended Release 12 Hour 100 MG</i>	Non-Preferred	PA
<i>tiZANidine HCl Oral Capsule 2 MG, 4 MG, 6 MG</i>	Non-Preferred	PA
<i>tiZANidine HCl Oral Tablet 2 MG, 4 MG</i>	Preferred	
*Direct Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
DANTRIUM ORAL CAPSULE 25 MG	Non-Preferred	PA
<i>Dantrolene Sodium Oral Capsule 100 MG, 25 MG, 50 MG</i>	Non-Preferred	PA
*Muscle Relaxant Combinations*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
NORGESIC ORAL TABLET 25-385-30 MG	Non-Preferred	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Non-Preferred	PA
<i>Carisoprodol-Aspirin Oral Tablet 200-325 MG</i>	Non-Preferred	PA
<i>Carisoprodol-Aspirin-Codeine Oral Tablet 200-325-16 MG</i>	Non-Preferred	PA; QL (150 EA per 25 days); AGE (Min 12 Years)
<i>Norgesic Forte Oral Tablet 50-770-60 MG</i>	Non-Preferred	PA
<i>Orphenadrine-ASA-Caffeine Oral Tablet 50-770-60 MG</i>	Non-Preferred	PA
<i>Orphenadrine-Aspirin-Caffeine Oral Tablet 25-385-30 MG</i>	Non-Preferred	PA
*Viscosupplements*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	Preferred	PA; QL (6 ML per 180 days)
Nasal Agents - Systemic And Topical - Drugs For The Nose		
*Antihistamine-Steroid*** - Allergy		
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	Non-Preferred	PA
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT	Non-Preferred	PA; AGE (Min 12 Years)
<i>Azelastine-Fluticasone Nasal Suspension 137-50 MCG/ACT</i>	Non-Preferred	PA
*Nasal Agents - Misc.*** - Allergy		
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 %	Preferred	
AYR NASAL SOLUTION 0.65 %	Preferred	
BABY AYR SALINE NASAL SOLUTION 0.65 %	Preferred	

Drug	Status	Notes
LITTLE NOSES STUFFY NOSE KIT NASAL SOLUTION 0.65 %	Preferred	
NASAL MOIST NASAL SOLUTION 0.65 %	Preferred	
OCEAN FOR KIDS NASAL SOLUTION 0.65 %	Preferred	
<i>Altamist Spray Nasal Solution 0.65 %</i>	Preferred	
<i>CVS Saline Nasal Spray Nasal Solution 0.65 %</i>	Preferred	
<i>Deep Sea Nasal Spray Nasal Solution 0.65 %</i>	Preferred	
<i>EQ Saline Nasal Spray Nasal Solution 0.65 %</i>	Preferred	
<i>EQL Saline Nasal Spray Nasal Solution 0.65 %</i>	Preferred	
<i>GNP Nasal Moisturizing Nasal Solution 0.65 %</i>	Preferred	
<i>HM Saline Nasal Spray 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>PX Saline Nasal 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	
<i>TGT Nasal Spray Nasal Solution 0.65 %</i>	Preferred	
<i>TGT Saline Nasal Spray Nasal Solution 0.65 %</i>	Preferred	
*Nasal Anticholinergics*** - Allergy		
<i>Ipratropium Bromide Nasal Solution 0.03 %, 0.06 %</i>	Preferred	
*Nasal Antihistamines*** - Allergy		
PATANASE NASAL SOLUTION 0.6 %	Non-Preferred	PA
<i>Azelastine HCl Nasal Solution 0.1 %, 137 MCG/SPRAY</i>	Preferred	
<i>Azelastine HCl Nasal Solution 0.15 %</i>	Non-Preferred	PA
<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	QL (52 ML per 25 days)
*Nasal Steroids*** - Allergy		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	Non-Preferred	PA
KLS ALLER-CORT NASAL AEROSOL 55 MCG/ACT	Preferred	QL (17 ML per 25 days); AGE (Min 2 Years)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Non-Preferred	PA
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Non-Preferred	PA
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Non-Preferred	PA

Drug	Status	Notes
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT	Preferred	QL (8.43 ML per 25 days); AGE (Min 6 Years)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Non-Preferred	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	Non-Preferred	PA
<i>Allergy Relief Nasal Suspension 50 MCG/ACT</i>	Non-Preferred	PA
<i>Allergy Spray 24 Hour Nasal Aerosol 55 MCG/ACT</i>	Preferred	QL (17 ML per 25 days); AGE (Min 2 Years)
<i>Budesonide Nasal Suspension 32 MCG/ACT</i>	Preferred	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<i>CVS Budesonide Nasal Suspension 32 MCG/ACT</i>	Preferred	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<i>CVS Nasal Allergy Spray Nasal Aerosol 55 MCG/ACT</i>	Preferred	QL (17 ML per 25 days); AGE (Min 2 Years)
<i>EQ Budesonide Nasal Nasal Suspension 32 MCG/ACT</i>	Preferred	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<i>EQ Nasal Allergy Nasal Aerosol 55 MCG/ACT</i>	Preferred	QL (17 ML per 25 days); AGE (Min 2 Years)
<i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i>	Non-Preferred	PA
<i>Fluticasone Propionate Nasal Suspension 50 MCG/ACT</i>	Preferred	DS (90 DS)
<i>Fluticasone Propionate Suspension 50 MCG/ACT Nasal (OTC)</i>	Non-Preferred	PA
<i>FT Allergy Relief 24 HR Nasal Suspension 50 MCG/ACT</i>	Non-Preferred	PA
<i>GNP 24 Hour Nasal Allergy Nasal Aerosol 55 MCG/ACT</i>	Preferred	QL (17 ML per 25 days); AGE (Min 2 Years)
<i>GNP Budesonide Nasal Spray Nasal Suspension 32 MCG/ACT</i>	Preferred	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<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>	Preferred	QL (17 ML per 25 days); AGE (Min 2 Years)
<i>HM 24 Hour Nasal Allergy Nasal Aerosol 55 MCG/ACT</i>	Preferred	QL (17 ML per 25 days); AGE (Min 2 Years)
<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>	Preferred	QL (17 ML per 25 days); AGE (Min 2 Years)
<i>RA Budesonide Nasal Suspension 32 MCG/ACT</i>	Preferred	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<i>RA Nasal Allergy Nasal Aerosol 55 MCG/ACT</i>	Preferred	QL (17 ML per 25 days); AGE (Min 2 Years)
<i>SM Allergy Relief Nasal Suspension 50 MCG/ACT</i>	Non-Preferred	PA
<i>Triamcinolone Acetonide Nasal Aerosol 55 MCG/ACT</i>	Preferred	QL (17 ML per 25 days); AGE (Min 2 Years)

Drug	Status	Notes
*Systemic Decongestants*** - Allergy		
SHOPKO NASAL DECONGESTANT MAX ORAL TABLET 30 MG	Preferred	QL (6 EA per 1 day)
SHOPKO NASAL DECONGESTANT ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	Preferred	QL (2 EA per 1 day)
SUDAFED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	Preferred	QL (2 EA per 1 day)
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML	Preferred	
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	Preferred	QL (2 EA per 1 day)
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	Preferred	QL (6 EA per 1 day)
SUDOGEST ORAL TABLET 30 MG, 60 MG	Preferred	QL (6 EA per 1 day)
SUDOGEST PE ORAL TABLET 10 MG	Preferred	
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	Preferred	QL (2 EA per 1 day)
WAL-PHED D ORAL TABLET 30 MG	Preferred	QL (6 EA per 1 day)
WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	Preferred	QL (2 EA per 1 day)
WAL-PHED PE ORAL TABLET 10 MG	Preferred	
<i>12 Hour Decongestant Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>12 Hour Nasal Decongestant Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>CVS 12 Hour Nasal Decongestant Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>CVS Nasal Decongestant Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>CVS Nasal Decongestant PE Oral Tablet 10 MG</i>	Preferred	
<i>CVS Sinus PE Decongestant Oral Tablet 10 MG</i>	Preferred	
<i>Decongestant Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>EQ Sinus 12-Hour Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>EQL Nasal Decongestant Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>EQL Nasal Decongestant PE Oral Tablet 10 MG</i>	Preferred	
<i>FT Nasal Decongestant Max Str Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Genaphed Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Nasal Decongestant Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Nasal Decongestant PE Oral Tablet 10 MG</i>	Preferred	
<i>GNP Pseudoephedrine HCl 12 Hr Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>GNP Suphedrin Oral Liquid 15 MG/5ML</i>	Preferred	
<i>HM Nasal Decongestant 12 Hour Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>HM Nasal Decongestant Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>HM Nasal Decongestant PE Oral Tablet 10 MG</i>	Preferred	

Drug	Status	Notes
<i>KLS Suphedrine PE Oral Tablet 10 MG</i>	Preferred	
<i>KP Pseudoephedrine HCl Oral Tablet 30 MG, 60 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Meijer Nasal Decongestant Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Nasal Decongestant 12HR Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Nasal Decongestant D Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Nasal Decongestant Max St Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Nasal Decongestant Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Nasal Decongestant PE Max St Oral Tablet 10 MG</i>	Preferred	
<i>Nasal Decongestant PE Oral Tablet 10 MG</i>	Preferred	
<i>Non-Pseudo Sinus Decongestant Oral Tablet 10 MG</i>	Preferred	
<i>Phenylephrine HCl Oral Tablet 10 MG</i>	Preferred	
<i>Pseudoephedrine HCl ER Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Pseudoephedrine HCl Oral Tablet 30 MG, 60 MG</i>	Preferred	QL (6 EA per 1 day)
<i>PX Nasal Decongestant Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>PX Nasal Decongestant Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>PX Nasal Decongestant PE Oral Tablet 10 MG</i>	Preferred	
<i>QC Nasal Decongestant PE Oral Tablet 10 MG</i>	Preferred	
<i>QC Nasal Decongestant PE Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>QC Suphedrine Maximum Strength Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>QC Suphedrine Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>RA Nasal Decongestant PE Oral Tablet 10 MG</i>	Preferred	
<i>RA Sinus/Congestion Relief Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>RA Sinus/Congestion Relief Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>RA Sinus/Congestion Relief PE Oral Tablet 10 MG</i>	Preferred	
<i>RA Suphedrine Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>RA Suphedrine Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Sinus 12 Hour Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Sinus Congestion Max Strength Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>SM Nasal Decongestant Max St Oral Tablet 30 MG</i>	Preferred	QL (6 EA per 1 day)
<i>SM Nasal Decongestant Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>SM Nasal Decongestant PE Oral Tablet 10 MG</i>	Preferred	
<i>SudoGest 12 Hour Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>Suphedrine 12Hour Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)
<i>TGT Sinus 12 Hour Oral Tablet Extended Release 12 Hour 120 MG</i>	Preferred	QL (2 EA per 1 day)

Drug	Status	Notes
*Topical Decongestants*** - Allergy		
DRISTAN NASAL SOLUTION 0.05 %	Preferred	
GILTUSS SEVERE SINUS NASAL SOLUTION 0.05 %	Preferred	
MUCINEX CHILDRENS STUFFY NOSE NASAL SOLUTION 0.05 %	Preferred	
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 %	Preferred	
MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 %	Preferred	
NOSTRILLA NASAL SOLUTION 0.05 %	Preferred	
NRS NASAL RELIEF NASAL SOLUTION 0.05 %	Preferred	
QLEARQUIL NASAL SOLUTION 0.05 %	Preferred	
12 Hour Decongestant Nasal Solution 0.05 %	Preferred	
12 Hour Nasal Decongestant Nasal Solution 0.05 %	Preferred	
12 Hour Nasal Relief Spray Nasal Solution 0.05 %	Preferred	
12 Hour Nasal Spray Nasal Solution 0.05 %	Preferred	
Anefrin Spray Nasal Solution 0.05 %	Preferred	
CVS Allergy Nasal Mist No Drip Nasal Solution 0.05 %	Preferred	
CVS Nasal Mist Nasal Solution 0.05 %	Preferred	
CVS Nasal Spray Nasal Solution 0.05 %	Preferred	
CVS Sinus Nasal Spray Nasal Solution 0.05 %	Preferred	
EQ Nasal Spray Nasal Solution 0.05 %	Preferred	
EQL Nasal Spray 12 Hour Nasal Solution 0.05 %	Preferred	
EQL Nasal Spray No Drip Nasal Solution 0.05 %	Preferred	
GNP Nasal Spray Extra Moist Nasal Solution 0.05 %	Preferred	
GNP Nasal Spray Nasal Solution 0.05 %	Preferred	
GNP No Drip Nasal Spray Nasal Solution 0.05 %	Preferred	
HM Nasal Spray Nasal Solution 0.05 %	Preferred	
HM Sinus Nasal Spray Nasal Solution 0.05 %	Preferred	
KLS Nasal Decongestant Spray Nasal Solution 0.05 %	Preferred	
Long Acting Nasal Spray Nasal Solution 0.05 %	Preferred	
Long Lasting Nasal Spray Nasal Solution 0.05 %	Preferred	
Nasal Decongestant Spray Nasal Solution 0.05 %	Preferred	
Nasal Relief Nasal Solution 0.05 %	Preferred	
Nasal Spray 12 Hour Nasal Solution 0.05 %	Preferred	
Nasal Spray Anti-Drip Nasal Solution 0.05 %	Preferred	
Nasal Spray Extra Moisturizing Nasal Solution 0.05 %	Preferred	
Nasal Spray Max Strength Nasal Solution 0.05 %	Preferred	
Nasal Spray Moisturizing 12 HR Nasal Solution 0.05 %	Preferred	
Nasal Spray Nasal Solution 0.05 %	Preferred	
Nasal Spray No Drip Nasal Solution 0.05 %	Preferred	
Nasal Spray Sinus Nasal Solution 0.05 %	Preferred	

