



July 2024

Molina Healthcare

Medicaid

**Preferred Drug List
(Formulary)/
Lista de Medicamentos
Preferidos
(Formulario)**



Discrimination is against the law

Molina Healthcare (Molina) follows the law. We treat all people equally.

We do not discriminate against anyone based on:

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

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

We offer:

- Qualified sign language interpreters.
- Written information in many formats. These may include:
 - Large print
 - Audio
 - Accessible electronic formats
 - Other formats

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

- Qualified interpreters
- Information that is written in other languages

Contact us at (800) 424-4518 (TTY/TDD: 711) if you need any of these services.

The AlertLine offers confidential and anonymous reporting without fear of retaliation. If you believe there have been instances of non-compliance, potential fraud, waste or abuse or have experienced discrimination, you may file a report by calling the Molina AlertLine at (866) 606-3889 or online at <https://molinahealthcare.alertline.com>

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

Or you may do this by mail or phone:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019

TDD: (800) 537-7697

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

Help in other languages

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 424-4518 (TTY/TDD: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어지원서비스를 무료로 이용하실 수 있습니다.
(800) 424-4518 (TTY/TDD: 711) 번으로 전화해 주십시오.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 424-4518 (TTY/TDD: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (TTY/TDD: 711) (800) 424-4518。

Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان، اتصل برقم (1-800-424-4518) رقم هاتف الصم والبكم: (711) -قم هاتف الصم والبكم: .

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa (800) 424-4518 (TTY/TDD: 711).

Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات راهنمای زبان به صورت رایگان برای شما در دسترس است. با شماره 4518-424 (800) TTY/TDD (تعماریه ونه ته بینوایان 711)); تعماریه ونه ته بینوایان تماس بگیرید

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገኙዎት ተዘጋጅተዋል። ወደ ማከተለው ቁጥር ይደውሉ

Urdu

دعیمان دین: اگر آپ اردو بولتے ہیں تو مشق زبان کی مدد والی خل ما شت دستیاب ہیں۔ (711 بلس --800-424 TTY/TDD) 4518: میڈ لین۔ پیکریں کال۔

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 424-4518 (ATS: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. ЗВОНИТЕ (800) 424-4518 (Телетайп: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
(800) 424-4518 (TTY/TDD: 711) पर काल करे ।

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer (800) 424-4518 (TTY/TDD: 711).

Bengali

লক্ষ্য: করনঃ যিদ আপনি বাংলা, কথা বলেত পারেন, তাহেল নিঃখরচায় ভাষা সহায়তা পা রেখবা। উপল আছা ফোন করন।
(800) 424-4518 (TTY/TDD: 711).

Bassa

Dè dè nià kɛ dyédé gbo: ɔ juú ké m̀ Bàsɔ ɔ-wùdù-po-nyɔ juú ní, níí, à wudu kà kò do po-poɔ bé in m̀ gbo kpáa. Đá (800) 424-4518 (TTY/TDD: 711).

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(07/01/2024)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

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

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

To help you understand which specific strengths and dosage forms are covered, some general guidelines are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).

- The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

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

Prescription generic drugs are:

- Usually priced lower than their brand-name equivalents
- Approved by the U.S. Food and Drug Administration for safety and effectiveness. They are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to make sure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter how safe and effective they are
- Manufactured in the same strength and dosage form as the brand-name drugs

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

PLAN DESIGN

- This guide represents Molina and Virginia Medicaid's Common Core Formulary. Generic medications are typically available at the lowest cost. Brand-name medications usually cost more than generic versions. Medications not on the list will usually cost the most.

This guide lists drugs in the following manner:

Preferred Drugs

Non-Preferred Drugs

The medications listed in this guide are covered by Molina as represented. Molina covers certain medications on the list if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.). Molina will review requests for such medications outside of their listed criteria for medical necessity. If a medication is not listed, you may request a formulary exception for coverage. We will review medical necessity or formulary exception requests based on

drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into molinahealthcare.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have proven not to work. When this happens, the physician may fax a completed drug prior authorization form to Molina at (844) 278-5731. You can find these forms at molinahealthcare.com. We will not consider trials of pharmaceutical samples as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

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

The following are examples:

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

EXCLUDED SERVICES

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

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

NOTICE

The information contained in this guide is proprietary. The information may not be copied in whole or in part without written permission. ©2024. All rights reserved.

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

LEGEND

AGE	Age Limit
CL	Closed Class Medication
MED	Max 90 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

FORMULARY UPDATES

Please review the formulary changes which pertain to the pharmacy benefit.

If you have questions, contact Molina Member Services. We're available Monday through Friday from 8 a.m. to 8 p.m. local time at (800) 424-4518 (TTY: 711).

Product Name	Change	Notes	Effective Date
Erythromycin DR tablet	Update to preferred		7/1/2024
Erythromycin DR capsule	Update to non-preferred	PA required	7/1/2024
Armodafinil	Update to preferred Add QL	PA required QL = 1 tablet per day	7/1/2024
Qulipta	Update to preferred	PA required	7/1/2024
Fasenra	Add to formulary as preferred Add age limit	PA required Age limit = Minimum age 12	7/1/2024
Brixadi	Update to preferred		7/1/2024
Clindamycin 1% gel	Update to preferred		7/1/2024
Clindamycin-benzoyl peroxide 1.2-3.75% gel	Add to formulary as non-preferred	PA required	7/1/2024
Modafinil	Update to preferred	PA required	7/1/2024
Xolair	Add to formulary as preferred Add age limit	PA required Minimum age 1	7/1/2024
Cinqair	Add to formulary as non-preferred	PA required	7/1/2024
Sunosi	Update to preferred Add QL	PA required QL = 1 tablet per day	7/1/2024
SOD SULFACE-SULF 8-4% CLEANSER	Add to formulary as non-preferred Add age limit	PA required Age limit = Maximum age 18	7/1/2024
ZMA CLEAR 9%-4.5% SUSPENSION	Add to formulary as non-preferred Add age limit	PA required Age limit = Maximum age 18	7/1/2024
Aubagio	Update to non-preferred	PA required	7/1/2024
Teriflunomide	Update to preferred	PA required	7/1/2024
Tezspire	Add to formulary as non-preferred Add age limit	PA required Age limit = Minimum age 12	7/1/2024

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar *Lista de Medicamentos Preferidos de [Molina Healthcare (Molina)] [2024] (Formulario)* como una herramienta de referencia e información útil. Esta guía puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

Los medicamentos que se indican en esta guía fueron revisados por un Comité de Farmacia y Terapéutica (P&T, *Pharmacy and Therapeutics*) y están aprobados antes de su inclusión. Esta guía refleja la práctica médica actual a la fecha de revisión.

La información en esta guía se proporciona únicamente para el beneficio de los proveedores médicos. No garantizamos la exactitud de dicha información. Esta guía no fue hecha con un propósito integral. Toda la información de esta guía se proporciona como referencia para la selección de la terapia con medicamentos.

Esta guía está sujeta a normas y reglamentos específicos del estado, incluidos, entre otros, aquellos relacionados con la sustitución genérica, los programas de sustancias de administración controlada, la preferencia de marcas y los genéricos obligatorios cuando corresponda.

[Molina] no asume la responsabilidad por las acciones u omisiones de cualquier proveedor médico en función de la información contenida en esta guía. El proveedor médico debe revisar la documentación del producto provista por el fabricante del medicamento o las referencias estándar para obtener información más detallada.

PREFACIO

Esta guía está organizada en secciones. Cada sección se divide según la clase terapéutica del fármaco, por tipo.

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Utilizamos los servicios de un Comité de Farmacia y Terapéutica (P&T) para aprobar tratamientos con medicamentos seguros y clínicamente eficaces. El Comité de P&T es un organismo asesor de profesionales clínicos. Entre los miembros votantes del Comité de P&T, se encuentran médicos y farmacéuticos, los cuales tienen una amplia experiencia clínica y académica en medicamentos recetados. Los miembros votantes del Comité de P&T deben divulgar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudar a entender cuáles son las fortalezas específicas y las formas de dosificación cubiertas, algunas pautas generales se describen a continuación.

- En la primera columna del cuadro se indica el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., LIPITOR). Los medicamentos genéricos se indican en letra minúscula en cursiva (p. ej., atorvastatin).
- En la segunda columna (categoría de medicamento etiquetado) se indica en qué categoría se ubica el medicamento en el formulario.
- La tercera columna (Requisitos/Límites) contiene cualquier requisito especial para la cobertura de su medicamento.
- Si las versiones de productos de venta libre (OTC, *Over The Counter*) y las versiones de productos con receta médica están cubiertas, se indican ambas.
- Los productos de liberación prolongada y de liberación retardada requieren su propia entrada.
- Las formas de dosificación serán coherentes con la categoría y el uso en que se clasificaron.

SUSTITUCIÓN GENÉRICA

La sustitución genérica es cuando su farmacia puede administrar una versión genérica en lugar de un producto de marca recetado. En esta guía, la letra minúscula en cursiva significa que hay una versión genérica disponible. En la mayoría de los casos, si hay un producto genérico disponible, la versión de marca registrada no tendrá formulario. El producto genérico estará cubierto en lugar de la versión de marca registrada. Sin embargo, esta guía está sujeta a regulaciones y normas específicas del estado sobre la sustitución genérica y se aplican normas genéricas obligatorias si corresponde.

Los medicamentos genéricos con receta médica cuentan con las siguientes características:

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera lo efectivos ni seguros que son.
- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

Cuando un medicamento genérico es sustituido por un medicamento de marca, el medicamento genérico debe ser igual de efectivo y seguro que el medicamento de marca (equivalencia terapéutica).

DISEÑO DE PLANES

Esta guía representa el Formulario Básico Común de [Molina] y Virginia Medicaid. Los medicamentos que se presentan en el documento pueden tener un costo variable para el miembro del plan. Los medicamentos genéricos suelen estar disponibles al menor precio. Los medicamentos de marca, por lo general, serán más caros que las versiones genéricas. Los medicamentos que no están presentes en la lista suelen tener el mayor precio.

En esta guía se indican los medicamentos de la siguiente manera:

Categoría 1: Medicamentos Genéricos Preferidos

Categoría 2: Medicamentos de Marca Preferidos

Categoría 3: Medicamentos de Marca no Preferidos: Los medicamentos que no aparecen en el documento se consideran como “No Preferidos”

Los medicamentos que aparecen en esta guía están cubiertos por [Molina] según lo que se representa. [Molina] cubra algunos medicamentos de la lista si se cumplen los criterios de administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). [Molina] revisará las solicitudes de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece, puede solicitar una excepción de formulario para la cobertura. Revisaremos las solicitudes de necesidad médica o de excepción de formulario en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en [molinahealthcare.com] para revisar la cobertura.

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de Medicamentos de [Molina] pueden ser aprobadas cuando son médicamente necesarias y cuando se haya demostrado que las alternativas del formulario no funcionan. Cuando esto ocurra, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a [Molina] al [(844) 278-5731]. Puede encontrar estos formularios en [molinahealthcare.com]. No consideraremos los ensayos de muestras farmacéuticas como justificativos para la aprobación de una solicitud de autorización previa.

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

Para la respuesta más rápida posible del Departamento de Farmacia de [Molina], proporcione la información pertinente con la solicitud de autorización previa.

Observe los siguientes ejemplos:

Clase de medicamento o diagnóstico	Información clínica solicitada
Reducción de colesterol	Perfil lipídico, factores de riesgo cardiovasculares
Diabetes	Resultados de prueba de A1c
Medicamento no preferido/fuera del formulario	Los Registros de Medicamentos o Notas de Progreso en los cuales se documente que el medicamento del formulario se utilizó con anterioridad

SERVICIOS EXCLUIDOS

Tenga en cuenta que algunos medicamentos están excluidos. Estos incluyen, entre otros:

- Medicamentos contra la anorexia, pérdida de peso o aumento de peso.
- Medicamentos para promover la fertilidad.
- Medicamentos para fines cosméticos o el crecimiento del cabello.
- Medicamentos para el tratamiento de disfunción sexual o eréctil; a menos que dichos medicamentos se utilicen para tratar una afección distinta de la disfunción eréctil; para la que los medicamentos estén aprobados por la FDA.
- Todos los medicamentos DESI (*Drug Efficacy Study Implementation*, Implementación del Estudio de la Eficacia de los Medicamentos) que, según la definición de la FDA, no tengan el nivel requerido de eficacia. Recetas de compuestos, lo que incluye medicamentos DESI no cubiertos.
- Medicamentos que se hayan retirado del Mercado.
- Medicamentos experimentales o no aprobados por la FDA.
- Cualquier medicamento de venta bajo receta archivada que se comercialice por un fabricante no perteneciente al Programa de Devolución de Medicamentos de Medicaid.

AVISO

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Este documento contiene referencias a medicamentos con receta que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos.

LEYENDA

AGE	Límite de edad
CL	Medicamentos de Clase Cerrada
MED	Dosis equivalente de morfina de 90 mg como máximo por día
OTC	Medicamento de venta libre, beneficio cubierto con una receta médica
PA	Autorización previa
PA, QL	Límite de cantidad que se aplica después de la aprobación de la Autorización Previa
QL	Límite de Cantidad
SP	Medicamento de especialidad
ST	Terapia progresiva
<i>minúscula</i>	Indica disponibilidad genérica
MAYÚSCULA	Indica disponibilidad de la marca

ACTUALIZACIONES DEL FORMULARIO

Revise los cambios de formulario que pertenecen al beneficio de farmacia.

Si tiene preguntas, comuníquese con el Departamento de Servicios para Miembros de [Molina].
Atendemos de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local en (800) 424-4518 (TTY: 711).

Nombre del producto	Cambio	Notas	Fecha de entrada en vigencia
Comprimidos de eritromicina DR	Actualizar a preferido		7/1/2024
Cápsula de eritromicina DR	Actualizar a no preferido	Se requiere PA.	7/1/2024
Armodafinilo	Actualizar para agregar QL preferido	Se requiere PA. QL = 1 comprimido por día	7/1/2024
Qulipta	Actualizar a preferido	Se requiere PA.	7/1/2024
Fasenra	Agregar al formulario como preferido Añadir límite de edad	Se requiere PA. Límite de edad = Edad mínima 12 años	7/1/2024
Brixadi	Actualizar a preferido		7/1/2024
Gel de clindamicina al 1 %	Actualizar a preferido		7/1/2024
Peróxido de clindamicina-benzoilo 1.2-3.75 % gel	Agregar al formulario como no preferido	Se requiere PA.	7/1/2024
Modafinilo	Actualizar a preferido	Se requiere PA.	7/1/2024
Xolair	Agregar al formulario como preferido Añadir límite de edad	PA requerido Edad mínima 1	7/1/2024
Cinqair	Agregar al formulario como no preferido	Se requiere PA.	7/1/2024
Sunosi	Actualizar para agregar QL preferido	Se requiere PA. QL = 1 comprimido por día	7/1/2024
SOD SULFACE-SULF 8-4% LIMPIADOR	Agregar al formulario como no preferido Añadir límite de edad	Se requiere PA. Límite de edad = Edad máxima 18 años	7/1/2024
ZMA CLEAR 9%-4.5% SUSPENSIÓN	Agregar al formulario como no preferido Añadir límite de edad	Se requiere PA. Límite de edad = Edad máxima 18 años	7/1/2024
Aubagio	Actualizar a no preferido	Se requiere PA.	7/1/2024
Teriflunomida	Actualizar a preferido	Se requiere PA.	7/1/2024
Tezspire	Agregar al formulario como no preferido Añadir límite de edad	Se requiere PA. Límite de edad = Edad mínima 12 años	7/1/2024

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Drug Name	Formulary Status	Requirements/Limits
ACNE AGENTS: TOPICAL [OPEN CLASS]		
<i>acne medication 10 gel 10 % external</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>acne medication 10 lotion 10 % external</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>acne medication 2.5 gel 2.5 % external</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>acne medication 5 gel 5 % external (otc)</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>acne medication 5 lotion 5 % external</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>adapalene gel 0.1 % external (otc)</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>benzoyl peroxide gel 10 % external (otc)</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>benzoyl peroxide gel 2.5 % external (otc)</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>benzoyl peroxide gel 5 % external (otc)</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>benzoyl peroxide liquid 10 % external (otc)</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>benzoyl peroxide wash liquid 10 % external (otc)</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>benzoyl peroxide wash liquid 5 % external (otc)</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phos-benzoyl perox gel 1.2-5 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phosphate gel 1 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phosphate solution 1 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phosphate swab 1 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)

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

Drug Name	Formulary Status	Requirements/Limits
<i>erythromycin solution 2 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>lintera wash foam 10 % external</i>	Preferred	OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>tazarotene foam 0.1 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Min 12 Years and Max 18 Years)
<i>tretinoin cream 0.025 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>tretinoin cream 0.05 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>tretinoin cream 0.1 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>tretinoin gel 0.01 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>tretinoin gel 0.025 % external</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phosphate (Clindacin Etz Swab 1 % External)</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>clindamycin phosphate (Clindacin-P Swab 1 % External)</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
RETIN-A CREAM 0.025 % EXTERNAL (<i>tretinoin</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
RETIN-A CREAM 0.05 % EXTERNAL (<i>tretinoin</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
RETIN-A CREAM 0.1 % EXTERNAL (<i>tretinoin</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
RETIN-A GEL 0.01 % EXTERNAL (<i>tretinoin</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
RETIN-A GEL 0.025 % EXTERNAL (<i>tretinoin</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Max 18 Years)
<i>adapalene cream 0.1 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>adapalene gel 0.3 % external</i>	Non Preferred	PA; AGE (Max 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>adapalene-benzoyl peroxide gel 0.1-2.5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>adapalene-benzoyl peroxide gel 0.3-2.5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>benzoyl peroxide-erythromycin gel 5-3 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>bp 10-1 emulsion 10-1 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>bp cleansing wash emulsion 10-4 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>bpo foaming cloths 6 % external (otc)</i>	Non Preferred	OTC; PA; AGE (Max 18 Years)
<i>clindamycin phos-benzoyl perox gel 1.2-2.5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phos-benzoyl perox gel 1.2-3.75 % external</i>	Non Preferred	PA
<i>clindamycin phos-benzoyl perox gel 1.2-3.75 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phos-benzoyl perox gel 1-5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phosphate foam 1 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phosphate gel 1 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phosphate lotion 1 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin-tretinoin gel 1.2-0.025 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>dapsone gel 5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>dapsone gel 7.5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>ery pad 2 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>erythromycin gel 2 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sodium sulfacetamide shampoo 10 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sodium sulfacetamide wash liquid 10 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sss 10-5 cream 10-5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sss 10-5 foam 10-5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium (acne) lotion 10 % external</i>	Non Preferred	PA; AGE (Max 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>sulfacetamide sodium (cleans) gel 10 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium liquid 10 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur cream 10-2 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur cream 10-5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur liquid 10-2 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur liquid 9.8-4.8 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur liquid 9-4 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur liquid 9-4.5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur lotion 10-5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur pad 10-4 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur suspension 10-5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur suspension 8-4 % external</i>	Non Preferred	PA
<i>sulfacetamide sodium-sulfur suspension 8-4 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sod-sulfur wash liquid 9-4.5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide-sulfur in urea emulsion 10-5 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tazarotene cream 0.1 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tazarotene gel 0.05 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tazarotene gel 0.1 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tretinoin gel 0.05 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tretinoin microsphere gel 0.04 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tretinoin microsphere gel 0.08 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tretinoin microsphere gel 0.1 % external</i>	Non Preferred	PA; AGE (Max 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>tretinoin microsphere pump gel 0.04 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tretinoin microsphere pump gel 0.08 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
<i>tretinoin microsphere pump gel 0.1 % external</i>	Non Preferred	PA; AGE (Max 18 Years)
ACANYA GEL 1.2-2.5 % EXTERNAL (<i>clindamycin phos-benzoyl perox</i>)	Non Preferred	PA; AGE (Max 18 Years)
ALTRENO LOTION 0.05 % EXTERNAL (<i>tretinoin</i>)	Non Preferred	PA; AGE (Max 18 Years)
ARAZLO LOTION 0.045 % EXTERNAL (<i>tazarotene</i>)	Non Preferred	PA; AGE (Max 18 Years)
ATRALIN GEL 0.05 % EXTERNAL (<i>tretinoin</i>)	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur</i> (Avar Cleanser Liquid 10-5 % External)	Non Preferred	PA; AGE (Max 18 Years)
AVAR LS CLEANSER LIQUID 10-2 % EXTERNAL (<i>sulfacetamide sodium-sulfur</i>)	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur</i> (Avar-E Emollient Cream 10-5 % External)	Non Preferred	PA; AGE (Max 18 Years)
<i>sulfacetamide sodium-sulfur</i> (Avar-E Green Cream 10-5 % External)	Non Preferred	PA; AGE (Max 18 Years)
AVAR-E LS CREAM 10-2 % EXTERNAL (<i>sulfacetamide sodium-sulfur</i>)	Non Preferred	PA; AGE (Max 18 Years)
<i>tretinoin</i> (Avita Cream 0.025 % External)	Non Preferred	PA; AGE (Max 18 Years)
BENZAMYCIN GEL 5-3 % EXTERNAL (<i>benzoyl peroxide-erythromycin</i>)	Non Preferred	PA; AGE (Max 18 Years)
BENZEFOAM FOAM 5.3 % EXTERNAL (OTC) (<i>benzoyl peroxide</i>)	Non Preferred	OTC; PA; AGE (Max 18 Years)
CABTREO GEL 0.15-3.1-1.2 % EXTERNAL (<i>adapalene-benzoyl per-clindamy</i>)	Non Preferred	PA; AGE (Min 12 Years)
CLEOCIN-T LOTION 1 % EXTERNAL (<i>clindamycin phosphate</i>)	Non Preferred	PA; AGE (Max 18 Years)
CLINDACIN ETZ KIT 1 % EXTERNAL (<i>clindamycin phos & cleanser</i>)	Non Preferred	PA; AGE (Max 18 Years)
<i>clindamycin phosphate</i> (Clindacin Foam 1 % External)	Non Preferred	PA; AGE (Max 18 Years)
CLINDACIN PAC KIT 1 % EXTERNAL (<i>clindamycin phos & cleanser</i>)	Non Preferred	PA; AGE (Max 18 Years)
CLINDAGEL GEL 1 % EXTERNAL (<i>clindamycin phosphate</i>)	Non Preferred	PA; AGE (Max 18 Years)
DERMACINRX ATRIX ANTIBAC WASH LIQUID 2 % EXTERNAL (<i>salicylic acid</i>)	Non Preferred	OTC; PA; AGE (Max 18 Years)
ERYGEL GEL 2 % EXTERNAL (<i>erythromycin</i>)	Non Preferred	PA; AGE (Max 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
EVOCLIN FOAM 1 % EXTERNAL (<i>clindamycin phosphate</i>)	Non Preferred	PA; AGE (Max 18 Years)
FABIOR FOAM 0.1 % EXTERNAL (<i>tazarotene</i>)	Non Preferred	PA; AGE (Min 12 Years and Max 18 Years)
<i>clindamycin-benzoyl per (refr)</i> (Neuac Gel 1.2-5 % External)	Non Preferred	PA; AGE (Max 18 Years)
NEUAC KIT 1.2-5 % EXTERNAL (<i>clindamycin-benzoyl per-moist</i>)	Non Preferred	PA; AGE (Max 18 Years)
ONEXTON GEL 1.2-3.75 % EXTERNAL (<i>clindamycin phos-benzoyl perox</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE PLUS CREAM 10 % EXTERNAL (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE PLUS LOTION 9.8 % EXTERNAL (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE PLUS SHAMPOO 10 % EXTERNAL (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE PLUS WASH GEL 10 % EXTERNAL (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE PLUS WASH LIQUID 10 % EXTERNAL (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
OVACE WASH LIQUID 10 % EXTERNAL (<i>sulfacetamide sodium</i>)	Non Preferred	PA; AGE (Max 18 Years)
RETIN-A MICRO GEL 0.04 % EXTERNAL (<i>tretinoin microsphere</i>)	Non Preferred	PA; AGE (Max 18 Years)
RETIN-A MICRO GEL 0.1 % EXTERNAL (<i>tretinoin microsphere</i>)	Non Preferred	PA; AGE (Max 18 Years)
RETIN-A MICRO PUMP GEL 0.04 % EXTERNAL (<i>tretinoin microsphere</i>)	Non Preferred	PA; AGE (Max 18 Years)
RETIN-A MICRO PUMP GEL 0.06 % EXTERNAL (<i>tretinoin microsphere</i>)	Non Preferred	PA; AGE (Max 18 Years)
RETIN-A MICRO PUMP GEL 0.08 % EXTERNAL (<i>tretinoin microsphere</i>)	Non Preferred	PA; AGE (Max 18 Years)
RETIN-A MICRO PUMP GEL 0.1 % EXTERNAL (<i>tretinoin microsphere</i>)	Non Preferred	PA; AGE (Max 18 Years)
ROSULA WASH LIQUID 10-4.5 % EXTERNAL (<i>sulfacetamide sodium-sulfur</i>)	Non Preferred	PA; AGE (Max 18 Years)
SUMADAN KIT 9-4.5 % EXTERNAL (<i>sulfacetamide-sulfur-cleanser</i>)	Non Preferred	PA; AGE (Max 18 Years)
SUMADAN WASH LIQUID 9-4.5 % EXTERNAL (<i>sulfacetamide sodium-sulfur</i>)	Non Preferred	PA; AGE (Max 18 Years)
SUMADAN XLT KIT 9-4.5 % EXTERNAL (<i>sulfacetamide-sulfur-sunscreen</i>)	Non Preferred	PA; AGE (Max 18 Years)
SUMAXIN CP KIT 10-4 % EXTERNAL (<i>sulfacetamide-sulfur-cleanser</i>)	Non Preferred	PA; AGE (Max 18 Years)
WINLEVI CREAM 1 % EXTERNAL (<i>clascoterone</i>)	Non Preferred	PA; AGE (Min 12 Years and Max 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
ZIANA GEL 1.2-0.025 % EXTERNAL (<i>clindamycin-tretinoin</i>)	Non Preferred	PA; AGE (Max 18 Years)
ZMA CLEAR SUSPENSION 9-4.5 % EXTERNAL (<i>sulfacetamide sodium-sulfur</i>)	Non Preferred	PA; AGE (Max 18 Years)
ALZHEIMER'S AGENTS [OPEN CLASS]		
<i>donepezil hcl tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>donepezil hcl tablet 23 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>donepezil hcl tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>donepezil hcl tablet dispersible 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>donepezil hcl tablet dispersible 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>memantine hcl tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>memantine hcl tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>rivastigmine patch 24 hour 13.3 mg/24hr transdermal</i>	Preferred	Max 90-day supply per 1 Fill
<i>rivastigmine patch 24 hour 4.6 mg/24hr transdermal</i>	Preferred	Max 90-day supply per 1 Fill
<i>rivastigmine patch 24 hour 9.5 mg/24hr transdermal</i>	Preferred	Max 90-day supply per 1 Fill
<i>galantamine hydrobromide er capsule extended release 24 hour 16 mg oral</i>	Non Preferred	PA
<i>galantamine hydrobromide er capsule extended release 24 hour 24 mg oral</i>	Non Preferred	PA
<i>galantamine hydrobromide er capsule extended release 24 hour 8 mg oral</i>	Non Preferred	PA
<i>galantamine hydrobromide solution 4 mg/ml oral</i>	Non Preferred	PA
<i>galantamine hydrobromide tablet 12 mg oral</i>	Non Preferred	PA
<i>galantamine hydrobromide tablet 4 mg oral</i>	Non Preferred	PA
<i>galantamine hydrobromide tablet 8 mg oral</i>	Non Preferred	PA
<i>memantine hcl er capsule extended release 24 hour 14 mg oral</i>	Non Preferred	PA
<i>memantine hcl er capsule extended release 24 hour 21 mg oral</i>	Non Preferred	PA
<i>memantine hcl er capsule extended release 24 hour 28 mg oral</i>	Non Preferred	PA
<i>memantine hcl er capsule extended release 24 hour 7 mg oral</i>	Non Preferred	PA
<i>memantine hcl solution 2 mg/ml oral</i>	Non Preferred	PA
<i>rivastigmine tartrate capsule 1.5 mg oral</i>	Non Preferred	PA
<i>rivastigmine tartrate capsule 3 mg oral</i>	Non Preferred	PA
<i>rivastigmine tartrate capsule 4.5 mg oral</i>	Non Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
<i>rivastigmine tartrate capsule 6 mg oral</i>	Non Preferred	PA
ADLARITY PATCH WEEKLY 10 MG/DAY TRANSDERMAL (<i>donepezil hcl</i>)	Non Preferred	PA
ADLARITY PATCH WEEKLY 5 MG/DAY TRANSDERMAL (<i>donepezil hcl</i>)	Non Preferred	PA
ARICEPT TABLET 10 MG ORAL (<i>donepezil hcl</i>)	Non Preferred	PA
ARICEPT TABLET 23 MG ORAL (<i>donepezil hcl</i>)	Non Preferred	PA
ARICEPT TABLET 5 MG ORAL (<i>donepezil hcl</i>)	Non Preferred	PA
EXELON PATCH 24 HOUR 13.3 MG/24HR TRANSDERMAL (<i>rivastigmine</i>)	Non Preferred	PA
EXELON PATCH 24 HOUR 4.6 MG/24HR TRANSDERMAL (<i>rivastigmine</i>)	Non Preferred	PA
EXELON PATCH 24 HOUR 9.5 MG/24HR TRANSDERMAL (<i>rivastigmine</i>)	Non Preferred	PA
NAMENDA TABLET 10 MG ORAL (<i>memantine hcl</i>)	Non Preferred	PA
NAMENDA TABLET 5 MG ORAL (<i>memantine hcl</i>)	Non Preferred	PA
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ORAL (<i>memantine hcl-donepezil hcl</i>)	Non Preferred	PA; QL (28 EA per 180 days)
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL (<i>memantine hcl-donepezil hcl</i>)	Non Preferred	PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL (<i>memantine hcl-donepezil hcl</i>)	Non Preferred	PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL (<i>memantine hcl-donepezil hcl</i>)	Non Preferred	PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL (<i>memantine hcl-donepezil hcl</i>)	Non Preferred	PA
ANDROGENIC AGENTS [OPEN CLASS]		
<i>testosterone gel 1.62 % transdermal</i>	Preferred	AGE (Min 18 Years)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	Preferred	AGE (Min 18 Years)
ANDRODERM PATCH 24 HOUR 2 MG/24HR TRANSDERMAL (<i>testosterone</i>)	Preferred	AGE (Min 18 Years)
ANDRODERM PATCH 24 HOUR 4 MG/24HR TRANSDERMAL (<i>testosterone</i>)	Preferred	AGE (Min 18 Years)
ANDROGEL PUMP GEL 20.25 MG/ACT (1.62%) TRANSDERMAL (<i>testosterone</i>)	Preferred	AGE (Min 18 Years)
<i>testosterone gel 10 mg/act (2%) transdermal</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>testosterone solution 30 mg/act transdermal</i>	Non Preferred	PA; AGE (Min 18 Years)
FORTESTA GEL 10 MG/ACT (2%) TRANSDERMAL (<i>testosterone</i>)	Non Preferred	PA; AGE (Min 18 Years)
NATESTO GEL 5.5 MG/ACT NASAL (<i>testosterone</i>)	Non Preferred	PA; AGE (Min 18 Years)
TESTIM GEL 50 MG/5GM (1%) TRANSDERMAL (<i>testosterone</i>)	Non Preferred	PA; AGE (Min 18 Years)
VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL (<i>testosterone</i>)	Non Preferred	PA; AGE (Min 18 Years)
VOGELXO PUMP GEL 12.5 MG/ACT (1%) TRANSDERMAL (<i>testosterone</i>)	Non Preferred	PA; AGE (Min 18 Years)
ANTI-ALLERGENS: ORAL [OPEN CLASS]		
GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL (<i>timothy grass pollen allergen</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 5 Years)
ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL (<i>dust mite mixed allergen ext</i>)	Non Preferred	PA; AGE (Min 12 Years and Max 65 Years)
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL (<i>grass mix pollens allergen ext</i>)	Non Preferred	PA; AGE (Min 5 Years)
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)

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Drug Name	Formulary Status	Requirements/Limits
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG ORAL (<i>peanut powder-dnfp</i>)	Non Preferred	PA; AGE (Min 4 Years)
RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL (<i>short ragweed pollen ext</i>)	Non Preferred	PA; AGE (Min 5 Years)
ANTIBIOTICS: INHALED [CLOSED CLASS]		
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	Preferred	QL (280 ML per 28 days); AGE (Min 6 Years)
BETHKIS NEBULIZATION SOLUTION 300 MG/4ML INHALATION (<i>tobramycin</i>)	Preferred	QL (224 ML per 28 days); AGE (Min 6 Years)
KITABIS PAK NEBULIZATION SOLUTION 300 MG/5ML INHALATION (<i>tobramycin</i>)	Preferred	QL (280 ML per 28 days); AGE (Min 6 Years)
TOBI PODHALER CAPSULE 28 MG INHALATION (<i>tobramycin</i>)	Preferred	PA; QL (224 EA per 28 days); AGE (Min 6 Years)
<i>tobramycin nebulization solution 300 mg/4ml inhalation</i>	Non Preferred	PA; QL (224 ML per 28 days); AGE (Min 6 Years)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	Non Preferred	PA; QL (280 ML per 28 days); AGE (Min 6 Years)
ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION (<i>amikacin sulfate liposome</i>)	Non Preferred	PA; QL (235.2 ML per 28 days); AGE (Min 18 Years)
CAYSTON SOLUTION RECONSTITUTED 75 MG INHALATION (<i>aztreonam lysine</i>)	Non Preferred	PA; QL (84 ML per 28 days); AGE (Min 7 Years)
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION (<i>tobramycin</i>)	Non Preferred	PA; QL (280 ML per 28 days); AGE (Min 6 Years)
ANTICOAGULANTS [CLOSED CLASS]		
<i>enoxaparin sodium solution 300 mg/3ml injection</i>	Preferred	
<i>enoxaparin sodium solution prefilled syringe 100 mg/ml injection</i>	Preferred	
<i>enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection</i>	Preferred	
<i>enoxaparin sodium solution prefilled syringe 150 mg/ml injection</i>	Preferred	
<i>enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection</i>	Preferred	
<i>enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection</i>	Preferred	
<i>enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection</i>	Preferred	
<i>enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection</i>	Preferred	
<i>warfarin sodium tablet 1 mg oral</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>warfarin sodium tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium tablet 2 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium tablet 2.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium tablet 3 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium tablet 4 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium tablet 6 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium tablet 7.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
ELIQUIS DVT/PE STARTER PACK TABLET THERAPY PACK 5 MG ORAL (<i>apixaban</i>)	Preferred	
ELIQUIS TABLET 2.5 MG ORAL (<i>apixaban</i>)	Preferred	Max 90-day supply per 1 Fill
ELIQUIS TABLET 5 MG ORAL (<i>apixaban</i>)	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium</i> (Jantoven Tablet 1 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium</i> (Jantoven Tablet 10 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium</i> (Jantoven Tablet 2 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium</i> (Jantoven Tablet 2.5 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium</i> (Jantoven Tablet 3 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium</i> (Jantoven Tablet 4 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium</i> (Jantoven Tablet 5 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium</i> (Jantoven Tablet 6 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>warfarin sodium</i> (Jantoven Tablet 7.5 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
PRADAXA CAPSULE 110 MG ORAL (<i>dabigatran etexilate mesylate</i>)	Preferred	Max 90-day supply per 1 Fill
PRADAXA CAPSULE 150 MG ORAL (<i>dabigatran etexilate mesylate</i>)	Preferred	Max 90-day supply per 1 Fill
PRADAXA CAPSULE 75 MG ORAL (<i>dabigatran etexilate mesylate</i>)	Preferred	Max 90-day supply per 1 Fill
XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL (<i>rivaroxaban</i>)	Preferred	
XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL (<i>rivaroxaban</i>)	Preferred	Max 90-day supply per 1 Fill
XARELTO TABLET 10 MG ORAL (<i>rivaroxaban</i>)	Preferred	Max 90-day supply per 1 Fill
XARELTO TABLET 15 MG ORAL (<i>rivaroxaban</i>)	Preferred	Max 90-day supply per 1 Fill
XARELTO TABLET 2.5 MG ORAL (<i>rivaroxaban</i>)	Preferred	Max 90-day supply per 1 Fill
XARELTO TABLET 20 MG ORAL (<i>rivaroxaban</i>)	Preferred	Max 90-day supply per 1 Fill
<i>dabigatran etexilate mesylate capsule 150 mg oral</i>	Non Preferred	PA
<i>dabigatran etexilate mesylate capsule 75 mg oral</i>	Non Preferred	PA
<i>fondaparinux sodium solution 10 mg/0.8ml subcutaneous</i>	Non Preferred	PA
<i>fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>fondaparinux sodium solution 5 mg/0.4ml subcutaneous</i>	Non Preferred	PA
<i>fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous</i>	Non Preferred	PA
ARIXTRA SOLUTION 10 MG/0.8ML SUBCUTANEOUS (<i>fondaparinux sodium</i>)	Non Preferred	PA
ARIXTRA SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS (<i>fondaparinux sodium</i>)	Non Preferred	PA
ARIXTRA SOLUTION 5 MG/0.4ML SUBCUTANEOUS (<i>fondaparinux sodium</i>)	Non Preferred	PA
ARIXTRA SOLUTION 7.5 MG/0.6ML SUBCUTANEOUS (<i>fondaparinux sodium</i>)	Non Preferred	PA
FRAGMIN SOLUTION 10000 UNIT/4ML SUBCUTANEOUS (<i>dalteparin sodium</i>)	Non Preferred	PA
FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS (<i>dalteparin sodium</i>)	Non Preferred	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 10000 UNIT/ML SUBCUTANEOUS (<i>dalteparin sodium</i>)	Non Preferred	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML SUBCUTANEOUS (<i>dalteparin sodium</i>)	Non Preferred	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML SUBCUTANEOUS (<i>dalteparin sodium</i>)	Non Preferred	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML SUBCUTANEOUS (<i>dalteparin sodium</i>)	Non Preferred	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML SUBCUTANEOUS (<i>dalteparin sodium</i>)	Non Preferred	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML SUBCUTANEOUS (<i>dalteparin sodium</i>)	Non Preferred	PA
FRAGMIN SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML SUBCUTANEOUS (<i>dalteparin sodium</i>)	Non Preferred	PA
LOVENOX SOLUTION 300 MG/3ML INJECTION (<i>enoxaparin sodium</i>)	Non Preferred	PA
LOVENOX SOLUTION PREFILLED SYRINGE 100 MG/ML INJECTION (<i>enoxaparin sodium</i>)	Non Preferred	PA
LOVENOX SOLUTION PREFILLED SYRINGE 120 MG/0.8ML INJECTION (<i>enoxaparin sodium</i>)	Non Preferred	PA
LOVENOX SOLUTION PREFILLED SYRINGE 150 MG/ML INJECTION (<i>enoxaparin sodium</i>)	Non Preferred	PA
LOVENOX SOLUTION PREFILLED SYRINGE 30 MG/0.3ML INJECTION (<i>enoxaparin sodium</i>)	Non Preferred	PA
LOVENOX SOLUTION PREFILLED SYRINGE 40 MG/0.4ML INJECTION (<i>enoxaparin sodium</i>)	Non Preferred	PA
LOVENOX SOLUTION PREFILLED SYRINGE 60 MG/0.6ML INJECTION (<i>enoxaparin sodium</i>)	Non Preferred	PA
LOVENOX SOLUTION PREFILLED SYRINGE 80 MG/0.8ML INJECTION (<i>enoxaparin sodium</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
PRADAXA PACKET 110 MG ORAL (<i>dabigatran etexilate mesylate</i>)	Non Preferred	PA
PRADAXA PACKET 150 MG ORAL (<i>dabigatran etexilate mesylate</i>)	Non Preferred	PA
PRADAXA PACKET 20 MG ORAL (<i>dabigatran etexilate mesylate</i>)	Non Preferred	PA
PRADAXA PACKET 30 MG ORAL (<i>dabigatran etexilate mesylate</i>)	Non Preferred	PA
PRADAXA PACKET 40 MG ORAL (<i>dabigatran etexilate mesylate</i>)	Non Preferred	PA
PRADAXA PACKET 50 MG ORAL (<i>dabigatran etexilate mesylate</i>)	Non Preferred	PA
SAVAYSA TABLET 15 MG ORAL (<i>edoxaban tosylate</i>)	Non Preferred	PA
SAVAYSA TABLET 30 MG ORAL (<i>edoxaban tosylate</i>)	Non Preferred	PA
SAVAYSA TABLET 60 MG ORAL (<i>edoxaban tosylate</i>)	Non Preferred	PA
ANTICONVULSANTS [CLOSED CLASS]		
<i>carbamazepine suspension 100 mg/5ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>carbamazepine tablet 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>carbamazepine tablet chewable 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>clobazam suspension 2.5 mg/ml oral</i>	Preferred	
<i>clobazam tablet 10 mg oral</i>	Preferred	
<i>clobazam tablet 20 mg oral</i>	Preferred	
<i>clonazepam tablet 0.5 mg oral</i>	Preferred	
<i>clonazepam tablet 1 mg oral</i>	Preferred	
<i>clonazepam tablet 2 mg oral</i>	Preferred	
<i>diazepam gel 10 mg rectal</i>	Preferred	QL (10 EA per 30 days); AGE (Min 2 Years)
<i>diazepam gel 2.5 mg rectal</i>	Preferred	QL (10 EA per 30 days); AGE (Min 2 Years)
<i>diazepam gel 20 mg rectal</i>	Preferred	QL (10 EA per 30 days); AGE (Min 2 Years)
<i>divalproex sodium capsule delayed release sprinkle 125 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>divalproex sodium er tablet extended release 24 hour 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>divalproex sodium er tablet extended release 24 hour 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>divalproex sodium tablet delayed release 125 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>divalproex sodium tablet delayed release 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>divalproex sodium tablet delayed release 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>ethosuximide capsule 250 mg oral</i>	Preferred	AGE (Min 3 Years); Max 90-day supply per 1 Fill
<i>ethosuximide solution 250 mg/5ml oral</i>	Preferred	AGE (Min 3 Years); Max 90-day supply per 1 Fill
<i>lacosamide solution 10 mg/ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lacosamide solution 100 mg/10ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lacosamide solution 50 mg/5ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lacosamide tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lacosamide tablet 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lacosamide tablet 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lacosamide tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine er tablet extended release 24 hour 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine er tablet extended release 24 hour 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine er tablet extended release 24 hour 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine er tablet extended release 24 hour 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine er tablet extended release 24 hour 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine er tablet extended release 24 hour 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine tablet 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine tablet 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine tablet 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine tablet chewable 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine tablet chewable 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine tablet dispersible 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine tablet dispersible 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine tablet dispersible 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine tablet dispersible 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>levetiracetam er tablet extended release 24 hour 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>levetiracetam er tablet extended release 24 hour 750 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>levetiracetam solution 100 mg/ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>levetiracetam tablet 1000 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>levetiracetam tablet 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>levetiracetam tablet 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>levetiracetam tablet 750 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>oxcarbazepine tablet 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>oxcarbazepine tablet 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>oxcarbazepine tablet 600 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>phenobarbital elixir 20 mg/5ml oral</i>	Preferred	
<i>phenobarbital tablet 100 mg oral</i>	Preferred	
<i>phenobarbital tablet 15 mg oral</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>phenobarbital tablet 16.2 mg oral</i>	Preferred	
<i>phenobarbital tablet 30 mg oral</i>	Preferred	
<i>phenobarbital tablet 32.4 mg oral</i>	Preferred	
<i>phenobarbital tablet 60 mg oral</i>	Preferred	
<i>phenobarbital tablet 64.8 mg oral</i>	Preferred	
<i>phenobarbital tablet 97.2 mg oral</i>	Preferred	
<i>phenytoin sodium extended capsule 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>phenytoin sodium extended capsule 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>phenytoin sodium extended capsule 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>phenytoin suspension 100 mg/4ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>phenytoin suspension 125 mg/5ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>phenytoin tablet chewable 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>primidone tablet 125 mg oral</i>	Preferred	
<i>primidone tablet 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>primidone tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>tiagabine hcl tablet 12 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>tiagabine hcl tablet 16 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>tiagabine hcl tablet 2 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>tiagabine hcl tablet 4 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>topiramate capsule sprinkle 15 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>topiramate capsule sprinkle 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>topiramate tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>topiramate tablet 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>topiramate tablet 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>topiramate tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valproic acid capsule 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valproic acid solution 250 mg/5ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>zonisamide capsule 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>zonisamide capsule 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>zonisamide capsule 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL (<i>carbamazepine</i>)	Preferred	Max 90-day supply per 1 Fill
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL (<i>carbamazepine</i>)	Preferred	Max 90-day supply per 1 Fill
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL (<i>carbamazepine</i>)	Preferred	Max 90-day supply per 1 Fill
DIASTAT ACUDIAL GEL 10 MG RECTAL (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 2 Years)
DIASTAT ACUDIAL GEL 20 MG RECTAL (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 2 Years)
DIASTAT PEDIATRIC GEL 2.5 MG RECTAL (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 2 Years)