Drug	Status	Notes
<i>No Drip Nasal Spray Nasal Solution 0.05 %</i>	Preferred	
<i>Oxymetazoline HCl Nasal Solution 0.05 %</i>	Preferred	
<i>PX Nasal Spray Moisturizing Nasal Solution 0.05 %</i>	Preferred	
<i>PX No Drip Nasal Spray Nasal Solution 0.05 %</i>	Preferred	
<i>PX Original Nasal Spray Nasal Solution 0.05 %</i>	Preferred	
<i>QC Nasal Mist No Drip Nasal Solution 0.05 %</i>	Preferred	
<i>QC Nasal Relief Moisturizing Nasal Solution 0.05 %</i>	Preferred	
<i>QC Nasal Spray Nasal Solution 0.05 %</i>	Preferred	
<i>QC No Drip Extra Moisturizing Nasal Solution 0.05 %</i>	Preferred	
<i>QC No Drip Nasal Relief Nasal Solution 0.05 %</i>	Preferred	
<i>QC No Drip Original 12 Hours Nasal Solution 0.05 %</i>	Preferred	
<i>RA 12 Hour Nasal Spray Nasal Solution 0.05 %</i>	Preferred	
<i>RA Nasal Spray Max St Nasal Solution 0.05 %</i>	Preferred	
<i>RA Nasal Spray Nasal Solution 0.05 %</i>	Preferred	
<i>RA Severe Congestion Spray Nasal Solution 0.05 %</i>	Preferred	
<i>SB 12HR Nasal Spray Nasal Solution 0.05 %</i>	Preferred	
<i>SB Nasal Spray No-Drip Nasal Solution 0.05 %</i>	Preferred	
<i>SB Sinus Relief Nasal Solution 0.05 %</i>	Preferred	
<i>Sinus Nasal Spray 12 Hour Nasal Solution 0.05 %</i>	Preferred	
<i>Sinus Nasal Spray Nasal Solution 0.05 %</i>	Preferred	
<i>Sinus Relief Mist Nasal Solution 0.05 %</i>	Preferred	
<i>Sinus Relief Nasal Solution 0.05 %</i>	Preferred	
<i>SM Nasal Spray 12 Hour Nasal Solution 0.05 %</i>	Preferred	
<i>SM Nasal Spray Moisturizing Nasal Solution 0.05 %</i>	Preferred	
<i>SM Nasal Spray Nasal Solution 0.05 %</i>	Preferred	
<i>SM Nasal Spray Sinus Nasal Solution 0.05 %</i>	Preferred	
<i>TGT Nasal Decongestant 12-Hour Nasal Solution 0.05 %</i>	Preferred	

***Nutrients* - Drugs For Nutrition**

Misc. Nutritional Substances - Drugs For Nutrition**

ESKIMO PUREFA ORAL CAPSULE 1000 MG	Preferred	
MAXIMUM EPA ORAL CAPSULE 1000 MG	Preferred	
OMEGAPURE 600 EC ORAL CAPSULE DELAYED RELEASE 1000 MG	Preferred	
OMERA ORAL CAPSULE 1000 MG	Preferred	
OVEGA-3 ORAL CAPSULE 500 MG	Preferred	
SEA-OMEGA 30 ORAL CAPSULE 1200 MG	Preferred	
SEA-OMEGA ORAL CAPSULE 1000 MG	Preferred	
SUPER DHA GEMS ORAL CAPSULE 1000 MG	Preferred	
SUPER OMEGA 3 ORAL CAPSULE 500 MG	Preferred	
SUPER OMEGA-3 ORAL CAPSULE 1000 MG	Preferred	
THERAGRAN-M FISH OIL CONC ORAL CAPSULE 1200 MG	Preferred	

Drug	Status	Notes
THEROMEGA ORAL CAPSULE 1000 MG	Preferred	
TYLER ESKIMO-3 ORAL CAPSULE 500 MG	Preferred	
ULTRA OMEGA 3 ORAL CAPSULE 1000 MG	Preferred	
VITEYES OMEGA-3 VISION SUPPORT ORAL CAPSULE DELAYED RELEASE 1000 MG	Preferred	
<i>Algal Omega-3 DHA Oral Capsule 200 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Atabex DHA 200 Oral Capsule 200 MG</i>	Preferred	QL (1 EA per 1 day)
<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>DHA Complete Oral Capsule 200 MG</i>	Preferred	QL (1 EA per 1 day)
<i>DHA from Algae Oral Capsule 200 MG</i>	Preferred	QL (1 EA per 1 day)
<i>DHA Natural Omega-3 Oral Capsule 200 MG</i>	Preferred	QL (1 EA per 1 day)
<i>DHA Oral Capsule 200 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Enteric Fish Oil Oral Capsule Delayed Release 1000 MG</i>	Preferred	
<i>EPA Oral Capsule 1000 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</i>	Preferred	
<i>Fish Oil Double Strength Oral Capsule 1200 MG</i>	Preferred	
<i>Fish Oil Extra Strength Oral Capsule 1200 MG</i>	Preferred	
<i>Fish Oil High Potency Oral Capsule 1000 MG</i>	Preferred	
<i>Fish Oil Maximum Strength Oral Capsule 1200 MG</i>	Preferred	
<i>Fish Oil Maximum Strength Oral Capsule Delayed Release 1200 MG</i>	Preferred	
<i>Fish Oil Odor-Less Oral Capsule 1200 MG</i>	Preferred	
<i>Fish Oil Omega-3 Oral Capsule 1000 MG</i>	Preferred	
<i>Fish Oil Oral Capsule 1000 MG, 1200 MG, 500 MG</i>	Preferred	
<i>Fish Oil Oral Capsule Delayed Release 1000 MG, 1200 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</i>	Preferred	
<i>HM Fish Oil Oral Capsule 1000 MG, 1200 MG</i>	Preferred	

Drug	Status	Notes
<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>Lifes DHA Adult Oral Capsule 200 MG</i>	Preferred	QL (1 EA per 1 day)
<i>MaxEPA Oral Capsule 1000 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 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 Oral Capsule 1000 MG, 1200 MG, 500 MG</i>	Preferred	
<i>Omega-3 Oral Capsule 1000 MG</i>	Preferred	
<i>Omega-3 Plus Oral Capsule 1000 MG</i>	Preferred	
<i>PreNatal DHA Oral Capsule 200 MG</i>	Preferred	QL (1 EA per 1 day)
<i>PX Fish Oil Oral Capsule 1000 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</i>	Preferred	
<i>SM Fish Oil Oral Capsule Delayed Release 1000 MG</i>	Preferred	
<i>SM Omega-3 Fish Oil Oral Capsule 1200 MG</i>	Preferred	
<i>Super Omega 3 EPA/DHA Oral Capsule 1000 MG</i>	Preferred	
<i>SV Fish Oil Oral Capsule 500 MG</i>	Preferred	
Ophthalmic Agents - Drugs For The Eye		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*** - Drugs For Glaucoma		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Non-Preferred	PA
*Artificial Tear And Lubricant Combinations*** - Drugs For The Eye		
ALTALUBE OPHTHALMIC OINTMENT 85-15 %	Preferred	
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	Preferred	
CLEAR EYES ALL SEASONS OPHTHALMIC SOLUTION 5-6 MG/ML	Preferred	
CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML	Preferred	
EQ RESTORE PM OPHTHALMIC OINTMENT	Preferred	

Drug	Status	Notes
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT	Preferred	
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.3 %	Preferred	
HYPOTEARs OPHTHALMIC OINTMENT	Preferred	
MURINE TEARS FOR DRY EYES OPHTHALMIC SOLUTION 5-6 MG/ML	Preferred	
PURALUBE OPHTHALMIC OINTMENT 85-15 %	Preferred	
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT	Preferred	
REFRESH P.M. OPHTHALMIC OINTMENT	Preferred	
RETAIN E PM OPHTHALMIC OINTMENT	Preferred	
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT	Preferred	
STYE OPHTHALMIC OINTMENT 31.9-57.7 %	Preferred	
STYE OPHTHALMIC SOLUTION 0.5-0.6 %	Preferred	
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT	Preferred	
TEARS AGAIN OPHTHALMIC OINTMENT	Preferred	
ULTRA FRESH PM OPHTHALMIC OINTMENT	Preferred	
VISTA TEARS OPHTHALMIC SOLUTION 0.4-0.3 %	Preferred	
<i>Artificial Eye Ophthalmic Ointment 83-15 %</i>	Preferred	
<i>Artificial Tears Ophthalmic Ointment 83-15 %</i>	Preferred	
<i>Artificial Tears Ophthalmic Solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 1-0.3 %, 5-6 MG/ML</i>	Preferred	
<i>Artificial Tears PF Ophthalmic Solution 0.1-0.3 %</i>	Preferred	
<i>CVS Artificial Tears Ophthalmic Solution 1-0.3 %</i>	Preferred	
<i>CVS Dry Eye Relief Ophthalmic Solution 0.2-0.2-1 %</i>	Preferred	
<i>CVS Dry-Eye Relief Nighttime Ophthalmic Ointment 42.5-57.3 %</i>	Preferred	
<i>CVS Eye Lubricant Ophthalmic Ointment</i>	Preferred	
<i>CVS Lubricant Drops Fast Act Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>CVS Lubricant Drops Long Last Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>CVS Lubricant Eye Drops (PF) 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 Drops Ophthalmic Solution 0.2-0.2-1 %</i>	Preferred	
<i>EQ Artificial Tears Ophthalmic Solution 1-0.3 %</i>	Preferred	
<i>EQ Lubricant Eye Drops Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>Eye Lubricant Ophthalmic Ointment</i>	Preferred	
<i>For Sty Relief Ophthalmic Ointment 31.9-57.7 %</i>	Preferred	

Drug	Status	Notes
<i>GNP Artificial Tears Ophthalmic Solution 5-6 MG/ML</i>	Preferred	
<i>GNP Eye Drops Long Lasting Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>GNP Eye Drops Ophthalmic Solution 0.2-0.2-1 %</i>	Preferred	
<i>GNP Lubricant Eye Drops Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>GNP Lubricant PM Ophthalmic Ointment</i>	Preferred	
<i>GNP Ultra Lubricant Eye Drops Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>GoodSense Artificial Tears Ophthalmic Solution 0.5-0.6 %</i>	Preferred	
<i>GoodSense Lubricant Eye Drops Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>GoodSense Ultra Lubricant Drop Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>HM Artificial Tears Ophthalmic Solution 5-6 MG/ML</i>	Preferred	
<i>HM Dry Eye Relief Ophthalmic Solution 0.2-0.2-1 %</i>	Preferred	
<i>HM Lubricating Tears Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>Lubricant Eye Drops (PF) Ophthalmic Solution 0.1-0.3 %, 0.4-0.3 %</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 Eye PM Ophthalmic Ointment</i>	Preferred	
<i>Lubricant PM Ophthalmic Ointment</i>	Preferred	
<i>Lubricating Eye Drops Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>Lubricating Tears Eye Drops Ophthalmic Solution 0.1-0.3 %</i>	Preferred	
<i>LubriFresh P.M. Ophthalmic Ointment</i>	Preferred	
<i>Natural Balance Tears Ophthalmic Solution 0.1-0.3 %</i>	Preferred	
<i>Natures Tears Ophthalmic Solution 0.1-0.3 %</i>	Preferred	
<i>PX Artificial Tears Ophthalmic Solution 5-6 MG/ML</i>	Preferred	
<i>QC Artificial Tears Ophthalmic Solution 5-6 MG/ML</i>	Preferred	
<i>RA Artificial Tears Ophthalmic Solution 1-0.3 %</i>	Preferred	
<i>RA Lubricant Eye Ophthalmic Solution 0.4-0.3 %, 1-0.3 %</i>	Preferred	
<i>SM Dry Eye Relief Ophthalmic Solution 0.2-0.2-1 %</i>	Preferred	
<i>SM Lubricant Eye Drops Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>SM Lubricating Tears Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>Tears Pure Ophthalmic Solution 0.1-0.3 %</i>	Preferred	
<i>TGT Lubricant Eye Drops Ophthalmic Solution 0.4-0.3 %, 1-0.3 %</i>	Preferred	
<i>TGT Lubricant Eye Nighttime Ophthalmic Ointment 83-15 %</i>	Preferred	

Drug	Status	Notes
<i>Ultra Lubricating Eye Drops Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
<i>Ultra Lubricating Eye Drops PF Ophthalmic Solution 0.4-0.3 %</i>	Preferred	
*Artificial Tear Solutions*** - Drugs For The Eye		
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	Preferred	
SOOTHE HYDRATION OPHTHALMIC SOLUTION 1.25 %	Preferred	
SOOTHE XP OPHTHALMIC SOLUTION	Preferred	
SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION	Preferred	
SYSTANE CONTACTS OPHTHALMIC SOLUTION	Preferred	
TEARS AGAIN ADVANCED EYELID OPHTHALMIC SOLUTION	Preferred	
<i>Artificial Tears Ophthalmic Solution</i>	Preferred	
<i>Just Tears Eye Drops Ophthalmic Solution</i>	Preferred	
<i>SM Artificial Tears Ophthalmic Solution</i>	Preferred	
*Artificial Tears And Lubricants*** - Drugs For The Eye		
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 %	Preferred	
RETAINÉ CMC OPHTHALMIC SOLUTION 0.5 %	Preferred	
TEARS AGAIN OPHTHALMIC SOLUTION 1.4 %	Preferred	
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 %	Preferred	
<i>Artificial Tears Ophthalmic Solution 1.4 %</i>	Preferred	
<i>Carboxymethylcellulose Sod PF Ophthalmic Solution 0.5 %</i>	Preferred	
<i>Carboxymethylcellulose Sodium Ophthalmic Solution 0.5 %</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>CVS Lubricant Eye Drops PF Ophthalmic Solution 0.5 %</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 Eye Drops Ophthalmic Solution 0.5 %</i>	Preferred	
<i>GNP Lubricating Plus Eye Drops Ophthalmic Solution 0.5 %</i>	Preferred	
<i>GoodSense Lubricating Eye Drop Ophthalmic Solution 0.5 %</i>	Preferred	
<i>HM Lubricating Plus Ophthalmic Solution 0.5 %</i>	Preferred	
<i>LiquiTears Ophthalmic Solution 1.4 %</i>	Preferred	
<i>Lubricant Eye Drops Ophthalmic Solution 0.5 %</i>	Preferred	

Drug	Status	Notes
<i>Lubricant Eye Drops PF Ophthalmic Solution 0.5 %</i>	Preferred	
<i>Lubricating Plus Eye Drops Ophthalmic Solution 0.5 %</i>	Preferred	
<i>Polyvinyl Alcohol Ophthalmic Solution 1.4 %</i>	Preferred	
<i>RA Lubricant Eye Drops Ophthalmic Solution 0.5 %</i>	Preferred	
<i>SM Lubricating Plus Ophthalmic Solution 0.5 %</i>	Preferred	
*Beta-Blockers - Ophthalmic Combinations*** - Drugs For Glaucoma		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Preferred	
COSOPT OPHTHALMIC SOLUTION 2-0.5 %	Non-Preferred	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	Non-Preferred	PA
<i>Brimonidine Tartrate-Timolol Ophthalmic Solution 0.2-0.5 %</i>	Non-Preferred	PA
<i>Dorzolamide HCl-Timolol Mal Ophthalmic Solution 2-0.5 %</i>	Preferred	
<i>Dorzolamide HCl-Timolol Mal PF Ophthalmic Solution 2-0.5 %</i>	Non-Preferred	PA
*Beta-Blockers - Ophthalmic*** - Drugs For Glaucoma		
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Non-Preferred	PA
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Non-Preferred	PA
ISTALOL OPHTHALMIC SOLUTION 0.5 %	Non-Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Non-Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Non-Preferred	PA
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Non-Preferred	PA
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	Non-Preferred	PA
<i>Betaxolol HCl Ophthalmic Solution 0.5 %</i>	Non-Preferred	PA
<i>Carteolol HCl Ophthalmic Solution 1 %</i>	Non-Preferred	PA
<i>Levobunolol HCl Ophthalmic Solution 0.5 %</i>	Preferred	
<i>Timolol Maleate (Once-Daily) Ophthalmic Solution 0.5 %</i>	Non-Preferred	PA
<i>Timolol Maleate Ophthalmic Gel Forming Solution 0.25 %, 0.5 %</i>	Preferred	
<i>Timolol Maleate Ophthalmic Solution 0.25 %, 0.5 %</i>	Preferred	
<i>Timolol Maleate PF Ophthalmic Solution 0.25 %, 0.5 %</i>	Non-Preferred	PA
*Cholinergic Agonists*** - Drugs For The Eye		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Non-Preferred	PA; QL (0.28 ML per 1 day)
*Cycloplegic Mydriatics*** - Drugs For The Eye		
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	Preferred	QL (15 ML per 25 days)
<i>Atropine Sulfate Ophthalmic Solution 1 %</i>	Preferred	QL (15 ML per 25 days)
<i>Cyclopentolate HCl Ophthalmic Solution 1 %</i>	Preferred	QL (15 ML per 25 days)

Drug	Status	Notes
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*** - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC SOLUTION 5 %	Preferred	
*Miotics - Cholinesterase Inhibitors*** - Drugs For Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Non-Preferred	PA
*Miotics - Direct Acting*** - Drugs For Glaucoma		
VUITY OPHTHALMIC SOLUTION 1.25 %	Non-Preferred	PA
<i>Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %</i>	Preferred	
*Ophthalmic Antiallergic*** - Drugs For Itchy Eye		
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	Preferred	
ALAWAY OPHTHALMIC SOLUTION 0.035 %	Preferred	
ALOCRILOPHTHALMIC SOLUTION 2 %	Non-Preferred	PA
ALOMIDOPHTHALMIC SOLUTION 0.1 %	Non-Preferred	PA
BEPREVE OPHTHALMIC SOLUTION 1.5 %	Non-Preferred	PA
LASTACAFTOPHTHALMIC SOLUTION 0.25 %	Non-Preferred	PA
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %, 0.7 %	Non-Preferred	PA
ZADITOR OPHTHALMIC SOLUTION 0.035 %	Non-Preferred	PA
ZERVIA TOPHTHALMIC SOLUTION 0.24 %	Non-Preferred	PA; AGE (Min 2 Years)
<i>Azelastine HCl Ophthalmic Solution 0.05 %</i>	Non-Preferred	PA
<i>Bepotastine Besilate Ophthalmic Solution 1.5 %</i>	Non-Preferred	PA
<i>Cromolyn Sodium Ophthalmic Solution 4 %</i>	Preferred	
<i>Epinastine HCl Ophthalmic Solution 0.05 %</i>	Non-Preferred	PA
<i>Eye Allergy Itch Relief Ophthalmic Solution 0.2 %</i>	Preferred	
<i>Eye Allergy Itch/Redness Rel Ophthalmic Solution 0.1 %</i>	Preferred	
<i>Eye Itch Relief Ophthalmic Solution 0.035 %</i>	Preferred	
<i>FT Eye Allergy Itch & Redness Ophthalmic Solution 0.1 %</i>	Preferred	
<i>FT Eye Allergy Itch Relief Ophthalmic Solution 0.2 %</i>	Preferred	
<i>GNP Olopatadine HCl Ophthalmic Solution 0.1 %, 0.2 %</i>	Preferred	
<i>HM Eye Allergy Itch Relief Ophthalmic Solution 0.2 %</i>	Preferred	
<i>HM Eye Allergy Itch/Red Relief Ophthalmic Solution 0.1 %</i>	Preferred	
<i>Ketotifen Fumarate Ophthalmic Solution 0.035 %</i>	Preferred	
<i>Olopatadine HCl Ophthalmic Solution 0.1 %</i>	Non-Preferred	PA
<i>Olopatadine HCl Ophthalmic Solution 0.2 %</i>	Preferred	
<i>Olopatadine HCl Solution 0.1 % Ophthalmic (OTC)</i>	Preferred	
<i>Olopatadine HCl Solution 0.2 % Ophthalmic (Rx)</i>	Non-Preferred	PA
<i>SM Olopatadine HCl Ophthalmic Solution 0.2 %</i>	Preferred	

Drug	Status	Notes
*Ophthalmic Antibiotics*** - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC SOLUTION 1 %	Non-Preferred	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Non-Preferred	PA
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Non-Preferred	PA
OCUFLOX OPHTHALMIC SOLUTION 0.3 %	Non-Preferred	PA
TOBREX OPHTHALMIC OINTMENT 0.3 %	Non-Preferred	PA
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	Non-Preferred	PA
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	Non-Preferred	PA
<i>Bacitracin Ophthalmic Ointment 500 UNIT/GM</i>	Non-Preferred	PA
<i>Ciprofloxacin HCl Ophthalmic Solution 0.3 %</i>	Preferred	
<i>Erythromycin Ophthalmic Ointment 5 MG/GM</i>	Preferred	
<i>Gatifloxacin Ophthalmic Solution 0.5 %</i>	Non-Preferred	PA
<i>Gentamicin Sulfate Ophthalmic Solution 0.3 %</i>	Preferred	
<i>Moxifloxacin HCl (2X Day) Ophthalmic Solution 0.5 %</i>	Non-Preferred	PA
<i>Moxifloxacin HCl Ophthalmic Solution 0.5 %</i>	Non-Preferred	PA
<i>Ofloxacin Ophthalmic Solution 0.3 %</i>	Preferred	
<i>Tobramycin Ophthalmic Solution 0.3 %</i>	Preferred	
*Ophthalmic Antifungal*** - Drugs For The Eye		
NATACYN OPHTHALMIC SUSPENSION 5 %	Non-Preferred	PA
*Ophthalmic Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories		
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Non-Preferred	PA
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	Preferred	
<i>Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM</i>	Preferred	
<i>Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment 3.5-400-10000 , 5-400-10000</i>	Non-Preferred	PA
<i>Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025</i>	Non-Preferred	PA
<i>Polymyxin B-Trimethoprim Ophthalmic Solution 10000-0.1 UNIT/ML-%</i>	Preferred	
*Ophthalmic Carbonic Anhydrase Inhibitors*** - Drugs For Glaucoma		
AZOPT OPHTHALMIC SUSPENSION 1 %	Non-Preferred	PA
<i>Brinzolamide Ophthalmic Suspension 1 %</i>	Non-Preferred	PA
<i>Dorzolamide HCl Ophthalmic Solution 2 %</i>	Preferred	
*Ophthalmic Hyperosmolar Products*** - Drugs For The Eye		
ALTACHLORE OPHTHALMIC OINTMENT 5 %	Preferred	
ALTACHLORE OPHTHALMIC SOLUTION 5 %	Preferred	
<i>CVS Sod Chloride Hypertonicity Ophthalmic Ointment 5 %</i>	Preferred	
<i>CVS Sodium Chloride Ophthalmic Ointment 5 %</i>	Preferred	

Drug	Status	Notes
CVS Sodium Chloride Ophthalmic Solution 5 %	Preferred	
Sochlor Ophthalmic Solution 5 %	Preferred	
Sodium Chloride (Hypertonic) Ophthalmic Ointment 5 %	Preferred	
Sodium Chloride (Hypertonic) Ophthalmic Solution 5 %	Preferred	
*Ophthalmic Immunomodulators*** - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC SOLUTION 0.09 %	Non-Preferred	PA; QL (60 EA per 25 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Preferred	
RESTASIS OPHTHALMIC EMULSION 0.05 %	Preferred	
VERKAZIA OPHTHALMIC EMULSION 0.1 %	Non-Preferred	PA
VEVYE OPHTHALMIC SOLUTION 0.1 %	Non-Preferred	PA
cycloSPORINE Ophthalmic Emulsion 0.05 %	Non-Preferred	PA
*Ophthalmic Kinase Inhibitors - Combinations*** - Drugs For Glaucoma		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Preferred	PA
*Ophthalmic Local Anesthetics*** - Drugs For The Eye		
Proparacaine HCl Ophthalmic Solution 0.5 %	Preferred	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** - Anti-Infective/Anti-Inflammatories		
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	Non-Preferred	PA
ACULAR OPHTHALMIC SOLUTION 0.5 %	Non-Preferred	PA
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	Non-Preferred	PA
BROMSITE OPHTHALMIC SOLUTION 0.075 %	Non-Preferred	PA
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Non-Preferred	PA
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	Non-Preferred	PA
PROLENSA OPHTHALMIC SOLUTION 0.07 %	Non-Preferred	PA
Bromfenac Sodium (Once-Daily) Ophthalmic Solution 0.09 %	Non-Preferred	PA
Bromfenac Sodium Ophthalmic Solution 0.07 %, 0.075 %	Non-Preferred	PA
Diclofenac Sodium Ophthalmic Solution 0.1 %	Preferred	
Flurbiprofen Sodium Ophthalmic Solution 0.03 %	Non-Preferred	PA
Ketorolac Tromethamine Ophthalmic Solution 0.4 %	Non-Preferred	PA
Ketorolac Tromethamine Ophthalmic Solution 0.5 %	Preferred	
*Ophthalmic Rho Kinase Inhibitors*** - Drugs For Glaucoma		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Preferred	PA
*Ophthalmic Selective Alpha Adrenergic Agonists*** - Drugs For Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Non-Preferred	PA
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	Preferred	