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Drug Name	Formulary Status	Requirements/Limits
DILANTIN CAPSULE 30 MG ORAL (<i>phenytoin sodium extended</i>)	Preferred	
EPIDIOLEX SOLUTION 100 MG/ML ORAL (<i>cannabidiol</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 1 Years)
<i>carbamazepine</i> (Eptol Tablet 200 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
GABITRIL TABLET 12 MG ORAL (<i>tiagabine hcl</i>)	Preferred	Max 90-day supply per 1 Fill
GABITRIL TABLET 16 MG ORAL (<i>tiagabine hcl</i>)	Preferred	Max 90-day supply per 1 Fill
GABITRIL TABLET 2 MG ORAL (<i>tiagabine hcl</i>)	Preferred	Max 90-day supply per 1 Fill
GABITRIL TABLET 4 MG ORAL (<i>tiagabine hcl</i>)	Preferred	Max 90-day supply per 1 Fill
LAMICTAL ODT KIT 21 X 25 MG & 7 X 50 MG ORAL (<i>lamotrigine</i>)	Preferred	
LAMICTAL ODT KIT 25 & 50 & 100 MG ORAL (<i>lamotrigine</i>)	Preferred	
LAMICTAL ODT KIT 42 X 50 MG & 14X100 MG ORAL (<i>lamotrigine</i>)	Preferred	
NAYZILAM SOLUTION 5 MG/0.1ML NASAL (<i>midazolam anticonvulsant</i>)	Preferred	PA (Eligible for auto-PA approval); QL (10 EA per 30 days); AGE (Min 12 Years)
<i>phenytoin</i> (Phenytoin Infatabs Tablet Chewable 50 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>levetiracetam</i> (Roweepra Tablet 1000 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>levetiracetam</i> (Roweepra Tablet 500 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>levetiracetam</i> (Roweepra Tablet 750 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine</i> (Subvenite Tablet 100 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine</i> (Subvenite Tablet 150 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine</i> (Subvenite Tablet 200 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
<i>lamotrigine</i> (Subvenite Tablet 25 Mg Oral)	Preferred	Max 90-day supply per 1 Fill
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL (<i>carbamazepine</i>)	Preferred	Max 90-day supply per 1 Fill
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL (<i>carbamazepine</i>)	Preferred	Max 90-day supply per 1 Fill
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 400 MG ORAL (<i>carbamazepine</i>)	Preferred	Max 90-day supply per 1 Fill
TRILEPTAL SUSPENSION 300 MG/5ML ORAL (<i>oxcarbazepine</i>)	Preferred	Max 90-day supply per 1 Fill
VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL (<i>diazepam</i>)	Preferred	QL (10 EA per 30 days); AGE (Min 6 Years)
<i>carbamazepine er capsule extended release 12 hour 100 mg oral</i>	Non Preferred	PA
<i>carbamazepine er capsule extended release 12 hour 200 mg oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>carbamazepine er capsule extended release 12 hour 300 mg oral</i>	Non Preferred	PA
<i>carbamazepine er tablet extended release 12 hour 100 mg oral</i>	Non Preferred	PA
<i>carbamazepine er tablet extended release 12 hour 200 mg oral</i>	Non Preferred	PA
<i>carbamazepine er tablet extended release 12 hour 400 mg oral</i>	Non Preferred	PA
<i>clonazepam tablet dispersible 0.125 mg oral</i>	Non Preferred	PA
<i>clonazepam tablet dispersible 0.25 mg oral</i>	Non Preferred	PA
<i>clonazepam tablet dispersible 0.5 mg oral</i>	Non Preferred	PA
<i>clonazepam tablet dispersible 1 mg oral</i>	Non Preferred	PA
<i>clonazepam tablet dispersible 2 mg oral</i>	Non Preferred	PA
<i>clorazepate dipotassium tablet 15 mg oral</i>	Non Preferred	PA
<i>clorazepate dipotassium tablet 3.75 mg oral</i>	Non Preferred	PA
<i>clorazepate dipotassium tablet 7.5 mg oral</i>	Non Preferred	PA
<i>felbamate suspension 600 mg/5ml oral</i>	Non Preferred	PA
<i>felbamate tablet 400 mg oral</i>	Non Preferred	PA
<i>felbamate tablet 600 mg oral</i>	Non Preferred	PA
<i>lacosamide solution 10 mg/ml oral</i>	Non Preferred	PA
<i>lamotrigine kit 21 x 25 mg & 7 x 50 mg oral</i>	Non Preferred	PA
<i>lamotrigine kit 25 & 50 & 100 mg oral</i>	Non Preferred	PA
<i>lamotrigine kit 42 x 50 mg & 14x100 mg oral</i>	Non Preferred	PA
<i>lamotrigine starter kit-blue kit 35 x 25 mg oral</i>	Non Preferred	PA
<i>lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg oral</i>	Non Preferred	PA
<i>lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg oral</i>	Non Preferred	PA
<i>methsuximide capsule 300 mg oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>oxcarbazepine suspension 300 mg/5ml oral</i>	Non Preferred	PA
<i>rufinamide suspension 40 mg/ml oral</i>	Non Preferred	PA
<i>rufinamide tablet 200 mg oral</i>	Non Preferred	PA
<i>rufinamide tablet 400 mg oral</i>	Non Preferred	PA
<i>topiramate er capsule er 24 hour sprinkle 100 mg oral</i>	Non Preferred	PA
<i>topiramate er capsule er 24 hour sprinkle 150 mg oral</i>	Non Preferred	PA
<i>topiramate er capsule er 24 hour sprinkle 200 mg oral</i>	Non Preferred	PA
<i>topiramate er capsule er 24 hour sprinkle 25 mg oral</i>	Non Preferred	PA
<i>topiramate er capsule er 24 hour sprinkle 50 mg oral</i>	Non Preferred	PA
<i>topiramate er capsule extended release 24 hour 100 mg oral</i>	Non Preferred	PA
<i>topiramate er capsule extended release 24 hour 200 mg oral</i>	Non Preferred	PA
<i>topiramate er capsule extended release 24 hour 25 mg oral</i>	Non Preferred	PA
<i>topiramate er capsule extended release 24 hour 50 mg oral</i>	Non Preferred	PA
<i>vigabatrin packet 500 mg oral</i>	Non Preferred	PA
<i>vigabatrin tablet 500 mg oral</i>	Non Preferred	PA
APTIOM TABLET 200 MG ORAL (<i>eslicarbazepine acetate</i>)	Non Preferred	PA
APTIOM TABLET 400 MG ORAL (<i>eslicarbazepine acetate</i>)	Non Preferred	PA
APTIOM TABLET 600 MG ORAL (<i>eslicarbazepine acetate</i>)	Non Preferred	PA
APTIOM TABLET 800 MG ORAL (<i>eslicarbazepine acetate</i>)	Non Preferred	PA
BANZEL SUSPENSION 40 MG/ML ORAL (<i>rufinamide</i>)	Non Preferred	PA
BANZEL TABLET 200 MG ORAL (<i>rufinamide</i>)	Non Preferred	PA
BANZEL TABLET 400 MG ORAL (<i>rufinamide</i>)	Non Preferred	PA
BRIVIACT SOLUTION 10 MG/ML ORAL (<i>brivaracetam</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
BRIVIACT TABLET 10 MG ORAL (<i>brivaracetam</i>)	Non Preferred	PA
BRIVIACT TABLET 100 MG ORAL (<i>brivaracetam</i>)	Non Preferred	PA
BRIVIACT TABLET 25 MG ORAL (<i>brivaracetam</i>)	Non Preferred	PA
BRIVIACT TABLET 50 MG ORAL (<i>brivaracetam</i>)	Non Preferred	PA
BRIVIACT TABLET 75 MG ORAL (<i>brivaracetam</i>)	Non Preferred	PA
CELONTIN CAPSULE 300 MG ORAL (<i>methsuximide</i>)	Non Preferred	PA
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL (<i>divalproex sodium</i>)	Non Preferred	PA
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL (<i>divalproex sodium</i>)	Non Preferred	PA
DEPAKOTE SPRINKLES CAPSULE DELAYED RELEASE SPRINKLE 125 MG ORAL (<i>divalproex sodium</i>)	Non Preferred	PA
DEPAKOTE TABLET DELAYED RELEASE 125 MG ORAL (<i>divalproex sodium</i>)	Non Preferred	PA
DEPAKOTE TABLET DELAYED RELEASE 250 MG ORAL (<i>divalproex sodium</i>)	Non Preferred	PA
DEPAKOTE TABLET DELAYED RELEASE 500 MG ORAL (<i>divalproex sodium</i>)	Non Preferred	PA
DIACOMIT CAPSULE 250 MG ORAL (<i>stiripentol</i>)	Non Preferred	PA
DIACOMIT CAPSULE 500 MG ORAL (<i>stiripentol</i>)	Non Preferred	PA
DIACOMIT PACKET 250 MG ORAL (<i>stiripentol</i>)	Non Preferred	PA
DIACOMIT PACKET 500 MG ORAL (<i>stiripentol</i>)	Non Preferred	PA
DILANTIN CAPSULE 100 MG ORAL (<i>phenytoin sodium extended</i>)	Non Preferred	PA
DILANTIN INFATABS TABLET CHEWABLE 50 MG ORAL (<i>phenytoin</i>)	Non Preferred	PA
DILANTIN SUSPENSION 125 MG/5ML ORAL (<i>phenytoin</i>)	Non Preferred	PA
DILANTIN-125 SUSPENSION 125 MG/5ML ORAL (<i>phenytoin</i>)	Non Preferred	PA
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
EPRONTIA SOLUTION 25 MG/ML ORAL (<i>topiramate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL (<i>carbamazepine (antipsychotic)</i>)	Non Preferred	PA
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL (<i>carbamazepine (antipsychotic)</i>)	Non Preferred	PA
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL (<i>carbamazepine (antipsychotic)</i>)	Non Preferred	PA
FELBATOL SUSPENSION 600 MG/5ML ORAL (<i>felbamate</i>)	Non Preferred	PA
FELBATOL TABLET 400 MG ORAL (<i>felbamate</i>)	Non Preferred	PA
FELBATOL TABLET 600 MG ORAL (<i>felbamate</i>)	Non Preferred	PA
FINTEPLA SOLUTION 2.2 MG/ML ORAL (<i>fenfluramine hcl</i>)	Non Preferred	PA; AGE (Min 2 Years)
FYCOMPA SUSPENSION 0.5 MG/ML ORAL (<i>perampanel</i>)	Non Preferred	PA
FYCOMPA TABLET 10 MG ORAL (<i>perampanel</i>)	Non Preferred	PA
FYCOMPA TABLET 12 MG ORAL (<i>perampanel</i>)	Non Preferred	PA
FYCOMPA TABLET 2 MG ORAL (<i>perampanel</i>)	Non Preferred	PA
FYCOMPA TABLET 4 MG ORAL (<i>perampanel</i>)	Non Preferred	PA
FYCOMPA TABLET 6 MG ORAL (<i>perampanel</i>)	Non Preferred	PA
FYCOMPA TABLET 8 MG ORAL (<i>perampanel</i>)	Non Preferred	PA
KEPPRA SOLUTION 100 MG/ML ORAL (<i>levetiracetam</i>)	Non Preferred	PA
KEPPRA TABLET 1000 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
KEPPRA TABLET 250 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
KEPPRA TABLET 500 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
KEPPRA TABLET 750 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
KLONOPIN TABLET 0.5 MG ORAL (<i>clonazepam</i>)	Non Preferred	PA
KLONOPIN TABLET 1 MG ORAL (<i>clonazepam</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
KLONOPIN TABLET 2 MG ORAL (<i>clonazepam</i>)	Non Preferred	PA
LAMICTAL ODT TABLET DISPERSIBLE 100 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA; Max 90-day supply per 1 Fill
LAMICTAL ODT TABLET DISPERSIBLE 200 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA; Max 90-day supply per 1 Fill
LAMICTAL ODT TABLET DISPERSIBLE 25 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA; Max 90-day supply per 1 Fill
LAMICTAL ODT TABLET DISPERSIBLE 50 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA; Max 90-day supply per 1 Fill
LAMICTAL STARTER KIT 35 X 25 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL STARTER KIT 42 X 25 MG & 7 X 100 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL STARTER KIT 84 X 25 MG & 14X100 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL TABLET 100 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL TABLET 150 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL TABLET 200 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL TABLET 25 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL TABLET CHEWABLE 25 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL TABLET CHEWABLE 5 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR KIT 21 X 25 MG & 7 X 50 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR KIT 25 & 50 & 100 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR KIT 50 & 100 & 200 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>lamotrigine</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
MYSOLINE TABLET 250 MG ORAL (<i>primidone</i>)	Non Preferred	PA
MYSOLINE TABLET 50 MG ORAL (<i>primidone</i>)	Non Preferred	PA
ONFI SUSPENSION 2.5 MG/ML ORAL (<i>clobazam</i>)	Non Preferred	PA
ONFI TABLET 10 MG ORAL (<i>clobazam</i>)	Non Preferred	PA
ONFI TABLET 20 MG ORAL (<i>clobazam</i>)	Non Preferred	PA
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL (<i>oxcarbazepine</i>)	Non Preferred	PA
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>oxcarbazepine</i>)	Non Preferred	PA
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600 MG ORAL (<i>oxcarbazepine</i>)	Non Preferred	PA
<i>phenytoin sodium extended</i> (Phenytek Capsule 200 Mg Oral)	Non Preferred	PA
<i>phenytoin sodium extended</i> (Phenytek Capsule 300 Mg Oral)	Non Preferred	PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
SABRIL PACKET 500 MG ORAL (<i>vigabatrin</i>)	Non Preferred	PA
SABRIL TABLET 500 MG ORAL (<i>vigabatrin</i>)	Non Preferred	PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL (<i>levetiracetam</i>)	Non Preferred	PA
<i>lamotrigine</i> (Subvenite Starter Kit-Blue Kit 35 X 25 Mg Oral)	Non Preferred	PA
<i>lamotrigine</i> (Subvenite Starter Kit-Green Kit 84 X 25 Mg & 14X100 Mg Oral)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>lamotrigine</i> (Subvenite Starter Kit-Orange Kit 42 X 25 Mg & 7 X 100 Mg Oral)	Non Preferred	PA
SYMPAZAN FILM 10 MG ORAL (<i>clobazam</i>)	Non Preferred	PA
SYMPAZAN FILM 20 MG ORAL (<i>clobazam</i>)	Non Preferred	PA
SYMPAZAN FILM 5 MG ORAL (<i>clobazam</i>)	Non Preferred	PA
TEGRETOL SUSPENSION 100 MG/5ML ORAL (<i>carbamazepine</i>)	Non Preferred	PA
TEGRETOL TABLET 200 MG ORAL (<i>carbamazepine</i>)	Non Preferred	PA
TOPAMAX SPRINKLE CAPSULE SPRINKLE 15 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
TOPAMAX TABLET 100 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
TOPAMAX TABLET 200 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
TOPAMAX TABLET 25 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
TOPAMAX TABLET 50 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
TRILEPTAL TABLET 150 MG ORAL (<i>oxcarbazepine</i>)	Non Preferred	PA
TRILEPTAL TABLET 300 MG ORAL (<i>oxcarbazepine</i>)	Non Preferred	PA
TRILEPTAL TABLET 600 MG ORAL (<i>oxcarbazepine</i>)	Non Preferred	PA
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>topiramate</i>)	Non Preferred	PA
<i>vigabatrin</i> (Vigadrone Packet 500 Mg Oral)	Non Preferred	PA
<i>vigabatrin</i> (Vigadrone Tablet 500 Mg Oral)	Non Preferred	PA
VIMPAT SOLUTION 10 MG/ML ORAL (<i>lacosamide</i>)	Non Preferred	PA
VIMPAT TABLET 100 MG ORAL (<i>lacosamide</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
VIMPAT TABLET 150 MG ORAL (<i>lacosamide</i>)	Non Preferred	PA
VIMPAT TABLET 200 MG ORAL (<i>lacosamide</i>)	Non Preferred	PA
VIMPAT TABLET 50 MG ORAL (<i>lacosamide</i>)	Non Preferred	PA
XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI TABLET 100 MG ORAL (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI TABLET 150 MG ORAL (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI TABLET 200 MG ORAL (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI TABLET 25 MG ORAL (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI TABLET 50 MG ORAL (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL (<i>cenobamate</i>)	Non Preferred	PA
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL (<i>cenobamate</i>)	Non Preferred	PA
ZARONTIN CAPSULE 250 MG ORAL (<i>ethosuximide</i>)	Non Preferred	PA; AGE (Min 3 Years)
ZARONTIN SOLUTION 250 MG/5ML ORAL (<i>ethosuximide</i>)	Non Preferred	PA; AGE (Min 3 Years)
ZONISADE SUSPENSION 100 MG/5ML ORAL (<i>zonisamide</i>)	Non Preferred	PA
ZTALMY SUSPENSION 50 MG/ML ORAL (<i>ganaxolone</i>)	Non Preferred	PA; AGE (Min 2 Years)
ANTIDEPRESSANTS: OTHER [OPEN CLASS]		
<i>bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>bupropion hcl tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill

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

Drug Name	Formulary Status	Requirements/Limits
<i>bupropion hcl tablet 75 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>mirtazapine tablet 15 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>mirtazapine tablet 30 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>mirtazapine tablet 45 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>mirtazapine tablet 7.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>mirtazapine tablet dispersible 15 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>mirtazapine tablet dispersible 30 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>mirtazapine tablet dispersible 45 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>phenelzine sulfate tablet 15 mg oral</i>	Preferred	
<i>trazodone hcl tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>trazodone hcl tablet 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>trazodone hcl tablet 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>trazodone hcl tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>venlafaxine hcl er capsule extended release 24 hour 75 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>venlafaxine hcl tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>venlafaxine hcl tablet 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>venlafaxine hcl tablet 37.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>venlafaxine hcl tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>venlafaxine hcl tablet 75 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>vilazodone hcl tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>vilazodone hcl tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>vilazodone hcl tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i>	Non Preferred	PA
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	Non Preferred	PA
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i>	Non Preferred	PA
<i>nefazodone hcl tablet 100 mg oral</i>	Non Preferred	PA
<i>nefazodone hcl tablet 150 mg oral</i>	Non Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
<i>nefazodone hcl tablet 200 mg oral</i>	Non Preferred	PA
<i>nefazodone hcl tablet 250 mg oral</i>	Non Preferred	PA
<i>nefazodone hcl tablet 50 mg oral</i>	Non Preferred	PA
<i>tranylcypromine sulfate tablet 10 mg oral</i>	Non Preferred	PA
<i>venlafaxine besylate er tablet extended release 24 hour 112.5 mg oral</i>	Non Preferred	PA
<i>venlafaxine hcl er tablet extended release 24 hour 150 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>venlafaxine hcl er tablet extended release 24 hour 225 mg oral</i>	Non Preferred	PA
<i>venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral</i>	Non Preferred	PA
<i>venlafaxine hcl er tablet extended release 24 hour 75 mg oral</i>	Non Preferred	PA
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL (<i>bupropion hbr</i>)	Non Preferred	PA
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL (<i>bupropion hbr</i>)	Non Preferred	PA
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL (<i>bupropion hbr</i>)	Non Preferred	PA
AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL (<i>dextromethorphan-bupropion</i>)	Non Preferred	PA
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL (<i>venlafaxine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL (<i>venlafaxine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL (<i>venlafaxine hcl</i>)	Non Preferred	PA
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL (<i>selegiline</i>)	Non Preferred	PA
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL (<i>selegiline</i>)	Non Preferred	PA
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL (<i>selegiline</i>)	Non Preferred	PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>levomilnacipran hcl</i>)	Non Preferred	PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>levomilnacipran hcl</i>)	Non Preferred	PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>levomilnacipran hcl</i>)	Non Preferred	PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>levomilnacipran hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL (<i>levomilnacipran hcl</i>)	Non Preferred	PA
FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL (<i>bupropion hcl</i>)	Non Preferred	PA
MARPLAN TABLET 10 MG ORAL (<i>isocarboxazid</i>)	Non Preferred	PA
NARDIL TABLET 15 MG ORAL (<i>phenelzine sulfate</i>)	Non Preferred	PA
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>desvenlafaxine succinate</i>)	Non Preferred	PA
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>desvenlafaxine succinate</i>)	Non Preferred	PA
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>desvenlafaxine succinate</i>)	Non Preferred	PA
REMERON SOLTAB TABLET DISPERSIBLE 15 MG ORAL (<i>mirtazapine</i>)	Non Preferred	PA
REMERON SOLTAB TABLET DISPERSIBLE 30 MG ORAL (<i>mirtazapine</i>)	Non Preferred	PA
REMERON SOLTAB TABLET DISPERSIBLE 45 MG ORAL (<i>mirtazapine</i>)	Non Preferred	PA
REMERON TABLET 15 MG ORAL (<i>mirtazapine</i>)	Non Preferred	PA
REMERON TABLET 30 MG ORAL (<i>mirtazapine</i>)	Non Preferred	PA
TRINTELLIX TABLET 10 MG ORAL (<i>vortioxetine hbr</i>)	Non Preferred	PA
TRINTELLIX TABLET 20 MG ORAL (<i>vortioxetine hbr</i>)	Non Preferred	PA
TRINTELLIX TABLET 5 MG ORAL (<i>vortioxetine hbr</i>)	Non Preferred	PA
VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL (<i>vilazodone hcl</i>)	Non Preferred	PA
VIIBRYD TABLET 10 MG ORAL (<i>vilazodone hcl</i>)	Non Preferred	PA; Max 90-day supply per 1 Fill
VIIBRYD TABLET 20 MG ORAL (<i>vilazodone hcl</i>)	Non Preferred	PA; Max 90-day supply per 1 Fill
VIIBRYD TABLET 40 MG ORAL (<i>vilazodone hcl</i>)	Non Preferred	PA; Max 90-day supply per 1 Fill
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL (<i>bupropion hcl</i>)	Non Preferred	PA
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL (<i>bupropion hcl</i>)	Non Preferred	PA
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL (<i>bupropion hcl</i>)	Non Preferred	PA
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL (<i>bupropion hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>bupropion hcl</i>)	Non Preferred	PA
ZURZUVAE CAPSULE 20 MG ORAL (<i>zuranolone</i>)	Non Preferred	PA; QL (28 EA per 1 Fill); AGE (Min 18 Years)
ZURZUVAE CAPSULE 25 MG ORAL (<i>zuranolone</i>)	Non Preferred	PA; QL (28 EA per 1 Fill); AGE (Min 18 Years)
ZURZUVAE CAPSULE 30 MG ORAL (<i>zuranolone</i>)	Non Preferred	PA; QL (14 EA per 1 Fill); AGE (Min 18 Years)
ANTIDEPRESSANTS: SSRI [OPEN CLASS]		
<i>citalopram hydrobromide solution 10 mg/5ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>citalopram hydrobromide tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>citalopram hydrobromide tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>citalopram hydrobromide tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>escitalopram oxalate tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>escitalopram oxalate tablet 20 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>escitalopram oxalate tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluoxetine hcl capsule 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluoxetine hcl capsule 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluoxetine hcl capsule 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluoxetine hcl solution 20 mg/5ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluvoxamine maleate tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluvoxamine maleate tablet 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluvoxamine maleate tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>paroxetine hcl tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>paroxetine hcl tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>paroxetine hcl tablet 30 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>paroxetine hcl tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sertraline hcl concentrate 20 mg/ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sertraline hcl tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sertraline hcl tablet 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sertraline hcl tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>citalopram hydrobromide capsule 30 mg oral</i>	Non Preferred	PA
<i>escitalopram oxalate solution 5 mg/5ml oral</i>	Non Preferred	PA
<i>fluoxetine hcl (pmdd) tablet 10 mg oral</i>	Non Preferred	PA
<i>fluoxetine hcl (pmdd) tablet 20 mg oral</i>	Non Preferred	PA
<i>fluoxetine hcl capsule delayed release 90 mg oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>fluoxetine hcl tablet 10 mg oral</i>	Non Preferred	PA
<i>fluoxetine hcl tablet 20 mg oral</i>	Non Preferred	PA
<i>fluoxetine hcl tablet 60 mg oral</i>	Non Preferred	PA
<i>fluvoxamine maleate er capsule extended release 24 hour 100 mg oral</i>	Non Preferred	PA
<i>fluvoxamine maleate er capsule extended release 24 hour 150 mg oral</i>	Non Preferred	PA
<i>paroxetine hcl er tablet extended release 24 hour 12.5 mg oral</i>	Non Preferred	PA
<i>paroxetine hcl er tablet extended release 24 hour 25 mg oral</i>	Non Preferred	PA
<i>paroxetine hcl er tablet extended release 24 hour 37.5 mg oral</i>	Non Preferred	PA
<i>paroxetine hcl suspension 10 mg/5ml oral</i>	Non Preferred	PA
<i>paroxetine mesylate capsule 7.5 mg oral</i>	Non Preferred	PA
<i>sertraline hcl capsule 150 mg oral</i>	Non Preferred	PA
<i>sertraline hcl capsule 200 mg oral</i>	Non Preferred	PA
CELEXA TABLET 10 MG ORAL (<i>citalopram hydrobromide</i>)	Non Preferred	PA
CELEXA TABLET 20 MG ORAL (<i>citalopram hydrobromide</i>)	Non Preferred	PA
CELEXA TABLET 40 MG ORAL (<i>citalopram hydrobromide</i>)	Non Preferred	PA
LEXAPRO TABLET 10 MG ORAL (<i>escitalopram oxalate</i>)	Non Preferred	PA
LEXAPRO TABLET 20 MG ORAL (<i>escitalopram oxalate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
LEXAPRO TABLET 5 MG ORAL (<i>escitalopram oxalate</i>)	Non Preferred	PA
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL (<i>paroxetine hcl</i>)	Non Preferred	PA
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>paroxetine hcl</i>)	Non Preferred	PA
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL (<i>paroxetine hcl</i>)	Non Preferred	PA
PAXIL SUSPENSION 10 MG/5ML ORAL (<i>paroxetine hcl</i>)	Non Preferred	PA
PAXIL TABLET 10 MG ORAL (<i>paroxetine hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
PAXIL TABLET 20 MG ORAL (<i>paroxetine hcl</i>)	Non Preferred	PA
PAXIL TABLET 30 MG ORAL (<i>paroxetine hcl</i>)	Non Preferred	PA
PAXIL TABLET 40 MG ORAL (<i>paroxetine hcl</i>)	Non Preferred	PA
PEXEVA TABLET 10 MG ORAL (<i>paroxetine mesylate</i>)	Non Preferred	PA
PEXEVA TABLET 20 MG ORAL (<i>paroxetine mesylate</i>)	Non Preferred	PA
PEXEVA TABLET 30 MG ORAL (<i>paroxetine mesylate</i>)	Non Preferred	PA
PROZAC CAPSULE 10 MG ORAL (<i>fluoxetine hcl</i>)	Non Preferred	PA
PROZAC CAPSULE 20 MG ORAL (<i>fluoxetine hcl</i>)	Non Preferred	PA
PROZAC CAPSULE 40 MG ORAL (<i>fluoxetine hcl</i>)	Non Preferred	PA
ZOLOFT CONCENTRATE 20 MG/ML ORAL (<i>sertraline hcl</i>)	Non Preferred	PA
ZOLOFT TABLET 100 MG ORAL (<i>sertraline hcl</i>)	Non Preferred	PA
ZOLOFT TABLET 25 MG ORAL (<i>sertraline hcl</i>)	Non Preferred	PA
ZOLOFT TABLET 50 MG ORAL (<i>sertraline hcl</i>)	Non Preferred	PA
ANTIEMETIC/ANTIVERTIGO AGENTS [OPEN CLASS]		
<i>dronabinol capsule 10 mg oral</i>	Preferred	PA
<i>dronabinol capsule 2.5 mg oral</i>	Preferred	PA
<i>dronabinol capsule 5 mg oral</i>	Preferred	PA
<i>ft motion sickness tablet 25 mg oral</i>	Preferred	OTC
<i>ft motion sickness tablet 50 mg oral</i>	Preferred	OTC
<i>gnp motion sickness relief tablet 25 mg oral</i>	Preferred	OTC
<i>gnp motion sickness relief tablet 50 mg oral</i>	Preferred	OTC
<i>hm motion sickness relief tablet 25 mg oral</i>	Preferred	OTC
<i>hm motion sickness relief tablet 50 mg oral</i>	Preferred	OTC
<i>meclizine hcl tablet 12.5 mg oral (otc)</i>	Preferred	OTC
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	Preferred	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	Preferred	
<i>meclizine hcl tablet 50 mg oral</i>	Preferred	
<i>meclizine hcl tablet chewable 25 mg oral (otc)</i>	Preferred	OTC
<i>metoclopramide hcl solution 10 mg/10ml oral</i>	Preferred	
<i>metoclopramide hcl solution 5 mg/5ml oral</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>metoclopramide hcl solution 5 mg/ml injection</i>	Preferred	
<i>metoclopramide hcl tablet 10 mg oral</i>	Preferred	
<i>metoclopramide hcl tablet 5 mg oral</i>	Preferred	
<i>motion sickness relief tablet 25 mg oral</i>	Preferred	OTC
<i>motion sickness relief tablet 50 mg oral</i>	Preferred	OTC
<i>motion-time tablet chewable 25 mg oral</i>	Preferred	OTC
<i>ondansetron hcl solution 4 mg/5ml oral</i>	Preferred	
<i>ondansetron hcl tablet 4 mg oral</i>	Preferred	QL (60 EA per 1 Fill)
<i>ondansetron hcl tablet 8 mg oral</i>	Preferred	QL (60 EA per 1 Fill)
<i>ondansetron tablet dispersible 4 mg oral</i>	Preferred	QL (60 EA per 1 Fill)
<i>ondansetron tablet dispersible 8 mg oral</i>	Preferred	QL (60 EA per 1 Fill)
<i>prochlorperazine maleate tablet 10 mg oral</i>	Preferred	
<i>prochlorperazine maleate tablet 5 mg oral</i>	Preferred	
<i>promethazine hcl solution 25 mg/ml injection</i>	Preferred	AGE (Min 2 Years)
<i>promethazine hcl solution 50 mg/ml injection</i>	Preferred	AGE (Min 2 Years)
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	Preferred	AGE (Min 2 Years)
<i>promethazine hcl suppository 12.5 mg rectal</i>	Preferred	AGE (Min 2 Years)
<i>promethazine hcl suppository 25 mg rectal</i>	Preferred	AGE (Min 2 Years)
<i>promethazine hcl tablet 12.5 mg oral</i>	Preferred	AGE (Min 2 Years)
<i>promethazine hcl tablet 25 mg oral</i>	Preferred	AGE (Min 2 Years)
<i>promethazine hcl tablet 50 mg oral</i>	Preferred	AGE (Min 2 Years)
<i>sm motion sickness tablet 25 mg oral</i>	Preferred	OTC
<i>sm motion sickness tablet 50 mg oral</i>	Preferred	OTC
<i>trimethobenzamide hcl capsule 300 mg oral</i>	Preferred	
DICLEGIS TABLET DELAYED RELEASE 10-10 MG ORAL (<i>doxylamine-pyridoxine</i>)	Preferred	PA; AGE (Min 18 Years)
DRIMINATE TABLET 50 MG ORAL (<i>dimenhydrinate</i>)	Preferred	OTC
<i>promethazine hcl</i> (Promethegan Suppository 12.5 Mg Rectal)	Preferred	AGE (Min 2 Years)
<i>promethazine hcl</i> (Promethegan Suppository 25 Mg Rectal)	Preferred	AGE (Min 2 Years)
<i>aprepitant 80 & 125 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 Fill)
<i>aprepitant capsule 125 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 Fill)
<i>aprepitant capsule 40 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 Fill)
<i>aprepitant capsule 80 & 125 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 Fill)
<i>aprepitant capsule 80 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 Fill)
<i>dimenhydrinate solution 50 mg/ml injection</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>doxylamine-pyridoxine tablet delayed release 10-10 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>fosaprepitant dimeglumine solution reconstituted 150 mg intravenous</i>	Non Preferred	PA
<i>granisetron hcl solution 0.1 mg/ml intravenous</i>	Non Preferred	PA
<i>granisetron hcl solution 1 mg/ml intravenous</i>	Non Preferred	PA
<i>granisetron hcl solution 4 mg/4ml intravenous</i>	Non Preferred	PA
<i>granisetron hcl tablet 1 mg oral</i>	Non Preferred	PA
<i>ondansetron hcl solution 4 mg/2ml injection</i>	Non Preferred	PA
<i>ondansetron hcl solution 40 mg/20ml injection</i>	Non Preferred	PA
<i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i>	Non Preferred	PA
<i>palonosetron hcl solution 0.25 mg/2ml intravenous</i>	Non Preferred	PA
<i>palonosetron hcl solution 0.25 mg/5ml intravenous</i>	Non Preferred	PA
<i>palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous</i>	Non Preferred	PA
<i>prochlorperazine edisylate solution 10 mg/2ml injection</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>prochlorperazine edisylate solution 50 mg/10ml injection</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>prochlorperazine suppository 25 mg rectal</i>	Non Preferred	PA
<i>scopolamine patch 72 hour 1 mg/3days transdermal</i>	Non Preferred	PA
AKYNZEO (READY-TO-USE) SOLUTION 235-0.25 MG/20ML INTRAVENOUS (<i>fosnetupitant-palonosetron</i>)	Non Preferred	PA
AKYNZEO (TO-BE-DILUTED) SOLUTION 235-0.25 MG/20ML INTRAVENOUS (<i>fosnetupitant-palonosetron</i>)	Non Preferred	PA
AKYNZEO CAPSULE 300-0.5 MG ORAL (<i>netupitant-palonosetron</i>)	Non Preferred	PA
AKYNZEO SOLUTION RECONSTITUTED 235-0.25 MG INTRAVENOUS (<i>fosnetupitant-palonosetron</i>)	Non Preferred	PA
ANTIVERT TABLET 50 MG ORAL (<i>meclizine hcl</i>)	Non Preferred	PA
ANTIVERT TABLET CHEWABLE 25 MG ORAL (<i>meclizine hcl</i>)	Non Preferred	PA
ANZEMET TABLET 50 MG ORAL (<i>dolasetron mesylate</i>)	Non Preferred	PA; QL (10 EA per 1 Fill)

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Drug Name	Formulary Status	Requirements/Limits
APONVIE EMULSION 32 MG/4.4ML INTRAVENOUS (<i>aprepitant</i>)	Non Preferred	PA; QL (4.4 ML per 1 Fill)
BARHEMSYS SOLUTION 10 MG/4ML INTRAVENOUS (<i>amisulpride (antiemetic)</i>)	Non Preferred	PA
BARHEMSYS SOLUTION 5 MG/2ML INTRAVENOUS (<i>amisulpride (antiemetic)</i>)	Non Preferred	PA
BONJESTA TABLET EXTENDED RELEASE 20-20 MG ORAL (<i>doxylamine-pyridoxine</i>)	Non Preferred	PA; AGE (Min 18 Years)
CINVANTI EMULSION 130 MG/18ML INTRAVENOUS (<i>aprepitant</i>)	Non Preferred	PA; QL (36 ML per 1 Fill)
<i>prochlorperazine</i> (Compro Suppository 25 Mg Rectal)	Non Preferred	PA
EMEND CAPSULE 80 MG ORAL (<i>aprepitant</i>)	Non Preferred	PA; QL (2 EA per 1 Fill)
EMEND SOLUTION RECONSTITUTED 150 MG INTRAVENOUS (<i>fosaprepitant dimeglumine</i>)	Non Preferred	PA
EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL (<i>aprepitant</i>)	Non Preferred	PA
EMEND TRI-PACK CAPSULE 80 & 125 MG ORAL (<i>aprepitant</i>)	Non Preferred	PA; QL (1 EA per 1 Fill)
GIMOTI SOLUTION 15 MG/ACT NASAL (<i>metoclopramide hcl</i>)	Non Preferred	PA
MARINOL CAPSULE 10 MG ORAL (<i>dronabinol</i>)	Non Preferred	PA
MARINOL CAPSULE 2.5 MG ORAL (<i>dronabinol</i>)	Non Preferred	PA
MARINOL CAPSULE 5 MG ORAL (<i>dronabinol</i>)	Non Preferred	PA
PHENERGAN SOLUTION 25 MG/ML INJECTION (<i>promethazine hcl</i>)	Non Preferred	PA; AGE (Min 2 Years)
PHENERGAN SOLUTION 50 MG/ML INJECTION (<i>promethazine hcl</i>)	Non Preferred	PA; AGE (Min 2 Years)
PROMETHEGAN SUPPOSITORY 50 MG RECTAL (<i>promethazine hcl</i>)	Non Preferred	PA; AGE (Min 2 Years)
REGLAN TABLET 10 MG ORAL (<i>metoclopramide hcl</i>)	Non Preferred	PA
REGLAN TABLET 5 MG ORAL (<i>metoclopramide hcl</i>)	Non Preferred	PA
SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL (<i>granisetron</i>)	Non Preferred	PA; QL (2 EA per 1 Fill)
SUSTOL PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS (<i>granisetron</i>)	Non Preferred	PA
TIGAN SOLUTION 100 MG/ML INTRAMUSCULAR (<i>trimethobenzamide hcl</i>)	Non Preferred	PA
TRANSDERM-SCOP PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL (<i>scopolamine base</i>)	Non Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
ANTIFUNGALS: ORAL [OPEN CLASS]		
<i>fluconazole suspension reconstituted 10 mg/ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluconazole suspension reconstituted 40 mg/ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluconazole tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluconazole tablet 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluconazole tablet 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluconazole tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>griseofulvin microsize suspension 125 mg/5ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>nystatin suspension 100000 unit/ml mouth/throat</i>	Preferred	Max 90-day supply per 1 Fill
<i>nystatin tablet 500000 unit oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>terbinafine hcl tablet 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>clotrimazole troche 10 mg mouth/throat</i>	Non Preferred	PA
<i>flucytosine capsule 250 mg oral</i>	Non Preferred	PA
<i>flucytosine capsule 500 mg oral</i>	Non Preferred	PA
<i>griseofulvin microsize tablet 500 mg oral</i>	Non Preferred	PA
<i>griseofulvin ultramicrosize tablet 125 mg oral</i>	Non Preferred	PA
<i>griseofulvin ultramicrosize tablet 250 mg oral</i>	Non Preferred	PA
<i>itraconazole capsule 100 mg oral</i>	Non Preferred	PA
<i>itraconazole solution 10 mg/ml oral</i>	Non Preferred	PA
<i>ketoconazole tablet 200 mg oral</i>	Non Preferred	PA
<i>posaconazole suspension 40 mg/ml oral</i>	Non Preferred	PA
<i>posaconazole tablet delayed release 100 mg oral</i>	Non Preferred	PA
<i>tolsura capsule 65 mg oral</i>	Non Preferred	PA
<i>voriconazole suspension reconstituted 40 mg/ml oral</i>	Non Preferred	PA
<i>voriconazole tablet 200 mg oral</i>	Non Preferred	PA
<i>voriconazole tablet 50 mg oral</i>	Non Preferred	PA
ANCOBON CAPSULE 250 MG ORAL (<i>flucytosine</i>)	Non Preferred	PA
ANCOBON CAPSULE 500 MG ORAL (<i>flucytosine</i>)	Non Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
BREXAFEMME TABLET 150 MG ORAL (<i>ibrexafungerp citrate</i>)	Non Preferred	PA
CRESEMBA CAPSULE 186 MG ORAL (<i>isavuconazonium sulfate</i>)	Non Preferred	PA
CRESEMBA CAPSULE 74.5 MG ORAL (<i>isavuconazonium sulfate</i>)	Non Preferred	PA
DIFLUCAN SUSPENSION RECONSTITUTED 10 MG/ML ORAL (<i>fluconazole</i>)	Non Preferred	PA
DIFLUCAN SUSPENSION RECONSTITUTED 40 MG/ML ORAL (<i>fluconazole</i>)	Non Preferred	PA
DIFLUCAN TABLET 100 MG ORAL (<i>fluconazole</i>)	Non Preferred	PA
DIFLUCAN TABLET 200 MG ORAL (<i>fluconazole</i>)	Non Preferred	PA
NOXAFIL PACKET 300 MG ORAL (<i>posaconazole</i>)	Non Preferred	PA
NOXAFIL SUSPENSION 40 MG/ML ORAL (<i>posaconazole</i>)	Non Preferred	PA
NOXAFIL TABLET DELAYED RELEASE 100 MG ORAL (<i>posaconazole</i>)	Non Preferred	PA
ORAVIG TABLET 50 MG BUCCAL (<i>miconazole</i>)	Non Preferred	PA
SPORANOX CAPSULE 100 MG ORAL (<i>itraconazole</i>)	Non Preferred	PA
SPORANOX SOLUTION 10 MG/ML ORAL (<i>itraconazole</i>)	Non Preferred	PA
VFEND SUSPENSION RECONSTITUTED 40 MG/ML ORAL (<i>voriconazole</i>)	Non Preferred	PA
VFEND TABLET 200 MG ORAL (<i>voriconazole</i>)	Non Preferred	PA
VFEND TABLET 50 MG ORAL (<i>voriconazole</i>)	Non Preferred	PA
VIVJOA CAPSULE THERAPY PACK 150 MG ORAL (<i>oteseconazole</i>)	Non Preferred	PA
ANTIFUNGALS: TOPICAL [OPEN CLASS]		
<i>antifungal (clotrimazole) cream 1 % external</i>	Preferred	OTC
<i>antifungal clotrimazole cream 1 % external</i>	Preferred	OTC
<i>antifungal cream 2 % external</i>	Preferred	OTC
<i>athletes foot (clotrimazole) cream 1 % external</i>	Preferred	OTC
<i>athletes foot (terbinafine) cream 1 % external</i>	Preferred	OTC
<i>ciclopirox solution 8 % external</i>	Preferred	
<i>clotrimazole anti-fungal cream 1 % external (otc)</i>	Preferred	OTC
<i>clotrimazole cream 1 % external (otc)</i>	Preferred	OTC
<i>clotrimazole cream 1 % external (rx)</i>	Preferred	
<i>clotrimazole solution 1 % external (otc)</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>clotrimazole solution 1 % external (rx)</i>	Preferred	
<i>clotrimazole solution 1 % external (rx)</i>	Preferred	QL (10 ML per 1 day)
<i>clotrimazole-betamethasone cream 1-0.05 % external</i>	Preferred	
<i>ft antifungal cream 1 % external</i>	Preferred	OTC
<i>ft antifungal cream 2 % external</i>	Preferred	OTC
<i>ft athletes foot (clotrimaz) cream 1 % external</i>	Preferred	OTC
<i>ft athletes foot (terbinafine) cream 1 % external</i>	Preferred	OTC
<i>gnp athletes foot cream 1 % external</i>	Preferred	OTC
<i>gnp terbinafine hydrochloride cream 1 % external</i>	Preferred	OTC
<i>gnp tolnaftate cream 1 % external</i>	Preferred	OTC
<i>ketoconazole cream 2 % external</i>	Preferred	
<i>ketoconazole shampoo 2 % external</i>	Preferred	
<i>miconazole nitrate cream 2 % external (otc)</i>	Preferred	OTC
<i>nystatin cream 100000 unit/gm external</i>	Preferred	
<i>nystatin ointment 100000 unit/gm external</i>	Preferred	
<i>nystatin powder 100000 unit/gm external</i>	Preferred	
<i>sm antifungal clotrimazole cream 1 % external</i>	Preferred	OTC
<i>sm antifungal miconazole cream 2 % external</i>	Preferred	OTC
<i>sm antifungal tolnaftate cream 1 % external</i>	Preferred	OTC
<i>sm athletes foot cream 1 % external</i>	Preferred	OTC
<i>terbinafine hcl cream 1 % external</i>	Preferred	OTC
<i>tm-clotrimazole cream 1 % external</i>	Preferred	OTC
<i>tolnaftate cream 1 % external</i>	Preferred	OTC
<i>tolnaftate powder 1 % external</i>	Preferred	OTC
<i>ciclopirox (Ciclodan Solution 8 % External)</i>	Preferred	
<i>MICOTRIN AC CREAM 1 % EXTERNAL (clotrimazole)</i>	Preferred	OTC
<i>nystatin (Nyamyc Powder 100000 Unit/Gm External)</i>	Preferred	
<i>nystatin (Nystop Powder 100000 Unit/Gm External)</i>	Preferred	
<i>alevazol ointment 1 % external</i>	Non Preferred	OTC; PA
<i>antifungal powder 2 % external</i>	Non Preferred	OTC; PA
<i>athletes foot powder spray aerosol powder 1 % external</i>	Non Preferred	OTC; PA
<i>athletes foot powder spray aerosol powder 2 % external</i>	Non Preferred	OTC; PA
<i>bensal hp ointment 3 % external</i>	Non Preferred	PA
<i>butenafine hcl cream 1 % external</i>	Non Preferred	OTC; PA
<i>ciclopirox gel 0.77 % external</i>	Non Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
<i>ciclopirox olamine cream 0.77 % external</i>	Non Preferred	PA
<i>ciclopirox olamine suspension 0.77 % external</i>	Non Preferred	PA
<i>ciclopirox shampoo 1 % external</i>	Non Preferred	PA
<i>ciclopirox treatment kit 8 % external</i>	Non Preferred	PA
<i>clotrimazole-betamethasone lotion 1-0.05 % external</i>	Non Preferred	PA
<i>econazole nitrate cream 1 % external</i>	Non Preferred	PA
<i>gnp miconazorb af powder 2 % external</i>	Non Preferred	OTC; PA
<i>ketoconazole foam 2 % external</i>	Non Preferred	PA
<i>luliconazole cream 1 % external</i>	Non Preferred	PA
<i>miconazole nitrate solution 2 % external</i>	Non Preferred	OTC; PA
<i>miconazole-zinc oxide-petrolat ointment 0.25-15-81.35 % external</i>	Non Preferred	PA
<i>miconi-al solution 2 % external</i>	Non Preferred	OTC; PA
<i>naftifine hcl cream 1 % external</i>	Non Preferred	PA
<i>naftifine hcl cream 2 % external</i>	Non Preferred	PA
<i>naftifine hcl gel 2 % external</i>	Non Preferred	PA
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	Non Preferred	PA
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	Non Preferred	PA
<i>oxiconazole nitrate cream 1 % external</i>	Non Preferred	PA
<i>tavaborole solution 5 % external</i>	Non Preferred	PA
<i>tm-tolnaftate lr solution 1 % external</i>	Non Preferred	OTC; PA
<i>tm-tolnaftate solution 1 % external</i>	Non Preferred	OTC; PA
<i>tolnafi-al solution 1 % external</i>	Non Preferred	OTC; PA
<i>votriza-al lotion 1 % external</i>	Non Preferred	OTC; PA