Drug	Status	Notes
IOPIDINE OPHTHALMIC SOLUTION 1 %	Non-Preferred	PA
<i>Apraclonidine HCl Ophthalmic Solution 0.5 %</i>	Non-Preferred	PA
<i>Brimonidine Tartrate Ophthalmic Solution 0.1 %, 0.15 %</i>	Non-Preferred	PA
<i>Brimonidine Tartrate Ophthalmic Solution 0.2 %</i>	Preferred	
*Ophthalmic Steroid Combinations*** - Anti-Infective/Anti-Inflammatories		
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1	Non-Preferred	PA
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	Non-Preferred	PA
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Non-Preferred	PA
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Preferred	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	Preferred	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	Non-Preferred	PA
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Non-Preferred	PA
<i>Bacitra-Neomycin-Polymyxin-HC Ophthalmic Ointment 1 %</i>	Non-Preferred	PA
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Ointment 3.5-10000-0.1</i>	Preferred	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1</i>	Preferred	
<i>Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1</i>	Non-Preferred	PA
<i>Sulfacetamide-prednisolONE Ophthalmic Solution 10-0.23 %</i>	Preferred	
<i>Tobramycin-Dexamethasone Ophthalmic Suspension 0.3-0.1 %</i>	Preferred	
*Ophthalmic Steroids*** - Anti-Infective/Anti-Inflammatories		
ALREX OPHTHALMIC SUSPENSION 0.2 %	Preferred	
DUREZOL OPHTHALMIC EMULSION 0.05 %	Non-Preferred	PA
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Non-Preferred	PA; QL (8.3 ML per 25 days)
FLAREX OPHTHALMIC SUSPENSION 0.1 %	Non-Preferred	PA
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	Non-Preferred	PA
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 %	Non-Preferred	PA
INVELTYS OPHTHALMIC SUSPENSION 1 %	Non-Preferred	PA
LOTEMAX OPHTHALMIC GEL 0.5 %	Non-Preferred	PA
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Non-Preferred	PA
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	Preferred	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Non-Preferred	PA
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Preferred	
PRED FORTE OPHTHALMIC SUSPENSION 1 %	Non-Preferred	PA
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	Preferred	
<i>Dexamethasone Sodium Phosphate Ophthalmic Solution 0.1 %</i>	Non-Preferred	PA
<i>Difluprednate Ophthalmic Emulsion 0.05 %</i>	Non-Preferred	PA

Drug	Status	Notes
<i>Fluorometholone Ophthalmic Suspension 0.1 %</i>	Preferred	
<i>Loteprednol Etabonate Ophthalmic Gel 0.5 %</i>	Non-Preferred	PA
<i>Loteprednol Etabonate Ophthalmic Suspension 0.2 %, 0.5 %</i>	Non-Preferred	PA
<i>prednisoLONE Acetate Ophthalmic Suspension 1 %</i>	Non-Preferred	PA
<i>PrednisoLONE Sodium Phosphate Ophthalmic Solution 1 %</i>	Non-Preferred	PA
*Ophthalmic Sulfonamides*** - Anti-Infective/Anti-Inflammatories		
<i>Sulfacetamide Sodium Ophthalmic Ointment 10 %</i>	Non-Preferred	PA
<i>Sulfacetamide Sodium Ophthalmic Solution 10 %</i>	Non-Preferred	PA
*Ophthalmics Misc. - Other*** - Drugs For The Eye		
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Non-Preferred	PA
*Prostaglandins - Ophthalmic*** - Drugs For Glaucoma		
IYUZEH OPHTHALMIC SOLUTION 0.005 %	Non-Preferred	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Non-Preferred	PA
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Preferred	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Non-Preferred	PA
XALATAN OPHTHALMIC SOLUTION 0.005 %	Non-Preferred	PA
XELPROS OPHTHALMIC EMULSION 0.005 %	Non-Preferred	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Non-Preferred	PA
<i>Bimatoprost Ophthalmic Solution 0.03 %</i>	Non-Preferred	PA
<i>Latanoprost Ophthalmic Solution 0.005 %</i>	Preferred	
<i>Tafluprost (PF) Ophthalmic Solution 0.0015 %</i>	Non-Preferred	PA
<i>Travoprost (BAK Free) Ophthalmic Solution 0.004 %</i>	Non-Preferred	PA
Otic Agents - Drugs For The Ear		
*Otic Agents - Miscellaneous*** - Wax Removal		
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 %	Preferred	
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 %	Preferred	
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 %	Preferred	
MURINE EAR OTIC SOLUTION 6.5 %	Preferred	
MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 %	Preferred	
OTIX OTIC SOLUTION 6.5 %	Preferred	
<i>Acetic Acid Otic Solution 2 %</i>	Preferred	
<i>CVS Ear Drops Otic Solution 6.5 %</i>	Preferred	
<i>CVS Ear Wax Removal System Otic Solution 6.5 %</i>	Preferred	
<i>CVS Earwax Removal Kit Otic Solution 6.5 %</i>	Preferred	
<i>Ear Drops Earwax Aid Otic Solution 6.5 %</i>	Preferred	
<i>Ear Drops for Swimmers Otic Liquid 95-5 %</i>	Preferred	
<i>Ear Drops Otic Solution 6.5 %</i>	Preferred	
<i>Ear Wax Drops Otic Solution 6.5 %</i>	Preferred	

Drug	Status	Notes
<i>Ear Wax Removal Drops Otic Solution 6.5 %</i>	Preferred	
<i>Ear Wax Removal Kit Otic Solution 6.5 %</i>	Preferred	
<i>Ear Wax Removal System Otic Solution 6.5 %</i>	Preferred	
<i>Earwax Removal Aid Otic Solution 6.5 %</i>	Preferred	
<i>Earwax Removal Kit Otic Solution 6.5 %</i>	Preferred	
<i>Earwax Removal Otic Solution 6.5 %</i>	Preferred	
<i>Earwax Treatment Drops Otic Solution 6.5 %</i>	Preferred	
<i>EQ Ear Wax Removal Aid Otic Solution 6.5 %</i>	Preferred	
<i>EQ Earwax Removal Aid Otic Solution 6.5 %</i>	Preferred	
<i>GNP Ear Drops Otic Solution 6.5 %</i>	Preferred	
<i>GNP Ear Systems Otic Solution 6.5 %</i>	Preferred	
<i>GNP Earwax Removal Drops Otic Solution 6.5 %</i>	Preferred	
<i>GNP Earwax Removal Kit Otic Solution 6.5 %</i>	Preferred	
<i>GoodSense Ear Wax Kit Otic Solution 6.5 %</i>	Preferred	
<i>GoodSense Ear Wax Removal Otic Solution 6.5 %</i>	Preferred	
<i>HM Earwax Removal Kit Otic Solution 6.5 %</i>	Preferred	
<i>HM Earwax Removal Otic Solution 6.5 %</i>	Preferred	
<i>Instant Ear-Dry Otic Liquid 95-5 %</i>	Preferred	
<i>QC Ear Wax Removal Otic Solution 6.5 %</i>	Preferred	
<i>QC Earwax Removal Kit Otic Solution 6.5 %</i>	Preferred	
<i>QC Earwax Removal Otic Solution 6.5 %</i>	Preferred	
<i>QC Instant Ear-Dry Otic Liquid 95-5 %</i>	Preferred	
<i>RA Ear Drops Otic Solution 6.5 %</i>	Preferred	
<i>RA Ear Drying Agent Otic Liquid 95-5 %</i>	Preferred	
<i>RA Earwax Removal Kit Otic Solution 6.5 %</i>	Preferred	
<i>SM Ear Drops Otic Solution 6.5 %</i>	Preferred	
*Otic Anti-Infectives*** - Antibiotics		
<i>Ciprofloxacin HCl Otic Solution 0.2 %</i>	Non-Preferred	PA
<i>Ofloxacin Otic Solution 0.3 %</i>	Preferred	
*Otic Steroid-Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories		
<i>CIPRO HC OTIC SUSPENSION 0.2-1 %</i>	Preferred	
<i>CIPRODEX OTIC SUSPENSION 0.3-0.1 %</i>	Preferred	
<i>CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML</i>	Non-Preferred	PA
<i>Ciprofloxacin-Dexamethasone Otic Suspension 0.3-0.1 %</i>	Preferred	
<i>Ciprofloxacin-Fluocinolone PF Otic Solution 0.3-0.025 %</i>	Non-Preferred	PA; QL (14 EA per 5 days)
<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	

Drug	Status	Notes
*Otic Steroids*** - Anti-Infective/Anti-Inflammatories		
<i>Hydrocortisone-Acetic Acid Otic Solution 1-2 %</i>	Non-Preferred	PA
Oxytocics - Hormones		
*Oxytocics*** - Drugs For Women		
METHERGINE ORAL TABLET 0.2 MG	Preferred	QL (7 EA per 1 day)
<i>Methylergonovine Maleate Oral Tablet 0.2 MG</i>	Preferred	QL (7 EA per 1 day)
Passive Immunizing And Treatment Agents - Biological Agents		
*Antiviral Monoclonal Antibodies*** - Biological Agents		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Preferred	PA; SP
*Immune Serums*** - Biological Agents		
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT	Preferred	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	Preferred	SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Preferred	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Preferred	SP
Penicillins - Drugs For Infections		
*Aminopenicillins*** - Antibiotics		
<i>Amoxicillin Oral Capsule 250 MG, 500 MG</i>	Preferred	
<i>Amoxicillin Oral Suspension Reconstituted 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML</i>	Preferred	
<i>Amoxicillin Oral Tablet 500 MG, 875 MG</i>	Preferred	
<i>Amoxicillin Oral Tablet Chewable 125 MG, 250 MG</i>	Preferred	
<i>Ampicillin Capsule 500 MG Oral</i>	Non-Preferred	PA
<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	
<i>Penicillin V Potassium Oral Tablet 250 MG, 500 MG</i>	Preferred	
*Penicillin Combinations*** - Antibiotics		
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML	Non-Preferred	PA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Non-Preferred	PA
<i>Amoxicillin-Pot Clavulanate ER Oral Tablet Extended Release 12 Hour 1000-62.5 MG</i>	Non-Preferred	PA
<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	

Drug	Status	Notes
<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>	Non-Preferred	PA
*Penicillinase-Resistant Penicillins*** - Antibiotics		
<i>Dicloxacillin Sodium Oral Capsule 250 MG, 500 MG</i>	Preferred	
Pharmaceutical Adjuvants		
*Antimicrobial Agents***		
<i>Benzyl Alcohol Liquid</i>	Preferred	AGE (Min 16 Years and Max 60 Years)
<i>Methylparaben Powder</i>	Preferred	
<i>Propylparaben Powder</i>	Preferred	
*Flavoring Agents***		
FLAVORX LIQUID	Preferred	
MARSHMALLOW WS LIQUID	Preferred	
PCCA SWEETNESS ENHANCER LIQUID	Preferred	
TROPICAL FUSION WS LIQUID	Preferred	
<i>Almond Oil Bitter Flavor Liquid</i>	Preferred	
<i>Anise Extract Liquid</i>	Preferred	
<i>Apple Flavor Liquid</i>	Preferred	
<i>Apricot Flavor Liquid</i>	Preferred	
<i>Bacon Flavor Liquid</i>	Preferred	
<i>Banana Concentrate Liquid</i>	Preferred	
<i>Banana Cream Flavor Liquid</i>	Preferred	
<i>Banana Creme Flavor Liquid</i>	Preferred	
<i>Banana Flavor Liquid</i>	Preferred	
<i>Beef (Grilled) Flavor Oil Sol Liquid</i>	Preferred	
<i>Beef Braised Natural Flavor Liquid</i>	Preferred	
<i>Beef Flavor Liquid</i>	Preferred	
<i>Beef Type Flavor Natural Liquid</i>	Preferred	
<i>Beef Type Flavor OS Liquid</i>	Preferred	
<i>Bitter Stop Flavor Liquid</i>	Preferred	
<i>Bitterness Mask Flavor Liquid</i>	Preferred	
<i>Bitterness Suppressor Flavor Liquid</i>	Preferred	
<i>Blackberry Flavor Liquid</i>	Preferred	
<i>Blood Orange OS Liquid</i>	Preferred	
<i>Blueberry Flavor Liquid</i>	Preferred	
<i>Bubble Gum Concentrate Liquid</i>	Preferred	
<i>Bubble Gum Flavor Liquid</i>	Preferred	
<i>Bubble Gum OS Liquid</i>	Preferred	
<i>Bubble Gum WS Liquid</i>	Preferred	
<i>Butter Flavor Liquid</i>	Preferred	
<i>Butter Rum Flavor Liquid</i>	Preferred	

Drug	Status	Notes
<i>Butterscotch Flavor Liquid</i>	Preferred	
<i>Caramel Flavor Liquid</i>	Preferred	
<i>Caramel OS Liquid</i>	Preferred	
<i>Cheesecake Flavor Liquid</i>	Preferred	
<i>Cherry Flavor Liquid</i>	Preferred	
<i>Chicken (Grilled) Flavor Liquid</i>	Preferred	
<i>Chicken Flavor Liquid</i>	Preferred	
<i>Chicken Flavor Oil Miscible Liquid</i>	Preferred	
<i>Chicken Flavor Oil Soluble Liquid</i>	Preferred	
<i>Chicken Flavor Water Miscible Liquid</i>	Preferred	
<i>Chicken Roasted Concentrate Liquid</i>	Preferred	
<i>Chocolate Flavor Liquid</i>	Preferred	
<i>Chocolate Hazelnut Flavor Liquid</i>	Preferred	
<i>Coconut Flavor Liquid</i>	Preferred	
<i>Coffee Flavor Liquid</i>	Preferred	
<i>Cola Flavor Liquid</i>	Preferred	
<i>Cotton Candy Flavor Liquid</i>	Preferred	
<i>Cran-Raspberry Flavor Liquid</i>	Preferred	
<i>Creme de Menthe Flavor Liquid</i>	Preferred	
<i>Creme DeMenthe Flavor Liquid</i>	Preferred	
<i>Creme OS Liquid</i>	Preferred	
<i>English Toffee Flavor Liquid</i>	Preferred	
<i>Eugenol Flavor Liquid</i>	Preferred	
<i>Fish Flavor Liquid</i>	Preferred	
<i>Grape Concord OS Liquid</i>	Preferred	
<i>Grape Flavor Liquid</i>	Preferred	
<i>Green Apple OS Liquid</i>	Preferred	
<i>Guava Flavor Liquid</i>	Preferred	
<i>Ham Flavor Liquid</i>	Preferred	
<i>Honey Flavor Liquid</i>	Preferred	
<i>Kahlua Flavor Liquid</i>	Preferred	
<i>Lemon Extract Liquid</i>	Preferred	
<i>Lemon Flavor Liquid</i>	Preferred	
<i>Licorice Flavor Liquid</i>	Preferred	
<i>Liver Concentrate Liquid</i>	Preferred	
<i>Liver Flavor Liquid</i>	Preferred	
<i>Mango Flavor Liquid</i>	Preferred	
<i>Mango Passion Fruit OS Liquid</i>	Preferred	
<i>Maple Flavor Liquid</i>	Preferred	
<i>Marshmallow Flavor Liquid</i>	Preferred	
<i>Marshmallow OS Liquid</i>	Preferred	
<i>Mint Chocolate Chip Flavor Liquid</i>	Preferred	
<i>Natural Caramel Liquid</i>	Preferred	

Drug	Status	Notes
<i>Orange Concentrate Liquid</i>	Preferred	
<i>Orange Cream Flavor Liquid</i>	Preferred	
<i>Orange Flavor Liquid</i>	Preferred	
<i>Orange Oil Flavor Liquid</i>	Preferred	
<i>Peach Flavor Liquid</i>	Preferred	
<i>Peanut Butter Flavor Liquid</i>	Preferred	
<i>Peppermint Burst OS Liquid</i>	Preferred	
<i>Pina Colada Flavor Liquid</i>	Preferred	
<i>Pineapple Flavor Liquid</i>	Preferred	
<i>Pralines and Cream Flavor Liquid</i>	Preferred	
<i>Pumpkin Flavor Liquid</i>	Preferred	
<i>Raspberry Flavor Liquid</i>	Preferred	
<i>Raspberry OS Liquid</i>	Preferred	
<i>Root Beer Flavor Liquid</i>	Preferred	
<i>Sardine Flavor Liquid</i>	Preferred	
<i>Shrimp Flavor Liquid</i>	Preferred	
<i>Spearmint OS Liquid</i>	Preferred	
<i>Stevia Glycerite Extract Liquid</i>	Preferred	
<i>Strawberry Flavor Liquid</i>	Preferred	
<i>Strawberry OS Liquid</i>	Preferred	
<i>Sweetening Enhancer Liquid</i>	Preferred	
<i>Tropical Fusion OS Liquid</i>	Preferred	
<i>Tropical Punch Flavor Liquid</i>	Preferred	
<i>Tuna Flavor Liquid</i>	Preferred	
<i>Tuna Type Flavor OS Liquid</i>	Preferred	
<i>Tutti Frutti Flavor Liquid</i>	Preferred	
<i>Tutti-Frutti Flavor Liquid</i>	Preferred	
<i>Vanilla Butternut Flavor Liquid</i>	Preferred	
<i>Vanilla Flavor Liquid</i>	Preferred	
<i>Vanilla OS Liquid</i>	Preferred	
<i>Very Berry OS Liquid</i>	Preferred	
<i>Vitamin/Iron Masking Agent Liquid</i>	Preferred	
<i>Watermelon Flavor Liquid</i>	Preferred	
<i>Wild Cherry Flavor Liquid</i>	Preferred	
<i>Wild Cherry OS Liquid</i>	Preferred	
*Oral Vehicles***		
MX-SOL ORAL SYRUP	Preferred	
MX-SOL SF ORAL SYRUP	Preferred	
ORA-SWEET ORAL SYRUP	Preferred	
ORA-SWEET SF ORAL SYRUP	Preferred	
PCCA SWEET-SF ORAL SYRUP	Preferred	
PCCA SYRUP VEHICLE ORAL SYRUP	Preferred	
SOSWEET ORAL SYRUP	Preferred	

Drug	Status	Notes
SYRPALTA (RED) ORAL SYRUP	Preferred	
SYRPALTA ORAL SYRUP , 85 %	Preferred	
VERSAFREE ORAL SYRUP	Preferred	
VERSAPLUS ORAL SYRUP	Preferred	
<i>Cherry Concentrate Oral Syrup</i>	Preferred	
<i>Cherry Oral Syrup</i>	Preferred	
<i>Flavor Sweet Oral Syrup</i>	Preferred	
<i>Flavor Sweet-SF Oral Syrup</i>	Preferred	
<i>Grape Syrup Oral Syrup</i>	Preferred	
<i>Oral Syrup Oral Syrup</i>	Preferred	
<i>Oral Syrup SF Oral Syrup</i>	Preferred	
<i>Simple Syrup Oral Syrup</i>	Preferred	
<i>Sweetening Suspending Compound Oral Syrup</i>	Preferred	
<i>Syrup NF Oral Syrup 85 %</i>	Preferred	
<i>Syrup Vehicle Oral Syrup</i>	Preferred	
<i>Syrup Vehicle SF Oral Syrup</i>	Preferred	
*Parenteral Vehicles***		
<i>Sterile Water for Injection Injection Solution</i>	Preferred	
Progestins - Hormones		
*Progestins*** - Drugs For Women		
<i>MedroxyPROGESTERone Acetate Oral Tablet 10 MG, 2.5 MG, 5 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Norethindrone Acetate Oral Tablet 5 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Progesterone Oral Capsule 100 MG</i>	Preferred	QL (1 EA per 1 day)
<i>Progesterone Oral Capsule 200 MG</i>	Preferred	QL (2 EA per 1 day)
Psychotherapeutic And Neurological Agents - Misc. - Drugs For The Nervous System		
*Agents For Opioid Withdrawal*** - Drugs For The Nervous System		
LUCEMYRA ORAL TABLET 0.18 MG	Non-Preferred	PA; QL (16 EA per 1 day)
*Alcohol Deterrents*** - Drugs For The Nervous System		
<i>Acamprosate Calcium Oral Tablet Delayed Release 333 MG</i>	Preferred	
<i>Disulfiram Oral Tablet 250 MG, 500 MG</i>	Preferred	QL (1 EA per 1 day)
*Anti-Cataleptic Agents*** - Drugs For Sleep Disorder		
XYREM ORAL SOLUTION 500 MG/ML	Preferred	PA; SP
<i>Sodium Oxybate Oral Solution 500 MG/ML</i>	Preferred	PA; SP
*Antidementia Agent Combinations*** - Drugs For Alzheimer's Disease		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	Non-Preferred	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non-Preferred	PA

Drug	Status	Notes
*Cholinomimetics - Ache Inhibitors*** - Drugs For Alzheimer's Disease		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY	Non-Preferred	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	Non-Preferred	PA
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	Non-Preferred	PA
<i>Donepezil HCl Oral Tablet 10 MG, 5 MG</i>	Preferred	DS (90 DS)
<i>Donepezil HCl Oral Tablet 23 MG</i>	Non-Preferred	PA
<i>Donepezil HCl Oral Tablet Dispersible 10 MG, 5 MG</i>	Preferred	DS (90 DS)
<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>Galantamine Hydrobromide Oral Tablet 12 MG, 4 MG, 8 MG</i>	Non-Preferred	PA
<i>Rivastigmine Tartrate Oral Capsule 1.5 MG, 3 MG, 4.5 MG, 6 MG</i>	Non-Preferred	PA
<i>Rivastigmine Transdermal Patch 24 Hour 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR</i>	Preferred	
*Movement Disorder Drug Therapy*** - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Preferred	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	Preferred	PA; SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	Preferred	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 18 Years)
INGREZZA ORAL CAPSULE 60 MG	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 18 Years)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Non-Preferred	PA; SP
<i>Tetrabenazine Oral Tablet 12.5 MG, 25 MG</i>	Preferred	PA; SP
*Ms Agents - Pyrimidine Synthesis Inhibitors*** - Drugs For Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
<i>Teriflunomide Oral Tablet 14 MG, 7 MG</i>	Preferred	PA; SP; QL (1 EA per 1 day)
*Multiple Sclerosis Agents - Antimetabolites*** - Drugs For Multiple Sclerosis		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Non-Preferred	PA; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Non-Preferred	PA; SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Non-Preferred	PA; SP

Drug	Status	Notes
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Non-Preferred	PA; SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Non-Preferred	PA; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Non-Preferred	PA; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Non-Preferred	PA; SP
*Multiple Sclerosis Agents - Interferons*** - Drugs For Multiple Sclerosis		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Preferred	SP; QL (4 EA per 23 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Preferred	SP; QL (4 EA per 23 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Preferred	SP; QL (15 EA per 23 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Non-Preferred	PA; SP; QL (15 EA per 23 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Non-Preferred	PA; SP; QL (1 ML per 23 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	Non-Preferred	PA; SP; QL (1 ML per 23 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Non-Preferred	PA; SP; QL (1 ML per 23 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	Non-Preferred	PA; SP; QL (1 ML per 23 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Non-Preferred	PA; SP; QL (1 ML per 23 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Non-Preferred	PA; SP; QL (6 ML per 25 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Non-Preferred	PA; SP; QL (4.2 ML per 25 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Non-Preferred	PA; SP; QL (6 ML per 25 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Non-Preferred	PA; SP; QL (4.2 ML per 25 days)
*Multiple Sclerosis Agents - Monoclonal Antibodies*** - Drugs For Multiple Sclerosis		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Preferred	PA; SP; QL (0.4 ML per 23 days)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators*** - Drugs For Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	Non-Preferred	PA; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	Non-Preferred	PA; SP

Drug	Status	Notes
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day)
<i>Dimethyl Fumarate Oral Capsule Delayed Release 120 MG, 240 MG</i>	Preferred	SP
<i>Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack 120 & 240 MG</i>	Preferred	SP
*Multiple Sclerosis Agents - Potassium Channel Blockers*** - Drugs For Multiple Sclerosis		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
<i>Dalfampridine ER Oral Tablet Extended Release 12 Hour 10 MG</i>	Non-Preferred	PA; SP; QL (2 EA per 1 day)
*Multiple Sclerosis Agents*** - Drugs For Multiple Sclerosis		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Preferred	SP; QL (30 ML per 25 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Non-Preferred	PA; SP; QL (12 ML per 23 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Non-Preferred	PA; SP; QL (30 ML per 25 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Non-Preferred	PA; SP; QL (12 ML per 23 days)
<i>Glatiramer Acetate Subcutaneous Solution Prefilled Syringe 20 MG/ML</i>	Non-Preferred	PA; SP; QL (30 ML per 25 days)
<i>Glatiramer Acetate Subcutaneous Solution Prefilled Syringe 40 MG/ML</i>	Non-Preferred	PA; SP; QL (12 ML per 23 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** - Drugs For Alzheimer's Disease		
NAMENDA ORAL TABLET 10 MG	Non-Preferred	PA
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG	Non-Preferred	PA
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	Non-Preferred	PA
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21	Non-Preferred	PA
<i>Memantine HCl ER Oral Capsule Extended Release 24 Hour 14 MG, 21 MG, 28 MG, 7 MG</i>	Non-Preferred	PA
<i>Memantine HCl Oral Solution 2 MG/ML</i>	Non-Preferred	PA
<i>Memantine HCl Oral Tablet 10 MG, 28 x 5 MG & 21 x 10 MG, 5 MG</i>	Preferred	DS (90 DS)
*Smoking Deterrents*** - Drugs For Depression		
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
KLS QUIT2 MOUTH/THROAT GUM 2 MG	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)

Drug	Status	Notes
KLS QUIT4 MOUTH/THROAT GUM 4 MG	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM 2 MG	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
NICOTROL INHALATION INHALER 10 MG	Preferred	QL (504 EA per 76 days); AGE (Min 18 Years)
NICOTROL NS NASAL SOLUTION 10 MG/ML	Preferred	QL (120 ML per 76 days); AGE (Min 18 Years)
THRIVE MOUTH/THROAT GUM 2 MG	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>APO-Varenicline Oral Tablet 0.5 MG, 1 MG</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
<i>buPROPion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour 150 MG</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
<i>CVS Nicotine Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>CVS Nicotine Mouth/Throat Lozenge 2 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>CVS Nicotine Polacrilex Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>CVS Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>CVS Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>EQ Nicotine Mouth/Throat Gum 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>EQ Nicotine Mouth/Throat Lozenge 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>EQ Nicotine Polacrilex Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>EQ Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>EQ Nicotine Step 3 Transdermal Patch 24 Hour 7 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>EQ Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>EQL Nicotine Polacrilex Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>EQL Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>GNP Nicotine Mini Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>GNP Nicotine Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>GNP Nicotine Polacrilex Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)