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Drug Name	Formulary Status	Requirements/Limits
<i>ciclopirox olamine</i> (Ciclodan Cream 0.77 % External)	Non Preferred	PA
CICLODAN CREAM KIT 0.77 % EXTERNAL (<i>ciclopirox olamine-cleanser</i>)	Non Preferred	PA
CICLODAN SOLUTION KIT 8 % EXTERNAL (<i>ciclopirox</i>)	Non Preferred	PA
ERTACZO CREAM 2 % EXTERNAL (<i>sertaconazole nitrate</i>)	Non Preferred	PA
EXTINA FOAM 2 % EXTERNAL (<i>ketconazole</i>)	Non Preferred	PA
FUNGOID TINCTURE SOLUTION 2 % EXTERNAL (<i>miconazole nitrate</i>)	Non Preferred	OTC; PA
JUBLIA SOLUTION 10 % EXTERNAL (<i>efinaconazole</i>)	Non Preferred	PA
<i>ketconazole</i> (Ketodan Foam 2 % External)	Non Preferred	PA
KETODAN KIT 2 % EXTERNAL (<i>ketconazole-cleanser</i>)	Non Preferred	PA
LOPROX CREAM 0.77 % EXTERNAL (<i>ciclopirox olamine</i>)	Non Preferred	PA
LOPROX KIT 0.77 % (SUSP) EXTERNAL (<i>ciclopirox olamine-cleanser</i>)	Non Preferred	PA
LOPROX KIT 0.77 % EXTERNAL (<i>ciclopirox olamine-cleanser</i>)	Non Preferred	PA
LOPROX SUSPENSION 0.77 % EXTERNAL (<i>ciclopirox olamine</i>)	Non Preferred	PA
LOTRIMIN AF CREAM 1 % EXTERNAL (<i>clotrimazole</i>)	Non Preferred	OTC; PA
LUZU CREAM 1 % EXTERNAL (<i>luliconazole</i>)	Non Preferred	PA
MICOMITIN SOLUTION 1 % EXTERNAL (<i>tolnaftate</i>)	Non Preferred	OTC; PA
MICOTRIN AL SOLUTION 1 % EXTERNAL (<i>tolnaftate</i>)	Non Preferred	OTC; PA
MICOTRIN AP POWDER 2 % EXTERNAL (<i>miconazole nitrate</i>)	Non Preferred	OTC; PA
MYCOZYL AC CREAM 1 % EXTERNAL (<i>clotrimazole</i>)	Non Preferred	OTC; PA
MYCOZYL AL SOLUTION 1 % EXTERNAL (OTC) (<i>tolnaftate</i>)	Non Preferred	OTC; PA
MYCOZYL AP POWDER 2 % EXTERNAL (<i>miconazole nitrate</i>)	Non Preferred	OTC; PA
NAFTIN GEL 1 % EXTERNAL (<i>naftifine hcl</i>)	Non Preferred	PA
NAFTIN GEL 2 % EXTERNAL (<i>naftifine hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
OXISTAT LOTION 1 % EXTERNAL (<i>oxiconazole nitrate</i>)	Non Preferred	PA
TRITOLNACIDE S SOLUTION 1 % EXTERNAL (<i>tolnaftate</i>)	Non Preferred	OTC; PA
VUSION OINTMENT 0.25-15-81.35 % EXTERNAL (<i>miconazole-zinc oxide-petrolat</i>)	Non Preferred	PA
ANTIHYPERTENSIVES: ANGIOTENSIN MODULATOR COMBINATIONS [OPEN CLASS]		
<i>amlodipine besy-benazepril hcl capsule 10-20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besy-benazepril hcl capsule 10-40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besy-benazepril hcl capsule 2.5-10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besy-benazepril hcl capsule 5-10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besy-benazepril hcl capsule 5-20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besy-benazepril hcl capsule 5-40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besylate-valsartan tablet 10-160 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besylate-valsartan tablet 10-320 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besylate-valsartan tablet 5-160 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besylate-valsartan tablet 5-320 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine-olmesartan tablet 10-20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine-olmesartan tablet 10-40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine-olmesartan tablet 5-20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine-olmesartan tablet 5-40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>aliskiren fumarate tablet 150 mg oral</i>	Non Preferred	PA
<i>aliskiren fumarate tablet 300 mg oral</i>	Non Preferred	PA
<i>amlodipine-valsartan-hctz tablet 10-160-12.5 mg oral</i>	Non Preferred	PA
<i>amlodipine-valsartan-hctz tablet 10-160-25 mg oral</i>	Non Preferred	PA
<i>amlodipine-valsartan-hctz tablet 10-320-25 mg oral</i>	Non Preferred	PA
<i>amlodipine-valsartan-hctz tablet 5-160-12.5 mg oral</i>	Non Preferred	PA
<i>amlodipine-valsartan-hctz tablet 5-160-25 mg oral</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hctz tablet 40-10-25 mg oral</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>olmesartan-amlodipine-hctz tablet 40-5-25 mg oral</i>	Non Preferred	PA
<i>telmisartan-amlodipine tablet 40-10 mg oral</i>	Non Preferred	PA
<i>telmisartan-amlodipine tablet 40-5 mg oral</i>	Non Preferred	PA
<i>telmisartan-amlodipine tablet 80-10 mg oral</i>	Non Preferred	PA
<i>telmisartan-amlodipine tablet 80-5 mg oral</i>	Non Preferred	PA
<i>trandolapril-verapamil hcl er tablet extended release 1-240 mg oral</i>	Non Preferred	PA
<i>trandolapril-verapamil hcl er tablet extended release 2-180 mg oral</i>	Non Preferred	PA
<i>trandolapril-verapamil hcl er tablet extended release 2-240 mg oral</i>	Non Preferred	PA
<i>trandolapril-verapamil hcl er tablet extended release 4-240 mg oral</i>	Non Preferred	PA
AZOR TABLET 10-20 MG ORAL (<i>amlodipine-olmesartan</i>)	Non Preferred	PA
AZOR TABLET 10-40 MG ORAL (<i>amlodipine-olmesartan</i>)	Non Preferred	PA
AZOR TABLET 5-20 MG ORAL (<i>amlodipine-olmesartan</i>)	Non Preferred	PA
AZOR TABLET 5-40 MG ORAL (<i>amlodipine-olmesartan</i>)	Non Preferred	PA
EXFORGE HCT TABLET 10-160-12.5 MG ORAL (<i>amlodipine-valsartan-hctz</i>)	Non Preferred	PA
EXFORGE HCT TABLET 10-160-25 MG ORAL (<i>amlodipine-valsartan-hctz</i>)	Non Preferred	PA
EXFORGE HCT TABLET 10-320-25 MG ORAL (<i>amlodipine-valsartan-hctz</i>)	Non Preferred	PA
EXFORGE HCT TABLET 5-160-12.5 MG ORAL (<i>amlodipine-valsartan-hctz</i>)	Non Preferred	PA
EXFORGE HCT TABLET 5-160-25 MG ORAL (<i>amlodipine-valsartan-hctz</i>)	Non Preferred	PA
EXFORGE TABLET 10-160 MG ORAL (<i>amlodipine besylate-valsartan</i>)	Non Preferred	PA
EXFORGE TABLET 10-320 MG ORAL (<i>amlodipine besylate-valsartan</i>)	Non Preferred	PA
EXFORGE TABLET 5-160 MG ORAL (<i>amlodipine besylate-valsartan</i>)	Non Preferred	PA
EXFORGE TABLET 5-320 MG ORAL (<i>amlodipine besylate-valsartan</i>)	Non Preferred	PA
LOTREL CAPSULE 10-20 MG ORAL (<i>amlodipine besy-benazepril hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
LOTREL CAPSULE 10-40 MG ORAL (<i>amlodipine besy-benazepril hcl</i>)	Non Preferred	PA
LOTREL CAPSULE 5-10 MG ORAL (<i>amlodipine besy-benazepril hcl</i>)	Non Preferred	PA
LOTREL CAPSULE 5-20 MG ORAL (<i>amlodipine besy-benazepril hcl</i>)	Non Preferred	PA
TEKTURNA HCT TABLET 150-12.5 MG ORAL (<i>aliskiren-hydrochlorothiazide</i>)	Non Preferred	PA
TEKTURNA HCT TABLET 150-25 MG ORAL (<i>aliskiren-hydrochlorothiazide</i>)	Non Preferred	PA
TEKTURNA HCT TABLET 300-12.5 MG ORAL (<i>aliskiren-hydrochlorothiazide</i>)	Non Preferred	PA
TEKTURNA HCT TABLET 300-25 MG ORAL (<i>aliskiren-hydrochlorothiazide</i>)	Non Preferred	PA
TEKTURNA TABLET 150 MG ORAL (<i>aliskiren fumarate</i>)	Non Preferred	PA
TEKTURNA TABLET 300 MG ORAL (<i>aliskiren fumarate</i>)	Non Preferred	PA
TRIBENZOR TABLET 20-5-12.5 MG ORAL (<i>olmesartan-amlodipine-hctz</i>)	Non Preferred	PA
TRIBENZOR TABLET 40-10-12.5 MG ORAL (<i>olmesartan-amlodipine-hctz</i>)	Non Preferred	PA
TRIBENZOR TABLET 40-10-25 MG ORAL (<i>olmesartan-amlodipine-hctz</i>)	Non Preferred	PA
TRIBENZOR TABLET 40-5-12.5 MG ORAL (<i>olmesartan-amlodipine-hctz</i>)	Non Preferred	PA
TRIBENZOR TABLET 40-5-25 MG ORAL (<i>olmesartan-amlodipine-hctz</i>)	Non Preferred	PA
ANTIHYPERTENSIVES: ANGIOTENSIN MODULATORS [OPEN CLASS]		
<i>benazepril hcl tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>benazepril hcl tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>benazepril hcl tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>benazepril hcl tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>benazepril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>benazepril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>benazepril-hydrochlorothiazide tablet 20-25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>benazepril-hydrochlorothiazide tablet 5-6.25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>enalapril maleate tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>enalapril maleate tablet 2.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>enalapril maleate tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>enalapril maleate tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>enalapril-hydrochlorothiazide tablet 10-25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>enalapril-hydrochlorothiazide tablet 5-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>fosinopril sodium tablet 10 mg oral</i>	Preferred	
<i>fosinopril sodium tablet 20 mg oral</i>	Preferred	
<i>fosinopril sodium tablet 40 mg oral</i>	Preferred	
<i>irbesartan tablet 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>irbesartan tablet 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>irbesartan tablet 75 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lisinopril tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lisinopril tablet 2.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lisinopril tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lisinopril tablet 30 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lisinopril tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lisinopril tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lisinopril-hydrochlorothiazide tablet 20-25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>losartan potassium tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>losartan potassium tablet 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>losartan potassium tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>losartan potassium-hctz tablet 100-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>losartan potassium-hctz tablet 100-25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>losartan potassium-hctz tablet 50-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>olmesartan medoxomil tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>olmesartan medoxomil tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>olmesartan medoxomil tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>olmesartan medoxomil-hctz tablet 20-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>olmesartan medoxomil-hctz tablet 40-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>olmesartan medoxomil-hctz tablet 40-25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>quinapril hcl tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>quinapril hcl tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>quinapril hcl tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>quinapril hcl tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ramipril capsule 1.25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ramipril capsule 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ramipril capsule 2.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ramipril capsule 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>trandolapril tablet 1 mg oral</i>	Preferred	
<i>trandolapril tablet 2 mg oral</i>	Preferred	
<i>trandolapril tablet 4 mg oral</i>	Preferred	

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

Drug Name	Formulary Status	Requirements/Limits
<i>valsartan tablet 160 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valsartan tablet 320 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valsartan tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valsartan tablet 80 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valsartan-hydrochlorothiazide tablet 160-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valsartan-hydrochlorothiazide tablet 160-25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valsartan-hydrochlorothiazide tablet 320-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valsartan-hydrochlorothiazide tablet 320-25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valsartan-hydrochlorothiazide tablet 80-12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
ENTRESTO TABLET 24-26 MG ORAL (<i>sacubitril-valsartan</i>)	Preferred	QL (2 EA per 1 day)
ENTRESTO TABLET 49-51 MG ORAL (<i>sacubitril-valsartan</i>)	Preferred	QL (2 EA per 1 day)
ENTRESTO TABLET 97-103 MG ORAL (<i>sacubitril-valsartan</i>)	Preferred	QL (2 EA per 1 day)
<i>candesartan cilexetil tablet 16 mg oral</i>	Non Preferred	PA
<i>candesartan cilexetil tablet 32 mg oral</i>	Non Preferred	PA
<i>candesartan cilexetil tablet 4 mg oral</i>	Non Preferred	PA
<i>candesartan cilexetil tablet 8 mg oral</i>	Non Preferred	PA
<i>candesartan cilexetil-hctz tablet 16-12.5 mg oral</i>	Non Preferred	PA
<i>candesartan cilexetil-hctz tablet 32-12.5 mg oral</i>	Non Preferred	PA
<i>candesartan cilexetil-hctz tablet 32-25 mg oral</i>	Non Preferred	PA
<i>captopril tablet 100 mg oral</i>	Non Preferred	PA
<i>captopril tablet 12.5 mg oral</i>	Non Preferred	PA
<i>captopril tablet 25 mg oral</i>	Non Preferred	PA
<i>captopril tablet 50 mg oral</i>	Non Preferred	PA
<i>captopril-hydrochlorothiazide tablet 25-15 mg oral</i>	Non Preferred	PA
<i>captopril-hydrochlorothiazide tablet 25-25 mg oral</i>	Non Preferred	PA
<i>captopril-hydrochlorothiazide tablet 50-15 mg oral</i>	Non Preferred	PA
<i>captopril-hydrochlorothiazide tablet 50-25 mg oral</i>	Non Preferred	PA
<i>enalapril maleate solution 1 mg/ml oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>eprosartan mesylate tablet 600 mg oral</i>	Non Preferred	PA
<i>fosinopril sodium-hctz tablet 10-12.5 mg oral</i>	Non Preferred	PA
<i>fosinopril sodium-hctz tablet 20-12.5 mg oral</i>	Non Preferred	PA
<i>moexipril hcl tablet 15 mg oral</i>	Non Preferred	PA
<i>moexipril hcl tablet 7.5 mg oral</i>	Non Preferred	PA
<i>perindopril erbumine tablet 2 mg oral</i>	Non Preferred	PA
<i>perindopril erbumine tablet 4 mg oral</i>	Non Preferred	PA
<i>perindopril erbumine tablet 8 mg oral</i>	Non Preferred	PA
<i>quinapril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	Non Preferred	PA
<i>quinapril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	Non Preferred	PA
<i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i>	Non Preferred	PA
<i>telmisartan tablet 20 mg oral</i>	Non Preferred	PA
<i>telmisartan tablet 40 mg oral</i>	Non Preferred	PA
<i>telmisartan tablet 80 mg oral</i>	Non Preferred	PA
<i>telmisartan-hctz tablet 40-12.5 mg oral</i>	Non Preferred	PA
<i>telmisartan-hctz tablet 80-12.5 mg oral</i>	Non Preferred	PA
<i>telmisartan-hctz tablet 80-25 mg oral</i>	Non Preferred	PA
<i>valsartan solution 4 mg/ml oral</i>	Non Preferred	PA
ACCUPRIL TABLET 10 MG ORAL (<i>quinapril hcl</i>)	Non Preferred	PA
ACCUPRIL TABLET 20 MG ORAL (<i>quinapril hcl</i>)	Non Preferred	PA
ACCUPRIL TABLET 40 MG ORAL (<i>quinapril hcl</i>)	Non Preferred	PA
ACCUPRIL TABLET 5 MG ORAL (<i>quinapril hcl</i>)	Non Preferred	PA
ACCURETIC TABLET 10-12.5 MG ORAL (<i>quinapril-hydrochlorothiazide</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ACCURETIC TABLET 20-12.5 MG ORAL (<i>quinapril-hydrochlorothiazide</i>)	Non Preferred	PA
ACCURETIC TABLET 20-25 MG ORAL (<i>quinapril-hydrochlorothiazide</i>)	Non Preferred	PA
ALTACE CAPSULE 1.25 MG ORAL (<i>ramipril</i>)	Non Preferred	PA
ALTACE CAPSULE 10 MG ORAL (<i>ramipril</i>)	Non Preferred	PA
ALTACE CAPSULE 2.5 MG ORAL (<i>ramipril</i>)	Non Preferred	PA
ALTACE CAPSULE 5 MG ORAL (<i>ramipril</i>)	Non Preferred	PA
ATACAND HCT TABLET 16-12.5 MG ORAL (<i>candesartan cilexetil-hctz</i>)	Non Preferred	PA
ATACAND HCT TABLET 32-12.5 MG ORAL (<i>candesartan cilexetil-hctz</i>)	Non Preferred	PA
ATACAND HCT TABLET 32-25 MG ORAL (<i>candesartan cilexetil-hctz</i>)	Non Preferred	PA
ATACAND TABLET 16 MG ORAL (<i>candesartan cilexetil</i>)	Non Preferred	PA
ATACAND TABLET 32 MG ORAL (<i>candesartan cilexetil</i>)	Non Preferred	PA
ATACAND TABLET 4 MG ORAL (<i>candesartan cilexetil</i>)	Non Preferred	PA
ATACAND TABLET 8 MG ORAL (<i>candesartan cilexetil</i>)	Non Preferred	PA
AVALIDE TABLET 150-12.5 MG ORAL (<i>irbesartan-hydrochlorothiazide</i>)	Non Preferred	PA
AVALIDE TABLET 300-12.5 MG ORAL (<i>irbesartan-hydrochlorothiazide</i>)	Non Preferred	PA
AVAPRO TABLET 150 MG ORAL (<i>irbesartan</i>)	Non Preferred	PA
AVAPRO TABLET 300 MG ORAL (<i>irbesartan</i>)	Non Preferred	PA
AVAPRO TABLET 75 MG ORAL (<i>irbesartan</i>)	Non Preferred	PA
BENICAR HCT TABLET 20-12.5 MG ORAL (<i>olmesartan medoxomil-hctz</i>)	Non Preferred	PA
BENICAR HCT TABLET 40-12.5 MG ORAL (<i>olmesartan medoxomil-hctz</i>)	Non Preferred	PA
BENICAR HCT TABLET 40-25 MG ORAL (<i>olmesartan medoxomil-hctz</i>)	Non Preferred	PA
BENICAR TABLET 20 MG ORAL (<i>olmesartan medoxomil</i>)	Non Preferred	PA
BENICAR TABLET 40 MG ORAL (<i>olmesartan medoxomil</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
BENICAR TABLET 5 MG ORAL (<i>olmesartan medoxomil</i>)	Non Preferred	PA
COZAAR TABLET 100 MG ORAL (<i>losartan potassium</i>)	Non Preferred	PA
COZAAR TABLET 25 MG ORAL (<i>losartan potassium</i>)	Non Preferred	PA
COZAAR TABLET 50 MG ORAL (<i>losartan potassium</i>)	Non Preferred	PA
DIOVAN HCT TABLET 160-12.5 MG ORAL (<i>valsartan-hydrochlorothiazide</i>)	Non Preferred	PA
DIOVAN HCT TABLET 160-25 MG ORAL (<i>valsartan-hydrochlorothiazide</i>)	Non Preferred	PA
DIOVAN HCT TABLET 320-12.5 MG ORAL (<i>valsartan-hydrochlorothiazide</i>)	Non Preferred	PA
DIOVAN HCT TABLET 320-25 MG ORAL (<i>valsartan-hydrochlorothiazide</i>)	Non Preferred	PA
DIOVAN HCT TABLET 80-12.5 MG ORAL (<i>valsartan-hydrochlorothiazide</i>)	Non Preferred	PA
DIOVAN TABLET 160 MG ORAL (<i>valsartan</i>)	Non Preferred	PA
DIOVAN TABLET 320 MG ORAL (<i>valsartan</i>)	Non Preferred	PA
DIOVAN TABLET 40 MG ORAL (<i>valsartan</i>)	Non Preferred	PA
DIOVAN TABLET 80 MG ORAL (<i>valsartan</i>)	Non Preferred	PA
EDARBI TABLET 40 MG ORAL (<i>azilsartan medoxomil</i>)	Non Preferred	PA
EDARBI TABLET 80 MG ORAL (<i>azilsartan medoxomil</i>)	Non Preferred	PA
EDARBYCLOR TABLET 40-12.5 MG ORAL (<i>azilsartan-chlorthalidone</i>)	Non Preferred	PA
EDARBYCLOR TABLET 40-25 MG ORAL (<i>azilsartan-chlorthalidone</i>)	Non Preferred	PA
EPANED SOLUTION 1 MG/ML ORAL (<i>enalapril maleate</i>)	Non Preferred	PA
HYZAAR TABLET 100-12.5 MG ORAL (<i>losartan potassium-hctz</i>)	Non Preferred	PA
HYZAAR TABLET 100-25 MG ORAL (<i>losartan potassium-hctz</i>)	Non Preferred	PA
HYZAAR TABLET 50-12.5 MG ORAL (<i>losartan potassium-hctz</i>)	Non Preferred	PA
LOTENSIN HCT TABLET 10-12.5 MG ORAL (<i>benazepril-hydrochlorothiazide</i>)	Non Preferred	PA
LOTENSIN HCT TABLET 20-12.5 MG ORAL (<i>benazepril-hydrochlorothiazide</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
LOTENSIN HCT TABLET 20-25 MG ORAL (<i>benazepril-hydrochlorothiazide</i>)	Non Preferred	PA
LOTENSIN TABLET 10 MG ORAL (<i>benazepril hcl</i>)	Non Preferred	PA
LOTENSIN TABLET 20 MG ORAL (<i>benazepril hcl</i>)	Non Preferred	PA
LOTENSIN TABLET 40 MG ORAL (<i>benazepril hcl</i>)	Non Preferred	PA
MICARDIS HCT TABLET 40-12.5 MG ORAL (<i>telmisartan-hctz</i>)	Non Preferred	PA
MICARDIS HCT TABLET 80-12.5 MG ORAL (<i>telmisartan-hctz</i>)	Non Preferred	PA
MICARDIS HCT TABLET 80-25 MG ORAL (<i>telmisartan-hctz</i>)	Non Preferred	PA
MICARDIS TABLET 20 MG ORAL (<i>telmisartan</i>)	Non Preferred	PA
MICARDIS TABLET 40 MG ORAL (<i>telmisartan</i>)	Non Preferred	PA
MICARDIS TABLET 80 MG ORAL (<i>telmisartan</i>)	Non Preferred	PA
QBRELIS SOLUTION 1 MG/ML ORAL (<i>lisinopril</i>)	Non Preferred	PA
VASERETIC TABLET 10-25 MG ORAL (<i>enalapril-hydrochlorothiazide</i>)	Non Preferred	PA
VASOTEC TABLET 10 MG ORAL (<i>enalapril maleate</i>)	Non Preferred	PA
VASOTEC TABLET 2.5 MG ORAL (<i>enalapril maleate</i>)	Non Preferred	PA
VASOTEC TABLET 20 MG ORAL (<i>enalapril maleate</i>)	Non Preferred	PA
VASOTEC TABLET 5 MG ORAL (<i>enalapril maleate</i>)	Non Preferred	PA
ZESTORETIC TABLET 10-12.5 MG ORAL (<i>lisinopril-hydrochlorothiazide</i>)	Non Preferred	PA
ZESTORETIC TABLET 20-12.5 MG ORAL (<i>lisinopril-hydrochlorothiazide</i>)	Non Preferred	PA
ZESTORETIC TABLET 20-25 MG ORAL (<i>lisinopril-hydrochlorothiazide</i>)	Non Preferred	PA
ZESTRIL TABLET 10 MG ORAL (<i>lisinopril</i>)	Non Preferred	PA
ZESTRIL TABLET 2.5 MG ORAL (<i>lisinopril</i>)	Non Preferred	PA
ZESTRIL TABLET 20 MG ORAL (<i>lisinopril</i>)	Non Preferred	PA
ZESTRIL TABLET 30 MG ORAL (<i>lisinopril</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ZESTRIL TABLET 40 MG ORAL (<i>lisinopril</i>)	Non Preferred	PA
ZESTRIL TABLET 5 MG ORAL (<i>lisinopril</i>)	Non Preferred	PA
ANTIHYPERTENSIVES: BETA BLOCKERS [OPEN CLASS]		
<i>acebutolol hcl capsule 200 mg oral</i>	Preferred	
<i>acebutolol hcl capsule 400 mg oral</i>	Preferred	
<i>atenolol tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>atenolol tablet 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>atenolol tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>atenolol-chlorthalidone tablet 100-25 mg oral</i>	Preferred	
<i>atenolol-chlorthalidone tablet 50-25 mg oral</i>	Preferred	
<i>bisoprolol fumarate tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>bisoprolol fumarate tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral</i>	Preferred	
<i>bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral</i>	Preferred	
<i>bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral</i>	Preferred	
<i>carvedilol tablet 12.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>carvedilol tablet 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>carvedilol tablet 3.125 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>carvedilol tablet 6.25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>labetalol hcl tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>labetalol hcl tablet 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>labetalol hcl tablet 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>metoprolol succinate er tablet extended release 24 hour 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>metoprolol succinate er tablet extended release 24 hour 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>metoprolol succinate er tablet extended release 24 hour 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>metoprolol succinate er tablet extended release 24 hour 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>metoprolol tartrate tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>metoprolol tartrate tablet 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>metoprolol tartrate tablet 37.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>metoprolol tartrate tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>metoprolol tartrate tablet 75 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>metoprolol-hydrochlorothiazide tablet 100-25 mg oral</i>	Preferred	
<i>metoprolol-hydrochlorothiazide tablet 100-50 mg oral</i>	Preferred	
<i>metoprolol-hydrochlorothiazide tablet 50-25 mg oral</i>	Preferred	
<i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>propranolol hcl er capsule extended release 24 hour 60 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>propranolol hcl er capsule extended release 24 hour 80 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>propranolol hcl solution 20 mg/5ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>propranolol hcl solution 40 mg/5ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>propranolol hcl tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>propranolol hcl tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>propranolol hcl tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>propranolol hcl tablet 60 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>propranolol hcl tablet 80 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>propranolol-hctz tablet 40-25 mg oral</i>	Preferred	
<i>propranolol-hctz tablet 80-25 mg oral</i>	Preferred	
<i>sotalol hcl (af) tablet 120 mg oral</i>	Preferred	
<i>sotalol hcl (af) tablet 160 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sotalol hcl (af) tablet 80 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sotalol hcl tablet 120 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sotalol hcl tablet 160 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sotalol hcl tablet 240 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sotalol hcl tablet 80 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sotalol hcl (Sorine Tablet 120 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>sotalol hcl (Sorine Tablet 160 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>sotalol hcl (Sorine Tablet 240 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>sotalol hcl (Sorine Tablet 80 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>betaxolol hcl tablet 10 mg oral</i>	Non Preferred	PA
<i>betaxolol hcl tablet 20 mg oral</i>	Non Preferred	PA
<i>carvedilol phosphate er capsule extended release 24 hour 10 mg oral</i>	Non Preferred	PA
<i>carvedilol phosphate er capsule extended release 24 hour 20 mg oral</i>	Non Preferred	PA
<i>carvedilol phosphate er capsule extended release 24 hour 40 mg oral</i>	Non Preferred	PA
<i>carvedilol phosphate er capsule extended release 24 hour 80 mg oral</i>	Non Preferred	PA
<i>nadolol tablet 20 mg oral</i>	Non Preferred	PA
<i>nadolol tablet 40 mg oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>nadolol tablet 80 mg oral</i>	Non Preferred	PA
<i>nebivolol hcl tablet 10 mg oral</i>	Non Preferred	PA
<i>nebivolol hcl tablet 2.5 mg oral</i>	Non Preferred	PA
<i>nebivolol hcl tablet 20 mg oral</i>	Non Preferred	PA
<i>nebivolol hcl tablet 5 mg oral</i>	Non Preferred	PA
<i>pindolol tablet 10 mg oral</i>	Non Preferred	PA
<i>pindolol tablet 5 mg oral</i>	Non Preferred	PA
<i>timolol maleate tablet 10 mg oral</i>	Non Preferred	PA
<i>timolol maleate tablet 20 mg oral</i>	Non Preferred	PA
<i>timolol maleate tablet 5 mg oral</i>	Non Preferred	PA
BETAPACE AF TABLET 120 MG ORAL (<i>sotalol hcl af</i>)	Non Preferred	PA
BETAPACE AF TABLET 160 MG ORAL (<i>sotalol hcl af</i>)	Non Preferred	PA
BETAPACE AF TABLET 80 MG ORAL (<i>sotalol hcl af</i>)	Non Preferred	PA
BETAPACE TABLET 120 MG ORAL (<i>sotalol hcl</i>)	Non Preferred	PA
BETAPACE TABLET 160 MG ORAL (<i>sotalol hcl</i>)	Non Preferred	PA
BETAPACE TABLET 80 MG ORAL (<i>sotalol hcl</i>)	Non Preferred	PA
BYSTOLIC TABLET 10 MG ORAL (<i>nebivolol hcl</i>)	Non Preferred	PA
BYSTOLIC TABLET 2.5 MG ORAL (<i>nebivolol hcl</i>)	Non Preferred	PA
BYSTOLIC TABLET 20 MG ORAL (<i>nebivolol hcl</i>)	Non Preferred	PA
BYSTOLIC TABLET 5 MG ORAL (<i>nebivolol hcl</i>)	Non Preferred	PA
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>carvedilol phosphate</i>)	Non Preferred	PA
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>carvedilol phosphate</i>)	Non Preferred	PA
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>carvedilol phosphate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>carvedilol phosphate</i>)	Non Preferred	PA
COREG TABLET 12.5 MG ORAL (<i>carvedilol</i>)	Non Preferred	PA
COREG TABLET 25 MG ORAL (<i>carvedilol</i>)	Non Preferred	PA
COREG TABLET 3.125 MG ORAL (<i>carvedilol</i>)	Non Preferred	PA
COREG TABLET 6.25 MG ORAL (<i>carvedilol</i>)	Non Preferred	PA
CORGARD TABLET 20 MG ORAL (<i>nadolol</i>)	Non Preferred	PA
CORGARD TABLET 40 MG ORAL (<i>nadolol</i>)	Non Preferred	PA
HEMANGEOL SOLUTION 4.28 MG/ML ORAL (<i>propranolol hcl</i>)	Non Preferred	PA
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>propranolol hcl</i>)	Non Preferred	PA
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 160 MG ORAL (<i>propranolol hcl</i>)	Non Preferred	PA
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL (<i>propranolol hcl</i>)	Non Preferred	PA
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>propranolol hcl</i>)	Non Preferred	PA
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>propranolol hcl sr beads</i>)	Non Preferred	PA
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>propranolol hcl sr beads</i>)	Non Preferred	PA
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>propranolol hcl sr beads</i>)	Non Preferred	PA
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>propranolol hcl sr beads</i>)	Non Preferred	PA
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL (<i>metoprolol succinate</i>)	Non Preferred	PA
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL (<i>metoprolol succinate</i>)	Non Preferred	PA
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL (<i>metoprolol succinate</i>)	Non Preferred	PA
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL (<i>metoprolol succinate</i>)	Non Preferred	PA
LOPRESSOR TABLET 100 MG ORAL (<i>metoprolol tartrate</i>)	Non Preferred	PA
LOPRESSOR TABLET 50 MG ORAL (<i>metoprolol tartrate</i>)	Non Preferred	PA
SOTYLIZE SOLUTION 5 MG/ML ORAL (<i>sotalol hcl</i>)	Non Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
TENORETIC 100 TABLET 100-25 MG ORAL (<i>atenolol-chlorthalidone</i>)	Non Preferred	PA
TENORETIC 50 TABLET 50-25 MG ORAL (<i>atenolol-chlorthalidone</i>)	Non Preferred	PA
TENORMIN TABLET 100 MG ORAL (<i>atenolol</i>)	Non Preferred	PA
TENORMIN TABLET 25 MG ORAL (<i>atenolol</i>)	Non Preferred	PA
TENORMIN TABLET 50 MG ORAL (<i>atenolol</i>)	Non Preferred	PA
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>metoprolol succinate</i>)	Non Preferred	PA
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>metoprolol succinate</i>)	Non Preferred	PA
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>metoprolol succinate</i>)	Non Preferred	PA
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>metoprolol succinate</i>)	Non Preferred	PA
ZIAC TABLET 10-6.25 MG ORAL (<i>bisoprolol-hydrochlorothiazide</i>)	Non Preferred	PA
ZIAC TABLET 2.5-6.25 MG ORAL (<i>bisoprolol-hydrochlorothiazide</i>)	Non Preferred	PA
ZIAC TABLET 5-6.25 MG ORAL (<i>bisoprolol-hydrochlorothiazide</i>)	Non Preferred	PA
ANTIHYPERTENSIVES: CALCIUM CHANNEL BLOCKERS [OPEN CLASS]		
<i>amlodipine besylate tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besylate tablet 2.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine besylate tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads capsule extended release 24 hour 120 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads capsule extended release 24 hour 180 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads capsule extended release 24 hour 240 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads capsule extended release 24 hour 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads capsule extended release 24 hour 360 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads capsule extended release 24 hour 420 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er capsule extended release 12 hour 120 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er capsule extended release 12 hour 60 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er capsule extended release 12 hour 90 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er capsule extended release 24 hour 120 mg oral</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>diltiazem hcl er capsule extended release 24 hour 180 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er capsule extended release 24 hour 240 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er tablet extended release 24 hour 180 mg oral</i>	Preferred	
<i>diltiazem hcl er tablet extended release 24 hour 240 mg oral</i>	Preferred	
<i>diltiazem hcl er tablet extended release 24 hour 300 mg oral</i>	Preferred	
<i>diltiazem hcl er tablet extended release 24 hour 360 mg oral</i>	Preferred	
<i>diltiazem hcl er tablet extended release 24 hour 420 mg oral</i>	Preferred	
<i>diltiazem hcl tablet 120 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl tablet 30 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl tablet 60 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl tablet 90 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>dilt-xr capsule extended release 24 hour 120 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>dilt-xr capsule extended release 24 hour 180 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>dilt-xr capsule extended release 24 hour 240 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>felodipine er tablet extended release 24 hour 10 mg oral</i>	Preferred	
<i>felodipine er tablet extended release 24 hour 2.5 mg oral</i>	Preferred	
<i>felodipine er tablet extended release 24 hour 5 mg oral</i>	Preferred	
<i>nifedipine capsule 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>nifedipine capsule 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>nifedipine er osmotic release tablet extended release 24 hour 30 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>nifedipine er osmotic release tablet extended release 24 hour 60 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>nifedipine er osmotic release tablet extended release 24 hour 90 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>nifedipine er tablet extended release 24 hour 30 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>nifedipine er tablet extended release 24 hour 60 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>nifedipine er tablet extended release 24 hour 90 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i>	Preferred	
<i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i>	Preferred	
<i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i>	Preferred	
<i>verapamil hcl er tablet extended release 120 mg oral</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>verapamil hcl er tablet extended release 180 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>verapamil hcl er tablet extended release 240 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>verapamil hcl tablet 120 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>verapamil hcl tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>verapamil hcl tablet 80 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl coated beads (Cartia Xt Capsule Extended Release 24 Hour 120 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl coated beads (Cartia Xt Capsule Extended Release 24 Hour 180 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl coated beads (Cartia Xt Capsule Extended Release 24 Hour 240 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl coated beads (Cartia Xt Capsule Extended Release 24 Hour 300 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Taztia Xt Capsule Extended Release 24 Hour 120 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Taztia Xt Capsule Extended Release 24 Hour 180 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Taztia Xt Capsule Extended Release 24 Hour 240 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Taztia Xt Capsule Extended Release 24 Hour 300 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Taztia Xt Capsule Extended Release 24 Hour 360 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Tiadylt Er Capsule Extended Release 24 Hour 120 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Tiadylt Er Capsule Extended Release 24 Hour 180 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Tiadylt Er Capsule Extended Release 24 Hour 240 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Tiadylt Er Capsule Extended Release 24 Hour 300 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Tiadylt Er Capsule Extended Release 24 Hour 360 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er beads (Tiadylt Er Capsule Extended Release 24 Hour 420 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diltiazem hcl er tablet extended release 24 hour 120 mg oral</i>	Non Preferred	PA
<i>isradipine capsule 2.5 mg oral</i>	Non Preferred	PA
<i>isradipine capsule 5 mg oral</i>	Non Preferred	PA
<i>levamlodipine maleate tablet 2.5 mg oral</i>	Non Preferred	PA
<i>levamlodipine maleate tablet 5 mg oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>nicardipine hcl capsule 20 mg oral</i>	Non Preferred	PA
<i>nicardipine hcl capsule 30 mg oral</i>	Non Preferred	PA
<i>nisoldipine er tablet extended release 24 hour 17 mg oral</i>	Non Preferred	PA
<i>nisoldipine er tablet extended release 24 hour 20 mg oral</i>	Non Preferred	PA
<i>nisoldipine er tablet extended release 24 hour 25.5 mg oral</i>	Non Preferred	PA
<i>nisoldipine er tablet extended release 24 hour 30 mg oral</i>	Non Preferred	PA
<i>nisoldipine er tablet extended release 24 hour 34 mg oral</i>	Non Preferred	PA
<i>nisoldipine er tablet extended release 24 hour 40 mg oral</i>	Non Preferred	PA
<i>nisoldipine er tablet extended release 24 hour 8.5 mg oral</i>	Non Preferred	PA
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	Non Preferred	PA
<i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i>	Non Preferred	PA
<i>verapamil hcl er capsule extended release 24 hour 300 mg oral</i>	Non Preferred	PA
<i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i>	Non Preferred	PA
CALAN SR TABLET EXTENDED RELEASE 240 MG ORAL (<i>verapamil hcl</i>)	Non Preferred	PA
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>diltiazem hcl coated beads</i>)	Non Preferred	PA
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL (<i>diltiazem hcl coated beads</i>)	Non Preferred	PA
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL (<i>diltiazem hcl coated beads</i>)	Non Preferred	PA
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>diltiazem hcl coated beads</i>)	Non Preferred	PA
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL (<i>diltiazem hcl coated beads</i>)	Non Preferred	PA
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>diltiazem hcl</i>)	Non Preferred	PA
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL (<i>diltiazem hcl</i>)	Non Preferred	PA
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL (<i>diltiazem hcl</i>)	Non Preferred	PA
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>diltiazem hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL (<i>diltiazem hcl</i>)	Non Preferred	PA
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL (<i>diltiazem hcl</i>)	Non Preferred	PA
CARDIZEM TABLET 120 MG ORAL (<i>diltiazem hcl</i>)	Non Preferred	PA
CARDIZEM TABLET 30 MG ORAL (<i>diltiazem hcl</i>)	Non Preferred	PA
CARDIZEM TABLET 60 MG ORAL (<i>diltiazem hcl</i>)	Non Preferred	PA
KATERZIA SUSPENSION 1 MG/ML ORAL (<i>amlodipine benzoate</i>)	Non Preferred	PA
<i>diltiazem hcl</i> (Matzim La Tablet Extended Release 24 Hour 180 Mg Oral)	Non Preferred	PA
<i>diltiazem hcl</i> (Matzim La Tablet Extended Release 24 Hour 240 Mg Oral)	Non Preferred	PA
<i>diltiazem hcl</i> (Matzim La Tablet Extended Release 24 Hour 300 Mg Oral)	Non Preferred	PA
<i>diltiazem hcl</i> (Matzim La Tablet Extended Release 24 Hour 360 Mg Oral)	Non Preferred	PA
<i>diltiazem hcl</i> (Matzim La Tablet Extended Release 24 Hour 420 Mg Oral)	Non Preferred	PA
NORLIQVA SOLUTION 1 MG/ML ORAL (<i>amlodipine besylate</i>)	Non Preferred	PA
NORVASC TABLET 10 MG ORAL (<i>amlodipine besylate</i>)	Non Preferred	PA
NORVASC TABLET 2.5 MG ORAL (<i>amlodipine besylate</i>)	Non Preferred	PA
NORVASC TABLET 5 MG ORAL (<i>amlodipine besylate</i>)	Non Preferred	PA
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>nifedipine</i>)	Non Preferred	PA
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL (<i>nifedipine</i>)	Non Preferred	PA
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL (<i>nifedipine</i>)	Non Preferred	PA
SULAR TABLET EXTENDED RELEASE 24 HOUR 17 MG ORAL (<i>nisoldipine</i>)	Non Preferred	PA
SULAR TABLET EXTENDED RELEASE 24 HOUR 34 MG ORAL (<i>nisoldipine</i>)	Non Preferred	PA
SULAR TABLET EXTENDED RELEASE 24 HOUR 8.5 MG ORAL (<i>nisoldipine</i>)	Non Preferred	PA
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>diltiazem hcl er beads</i>)	Non Preferred	PA
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL (<i>diltiazem hcl er beads</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL (<i>diltiazem hcl er beads</i>)	Non Preferred	PA
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>diltiazem hcl er beads</i>)	Non Preferred	PA
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL (<i>diltiazem hcl er beads</i>)	Non Preferred	PA
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL (<i>diltiazem hcl er beads</i>)	Non Preferred	PA
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>verapamil hcl</i>)	Non Preferred	PA
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>verapamil hcl</i>)	Non Preferred	PA
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>verapamil hcl</i>)	Non Preferred	PA
ANTIHYPERTENSIVES: SYMPATHOLYTICS [OPEN CLASS]		
<i>clonidine hcl tablet 0.1 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>clonidine hcl tablet 0.2 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>clonidine hcl tablet 0.3 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>clonidine patch weekly 0.1 mg/24hr transdermal</i>	Preferred	Max 90-day supply per 1 Fill
<i>clonidine patch weekly 0.2 mg/24hr transdermal</i>	Preferred	Max 90-day supply per 1 Fill
<i>clonidine patch weekly 0.3 mg/24hr transdermal</i>	Preferred	Max 90-day supply per 1 Fill
<i>guanfacine hcl tablet 1 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>guanfacine hcl tablet 2 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>methyldopa tablet 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>methyldopa tablet 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>clonidine hcl er tablet extended release 24 hour 0.17 mg oral</i>	Non Preferred	PA
<i>methyldopa-hydrochlorothiazide tablet 250-15 mg oral</i>	Non Preferred	PA
<i>methyldopa-hydrochlorothiazide tablet 250-25 mg oral</i>	Non Preferred	PA
ANTIHYPERURICEMICS [OPEN CLASS]		
<i>allopurinol tablet 100 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>allopurinol tablet 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>colchicine capsule 0.6 mg oral</i>	Preferred	
<i>colchicine tablet 0.6 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>colchicine-probenecid tablet 0.5-500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>probenecid tablet 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>allopurinol tablet 200 mg oral</i>	Non Preferred	PA
<i>febuxostat tablet 40 mg oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>febuxostat tablet 80 mg oral</i>	Non Preferred	PA
COLCRYS TABLET 0.6 MG ORAL (<i>colchicine</i>)	Non Preferred	PA
GLOPERBA SOLUTION 0.6 MG/5ML ORAL (<i>colchicine</i>)	Non Preferred	PA
MITIGARE CAPSULE 0.6 MG ORAL (<i>colchicine</i>)	Non Preferred	PA
ULORIC TABLET 40 MG ORAL (<i>febuxostat</i>)	Non Preferred	PA
ULORIC TABLET 80 MG ORAL (<i>febuxostat</i>)	Non Preferred	PA
ZYLOPRIM TABLET 100 MG ORAL (<i>allopurinol</i>)	Non Preferred	PA
ANTIMIGRAINE AGENTS [OPEN CLASS]		
<i>rizatriptan benzoate tablet 10 mg oral</i>	Preferred	QL (12 EA per 1 Fill)
<i>rizatriptan benzoate tablet 5 mg oral</i>	Preferred	QL (12 EA per 1 Fill)
<i>rizatriptan benzoate tablet dispersible 10 mg oral</i>	Preferred	QL (12 EA per 1 Fill)
<i>rizatriptan benzoate tablet dispersible 5 mg oral</i>	Preferred	QL (12 EA per 1 Fill)
<i>sumatriptan solution 20 mg/act nasal</i>	Preferred	QL (6 EA per 30 days)
<i>sumatriptan solution 5 mg/act nasal</i>	Preferred	QL (6 EA per 30 days)
<i>sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous</i>	Preferred	QL (2 ML per 30 days)
<i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i>	Preferred	QL (2 ML per 30 days)
<i>sumatriptan succinate solution 6 mg/0.5ml subcutaneous</i>	Preferred	QL (1 ML per 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous</i>	Preferred	QL (2 ML per 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous</i>	Preferred	QL (2 ML per 30 days)
<i>sumatriptan succinate tablet 100 mg oral</i>	Preferred	QL (9 EA per 1 Fill)
<i>sumatriptan succinate tablet 25 mg oral</i>	Preferred	QL (18 EA per 1 Fill)
<i>sumatriptan succinate tablet 50 mg oral</i>	Preferred	QL (18 EA per 1 Fill)
IMITREX SOLUTION 20 MG/ACT NASAL (<i>sumatriptan</i>)	Preferred	QL (6 EA per 30 days)
IMITREX SOLUTION 5 MG/ACT NASAL (<i>sumatriptan</i>)	Preferred	QL (6 EA per 30 days)
<i>almotriptan malate tablet 12.5 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 Fill)
<i>almotriptan malate tablet 6.25 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 Fill)
<i>eletriptan hydrobromide tablet 20 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 Fill)
<i>eletriptan hydrobromide tablet 40 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 Fill)

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Drug Name	Formulary Status	Requirements/Limits
<i>frovatriptan succinate tablet 2.5 mg oral</i>	Non Preferred	PA; QL (12 EA per 1 Fill)
<i>naratriptan hcl tablet 1 mg oral</i>	Non Preferred	PA; QL (9 EA per 1 Fill)
<i>naratriptan hcl tablet 2.5 mg oral</i>	Non Preferred	PA; QL (9 EA per 1 Fill)
<i>sumatriptan-naproxen sodium tablet 85-500 mg oral</i>	Non Preferred	PA
<i>zolmitriptan solution 2.5 mg nasal</i>	Non Preferred	PA; QL (8 EA per 1 Fill)
<i>zolmitriptan solution 5 mg nasal</i>	Non Preferred	PA
<i>zolmitriptan tablet 2.5 mg oral</i>	Non Preferred	PA; QL (8 EA per 1 Fill)
<i>zolmitriptan tablet 5 mg oral</i>	Non Preferred	PA; QL (8 EA per 1 Fill)
<i>zolmitriptan tablet dispersible 2.5 mg oral</i>	Non Preferred	PA; QL (8 EA per 1 Fill)
<i>zolmitriptan tablet dispersible 5 mg oral</i>	Non Preferred	PA; QL (8 EA per 1 Fill)
FROVA TABLET 2.5 MG ORAL (<i>frovatriptan succinate</i>)	Non Preferred	PA; QL (12 EA per 1 Fill)
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 4 MG/0.5ML SUBCUTANEOUS (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (2 ML per 30 days)
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (2 ML per 30 days)
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (2 ML per 30 days)
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (2 ML per 30 days)
IMITREX TABLET 100 MG ORAL (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (9 EA per 1 Fill)
IMITREX TABLET 25 MG ORAL (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (18 EA per 1 Fill)
IMITREX TABLET 50 MG ORAL (<i>sumatriptan succinate</i>)	Non Preferred	PA; QL (18 EA per 1 Fill)
MAXALT TABLET 10 MG ORAL (<i>rizatriptan benzoate</i>)	Non Preferred	PA; QL (12 EA per 1 Fill)
MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL (<i>rizatriptan benzoate</i>)	Non Preferred	PA; QL (12 EA per 1 Fill)
RELPAK TABLET 20 MG ORAL (<i>eletriptan hydrobromide</i>)	Non Preferred	PA; QL (6 EA per 1 Fill)
RELPAK TABLET 40 MG ORAL (<i>eletriptan hydrobromide</i>)	Non Preferred	PA; QL (6 EA per 1 Fill)
TOSYMRA SOLUTION 10 MG/ACT NASAL (<i>sumatriptan</i>)	Non Preferred	PA; QL (6 EA per 30 days)

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS (<i>sumatriptan succinate</i>)	Non Preferred	PA
ZOMIG SOLUTION 2.5 MG NASAL (<i>zolmitriptan</i>)	Non Preferred	PA; QL (8 EA per 1 Fill)
ZOMIG SOLUTION 5 MG NASAL (<i>zolmitriptan</i>)	Non Preferred	PA
ZOMIG TABLET 2.5 MG ORAL (<i>zolmitriptan</i>)	Non Preferred	PA; QL (8 EA per 1 Fill)
ZOMIG TABLET 5 MG ORAL (<i>zolmitriptan</i>)	Non Preferred	PA; QL (8 EA per 1 Fill)
ANTIMIGRAINE AGENTS: OTHERS [CLOSED CLASS]		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS (<i>erenumab-aooe</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 ML per 30 days); AGE (Min 18 Years)
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS (<i>erenumab-aooe</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 ML per 30 days); AGE (Min 18 Years)
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS (<i>fremanezumab-vfrm</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1.5 ML per 30 days); AGE (Min 18 Years)
AJOVY SOLUTION PREFILLED SYRINGE 225 MG/1.5ML SUBCUTANEOUS (<i>fremanezumab-vfrm</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1.5 ML per 30 days); AGE (Min 18 Years)
EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS (<i>galcanezumab-gnlm</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS (<i>galcanezumab-gnlm</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
NURTEC TABLET DISPERSIBLE 75 MG ORAL (<i>rimegepant sulfate</i>)	Preferred	PA (Eligible for auto-PA approval); QL (18 EA per 30 days); AGE (Min 18 Years)
QULIPTA TABLET 10 MG ORAL (<i>atogepant</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
QULIPTA TABLET 30 MG ORAL (<i>atogepant</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
QULIPTA TABLET 60 MG ORAL (<i>atogepant</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
UBRELVY TABLET 100 MG ORAL (<i>ubrogepant</i>)	Preferred	PA (Eligible for auto-PA approval); QL (16 EA per 30 days); AGE (Min 18 Years)
UBRELVY TABLET 50 MG ORAL (<i>ubrogepant</i>)	Preferred	PA (Eligible for auto-PA approval); QL (16 EA per 30 days); AGE (Min 18 Years)
EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS (<i>galcanezumab-gnlm</i>)	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
REYVOW TABLET 100 MG ORAL (<i>lasmiditan succinate</i>)	Non Preferred	PA; QL (8 EA per 30 days); AGE (Min 18 Years)
REYVOW TABLET 50 MG ORAL (<i>lasmiditan succinate</i>)	Non Preferred	PA; QL (8 EA per 30 days); AGE (Min 18 Years)
TRUDHESA AEROSOL SOLUTION 0.725 MG/ACT NASAL (<i>dihydroergotamine mesylate hfa</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZAVZPRET SOLUTION 10 MG/ACT NASAL (<i>zavegepant hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ANTIPSYCHOTICS: ATYPICAL [CLOSED CLASS]		
<i>aripiprazole tablet 10 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>aripiprazole tablet 15 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>aripiprazole tablet 2 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>aripiprazole tablet 20 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>aripiprazole tablet 30 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>aripiprazole tablet 5 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>clozapine tablet 100 mg oral</i>	Preferred	AGE (Min 18 Years)
<i>clozapine tablet 200 mg oral</i>	Preferred	AGE (Min 18 Years)
<i>clozapine tablet 25 mg oral</i>	Preferred	AGE (Min 18 Years)
<i>clozapine tablet 50 mg oral</i>	Preferred	AGE (Min 18 Years)
<i>lurasidone hcl tablet 120 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>lurasidone hcl tablet 20 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>lurasidone hcl tablet 40 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>lurasidone hcl tablet 60 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>lurasidone hcl tablet 80 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>olanzapine solution reconstituted 10 mg intramuscular</i>	Preferred	AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>olanzapine tablet 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>olanzapine tablet 15 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>olanzapine tablet 2.5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>olanzapine tablet 20 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>olanzapine tablet 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>olanzapine tablet 7.5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>olanzapine tablet dispersible 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>olanzapine tablet dispersible 15 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>olanzapine tablet dispersible 20 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>olanzapine tablet dispersible 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate tablet 100 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate tablet 150 mg oral</i>	Preferred	AGE (Min 18 Years)
<i>quetiapine fumarate tablet 200 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate tablet 25 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate tablet 300 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate tablet 400 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>quetiapine fumarate tablet 50 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>risperidone solution 1 mg/ml oral</i>	Preferred	QL (2 ML per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet 0.25 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet 0.5 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet 1 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet 2 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet 3 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet 4 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet dispersible 0.25 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet dispersible 0.5 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet dispersible 1 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet dispersible 2 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet dispersible 3 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>risperidone tablet dispersible 4 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>ziprasidone hcl capsule 20 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>ziprasidone hcl capsule 40 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>ziprasidone hcl capsule 60 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>ziprasidone hcl capsule 80 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
VRAYLAR CAPSULE 1.5 MG ORAL (<i>cariprazine hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
VRAYLAR CAPSULE 3 MG ORAL (<i>cariprazine hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
VRAYLAR CAPSULE 4.5 MG ORAL (<i>cariprazine hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
VRAYLAR CAPSULE 6 MG ORAL (<i>cariprazine hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL (<i>cariprazine hcl</i>)	Preferred	AGE (Min 18 Years)
<i>aripiprazole solution 1 mg/ml oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>aripiprazole tablet dispersible 10 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>aripiprazole tablet dispersible 15 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>asenapine maleate tablet sublingual 10 mg sublingual</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
<i>asenapine maleate tablet sublingual 2.5 mg sublingual</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
<i>asenapine maleate tablet sublingual 5 mg sublingual</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
<i>clozapine tablet dispersible 100 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>clozapine tablet dispersible 12.5 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>clozapine tablet dispersible 150 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>clozapine tablet dispersible 200 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>clozapine tablet dispersible 25 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>olanzapine-fluoxetine hcl capsule 12-25 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>olanzapine-fluoxetine hcl capsule 12-50 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>olanzapine-fluoxetine hcl capsule 3-25 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>olanzapine-fluoxetine hcl capsule 6-25 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>olanzapine-fluoxetine hcl capsule 6-50 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>paliperidone er tablet extended release 24 hour 1.5 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>paliperidone er tablet extended release 24 hour 3 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>paliperidone er tablet extended release 24 hour 6 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>paliperidone er tablet extended release 24 hour 9 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>ziprasidone mesylate solution reconstituted 20 mg intramuscular</i>	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 15 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 2 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 20 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 30 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 5 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 2 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 20 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 30 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 5 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>)	Non Preferred	PA; AGE (Min 18 Years)
ABILIFY TABLET 10 MG ORAL (<i>aripiprazole</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ABILIFY TABLET 15 MG ORAL (<i>aripiprazole</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ABILIFY TABLET 2 MG ORAL (<i>aripiprazole</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ABILIFY TABLET 20 MG ORAL (<i>aripiprazole</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ABILIFY TABLET 30 MG ORAL (<i>aripiprazole</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ABILIFY TABLET 5 MG ORAL (<i>aripiprazole</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
CAPLYTA CAPSULE 10.5 MG ORAL (<i>lumateperone tosylate</i>)	Non Preferred	PA; AGE (Min 18 Years)
CAPLYTA CAPSULE 21 MG ORAL (<i>lumateperone tosylate</i>)	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
CAPLYTA CAPSULE 42 MG ORAL (<i>lumateperone tosylate</i>)	Non Preferred	PA; AGE (Min 18 Years)
CLOZARIL TABLET 100 MG ORAL (<i>clozapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
CLOZARIL TABLET 25 MG ORAL (<i>clozapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
FANAPT TABLET 1 MG ORAL (<i>iloperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
FANAPT TABLET 10 MG ORAL (<i>iloperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
FANAPT TABLET 12 MG ORAL (<i>iloperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
FANAPT TABLET 2 MG ORAL (<i>iloperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
FANAPT TABLET 4 MG ORAL (<i>iloperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
FANAPT TABLET 6 MG ORAL (<i>iloperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
FANAPT TABLET 8 MG ORAL (<i>iloperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL (<i>iloperidone</i>)	Non Preferred	PA; AGE (Min 18 Years)
GEODON CAPSULE 20 MG ORAL (<i>ziprasidone hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
GEODON CAPSULE 40 MG ORAL (<i>ziprasidone hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
GEODON CAPSULE 60 MG ORAL (<i>ziprasidone hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
GEODON CAPSULE 80 MG ORAL (<i>ziprasidone hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR (<i>ziprasidone mesylate</i>)	Non Preferred	PA; AGE (Min 18 Years)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL (<i>paliperidone</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL (<i>paliperidone</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL (<i>paliperidone</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LATUDA TABLET 120 MG ORAL (<i>lurasidone hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LATUDA TABLET 20 MG ORAL (<i>lurasidone hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LATUDA TABLET 40 MG ORAL (<i>lurasidone hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LATUDA TABLET 60 MG ORAL (<i>lurasidone hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
LATUDA TABLET 80 MG ORAL (<i>lurasidone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
LYBALVI TABLET 10-10 MG ORAL (<i>olanzapine-samidorphan</i>)	Non Preferred	PA; AGE (Min 18 Years)
LYBALVI TABLET 15-10 MG ORAL (<i>olanzapine-samidorphan</i>)	Non Preferred	PA; AGE (Min 18 Years)
LYBALVI TABLET 20-10 MG ORAL (<i>olanzapine-samidorphan</i>)	Non Preferred	PA; AGE (Min 18 Years)
LYBALVI TABLET 5-10 MG ORAL (<i>olanzapine-samidorphan</i>)	Non Preferred	PA; AGE (Min 18 Years)
NUPLAZID CAPSULE 34 MG ORAL (<i>pimavanserin tartrate</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
NUPLAZID TABLET 10 MG ORAL (<i>pimavanserin tartrate</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
REXULTI TABLET 0.25 MG ORAL (<i>brexpiprazole</i>)	Non Preferred	PA; AGE (Min 18 Years)
REXULTI TABLET 0.5 MG ORAL (<i>brexpiprazole</i>)	Non Preferred	PA; AGE (Min 18 Years)
REXULTI TABLET 1 MG ORAL (<i>brexpiprazole</i>)	Non Preferred	PA; AGE (Min 18 Years)
REXULTI TABLET 2 MG ORAL (<i>brexpiprazole</i>)	Non Preferred	PA; AGE (Min 18 Years)
REXULTI TABLET 3 MG ORAL (<i>brexpiprazole</i>)	Non Preferred	PA; AGE (Min 18 Years)
REXULTI TABLET 4 MG ORAL (<i>brexpiprazole</i>)	Non Preferred	PA; AGE (Min 18 Years)
RISPERDAL SOLUTION 1 MG/ML ORAL (<i>risperidone</i>)	Non Preferred	PA; QL (2 ML per 1 day); AGE (Min 18 Years)
RISPERDAL TABLET 0.5 MG ORAL (<i>risperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
RISPERDAL TABLET 1 MG ORAL (<i>risperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
RISPERDAL TABLET 2 MG ORAL (<i>risperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
RISPERDAL TABLET 3 MG ORAL (<i>risperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
RISPERDAL TABLET 4 MG ORAL (<i>risperidone</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL (<i>asenapine maleate</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL (<i>asenapine maleate</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL (<i>asenapine maleate</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL (<i>asenapine</i>)	Non Preferred	PA; AGE (Min 18 Years)

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL (<i>asenapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL (<i>asenapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL TABLET 100 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL TABLET 200 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL TABLET 25 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL TABLET 300 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL TABLET 400 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL TABLET 50 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>quetiapine fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
SYMBYAX CAPSULE 3-25 MG ORAL (<i>olanzapine-fluoxetine hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
SYMBYAX CAPSULE 6-25 MG ORAL (<i>olanzapine-fluoxetine hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
VERSACLOZ SUSPENSION 50 MG/ML ORAL (<i>clozapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA SOLUTION RECONSTITUTED 10 MG INTRAMUSCULAR (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA TABLET 10 MG ORAL (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA TABLET 15 MG ORAL (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA TABLET 2.5 MG ORAL (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA TABLET 20 MG ORAL (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA TABLET 5 MG ORAL (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA TABLET 7.5 MG ORAL (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG ORAL (<i>olanzapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
ANTIPSYCHOTICS: ATYPICAL, LONG-ACTING INJECTABLE [CLOSED CLASS]		
ABILIFY ASIMTUFII PREFILLED SYRINGE 720 MG/2.4ML INTRAMUSCULAR (<i>aripiprazole</i>)	Preferred	AGE (Min 18 Years); Max 60-day supply per 1 Fill
ABILIFY ASIMTUFII PREFILLED SYRINGE 960 MG/3.2ML INTRAMUSCULAR (<i>aripiprazole</i>)	Preferred	AGE (Min 18 Years); Max 60-day supply per 1 Fill
ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR (<i>aripiprazole</i>)	Preferred	AGE (Min 18 Years)
ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR (<i>aripiprazole</i>)	Preferred	AGE (Min 18 Years)
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR (<i>aripiprazole</i>)	Preferred	AGE (Min 18 Years)
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR (<i>aripiprazole</i>)	Preferred	AGE (Min 18 Years)
ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR (<i>aripiprazole lauroxil</i>)	Preferred	AGE (Min 18 Years)
ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR (<i>aripiprazole lauroxil</i>)	Preferred	AGE (Min 18 Years); Max 60-day supply per 1 Fill
ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR (<i>aripiprazole lauroxil</i>)	Preferred	AGE (Min 18 Years)
ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR (<i>aripiprazole lauroxil</i>)	Preferred	AGE (Min 18 Years)
ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR (<i>aripiprazole lauroxil</i>)	Preferred	AGE (Min 18 Years); Max 42-day supply per 1 Fill
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years); Max 180-day supply per 1 Fill
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years); Max 180-day supply per 1 Fill
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR (<i>paliperidone palmitate</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS (<i>risperidone</i>)	Preferred	AGE (Min 18 Years)
PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS (<i>risperidone</i>)	Preferred	AGE (Min 18 Years)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR (<i>risperidone microspheres</i>)	Preferred	QL (2 EA per 28 days); AGE (Min 18 Years)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR (<i>risperidone microspheres</i>)	Preferred	QL (2 EA per 28 days); AGE (Min 18 Years)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR (<i>risperidone microspheres</i>)	Preferred	QL (2 EA per 28 days); AGE (Min 18 Years)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR (<i>risperidone microspheres</i>)	Preferred	QL (2 EA per 28 days); AGE (Min 18 Years)
UZEDY SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML SUBCUTANEOUS (<i>risperidone</i>)	Preferred	AGE (Min 18 Years); Max 60-day supply per 1 Fill
UZEDY SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML SUBCUTANEOUS (<i>risperidone</i>)	Preferred	AGE (Min 18 Years)
UZEDY SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML SUBCUTANEOUS (<i>risperidone</i>)	Preferred	AGE (Min 18 Years); Max 60-day supply per 1 Fill
UZEDY SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML SUBCUTANEOUS (<i>risperidone</i>)	Preferred	AGE (Min 18 Years); Max 60-day supply per 1 Fill
UZEDY SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML SUBCUTANEOUS (<i>risperidone</i>)	Preferred	AGE (Min 18 Years); Max 60-day supply per 1 Fill
UZEDY SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML SUBCUTANEOUS (<i>risperidone</i>)	Preferred	AGE (Min 18 Years)
UZEDY SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML SUBCUTANEOUS (<i>risperidone</i>)	Preferred	AGE (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 12.5 mg intramuscular</i>	Non Preferred	PA; QL (2 EA per 28 days); AGE (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 25 mg intramuscular</i>	Non Preferred	PA; QL (2 EA per 28 days); AGE (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular</i>	Non Preferred	PA; QL (2 EA per 28 days); AGE (Min 18 Years)
<i>risperidone microspheres er suspension reconstituted er 50 mg intramuscular</i>	Non Preferred	PA; QL (2 EA per 28 days); AGE (Min 18 Years)
RYKINDO SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR (<i>risperidone</i>)	Non Preferred	PA; QL (2 EA per 28 days); AGE (Min 18 Years)
RYKINDO SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR (<i>risperidone</i>)	Non Preferred	PA; QL (2 EA per 28 days); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
RYKINDO SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR (<i>risperidone</i>)	Non Preferred	PA; QL (2 EA per 28 days); AGE (Min 18 Years)
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR (<i>olanzapine pamoate</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR (<i>olanzapine pamoate</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR (<i>olanzapine pamoate</i>)	Non Preferred	PA; AGE (Min 18 Years)
ANTIPSYCHOTICS: TYPICAL [CLOSED CLASS]		
<i>chlorpromazine hcl concentrate 100 mg/ml oral</i>	Preferred	AGE (Min 18 Years)
<i>chlorpromazine hcl concentrate 30 mg/ml oral</i>	Preferred	AGE (Min 18 Years)
<i>chlorpromazine hcl solution 25 mg/ml injection</i>	Preferred	AGE (Min 18 Years)
<i>chlorpromazine hcl solution 50 mg/2ml injection</i>	Preferred	AGE (Min 18 Years)
<i>chlorpromazine hcl tablet 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>chlorpromazine hcl tablet 100 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>chlorpromazine hcl tablet 200 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>chlorpromazine hcl tablet 25 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>chlorpromazine hcl tablet 50 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>fluphenazine decanoate solution 25 mg/ml injection</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>fluphenazine hcl concentrate 5 mg/ml oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>fluphenazine hcl elixir 2.5 mg/5ml oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>fluphenazine hcl solution 2.5 mg/ml injection</i>	Preferred	AGE (Min 18 Years)
<i>fluphenazine hcl tablet 1 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>fluphenazine hcl tablet 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>fluphenazine hcl tablet 2.5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>fluphenazine hcl tablet 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>haloperidol decanoate solution 100 mg/ml intramuscular</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>haloperidol decanoate solution 50 mg/ml intramuscular</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>haloperidol lactate concentrate 2 mg/ml oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>haloperidol lactate solution 5 mg/ml injection</i>	Preferred	AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>haloperidol tablet 0.5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>haloperidol tablet 1 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>haloperidol tablet 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>haloperidol tablet 2 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>haloperidol tablet 20 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>haloperidol tablet 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>loxapine succinate capsule 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>loxapine succinate capsule 25 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>loxapine succinate capsule 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>loxapine succinate capsule 50 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>perphenazine tablet 16 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>perphenazine tablet 2 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>perphenazine tablet 4 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>perphenazine tablet 8 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>perphenazine-amitriptyline tablet 2-10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>perphenazine-amitriptyline tablet 2-25 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>perphenazine-amitriptyline tablet 4-10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>perphenazine-amitriptyline tablet 4-25 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>perphenazine-amitriptyline tablet 4-50 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>thioridazine hcl tablet 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>thioridazine hcl tablet 100 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>thioridazine hcl tablet 25 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>thioridazine hcl tablet 50 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>thiothixene capsule 1 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>thiothixene capsule 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>thiothixene capsule 2 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>thiothixene capsule 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>trifluoperazine hcl tablet 1 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>trifluoperazine hcl tablet 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>trifluoperazine hcl tablet 2 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>trifluoperazine hcl tablet 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>molindone hcl tablet 10 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>molindone hcl tablet 25 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>molindone hcl tablet 5 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>pimozide tablet 1 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>pimozide tablet 2 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
ADASUVE AEROSOL POWDER BREATH ACTIVATED 10 MG INHALATION (<i>loxapine</i>)	Non Preferred	PA; AGE (Min 18 Years)
HALDOL DECANOATE SOLUTION 100 MG/ML INTRAMUSCULAR (<i>haloperidol decanoate</i>)	Non Preferred	PA; AGE (Min 18 Years)
HALDOL DECANOATE SOLUTION 50 MG/ML INTRAMUSCULAR (<i>haloperidol decanoate</i>)	Non Preferred	PA; AGE (Min 18 Years)
BENIGN PROSTATIC HYPERTROPHY (BPH) [OPEN CLASS]		
<i>alfuzosin hcl er tablet extended release 24 hour 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>dutasteride capsule 0.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>finasteride tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>tamsulosin hcl capsule 0.4 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral</i>	Non Preferred	PA
<i>silodosin capsule 4 mg oral</i>	Non Preferred	PA
<i>silodosin capsule 8 mg oral</i>	Non Preferred	PA
<i>tadalafil tablet 2.5 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>tadalafil tablet 5 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
AVODART CAPSULE 0.5 MG ORAL (<i>dutasteride</i>)	Non Preferred	PA
CIALIS TABLET 2.5 MG ORAL (<i>tadalafil</i>)	Non Preferred	PA; AGE (Min 18 Years)
CIALIS TABLET 5 MG ORAL (<i>tadalafil</i>)	Non Preferred	PA; AGE (Min 18 Years)
ENTADFI CAPSULE 5-5 MG ORAL (<i>finasteride-tadalafil</i>)	Non Preferred	PA; AGE (Min 18 Years)
FLOMAX CAPSULE 0.4 MG ORAL (<i>tamsulosin hcl</i>)	Non Preferred	PA
JALYN CAPSULE 0.5-0.4 MG ORAL (<i>dutasteride-tamsulosin hcl</i>)	Non Preferred	PA
PROSCAR TABLET 5 MG ORAL (<i>finasteride</i>)	Non Preferred	PA
RAPAFLO CAPSULE 4 MG ORAL (<i>silodosin</i>)	Non Preferred	PA
RAPAFLO CAPSULE 8 MG ORAL (<i>silodosin</i>)	Non Preferred	PA
BILE SALTS [OPEN CLASS]		
<i>ursodiol capsule 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ursodiol tablet 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ursodiol tablet 500 mg oral</i>	Preferred	
BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL (<i>odevixibat</i>)	Non Preferred	PA; QL (36 EA per 1 day)
BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL (<i>odevixibat</i>)	Non Preferred	PA; QL (12 EA per 1 day)
BYLVAY CAPSULE 1200 MCG ORAL (<i>odevixibat</i>)	Non Preferred	PA; QL (6 EA per 1 day)
BYLVAY CAPSULE 400 MCG ORAL (<i>odevixibat</i>)	Non Preferred	PA; QL (18 EA per 1 day)
CHENODAL TABLET 250 MG ORAL (<i>chenodiol</i>)	Non Preferred	PA
CHOLBAM CAPSULE 250 MG ORAL (<i>cholic acid</i>)	Non Preferred	PA
CHOLBAM CAPSULE 50 MG ORAL (<i>cholic acid</i>)	Non Preferred	PA
LIVMARLI SOLUTION 9.5 MG/ML ORAL (<i>maralixibat chloride</i>)	Non Preferred	PA
OCALIVA TABLET 10 MG ORAL (<i>obeticholic acid</i>)	Non Preferred	PA
OCALIVA TABLET 5 MG ORAL (<i>obeticholic acid</i>)	Non Preferred	PA
RELTONE CAPSULE 200 MG ORAL (<i>ursodiol</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
RELTONE CAPSULE 400 MG ORAL (<i>ursodiol</i>)	Non Preferred	PA
URSO 250 TABLET 250 MG ORAL (<i>ursodiol</i>)	Non Preferred	PA
URSO FORTE TABLET 500 MG ORAL (<i>ursodiol</i>)	Non Preferred	PA
BONE RESORPTION SUPPRESSION: BISPHOSPHONATES [OPEN CLASS]		
<i>alendronate sodium tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>alendronate sodium tablet 35 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>alendronate sodium tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>alendronate sodium tablet 70 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ibandronate sodium tablet 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>alendronate sodium solution 70 mg/75ml oral</i>	Non Preferred	PA
<i>risedronate sodium tablet 150 mg oral</i>	Non Preferred	PA
<i>risedronate sodium tablet 30 mg oral</i>	Non Preferred	PA
<i>risedronate sodium tablet 35 mg oral</i>	Non Preferred	PA
<i>risedronate sodium tablet 5 mg oral</i>	Non Preferred	PA
<i>risedronate sodium tablet delayed release 35 mg oral</i>	Non Preferred	PA
ACTONEL TABLET 150 MG ORAL (<i>risedronate sodium</i>)	Non Preferred	PA
ACTONEL TABLET 35 MG ORAL (<i>risedronate sodium</i>)	Non Preferred	PA
AELVIA TABLET DELAYED RELEASE 35 MG ORAL (<i>risedronate sodium</i>)	Non Preferred	PA
BINOSTO TABLET EFFERVESCENT 70 MG ORAL (<i>alendronate sodium</i>)	Non Preferred	PA
FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL (<i>alendronate-cholecalciferol</i>)	Non Preferred	PA
FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL (<i>alendronate-cholecalciferol</i>)	Non Preferred	PA
FOSAMAX TABLET 70 MG ORAL (<i>alendronate sodium</i>)	Non Preferred	PA
BONE RESORPTION SUPPRESSION: CALCITONINS [OPEN CLASS]		
<i>calcitonin (salmon) solution 200 unit/act nasal</i>	Preferred	Max 90-day supply per 1 Fill
BONE RESORPTION SUPPRESSION: OTHER [OPEN CLASS]		
<i>raloxifene hcl tablet 60 mg oral</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>teriparatide (recombinant) solution pen-injector 600 mcg/2.4ml subcutaneous</i>	Non Preferred	PA
<i>teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous</i>	Non Preferred	PA
EVISTA TABLET 60 MG ORAL (<i>raloxifene hcl</i>)	Non Preferred	PA
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS (<i>abaloparatide</i>)	Non Preferred	PA
BRONCHODILATORS: LONG ACTING BETA ADRENERGICS (LABA) [OPEN CLASS]		
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION (<i>salmeterol xinafoate</i>)	Preferred	Max 90-day supply per 1 Fill
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION (<i>olodaterol hcl</i>)	Preferred	
<i>arformoterol tartrate nebulization solution 15 mcg/2ml inhalation</i>	Non Preferred	PA
<i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i>	Non Preferred	PA
BROVANA NEBULIZATION SOLUTION 15 MCG/2ML INHALATION (<i>arformoterol tartrate</i>)	Non Preferred	PA
PERFORMIST NEBULIZATION SOLUTION 20 MCG/2ML INHALATION (<i>formoterol fumarate</i>)	Non Preferred	PA
BRONCHODILATORS: SHORT ACTING BETA ADRENERGIC [OPEN CLASS]		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>	Preferred	
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate</i>)	Preferred	Max 90-day supply per 1 Fill
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate</i>)	Preferred	Max 90-day supply per 1 Fill
<i>levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation</i>	Non Preferred	PA
<i>levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation</i>	Non Preferred	PA
<i>levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation</i>	Non Preferred	PA
<i>levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation</i>	Non Preferred	PA
<i>levalbuterol tartrate aerosol 45 mcg/act inhalation</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate (sensor)</i>)	Non Preferred	PA
PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate</i>)	Non Preferred	PA
XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION (<i>levalbuterol tartrate</i>)	Non Preferred	PA
CEPHALOSPORINS: ORAL [OPEN CLASS]		
<i>cefaclor capsule 250 mg oral</i>	Preferred	
<i>cefaclor capsule 500 mg oral</i>	Preferred	
<i>cefdinir capsule 300 mg oral</i>	Preferred	
<i>cefdinir suspension reconstituted 125 mg/5ml oral</i>	Preferred	
<i>cefdinir suspension reconstituted 250 mg/5ml oral</i>	Preferred	
<i>cefprozil suspension reconstituted 125 mg/5ml oral</i>	Preferred	
<i>cefprozil suspension reconstituted 250 mg/5ml oral</i>	Preferred	
<i>cefprozil tablet 250 mg oral</i>	Preferred	
<i>cefprozil tablet 500 mg oral</i>	Preferred	
<i>cefuroxime axetil tablet 250 mg oral</i>	Preferred	
<i>cefuroxime axetil tablet 500 mg oral</i>	Preferred	
<i>cefaclor er tablet extended release 12 hour 500 mg oral</i>	Non Preferred	PA
<i>cefaclor suspension reconstituted 125 mg/5ml oral</i>	Non Preferred	PA
<i>cefaclor suspension reconstituted 375 mg/5ml oral</i>	Non Preferred	PA
<i>cefixime capsule 400 mg oral</i>	Non Preferred	PA
<i>cefixime suspension reconstituted 100 mg/5ml oral</i>	Non Preferred	PA
<i>cefixime suspension reconstituted 200 mg/5ml oral</i>	Non Preferred	PA
<i>cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral</i>	Non Preferred	PA
<i>cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral</i>	Non Preferred	PA
<i>cefpodoxime proxetil tablet 100 mg oral</i>	Non Preferred	PA
<i>cefpodoxime proxetil tablet 200 mg oral</i>	Non Preferred	PA
CONTRACEPTIVES: LONG-ACTING IUDS & INJECTABLES [OPEN CLASS]		
<i>medroxyprogesterone acetate suspension 150 mg/ml intramuscular</i>	Preferred	Max 365-day supply per 1 Fill
<i>medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular</i>	Preferred	Max 365-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS (<i>medroxyprogesterone acetate</i>)	Preferred	Max 365-day supply per 1 Fill
KYLEENA INTRAUTERINE DEVICE 19.5 MG INTRAUTERINE (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per 1 Fill
LILETTA (52 MG) INTRAUTERINE DEVICE 20.1 MCG/DAY INTRAUTERINE (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per 1 Fill
MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/DAY INTRAUTERINE (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per 1 Fill
NEXPLANON IMPLANT 68 MG SUBCUTANEOUS (<i>etonogestrel</i>)	Preferred	Max 365-day supply per 1 Fill
PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE INTRAUTERINE (<i>copper</i>)	Preferred	Max 365-day supply per 1 Fill
SKYLA INTRAUTERINE DEVICE 13.5 MG INTRAUTERINE (<i>levonorgestrel</i>)	Preferred	Max 365-day supply per 1 Fill
DEPO-PROVERA SUSPENSION 150 MG/ML INTRAMUSCULAR (<i>medroxyprogesterone acetate</i>)	Non Preferred	PA; Max 365-day supply per 1 Fill
DEPO-PROVERA SUSPENSION PREFILLED SYRINGE 150 MG/ML INTRAMUSCULAR (<i>medroxyprogesterone acetate</i>)	Non Preferred	PA; Max 365-day supply per 1 Fill
COPD: BRONCHODILATORS AND PHOSPHODIESTERASE 4 (PDE4) INHIBITORS [CLOSED CLASS]		
<i>ipratropium bromide solution 0.02 % inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>roflumilast tablet 250 mcg oral</i>	Preferred	PA
<i>roflumilast tablet 500 mcg oral</i>	Preferred	PA
<i>roflumilast tablet 500 mcg oral</i>	Preferred	PA; AGE (Min 18 Years)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION (<i>umeclidinium-vilanterol</i>)	Preferred	Max 90-day supply per 1 Fill
ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION (<i>ipratropium bromide hfa</i>)	Preferred	Max 90-day supply per 1 Fill
COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION (<i>ipratropium-albuterol</i>)	Preferred	Max 90-day supply per 1 Fill
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION (<i>tiotropium bromide monohydrate</i>)	Preferred	Max 90-day supply per 1 Fill
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION (<i>tiotropium bromide monohydrate</i>)	Preferred	Max 90-day supply per 1 Fill
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION (<i>tiotropium bromide monohydrate</i>)	Preferred	Max 90-day supply per 1 Fill
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION (<i>tiotropium bromide-olodaterol</i>)	Preferred	Max 90-day supply per 1 Fill
<i>tiotropium bromide monohydrate capsule 18 mcg inhalation</i>	Non Preferred	PA
BEVESPI AEROSPHERE AEROSOL 9-4.8 MCG/ACT INHALATION (<i>glycopyrrolate-formoterol</i>)	Non Preferred	PA
DALIRESP TABLET 250 MCG ORAL (<i>roflumilast</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
DALIRESP TABLET 500 MCG ORAL (<i>roflumilast</i>)	Non Preferred	PA
DUAKLIR PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT INHALATION (<i>aclidinium br-formoterol fum</i>)	Non Preferred	PA; AGE (Min 18 Years)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION (<i>umeclidinium bromide</i>)	Non Preferred	PA
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION (<i>aclidinium bromide</i>)	Non Preferred	PA
YUPELRI SOLUTION 175 MCG/3ML INHALATION (<i>revdefenacin</i>)	Non Preferred	PA
COUGH AND COLD [OPEN CLASS]		
<i>guaifenesin-codeine solution 100-10 mg/5ml oral (otc)</i>	Preferred	OTC; AGE (Min 18 Years)
<i>guaifenesin-codeine solution 200-20 mg/10ml oral</i>	Preferred	OTC; AGE (Min 18 Years)
<i>hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral</i>	Preferred	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>promethazine-codeine solution 6.25-10 mg/5ml oral</i>	Preferred	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>promethazine-codeine syrup 6.25-10 mg/5ml oral</i>	Preferred	QL (30 ML per 1 day); AGE (Min 18 Years)
HYCODAN SOLUTION 5-1.5 MG/5ML ORAL (<i>hydrocodone bit-homatrop mbr</i>)	Preferred	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral</i>	Non Preferred	PA; AGE (Min 6 Years)
<i>hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 day); AGE (Min 18 Years)
<i>hydromet solution 5-1.5 mg/5ml oral</i>	Non Preferred	PA; QL (30 ML per 1 day); AGE (Min 18 Years)
<i>poly-tussin ac liquid 10-4-10 mg/5ml oral</i>	Non Preferred	OTC; PA; AGE (Min 6 Years)
<i>promethazine vc/codeine syrup 6.25-5-10 mg/5ml oral</i>	Non Preferred	PA; AGE (Min 18 Years)
HISTEX-AC SYRUP 10-2.5-10 MG/5ML ORAL (<i>phenyleph-triprolidine-codeine</i>)	Non Preferred	OTC; PA; AGE (Min 6 Years)
HYCODAN TABLET 5-1.5 MG ORAL (<i>hydrocodone bit-homatrop mbr</i>)	Non Preferred	PA; QL (6 EA per 1 day); AGE (Min 18 Years)
MAR-COF CG EXPECTORANT LIQUID 225-7.5 MG/5ML ORAL (<i>guaifenesin-codeine</i>)	Non Preferred	OTC; PA; AGE (Min 18 Years)
NINJACOF-XG LIQUID 200-8 MG/5ML ORAL (<i>guaifenesin-codeine</i>)	Non Preferred	OTC; PA; AGE (Min 18 Years)
TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ORAL (<i>chlorpheniramine-codeine</i>)	Non Preferred	PA; AGE (Min 6 Years)
CYTOKINE AND CAM ANTAGONISTS AND RELATED AGENTS [CLOSED CLASS]		
<i>infiximab solution reconstituted 100 mg intravenous</i>	Preferred	
<i>methotrexate sodium (pf) solution 1 gm/40ml injection</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>methotrexate sodium (pf) solution 200 mg/8ml injection</i>	Preferred	Max 90-day supply per 1 Fill
<i>methotrexate sodium (pf) solution 250 mg/10ml injection</i>	Preferred	Max 90-day supply per 1 Fill
<i>methotrexate sodium (pf) solution 50 mg/2ml injection</i>	Preferred	Max 90-day supply per 1 Fill
<i>methotrexate sodium solution 1000 mg/40ml injection</i>	Preferred	Max 90-day supply per 1 Fill
<i>methotrexate sodium solution 25 mg/ml injection</i>	Preferred	Max 90-day supply per 1 Fill
<i>methotrexate sodium solution 250 mg/10ml injection</i>	Preferred	Max 90-day supply per 1 Fill
<i>methotrexate sodium solution 50 mg/2ml injection</i>	Preferred	Max 90-day supply per 1 Fill
<i>methotrexate sodium solution reconstituted 1 gm injection</i>	Preferred	
<i>methotrexate sodium tablet 2.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS (<i>etanercept</i>)	Preferred	QL (8 ML per 34 days); AGE (Min 2 Years)
ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS (<i>etanercept</i>)	Preferred	QL (4 ML per 34 days); AGE (Min 2 Years)
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS (<i>etanercept</i>)	Preferred	QL (4 ML per 34 days); AGE (Min 2 Years)
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS (<i>etanercept</i>)	Preferred	QL (8 ML per 34 days); AGE (Min 2 Years)
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS (<i>etanercept</i>)	Preferred	QL (8 ML per 34 days); AGE (Min 2 Years)
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA-PED<40KG CROHNS STARTER PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA-PED>/=40KG CROHNS START PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA-PED>/=40KG UC STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)

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Drug Name	Formulary Status	Requirements/Limits
HUMIRA-PS/UV/ADOL HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
HUMIRA-PSORIASIS/UVEIT STARTER PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	Preferred	AGE (Min 2 Years)
<i>adalimumab-aacf (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-adaz solution auto-injector 40 mg/0.4ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 10 mg/0.2ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-fkjp (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-fkjp auto-injector kit 40 mg/0.8ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
<i>adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml subcutaneous</i>	Non Preferred	PA; AGE (Min 2 Years)
ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-afzb</i>)	Non Preferred	PA; AGE (Min 2 Years)
ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-afzb</i>)	Non Preferred	PA; AGE (Min 2 Years)
ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-afzb</i>)	Non Preferred	PA; AGE (Min 2 Years)
ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-afzb</i>)	Non Preferred	PA; AGE (Min 2 Years)
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS (<i>tocilizumab</i>)	Non Preferred	PA
ACTEMRA SOLUTION 200 MG/10ML INTRAVENOUS (<i>tocilizumab</i>)	Non Preferred	PA
ACTEMRA SOLUTION 400 MG/20ML INTRAVENOUS (<i>tocilizumab</i>)	Non Preferred	PA
ACTEMRA SOLUTION 80 MG/4ML INTRAVENOUS (<i>tocilizumab</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS (<i>tocilizumab</i>)	Non Preferred	PA
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	Non Preferred	PA; AGE (Min 2 Years)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	Non Preferred	PA; AGE (Min 2 Years)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	Non Preferred	PA; AGE (Min 2 Years)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	Non Preferred	PA; AGE (Min 2 Years)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	Non Preferred	PA; AGE (Min 2 Years)
AMJEVITA-PED 10KG TO <15KG SOLUTION PREFILLED SYRINGE 10 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	Non Preferred	PA; AGE (Min 2 Years)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	Non Preferred	PA; AGE (Min 2 Years)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	Non Preferred	PA; AGE (Min 2 Years)
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS (<i>rilonacept</i>)	Non Preferred	PA
AVSOLA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS (<i>infliximab-axxq</i>)	Non Preferred	PA
BIMZELX SOLUTION AUTO-INJECTOR 160 MG/ML SUBCUTANEOUS (<i>bimekizumab-bkzx</i>)	Non Preferred	PA; AGE (Min 18 Years)
BIMZELX SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS (<i>bimekizumab-bkzx</i>)	Non Preferred	PA; AGE (Min 18 Years)
CIBINQO TABLET 100 MG ORAL (<i>abrocitinib</i>)	Non Preferred	PA; AGE (Min 18 Years)
CIBINQO TABLET 200 MG ORAL (<i>abrocitinib</i>)	Non Preferred	PA; AGE (Min 18 Years)
CIBINQO TABLET 50 MG ORAL (<i>abrocitinib</i>)	Non Preferred	PA; AGE (Min 18 Years)
CIMZIA (2 SYRINGE) PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS (<i>certolizumab pegol</i>)	Non Preferred	PA
CIMZIA KIT 2 X 200 MG SUBCUTANEOUS (<i>certolizumab pegol</i>)	Non Preferred	PA
CIMZIA STARTER KIT PREFILLED SYRINGE KIT 6 X 200 MG/ML SUBCUTANEOUS (<i>certolizumab pegol</i>)	Non Preferred	PA
COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>secukinumab</i>)	Non Preferred	PA
COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS (<i>secukinumab</i>)	Non Preferred	PA
COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS (<i>secukinumab</i>)	Non Preferred	PA
COSENTYX SOLUTION 125 MG/5ML INTRAVENOUS (<i>secukinumab</i>)	Non Preferred	PA; AGE (Min 2 Years)