Drug	Status	Notes
<i>GNP Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>GNP Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>GoodSense Nicotine Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>GoodSense Nicotine Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>HM Nicotine Polacrilex Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>HM Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>HM Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Nicotine Mini Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>Nicotine Polacrilex Mini Mouth/Throat Lozenge 2 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>Nicotine Polacrilex Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>Nicotine Step 1 Transdermal Patch 24 Hour 21 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Nicotine Step 2 Transdermal Patch 24 Hour 14 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Nicotine Step 3 Transdermal Patch 24 Hour 7 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>PX Stop Smoking Aid Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>PX Stop Smoking Aid Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>QC Nicotine Transdermal System Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>RA Mini Nicotine Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>RA Nicotine Gum Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>RA Nicotine Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>RA Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>RA Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>SM Nicotine Mouth/Throat Gum 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)

Drug	Status	Notes
<i>SM Nicotine Mouth/Throat Lozenge 2 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>SM Nicotine Polacrilex Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>SM Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>SM Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>TGT Nicotine Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>TGT Nicotine Polacrilex Mouth/Throat Gum 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>TGT Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG</i>	Preferred	QL (924 EA per 76 days); AGE (Min 18 Years)
<i>TGT Nicotine Step One Transdermal Patch 24 Hour 21 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>TGT Nicotine Step Three Transdermal Patch 24 Hour 7 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>TGT Nicotine Step Two Transdermal Patch 24 Hour 14 MG/24HR</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>Varenicline Tartrate Oral Tablet 0.5 MG, 1 MG</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
<i>Varenicline Tartrate Oral Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators*** - Drugs For Multiple Sclerosis		
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
MAYZENT ORAL TABLET 0.25 MG	Non-Preferred	PA; SP; QL (7 EA per 1 day)
MAYZENT ORAL TABLET 1 MG	Non-Preferred	PA
MAYZENT ORAL TABLET 2 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	Non-Preferred	PA; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	Non-Preferred	PA
PONVORY ORAL TABLET 20 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	Non-Preferred	PA; SP
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	Non-Preferred	PA; SP; AGE (Min 10 Years)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Non-Preferred	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	Non-Preferred	PA; SP; QL (1 EA per 1 day); AGE (Min 18 Years)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG, 0.23MG & 0.46MG 0.92MG(21)	Non-Preferred	PA; SP
<i>Fingolimod HCl Oral Capsule 0.5 MG</i>	Preferred	SP; QL (1 EA per 1 day)

Drug	Status	Notes
Respiratory Agents - Misc. - Drugs For The Lungs		
*Alpha-Proteinase Inhibitor (Human)*** - Drugs For Asthma/Copd		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Preferred	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Preferred	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Preferred	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Preferred	PA; SP
*Cftr Potentiators*** - Drugs For Cystic Fibrosis		
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG	Non-Preferred	PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day)
KALYDECO ORAL TABLET 150 MG	Non-Preferred	PA; SP
*Cystic Fibrosis Agent - Combinations*** - Drugs For Cystic Fibrosis		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day); AGE (Min 1 Years)
ORKAMBI ORAL PACKET 75-94 MG	Non-Preferred	PA; AGE (Min 1 Years)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Non-Preferred	PA; SP; QL (4 EA per 1 day); AGE (Min 6 Years)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Non-Preferred	PA; SP; QL (2 EA per 1 day); AGE (Min 6 Years)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Non-Preferred	PA; SP; AGE (Min 6 Years)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Non-Preferred	PA; SP; AGE (Min 2 Years and Max 5 Years)
*Cystic Fibrosis Agents - Miscellaneous*** - Drugs For Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE 40 MG	Non-Preferred	PA
*Hydrolytic Enzymes*** - Drugs For The Lungs		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Preferred	PA; SP; QL (2.5 ML per 1 day)
*Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For The Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG	Preferred	PA; SP; QL (2 EA per 1 day)
*Pulmonary Fibrosis Agents*** - Drugs For The Lungs		
ESBRIET ORAL CAPSULE 267 MG	Non-Preferred	PA; SP; QL (9 EA per 1 day)
ESBRIET ORAL TABLET 267 MG	Non-Preferred	PA; SP; QL (6 EA per 1 day)
ESBRIET ORAL TABLET 801 MG	Non-Preferred	PA; SP; QL (3 EA per 1 day)
<i>Pirfenidone Oral Capsule 267 MG</i>	Preferred	PA; SP; QL (9 EA per 1 day)
<i>Pirfenidone Oral Tablet 267 MG</i>	Preferred	PA; SP; QL (6 EA per 1 day)
<i>Pirfenidone Oral Tablet 534 MG</i>	Preferred	PA; SP
<i>Pirfenidone Oral Tablet 801 MG</i>	Preferred	PA; SP; QL (3 EA per 1 day)

Drug	Status	Notes
Tetracyclines - Drugs For Infections		
*Aminomethylcyclines*** - Antibiotics		
NUZYRA ORAL TABLET 150 MG	Non-Preferred	PA; SP
*Tetracyclines*** - Antibiotics		
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG	Non-Preferred	PA
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	Non-Preferred	PA
LYMEPAK ORAL TABLET 100 MG	Non-Preferred	PA
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG	Non-Preferred	PA
MORGIDOX ORAL CAPSULE 100 MG	Preferred	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	Non-Preferred	PA
VIBRAMYCIN ORAL CAPSULE 100 MG	Non-Preferred	PA
<i>Demeclocycline HCl Oral Tablet 150 MG, 300 MG</i>	Non-Preferred	PA
<i>Doxycycline Hyclate Oral Capsule 100 MG, 50 MG</i>	Preferred	
<i>Doxycycline Hyclate Oral Tablet 100 MG, 150 MG, 20 MG, 50 MG, 75 MG</i>	Preferred	
<i>Doxycycline Hyclate Oral Tablet Delayed Release 100 MG, 150 MG, 200 MG, 50 MG, 75 MG, 80 MG</i>	Non-Preferred	PA
<i>Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG</i>	Preferred	
<i>Doxycycline Monohydrate Oral Capsule 150 MG, 75 MG</i>	Non-Preferred	PA
<i>Doxycycline Monohydrate Oral Suspension Reconstituted 25 MG/5ML</i>	Preferred	PA
<i>Doxycycline Monohydrate Oral Tablet 100 MG, 150 MG, 50 MG, 75 MG</i>	Preferred	
<i>Minocycline HCl ER Oral Tablet Extended Release 24 Hour 105 MG, 115 MG, 135 MG, 45 MG, 55 MG, 65 MG, 80 MG, 90 MG</i>	Non-Preferred	PA
<i>Minocycline HCl Oral Capsule 100 MG, 50 MG, 75 MG</i>	Preferred	
<i>Minocycline HCl Oral Tablet 100 MG, 50 MG, 75 MG</i>	Non-Preferred	PA
<i>Tetracycline HCl Oral Capsule 250 MG, 500 MG</i>	Non-Preferred	PA
<i>Tetracycline HCl Oral Tablet 250 MG, 500 MG</i>	Non-Preferred	PA
Thyroid Agents - Hormones		
*Antithyroid Agents*** - Drugs For Thyroid		
<i>methIMAzole Oral Tablet 10 MG, 5 MG</i>	Preferred	QL (6 EA per 1 day)
<i>Propylthiouracil Oral Tablet 50 MG</i>	Preferred	QL (20 EA per 1 day)
*Thyroid Hormones*** - Drugs For Thyroid		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Non-Preferred	PA
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Preferred	DS (90 DS)
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Non-Preferred	PA

Drug	Status	Notes
ERMEZA ORAL SOLUTION 150 MCG/5ML	Non-Preferred	PA
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	Non-Preferred	PA
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	Non-Preferred	PA
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	DS (90 DS)
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Preferred	DS (90 DS)
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	Non-Preferred	PA
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Non-Preferred	PA
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Non-Preferred	PA
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, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Non-Preferred	PA
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	DS (90 DS)
<i>Levothyroxine Sodium Oral Capsule 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</i>	Non-Preferred	PA
<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	DS (90 DS)
<i>Liothyronine Sodium Oral Tablet 25 MCG, 5 MCG, 50 MCG</i>	Preferred	DS (90 DS)
<i>Niva Thyroid Oral Tablet 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</i>	Preferred	DS (90 DS)
<i>Thyroid Oral Tablet 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</i>	Preferred	DS (90 DS)
Toxoids - Biological Agents		
*Toxoid Combinations*** - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Preferred	AGE (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Preferred	AGE (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Preferred	AGE (Min 19 Years)

Drug	Status	Notes
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	Preferred	Note (1 fill per lifetime); AGE (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Preferred	Note (1 fill per lifetime); AGE (Min 19 Years)
<i>Tetanus-Diphtheria Toxoids Td Intramuscular Suspension 2-2 LF/0.5ML</i>	Preferred	Note (1 fill per lifetime); AGE (Min 19 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics - Drugs For The Stomach		
*Antispasmodics*** - Drugs For Stomach Cramps		
<i>Dicyclomine HCl Oral Capsule 10 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>Dicyclomine HCl Oral Solution 10 MG/5ML</i>	Preferred	QL (80 ML per 1 day); AGE (Max 64 Years)
<i>Dicyclomine HCl Oral Tablet 20 MG</i>	Preferred	DS (90 DS); QL (8 EA per 1 day); AGE (Max 64 Years)
*Belladonna Alkaloids*** - Drugs For Stomach Cramps		
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
SYMAX-SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>Ed-Spaz Oral Tablet Dispersible 0.125 MG</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour 0.375 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>Hyoscyamine Sulfate Oral Elixir 0.125 MG/5ML</i>	Preferred	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>Hyoscyamine Sulfate Oral Solution 0.125 MG/ML</i>	Preferred	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>Hyoscyamine Sulfate Oral Tablet 0.125 MG</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>Hyoscyamine Sulfate Oral Tablet Dispersible 0.125 MG</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>Hyoscyamine Sulfate SL Sublingual Tablet Sublingual 0.125 MG</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>Hyoscyamine Sulfate Sublingual Tablet Sublingual 0.125 MG</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>Hyosyne Oral Elixir 0.125 MG/5ML</i>	Preferred	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>Hyosyne Oral Solution 0.125 MG/ML</i>	Preferred	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>Oscimin Oral Tablet 0.125 MG</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>Oscimin Oral Tablet Dispersible 0.125 MG</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>Oscimin SR Oral Tablet Extended Release 12 Hour 0.375 MG</i>	Preferred	QL (4 EA per 1 day); AGE (Max 64 Years)

Drug	Status	Notes
<i>Oscimin Sublingual Tablet Sublingual 0.125 MG</i>	Preferred	QL (12 EA per 1 day); AGE (Max 64 Years)
*H-2 Antagonist-Antacid Combinations*** - Drugs For Ulcers And Stomach Acid		
<i>FT Acid Reducer + Antacid Oral Tablet Chewable 10-800-165 MG</i>	Non-Preferred	PA
*H-2 Antagonists*** - Drugs For Ulcers And Stomach Acid		
PEPCID ORAL TABLET 20 MG, 40 MG	Non-Preferred	PA
<i>Acid Reducer Maximum Strength Oral Tablet 20 MG</i>	Preferred	DS (90 DS)
<i>Acid Reducer Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>Cimetidine Oral Tablet 200 MG, 300 MG, 400 MG, 800 MG</i>	Non-Preferred	PA
<i>Famotidine Maximum Strength Oral Tablet 20 MG</i>	Preferred	DS (90 DS)
<i>Famotidine Oral Suspension Reconstituted 40 MG/5ML</i>	Preferred	
<i>Famotidine Oral Tablet 10 MG, 20 MG, 40 MG</i>	Preferred	DS (90 DS)
<i>Famotidine Orig St Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>FT Acid Reducer Max Strength Oral Tablet 20 MG</i>	Preferred	DS (90 DS)
<i>FT Acid Reducer Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>GNP Acid Reducer Max St Oral Tablet 20 MG</i>	Preferred	DS (90 DS)
<i>GNP Acid Reducer Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>Heartburn Relief Max St Oral Tablet 20 MG</i>	Preferred	DS (90 DS)
<i>Heartburn Relief Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
<i>Nizatidine Oral Capsule 150 MG, 300 MG</i>	Non-Preferred	PA
<i>raNITidine HCl Oral Syrup 15 MG/ML</i>	Non-Preferred	PA
<i>raNITidine HCl Oral Tablet 150 MG, 300 MG</i>	Non-Preferred	PA
<i>SM Acid Reducer Max St Oral Tablet 20 MG</i>	Preferred	DS (90 DS)
<i>SM Acid Reducer Oral Tablet 10 MG</i>	Preferred	DS (90 DS)
*Misc. Anti-Ulcer*** - Drugs For Ulcers And Stomach Acid		
<i>Sucralfate Oral Suspension 1 GM/10ML</i>	Preferred	QL (40 ML per 1 day); AGE (Max 18 Years)
<i>Sucralfate Oral Tablet 1 GM</i>	Preferred	QL (4 EA per 1 day)
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)*** - Drugs For Ulcers And Stomach Acid		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Non-Preferred	PA; Note (Maximum accumulation days for treatment 240 days per calendar year)
*Proton Pump Inhibitor-Antacid Combinations*** - Drugs For Ulcers And Stomach Acid		
KONVOMEPEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML	Non-Preferred	PA
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG	Non-Preferred	PA; QL (1 EA per 1 day)
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG	Non-Preferred	PA