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

Drug Name	Formulary Status	Requirements/Limits
COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>secukinumab</i>)	Non Preferred	PA
COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS (<i>secukinumab</i>)	Non Preferred	PA
COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS (<i>secukinumab</i>)	Non Preferred	PA
CYLTEZO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adbm</i>)	Non Preferred	PA; AGE (Min 2 Years)
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-adbm</i>)	Non Preferred	PA; AGE (Min 2 Years)
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adbm</i>)	Non Preferred	PA; AGE (Min 2 Years)
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adbm</i>)	Non Preferred	PA; AGE (Min 2 Years)
CYLTEZO-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adbm</i>)	Non Preferred	PA; AGE (Min 2 Years)
CYLTEZO-PSORIASIS/UV STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adbm</i>)	Non Preferred	PA; AGE (Min 2 Years)
ENSPRYNG SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS (<i>satralizumab-mwge</i>)	Non Preferred	PA
ENTYVIO SOLUTION PEN-INJECTOR 108 MG/0.68ML SUBCUTANEOUS (<i>vedolizumab</i>)	Non Preferred	PA
ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS (<i>vedolizumab</i>)	Non Preferred	PA
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Non Preferred	PA; AGE (Min 2 Years)
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Non Preferred	PA; AGE (Min 2 Years)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Non Preferred	PA; AGE (Min 2 Years)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Non Preferred	PA; AGE (Min 2 Years)
HULIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-fkjp</i>)	Non Preferred	PA; AGE (Min 2 Years)
HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-fkjp</i>)	Non Preferred	PA; AGE (Min 2 Years)
HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-fkjp</i>)	Non Preferred	PA; AGE (Min 2 Years)
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	Non Preferred	PA; AGE (Min 2 Years)
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	Non Preferred	PA; AGE (Min 2 Years)
HYRIMOZ SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	Non Preferred	PA; AGE (Min 2 Years)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	Non Preferred	PA; AGE (Min 2 Years)

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Drug Name	Formulary Status	Requirements/Limits
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	Non Preferred	PA; AGE (Min 2 Years)
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	Non Preferred	PA; AGE (Min 2 Years)
HYRIMOZ-PED<40KG CROHN STARTER SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	Non Preferred	PA; AGE (Min 2 Years)
HYRIMOZ-PED>/=40KG CROHN START SOLUTION PREFILLED SYRINGE 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	Non Preferred	PA; AGE (Min 2 Years)
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	Non Preferred	PA; AGE (Min 2 Years)
IDACIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aacf</i>)	Non Preferred	PA; AGE (Min 2 Years)
IDACIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aacf</i>)	Non Preferred	PA
IDACIO-CROHNS/UC STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aacf</i>)	Non Preferred	PA; AGE (Min 2 Years)
IDACIO-PSORIASIS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aacf</i>)	Non Preferred	PA; AGE (Min 2 Years)
ILARIS SOLUTION 150 MG/ML SUBCUTANEOUS (<i>canakinumab</i>)	Non Preferred	PA
ILUMYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS (<i>tildrakizumab-asmn</i>)	Non Preferred	PA; AGE (Min 18 Years)
INFLECTRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS (<i>infliximab-dyyb</i>)	Non Preferred	PA
JYLAMVO SOLUTION 2 MG/ML ORAL (<i>methotrexate</i>)	Non Preferred	PA
KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS (<i>sarilumab</i>)	Non Preferred	PA; AGE (Min 18 Years)
KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS (<i>sarilumab</i>)	Non Preferred	PA; AGE (Min 18 Years)
KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS (<i>sarilumab</i>)	Non Preferred	PA; AGE (Min 18 Years)
KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS (<i>sarilumab</i>)	Non Preferred	PA; AGE (Min 18 Years)
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS (<i>anakinra</i>)	Non Preferred	PA
OLUMIANT TABLET 1 MG ORAL (<i>baricitinib</i>)	Non Preferred	PA; AGE (Min 18 Years)
OLUMIANT TABLET 2 MG ORAL (<i>baricitinib</i>)	Non Preferred	PA; AGE (Min 18 Years)
OLUMIANT TABLET 4 MG ORAL (<i>baricitinib</i>)	Non Preferred	PA; AGE (Min 18 Years)
OMVOH SOLUTION 300 MG/15ML INTRAVENOUS (<i>mirikizumab-mrkz</i>)	Non Preferred	PA; QL (45 ML per 84 days); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
OMVOH SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS (<i>mirikizumab-mrkz</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS (<i>abatacept</i>)	Non Preferred	PA
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS (<i>abatacept</i>)	Non Preferred	PA
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS (<i>abatacept</i>)	Non Preferred	PA
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS (<i>abatacept</i>)	Non Preferred	PA
ORENCIA SOLUTION RECONSTITUTED 250 MG INTRAVENOUS (<i>abatacept</i>)	Non Preferred	PA
OTEZLA TABLET 30 MG ORAL (<i>apremilast</i>)	Non Preferred	PA
OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL (<i>apremilast</i>)	Non Preferred	PA
OTREXUP SOLUTION AUTO-INJECTOR 10 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
OTREXUP SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
OTREXUP SOLUTION AUTO-INJECTOR 15 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
OTREXUP SOLUTION AUTO-INJECTOR 17.5 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
OTREXUP SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
OTREXUP SOLUTION AUTO-INJECTOR 22.5 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
OTREXUP SOLUTION AUTO-INJECTOR 25 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
REDITREX SOLUTION PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
REDITREX SOLUTION PREFILLED SYRINGE 12.5 MG/0.5ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
REDITREX SOLUTION PREFILLED SYRINGE 15 MG/0.6ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
REDITREX SOLUTION PREFILLED SYRINGE 17.5 MG/0.7ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
REDITREX SOLUTION PREFILLED SYRINGE 20 MG/0.8ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
REDITREX SOLUTION PREFILLED SYRINGE 22.5 MG/0.9ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
REDITREX SOLUTION PREFILLED SYRINGE 25 MG/ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
REDITREX SOLUTION PREFILLED SYRINGE 7.5 MG/0.3ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>)	Non Preferred	PA
REMICADE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS (<i>infliximab</i>)	Non Preferred	PA
RENFLIXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS (<i>infliximab-abda</i>)	Non Preferred	PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>upadacitinib</i>)	Non Preferred	PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>upadacitinib</i>)	Non Preferred	PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL (<i>upadacitinib</i>)	Non Preferred	PA
SILIQ SOLUTION PREFILLED SYRINGE 210 MG/1.5ML SUBCUTANEOUS (<i>brodalumab</i>)	Non Preferred	PA; AGE (Min 18 Years)
SIMPONI ARIA SOLUTION 50 MG/4ML INTRAVENOUS (<i>golimumab</i>)	Non Preferred	PA
SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS (<i>golimumab</i>)	Non Preferred	PA
SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS (<i>golimumab</i>)	Non Preferred	PA
SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS (<i>golimumab</i>)	Non Preferred	PA
SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS (<i>golimumab</i>)	Non Preferred	PA
SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS (<i>risankizumab-rzaa</i>)	Non Preferred	PA
SKYRIZI SOLUTION 600 MG/10ML INTRAVENOUS (<i>risankizumab-rzaa</i>)	Non Preferred	PA
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS (<i>risankizumab-rzaa</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS (<i>risankizumab-rzaa</i>)	Non Preferred	PA
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>risankizumab-rzaa</i>)	Non Preferred	PA
SOTYKTU TABLET 6 MG ORAL (<i>deucravacitinib</i>)	Non Preferred	PA
SPEVIGO SOLUTION 450 MG/7.5ML INTRAVENOUS (<i>spesolimab-sbzo</i>)	Non Preferred	PA; AGE (Min 18 Years)
STELARA SOLUTION 130 MG/26ML INTRAVENOUS (<i>ustekinumab</i>)	Non Preferred	PA
STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS (<i>ustekinumab</i>)	Non Preferred	PA
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS (<i>ustekinumab</i>)	Non Preferred	PA
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS (<i>ustekinumab</i>)	Non Preferred	PA
TALTZ SOLUTION AUTO-INJECTOR 80 MG/ML SUBCUTANEOUS (<i>ixekizumab</i>)	Non Preferred	PA
TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS (<i>ixekizumab</i>)	Non Preferred	PA
TREMFYA SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS (<i>guselkumab</i>)	Non Preferred	PA
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS (<i>guselkumab</i>)	Non Preferred	PA
TREXALL TABLET 10 MG ORAL (<i>methotrexate sodium</i>)	Non Preferred	PA
TREXALL TABLET 15 MG ORAL (<i>methotrexate sodium</i>)	Non Preferred	PA
TREXALL TABLET 5 MG ORAL (<i>methotrexate sodium</i>)	Non Preferred	PA
TREXALL TABLET 7.5 MG ORAL (<i>methotrexate sodium</i>)	Non Preferred	PA
UPLIZNA SOLUTION 100 MG/10ML INTRAVENOUS (<i>inebilizumab-cdon</i>)	Non Preferred	PA; AGE (Min 18 Years)
VELSIPITY TABLET 2 MG ORAL (<i>etrasimod arginine</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
XATMEP SOLUTION 2.5 MG/ML ORAL (<i>methotrexate</i>)	Non Preferred	PA
XELJANZ SOLUTION 1 MG/ML ORAL (<i>tofacitinib citrate</i>)	Non Preferred	PA
XELJANZ TABLET 10 MG ORAL (<i>tofacitinib citrate</i>)	Non Preferred	PA
XELJANZ TABLET 5 MG ORAL (<i>tofacitinib citrate</i>)	Non Preferred	PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL (<i>tofacitinib citrate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL (<i>tofacitinib citrate</i>)	Non Preferred	PA
YUFLYMA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-aaty</i>)	Non Preferred	PA; AGE (Min 2 Years)
YUFLYMA (1 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aaty</i>)	Non Preferred	PA; AGE (Min 2 Years)
YUFLYMA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-aaty</i>)	Non Preferred	PA; AGE (Min 2 Years)
YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-aaty</i>)	Non Preferred	PA; AGE (Min 2 Years)
YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-aaty</i>)	Non Preferred	PA; AGE (Min 2 Years)
YUFLYMA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aaty</i>)	Non Preferred	PA; AGE (Min 2 Years)
YUSIMRY SOLUTION PEN-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aqvh</i>)	Non Preferred	PA; AGE (Min 2 Years)
DIABETES ORAL HYPOGLYCEMICS: ALPHA-GLUCOSIDASE INHIBITORS [OPEN CLASS]		
<i>acarbose tablet 100 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>acarbose tablet 25 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>acarbose tablet 50 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>miglitol tablet 100 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>miglitol tablet 25 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>miglitol tablet 50 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
PRECOSE TABLET 100 MG ORAL (<i>acarbose</i>)	Non Preferred	PA; AGE (Min 18 Years)
PRECOSE TABLET 25 MG ORAL (<i>acarbose</i>)	Non Preferred	PA; AGE (Min 18 Years)
PRECOSE TABLET 50 MG ORAL (<i>acarbose</i>)	Non Preferred	PA; AGE (Min 18 Years)
DIABETES ORAL HYPOGLYCEMICS: BIGUANIDES (METFORMIN) [OPEN CLASS]		
<i>glipizide-metformin hcl tablet 2.5-250 mg oral</i>	Preferred	AGE (Min 18 Years)
<i>glipizide-metformin hcl tablet 2.5-500 mg oral</i>	Preferred	AGE (Min 18 Years)
<i>glipizide-metformin hcl tablet 5-500 mg oral</i>	Preferred	AGE (Min 18 Years)
<i>glyburide-metformin tablet 1.25-250 mg oral</i>	Preferred	AGE (Min 18 Years)
<i>glyburide-metformin tablet 2.5-500 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glyburide-metformin tablet 5-500 mg oral</i>	Preferred	AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>metformin hcl er tablet extended release 24 hour 500 mg oral</i>	Preferred	AGE (Min 10 Years); Max 90-day supply per 1 Fill
<i>metformin hcl er tablet extended release 24 hour 750 mg oral</i>	Preferred	AGE (Min 10 Years); Max 90-day supply per 1 Fill
<i>metformin hcl tablet 1000 mg oral</i>	Preferred	AGE (Min 10 Years); Max 90-day supply per 1 Fill
<i>metformin hcl tablet 500 mg oral</i>	Preferred	AGE (Min 10 Years); Max 90-day supply per 1 Fill
<i>metformin hcl tablet 850 mg oral</i>	Preferred	AGE (Min 10 Years); Max 90-day supply per 1 Fill
<i>metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral</i>	Non Preferred	PA; AGE (Min 10 Years)
<i>metformin hcl er (mod) tablet extended release 24 hour 500 mg oral</i>	Non Preferred	PA; AGE (Min 10 Years)
<i>metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral</i>	Non Preferred	PA; AGE (Min 10 Years)
<i>metformin hcl er (osm) tablet extended release 24 hour 500 mg oral</i>	Non Preferred	PA; AGE (Min 10 Years)
<i>metformin hcl solution 500 mg/5ml oral</i>	Non Preferred	PA; AGE (Min 10 Years)
<i>metformin hcl tablet 625 mg oral</i>	Non Preferred	AGE (Min 10 Years)
<i>metformin hcl tablet 625 mg oral</i>	Non Preferred	PA
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL (<i>metformin hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL (<i>metformin hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
RIOMET ER SUSPENSION RECONSTITUTED ER 500 MG/5ML ORAL (<i>metformin hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
RIOMET SOLUTION 500 MG/5ML ORAL (<i>metformin hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
DIABETES ORAL HYPOGLYCEMICS: DPP-IV INHIBITORS AND COMBINATIONS [CLOSED CLASS]		
JANUMET TABLET 50-1000 MG ORAL (<i>sitagliptin-metformin hcl</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
JANUMET TABLET 50-500 MG ORAL (<i>sitagliptin-metformin hcl</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL (<i>sitagliptin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL (<i>sitagliptin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL (<i>sitagliptin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
JANUVIA TABLET 100 MG ORAL (<i>sitagliptin phosphate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
JANUVIA TABLET 25 MG ORAL (<i>sitagliptin phosphate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
JANUVIA TABLET 50 MG ORAL (<i>sitagliptin phosphate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
JENTADUETO TABLET 2.5-1000 MG ORAL (<i>linagliptin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
JENTADUETO TABLET 2.5-500 MG ORAL (<i>linagliptin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
JENTADUETO TABLET 2.5-850 MG ORAL (<i>linagliptin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL (<i>linagliptin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL (<i>linagliptin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL (<i>saxagliptin-metformin</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL (<i>saxagliptin-metformin</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL (<i>saxagliptin-metformin</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
ONGLYZA TABLET 2.5 MG ORAL (<i>saxagliptin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
ONGLYZA TABLET 5 MG ORAL (<i>saxagliptin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
TRADJENTA TABLET 5 MG ORAL (<i>linagliptin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>alogliptin benzoate tablet 12.5 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>alogliptin benzoate tablet 25 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>alogliptin benzoate tablet 6.25 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>alogliptin-metformin hcl tablet 12.5-1000 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>alogliptin-metformin hcl tablet 12.5-500 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>alogliptin-pioglitazone tablet 12.5-30 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>alogliptin-pioglitazone tablet 25-15 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)

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

Drug Name	Formulary Status	Requirements/Limits
<i>alogliptin-pioglitazone tablet 25-30 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>alogliptin-pioglitazone tablet 25-45 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>saxagliptin hcl tablet 2.5 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>saxagliptin hcl tablet 5 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>saxagliptin-metformin er tablet extended release 24 hour 5-500 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>zituvio tablet 100 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zituvio tablet 25 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zituvio tablet 50 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
GLYXAMBI TABLET 10-5 MG ORAL (<i>empagliflozin-linagliptin</i>)	Non Preferred	PA; AGE (Min 18 Years)
GLYXAMBI TABLET 25-5 MG ORAL (<i>empagliflozin-linagliptin</i>)	Non Preferred	PA; AGE (Min 18 Years)
KAZANO TABLET 12.5-1000 MG ORAL (<i>alogliptin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
KAZANO TABLET 12.5-500 MG ORAL (<i>alogliptin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
NESINA TABLET 12.5 MG ORAL (<i>alogliptin benzoate</i>)	Non Preferred	PA; AGE (Min 18 Years)
NESINA TABLET 25 MG ORAL (<i>alogliptin benzoate</i>)	Non Preferred	PA; AGE (Min 18 Years)
NESINA TABLET 6.25 MG ORAL (<i>alogliptin benzoate</i>)	Non Preferred	PA; AGE (Min 18 Years)
OSENI TABLET 12.5-30 MG ORAL (<i>alogliptin-pioglitazone</i>)	Non Preferred	PA; AGE (Min 18 Years)
OSENI TABLET 25-15 MG ORAL (<i>alogliptin-pioglitazone</i>)	Non Preferred	PA; AGE (Min 18 Years)
OSENI TABLET 25-30 MG ORAL (<i>alogliptin-pioglitazone</i>)	Non Preferred	PA; AGE (Min 18 Years)
OSENI TABLET 25-45 MG ORAL (<i>alogliptin-pioglitazone</i>)	Non Preferred	PA; AGE (Min 18 Years)
QTERN TABLET 10-5 MG ORAL (<i>dapagliflozin-saxagliptin</i>)	Non Preferred	PA; AGE (Min 18 Years)
QTERN TABLET 5-5 MG ORAL (<i>dapagliflozin-saxagliptin</i>)	Non Preferred	PA; AGE (Min 18 Years)

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

Drug Name	Formulary Status	Requirements/Limits
STEGLUJAN TABLET 15-100 MG ORAL (<i>ertugliflozin-sitagliptin</i>)	Non Preferred	PA; AGE (Min 18 Years)
STEGLUJAN TABLET 5-100 MG ORAL (<i>ertugliflozin-sitagliptin</i>)	Non Preferred	PA; AGE (Min 18 Years)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL (<i>empagliflozin-linagliptin-metform</i>)	Non Preferred	PA; AGE (Min 18 Years)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL (<i>empagliflozin-linagliptin-metform</i>)	Non Preferred	PA; AGE (Min 18 Years)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL (<i>empagliflozin-linagliptin-metform</i>)	Non Preferred	PA; AGE (Min 18 Years)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL (<i>empagliflozin-linagliptin-metform</i>)	Non Preferred	PA; AGE (Min 18 Years)
DIABETES ORAL HYPOGLYCEMICS: MEGLINITIDES [OPEN CLASS]		
<i>nateglinide tablet 120 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>nateglinide tablet 60 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>repaglinide tablet 0.5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>repaglinide tablet 1 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>repaglinide tablet 2 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
DIABETES ORAL HYPOGLYCEMICS: SECOND GENERATION SULFONYLUREAS [OPEN CLASS]		
<i>glimepiride tablet 1 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glimepiride tablet 2 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glimepiride tablet 4 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glipizide er tablet extended release 24 hour 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glipizide er tablet extended release 24 hour 2.5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glipizide er tablet extended release 24 hour 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glipizide tablet 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glipizide tablet 2.5 mg oral</i>	Preferred	QL (16 EA per 1 day); AGE (Min 18 Years)
<i>glipizide tablet 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glipizide xl tablet extended release 24 hour 10 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>glipizide xl tablet extended release 24 hour 2.5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glipizide xl tablet extended release 24 hour 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glyburide micronized tablet 1.5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glyburide micronized tablet 3 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glyburide micronized tablet 6 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glyburide tablet 1.25 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glyburide tablet 2.5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>glyburide tablet 5 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>glipizide</i>)	Non Preferred	PA; AGE (Min 18 Years)
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG ORAL (<i>glipizide</i>)	Non Preferred	PA; AGE (Min 18 Years)
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL (<i>glipizide</i>)	Non Preferred	PA; AGE (Min 18 Years)
GLYNASE TABLET 1.5 MG ORAL (<i>glyburide micronized</i>)	Non Preferred	PA; AGE (Min 18 Years)
GLYNASE TABLET 3 MG ORAL (<i>glyburide micronized</i>)	Non Preferred	PA; AGE (Min 18 Years)
GLYNASE TABLET 6 MG ORAL (<i>glyburide micronized</i>)	Non Preferred	PA; AGE (Min 18 Years)
DIABETES ORAL HYPOGLYCEMICS: SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR [CLOSED CLASS]		
FARXIGA TABLET 10 MG ORAL (<i>dapagliflozin propanediol</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
FARXIGA TABLET 5 MG ORAL (<i>dapagliflozin propanediol</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
INVOKAMET TABLET 150-1000 MG ORAL (<i>canagliflozin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
INVOKAMET TABLET 150-500 MG ORAL (<i>canagliflozin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
INVOKAMET TABLET 50-1000 MG ORAL (<i>canagliflozin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
INVOKAMET TABLET 50-500 MG ORAL (<i>canagliflozin-metformin hcl</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
INVOKANA TABLET 100 MG ORAL (<i>canagliflozin</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
INVOKANA TABLET 300 MG ORAL (<i>canagliflozin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per 1 Fill
JARDIANCE TABLET 10 MG ORAL (<i>empagliflozin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 10 Years); Max 90-day supply per 1 Fill
JARDIANCE TABLET 25 MG ORAL (<i>empagliflozin</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 10 Years); Max 90-day supply per 1 Fill
SYNJARDY TABLET 12.5-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>)	Preferred	AGE (Min 10 Years); Max 90-day supply per 1 Fill
SYNJARDY TABLET 12.5-500 MG ORAL (<i>empagliflozin-metformin hcl</i>)	Preferred	AGE (Min 10 Years); Max 90-day supply per 1 Fill
SYNJARDY TABLET 5-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>)	Preferred	AGE (Min 10 Years); Max 90-day supply per 1 Fill
SYNJARDY TABLET 5-500 MG ORAL (<i>empagliflozin-metformin hcl</i>)	Preferred	AGE (Min 10 Years); Max 90-day supply per 1 Fill
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL (<i>dapagliflozin prop-metformin</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL (<i>dapagliflozin prop-metformin</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL (<i>dapagliflozin prop-metformin</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL (<i>dapagliflozin prop-metformin</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL (<i>dapagliflozin prop-metformin</i>)	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
INPEFA TABLET 200 MG ORAL (<i>sotagliflozin</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
INPEFA TABLET 400 MG ORAL (<i>sotagliflozin</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL (<i>canagliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL (<i>canagliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL (<i>canagliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL (<i>canagliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEGLUROMET TABLET 2.5-1000 MG ORAL (<i>ertugliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEGLUROMET TABLET 2.5-500 MG ORAL (<i>ertugliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEGLUROMET TABLET 7.5-1000 MG ORAL (<i>ertugliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
SEGLUROMET TABLET 7.5-500 MG ORAL (<i>ertugliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
STEGLATRO TABLET 15 MG ORAL (<i>ertugliflozin l-pyroglytamidac</i>)	Non Preferred	PA; AGE (Min 18 Years)
STEGLATRO TABLET 5 MG ORAL (<i>ertugliflozin l-pyroglytamidac</i>)	Non Preferred	PA; AGE (Min 18 Years)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
DIABETES ORAL HYPOGLYCEMICS: THIAZOLIDINEDIONES [OPEN CLASS]		
<i>pioglitazone hcl tablet 15 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>pioglitazone hcl tablet 30 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>pioglitazone hcl tablet 45 mg oral</i>	Preferred	AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>pioglitazone hcl-glimepiride tablet 30-2 mg oral</i>	Non Preferred	PA
<i>pioglitazone hcl-glimepiride tablet 30-4 mg oral</i>	Non Preferred	PA
<i>pioglitazone hcl-metformin hcl tablet 15-500 mg oral</i>	Non Preferred	PA
<i>pioglitazone hcl-metformin hcl tablet 15-850 mg oral</i>	Non Preferred	PA
ACTOPLUS MET TABLET 15-850 MG ORAL (<i>pioglitazone hcl-metformin hcl</i>)	Non Preferred	PA
ACTOS TABLET 15 MG ORAL (<i>pioglitazone hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ACTOS TABLET 30 MG ORAL (<i>pioglitazone hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ACTOS TABLET 45 MG ORAL (<i>pioglitazone hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
DUETACT TABLET 30-2 MG ORAL (<i>pioglitazone hcl-glimepiride</i>)	Non Preferred	PA
DUETACT TABLET 30-4 MG ORAL (<i>pioglitazone hcl-glimepiride</i>)	Non Preferred	PA
DIABETES: INJECTABLE AMYLIN ANALOGS [CLOSED CLASS]		
SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS (<i>pramlintide acetate</i>)	Non Preferred	PA
SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS (<i>pramlintide acetate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
DIABETES: INJECTABLE AND ORAL INCRETIN MIMETICS [CLOSED CLASS]		
BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS (<i>exenatide</i>)	Preferred	QL (7.2 ML per 90 days); AGE (Min 18 Years); Max 90-day supply per 1 Fill
BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS (<i>exenatide</i>)	Preferred	QL (3.6 ML per 90 days); AGE (Min 18 Years); Max 90-day supply per 1 Fill
TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS (<i>dulaglutide</i>)	Preferred	QL (6 ML per 84 days); AGE (Min 10 Years); Max 90-day supply per 1 Fill
TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS (<i>dulaglutide</i>)	Preferred	QL (6 ML per 84 days); AGE (Min 10 Years); Max 90-day supply per 1 Fill
TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS (<i>dulaglutide</i>)	Preferred	QL (6 ML per 84 days); AGE (Min 10 Years); Max 90-day supply per 1 Fill
TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS (<i>dulaglutide</i>)	Preferred	QL (6 ML per 84 days); AGE (Min 10 Years); Max 90-day supply per 1 Fill
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (<i>liraglutide</i>)	Preferred	QL (27 ML per 90 days); AGE (Min 10 Years); Max 90-day supply per 1 Fill
BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS (<i>exenatide</i>)	Non Preferred	PA; QL (3.4 ML per 28 days); AGE (Min 10 Years)
MOUNJARO SOLUTION PEN-INJECTOR 10 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
MOUNJARO SOLUTION PEN-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
MOUNJARO SOLUTION PEN-INJECTOR 15 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
MOUNJARO SOLUTION PEN-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
MOUNJARO SOLUTION PEN-INJECTOR 5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
MOUNJARO SOLUTION PEN-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS (<i>semaglutide</i>)	Non Preferred	PA; QL (1.5 ML per 28 days); AGE (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS (<i>semaglutide</i>)	Non Preferred	PA; QL (3 ML per 28 days); AGE (Min 18 Years)
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS (<i>semaglutide</i>)	Non Preferred	PA; QL (3 ML per 28 days); AGE (Min 18 Years)
OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS (<i>semaglutide</i>)	Non Preferred	PA; QL (3 ML per 28 days); AGE (Min 18 Years)
RYBELSUS TABLET 14 MG ORAL (<i>semaglutide</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
RYBELSUS TABLET 3 MG ORAL (<i>semaglutide</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
RYBELSUS TABLET 7 MG ORAL (<i>semaglutide</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS (<i>insulin glargine-lixisenatide</i>)	Non Preferred	PA; AGE (Min 18 Years)
XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS (<i>insulin degludec-liraglutide</i>)	Non Preferred	PA; QL (15 ML per 28 days); AGE (Min 18 Years)
EPINEPHRINE: SELF-INJECTED [OPEN CLASS]		
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	Preferred	QL (12 EA per 365 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Preferred	QL (12 EA per 365 days)
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (<i>epinephrine</i>)	Preferred	QL (12 EA per 365 days)
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (<i>epinephrine</i>)	Preferred	QL (12 EA per 365 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	Non Preferred	PA; QL (12 EA per 365 days)
AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION (<i>epinephrine</i>)	Non Preferred	PA; QL (12 EA per 365 days)
AUVI-Q SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION (<i>epinephrine</i>)	Non Preferred	PA; QL (12 EA per 365 days)
AUVI-Q SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (<i>epinephrine</i>)	Non Preferred	PA; QL (12 EA per 365 days)
SYMJEPI SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML INJECTION (<i>epinephrine</i>)	Non Preferred	PA; QL (12 EA per 365 days)
SYMJEPI SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML INJECTION (<i>epinephrine</i>)	Non Preferred	PA; QL (12 EA per 365 days)
ERYTHROPOIESIS STIMULATING PROTEINS [OPEN CLASS]		
EPOGEN SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Preferred	
EPOGEN SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Preferred	
EPOGEN SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Preferred	
EPOGEN SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Preferred	
EPOGEN SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Preferred	
RETACRIT SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	
RETACRIT SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	
RETACRIT SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	
RETACRIT SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	
RETACRIT SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
RETACRIT SOLUTION 40000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Preferred	
ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION (<i>darbepoetin alfa</i>)	Non Preferred	PA
JESDUVROQ TABLET 1 MG ORAL (<i>daprodustat</i>)	Non Preferred	PA; AGE (Min 18 Years)
JESDUVROQ TABLET 2 MG ORAL (<i>daprodustat</i>)	Non Preferred	PA; AGE (Min 18 Years)
JESDUVROQ TABLET 4 MG ORAL (<i>daprodustat</i>)	Non Preferred	PA; AGE (Min 18 Years)
JESDUVROQ TABLET 6 MG ORAL (<i>daprodustat</i>)	Non Preferred	PA; AGE (Min 18 Years)
JESDUVROQ TABLET 8 MG ORAL (<i>daprodustat</i>)	Non Preferred	PA; AGE (Min 18 Years)
MIRCERA SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>)	Non Preferred	PA
MIRCERA SOLUTION PREFILLED SYRINGE 120 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>)	Non Preferred	PA
MIRCERA SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
MIRCERA SOLUTION PREFILLED SYRINGE 200 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>)	Non Preferred	PA
MIRCERA SOLUTION PREFILLED SYRINGE 30 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>)	Non Preferred	PA
MIRCERA SOLUTION PREFILLED SYRINGE 50 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>)	Non Preferred	PA
MIRCERA SOLUTION PREFILLED SYRINGE 75 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>)	Non Preferred	PA
PROCRIT SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
PROCRIT SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
PROCRIT SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
PROCRIT SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
PROCRIT SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
PROCRIT SOLUTION 40000 UNIT/ML INJECTION (<i>epoetin alfa</i>)	Non Preferred	PA
RETACRIT SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Non Preferred	PA
RETACRIT SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Non Preferred	PA
RETACRIT SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Non Preferred	PA
RETACRIT SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Non Preferred	PA
RETACRIT SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>)	Non Preferred	PA
GI ANTIBIOTICS [OPEN CLASS]		
<i>metronidazole tablet 250 mg oral</i>	Preferred	
<i>metronidazole tablet 500 mg oral</i>	Preferred	
<i>neomycin sulfate tablet 500 mg oral</i>	Preferred	
<i>vancomycin hcl capsule 125 mg oral</i>	Preferred	
<i>vancomycin hcl capsule 250 mg oral</i>	Preferred	
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL (<i>vancomycin hcl</i>)	Preferred	
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL (<i>vancomycin hcl</i>)	Preferred	
<i>metronidazole capsule 375 mg oral</i>	Non Preferred	PA
<i>nitazoxanide tablet 500 mg oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>paromomycin sulfate capsule 250 mg oral</i>	Non Preferred	PA
<i>tinidazole tablet 250 mg oral</i>	Non Preferred	PA
<i>tinidazole tablet 500 mg oral</i>	Non Preferred	PA
<i>vancomycin hcl solution reconstituted 25 mg/ml oral</i>	Non Preferred	PA
<i>vancomycin hcl solution reconstituted 250 mg/5ml oral</i>	Non Preferred	PA
<i>vancomycin hcl solution reconstituted 50 mg/ml oral</i>	Non Preferred	PA
AEMCOLO TABLET DELAYED RELEASE 194 MG ORAL (<i>rifamycin sodium</i>)	Non Preferred	PA
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL (<i>fidaxomicin</i>)	Non Preferred	PA
DIFICID TABLET 200 MG ORAL (<i>fidaxomicin</i>)	Non Preferred	PA
FLAGYL CAPSULE 375 MG ORAL (<i>metronidazole</i>)	Non Preferred	PA
LIKMEZ SUSPENSION 500 MG/5ML ORAL (<i>metronidazole</i>)	Non Preferred	PA
SOLOSEC PACKET 2 GM ORAL (<i>secnidazole</i>)	Non Preferred	PA
VANCOCIN CAPSULE 125 MG ORAL (<i>vancomycin hcl</i>)	Non Preferred	PA
VANCOCIN CAPSULE 250 MG ORAL (<i>vancomycin hcl</i>)	Non Preferred	PA
VOWST CAPSULE ORAL (<i>fecal microb spores, live-brpk</i>)	Non Preferred	PA; AGE (Min 18 Years)
XIFAXAN TABLET 200 MG ORAL (<i>rifaximin</i>)	Non Preferred	PA; QL (9 EA per 1 Fill); AGE (Min 12 Years)
XIFAXAN TABLET 550 MG ORAL (<i>rifaximin</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
GI MOTILITY: CHRONIC [OPEN CLASS]		
<i>lubiprostone capsule 24 mcg oral</i>	Preferred	PA; AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>lubiprostone capsule 8 mcg oral</i>	Preferred	PA; AGE (Min 18 Years); Max 90-day supply per 1 Fill
AMITIZA CAPSULE 24 MCG ORAL (<i>lubiprostone</i>)	Preferred	PA; AGE (Min 18 Years); Max 90-day supply per 1 Fill
AMITIZA CAPSULE 8 MCG ORAL (<i>lubiprostone</i>)	Preferred	PA; AGE (Min 18 Years); Max 90-day supply per 1 Fill
LINZESS CAPSULE 145 MCG ORAL (<i>linaclotide</i>)	Preferred	PA; AGE (Min 18 Years); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
LINZESS CAPSULE 290 MCG ORAL (<i>linaclotide</i>)	Preferred	PA; AGE (Min 18 Years); Max 90-day supply per 1 Fill
LINZESS CAPSULE 72 MCG ORAL (<i>linaclotide</i>)	Preferred	PA; AGE (Min 6 Years); Max 90-day supply per 1 Fill
MOVANTIK TABLET 12.5 MG ORAL (<i>naloxegol oxalate</i>)	Preferred	PA; AGE (Min 18 Years); Max 90-day supply per 1 Fill
MOVANTIK TABLET 25 MG ORAL (<i>naloxegol oxalate</i>)	Preferred	PA; AGE (Min 18 Years); Max 90-day supply per 1 Fill
<i>alosetron hcl tablet 0.5 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>alosetron hcl tablet 1 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
IBSRELA TABLET 50 MG ORAL (<i>tenapanor hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
LOTRONEX TABLET 0.5 MG ORAL (<i>alosetron hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
LOTRONEX TABLET 1 MG ORAL (<i>alosetron hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
MOTEGRITY TABLET 1 MG ORAL (<i>prucalopride succinate</i>)	Non Preferred	PA; AGE (Min 18 Years)
MOTEGRITY TABLET 2 MG ORAL (<i>prucalopride succinate</i>)	Non Preferred	PA; AGE (Min 18 Years)
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS (<i>methylnaltrexone bromide</i>)	Non Preferred	PA; AGE (Min 18 Years)
RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS (<i>methylnaltrexone bromide</i>)	Non Preferred	PA; AGE (Min 18 Years)
RELISTOR TABLET 150 MG ORAL (<i>methylnaltrexone bromide</i>)	Non Preferred	PA; AGE (Min 18 Years)
SYMPROIC TABLET 0.2 MG ORAL (<i>naldemedine tosylate</i>)	Non Preferred	PA; AGE (Min 18 Years)
TRULANCE TABLET 3 MG ORAL (<i>plecanatide</i>)	Non Preferred	PA; AGE (Min 18 Years)
VIBERZI TABLET 100 MG ORAL (<i>eluxadoline</i>)	Non Preferred	PA; AGE (Min 18 Years)
VIBERZI TABLET 75 MG ORAL (<i>eluxadoline</i>)	Non Preferred	PA; AGE (Min 18 Years)
GLUCAGON AGENTS [CLOSED CLASS]		
<i>glucagon emergency kit 1 mg injection</i>	Preferred	
<i>glucagon emergency solution reconstituted 1 mg/ml injection</i>	Preferred	
BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL (<i>glucagon</i>)	Preferred	
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL (<i>glucagon</i>)	Preferred	
GVOKE HYOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS (<i>glucagon</i>)	Preferred	
GVOKE HYOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS (<i>glucagon</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS (<i>glucagon</i>)	Preferred	
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS (<i>glucagon</i>)	Preferred	
GVOKE KIT SOLUTION 1 MG/0.2ML SUBCUTANEOUS (<i>glucagon</i>)	Preferred	
GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS (<i>glucagon</i>)	Preferred	
GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS (<i>glucagon</i>)	Preferred	
PROGLYCEM SUSPENSION 50 MG/ML ORAL (<i>diazoxide</i>)	Preferred	
<i>diazoxide suspension 50 mg/ml oral</i>	Non Preferred	PA
GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION (<i>glucagon hcl (rdna)</i>)	Non Preferred	PA
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS (<i>dasiglucagon hcl</i>)	Non Preferred	PA
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS (<i>dasiglucagon hcl</i>)	Non Preferred	PA
GLUCOCORTICOIDS: ORAL [OPEN CLASS]		
<i>budesonide capsule delayed release particles 3 mg oral</i>	Preferred	
<i>dexamethasone elixir 0.5 mg/5ml oral</i>	Preferred	
<i>dexamethasone solution 0.5 mg/5ml oral</i>	Preferred	
<i>dexamethasone tablet 0.5 mg oral</i>	Preferred	
<i>dexamethasone tablet 0.75 mg oral</i>	Preferred	
<i>dexamethasone tablet 1 mg oral</i>	Preferred	
<i>dexamethasone tablet 1.5 mg oral</i>	Preferred	
<i>dexamethasone tablet 2 mg oral</i>	Preferred	
<i>dexamethasone tablet 4 mg oral</i>	Preferred	
<i>dexamethasone tablet 6 mg oral</i>	Preferred	
<i>hydrocortisone tablet 10 mg oral</i>	Preferred	
<i>hydrocortisone tablet 20 mg oral</i>	Preferred	
<i>hydrocortisone tablet 5 mg oral</i>	Preferred	
<i>methylprednisolone tablet 4 mg oral</i>	Preferred	
<i>methylprednisolone tablet therapy pack 4 mg oral</i>	Preferred	
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>	Preferred	
<i>prednisolone sodium phosphate solution 25 mg/5ml oral</i>	Preferred	
<i>prednisolone sodium phosphate solution 6.7 (5 base) mg/5ml oral</i>	Preferred	
<i>prednisolone solution 15 mg/5ml oral</i>	Preferred	
<i>prednisone solution 5 mg/5ml oral</i>	Preferred	
<i>prednisone tablet 1 mg oral</i>	Preferred	
<i>prednisone tablet 10 mg oral</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>prednisone tablet 2.5 mg oral</i>	Preferred	
<i>prednisone tablet 20 mg oral</i>	Preferred	
<i>prednisone tablet 5 mg oral</i>	Preferred	
<i>prednisone tablet 50 mg oral</i>	Preferred	
<i>prednisone tablet therapy pack 10 mg (21) oral</i>	Preferred	
<i>prednisone tablet therapy pack 10 mg (48) oral</i>	Preferred	
<i>prednisone tablet therapy pack 5 mg (21) oral</i>	Preferred	
<i>prednisone tablet therapy pack 5 mg (48) oral</i>	Preferred	
DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL (<i>dexamethasone</i>)	Preferred	
PREDNISONE INTENSOL CONCENTRATE 5 MG/ML ORAL (<i>prednisone</i>)	Preferred	
<i>cortisone acetate tablet 25 mg oral</i>	Non Preferred	PA
<i>dexamethasone tablet therapy pack 1.5 mg (21) oral</i>	Non Preferred	PA
<i>dexamethasone tablet therapy pack 1.5 mg (35) oral</i>	Non Preferred	PA
<i>dexamethasone tablet therapy pack 1.5 mg (51) oral</i>	Non Preferred	PA
<i>methylprednisolone tablet 16 mg oral</i>	Non Preferred	PA
<i>methylprednisolone tablet 32 mg oral</i>	Non Preferred	PA
<i>methylprednisolone tablet 8 mg oral</i>	Non Preferred	PA
<i>prednisolone sodium phosphate solution 10 mg/5ml oral</i>	Non Preferred	PA
<i>prednisolone sodium phosphate solution 20 mg/5ml oral</i>	Non Preferred	PA
<i>prednisolone sodium phosphate tablet dispersible 10 mg oral</i>	Non Preferred	PA
<i>prednisolone sodium phosphate tablet dispersible 15 mg oral</i>	Non Preferred	PA
<i>prednisolone sodium phosphate tablet dispersible 30 mg oral</i>	Non Preferred	PA
<i>prednisolone tablet 5 mg oral</i>	Non Preferred	PA
ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5 MG ORAL (<i>hydrocortisone</i>)	Non Preferred	PA; AGE (Max 17 Years)
ALKINDI SPRINKLE CAPSULE SPRINKLE 1 MG ORAL (<i>hydrocortisone</i>)	Non Preferred	PA; AGE (Max 17 Years)
ALKINDI SPRINKLE CAPSULE SPRINKLE 2 MG ORAL (<i>hydrocortisone</i>)	Non Preferred	PA; AGE (Max 17 Years)

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Drug Name	Formulary Status	Requirements/Limits
ALKINDI SPRINKLE CAPSULE SPRINKLE 5 MG ORAL (<i>hydrocortisone</i>)	Non Preferred	PA; AGE (Max 17 Years)
CORTEF TABLET 10 MG ORAL (<i>hydrocortisone</i>)	Non Preferred	PA
CORTEF TABLET 20 MG ORAL (<i>hydrocortisone</i>)	Non Preferred	PA
CORTEF TABLET 5 MG ORAL (<i>hydrocortisone</i>)	Non Preferred	PA
EMFLAZA SUSPENSION 22.75 MG/ML ORAL (<i>deflazacort</i>)	Non Preferred	PA; AGE (Min 2 Years)
EMFLAZA TABLET 18 MG ORAL (<i>deflazacort</i>)	Non Preferred	PA; AGE (Min 2 Years)
EMFLAZA TABLET 30 MG ORAL (<i>deflazacort</i>)	Non Preferred	PA; AGE (Min 2 Years)
EMFLAZA TABLET 36 MG ORAL (<i>deflazacort</i>)	Non Preferred	PA; AGE (Min 2 Years)
EMFLAZA TABLET 6 MG ORAL (<i>deflazacort</i>)	Non Preferred	PA; AGE (Min 2 Years)
HEMADY TABLET 20 MG ORAL (<i>dexamethasone</i>)	Non Preferred	PA
MEDROL TABLET 16 MG ORAL (<i>methylprednisolone</i>)	Non Preferred	PA
MEDROL TABLET 2 MG ORAL (<i>methylprednisolone</i>)	Non Preferred	PA
MEDROL TABLET 4 MG ORAL (<i>methylprednisolone</i>)	Non Preferred	PA
MEDROL TABLET 8 MG ORAL (<i>methylprednisolone</i>)	Non Preferred	PA
MEDROL TABLET THERAPY PACK 4 MG ORAL (<i>methylprednisolone</i>)	Non Preferred	PA
MILLIPRED DP TABLET THERAPY PACK 5 MG (21) ORAL (<i>prednisolone</i>)	Non Preferred	PA
MILLIPRED DP TABLET THERAPY PACK 5 MG (48) ORAL (<i>prednisolone</i>)	Non Preferred	PA
<i>prednisolone</i> (Millipred Tablet 5 Mg Oral)	Non Preferred	PA
RAYOS TABLET DELAYED RELEASE 1 MG ORAL (<i>prednisone</i>)	Non Preferred	PA
RAYOS TABLET DELAYED RELEASE 2 MG ORAL (<i>prednisone</i>)	Non Preferred	PA
RAYOS TABLET DELAYED RELEASE 5 MG ORAL (<i>prednisone</i>)	Non Preferred	PA
TAPERDEX 12-DAY TABLET THERAPY PACK 1.5 MG (49) ORAL (<i>dexamethasone</i>)	Non Preferred	PA
<i>dexamethasone</i> (Taperdex 6-Day Tablet Therapy Pack 1.5 Mg (21) Oral)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>dexamethasone</i> (Taperdex 6-Day Tablet Therapy Pack 1.5 Mg Oral)	Non Preferred	PA
TAPERDEX 7-DAY TABLET THERAPY PACK 1.5 MG (27) ORAL (<i>dexamethasone</i>)	Non Preferred	PA
TARPEYO CAPSULE DELAYED RELEASE 4 MG ORAL (<i>budesonide</i>)	Non Preferred	PA
GROWTH HORMONE [CLOSED CLASS]		
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
NORDITROPIN FLEXPPO SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
NORDITROPIN FLEXPPO SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
NORDITROPIN FLEXPPO SOLUTION PEN-INJECTOR 30 MG/3ML SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
NORDITROPIN FLEXPPO SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
NUTROPIN AQ NUSPIN 10 SOLUTION PEN-INJECTOR 10 MG/2ML SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
NUTROPIN AQ NUSPIN 20 SOLUTION PEN-INJECTOR 20 MG/2ML SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
NUTROPIN AQ NUSPIN 5 SOLUTION PEN-INJECTOR 5 MG/2ML SUBCUTANEOUS (<i>somatropin</i>)	Preferred	PA
HUMATROPE CARTRIDGE 12 MG INJECTION (<i>somatropin</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
HUMATROPE CARTRIDGE 24 MG INJECTION (<i>somatropin</i>)	Non Preferred	PA
HUMATROPE CARTRIDGE 6 MG INJECTION (<i>somatropin</i>)	Non Preferred	PA
NGENLA SOLUTION PEN-INJECTOR 24 MG/1.2ML SUBCUTANEOUS (<i>somatrogon-ghla</i>)	Non Preferred	PA; QL (4.8 ML per 28 days); AGE (Min 3 Years)
NGENLA SOLUTION PEN-INJECTOR 60 MG/1.2ML SUBCUTANEOUS (<i>somatrogon-ghla</i>)	Non Preferred	PA; QL (4.8 ML per 28 days); AGE (Min 3 Years)
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>)	Non Preferred	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>)	Non Preferred	PA
OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS (<i>somatropin</i>)	Non Preferred	PA
SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS (<i>somatropin (non-refrigerated)</i>)	Non Preferred	PA
SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS (<i>somatropin (non-refrigerated)</i>)	Non Preferred	PA
SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS (<i>somatropin (non-refrigerated)</i>)	Non Preferred	PA
SKYTROFA CARTRIDGE 11 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	PA; AGE (Min 1 Years and Max 17 Years)
SKYTROFA CARTRIDGE 13.3 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	PA; AGE (Min 1 Years and Max 17 Years)
SKYTROFA CARTRIDGE 3 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	PA; AGE (Min 1 Years and Max 17 Years)
SKYTROFA CARTRIDGE 3.6 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	PA; AGE (Min 1 Years and Max 17 Years)
SKYTROFA CARTRIDGE 4.3 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	PA; AGE (Min 1 Years and Max 17 Years)
SKYTROFA CARTRIDGE 5.2 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	PA; AGE (Min 1 Years and Max 17 Years)
SKYTROFA CARTRIDGE 6.3 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	PA; AGE (Min 1 Years and Max 17 Years)
SKYTROFA CARTRIDGE 7.6 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	PA; AGE (Min 1 Years and Max 17 Years)
SKYTROFA CARTRIDGE 9.1 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>)	Non Preferred	PA; AGE (Min 1 Years and Max 17 Years)
SOGROYA SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS (<i>somapacitan-beco</i>)	Non Preferred	PA; AGE (Min 2 Years)
SOGROYA SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS (<i>somapacitan-beco</i>)	Non Preferred	PA; AGE (Min 2 Years)
SOGROYA SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS (<i>somapacitan-beco</i>)	Non Preferred	PA; AGE (Min 2 Years)
ZOMACTON SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS (<i>somatropin</i>)	Non Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
ZOMACTON SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS (<i>somatropin</i>)	Non Preferred	PA
H. PYLORI TREATMENT [OPEN CLASS]		
PYLERA CAPSULE 140-125-125 MG ORAL (<i>bis subcit-metronid-tetracyc</i>)	Preferred	
<i>amoxicill-clarithro-lansopraz therapy pack 500 & 500 & 30 mg oral</i>	Non Preferred	PA
<i>bis subcit-metronid-tetracyc capsule 140-125-125 mg oral</i>	Non Preferred	PA
<i>bismuth/metronidaz/tetracyclin capsule 140-125-125 mg oral</i>	Non Preferred	PA
OMECLAMOX-PAK 500-500-20 MG ORAL (<i>amoxicill-clarithro-omeprazole</i>)	Non Preferred	PA
TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG ORAL (<i>amoxicill-rifabutin-omeprazole</i>)	Non Preferred	PA
VOQUEZNA DUAL PAK THERAPY PACK 500-20 MG ORAL (<i>amoxicillin-vonoprazan</i>)	Non Preferred	PA
VOQUEZNA TABLET 10 MG ORAL (<i>vonoprazan fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
VOQUEZNA TABLET 20 MG ORAL (<i>vonoprazan fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
VOQUEZNA TRIPLE PAK THERAPY PACK 500-500-20 MG ORAL (<i>amoxicill-clarithro-vonoprazan</i>)	Non Preferred	PA
HEMOPHILIA TREATMENT [CLOSED CLASS]		
<i>adynovate solution reconstituted 1000 unit intravenous</i>	Preferred	
<i>adynovate solution reconstituted 1500 unit intravenous</i>	Preferred	
<i>adynovate solution reconstituted 2000 unit intravenous</i>	Preferred	
<i>adynovate solution reconstituted 250 unit intravenous</i>	Preferred	
<i>adynovate solution reconstituted 3000 unit intravenous</i>	Preferred	
<i>adynovate solution reconstituted 500 unit intravenous</i>	Preferred	
<i>adynovate solution reconstituted 750 unit intravenous</i>	Preferred	
<i>obizur solution reconstituted 500 unit intravenous</i>	Preferred	
<i>rixubis solution reconstituted 1000 unit intravenous</i>	Preferred	
<i>rixubis solution reconstituted 2000 unit intravenous</i>	Preferred	
<i>rixubis solution reconstituted 250 unit intravenous</i>	Preferred	
<i>rixubis solution reconstituted 3000 unit intravenous</i>	Preferred	
<i>rixubis solution reconstituted 500 unit intravenous</i>	Preferred	
ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	