Drug	Status	Notes
<i>Omeprazole-Sodium Bicarbonate Oral Capsule 20-1100 MG, 40-1100 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Omeprazole-Sodium Bicarbonate Oral Packet 20-1680 MG, 40-1680 MG</i>	Non-Preferred	PA
*Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	Non-Preferred	PA; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	Preferred	
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG	Non-Preferred	PA; QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	Non-Preferred	PA; QL (1 EA per 1 day)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	Non-Preferred	PA
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Max 4 Years)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG	Non-Preferred	PA; QL (1 EA per 1 day)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	Non-Preferred	PA
PROTONIX ORAL PACKET 40 MG	Preferred	DS (90 DS); QL (2 EA per 1 day)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG	Non-Preferred	PA; QL (2 EA per 1 day)
<i>Dexlansoprazole Oral Capsule Delayed Release 30 MG, 60 MG</i>	Non-Preferred	PA
<i>Esomeprazole Magnesium Oral Capsule Delayed Release 20 MG, 40 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Esomeprazole Magnesium Oral Packet 10 MG, 20 MG, 40 MG</i>	Non-Preferred	PA
<i>Esomeprazole Magnesium Oral Tablet Delayed Release 20 MG</i>	Non-Preferred	PA
<i>FT Acid Reducer Oral Capsule Delayed Release 15 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>GNP Esomeprazole Magnesium Oral Capsule Delayed Release 20 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>GNP Lansoprazole Oral Capsule Delayed Release 15 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>GoodSense Lansoprazole Oral Capsule Delayed Release 15 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>HM Esomeprazole Magnesium DR Oral Capsule Delayed Release 20 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Lansoprazole Oral Capsule Delayed Release 15 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Lansoprazole Oral Capsule Delayed Release 30 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Max 4 Years)
<i>Lansoprazole Oral Tablet Delayed Release Dispersible 15 MG, 30 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Omeprazole Oral Capsule Delayed Release 10 MG</i>	Preferred	DS (90 DS); QL (1 EA per 1 day)
<i>Omeprazole Oral Capsule Delayed Release 20 MG</i>	Preferred	DS (90 DS); QL (4 EA per 1 day)

Drug	Status	Notes
<i>Omeprazole Oral Capsule Delayed Release 40 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>Pantoprazole Sodium Oral Packet 40 MG</i>	Non-Preferred	PA; QL (2 EA per 1 day)
<i>Pantoprazole Sodium Oral Tablet Delayed Release 20 MG, 40 MG</i>	Preferred	DS (90 DS); QL (2 EA per 1 day)
<i>RABEprazole Sodium Oral Tablet Delayed Release 20 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>SM Esomeprazole Magnesium Oral Capsule Delayed Release 20 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>SM Lansoprazole Oral Capsule Delayed Release 15 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
*Quaternary Anticholinergics*** - Drugs For Stomach Cramps		
<i>Glycopyrrolate Oral Solution 1 MG/5ML</i>	Preferred	PA
<i>Glycopyrrolate Oral Tablet 1 MG, 2 MG</i>	Preferred	
*Ulcer Anti-Infective W/ Bismuth Combinations*** - Drugs For Ulcers And Stomach Acid		
PYLERA ORAL CAPSULE 140-125-125 MG	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		
OMECLAMOX-PAK ORAL 500-500-20 MG	Non-Preferred	PA
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Non-Preferred	PA
<i>Amoxicill-Clarithro-Lansopraz Oral Therapy Pack 500 & 500 & 30 MG</i>	Non-Preferred	PA
*Ulcer Anti-Infective-Pcab Combinations*** - Drugs For The Stomach		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Non-Preferred	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	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		
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	Non-Preferred	PA
DETROL ORAL TABLET 1 MG, 2 MG	Non-Preferred	PA
GELNIQUE TRANSDERMAL GEL 10 %	Non-Preferred	PA
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Non-Preferred	PA

Drug	Status	Notes
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Preferred	
VESICARE LS ORAL SUSPENSION 5 MG/5ML	Non-Preferred	PA; AGE (Min 2 Years)
VESICARE ORAL TABLET 10 MG, 5 MG	Non-Preferred	PA
<i>Darifenacin Hydrobromide ER Oral Tablet Extended Release 24 Hour 15 MG, 7.5 MG</i>	Non-Preferred	PA; QL (1 EA per 1 day)
<i>Fesoterodine Fumarate ER Oral Tablet Extended Release 24 Hour 4 MG, 8 MG</i>	Non-Preferred	PA
<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</i>	Non-Preferred	PA
<i>Oxybutynin Chloride Oral Tablet 5 MG</i>	Preferred	
<i>Solifenacin Succinate Oral Tablet 10 MG, 5 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
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** - Drugs For The Bladder		
GEMTESA ORAL TABLET 75 MG	Non-Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Non-Preferred	PA; QL (10 ML per 1 day); AGE (Min 3 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Preferred	
<i>Mirabegron ER Oral Tablet Extended Release 24 Hour 25 MG, 50 MG</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	Preferred	Note (2 fills per lifetime); AGE (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Preferred	Note (1 fill per lifetime); AGE (Min 19 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	Note (1 fill per lifetime); AGE (Min 19 Years)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	Note (1 fill per lifetime); AGE (Min 19 Years)

Drug	Status	Notes
*Viral Vaccine Combinations*** - Vaccines		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Preferred	Note (3 fills per lifetime); AGE (Min 19 Years)
*Viral Vaccines*** - Vaccines		
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Preferred	AGE (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Preferred	AGE (Min 60 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	Preferred	AGE (Min 19 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Preferred	AGE (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Preferred	Note (3 fills per lifetime); AGE (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Preferred	Note (3 fills per lifetime); AGE (Min 19 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	Preferred	Note (1 fill per 180 days); AGE (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	Note (1 fill per 180 days); AGE (Min 19 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Preferred	Note (2 fills per lifetime); AGE (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Preferred	Note (3 fills per lifetime); AGE (Min 19 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	Preferred	AGE (Min 19 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Preferred	AGE (Min 19 Years)

Drug	Status	Notes
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML	Preferred	Note (3 fills per lifetime); AGE (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Preferred	Note (3 fills per lifetime); AGE (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Preferred	Note (2 fills per lifetime); AGE (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	Preferred	AGE (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Preferred	AGE (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Preferred	Note (2 fills per lifetime); AGE (Min 19 Years)
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	Preferred	Note (1 fill per lifetime); AGE (Min 19 Years)
<i>Novavax COVID-19 Vaccine Intramuscular Suspension 5 MCG/0.5ML</i>	Preferred	AGE (Min 19 Years)
<i>Pfizer COVID-19 Vac-TriS 6m-4y Intramuscular Suspension 3 MCG/0.3ML</i>	Preferred	AGE (Min 19 Years)
Vaginal And Related Products - Drugs For Women		
*Imidazole-Related Antifungals*** - Drugs For Infections		
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 %	Preferred	
VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM)	Preferred	
<i>3 Day Vaginal Vaginal Cream 2 %</i>	Preferred	
<i>Clotrimazole 3 Vaginal Cream 2 %</i>	Preferred	
<i>Clotrimazole Vaginal Cream 1 %, 2 %</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>CVS Tioconazole 1 Vaginal Ointment 6.5 %</i>	Preferred	
<i>EQ Miconazole 7 Day Treatment Vaginal Cream 2 %</i>	Preferred	
<i>EQ Tioconazole 1 Vaginal Ointment 6.5 %</i>	Preferred	
<i>EQL Miconazole 3 Vaginal Kit 200 & 2 MG-% (9GM)</i>	Preferred	
<i>EQL Miconazole 7 Vaginal Cream 2 %</i>	Preferred	
<i>EQL Tioconazole-1 Vaginal Ointment 6.5 %</i>	Preferred	
<i>GNP Clotrimazole 3 Vaginal Cream 2 %</i>	Preferred	
<i>GNP Miconazole 3 Vaginal Kit 200 & 2 MG-% (9GM)</i>	Preferred	
<i>GNP Miconazole 7 Vaginal Cream 2 %</i>	Preferred	
<i>GNP Tioconazole 1 Vaginal Ointment 6.5 %</i>	Preferred	
<i>Miconazole 3 Applicator Vaginal Kit 200 & 2 MG-% (9GM)</i>	Preferred	

Drug	Status	Notes
<i>Miconazole 3 Combo Pack App Vaginal Kit 200 & 2 MG-% (9GM)</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 3 Vaginal Cream 4 %</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>PX Miconazole 3-Day Combo Vaginal Kit 200 & 2 MG-% (9GM)</i>	Preferred	
<i>QC 3 Day Vaginal Cream 4 %</i>	Preferred	
<i>QC Clotrimazole Vaginal Cream 1 %</i>	Preferred	
<i>QC Miconazole 7 Vaginal Cream 2 %</i>	Preferred	
<i>RA Clotrimazole 7 Vaginal Cream 1 %</i>	Preferred	
<i>RA Miconazole 3 Combo Pack App Vaginal Kit 200 & 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>RA Tioconazole 1 Vaginal Ointment 6.5 %</i>	Preferred	
<i>SM 3-Day Vaginal Vaginal Cream 2 %</i>	Preferred	
<i>SM Clotrimazole Vaginal Vaginal Cream 1 %</i>	Preferred	
<i>SM Miconazole 3 Applicator Vaginal Kit 200 & 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>SM Tioconazole-1 Vaginal Ointment 6.5 %</i>	Preferred	
<i>Terconazole Vaginal Cream 0.4 %, 0.8 %</i>	Preferred	
<i>Terconazole Vaginal Suppository 80 MG</i>	Preferred	QL (1 EA per 1 day)
<i>TGT Miconazole 3 Combo Pack Vaginal Kit 200 & 2 MG-% (9GM)</i>	Preferred	
<i>TGT Miconazole 7 Vaginal Cream 2 %</i>	Preferred	
<i>TGT Tioconazole 1 Vaginal Ointment 6.5 %</i>	Preferred	
<i>TGT Tioconazole 1Day Vaginal Ointment 6.5 %</i>	Preferred	
<i>Tioconazole-1 Vaginal Ointment 6.5 %</i>	Preferred	
*Vaginal Anti-Infectives*** - Drugs For Infections		
<i>CLEOCIN VAGINAL CREAM 2 %</i>	Non-Preferred	PA
<i>CLEOCIN VAGINAL SUPPOSITORY 100 MG</i>	Preferred	
<i>CLINDESSE VAGINAL CREAM 2 %</i>	Preferred	
<i>NUVESSA VAGINAL GEL 1.3 %</i>	Preferred	
<i>VANDAZOLE VAGINAL GEL 0.75 %</i>	Non-Preferred	PA
<i>XACIATO VAGINAL GEL 2 %</i>	Non-Preferred	PA; AGE (Min 12 Years)

Drug	Status	Notes
<i>Clindamycin Phosphate Vaginal Cream 2 %</i>	Preferred	
<i>metroNIDAZOLE Vaginal Gel 0.75 %</i>	Preferred	
*Vaginal Estrogens*** - Drugs For Women		
YUVAFEM VAGINAL TABLET 10 MCG	Preferred	
<i>Estradiol Vaginal Cream 0.1 MG/GM</i>	Preferred	QL (1.42 GM per 1 day)
<i>Estradiol Vaginal Tablet 10 MCG</i>	Preferred	
Vasopressors - Drugs For The Heart		
*Anaphylaxis Therapy Agents*** - Drugs For Serious Allergic Reaction		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Preferred	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	Non-Preferred	PA
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	Preferred	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	Preferred	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	Non-Preferred	PA
<i>EPINEPHrine Injection Solution Auto-Injector 0.15 MG/0.15ML</i>	Non-Preferred	PA
<i>EPINEPHrine Injection Solution Auto-Injector 0.15 MG/0.3ML, 0.3 MG/0.3ML</i>	Preferred	
<i>EPINEPHrine Solution Auto-Injector 0.15 MG/0.3ML Injection</i>	Non-Preferred	PA
<i>EPINEPHrine Solution Auto-injector 0.3 MG/0.3ML Injection</i>	Non-Preferred	PA
*Vasopressors*** - Drugs For Serious Allergic Reaction		
<i>Midodrine HCl Oral Tablet 10 MG, 2.5 MG, 5 MG</i>	Preferred	QL (3 EA per 1 day)
Vitamins - Drugs For Nutrition		
*Vitamin B-1*** - Drugs For Nutrition		
<i>B-1 High Potency Oral Tablet 100 MG</i>	Preferred	QL (1 EA per 1 day)
<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>HM Vitamin B1 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 B1 Oral Tablet 50 MG</i>	Preferred	QL (2 EA per 1 day)