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

Drug Name	Formulary Status	Requirements/Limits
ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
AFSTYLA KIT 1000 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>)	Preferred	
AFSTYLA KIT 1500 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>)	Preferred	
AFSTYLA KIT 2000 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>)	Preferred	
AFSTYLA KIT 250 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>)	Preferred	
AFSTYLA KIT 2500 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>)	Preferred	
AFSTYLA KIT 3000 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>)	Preferred	
AFSTYLA KIT 500 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>)	Preferred	
ALPHANATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
ALPHANATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
ALPHANATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
ALPHANATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
ALPHANATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>coagulation factor ix</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>coagulation factor ix</i>)	Preferred	
ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor ix</i>)	Preferred	
ALPROLIX SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>)	Preferred	
ALPROLIX SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>)	Preferred	
ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>)	Preferred	
ALPROLIX SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>)	Preferred	
ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>)	Preferred	
ALPROLIX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>)	Preferred	
ALTUVIIIIO SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-ehrl</i>)	Preferred	
ALTUVIIIIO SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-ehrl</i>)	Preferred	
ALTUVIIIIO SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-ehrl</i>)	Preferred	
ALTUVIIIIO SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-ehrl</i>)	Preferred	
ALTUVIIIIO SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-ehrl</i>)	Preferred	
ALTUVIIIIO SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-ehrl</i>)	Preferred	
BENEFIX KIT 1000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
BENEFIX KIT 2000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
BENEFIX KIT 250 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
BENEFIX KIT 3000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
BENEFIX KIT 500 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
COAGADEX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>coagulation factor x (human)</i>)	Preferred	
COAGADEX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor x (human)</i>)	Preferred	
CORIFACT KIT 1000-1600 UNIT INTRAVENOUS (<i>factor xiii concentrate human</i>)	Preferred	
ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	
ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	
ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	
ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	
ELOCTATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	
ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	
ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	
ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	
ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>)	Preferred	
ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemoph fact rcmb gpeg-exei</i>)	Preferred	
ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihemoph fact rcmb gpeg-exei</i>)	Preferred	
ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemoph fact rcmb gpeg-exei</i>)	Preferred	
ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihemoph fact rcmb gpeg-exei</i>)	Preferred	
ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemoph fact rcmb gpeg-exei</i>)	Preferred	
FEIBA SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antiinhibitor coagulant cmplx</i>)	Preferred	
FEIBA SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS (<i>antiinhibitor coagulant cmplx</i>)	Preferred	
FEIBA SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antiinhibitor coagulant cmplx</i>)	Preferred	
HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>)	Preferred	
HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>)	Preferred	
HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>)	Preferred	
HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>)	Preferred	
HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>)	Preferred	
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophilic factor</i>)	Preferred	
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS (<i>antihemophilic factor</i>)	Preferred	
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophilic factor</i>)	Preferred	
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophilic factor</i>)	Preferred	
HUMATE-P SOLUTION RECONSTITUTED 1000-2400 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
HUMATE-P SOLUTION RECONSTITUTED 250-600 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
HUMATE-P SOLUTION RECONSTITUTED 500-1200 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>coagulation factor ix (rix-fp)</i>)	Preferred	
IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>coagulation factor ix (rix-fp)</i>)	Preferred	
IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>coagulation factor ix (rix-fp)</i>)	Preferred	
IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS (<i>coagulation factor ix (rix-fp)</i>)	Preferred	
IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor ix (rix-fp)</i>)	Preferred	
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>)	Preferred	
JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>ahf (bdd-rfviii peg-aucl)</i>)	Preferred	
JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>ahf (bdd-rfviii peg-aucl)</i>)	Preferred	
JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>ahf (bdd-rfviii peg-aucl)</i>)	Preferred	
JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>ahf (bdd-rfviii peg-aucl)</i>)	Preferred	
KOATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophilic factor</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
KOATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophilic factor</i>)	Preferred	
KOATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophilic factor</i>)	Preferred	
KOATE-DVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophilic factor</i>)	Preferred	
KOGENATE FS KIT 1000 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>)	Preferred	
KOGENATE FS KIT 2000 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>)	Preferred	
KOGENATE FS KIT 250 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>)	Preferred	
KOGENATE FS KIT 3000 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>)	Preferred	
KOGENATE FS KIT 500 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>)	Preferred	
KOVALTRY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
KOVALTRY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
KOVALTRY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
KOVALTRY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
KOVALTRY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>)	Preferred	
NOVOEIGHT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>)	Preferred	
NOVOEIGHT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>)	Preferred	
NOVOEIGHT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>)	Preferred	
NOVOEIGHT SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>)	Preferred	
NOVOEIGHT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>)	Preferred	
NOVOEIGHT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>)	Preferred	
NOVOSEVEN RT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS (<i>coagulation factor viia recomb</i>)	Preferred	
NOVOSEVEN RT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS (<i>coagulation factor viia recomb</i>)	Preferred	
NOVOSEVEN RT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS (<i>coagulation factor viia recomb</i>)	Preferred	
NOVOSEVEN RT SOLUTION RECONSTITUTED 8 MG INTRAVENOUS (<i>coagulation factor viia recomb</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
NUWIQ KIT 1000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ KIT 1500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ KIT 2000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ KIT 250 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ KIT 2500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ KIT 3000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ KIT 4000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ KIT 500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
NUWIQ SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>)	Preferred	
PROFILNINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>factor ix complex</i>)	Preferred	
PROFILNINE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>factor ix complex</i>)	Preferred	
PROFILNINE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>factor ix complex</i>)	Preferred	
REBINYN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>coagulation factor ix glycopeg</i>)	Preferred	
REBINYN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>coagulation factor ix glycopeg</i>)	Preferred	
REBINYN SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>coagulation factor ix glycopeg</i>)	Preferred	
REBINYN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor ix glycopeg</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
RECOMBINATE SOLUTION RECONSTITUTED 1241-1800 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>)	Preferred	
RECOMBINATE SOLUTION RECONSTITUTED 1801-2400 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>)	Preferred	
RECOMBINATE SOLUTION RECONSTITUTED 220-400 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>)	Preferred	
RECOMBINATE SOLUTION RECONSTITUTED 401-800 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>)	Preferred	
RECOMBINATE SOLUTION RECONSTITUTED 801-1240 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>)	Preferred	
SEVENFACT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS (<i>coagulation factor viia-jncw</i>)	Preferred	
SEVENFACT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS (<i>coagulation factor viia-jncw</i>)	Preferred	
TRETEN SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS (<i>coagulation factor xiii a-sub</i>)	Preferred	
VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS (<i>von willebrand factor (recomb)</i>)	Preferred	
VONVENDI SOLUTION RECONSTITUTED 650 UNIT INTRAVENOUS (<i>von willebrand factor (recomb)</i>)	Preferred	
WILATE KIT 1000-1000 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
WILATE KIT 500-500 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>)	Preferred	
XYNTHA KIT 1000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	
XYNTHA KIT 2000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	
XYNTHA KIT 250 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	
XYNTHA KIT 500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	
XYNTHA SOLOFUSE KIT 1000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	
XYNTHA SOLOFUSE KIT 2000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	
XYNTHA SOLOFUSE KIT 250 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	
XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	
XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>)	Preferred	

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
HEPATITIS C AGENTS [CLOSED CLASS]		
<i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>	Preferred	QL (Max 84 days of therapy per Lifetime); AGE (Min 3 Years); Max 84-day supply per 1 Fill
MAVYRET PACKET 50-20 MG ORAL (<i>glecaprevir-pibrentasvir</i>)	Preferred	QL (Max 84 days of therapy per Lifetime); AGE (Min 3 Years); Max 84-day supply per 1 Fill
MAVYRET TABLET 100-40 MG ORAL (<i>glecaprevir-pibrentasvir</i>)	Preferred	QL (Max 84 days of therapy per Lifetime); AGE (Min 12 Years); Max 84-day supply per 1 Fill
<i>ledipasvir-sofosbuvir tablet 90-400 mg oral</i>	Non Preferred	PA; AGE (Min 3 Years)
EPCLUSA PACKET 150-37.5 MG ORAL (<i>sofosbuvir-velpatasvir</i>)	Non Preferred	PA; AGE (Min 3 Years)
EPCLUSA PACKET 200-50 MG ORAL (<i>sofosbuvir-velpatasvir</i>)	Non Preferred	PA; AGE (Min 3 Years)
EPCLUSA TABLET 200-50 MG ORAL (<i>sofosbuvir-velpatasvir</i>)	Non Preferred	PA; AGE (Min 3 Years)
EPCLUSA TABLET 400-100 MG ORAL (<i>sofosbuvir-velpatasvir</i>)	Non Preferred	PA; QL (Max 84 days of therapy per Lifetime); AGE (Min 3 Years); Max 84-day supply per 1 Fill
HARVONI PACKET 33.75-150 MG ORAL (<i>ledipasvir-sofosbuvir</i>)	Non Preferred	PA; AGE (Min 3 Years)
HARVONI PACKET 45-200 MG ORAL (<i>ledipasvir-sofosbuvir</i>)	Non Preferred	PA; AGE (Min 3 Years)
HARVONI TABLET 45-200 MG ORAL (<i>ledipasvir-sofosbuvir</i>)	Non Preferred	PA; AGE (Min 3 Years)
HARVONI TABLET 90-400 MG ORAL (<i>ledipasvir-sofosbuvir</i>)	Non Preferred	PA; AGE (Min 3 Years)
PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS (<i>peginterferon alfa-2a</i>)	Non Preferred	PA
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS (<i>peginterferon alfa-2a</i>)	Non Preferred	PA
SOVALDI PACKET 150 MG ORAL (<i>sofosbuvir</i>)	Non Preferred	PA
SOVALDI PACKET 200 MG ORAL (<i>sofosbuvir</i>)	Non Preferred	PA
SOVALDI TABLET 200 MG ORAL (<i>sofosbuvir</i>)	Non Preferred	PA
SOVALDI TABLET 400 MG ORAL (<i>sofosbuvir</i>)	Non Preferred	PA
VOSEVI TABLET 400-100-100 MG ORAL (<i>sofosbuv-velpatasv-voxilaprev</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ZEPATIER TABLET 50-100 MG ORAL (<i>elbasvir-grazoprevir</i>)	Non Preferred	PA
HEREDITARY ANGIOEDEMA (HAE) AGENTS [OPEN CLASS]		
<i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i>	Preferred	PA; AGE (Min 18 Years)
BERINERT KIT 500 UNIT INTRAVENOUS (<i>c1 esterase inhibitor (human)</i>)	Preferred	PA; QL (4 EA per 1 Fill); AGE (Min 6 Years)
KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS (<i>ecallantide</i>)	Preferred	PA; QL (6 ML per 1 Fill); AGE (Min 12 Years)
<i>icatibant acetate</i> (Sajazir Solution Prefilled Syringe 30 Mg/3ML Subcutaneous)	Preferred	PA; AGE (Min 18 Years)
FIRAZYR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS (<i>icatibant acetate</i>)	Non Preferred	PA; AGE (Min 18 Years)
HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS (<i>c1 esterase inhibitor (human)</i>)	Non Preferred	PA; AGE (Min 12 Years)
HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS (<i>c1 esterase inhibitor (human)</i>)	Non Preferred	PA; AGE (Min 12 Years)
ORLADEYO CAPSULE 110 MG ORAL (<i>berotralstat hcl</i>)	Non Preferred	PA; AGE (Min 12 Years)
ORLADEYO CAPSULE 150 MG ORAL (<i>berotralstat hcl</i>)	Non Preferred	PA; AGE (Min 12 Years)
RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS (<i>c1 esterase inhibitor (recomb)</i>)	Non Preferred	PA; AGE (Min 13 Years)
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS (<i>lanadelumab-flyo</i>)	Non Preferred	PA; AGE (Min 2 Years)
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>lanadelumab-flyo</i>)	Non Preferred	PA; AGE (Min 2 Years)
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS (<i>lanadelumab-flyo</i>)	Non Preferred	PA; AGE (Min 2 Years)
HERPES: ORAL [OPEN CLASS]		
<i>acyclovir capsule 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>acyclovir suspension 200 mg/5ml oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>acyclovir tablet 400 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>acyclovir tablet 800 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>famciclovir tablet 125 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>famciclovir tablet 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>famciclovir tablet 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valacyclovir hcl tablet 1 gm oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>valacyclovir hcl tablet 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
SITAVIG TABLET 50 MG BUCCAL (<i>acyclovir</i>)	Non Preferred	PA
VALTRESX TABLET 1 GM ORAL (<i>valacyclovir hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
VALTREX TABLET 500 MG ORAL (<i>valacyclovir hcl</i>)	Non Preferred	PA
HERPES: TOPICAL [OPEN CLASS]		
<i>acyclovir cream 5 % external</i>	Preferred	
<i>acyclovir ointment 5 % external</i>	Preferred	
<i>docosanol cream 10 % external (otc)</i>	Preferred	OTC
<i>ft docosanol cream 10 % external</i>	Preferred	OTC
<i>gnp docosanol cream 10 % external</i>	Preferred	OTC
<i>penciclovir cream 1 % external</i>	Non Preferred	PA
DENAVIR CREAM 1 % EXTERNAL (<i>penciclovir</i>)	Non Preferred	PA
XERESE CREAM 5-1 % EXTERNAL (<i>acyclovir-hydrocortisone</i>)	Non Preferred	PA
ZOVIRAX CREAM 5 % EXTERNAL (<i>acyclovir</i>)	Non Preferred	PA
ZOVIRAX OINTMENT 5 % EXTERNAL (<i>acyclovir</i>)	Non Preferred	PA
HISTAMINE-2 RECEPTOR ANTAGONISTS (H-2 RA) [OPEN CLASS]		
<i>acid reducer maximum strength tablet 20 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>acid reducer tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>famotidine maximum strength tablet 20 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>famotidine orig st tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>famotidine suspension reconstituted 40 mg/5ml oral</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Max 11 Years); Max 90-day supply per 1 Fill
<i>famotidine tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>famotidine tablet 20 mg oral (otc)</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>famotidine tablet 20 mg oral (rx)</i>	Preferred	Max 90-day supply per 1 Fill
<i>famotidine tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ft acid reducer max strength tablet 20 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft acid reducer tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp acid reducer max st tablet 20 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp acid reducer tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>heartburn relief max st tablet 20 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>heartburn relief tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm famotidine tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm acid reducer max st tablet 20 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm acid reducer tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>acid reducer complete tablet chewable 10-800-165 mg oral</i>	Non Preferred	OTC; PA
<i>cimetidine hcl solution 300 mg/5ml oral</i>	Non Preferred	PA
<i>cimetidine tablet 200 mg oral (rx)</i>	Non Preferred	PA
<i>cimetidine tablet 300 mg oral</i>	Non Preferred	PA
<i>cimetidine tablet 400 mg oral</i>	Non Preferred	PA
<i>cimetidine tablet 800 mg oral</i>	Non Preferred	PA
<i>ft acid reducer + antacid tablet chewable 10-800-165 mg oral</i>	Non Preferred	OTC; PA
<i>hm dual action complete tablet chewable 10-800-165 mg oral</i>	Non Preferred	OTC; PA
<i>nizatidine capsule 150 mg oral</i>	Non Preferred	PA
<i>nizatidine capsule 300 mg oral</i>	Non Preferred	PA
PEPCID TABLET 20 MG ORAL (<i>famotidine</i>)	Non Preferred	PA
PEPCID TABLET 40 MG ORAL (<i>famotidine</i>)	Non Preferred	PA
HIV/AIDS [CLOSED CLASS]		
<i>abacavir sulfite solution 20 mg/ml oral</i>	Preferred	QL (30 ML per 1 day); Max 90-day supply per 1 Fill
<i>abacavir sulfite tablet 300 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>abacavir sulfite-lamivudine tablet 600-300 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>atazanavir sulfite capsule 150 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>atazanavir sulfate capsule 200 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>atazanavir sulfate capsule 300 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>efavirenz tablet 600 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>efavirenz-emtricitab-tenofo df tablet 600-200-300 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>emtricitabine capsule 200 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>emtricitabine-tenofovir df tablet 100-150 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>emtricitabine-tenofovir df tablet 133-200 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>emtricitabine-tenofovir df tablet 167-250 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>etravirine tablet 100 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>etravirine tablet 200 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>fosamprenavir calcium tablet 700 mg oral</i>	Preferred	QL (4 EA per 1 day); Max 90-day supply per 1 Fill
<i>lamivudine solution 10 mg/ml oral</i>	Preferred	QL (30 ML per 1 day); Max 90-day supply per 1 Fill
<i>lamivudine tablet 150 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>lamivudine tablet 300 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>lamivudine-zidovudine tablet 150-300 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>lopinavir-ritonavir solution 400-100 mg/5ml oral</i>	Preferred	QL (10 ML per 1 day); Max 90-day supply per 1 Fill
<i>lopinavir-ritonavir tablet 100-25 mg oral</i>	Preferred	QL (10 EA per 1 day); Max 90-day supply per 1 Fill
<i>lopinavir-ritonavir tablet 200-50 mg oral</i>	Preferred	QL (4 EA per 1 day); Max 90-day supply per 1 Fill
<i>maraviroc tablet 150 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>maraviroc tablet 300 mg oral</i>	Preferred	QL (4 EA per 1 day); Max 90-day supply per 1 Fill
<i>nevirapine er tablet extended release 24 hour 100 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>nevirapine er tablet extended release 24 hour 400 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>nevirapine suspension 50 mg/5ml oral</i>	Preferred	QL (40 ML per 1 day); Max 90-day supply per 1 Fill
<i>nevirapine tablet 200 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>ritonavir tablet 100 mg oral</i>	Preferred	QL (12 EA per 1 day); Max 90-day supply per 1 Fill
<i>tenofovir disoproxil fumarate tablet 300 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>zidovudine capsule 100 mg oral</i>	Preferred	QL (6 EA per 1 day); Max 90-day supply per 1 Fill
<i>zidovudine syrup 50 mg/5ml oral</i>	Preferred	QL (60 ML per 1 day); Max 90-day supply per 1 Fill
<i>zidovudine tablet 300 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
APRETUDE SUSPENSION EXTENDED RELEASE 600 MG/3ML INTRAMUSCULAR (<i>cabotegravir</i>)	Preferred	QL (3 ML per 28 days); Max 56-day supply per 1 Fill
BIKTARVY TABLET 30-120-15 MG ORAL (<i>bictegravir-emtricitab-tenofovir</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
BIKTARVY TABLET 50-200-25 MG ORAL (<i>bictegravir-emtricitab-tenofovir</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
CABENUVA SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML INTRAMUSCULAR (<i>cabotegravir & rilpivirine</i>)	Preferred	QL (12 ML per 84 days); Max 90-day supply per 1 Fill
CABENUVA SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML INTRAMUSCULAR (<i>cabotegravir & rilpivirine</i>)	Preferred	QL (6 ML per 28 days); Max 90-day supply per 1 Fill
CIMDUO TABLET 300-300 MG ORAL (<i>lamivudine-tenofovir</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
COMPLERA TABLET 200-25-300 MG ORAL (<i>emtricitab-rilpivir-tenofovir</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
DELSTRIGO TABLET 100-300-300 MG ORAL (<i>doravirin-lamivudin-tenofovir df</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
DESCOVY TABLET 120-15 MG ORAL (<i>emtricitabine-tenofovir af</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
DESCOVY TABLET 200-25 MG ORAL (<i>emtricitabine-tenofovir af</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
DOVATO TABLET 50-300 MG ORAL (<i>dolutegravir-lamivudine</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
EDURANT TABLET 25 MG ORAL (<i>rilpivirine hcl</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
EMTRIVA CAPSULE 200 MG ORAL (<i>emtricitabine</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
EMTRIVA SOLUTION 10 MG/ML ORAL (<i>emtricitabine</i>)	Preferred	QL (24 ML per 1 day); Max 90-day supply per 1 Fill
EPIVIR SOLUTION 10 MG/ML ORAL (<i>lamivudine</i>)	Preferred	QL (30 ML per 1 day); Max 90-day supply per 1 Fill
EVOTAZ TABLET 300-150 MG ORAL (<i>atazanavir-cobicistat</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS (<i>enfuvirtide</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
GENVOYA TABLET 150-150-200-10 MG ORAL (<i>elviteg-cobic-emtricit-tenofaf</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
INTELENCE TABLET 100 MG ORAL (<i>etravirine</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
INTELENCE TABLET 200 MG ORAL (<i>etravirine</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
INTELENCE TABLET 25 MG ORAL (<i>etravirine</i>)	Preferred	QL (4 EA per 1 day); Max 90-day supply per 1 Fill
ISENTRESS HD TABLET 600 MG ORAL (<i>raltegravir potassium</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
ISENTRESS PACKET 100 MG ORAL (<i>raltegravir potassium</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
ISENTRESS TABLET 400 MG ORAL (<i>raltegravir potassium</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
ISENTRESS TABLET CHEWABLE 100 MG ORAL (<i>raltegravir potassium</i>)	Preferred	QL (6 EA per 1 day); Max 90-day supply per 1 Fill
ISENTRESS TABLET CHEWABLE 25 MG ORAL (<i>raltegravir potassium</i>)	Preferred	QL (6 EA per 1 day); Max 90-day supply per 1 Fill
JULUCA TABLET 50-25 MG ORAL (<i>dolutegravir-rilpivirine</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
LEXIVA TABLET 700 MG ORAL (<i>fosamprenavir calcium</i>)	Preferred	QL (4 EA per 1 day); Max 90-day supply per 1 Fill
NORVIR PACKET 100 MG ORAL (<i>ritonavir</i>)	Preferred	QL (12 EA per 1 day); Max 90-day supply per 1 Fill
ODEFSEY TABLET 200-25-25 MG ORAL (<i>emtricitab-rilpivir-tenofov af</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
PIFELTRO TABLET 100 MG ORAL (<i>doravirine</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
PREZCOBIX TABLET 800-150 MG ORAL (<i>darunavir-cobicistat</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
PREZISTA SUSPENSION 100 MG/ML ORAL (<i>darunavir</i>)	Preferred	QL (12 ML per 1 day); Max 90-day supply per 1 Fill
PREZISTA TABLET 150 MG ORAL (<i>darunavir</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
PREZISTA TABLET 600 MG ORAL (<i>darunavir</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
PREZISTA TABLET 75 MG ORAL (<i>darunavir</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
PREZISTA TABLET 800 MG ORAL (<i>darunavir</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
RETROVIR CAPSULE 100 MG ORAL (<i>zidovudine</i>)	Preferred	QL (6 EA per 1 day); Max 90-day supply per 1 Fill
REYATAZ PACKET 50 MG ORAL (<i>atazanavir sulfate</i>)	Preferred	QL (6 EA per 1 day); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL (<i>fostemsavir tromethamine</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
SELZENTRY SOLUTION 20 MG/ML ORAL (<i>maraviroc</i>)	Preferred	QL (30 ML per 1 day); Max 90-day supply per 1 Fill
SELZENTRY TABLET 150 MG ORAL (<i>maraviroc</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
SELZENTRY TABLET 25 MG ORAL (<i>maraviroc</i>)	Preferred	QL (8 EA per 1 day); Max 90-day supply per 1 Fill
SELZENTRY TABLET 300 MG ORAL (<i>maraviroc</i>)	Preferred	QL (4 EA per 1 day); Max 90-day supply per 1 Fill
SELZENTRY TABLET 75 MG ORAL (<i>maraviroc</i>)	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
STRIBILD TABLET 150-150-200-300 MG ORAL (<i>elviteg-cobic-emtricit-tenofdf</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS (<i>lenacapavir sodium</i>)	Preferred	AGE (Min 18 Years)
SUNLENCA TABLET THERAPY PACK 4 X 300 MG ORAL (<i>lenacapavir sodium</i>)	Preferred	AGE (Min 18 Years)
SUNLENCA TABLET THERAPY PACK 5 X 300 MG ORAL (<i>lenacapavir sodium</i>)	Preferred	AGE (Min 18 Years)
SYMFI LO TABLET 400-300-300 MG ORAL (<i>efavirenz-lamivudine-tenofovir</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
SYMFI TABLET 600-300-300 MG ORAL (<i>efavirenz-lamivudine-tenofovir</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
SYMTUZA TABLET 800-150-200-10 MG ORAL (<i>darun-cobic-emtricit-tenofaf</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
TIVICAY PD TABLET SOLUBLE 5 MG ORAL (<i>dolutegravir sodium</i>)	Preferred	QL (6 EA per 1 day); Max 90-day supply per 1 Fill
TIVICAY TABLET 10 MG ORAL (<i>dolutegravir sodium</i>)	Preferred	QL (6 EA per 1 day); Max 90-day supply per 1 Fill
TIVICAY TABLET 25 MG ORAL (<i>dolutegravir sodium</i>)	Preferred	QL (6 EA per 1 day); Max 90-day supply per 1 Fill
TIVICAY TABLET 50 MG ORAL (<i>dolutegravir sodium</i>)	Preferred	QL (6 EA per 1 day); Max 90-day supply per 1 Fill
TRIUMEQ PD TABLET SOLUBLE 60-5-30 MG ORAL (<i>abacavir-dolutegravir-lamivud</i>)	Preferred	QL (6 EA per 1 day); Max 90-day supply per 1 Fill
TRIUMEQ TABLET 600-50-300 MG ORAL (<i>abacavir-dolutegravir-lamivud</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
TRUVADA TABLET 100-150 MG ORAL (<i>emtricitabine-tenofovir df</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
TRUVADA TABLET 133-200 MG ORAL (<i>emtricitabine-tenofovir df</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
TRUVADA TABLET 167-250 MG ORAL (<i>emtricitabine-tenofovir df</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
TRUVADA TABLET 200-300 MG ORAL (<i>emtricitabine-tenofovir df</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
TYBOST TABLET 150 MG ORAL (<i>cobicistat</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
VIREAD POWDER 40 MG/GM ORAL (<i>tenofovir disoproxil fumarate</i>)	Preferred	QL (1 GM per 1 day); Max 90-day supply per 1 Fill
ZIAGEN SOLUTION 20 MG/ML ORAL (<i>abacavir sulfate</i>)	Preferred	QL (30 ML per 1 day); Max 90-day supply per 1 Fill
<i>darunavir tablet 600 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>darunavir tablet 600 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>darunavir tablet 800 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>darunavir tablet 800 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>didanosine capsule delayed release 250 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>didanosine capsule delayed release 400 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>efavirenz capsule 200 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>efavirenz capsule 50 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>stavudine capsule 40 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
APTIVUS CAPSULE 250 MG ORAL (<i>tipranavir</i>)	Non Preferred	PA; QL (4 EA per 1 day)
ATRIPLA TABLET 600-200-300 MG ORAL (<i>efavirenz-emtricitabine-tenofovir DF</i>)	Non Preferred	PA; QL (1 EA per 1 day)
COMBIVIR TABLET 150-300 MG ORAL (<i>lamivudine-zidovudine</i>)	Non Preferred	PA; QL (2 EA per 1 day)
EPIVIR TABLET 150 MG ORAL (<i>lamivudine</i>)	Non Preferred	PA; QL (2 EA per 1 day)
EPIVIR TABLET 300 MG ORAL (<i>lamivudine</i>)	Non Preferred	PA; QL (1 EA per 1 day)
EPZICOM TABLET 600-300 MG ORAL (<i>abacavir sulfate-lamivudine</i>)	Non Preferred	PA; QL (1 EA per 1 day)
KALETRA SOLUTION 400-100 MG/5ML ORAL (<i>lopinavir-ritonavir</i>)	Non Preferred	PA; QL (10 ML per 1 day)
KALETRA TABLET 100-25 MG ORAL (<i>lopinavir-ritonavir</i>)	Non Preferred	PA; QL (10 EA per 1 day)
KALETRA TABLET 200-50 MG ORAL (<i>lopinavir-ritonavir</i>)	Non Preferred	PA; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
LEXIVA SUSPENSION 50 MG/ML ORAL (<i>fosamprenavir calcium</i>)	Non Preferred	PA; QL (56 ML per 1 day)
NORVIR TABLET 100 MG ORAL (<i>ritonavir</i>)	Non Preferred	PA; QL (12 EA per 1 day)
RETROVIR SYRUP 50 MG/5ML ORAL (<i>zidovudine</i>)	Non Preferred	PA; QL (60 ML per 1 day)
REYATAZ CAPSULE 200 MG ORAL (<i>atazanavir sulfate</i>)	Non Preferred	PA; QL (2 EA per 1 day)
REYATAZ CAPSULE 300 MG ORAL (<i>atazanavir sulfate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
TRIZIVIR TABLET 300-150-300 MG ORAL (<i>abacavir-lamivudine-zidovudine</i>)	Non Preferred	PA; QL (2 EA per 1 day)
TROGARZO SOLUTION 200 MG/1.33ML INTRAVENOUS (<i>ibalizumab-uiyk</i>)	Non Preferred	PA
VIRACEPT TABLET 250 MG ORAL (<i>nelfinavir mesylate</i>)	Non Preferred	PA; QL (10 EA per 1 day)
VIRACEPT TABLET 625 MG ORAL (<i>nelfinavir mesylate</i>)	Non Preferred	PA; QL (4 EA per 1 day)
VIREAD TABLET 150 MG ORAL (<i>tenofovir disoproxil fumarate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
VIREAD TABLET 200 MG ORAL (<i>tenofovir disoproxil fumarate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
VIREAD TABLET 250 MG ORAL (<i>tenofovir disoproxil fumarate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
VIREAD TABLET 300 MG ORAL (<i>tenofovir disoproxil fumarate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
ZIAGEN TABLET 300 MG ORAL (<i>abacavir sulfate</i>)	Non Preferred	PA; QL (2 EA per 1 day)
IMMUNOMODULATORS ATOPIC DERMATITIS [CLOSED CLASS]		
<i>tacrolimus ointment 0.03 % external</i>	Preferred	PA (Eligible for auto-PA approval); QL (30 GM per 30 days); AGE (Min 2 Years)
<i>tacrolimus ointment 0.1 % external</i>	Preferred	PA (Eligible for auto-PA approval); QL (30 GM per 30 days); AGE (Min 16 Years)
ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>tralokinumab-ldrm</i>)	Preferred	PA; QL (4 ML per 28 days); AGE (Min 18 Years)
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS (<i>dupilumab</i>)	Preferred	PA (Eligible for auto-PA approval)
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS (<i>dupilumab</i>)	Preferred	PA (Eligible for auto-PA approval)
DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS (<i>dupilumab</i>)	Preferred	PA
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS (<i>dupilumab</i>)	Preferred	PA (Eligible for auto-PA approval)