Drug	Status	Notes
<i>Vitamin B-1 Oral Tablet 50 MG</i>	Preferred	QL (2 EA per 1 day)
*Vitamin B-2*** - Drugs For Nutrition		
<i>B2 Oral Tablet 100 MG</i>	Preferred	
<i>B-2 Oral Tablet 100 MG</i>	Preferred	
<i>CVS Vitamin B-2 Oral Tablet 100 MG</i>	Preferred	
<i>Vitamin B-2 Oral Tablet 100 MG</i>	Preferred	
*Vitamin B-3*** - Drugs For Nutrition		
<i>ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG</i>	Preferred	
<i>NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG</i>	Preferred	
<i>NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG</i>	Preferred	
<i>HM Niacin Oral Tablet Extended Release 250 MG</i>	Preferred	
<i>HM Niacin TR Oral Tablet Extended Release 250 MG</i>	Preferred	
<i>KP Niacin Oral Tablet 500 MG</i>	Preferred	
<i>Niacin ER Oral Capsule Extended Release 250 MG, 500 MG</i>	Preferred	
<i>Niacin ER Oral Tablet Extended Release 250 MG, 500 MG, 750 MG</i>	Preferred	
<i>Niacin Oral Tablet 100 MG, 250 MG, 50 MG, 500 MG</i>	Preferred	
<i>Niacin-50 Oral Tablet 50 MG</i>	Preferred	
<i>Niacinamide Oral Tablet 500 MG</i>	Preferred	
<i>Plain Niacin Oral Tablet 250 MG, 500 MG</i>	Preferred	
<i>PX Niacin Oral Tablet 100 MG</i>	Preferred	
<i>RA Niacin Oral Tablet 100 MG, 500 MG</i>	Preferred	
<i>RA No Flush Niacin Oral Tablet 500 MG</i>	Preferred	
<i>SM Niacin CR Oral Tablet Extended Release 250 MG</i>	Preferred	
*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>Neuro-K-50 Oral Tablet 50 MG</i>	Preferred	QL (4 EA per 1 day)
<i>Pyridoxine HCl Oral Tablet 100 MG, 50 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>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 B-6 ER Oral Tablet Extended Release 200 MG</i>	Preferred	

Drug	Status	Notes
<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 C*** - Drugs For Nutrition		
<i>PUREWAY-C ORAL TABLET 500 MG</i>	Preferred	
<i>Ascorbic Acid Oral Tablet 500 MG</i>	Preferred	
<i>C 500 Oral Tablet 500 MG</i>	Preferred	
<i>C 500/Rose Hips Oral Tablet 500 MG</i>	Preferred	
<i>C-500 Oral Tablet 500 MG</i>	Preferred	
<i>C-500/Rose Hips Oral Tablet 500 MG</i>	Preferred	
<i>CVS Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>CVS Vitamin C-Rose Hips Oral Tablet 500 MG</i>	Preferred	
<i>EQL Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>EQL Vitamin C/Rose Hips Oral Tablet 500 MG</i>	Preferred	
<i>GNP Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>GNP Vitamin C w/Rose Hips Oral Tablet 500-37 MG</i>	Preferred	
<i>HM Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>Meijer C Oral Tablet 500 MG</i>	Preferred	
<i>Natural C/Rose Hips Oral Tablet 500 MG</i>	Preferred	
<i>PX Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>QC Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>QC Vitamin C with Rose Hips Oral Tablet 500 MG</i>	Preferred	
<i>RA Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>RA Vitamin C/Rose Hips Oral Tablet 500 MG</i>	Preferred	
<i>SB Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>SM Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>SM Vitamin C/Rose Hips Oral Tablet 500 MG</i>	Preferred	
<i>Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>Vitamin C/Bioflavonoids/RoseHp Oral Tablet 500 MG</i>	Preferred	
<i>Vitamin C/Rose Hips Oral Tablet 500 MG</i>	Preferred	
<i>Vitamin C-Acerola Oral Tablet 500 MG</i>	Preferred	
<i>Vitamin C-Rose Hips Oral Tablet 500 MG</i>	Preferred	
<i>YL Vitamin C Oral Tablet 500 MG</i>	Preferred	
<i>YL Vitamin C-Rose Hips Oral Tablet 500 MG</i>	Preferred	
*Vitamin D*** - Drugs For Nutrition		
<i>BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML</i>	Preferred	QL (6 ML per 1 day)
<i>D3-50 ORAL CAPSULE 1.25 MG (50000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>DECARA ORAL CAPSULE 1.25 MG (50000 UT), 250 MCG (10000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE 10 MCG (400 UNIT)	Preferred	QL (1 EA per 1 day)
IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT)	Preferred	QL (1 EA per 1 day)
JUST D ORAL LIQUID 10 MCG/ML	Preferred	QL (6 ML per 1 day)
KIDS FIRST VITAMIN D3 GUMMIES ORAL TABLET CHEWABLE 25 MCG (1000 UT)	Preferred	QL (1 EA per 1 day)
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT)	Preferred	QL (1 EA per 1 day)
PRONUTRIENTS VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT)	Preferred	QL (1 EA per 1 day)
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT)	Preferred	QL (6 EA per 1 day)
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT)	Preferred	QL (6 EA per 1 day)
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT)	Preferred	QL (6 EA per 1 day)
VITAJoy DAILY D GUMMIES ORAL TABLET CHEWABLE 25 MCG (1000 UT)	Preferred	QL (1 EA per 1 day)
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT)	Preferred	QL (6 EA per 1 day)
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	Preferred	QL (1 EA per 1 day)
YUMVS VITAMIN D3 ORAL TABLET CHEWABLE 25 MCG (1000 UT)	Preferred	QL (1 EA per 1 day)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT)	Preferred	QL (1 EA per 1 day)
YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT)	Preferred	QL (1 EA per 1 day)
<i>Aqueous Vitamin D Oral Liquid 10 MCG/ML</i>	Preferred	QL (6 ML per 1 day)
<i>CVS D3 Oral Capsule 125 MCG (5000 UT), 25 MCG (1000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Vitamin D Child Gummies Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Vitamin D3 Oral Capsule 250 MCG (10000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>CVS Vitamin D3 Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D 1000 Oral Capsule 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D 1000 Oral Tablet 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>D 1000 Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D 10000 Oral Capsule 250 MCG (10000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D 400 Oral Tablet 10 MCG (400 UNIT)</i>	Preferred	QL (6 EA per 1 day)
<i>D 400 Oral Tablet Chewable 10 MCG (400 UNIT)</i>	Preferred	QL (1 EA per 1 day)
<i>D 5000 Oral Capsule 125 MCG (5000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D 5000 Oral Tablet 125 MCG (5000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>D-1000 Extra Strength Oral Tablet 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>D-1000 Oral Tablet 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>D2000 Ultra Strength Oral Capsule 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D3 2000 Oral Capsule 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>D3 5000 Oral Capsule 125 MCG (5000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D3 Adult Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D3 High Potency Oral Capsule 125 MCG (5000 UT), 25 MCG (1000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D3 High Potency Oral Tablet 10 MCG (400 UNIT)</i>	Preferred	QL (6 EA per 1 day)
<i>D3 Kids Oral Tablet Chewable 10 MCG (400 UNIT)</i>	Preferred	QL (1 EA per 1 day)
<i>D3 Maximum Strength Oral Capsule 125 MCG (5000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D3 Maximum Strength Oral Liquid 125 MCG/ML</i>	Preferred	
<i>D3 Oral Tablet 50 MCG (2000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>D3 Oral Tablet Chewable 10 MCG (400 UNIT)</i>	Preferred	QL (1 EA per 1 day)
<i>D3 Super Strength Oral Capsule 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D3-1000 Oral Capsule 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D3-1000 Oral Tablet 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>D-3-5 Oral Capsule 125 MCG (5000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>D-400 Oral Tablet 10 MCG (400 UNIT)</i>	Preferred	QL (6 EA per 1 day)
<i>D-5000 Oral Tablet 125 MCG (5000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>Delta D3 Oral Tablet 10 MCG (400 UNIT)</i>	Preferred	QL (6 EA per 1 day)
<i>D-Vite Pediatric Oral Liquid 10 MCG/ML</i>	Preferred	QL (6 ML per 1 day)
<i>EQL Vitamin D3 Gummies Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>EQL Vitamin D3 Oral Capsule 125 MCG (5000 UT), 25 MCG (1000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Ergocalciferol Oral Capsule 1.25 MG (50000 UT)</i>	Preferred	QL (6 EA per 1 day); AGE (Min 17 Years)
<i>Finest Nutrition Vitamin D3 Oral Capsule 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>GNP D 1000 Oral Capsule 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>GNP D 2000 Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Vitamin D Maximum Strength Oral Tablet 50 MCG (2000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Vitamin D Oral Tablet 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Vitamin D Oral Tablet Chewable 10 MCG (400 UNIT)</i>	Preferred	QL (1 EA per 1 day)
<i>GNP Vitamin D Super Strength Oral Tablet 125 MCG (5000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Vitamin D3 Extra Strength Oral Tablet 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>GNP Vitamin D3 Oral Tablet 10 MCG (400 UNIT)</i>	Preferred	QL (6 EA per 1 day)
<i>HM Vitamin D Oral Tablet 10 MCG (400 UNIT), 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>HM Vitamin D3 Oral Capsule 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>HM Vitamin D3 Oral Tablet 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>KLS D3 Oral Capsule 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>KP Vitamin D Oral Capsule 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>KP Vitamin D Oral Tablet Chewable 10 MCG (400 UNIT)</i>	Preferred	QL (1 EA per 1 day)
<i>KP Vitamin D3 Oral Capsule 25 MCG (1000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Nat-Rul Vitamin D Oral Tablet 125 MCG (5000 UT), 25 MCG (1000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>Natural Vitamin D-3 Oral Tablet 125 MCG (5000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>Pharmacist Choice D-Vitamin Oral Liquid 400 UNIT/ML</i>	Preferred	QL (6 ML per 1 day)
<i>QC Vitamin D3 Oral Capsule 25 MCG (1000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>QC Vitamin D3 Oral Tablet 10 MCG (400 UNIT), 125 MCG (5000 UT), 25 MCG (1000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>RA Vitamin D-3 Oral Capsule 125 MCG (5000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>RA Vitamin D-3 Oral Tablet 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>SM Vitamin D Oral Tablet 10 MCG (400 UNIT)</i>	Preferred	QL (6 EA per 1 day)
<i>SM Vitamin D3 Oral Capsule 125 MCG (5000 UT), 50 MCG, 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>SM Vitamin D3 Oral Tablet 125 MCG (5000 UT), 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>VitaChew Vitamin D3 Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D (Cholecalciferol) Oral Capsule 25 MCG (1000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D (Cholecalciferol) Oral Tablet 10 MCG (400 UNIT), 25 MCG (1000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>Vitamin D (Cholecalciferol) Oral Tablet Chewable 10 MCG (400 UNIT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D (Ergocalciferol) Oral Capsule 1.25 MG (50000 UT), 50000 UNIT</i>	Preferred	QL (6 EA per 1 day); AGE (Min 17 Years)
<i>Vitamin D High Potency Oral Capsule 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D Infant Oral Liquid 10 MCG/ML</i>	Preferred	QL (6 ML per 1 day)
<i>Vitamin D Oral Capsule 125 MCG (5000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D Oral Liquid 10 MCG/ML</i>	Preferred	QL (6 ML per 1 day)
<i>Vitamin D Oral Tablet 25 MCG (1000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>Vitamin D3 Adult Gummies Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D3 Extra Strength Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D3 Gummies Adult Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D3 Gummies Oral Tablet Chewable 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)

Drug	Status	Notes
<i>Vitamin D3 Maximum Strength Oral Capsule 125 MCG (5000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D3 Oral Capsule 1.25 MG (50000 UT), 1000 UNIT, 125 MCG (5000 UT), 25 MCG (1000 UT), 250 MCG (10000 UT), 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D-3 Oral Capsule 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D3 Oral Liquid 10 MCG/ML</i>	Preferred	QL (6 ML per 1 day)
<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	QL (6 EA per 1 day)
<i>Vitamin D-3 Oral Tablet 125 MCG (5000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>Vitamin D3 Oral Tablet Chewable 10 MCG (400 UNIT), 25 MCG (1000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D3 Super Strength Oral Capsule 50 MCG (2000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D3 Super Strength Oral Tablet 50 MCG (2000 UT)</i>	Preferred	QL (6 EA per 1 day)
<i>Vitamin D3 Ultra Strength Oral Capsule 125 MCG (5000 UT)</i>	Preferred	QL (1 EA per 1 day)
<i>Vitamin D-400 Oral Tablet 10 MCG (400 UNIT)</i>	Preferred	QL (6 EA per 1 day)
*Vitamin K*** - Drugs For Nutrition		
<i>Phytonadione Oral Tablet 5 MG</i>	Preferred	QL (5 EA per 1 day)