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Drug Name	Formulary Status	Requirements/Limits
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS (<i>dupilumab</i>)	Preferred	PA (Eligible for auto-PA approval)
ELIDEL CREAM 1 % EXTERNAL (<i>pimecrolimus</i>)	Preferred	PA (Eligible for auto-PA approval); QL (30 GM per 30 days); AGE (Min 2 Years)
EUCRISA OINTMENT 2 % EXTERNAL (<i>crisaborole</i>)	Preferred	PA (Eligible for auto-PA approval); QL (300 GM per 365 days); AGE (Min 3 months)
<i>pimecrolimus cream 1 % external</i>	Non Preferred	PA; QL (30 GM per 30 days); AGE (Min 2 Years)
OPZELURA CREAM 1.5 % EXTERNAL (<i>ruxolitinib phosphate</i>)	Non Preferred	PA; QL (240 GM per 30 days); AGE (Min 12 Years)
PROTOPIC OINTMENT 0.03 % EXTERNAL (<i>tacrolimus</i>)	Non Preferred	PA; QL (30 GM per 30 days); AGE (Min 2 Years)
PROTOPIC OINTMENT 0.1 % EXTERNAL (<i>tacrolimus</i>)	Non Preferred	PA; QL (30 GM per 30 days); AGE (Min 16 Years)
ZORYVE FOAM 0.3 % EXTERNAL (<i>roflumilast (antiseborrheic)</i>)	Non Preferred	PA; AGE (Min 6 Years)
IMMUNOMODULATORS: ASTHMA [CLOSED CLASS]		
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS (<i>benralizumab</i>)	Preferred	PA; AGE (Min 12 Years)
FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS (<i>benralizumab</i>)	Preferred	PA; AGE (Min 12 Years)
XOLAIR SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS (<i>omalizumab</i>)	Preferred	PA; AGE (Min 1 Years)
XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS (<i>omalizumab</i>)	Preferred	PA; AGE (Min 1 Years)
XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS (<i>omalizumab</i>)	Preferred	PA; AGE (Min 1 Years)
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>omalizumab</i>)	Preferred	PA; AGE (Min 1 Years)
XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS (<i>omalizumab</i>)	Preferred	PA; AGE (Min 1 Years)
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS (<i>omalizumab</i>)	Preferred	PA; AGE (Min 1 Years)
XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS (<i>omalizumab</i>)	Preferred	PA; AGE (Min 1 Years)
CINQAIR SOLUTION 100 MG/10ML INTRAVENOUS (<i>reslizumab</i>)	Non Preferred	PA; AGE (Min 18 Years)
TEZSPIRE SOLUTION AUTO-INJECTOR 210 MG/1.91ML SUBCUTANEOUS (<i>tezepelumab-ekko</i>)	Non Preferred	PA; AGE (Min 12 Years)
TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS (<i>tezepelumab-ekko</i>)	Non Preferred	PA; AGE (Min 12 Years)
INFLUENZA [OPEN CLASS]		
<i>oseltamivir phosphate capsule 30 mg oral</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>oseltamivir phosphate capsule 45 mg oral</i>	Preferred	
<i>oseltamivir phosphate capsule 75 mg oral</i>	Preferred	
<i>oseltamivir phosphate suspension reconstituted 6 mg/ml oral</i>	Preferred	
<i>rimantadine hcl tablet 100 mg oral</i>	Non Preferred	PA
FLUMADINE TABLET 100 MG ORAL (<i>rimantadine hcl</i>)	Non Preferred	PA
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION (<i>zanamivir</i>)	Non Preferred	PA
TAMIFLU CAPSULE 30 MG ORAL (<i>oseltamivir phosphate</i>)	Non Preferred	PA
TAMIFLU CAPSULE 45 MG ORAL (<i>oseltamivir phosphate</i>)	Non Preferred	PA
TAMIFLU CAPSULE 75 MG ORAL (<i>oseltamivir phosphate</i>)	Non Preferred	PA
TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL (<i>oseltamivir phosphate</i>)	Non Preferred	PA
XOFLUZA (40 MG DOSE) TABLET THERAPY PACK 1 X 40 MG ORAL (<i>baloxavir marboxil</i>)	Non Preferred	PA
XOFLUZA (80 MG DOSE) TABLET THERAPY PACK 1 X 80 MG ORAL (<i>baloxavir marboxil</i>)	Non Preferred	PA
INHALED CORTICOSTEROIDS: COMBINATIONS [CLOSED CLASS]		
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>)	Preferred	Max 90-day supply per 1 Fill
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>)	Preferred	Max 90-day supply per 1 Fill
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>)	Preferred	Max 90-day supply per 1 Fill
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>)	Preferred	Max 90-day supply per 1 Fill
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>)	Preferred	Max 90-day supply per 1 Fill
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>)	Preferred	Max 90-day supply per 1 Fill
DULERA AEROSOL 100-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>)	Preferred	Max 90-day supply per 1 Fill
DULERA AEROSOL 200-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>)	Preferred	Max 90-day supply per 1 Fill
DULERA AEROSOL 50-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>)	Preferred	Max 90-day supply per 1 Fill
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION (<i>budesonide-formoterol fumarate</i>)	Preferred	Max 90-day supply per 1 Fill
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION (<i>budesonide-formoterol fumarate</i>)	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION (<i>fluticasone-umeclidin-vilant</i>)	Preferred	Max 90-day supply per 1 Fill
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION (<i>fluticasone-umeclidin-vilant</i>)	Preferred	
<i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	Non Preferred	PA
<i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone furoate-vilanterol aerosol powder breath activated 100-25 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone furoate-vilanterol aerosol powder breath activated 200-25 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone-salmeterol aerosol 115-21 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone-salmeterol aerosol 230-21 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone-salmeterol aerosol 45-21 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	Non Preferred	PA
<i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i>	Non Preferred	PA
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION (<i>fluticasone-salmeterol(sensor)</i>)	Non Preferred	PA
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION (<i>fluticasone-salmeterol(sensor)</i>)	Non Preferred	PA
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION (<i>fluticasone-salmeterol(sensor)</i>)	Non Preferred	PA
AIRDUO RESPICLICK 113/14 AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>)	Non Preferred	PA
AIRDUO RESPICLICK 232/14 AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>)	Non Preferred	PA
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION (<i>albuterol-budesonide</i>)	Non Preferred	PA; AGE (Min 18 Years)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (<i>fluticasone furoate-vilanterol</i>)	Non Preferred	PA
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (<i>fluticasone furoate-vilanterol</i>)	Non Preferred	PA
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH INHALATION (<i>fluticasone furoate-vilanterol</i>)	Non Preferred	PA
<i>budesonide-formoterol fumarate</i> (Breyna Aerosol 160-4.5 Mcg/Act Inhalation)	Non Preferred	PA
<i>budesonide-formoterol fumarate</i> (Breyna Aerosol 80-4.5 Mcg/Act Inhalation)	Non Preferred	PA
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION (<i>budeson-glycopyrrol-formoterol</i>)	Non Preferred	PA
<i>fluticasone-salmeterol</i> (Wixela Inhub Aerosol Powder Breath Activated 100-50 Mcg/Act Inhalation)	Non Preferred	PA
<i>fluticasone-salmeterol</i> (Wixela Inhub Aerosol Powder Breath Activated 250-50 Mcg/Act Inhalation)	Non Preferred	PA
<i>fluticasone-salmeterol</i> (Wixela Inhub Aerosol Powder Breath Activated 500-50 Mcg/Act Inhalation)	Non Preferred	PA
INHALED CORTICOSTEROIDS: MDIS [CLOSED CLASS]		
<i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluticasone propionate hfa aerosol 220 mcg/act inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	Preferred	Max 90-day supply per 1 Fill
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION (<i>fluticasone furoate</i>)	Preferred	Max 90-day supply per 1 Fill
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION (<i>fluticasone furoate</i>)	Preferred	Max 90-day supply per 1 Fill
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION (<i>fluticasone furoate</i>)	Preferred	Max 90-day supply per 1 Fill
ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION (<i>mometasone furoate</i>)	Preferred	Max 90-day supply per 1 Fill
ASMANEX (14 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION (<i>mometasone furoate</i>)	Preferred	Max 90-day supply per 1 Fill
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION (<i>mometasone furoate</i>)	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION (<i>mometasone furoate</i>)	Preferred	Max 90-day supply per 1 Fill
ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION (<i>mometasone furoate</i>)	Preferred	Max 90-day supply per 1 Fill
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION (<i>fluticasone propionate (inhal)</i>)	Preferred	Max 90-day supply per 1 Fill
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT INHALATION (<i>fluticasone propionate (inhal)</i>)	Preferred	Max 90-day supply per 1 Fill
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION (<i>fluticasone propionate (inhal)</i>)	Preferred	Max 90-day supply per 1 Fill
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION (<i>fluticasone propionate hfa</i>)	Preferred	Max 90-day supply per 1 Fill
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION (<i>fluticasone propionate hfa</i>)	Preferred	Max 90-day supply per 1 Fill
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION (<i>fluticasone propionate hfa</i>)	Preferred	Max 90-day supply per 1 Fill
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION (<i>budesonide</i>)	Preferred	Max 90-day supply per 1 Fill
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION (<i>budesonide</i>)	Preferred	Max 90-day supply per 1 Fill
ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION (<i>ciclesonide</i>)	Non Preferred	PA
ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION (<i>ciclesonide</i>)	Non Preferred	PA
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT INHALATION (<i>fluticasone propionate(sensor)</i>)	Non Preferred	PA
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT INHALATION (<i>fluticasone propionate(sensor)</i>)	Non Preferred	PA
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT INHALATION (<i>fluticasone propionate(sensor)</i>)	Non Preferred	PA
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION (<i>mometasone furoate</i>)	Non Preferred	PA
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION (<i>mometasone furoate</i>)	Non Preferred	PA
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION (<i>mometasone furoate</i>)	Non Preferred	PA
QVAR REDHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION (<i>beclomethasone diprop hfa</i>)	Non Preferred	PA
QVAR REDHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION (<i>beclomethasone diprop hfa</i>)	Non Preferred	PA
INHALED CORTICOSTEROIDS: NEBULIZER SOLUTION [CLOSED CLASS]		
<i>budesonide suspension 0.25 mg/2ml inhalation</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>budesonide suspension 0.5 mg/2ml inhalation</i>	Preferred	Max 90-day supply per 1 Fill
<i>budesonide suspension 1 mg/2ml inhalation</i>	Preferred	Max 90-day supply per 1 Fill
PULMICORT SUSPENSION 0.25 MG/2ML INHALATION (<i>budesonide</i>)	Non Preferred	PA
PULMICORT SUSPENSION 0.5 MG/2ML INHALATION (<i>budesonide</i>)	Non Preferred	PA
PULMICORT SUSPENSION 1 MG/2ML INHALATION (<i>budesonide</i>)	Non Preferred	PA
INSULINS: INSULIN MIX [OPEN CLASS]		
<i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per 1 Fill
<i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per 1 Fill
HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro prot & lispro</i>)	Preferred	
HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro prot & lispro</i>)	Preferred	Max 90-day supply per 1 Fill
HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro prot & lispro</i>)	Preferred	Max 90-day supply per 1 Fill
HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
<i>insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous</i>	Non Preferred	PA
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro prot & lispro</i>)	Non Preferred	PA
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Non Preferred	OTC; PA
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Non Preferred	OTC; PA
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Non Preferred	OTC; PA
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>)	Non Preferred	OTC; PA
NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart prot & aspart</i>)	Non Preferred	PA
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart prot & aspart</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart prot & aspart</i>)	Non Preferred	PA
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart prot & aspart</i>)	Non Preferred	PA
INSULINS: INSULIN N [OPEN CLASS]		
HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>)	Non Preferred	OTC; PA
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (OTC) (<i>insulin nph human (isophane)</i>)	Non Preferred	OTC; PA
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>)	Non Preferred	OTC; PA
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>)	Non Preferred	OTC; PA
INSULINS: INSULIN R [OPEN CLASS]		
HUMULIN R SOLUTION 100 UNIT/ML INJECTION (<i>insulin regular human</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (<i>insulin regular human</i>)	Non Preferred	OTC; PA
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (<i>insulin regular human</i>)	Non Preferred	OTC; PA
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION (<i>insulin regular human</i>)	Non Preferred	OTC; PA
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (<i>insulin regular human</i>)	Non Preferred	OTC; PA
INSULINS: LONG-ACTING [OPEN CLASS]		
<i>insulin glargine solostar solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per 1 Fill
<i>insulin glargine solution 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per 1 Fill
<i>insulin glargine-yfgn solution 100 unit/ml subcutaneous</i>	Preferred	
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Preferred	Max 90-day supply per 1 Fill
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Preferred	Max 90-day supply per 1 Fill
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Preferred	Max 90-day supply per 1 Fill
LEVEMIR FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin detemir</i>)	Preferred	Max 90-day supply per 1 Fill
LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin detemir</i>)	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin detemir</i>)	Preferred	Max 90-day supply per 1 Fill
REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine-aglr</i>)	Preferred	
<i>insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous</i>	Non Preferred	PA
<i>insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous</i>	Non Preferred	PA
<i>insulin degludec solution 100 unit/ml subcutaneous</i>	Non Preferred	PA
BASAGLAR TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Non Preferred	PA
SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine-yfgn</i>)	Non Preferred	PA
SEMGLEE (YFGN) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine-yfgn</i>)	Non Preferred	PA
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Non Preferred	PA
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Non Preferred	PA
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin degludec</i>)	Non Preferred	PA
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS (<i>insulin degludec</i>)	Non Preferred	PA
TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin degludec</i>)	Non Preferred	PA
INSULINS: RAPID-ACTING [OPEN CLASS]		
<i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per 1 Fill
<i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per 1 Fill
<i>insulin aspart solution 100 unit/ml injection</i>	Preferred	Max 90-day supply per 1 Fill
<i>insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per 1 Fill
<i>insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous</i>	Preferred	Max 90-day supply per 1 Fill
<i>insulin lispro solution 100 unit/ml injection</i>	Preferred	Max 90-day supply per 1 Fill
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Preferred	Max 90-day supply per 1 Fill
ADMELOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro</i>)	Preferred	Max 90-day supply per 1 Fill
HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Preferred	Max 90-day supply per 1 Fill
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Preferred	Max 90-day supply per 1 Fill
HUMALOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro</i>)	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Preferred	Max 90-day supply per 1 Fill
HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS (<i>insulin regular human</i>)	Preferred	Max 90-day supply per 1 Fill
HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS (<i>insulin regular human</i>)	Preferred	Max 90-day supply per 1 Fill
NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart</i>)	Preferred	Max 90-day supply per 1 Fill
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart</i>)	Preferred	Max 90-day supply per 1 Fill
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart</i>)	Preferred	Max 90-day supply per 1 Fill
NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION (<i>insulin aspart</i>)	Preferred	Max 90-day supply per 1 Fill
NOVOLOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin aspart</i>)	Preferred	Max 90-day supply per 1 Fill
AFREZZA POWDER 12 UNIT INHALATION (<i>insulin regular human</i>)	Non Preferred	PA
AFREZZA POWDER 4 UNIT INHALATION (<i>insulin regular human</i>)	Non Preferred	PA
AFREZZA POWDER 60X4 & 60X8 & 60X12 UNIT INHALATION (<i>insulin regular human</i>)	Non Preferred	PA
AFREZZA POWDER 8 UNIT INHALATION (<i>insulin regular human</i>)	Non Preferred	PA
AFREZZA POWDER 90 X 4 UNIT & 90X8 UNIT INHALATION (<i>insulin regular human</i>)	Non Preferred	PA
AFREZZA POWDER 90 X 8 UNIT & 90X12 UNIT INHALATION (<i>insulin regular human</i>)	Non Preferred	PA
APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glulisine</i>)	Non Preferred	PA
APIDRA SOLUTION 100 UNIT/ML INJECTION (<i>insulin glulisine</i>)	Non Preferred	PA
FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart (w/niacinamide)</i>)	Non Preferred	PA
FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart (w/niacinamide)</i>)	Non Preferred	PA
FIASP SOLUTION 100 UNIT/ML INJECTION (<i>insulin aspart (w/niacinamide)</i>)	Non Preferred	PA
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Non Preferred	PA
HUMALOG TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Non Preferred	PA
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro-aabc</i>)	Non Preferred	PA
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS (<i>insulin lispro-aabc</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
LYUMJEV SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro-aabc</i>)	Non Preferred	PA
LYUMJEV TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro-aabc</i>)	Non Preferred	PA
INTRANASAL ANTIHISTAMINES [OPEN CLASS]		
<i>azelastine hcl solution 0.1 % nasal</i>	Preferred	
<i>azelastine hcl solution 137 mcg/spray nasal</i>	Preferred	
<i>azelastine hcl solution 0.15 % nasal</i>	Non Preferred	PA
<i>olopatadine hcl solution 0.6 % nasal</i>	Non Preferred	PA
PATANASE SOLUTION 0.6 % NASAL (<i>olopatadine hcl</i>)	Non Preferred	PA
RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL (<i>olopatadine-mometasone</i>)	Non Preferred	PA; AGE (Min 6 Years)
LEUKOTRIENE RECEPTOR ANTAGONISTS [OPEN CLASS]		
<i>montelukast sodium tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>montelukast sodium tablet chewable 4 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>montelukast sodium tablet chewable 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>montelukast sodium packet 4 mg oral</i>	Non Preferred	PA
<i>zafirlukast tablet 10 mg oral</i>	Non Preferred	PA
<i>zafirlukast tablet 20 mg oral</i>	Non Preferred	PA
<i>zileuton er tablet extended release 12 hour 600 mg oral</i>	Non Preferred	PA
ACCOLATE TABLET 10 MG ORAL (<i>zafirlukast</i>)	Non Preferred	PA
ACCOLATE TABLET 20 MG ORAL (<i>zafirlukast</i>)	Non Preferred	PA
SINGULAIR PACKET 4 MG ORAL (<i>montelukast sodium</i>)	Non Preferred	PA
SINGULAIR TABLET 10 MG ORAL (<i>montelukast sodium</i>)	Non Preferred	PA
SINGULAIR TABLET CHEWABLE 4 MG ORAL (<i>montelukast sodium</i>)	Non Preferred	PA
SINGULAIR TABLET CHEWABLE 5 MG ORAL (<i>montelukast sodium</i>)	Non Preferred	PA
ZYFLO TABLET 600 MG ORAL (<i>zileuton</i>)	Non Preferred	PA
LIPOTROPICS: BILE ACID SEQUESTRANTS [OPEN CLASS]		
<i>cholestyramine light packet 4 gm oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>cholestyramine light powder 4 gm/dose oral</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>cholestyramine packet 4 gm oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>cholestyramine powder 4 gm/dose oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>colestipol hcl tablet 1 gm oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>cholestyramine light (Prevalite Packet 4 Gm Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>cholestyramine light (Prevalite Powder 4 Gm/Dose Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>colesevelam hcl packet 3.75 gm oral</i>	Non Preferred	PA
<i>colesevelam hcl tablet 625 mg oral</i>	Non Preferred	PA
<i>colestipol hcl granules 5 gm oral</i>	Non Preferred	PA
<i>colestipol hcl packet 5 gm oral</i>	Non Preferred	PA
COLESTID FLAVORED GRANULES 5 GM ORAL (<i>colestipol hcl</i>)	Non Preferred	PA
COLESTID FLAVORED PACKET 5 GM ORAL (<i>colestipol hcl</i>)	Non Preferred	PA
COLESTID GRANULES 5 GM ORAL (<i>colestipol hcl</i>)	Non Preferred	PA
COLESTID PACKET 5 GM ORAL (<i>colestipol hcl</i>)	Non Preferred	PA
COLESTID TABLET 1 GM ORAL (<i>colestipol hcl</i>)	Non Preferred	PA
QUESTRAN LIGHT POWDER 4 GM/DOSE ORAL (<i>cholestyramine light</i>)	Non Preferred	PA
QUESTRAN PACKET 4 GM ORAL (<i>cholestyramine</i>)	Non Preferred	PA
QUESTRAN POWDER 4 GM/DOSE ORAL (<i>cholestyramine</i>)	Non Preferred	PA
WELCHOL PACKET 3.75 GM ORAL (<i>colesevelam hcl</i>)	Non Preferred	PA
WELCHOL TABLET 625 MG ORAL (<i>colesevelam hcl</i>)	Non Preferred	PA
LIPOTROPICS: CHOLESTEROL ABSORPTION INHIBITORS (CAI) AND/OR ADENOSINE TRIPHOSPHATE CITRATE LYASE (ACL) INHIBITORS [OPEN CLASS]		
<i>ezetimibe tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
NEXLETOL TABLET 180 MG ORAL (<i>bempedoic acid</i>)	Non Preferred	PA; AGE (Min 18 Years)
NEXLIZET TABLET 180-10 MG ORAL (<i>bempedoic acid-ezetimibe</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZETIA TABLET 10 MG ORAL (<i>ezetimibe</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
LIPOTROPICS: FIBRIC ACID DERIVATIVES [OPEN CLASS]		
<i>fenofibrate tablet 145 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fenofibrate tablet 48 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>gemfibrozil tablet 600 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>fenofibrate capsule 134 mg oral</i>	Non Preferred	PA
<i>fenofibrate capsule 150 mg oral</i>	Non Preferred	PA
<i>fenofibrate capsule 200 mg oral</i>	Non Preferred	PA
<i>fenofibrate capsule 50 mg oral</i>	Non Preferred	PA
<i>fenofibrate capsule 67 mg oral</i>	Non Preferred	PA
<i>fenofibrate micronized capsule 130 mg oral</i>	Non Preferred	PA
<i>fenofibrate micronized capsule 134 mg oral</i>	Non Preferred	PA
<i>fenofibrate micronized capsule 200 mg oral</i>	Non Preferred	PA
<i>fenofibrate micronized capsule 43 mg oral</i>	Non Preferred	PA
<i>fenofibrate micronized capsule 67 mg oral</i>	Non Preferred	PA
<i>fenofibrate micronized capsule 90 mg oral</i>	Non Preferred	PA
<i>fenofibrate tablet 120 mg oral</i>	Non Preferred	PA
<i>fenofibrate tablet 160 mg oral</i>	Non Preferred	PA
<i>fenofibrate tablet 40 mg oral</i>	Non Preferred	PA
<i>fenofibrate tablet 54 mg oral</i>	Non Preferred	PA
<i>fenofibric acid capsule delayed release 135 mg oral</i>	Non Preferred	PA
<i>fenofibric acid capsule delayed release 45 mg oral</i>	Non Preferred	PA
<i>fenofibric acid tablet 105 mg oral</i>	Non Preferred	PA
<i>fenofibric acid tablet 35 mg oral</i>	Non Preferred	PA
FENOGLIDE TABLET 120 MG ORAL (<i>fenofibrate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
FENOGLIDE TABLET 40 MG ORAL (<i>fenofibrate</i>)	Non Preferred	PA
LIPOFEN CAPSULE 150 MG ORAL (<i>fenofibrate</i>)	Non Preferred	PA
LIPOFEN CAPSULE 50 MG ORAL (<i>fenofibrate</i>)	Non Preferred	PA
LOPID TABLET 600 MG ORAL (<i>gemfibrozil</i>)	Non Preferred	PA
TRICOR TABLET 145 MG ORAL (<i>fenofibrate</i>)	Non Preferred	PA
TRICOR TABLET 48 MG ORAL (<i>fenofibrate</i>)	Non Preferred	PA
TRILIPIX CAPSULE DELAYED RELEASE 135 MG ORAL (<i>choline fenofibrate</i>)	Non Preferred	PA
TRILIPIX CAPSULE DELAYED RELEASE 45 MG ORAL (<i>choline fenofibrate</i>)	Non Preferred	PA
LIPOTROPICS: JUXTAPID [OPEN CLASS]		
JUXTAPID CAPSULE 10 MG ORAL (<i>lomitapide mesylate</i>)	Non Preferred	PA
JUXTAPID CAPSULE 20 MG ORAL (<i>lomitapide mesylate</i>)	Non Preferred	PA
JUXTAPID CAPSULE 30 MG ORAL (<i>lomitapide mesylate</i>)	Non Preferred	PA
JUXTAPID CAPSULE 5 MG ORAL (<i>lomitapide mesylate</i>)	Non Preferred	PA
LIPOTROPICS: NIACIN DERIVATIVES [OPEN CLASS]		
<i>niacin er (antihyperlipidemic) tablet extended release 1000 mg oral</i>	Preferred	
<i>niacin er (antihyperlipidemic) tablet extended release 500 mg oral</i>	Preferred	
<i>niacin er (antihyperlipidemic) tablet extended release 750 mg oral</i>	Preferred	
LIPOTROPICS: OMEGA 3 FATTY ACID AGENTS [OPEN CLASS]		
<i>omega-3-acid ethyl esters capsule 1 gm oral</i>	Preferred	
VASCEPA CAPSULE 0.5 GM ORAL (<i>icosapent ethyl</i>)	Preferred	PA; AGE (Min 18 Years)
VASCEPA CAPSULE 1 GM ORAL (<i>icosapent ethyl</i>)	Preferred	PA; AGE (Min 18 Years)
<i>icosapent ethyl capsule 0.5 gm oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>icosapent ethyl capsule 1 gm oral</i>	Non Preferred	PA; AGE (Min 18 Years)
LOVAZA CAPSULE 1 GM ORAL (<i>omega-3-acid ethyl esters</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
LIPOTROPICS: PCSK9 [OPEN CLASS]		
LEQVIO SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS (<i>inclisiran sodium</i>)	Non Preferred	PA
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS (<i>alirocumab</i>)	Non Preferred	PA
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS (<i>alirocumab</i>)	Non Preferred	PA
REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS (<i>evolocumab</i>)	Non Preferred	PA
REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS (<i>evolocumab</i>)	Non Preferred	PA
REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS (<i>evolocumab</i>)	Non Preferred	PA
LIPOTROPICS: STATINS [OPEN CLASS]		
<i>atorvastatin calcium tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>atorvastatin calcium tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>atorvastatin calcium tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>atorvastatin calcium tablet 80 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lovastatin tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lovastatin tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>lovastatin tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>pravastatin sodium tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>pravastatin sodium tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>pravastatin sodium tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>pravastatin sodium tablet 80 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>rosuvastatin calcium tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>rosuvastatin calcium tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>rosuvastatin calcium tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>rosuvastatin calcium tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>simvastatin tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>simvastatin tablet 20 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>simvastatin tablet 40 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>simvastatin tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>simvastatin tablet 80 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>amlodipine-atorvastatin tablet 10-10 mg oral</i>	Non Preferred	PA
<i>amlodipine-atorvastatin tablet 10-20 mg oral</i>	Non Preferred	PA
<i>amlodipine-atorvastatin tablet 10-40 mg oral</i>	Non Preferred	PA
<i>amlodipine-atorvastatin tablet 10-80 mg oral</i>	Non Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
<i>amlodipine-atorvastatin tablet 2.5-10 mg oral</i>	Non Preferred	PA
<i>amlodipine-atorvastatin tablet 2.5-20 mg oral</i>	Non Preferred	PA
<i>amlodipine-atorvastatin tablet 2.5-40 mg oral</i>	Non Preferred	PA
<i>amlodipine-atorvastatin tablet 5-10 mg oral</i>	Non Preferred	PA
<i>amlodipine-atorvastatin tablet 5-20 mg oral</i>	Non Preferred	PA
<i>amlodipine-atorvastatin tablet 5-40 mg oral</i>	Non Preferred	PA
<i>amlodipine-atorvastatin tablet 5-80 mg oral</i>	Non Preferred	PA
<i>ezetimibe-simvastatin tablet 10-10 mg oral</i>	Non Preferred	PA
<i>ezetimibe-simvastatin tablet 10-20 mg oral</i>	Non Preferred	PA
<i>ezetimibe-simvastatin tablet 10-40 mg oral</i>	Non Preferred	PA
<i>ezetimibe-simvastatin tablet 10-80 mg oral</i>	Non Preferred	PA
<i>fluvastatin sodium capsule 20 mg oral</i>	Non Preferred	PA
<i>fluvastatin sodium capsule 40 mg oral</i>	Non Preferred	PA
<i>fluvastatin sodium er tablet extended release 24 hour 80 mg oral</i>	Non Preferred	PA
<i>pitavastatin calcium tablet 1 mg oral</i>	Non Preferred	PA
<i>pitavastatin calcium tablet 2 mg oral</i>	Non Preferred	PA
<i>pitavastatin calcium tablet 4 mg oral</i>	Non Preferred	PA
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>lovastatin</i>)	Non Preferred	PA
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>lovastatin</i>)	Non Preferred	PA
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL (<i>lovastatin</i>)	Non Preferred	PA
ATORVALIQ SUSPENSION 20 MG/5ML ORAL (<i>atorvastatin calcium</i>)	Non Preferred	PA
CADUET TABLET 10-10 MG ORAL (<i>amlodipine-atorvastatin</i>)	Non Preferred	PA
CADUET TABLET 10-20 MG ORAL (<i>amlodipine-atorvastatin</i>)	Non Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
CADUET TABLET 10-40 MG ORAL (<i>amlodipine-atorvastatin</i>)	Non Preferred	PA
CADUET TABLET 10-80 MG ORAL (<i>amlodipine-atorvastatin</i>)	Non Preferred	PA
CADUET TABLET 5-10 MG ORAL (<i>amlodipine-atorvastatin</i>)	Non Preferred	PA
CADUET TABLET 5-20 MG ORAL (<i>amlodipine-atorvastatin</i>)	Non Preferred	PA
CADUET TABLET 5-40 MG ORAL (<i>amlodipine-atorvastatin</i>)	Non Preferred	PA
CADUET TABLET 5-80 MG ORAL (<i>amlodipine-atorvastatin</i>)	Non Preferred	PA
CRESTOR TABLET 10 MG ORAL (<i>rosuvastatin calcium</i>)	Non Preferred	PA
CRESTOR TABLET 20 MG ORAL (<i>rosuvastatin calcium</i>)	Non Preferred	PA
CRESTOR TABLET 5 MG ORAL (<i>rosuvastatin calcium</i>)	Non Preferred	PA
EZALLOR SPRINKLE CAPSULE SPRINKLE 10 MG ORAL (<i>rosuvastatin calcium</i>)	Non Preferred	PA
EZALLOR SPRINKLE CAPSULE SPRINKLE 20 MG ORAL (<i>rosuvastatin calcium</i>)	Non Preferred	PA
EZALLOR SPRINKLE CAPSULE SPRINKLE 40 MG ORAL (<i>rosuvastatin calcium</i>)	Non Preferred	PA
EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG ORAL (<i>rosuvastatin calcium</i>)	Non Preferred	PA
LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>fluvastatin sodium</i>)	Non Preferred	PA
LIPITOR TABLET 10 MG ORAL (<i>atorvastatin calcium</i>)	Non Preferred	PA
LIPITOR TABLET 20 MG ORAL (<i>atorvastatin calcium</i>)	Non Preferred	PA
LIPITOR TABLET 40 MG ORAL (<i>atorvastatin calcium</i>)	Non Preferred	PA
LIPITOR TABLET 80 MG ORAL (<i>atorvastatin calcium</i>)	Non Preferred	PA
LIVALO TABLET 1 MG ORAL (<i>pitavastatin calcium</i>)	Non Preferred	PA
LIVALO TABLET 2 MG ORAL (<i>pitavastatin calcium</i>)	Non Preferred	PA
LIVALO TABLET 4 MG ORAL (<i>pitavastatin calcium</i>)	Non Preferred	PA
VYTORIN TABLET 10-10 MG ORAL (<i>ezetimibe-simvastatin</i>)	Non Preferred	PA
VYTORIN TABLET 10-20 MG ORAL (<i>ezetimibe-simvastatin</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
VYTORIN TABLET 10-40 MG ORAL (<i>ezetimibe-simvastatin</i>)	Non Preferred	PA
VYTORIN TABLET 10-80 MG ORAL (<i>ezetimibe-simvastatin</i>)	Non Preferred	PA
ZOCOR TABLET 10 MG ORAL (<i>simvastatin</i>)	Non Preferred	PA
ZOCOR TABLET 20 MG ORAL (<i>simvastatin</i>)	Non Preferred	PA
ZOCOR TABLET 40 MG ORAL (<i>simvastatin</i>)	Non Preferred	PA
ZYPITAMAG TABLET 2 MG ORAL (<i>pitavastatin magnesium</i>)	Non Preferred	PA
ZYPITAMAG TABLET 4 MG ORAL (<i>pitavastatin magnesium</i>)	Non Preferred	PA
MACROLIDES: ORAL [OPEN CLASS]		
<i>azithromycin packet 1 gm oral</i>	Preferred	
<i>azithromycin suspension reconstituted 100 mg/5ml oral</i>	Preferred	
<i>azithromycin suspension reconstituted 200 mg/5ml oral</i>	Preferred	
<i>azithromycin tablet 250 mg oral</i>	Preferred	
<i>azithromycin tablet 500 mg oral</i>	Preferred	
<i>azithromycin tablet 600 mg oral</i>	Preferred	
<i>clarithromycin suspension reconstituted 125 mg/5ml oral</i>	Preferred	
<i>clarithromycin suspension reconstituted 250 mg/5ml oral</i>	Preferred	
<i>clarithromycin tablet 250 mg oral</i>	Preferred	
<i>clarithromycin tablet 500 mg oral</i>	Preferred	
<i>erythromycin base tablet delayed release 250 mg oral</i>	Preferred	
<i>erythromycin base tablet delayed release 333 mg oral</i>	Preferred	
<i>erythromycin base tablet delayed release 500 mg oral</i>	Preferred	
<i>erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral</i>	Preferred	
<i>erythromycin tablet delayed release 250 mg oral</i>	Preferred	
<i>erythromycin tablet delayed release 333 mg oral</i>	Preferred	
<i>erythromycin tablet delayed release 500 mg oral</i>	Preferred	
<i>clarithromycin er tablet extended release 24 hour 500 mg oral</i>	Non Preferred	PA
<i>erythromycin base capsule delayed release particles 250 mg oral</i>	Non Preferred	PA
<i>erythromycin base tablet 250 mg oral</i>	Non Preferred	PA
<i>erythromycin base tablet 500 mg oral</i>	Non Preferred	PA
<i>erythromycin ethylsuccinate suspension reconstituted 400 mg/5ml oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>erythromycin ethylsuccinate tablet 400 mg oral</i>	Non Preferred	PA
E.E.S. 400 TABLET 400 MG ORAL (<i>erythromycin ethylsuccinate</i>)	Non Preferred	PA
E.E.S. GRANULES SUSPENSION RECONSTITUTED 200 MG/5ML ORAL (<i>erythromycin ethylsuccinate</i>)	Non Preferred	PA
ERYPED 200 SUSPENSION RECONSTITUTED 200 MG/5ML ORAL (<i>erythromycin ethylsuccinate</i>)	Non Preferred	PA
ERYPED 400 SUSPENSION RECONSTITUTED 400 MG/5ML ORAL (<i>erythromycin ethylsuccinate</i>)	Non Preferred	PA
<i>erythromycin base</i> (Ery-Tab Tablet Delayed Release 250 Mg Oral)	Non Preferred	PA
<i>erythromycin base</i> (Ery-Tab Tablet Delayed Release 333 Mg Oral)	Non Preferred	PA
<i>erythromycin base</i> (Ery-Tab Tablet Delayed Release 500 Mg Oral)	Non Preferred	PA
ERYTHROCIN STEARATE TABLET 250 MG ORAL (<i>erythromycin stearate</i>)	Non Preferred	PA
ZITHROMAX PACKET 1 GM ORAL (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX TABLET 250 MG ORAL (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX TABLET 500 MG ORAL (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX TRI-PAK TABLET 500 MG ORAL (<i>azithromycin</i>)	Non Preferred	PA
ZITHROMAX Z-PAK TABLET 250 MG ORAL (<i>azithromycin</i>)	Non Preferred	PA
MOVEMENT DISORDERS [CLOSED CLASS]		
<i>tetrabenazine tablet 12.5 mg oral</i>	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)
<i>tetrabenazine tablet 25 mg oral</i>	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)
AUSTEDO TABLET 12 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)
AUSTEDO TABLET 6 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
AUSTEDO TABLET 9 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (42 EA per 365 days); AGE (Min 18 Years)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL (<i>deutetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)
INGREZZA CAPSULE 40 MG ORAL (<i>valbenazine tosylate</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
INGREZZA CAPSULE 60 MG ORAL (<i>valbenazine tosylate</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
INGREZZA CAPSULE 80 MG ORAL (<i>valbenazine tosylate</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
INGREZZA CAPSULE THERAPY PACK 40 & 80 MG ORAL (<i>valbenazine tosylate</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years)
XENAZINE TABLET 12.5 MG ORAL (<i>tetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)
XENAZINE TABLET 25 MG ORAL (<i>tetrabenazine</i>)	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years)
MULTIPLE SCLEROSIS [CLOSED CLASS]		
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
<i>dimethyl fumarate starter pack capsule delayed release therapy pack 120 & 240 mg oral</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
<i> fingolimod hcl capsule 0.5 mg oral</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Min 10 Years)
<i>teriflunomide tablet 14 mg oral</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
<i>teriflunomide tablet 7 mg oral</i>	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR (<i>interferon beta-1a</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR (<i>interferon beta-1a</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
BETASERON KIT 0.3 MG SUBCUTANEOUS (<i>interferon beta-1b</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS (<i>glatiramer acetate</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS (<i>ofatumumab</i>)	Preferred	PA (Eligible for auto-PA approval); AGE (Min 18 Years)
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	Non Preferred	PA
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL (<i>dalfampridine</i>)	Non Preferred	PA
AUBAGIO TABLET 14 MG ORAL (<i>teriflunomide</i>)	Non Preferred	PA; AGE (Min 18 Years)
AUBAGIO TABLET 7 MG ORAL (<i>teriflunomide</i>)	Non Preferred	PA; AGE (Min 18 Years)
BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL (<i>monomethyl fumarate</i>)	Non Preferred	PA
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (<i>glatiramer acetate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (<i>interferon beta-1b</i>)	Non Preferred	PA; AGE (Min 18 Years)
GILENYA CAPSULE 0.25 MG ORAL (<i> fingolimod hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
GILENYA CAPSULE 0.5 MG ORAL (<i> fingolimod hcl</i>)	Non Preferred	PA; AGE (Min 10 Years)
<i>glatiramer acetate</i> (Glatopa Solution Prefilled Syringe 20 Mg/ML Subcutaneous)	Non Preferred	PA; AGE (Min 18 Years)
<i>glatiramer acetate</i> (Glatopa Solution Prefilled Syringe 40 Mg/ML Subcutaneous)	Non Preferred	PA
MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL (<i> cladribine</i>)	Non Preferred	PA
MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL (<i> cladribine</i>)	Non Preferred	PA
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL (<i> cladribine</i>)	Non Preferred	PA
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL (<i> cladribine</i>)	Non Preferred	PA
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL (<i> cladribine</i>)	Non Preferred	PA
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL (<i> cladribine</i>)	Non Preferred	PA
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL (<i> cladribine</i>)	Non Preferred	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL (<i> siponimod fumarate</i>)	Non Preferred	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL (<i> siponimod fumarate</i>)	Non Preferred	PA
MAYZENT TABLET 0.25 MG ORAL (<i> siponimod fumarate</i>)	Non Preferred	PA
MAYZENT TABLET 1 MG ORAL (<i> siponimod fumarate</i>)	Non Preferred	PA
MAYZENT TABLET 2 MG ORAL (<i> siponimod fumarate</i>)	Non Preferred	PA
PLEGRIDY SOLUTION PEN-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS (<i> peginterferon beta-1a</i>)	Non Preferred	PA
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML INTRAMUSCULAR (<i> peginterferon beta-1a</i>)	Non Preferred	PA
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS (<i> peginterferon beta-1a</i>)	Non Preferred	PA
PLEGRIDY STARTER PACK SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS (<i> peginterferon beta-1a</i>)	Non Preferred	PA
PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS (<i> peginterferon beta-1a</i>)	Non Preferred	PA
PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL (<i> ponesimod</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
PONVORY TABLET 20 MG ORAL (<i>ponesimod</i>)	Non Preferred	PA
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS (<i>interferon beta-1a</i>)	Non Preferred	PA
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS (<i>interferon beta-1a</i>)	Non Preferred	PA
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS (<i>interferon beta-1a</i>)	Non Preferred	PA
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS (<i>interferon beta-1a</i>)	Non Preferred	PA
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS (<i>interferon beta-1a</i>)	Non Preferred	PA
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS (<i>interferon beta-1a</i>)	Non Preferred	PA
TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL (<i>fingolimod lauryl sulfate</i>)	Non Preferred	PA; AGE (Min 10 Years and Max 17 Years)
TASCENSO ODT TABLET DISPERSIBLE 0.5 MG ORAL (<i>fingolimod lauryl sulfate</i>)	Non Preferred	PA; AGE (Min 10 Years and Max 17 Years)
TECFIDERA CAPSULE DELAYED RELEASE 120 MG ORAL (<i>dimethyl fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
TECFIDERA CAPSULE DELAYED RELEASE 240 MG ORAL (<i>dimethyl fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
TECFIDERA CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ORAL (<i>dimethyl fumarate</i>)	Non Preferred	PA; AGE (Min 18 Years)
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL (<i>diroximel fumarate</i>)	Non Preferred	PA
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL (<i>ozanimod hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZEPOSIA CAPSULE 0.92 MG ORAL (<i>ozanimod hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ORAL (<i>ozanimod hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ORAL (<i>ozanimod hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
NASAL STEROIDS [OPEN CLASS]		
<i>allergy relief suspension 50 mcg/act nasal</i>	Preferred	OTC
<i>fluticasone propionate suspension 50 mcg/act nasal (otc)</i>	Preferred	OTC
<i>fluticasone propionate suspension 50 mcg/act nasal (rx)</i>	Preferred	
<i>ft 24 hour nasal allergy aerosol 55 mcg/act nasal</i>	Preferred	OTC
<i>ft allergy relief 24 hr suspension 50 mcg/act nasal</i>	Preferred	OTC
<i>gnp 24 hour nasal allergy aerosol 55 mcg/act nasal</i>	Preferred	OTC
<i>gnp fluticasone propionate suspension 50 mcg/act nasal</i>	Preferred	OTC
<i>goodsense 24-hr allergy nasal suspension 50 mcg/act nasal</i>	Preferred	OTC
<i>goodsense nasal allergy spray aerosol 55 mcg/act nasal</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>hm 24 hour nasal allergy aerosol 55 mcg/act nasal</i>	Preferred	OTC
<i>hm allergy relief suspension 50 mcg/act nasal</i>	Preferred	OTC
<i>ipratropium bromide solution 0.03 % nasal</i>	Preferred	
<i>ipratropium bromide solution 0.06 % nasal</i>	Preferred	
<i>nasal allergy 24 hour aerosol 55 mcg/act nasal</i>	Preferred	OTC
<i>sm allergy relief suspension 50 mcg/act nasal</i>	Preferred	OTC
<i>triamcinolone acetonide aerosol 55 mcg/act nasal (otc)</i>	Preferred	OTC
DYMISTA SUSPENSION 137-50 MCG/ACT NASAL (azelastine-fluticasone)	Preferred	AGE (Min 6 Years)
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	Non Preferred	PA; AGE (Min 6 Years)
<i>budesonide suspension 32 mcg/act nasal (otc)</i>	Non Preferred	OTC; PA
<i>flunisolide solution 25 mcg/act (0.025%) nasal</i>	Non Preferred	PA
<i>gnp budesonide nasal spray suspension 32 mcg/act nasal</i>	Non Preferred	OTC; PA
<i>mometasone furoate suspension 50 mcg/act nasal (rx)</i>	Non Preferred	PA
BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL (beclomethasone diprop monohyd)	Non Preferred	PA
NASONEX 24HR SUSPENSION 50 MCG/ACT NASAL (mometasone furoate)	Non Preferred	OTC; PA
OMNARIS SUSPENSION 50 MCG/ACT NASAL (ciclesonide)	Non Preferred	PA
QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL (beclomethasone diprop (nasal))	Non Preferred	PA
QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL (beclomethasone diprop (nasal))	Non Preferred	PA
XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL (fluticasone propionate)	Non Preferred	PA
ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL (ciclesonide)	Non Preferred	PA
NEUROPATHIC PAIN [OPEN CLASS]		
<i>arthritis pain relieving cream 0.075 % external</i>	Preferred	OTC
<i>capsaicin cream 0.025 % external</i>	Preferred	OTC
<i>capsaicin cream 0.075 % external</i>	Preferred	OTC
<i>capsaicin cream 0.1 % external</i>	Preferred	OTC
<i>capsaicin pain relief cream 0.1 % external</i>	Preferred	OTC
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	Preferred	
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	Preferred	
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	Preferred	
<i>gabapentin capsule 100 mg oral</i>	Preferred	

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

Drug Name	Formulary Status	Requirements/Limits
<i>gabapentin capsule 300 mg oral</i>	Preferred	
<i>gabapentin capsule 400 mg oral</i>	Preferred	
<i>gabapentin solution 250 mg/5ml oral</i>	Preferred	
<i>gabapentin solution 300 mg/6ml oral</i>	Preferred	
<i>gabapentin tablet 600 mg oral</i>	Preferred	
<i>gabapentin tablet 800 mg oral</i>	Preferred	
<i>gnp capsaicin liquid 0.15 % external</i>	Preferred	OTC
<i>lidocaine patch 5 % external</i>	Preferred	QL (90 EA per 1 Fill)
<i>pregabalin capsule 100 mg oral</i>	Preferred	
<i>pregabalin capsule 150 mg oral</i>	Preferred	
<i>pregabalin capsule 200 mg oral</i>	Preferred	
<i>pregabalin capsule 225 mg oral</i>	Preferred	
<i>pregabalin capsule 25 mg oral</i>	Preferred	
<i>pregabalin capsule 300 mg oral</i>	Preferred	
<i>pregabalin capsule 50 mg oral</i>	Preferred	
<i>pregabalin capsule 75 mg oral</i>	Preferred	
<i>lidocaine (Lidocan Patch 5 % External)</i>	Preferred	QL (90 EA per 1 Fill)
<i>lidocaine (Tridacaine Ii Patch 5 % External)</i>	Preferred	QL (90 EA per 1 Fill)
<i>duloxetine hcl capsule delayed release particles 40 mg oral</i>	Non Preferred	PA
<i>gabapentin (once-daily) tablet 300 mg oral</i>	Non Preferred	PA
<i>gabapentin (once-daily) tablet 600 mg oral</i>	Non Preferred	PA
<i>pregabalin er tablet extended release 24 hour 165 mg oral</i>	Non Preferred	PA
<i>pregabalin er tablet extended release 24 hour 330 mg oral</i>	Non Preferred	PA
<i>pregabalin er tablet extended release 24 hour 82.5 mg oral</i>	Non Preferred	PA
<i>pregabalin solution 20 mg/ml oral</i>	Non Preferred	PA
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL (<i>duloxetine hcl</i>)	Non Preferred	PA
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL (<i>duloxetine hcl</i>)	Non Preferred	PA
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL (<i>duloxetine hcl</i>)	Non Preferred	PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL (<i>duloxetine hcl</i>)	Non Preferred	PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL (<i>duloxetine hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL (<i>duloxetine hcl</i>)	Non Preferred	PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL (<i>duloxetine hcl</i>)	Non Preferred	PA
GRALISE TABLET 300 MG ORAL (<i>gabapentin (once-daily)</i>)	Non Preferred	PA
GRALISE TABLET 450 MG ORAL (<i>gabapentin (once-daily)</i>)	Non Preferred	PA
GRALISE TABLET 600 MG ORAL (<i>gabapentin (once-daily)</i>)	Non Preferred	PA
GRALISE TABLET 750 MG ORAL (<i>gabapentin (once-daily)</i>)	Non Preferred	PA
GRALISE TABLET 900 MG ORAL (<i>gabapentin (once-daily)</i>)	Non Preferred	PA
HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL (<i>gabapentin enacarbil</i>)	Non Preferred	PA
HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL (<i>gabapentin enacarbil</i>)	Non Preferred	PA
<i>lidocaine</i> (Lidocan Patch 5 % External)	Non Preferred	PA; QL (90 EA per 1 Fill)
LIDODERM PATCH 5 % EXTERNAL (<i>lidocaine</i>)	Non Preferred	PA; QL (90 EA per 1 Fill)
LYRICA CAPSULE 100 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA CAPSULE 150 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA CAPSULE 200 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA CAPSULE 225 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA CAPSULE 25 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA CAPSULE 300 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA CAPSULE 50 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA CAPSULE 75 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 82.5 MG ORAL (<i>pregabalin</i>)	Non Preferred	PA
LYRICA SOLUTION 20 MG/ML ORAL (<i>pregabalin</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
NEURONTIN CAPSULE 100 MG ORAL (<i>gabapentin</i>)	Non Preferred	PA
NEURONTIN CAPSULE 300 MG ORAL (<i>gabapentin</i>)	Non Preferred	PA
NEURONTIN CAPSULE 400 MG ORAL (<i>gabapentin</i>)	Non Preferred	PA
NEURONTIN SOLUTION 250 MG/5ML ORAL (<i>gabapentin</i>)	Non Preferred	PA
NEURONTIN TABLET 600 MG ORAL (<i>gabapentin</i>)	Non Preferred	PA
NEURONTIN TABLET 800 MG ORAL (<i>gabapentin</i>)	Non Preferred	PA
QUTENZA (2 PATCH) KIT 8 % EXTERNAL (<i>capsaicin-cleansing gel</i>)	Non Preferred	PA
QUTENZA (4 PATCH) KIT 8 % EXTERNAL (<i>capsaicin-cleansing gel</i>)	Non Preferred	PA
QUTENZA KIT 8 % EXTERNAL (<i>capsaicin-cleansing gel</i>)	Non Preferred	PA
SAVELLA TABLET 100 MG ORAL (<i>milnacipran hcl</i>)	Non Preferred	PA
SAVELLA TABLET 12.5 MG ORAL (<i>milnacipran hcl</i>)	Non Preferred	PA
SAVELLA TABLET 25 MG ORAL (<i>milnacipran hcl</i>)	Non Preferred	PA
SAVELLA TABLET 50 MG ORAL (<i>milnacipran hcl</i>)	Non Preferred	PA
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL (<i>milnacipran hcl</i>)	Non Preferred	PA
XYLIDERM KIT 5 % EXTERNAL (<i>lidocaine-adhesive sheets</i>)	Non Preferred	PA
ZTLIDO PATCH 1.8 % EXTERNAL (<i>lidocaine</i>)	Non Preferred	PA
NON-ERGOT DOPAMINE RECEPTOR AGONISTS [OPEN CLASS]		
<i>pramipexole dihydrochloride tablet 0.125 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>pramipexole dihydrochloride tablet 0.25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>pramipexole dihydrochloride tablet 0.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>pramipexole dihydrochloride tablet 0.75 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>pramipexole dihydrochloride tablet 1 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>pramipexole dihydrochloride tablet 1.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ropinirole hcl er tablet extended release 24 hour 2 mg oral</i>	Preferred	
<i>ropinirole hcl er tablet extended release 24 hour 8 mg oral</i>	Preferred	
<i>ropinirole hcl tablet 0.25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ropinirole hcl tablet 0.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ropinirole hcl tablet 1 mg oral</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>ropinirole hcl tablet 2 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ropinirole hcl tablet 3 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ropinirole hcl tablet 4 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ropinirole hcl tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral</i>	Non Preferred	PA
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral</i>	Non Preferred	PA
<i>pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral</i>	Non Preferred	PA
<i>pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral</i>	Non Preferred	PA
<i>pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral</i>	Non Preferred	PA
<i>pramipexole dihydrochloride er tablet extended release 24 hour 3.75 mg oral</i>	Non Preferred	PA
<i>pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral</i>	Non Preferred	PA
<i>ropinirole hcl er tablet extended release 24 hour 12 mg oral</i>	Non Preferred	PA
<i>ropinirole hcl er tablet extended release 24 hour 4 mg oral</i>	Non Preferred	PA
<i>ropinirole hcl er tablet extended release 24 hour 6 mg oral</i>	Non Preferred	PA
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.375 MG ORAL (<i>pramipexole dihydrochloride</i>)	Non Preferred	PA
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL (<i>pramipexole dihydrochloride</i>)	Non Preferred	PA
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 2.25 MG ORAL (<i>pramipexole dihydrochloride</i>)	Non Preferred	PA
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL (<i>pramipexole dihydrochloride</i>)	Non Preferred	PA
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3.75 MG ORAL (<i>pramipexole dihydrochloride</i>)	Non Preferred	PA
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 4.5 MG ORAL (<i>pramipexole dihydrochloride</i>)	Non Preferred	PA
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL (<i>rotigotine</i>)	Non Preferred	PA
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL (<i>rotigotine</i>)	Non Preferred	PA
NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL (<i>rotigotine</i>)	Non Preferred	PA
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL (<i>rotigotine</i>)	Non Preferred	PA
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL (<i>rotigotine</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL (rotigotine)	Non Preferred	PA
NSAIDS [OPEN CLASS]		
<i>all day pain relief tablet 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>all day relief tablet 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>arthritis pain reliever gel 1 % external</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>celecoxib capsule 100 mg oral</i>	Preferred	
<i>celecoxib capsule 200 mg oral</i>	Preferred	
<i>childrens ibuprofen suspension 100 mg/5ml oral</i>	Preferred	OTC
<i>diclofenac epolamine patch 1.3 % external</i>	Preferred	QL (30 EA per 1 Fill)
<i>diclofenac sodium gel 1 % external (otc)</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>diclofenac sodium gel 1 % external (rx)</i>	Preferred	Max 90-day supply per 1 Fill
<i>diclofenac sodium tablet delayed release 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diclofenac sodium tablet delayed release 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diclofenac sodium tablet delayed release 75 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>diflunisal tablet 500 mg oral</i>	Preferred	
<i>ec-naproxen tablet delayed release 375 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ec-naproxen tablet delayed release 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>etodolac capsule 200 mg oral</i>	Preferred	
<i>etodolac capsule 300 mg oral</i>	Preferred	
<i>etodolac tablet 400 mg oral</i>	Preferred	
<i>etodolac tablet 500 mg oral</i>	Preferred	
<i>flurbiprofen tablet 100 mg oral</i>	Preferred	
<i>ft all day pain relief tablet 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft arthritis pain gel 1 % external</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft ibuprofen capsule 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft ibuprofen childrens suspension 100 mg/5ml oral</i>	Preferred	OTC
<i>ft ibuprofen ib childrens tablet chewable 100 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft ibuprofen minis capsule 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft ibuprofen tablet 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft naproxen sodium capsule 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>ft pain relief tablet 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp arthritis pain gel 1 % external</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp childrens ibuprofen suspension 100 mg/5ml oral</i>	Preferred	OTC
<i>gnp diclofenac sodium gel 1 % external</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp ibuprofen capsule 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp ibuprofen childrens tablet chewable 100 mg oral</i>	Preferred	OTC
<i>gnp ibuprofen infants suspension 50 mg/1.25ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp ibuprofen tablet 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp naproxen sodium capsule 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp naproxen sodium tablet 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>goodsense arthritis pain gel 1 % external</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>goodsense ibuprofen capsule 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>goodsense ibuprofen childrens suspension 100 mg/5ml oral</i>	Preferred	OTC
<i>goodsense ibuprofen infants suspension 50 mg/1.25ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>goodsense ibuprofen tablet 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>goodsense naproxen sodium tablet 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm ibuprofen childrens suspension 100 mg/5ml oral</i>	Preferred	OTC
<i>hm ibuprofen ib tablet 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm ibuprofen tablet 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm naproxen sodium capsule 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm naproxen sodium tablet 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ibu-200 tablet 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ibuprofen capsule 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ibuprofen childrens suspension 100 mg/5ml oral</i>	Preferred	OTC
<i>ibuprofen infants suspension 50 mg/1.25ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>ibuprofen junior strength tablet chewable 100 mg oral</i>	Preferred	OTC
<i>ibuprofen suspension 100 mg/5ml oral (rx)</i>	Preferred	
<i>ibuprofen tablet 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ibuprofen tablet 400 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ibuprofen tablet 600 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ibuprofen tablet 800 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>indomethacin capsule 25 mg oral</i>	Preferred	
<i>indomethacin capsule 50 mg oral</i>	Preferred	
<i>infants ibuprofen suspension 50 mg/1.25ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ketorolac tromethamine tablet 10 mg oral</i>	Preferred	Max 5-day supply per 90 Days; QL (4 EA per 1 day)
<i>meloxicam tablet 15 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>meloxicam tablet 7.5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>naproxen dr tablet delayed release 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>naproxen sodium capsule 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>naproxen sodium tablet 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>naproxen sodium tablet 275 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>naproxen sodium tablet 550 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>naproxen tablet 250 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>naproxen tablet 375 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>naproxen tablet 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>naproxen tablet delayed release 375 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>naproxen tablet delayed release 500 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sm arthritis pain gel 1 % external</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm childrens ibuprofen suspension 100 mg/5ml oral</i>	Preferred	OTC
<i>sm ibuprofen capsule 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm ibuprofen ib childrens tablet chewable 100 mg oral</i>	Preferred	OTC
<i>sm ibuprofen ib tablet 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm ibuprofen tablet 200 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm infants ibuprofen suspension 50 mg/1.25ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm naproxen sodium tablet 220 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sulindac tablet 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>sulindac tablet 200 mg oral</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>ibuprofen (Ibu Tablet 400 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>ibuprofen (Ibu Tablet 600 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>ibuprofen (Ibu Tablet 800 Mg Oral)</i>	Preferred	Max 90-day supply per 1 Fill
<i>celecoxib capsule 400 mg oral</i>	Non Preferred	PA
<i>celecoxib capsule 50 mg oral</i>	Non Preferred	PA
<i>diclofenac potassium capsule 25 mg oral</i>	Non Preferred	PA
<i>diclofenac potassium tablet 25 mg oral</i>	Non Preferred	PA
<i>diclofenac potassium tablet 50 mg oral</i>	Non Preferred	PA
<i>diclofenac sodium er tablet extended release 24 hour 100 mg oral</i>	Non Preferred	PA
<i>diclofenac sodium solution 1.5 % external</i>	Non Preferred	PA
<i>diclofenac sodium solution 2 % external</i>	Non Preferred	PA
<i>diclofenac-misoprostol tablet delayed release 50-0.2 mg oral</i>	Non Preferred	PA
<i>diclofenac-misoprostol tablet delayed release 75-0.2 mg oral</i>	Non Preferred	PA
<i>etodolac er tablet extended release 24 hour 400 mg oral</i>	Non Preferred	PA
<i>etodolac er tablet extended release 24 hour 500 mg oral</i>	Non Preferred	PA
<i>etodolac er tablet extended release 24 hour 600 mg oral</i>	Non Preferred	PA
<i>fenoprofen calcium capsule 400 mg oral</i>	Non Preferred	PA
<i>fenoprofen calcium tablet 600 mg oral</i>	Non Preferred	PA
<i>ibuprofen-famotidine tablet 800-26.6 mg oral</i>	Non Preferred	PA
<i>indomethacin er capsule extended release 75 mg oral</i>	Non Preferred	PA
<i>indomethacin suppository 50 mg rectal</i>	Non Preferred	PA
<i>ketoprofen capsule 50 mg oral</i>	Non Preferred	PA
<i>ketoprofen capsule 75 mg oral</i>	Non Preferred	PA
<i>ketoprofen er capsule extended release 24 hour 200 mg oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>ketorolac tromethamine solution 15.75 mg/spray nasal</i>	Non Preferred	PA
<i>meclofenamate sodium capsule 100 mg oral</i>	Non Preferred	PA
<i>meclofenamate sodium capsule 50 mg oral</i>	Non Preferred	PA
<i>mefenamic acid capsule 250 mg oral</i>	Non Preferred	PA
<i>meloxicam capsule 10 mg oral</i>	Non Preferred	PA
<i>meloxicam capsule 5 mg oral</i>	Non Preferred	PA
<i>nabumetone tablet 500 mg oral</i>	Non Preferred	PA
<i>nabumetone tablet 750 mg oral</i>	Non Preferred	PA
<i>naproxen sodium er tablet extended release 24 hour 375 mg oral</i>	Non Preferred	PA
<i>naproxen sodium er tablet extended release 24 hour 500 mg oral</i>	Non Preferred	PA
<i>naproxen sodium er tablet extended release 24 hour 750 mg oral</i>	Non Preferred	PA
<i>naproxen suspension 125 mg/5ml oral</i>	Non Preferred	PA
<i>naproxen-esomeprazole mg tablet delayed release 375-20 mg oral</i>	Non Preferred	PA
<i>naproxen-esomeprazole mg tablet delayed release 500-20 mg oral</i>	Non Preferred	PA
<i>oxaprozin tablet 600 mg oral</i>	Non Preferred	PA
<i>piroxicam capsule 10 mg oral</i>	Non Preferred	PA
<i>piroxicam capsule 20 mg oral</i>	Non Preferred	PA
<i>tolmetin sodium capsule 400 mg oral</i>	Non Preferred	PA
<i>tolmetin sodium tablet 600 mg oral</i>	Non Preferred	PA
ARTHROTEC TABLET DELAYED RELEASE 50-0.2 MG ORAL (<i>diclofenac-misoprostol</i>)	Non Preferred	PA
ARTHROTEC TABLET DELAYED RELEASE 75-0.2 MG ORAL (<i>diclofenac-misoprostol</i>)	Non Preferred	PA
CELEBREX CAPSULE 100 MG ORAL (<i>celecoxib</i>)	Non Preferred	PA
CELEBREX CAPSULE 200 MG ORAL (<i>celecoxib</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
CELEBREX CAPSULE 400 MG ORAL (<i>celecoxib</i>)	Non Preferred	PA
CELEBREX CAPSULE 50 MG ORAL (<i>celecoxib</i>)	Non Preferred	PA
DAYPRO TABLET 600 MG ORAL (<i>oxaprozin</i>)	Non Preferred	PA
DUEXIS TABLET 800-26.6 MG ORAL (<i>ibuprofen-famotidine</i>)	Non Preferred	PA
FELDENE CAPSULE 10 MG ORAL (<i>piroxicam</i>)	Non Preferred	PA
FELDENE CAPSULE 20 MG ORAL (<i>piroxicam</i>)	Non Preferred	PA
FLECTOR PATCH 1.3 % EXTERNAL (<i>diclofenac epolamine</i>)	Non Preferred	PA; QL (30 EA per 1 Fill)
KIPROFEN CAPSULE 25 MG ORAL (<i>ketoprofen</i>)	Non Preferred	PA
LICART PATCH 24 HOUR 1.3 % EXTERNAL (<i>diclofenac epolamine</i>)	Non Preferred	PA; QL (30 EA per 1 Fill)
<i>diclofenac potassium</i> (Lofena Tablet 25 Mg Oral)	Non Preferred	PA
NALFON CAPSULE 400 MG ORAL (<i>fenoprofen calcium</i>)	Non Preferred	PA
NALFON TABLET 600 MG ORAL (<i>fenoprofen calcium</i>)	Non Preferred	PA
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL (<i>naproxen sodium</i>)	Non Preferred	PA
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL (<i>naproxen sodium</i>)	Non Preferred	PA
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL (<i>naproxen sodium</i>)	Non Preferred	PA
PENNSAID SOLUTION 2 % EXTERNAL (<i>diclofenac sodium</i>)	Non Preferred	PA
RELAFEN DS TABLET 1000 MG ORAL (<i>nabumetone</i>)	Non Preferred	PA
VIMOVO TABLET DELAYED RELEASE 375-20 MG ORAL (<i>naproxen-esomeprazole</i>)	Non Preferred	PA
VIMOVO TABLET DELAYED RELEASE 500-20 MG ORAL (<i>naproxen-esomeprazole</i>)	Non Preferred	PA
OPHTHALMIC ANTIBIOTICS [OPEN CLASS]		
<i>bacitracin ointment 500 unit/gm ophthalmic</i>	Preferred	
<i>bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic</i>	Preferred	
<i>ciprofloxacin hcl solution 0.3 % ophthalmic</i>	Preferred	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	Preferred	
<i>gentamicin sulfate solution 0.3 % ophthalmic</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>moxifloxacin hcl solution 0.5 % ophthalmic</i>	Preferred	
<i>ofloxacin solution 0.3 % ophthalmic</i>	Preferred	
<i>polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic</i>	Preferred	
<i>tobramycin solution 0.3 % ophthalmic</i>	Preferred	
<i>bacitracin-polymyxin b (Polycin Ointment 500-10000 Unit/Gm Ophthalmic)</i>	Preferred	
<i>gatifloxacin solution 0.5 % ophthalmic</i>	Non Preferred	PA
<i>moxifloxacin hcl (2x day) solution 0.5 % ophthalmic</i>	Non Preferred	PA
<i>neomycin-bacitracin zn-polymyx ointment 3.5-400-10000 ophthalmic</i>	Non Preferred	PA
<i>neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic</i>	Non Preferred	PA
<i>neomycin-polymyxin-gramicidin solution 1.75-10000-.025 ophthalmic</i>	Non Preferred	PA
<i>sulfacetamide sodium ointment 10 % ophthalmic</i>	Non Preferred	PA
<i>sulfacetamide sodium solution 10 % ophthalmic</i>	Non Preferred	PA
AZASITE SOLUTION 1 % OPHTHALMIC (<i>azithromycin</i>)	Non Preferred	PA
BESIVANCE SUSPENSION 0.6 % OPHTHALMIC (<i>besifloxacin hcl</i>)	Non Preferred	PA
CILOXAN OINTMENT 0.3 % OPHTHALMIC (<i>ciprofloxacin hcl</i>)	Non Preferred	PA
NATACYN SUSPENSION 5 % OPHTHALMIC (<i>natamycin</i>)	Non Preferred	PA
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ointment 3.5-400-10000 Ophthalmic)</i>	Non Preferred	PA
OCUFLOX SOLUTION 0.3 % OPHTHALMIC (<i>ofloxacin</i>)	Non Preferred	PA
TOBEX OINTMENT 0.3 % OPHTHALMIC (<i>tobramycin</i>)	Non Preferred	PA
VIGAMOX SOLUTION 0.5 % OPHTHALMIC (<i>moxifloxacin hcl</i>)	Non Preferred	PA
ZYMAXID SOLUTION 0.5 % OPHTHALMIC (<i>gatifloxacin</i>)	Non Preferred	PA
OPHTHALMIC ANTIBIOTICS: STEROID COMBINATIONS [OPEN CLASS]		
<i>neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic</i>	Preferred	
<i>neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic</i>	Preferred	
<i>sulfacetamide-prednisolone solution 10-0.23 % ophthalmic</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic</i>	Preferred	
TOBRADEX OINTMENT 0.3-0.1 % OPHTHALMIC (<i>tobramycin-dexamethasone</i>)	Preferred	
TOBRADEX SUSPENSION 0.3-0.1 % OPHTHALMIC (<i>tobramycin-dexamethasone</i>)	Preferred	
<i>bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic</i>	Non Preferred	PA
<i>neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic</i>	Non Preferred	PA
MAXITROL OINTMENT 3.5-10000-0.1 OPHTHALMIC (<i>neomycin-polymyxin-dexameth</i>)	Non Preferred	PA
MAXITROL SUSPENSION 0.1 % OPHTHALMIC (<i>neomycin-polymyxin-dexameth</i>)	Non Preferred	PA
MAXITROL SUSPENSION 3.5-10000-0.1 OPHTHALMIC (<i>neomycin-polymyxin-dexameth</i>)	Non Preferred	PA
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ointment 1 % Ophthalmic)	Non Preferred	PA
TOBRADEX ST SUSPENSION 0.3-0.05 % OPHTHALMIC (<i>tobramycin-dexamethasone</i>)	Non Preferred	PA
ZYLET SUSPENSION 0.5-0.3 % OPHTHALMIC (<i>loteprednol-tobramycin</i>)	Non Preferred	PA
OPHTHALMICS: ALLERGIC CONJUNCTIVITIS [OPEN CLASS]		
<i>azelastine hcl solution 0.05 % ophthalmic</i>	Preferred	
<i>cromolyn sodium solution 4 % ophthalmic</i>	Preferred	
<i>epinastine hcl solution 0.05 % ophthalmic</i>	Preferred	
<i>eye allergy itch relief solution 0.2 % ophthalmic</i>	Preferred	OTC
<i>eye allergy itch/redness rel solution 0.1 % ophthalmic</i>	Preferred	OTC
<i>eye itch relief solution 0.035 % ophthalmic</i>	Preferred	OTC
<i>ft eye allergy itch & redness solution 0.1 % ophthalmic</i>	Preferred	OTC
<i>ft eye allergy itch relief solution 0.2 % ophthalmic</i>	Preferred	OTC
<i>gnp olopatadine hcl solution 0.1 % ophthalmic</i>	Preferred	OTC
<i>gnp olopatadine hcl solution 0.2 % ophthalmic</i>	Preferred	OTC
<i>hm eye allergy itch relief solution 0.2 % ophthalmic</i>	Preferred	OTC
<i>hm eye allergy itch/red relief solution 0.1 % ophthalmic</i>	Preferred	OTC
<i>ketotifen fumarate solution 0.035 % ophthalmic</i>	Preferred	OTC
<i>olopatadine hcl solution 0.1 % ophthalmic (otc)</i>	Preferred	OTC
<i>olopatadine hcl solution 0.1 % ophthalmic (rx)</i>	Preferred	
<i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i>	Preferred	OTC
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	Preferred	
<i>sm olopatadine hcl solution 0.2 % ophthalmic</i>	Preferred	OTC
ALAWAY CHILDRENS ALLERGY SOLUTION 0.035 % OPHTHALMIC (<i>ketotifen fumarate</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
ALAWAY SOLUTION 0.035 % OPHTHALMIC (<i>ketotifen fumarate</i>)	Preferred	OTC
ZADITOR SOLUTION 0.035 % OPHTHALMIC (<i>ketotifen fumarate</i>)	Preferred	OTC
<i>bepotastine besilate solution 1.5 % ophthalmic</i>	Non Preferred	PA
ALOCRIAL SOLUTION 2 % OPHTHALMIC (<i>nedocromil sodium</i>)	Non Preferred	PA
ALOMIDE SOLUTION 0.1 % OPHTHALMIC (<i>loxamide tromethamine</i>)	Non Preferred	PA
BEPREVE SOLUTION 1.5 % OPHTHALMIC (<i>bepotastine besilate</i>)	Non Preferred	PA
LASTACFT SOLUTION 0.25 % OPHTHALMIC (OTC) (<i>alcaftadine</i>)	Non Preferred	OTC; PA
PATADAY SOLUTION 0.1 % OPHTHALMIC (<i>olopatadine hcl</i>)	Non Preferred	OTC; PA
PATADAY SOLUTION 0.2 % OPHTHALMIC (OTC) (<i>olopatadine hcl</i>)	Non Preferred	OTC; PA
PATADAY SOLUTION 0.7 % OPHTHALMIC (<i>olopatadine hcl</i>)	Non Preferred	OTC; PA
ZERVIATE SOLUTION 0.24 % OPHTHALMIC (<i>cetirizine hcl</i>)	Non Preferred	PA
OPHTHALMICS: ANTI-INFLAMMATORY [OPEN CLASS]		
<i>diclofenac sodium solution 0.1 % ophthalmic</i>	Preferred	
<i>fluorometholone suspension 0.1 % ophthalmic</i>	Preferred	
<i>flurbiprofen sodium solution 0.03 % ophthalmic</i>	Preferred	
<i>ketorolac tromethamine solution 0.4 % ophthalmic</i>	Preferred	
<i>ketorolac tromethamine solution 0.5 % ophthalmic</i>	Preferred	
<i>loteprednol etabonate gel 0.5 % ophthalmic</i>	Preferred	
<i>loteprednol etabonate suspension 0.5 % ophthalmic</i>	Preferred	
<i>prednisolone acetate suspension 1 % ophthalmic</i>	Preferred	
DUREZOL EMULSION 0.05 % OPHTHALMIC (<i>difluprednate</i>)	Preferred	
<i>bromfenac sodium (once-daily) solution 0.09 % ophthalmic</i>	Non Preferred	PA
<i>dexamethasone sodium phosphate solution 0.1 % ophthalmic</i>	Non Preferred	PA
<i>difluprednate emulsion 0.05 % ophthalmic</i>	Non Preferred	PA
<i>loteprednol etabonate suspension 0.2 % ophthalmic</i>	Non Preferred	PA
<i>prednisolone sodium phosphate solution 1 % ophthalmic</i>	Non Preferred	PA
ACULAR LS SOLUTION 0.4 % OPHTHALMIC (<i>ketorolac tromethamine</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ACULAR SOLUTION 0.5 % OPHTHALMIC (<i>ketorolac tromethamine</i>)	Non Preferred	PA
ACUVAIL SOLUTION 0.45 % OPHTHALMIC (<i>ketorolac tromethamine</i>)	Non Preferred	PA
ALREX SUSPENSION 0.2 % OPHTHALMIC (<i>loteprednol etabonate</i>)	Non Preferred	PA
BROMSITE SOLUTION 0.075 % OPHTHALMIC (<i>bromfenac sodium</i>)	Non Preferred	PA
FLAREX SUSPENSION 0.1 % OPHTHALMIC (<i>fluorometholone acetate</i>)	Non Preferred	PA
FML FORTE SUSPENSION 0.25 % OPHTHALMIC (<i>fluorometholone</i>)	Non Preferred	PA
FML LIQUIFILM SUSPENSION 0.1 % OPHTHALMIC (<i>fluorometholone</i>)	Non Preferred	PA
ILEVRO SUSPENSION 0.3 % OPHTHALMIC (<i>nepafenac</i>)	Non Preferred	PA
INVELTYS SUSPENSION 1 % OPHTHALMIC (<i>loteprednol etabonate</i>)	Non Preferred	PA
LOTEMAX GEL 0.5 % OPHTHALMIC (<i>loteprednol etabonate</i>)	Non Preferred	PA
LOTEMAX OINTMENT 0.5 % OPHTHALMIC (<i>loteprednol etabonate</i>)	Non Preferred	PA
LOTEMAX SM GEL 0.38 % OPHTHALMIC (<i>loteprednol etabonate</i>)	Non Preferred	PA
LOTEMAX SUSPENSION 0.5 % OPHTHALMIC (<i>loteprednol etabonate</i>)	Non Preferred	PA
MAXIDEX SUSPENSION 0.1 % OPHTHALMIC (<i>dexamethasone</i>)	Non Preferred	PA
NEVANAC SUSPENSION 0.1 % OPHTHALMIC (<i>nepafenac</i>)	Non Preferred	PA
PRED FORTE SUSPENSION 1 % OPHTHALMIC (<i>prednisolone acetate</i>)	Non Preferred	PA
PRED MILD SUSPENSION 0.12 % OPHTHALMIC (<i>prednisolone acetate</i>)	Non Preferred	PA
PROLENSA SOLUTION 0.07 % OPHTHALMIC (<i>bromfenac sodium</i>)	Non Preferred	PA
OPHTHALMICS: GLAUCOMA AGENTS [OPEN CLASS]		
<i>betaxolol hcl solution 0.5 % ophthalmic</i>	Preferred	
<i>brimonidine tartrate solution 0.15 % ophthalmic</i>	Preferred	
<i>brimonidine tartrate solution 0.2 % ophthalmic</i>	Preferred	
<i>brinzolamide suspension 1 % ophthalmic</i>	Preferred	
<i>carteolol hcl solution 1 % ophthalmic</i>	Preferred	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	Preferred	
<i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i>	Preferred	
<i>latanoprost solution 0.005 % ophthalmic</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>levobunolol hcl solution 0.5 % ophthalmic</i>	Preferred	
<i>pilocarpine hcl solution 1 % ophthalmic</i>	Preferred	
<i>pilocarpine hcl solution 2 % ophthalmic</i>	Preferred	
<i>pilocarpine hcl solution 4 % ophthalmic</i>	Preferred	
<i>timolol maleate gel forming solution 0.25 % ophthalmic</i>	Preferred	
<i>timolol maleate gel forming solution 0.5 % ophthalmic</i>	Preferred	
<i>timolol maleate pf solution 0.5 % ophthalmic</i>	Preferred	QL (2 EA per 1 day)
<i>timolol maleate solution 0.25 % ophthalmic</i>	Preferred	
<i>timolol maleate solution 0.5 % ophthalmic</i>	Preferred	
<i>travoprost (bak free) solution 0.004 % ophthalmic</i>	Preferred	
ALPHAGAN P SOLUTION 0.1 % OPHTHALMIC (<i>brimonidine tartrate</i>)	Preferred	
ALPHAGAN P SOLUTION 0.15 % OPHTHALMIC (<i>brimonidine tartrate</i>)	Preferred	
AZOPT SUSPENSION 1 % OPHTHALMIC (<i>brinzolamide</i>)	Preferred	
COMBIGAN SOLUTION 0.2-0.5 % OPHTHALMIC (<i>brimonidine tartrate-timolol</i>)	Preferred	
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC (<i>netarsudil dimesylate</i>)	Preferred	
ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC (<i>netarsudil-latanoprost</i>)	Preferred	
<i>timolol maleate</i> (Timolol Maleate OcuDose Solution 0.5 % Ophthalmic)	Preferred	QL (2 EA per 1 day)
TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC (<i>travoprost</i>)	Preferred	
<i>apraclonidine hcl solution 0.5 % ophthalmic</i>	Non Preferred	PA
<i>bimatoprost solution 0.03 % ophthalmic</i>	Non Preferred	PA
<i>brimonidine tartrate solution 0.1 % ophthalmic</i>	Non Preferred	PA
<i>brimonidine tartrate-timolol solution 0.2-0.5 % ophthalmic</i>	Non Preferred	PA
<i>dorzolamide hcl-timolol mal pf solution 2-0.5 % ophthalmic</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>tafluprost (pf) solution 0.0015 % ophthalmic</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>timolol maleate (once-daily) solution 0.5 % ophthalmic</i>	Non Preferred	PA
<i>timolol maleate gel forming solution 0.25 % ophthalmic</i>	Non Preferred	PA
<i>timolol maleate pf solution 0.25 % ophthalmic</i>	Non Preferred	PA; QL (2 EA per 1 day)
BETIMOL SOLUTION 0.25 % OPHTHALMIC (<i>timolol hemihydrate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
BETIMOL SOLUTION 0.5 % OPHTHALMIC (<i>timolol hemihydrate</i>)	Non Preferred	PA
BETOPTIC-S SUSPENSION 0.25 % OPHTHALMIC (<i>betaxolol hcl</i>)	Non Preferred	PA
COSOPT PF SOLUTION 2-0.5 % OPHTHALMIC (<i>dorzolamide hcl-timolol mal</i>)	Non Preferred	PA; QL (2 EA per 1 day)
COSOPT SOLUTION 2-0.5 % OPHTHALMIC (<i>dorzolamide hcl-timolol mal</i>)	Non Preferred	PA
IOPIDINE SOLUTION 1 % OPHTHALMIC (<i>apraclonidine hcl</i>)	Non Preferred	PA
ISTALOL SOLUTION 0.5 % OPHTHALMIC (<i>timolol maleate</i>)	Non Preferred	PA
IYUZEH SOLUTION 0.005 % OPHTHALMIC (<i>latanoprost</i>)	Non Preferred	PA
LUMIGAN SOLUTION 0.01 % OPHTHALMIC (<i>bimatoprost</i>)	Non Preferred	PA
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125 % OPHTHALMIC (<i>echothiophate iodide</i>)	Non Preferred	PA
SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC (<i>brinzolamide-brimonidine</i>)	Non Preferred	PA
TIMOPTIC OCUDOSE SOLUTION 0.25 % OPHTHALMIC (<i>timolol maleate</i>)	Non Preferred	PA; QL (2 EA per 1 day)
TIMOPTIC OCUDOSE SOLUTION 0.5 % OPHTHALMIC (<i>timolol maleate</i>)	Non Preferred	PA; QL (2 EA per 1 day)
TIMOPTIC SOLUTION 0.25 % OPHTHALMIC (<i>timolol maleate</i>)	Non Preferred	PA
TIMOPTIC SOLUTION 0.5 % OPHTHALMIC (<i>timolol maleate</i>)	Non Preferred	PA
TIMOPTIC-XE GEL FORMING SOLUTION 0.25 % OPHTHALMIC (<i>timolol maleate</i>)	Non Preferred	PA
TIMOPTIC-XE GEL FORMING SOLUTION 0.5 % OPHTHALMIC (<i>timolol maleate</i>)	Non Preferred	PA
VUITY SOLUTION 1.25 % OPHTHALMIC (<i>pilocarpine hcl</i>)	Non Preferred	PA
VYZULTA SOLUTION 0.024 % OPHTHALMIC (<i>latanoprostene bunod</i>)	Non Preferred	PA
XALATAN SOLUTION 0.005 % OPHTHALMIC (<i>latanoprost</i>)	Non Preferred	PA
XELPROS EMULSION 0.005 % OPHTHALMIC (<i>latanoprost</i>)	Non Preferred	PA
ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC (<i>tafluprost</i>)	Non Preferred	PA; QL (1 EA per 1 day)
OPHTHALMICS: IMMUNOMODULATORS [CLOSED CLASS]		
RESTASIS EMULSION 0.05 % OPHTHALMIC (<i>cyclosporine</i>)	Preferred	QL (2 EA per 1 day)
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC (<i>cyclosporine</i>)	Preferred	QL (5.5 ML per 30 days)

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XIIDRA SOLUTION 5 % OPHTHALMIC (<i>lifitegrast</i>)	Preferred	QL (2 EA per 1 day)
<i>cyclosporine emulsion 0.05 % ophthalmic</i>	Non Preferred	PA; QL (2 EA per 1 day)
CEQUA SOLUTION 0.09 % OPHTHALMIC (<i>cyclosporine</i>)	Non Preferred	PA
EYSUVIS SUSPENSION 0.25 % OPHTHALMIC (<i>loteprednol etabonate</i>)	Non Preferred	PA; QL (1 ML per 90 days)
MIEBO SOLUTION 1.338 GM/ML OPHTHALMIC (<i>perfluorohexyloctane</i>)	Non Preferred	PA; QL (12 ML per 30 days); AGE (Min 18 Years)
TYRVAYA SOLUTION 0.03 MG/ACT NASAL (<i>varenicline tartrate</i>)	Non Preferred	PA
VERKAZIA EMULSION 0.1 % OPHTHALMIC (<i>cyclosporine</i>)	Non Preferred	PA
VEVYE SOLUTION 0.1 % OPHTHALMIC (<i>cyclosporine</i>)	Non Preferred	PA; QL (6 ML per 30 days)
OPIOID DEPENDENCY [CLOSED CLASS]		
<i>buprenorphine hcl tablet sublingual 2 mg sublingual</i>	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl tablet sublingual 8 mg sublingual</i>	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual</i>	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual</i>	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years)
<i>lifems naloxone prefilled syringe kit 2 mg/2ml injection</i>	Preferred	
<i>naloxone hcl liquid 4 mg/0.1ml nasal (otc)</i>	Preferred	OTC
<i>naloxone hcl liquid 4 mg/0.1ml nasal (rx)</i>	Preferred	
<i>naloxone hcl solution 0.4 mg/ml injection</i>	Preferred	
<i>naloxone hcl solution 4 mg/10ml injection</i>	Preferred	
<i>naloxone hcl solution cartridge 0.4 mg/ml injection</i>	Preferred	
<i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i>	Preferred	
<i>naltrexone hcl tablet 50 mg oral</i>	Preferred	
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS (<i>buprenorphine</i>)	Preferred	AGE (Min 18 Years)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS (<i>buprenorphine</i>)	Preferred	AGE (Min 18 Years)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS (<i>buprenorphine</i>)	Preferred	AGE (Min 18 Years)
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS (<i>buprenorphine</i>)	Preferred	AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS (<i>buprenorphine</i>)	Preferred	AGE (Min 18 Years)
BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS (<i>buprenorphine</i>)	Preferred	AGE (Min 18 Years)
BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS (<i>buprenorphine</i>)	Preferred	AGE (Min 18 Years)
KLOXXADO LIQUID 8 MG/0.1ML NASAL (<i>naloxone hcl</i>)	Preferred	
NARCAN LIQUID 4 MG/0.1ML NASAL (OTC) (<i>naloxone hcl</i>)	Preferred	OTC
NARCAN LIQUID 4 MG/0.1ML NASAL (RX) (<i>naloxone hcl</i>)	Preferred	
OPVEE SOLUTION 2.7 MG/0.1ML NASAL (<i>nalmefene hcl</i>)	Preferred	QL (2 EA per 30 days); AGE (Min 12 Years)
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS (<i>buprenorphine</i>)	Preferred	
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS (<i>buprenorphine</i>)	Preferred	
SUBOXONE FILM 12-3 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 1 day); AGE (Min 16 Years)
SUBOXONE FILM 2-0.5 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years)
SUBOXONE FILM 4-1 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 16 Years)
SUBOXONE FILM 8-2 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years)
VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR (<i>naltrexone</i>)	Preferred	QL (1 EA per 28 days)
ZIMHI SOLUTION PREFILLED SYRINGE 5 MG/0.5ML INJECTION (<i>naloxone hcl</i>)	Preferred	
<i>buprenorphine hcl-naloxone hcl film 12-3 mg sublingual</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual</i>	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl film 4-1 mg sublingual</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl film 8-2 mg sublingual</i>	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 16 Years)
LUCEMYRA TABLET 0.18 MG ORAL (<i>lofexidine hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)

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

Drug Name	Formulary Status	Requirements/Limits
ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
OPIOIDS: LONG ACTING (LAO) [OPEN CLASS]		
<i>buprenorphine patch weekly 10 mcg/hr transdermal</i>	Preferred	PA; QL (0.29 EA per 1 day)
<i>buprenorphine patch weekly 15 mcg/hr transdermal</i>	Preferred	PA; QL (0.15 EA per 1 day)
<i>buprenorphine patch weekly 20 mcg/hr transdermal</i>	Preferred	PA; QL (0.15 EA per 1 day)
<i>buprenorphine patch weekly 5 mcg/hr transdermal</i>	Preferred	PA; QL (0.29 EA per 1 day)
<i>buprenorphine patch weekly 7.5 mcg/hr transdermal</i>	Preferred	PA; QL (0.29 EA per 1 day)
<i>fentanyl patch 72 hour 100 mcg/hr transdermal</i>	Preferred	PA; QL (0.334 EA per 1 day)
<i>fentanyl patch 72 hour 12 mcg/hr transdermal</i>	Preferred	PA; QL (0.334 EA per 1 day)
<i>fentanyl patch 72 hour 25 mcg/hr transdermal</i>	Preferred	PA; QL (0.334 EA per 1 day)
<i>fentanyl patch 72 hour 50 mcg/hr transdermal</i>	Preferred	PA; QL (0.334 EA per 1 day)
<i>fentanyl patch 72 hour 75 mcg/hr transdermal</i>	Preferred	PA; QL (0.334 EA per 1 day)
<i>morphine sulfate er tablet extended release 100 mg oral</i>	Preferred	PA; QL (1 EA per 1 day)
<i>morphine sulfate er tablet extended release 15 mg oral</i>	Preferred	PA; QL (4 EA per 1 day)
<i>morphine sulfate er tablet extended release 200 mg oral</i>	Preferred	PA; QL (1 EA per 1 day)
<i>morphine sulfate er tablet extended release 30 mg oral</i>	Preferred	PA; QL (3 EA per 1 day)
<i>morphine sulfate er tablet extended release 60 mg oral</i>	Preferred	PA; QL (2 EA per 1 day)
BUTRANS PATCH WEEKLY 10 MCG/HR TRANSDERMAL (<i>buprenorphine</i>)	Preferred	PA; QL (0.29 EA per 1 day)
BUTRANS PATCH WEEKLY 15 MCG/HR TRANSDERMAL (<i>buprenorphine</i>)	Preferred	PA; QL (0.15 EA per 1 day)
BUTRANS PATCH WEEKLY 20 MCG/HR TRANSDERMAL (<i>buprenorphine</i>)	Preferred	PA; QL (0.15 EA per 1 day)
BUTRANS PATCH WEEKLY 5 MCG/HR TRANSDERMAL (<i>buprenorphine</i>)	Preferred	PA; QL (0.29 EA per 1 day)
BUTRANS PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL (<i>buprenorphine</i>)	Preferred	PA; QL (0.29 EA per 1 day)
<i>fentanyl patch 72 hour 37.5 mcg/hr transdermal</i>	Non Preferred	PA; QL (0.334 EA per 1 day)
<i>fentanyl patch 72 hour 62.5 mcg/hr transdermal</i>	Non Preferred	PA; QL (0.334 EA per 1 day)
<i>fentanyl patch 72 hour 87.5 mcg/hr transdermal</i>	Non Preferred	PA; QL (0.334 EA per 1 day)
<i>hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 day)
<i>hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day)

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

Drug Name	Formulary Status	Requirements/Limits
<i>hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 120 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl er tablet extended release 24 hour 12 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>hydromorphone hcl er tablet extended release 24 hour 16 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl er tablet extended release 24 hour 32 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl er tablet extended release 24 hour 8 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>methadone hcl concentrate 10 mg/ml oral</i>	Non Preferred	PA; QL (4 ML per 1 day); AGE (Max 1 Years)
<i>methadone hcl solution 10 mg/5ml oral</i>	Non Preferred	PA; QL (15 ML per 1 day); AGE (Max 1 Years)
<i>methadone hcl solution 5 mg/5ml oral</i>	Non Preferred	PA; QL (40 ML per 1 day); AGE (Max 1 Years)
<i>methadone hcl tablet 10 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 day); AGE (Max 1 Years)
<i>methadone hcl tablet 5 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 day); AGE (Max 1 Years)
<i>methadone hcl tablet soluble 40 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day); AGE (Max 1 Years)
<i>morphine sulfate er beads capsule extended release 24 hour 120 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>morphine sulfate er beads capsule extended release 24 hour 30 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>morphine sulfate er beads capsule extended release 24 hour 45 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>morphine sulfate er beads capsule extended release 24 hour 60 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>morphine sulfate er beads capsule extended release 24 hour 75 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>morphine sulfate er beads capsule extended release 24 hour 90 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 day)
<i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er tablet extended release 12 hour 40 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 day)
<i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>tramadol hcl (er biphasic) capsule extended release 24 hour 100 mg oral</i>	Non Preferred	PA; AGE (Min 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>tramadol hcl (er biphasic) capsule extended release 24 hour 200 mg oral</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>tramadol hcl (er biphasic) capsule extended release 24 hour 300 mg oral</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>tramadol hcl er tablet extended release 24 hour 100 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl er tablet extended release 24 hour 200 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl er tablet extended release 24 hour 300 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day); AGE (Min 12 Years)
BELBUCA FILM 150 MCG BUCCAL (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day)
BELBUCA FILM 300 MCG BUCCAL (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (3 EA per 1 day)
BELBUCA FILM 450 MCG BUCCAL (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
BELBUCA FILM 600 MCG BUCCAL (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (3 EA per 1 day)
BELBUCA FILM 75 MCG BUCCAL (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (6 EA per 1 day)
BELBUCA FILM 750 MCG BUCCAL (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
BELBUCA FILM 900 MCG BUCCAL (<i>buprenorphine hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>tramadol hcl</i>)	Non Preferred	PA; AGE (Min 12 Years)
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>tramadol hcl</i>)	Non Preferred	PA; AGE (Min 12 Years)
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>tramadol hcl</i>)	Non Preferred	PA; AGE (Min 12 Years)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL (<i>hydrocodone bitartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG ORAL (<i>hydrocodone bitartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL (<i>hydrocodone bitartrate</i>)	Non Preferred	PA; QL (3 EA per 1 day)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL (<i>hydrocodone bitartrate</i>)	Non Preferred	PA; QL (2 EA per 1 day)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL (<i>hydrocodone bitartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL (<i>hydrocodone bitartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL (<i>hydrocodone bitartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Concentrate 10 Mg/ML Oral)	Non Preferred	PA; QL (4 ML per 1 day); AGE (Max 1 Years)
METHADOSE CONCENTRATE 10 MG/ML ORAL (<i>methadone hcl</i>)	Non Preferred	PA; QL (4 ML per 1 day); AGE (Max 1 Years)
METHADOSE SUGAR-FREE CONCENTRATE 10 MG/ML ORAL (<i>methadone hcl</i>)	Non Preferred	PA; QL (4 ML per 1 day); AGE (Max 1 Years)
<i>methadone hcl</i> (Methadose Tablet Soluble 40 Mg Oral)	Non Preferred	PA; QL (3 EA per 1 day); AGE (Max 1 Years)
MS CONTIN TABLET EXTENDED RELEASE 100 MG ORAL (<i>morphine sulfate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL (<i>morphine sulfate</i>)	Non Preferred	PA; QL (4 EA per 1 day)
MS CONTIN TABLET EXTENDED RELEASE 200 MG ORAL (<i>morphine sulfate</i>)	Non Preferred	PA; QL (1 EA per 1 day)
MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL (<i>morphine sulfate</i>)	Non Preferred	PA; QL (3 EA per 1 day)
MS CONTIN TABLET EXTENDED RELEASE 60 MG ORAL (<i>morphine sulfate</i>)	Non Preferred	PA; QL (2 EA per 1 day)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL (<i>tapentadol hcl</i>)	Non Preferred	PA; QL (3 EA per 1 day)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL (<i>tapentadol hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL (<i>tapentadol hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL (<i>tapentadol hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50 MG ORAL (<i>tapentadol hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (6 EA per 1 day)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (5 EA per 1 day)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (3 EA per 1 day)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG ORAL (<i>oxycodone</i>)	Non Preferred	PA; QL (5 EA per 1 day)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG ORAL (<i>oxycodone</i>)	Non Preferred	PA; QL (4 EA per 1 day)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG ORAL (<i>oxycodone</i>)	Non Preferred	PA; QL (3 EA per 1 day)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ORAL (<i>oxycodone</i>)	Non Preferred	PA; QL (2 EA per 1 day)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9 MG ORAL (<i>oxycodone</i>)	Non Preferred	PA; QL (6 EA per 1 day)
OPIOIDS: SHORT ACTING [OPEN CLASS]		
<i>acetaminophen-codeine solution 120-12 mg/5ml oral</i>	Preferred	QL (150 ML per 1 day); AGE (Min 12 Years)
<i>acetaminophen-codeine tablet 300-15 mg oral</i>	Preferred	QL (10 EA per 1 day); AGE (Min 12 Years)
<i>acetaminophen-codeine tablet 300-30 mg oral</i>	Preferred	QL (10 EA per 1 day); AGE (Min 12 Years)
<i>acetaminophen-codeine tablet 300-60 mg oral</i>	Preferred	QL (10 EA per 1 day); AGE (Min 12 Years)
<i>hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral</i>	Preferred	QL (180 ML per 1 day)
<i>hydrocodone-acetaminophen solution 5-217 mg/10ml oral</i>	Preferred	QL (180 ML per 1 day)
<i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>	Preferred	QL (180 ML per 1 day)
<i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>	Preferred	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>	Preferred	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>	Preferred	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>	Preferred	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>	Preferred	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>	Preferred	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen tablet 10-200 mg oral</i>	Preferred	QL (5 EA per 1 day)
<i>hydrocodone-ibuprofen tablet 5-200 mg oral</i>	Preferred	QL (5 EA per 1 day)
<i>hydrocodone-ibuprofen tablet 7.5-200 mg oral</i>	Preferred	QL (5 EA per 1 day)
<i>hydromorphone hcl tablet 2 mg oral</i>	Preferred	QL (11.2 EA per 1 day)
<i>hydromorphone hcl tablet 4 mg oral</i>	Preferred	QL (5.6 EA per 1 day)
<i>hydromorphone hcl tablet 8 mg oral</i>	Preferred	QL (2.8 EA per 1 day)
<i>morphine sulfate (concentrate) solution 100 mg/5ml oral</i>	Preferred	QL (4.5 ML per 1 day)
<i>morphine sulfate (concentrate) solution 20 mg/ml oral</i>	Preferred	QL (4.5 ML per 1 day)
<i>morphine sulfate solution 10 mg/5ml oral</i>	Preferred	QL (45 ML per 1 day)
<i>morphine sulfate solution 20 mg/5ml oral</i>	Preferred	QL (22.5 ML per 1 day)
<i>morphine sulfate tablet 15 mg oral</i>	Preferred	QL (6 EA per 1 day)
<i>morphine sulfate tablet 30 mg oral</i>	Preferred	QL (3 EA per 1 day)
<i>oxycodone hcl capsule 5 mg oral</i>	Preferred	QL (12 EA per 1 day)
<i>oxycodone hcl solution 5 mg/5ml oral</i>	Preferred	QL (60 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>oxycodone hcl tablet 10 mg oral</i>	Preferred	QL (6 EA per 1 day)
<i>oxycodone hcl tablet 15 mg oral</i>	Preferred	QL (4 EA per 1 day)
<i>oxycodone hcl tablet 20 mg oral</i>	Preferred	QL (3 EA per 1 day)
<i>oxycodone hcl tablet 30 mg oral</i>	Preferred	QL (2 EA per 1 day)
<i>oxycodone hcl tablet 5 mg oral</i>	Preferred	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen solution 5-325 mg/5ml oral</i>	Preferred	QL (60 ML per 1 day)
<i>oxycodone-acetaminophen tablet 10-325 mg oral</i>	Preferred	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i>	Preferred	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen tablet 5-325 mg oral</i>	Preferred	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i>	Preferred	QL (8 EA per 1 day)
<i>tramadol hcl tablet 50 mg oral</i>	Preferred	QL (8 EA per 1 day); AGE (Min 12 Years)
<i>tramadol-acetaminophen tablet 37.5-325 mg oral</i>	Preferred	QL (8 EA per 1 day); AGE (Min 12 Years)
<i>oxycodone-acetaminophen (Endocet Tablet 10-325 Mg Oral)</i>	Preferred	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen (Endocet Tablet 5-325 Mg Oral)</i>	Preferred	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen (Endocet Tablet 7.5-325 Mg Oral)</i>	Preferred	QL (8 EA per 1 day)
<i>apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>butalbital-apap-caff-cod capsule 50-300-40-30 mg oral</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>butalbital-apap-caff-cod capsule 50-325-40-30 mg oral</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>butalbital-asa-caff-codeine capsule 50-325-40-30 mg oral</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>butorphanol tartrate solution 10 mg/ml nasal</i>	Non Preferred	PA
<i>codeine sulfate tablet 15 mg oral</i>	Non Preferred	PA; QL (24 EA per 1 day); AGE (Min 12 Years)
<i>codeine sulfate tablet 30 mg oral</i>	Non Preferred	PA; QL (12 EA per 1 day); AGE (Min 12 Years)
<i>codeine sulfate tablet 60 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 day); AGE (Min 12 Years)
<i>fentanyl citrate lozenge on a handle 1200 mcg buccal</i>	Non Preferred	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg buccal</i>	Non Preferred	PA
<i>fentanyl citrate lozenge on a handle 200 mcg buccal</i>	Non Preferred	PA
<i>fentanyl citrate lozenge on a handle 400 mcg buccal</i>	Non Preferred	PA
<i>fentanyl citrate lozenge on a handle 600 mcg buccal</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 800 mcg buccal</i>	Non Preferred	PA
<i>fentanyl citrate tablet 100 mcg buccal</i>	Non Preferred	PA; QL (7.2 EA per 1 day)
<i>fentanyl citrate tablet 200 mcg buccal</i>	Non Preferred	PA; QL (3.6 EA per 1 day)
<i>fentanyl citrate tablet 400 mcg buccal</i>	Non Preferred	PA; QL (1.8 EA per 1 day)
<i>fentanyl citrate tablet 600 mcg buccal</i>	Non Preferred	PA; QL (1.2 EA per 1 day)
<i>fentanyl citrate tablet 800 mcg buccal</i>	Non Preferred	PA; QL (0.9 EA per 1 day)
<i>hydromorphone hcl liquid 1 mg/ml oral</i>	Non Preferred	PA; QL (22.5 ML per 1 day)
<i>hydromorphone hcl suppository 3 mg rectal</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>levorphanol tartrate tablet 2 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>levorphanol tartrate tablet 3 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>meperidine hcl solution 50 mg/5ml oral</i>	Non Preferred	PA; QL (90 ML per 1 day)
<i>meperidine hcl tablet 50 mg oral</i>	Non Preferred	PA; QL (18 EA per 1 day)
<i>morphine sulfate suppository 10 mg rectal</i>	Non Preferred	PA; QL (9 EA per 1 day)
<i>morphine sulfate suppository 20 mg rectal</i>	Non Preferred	PA; QL (4.5 EA per 1 day)
<i>morphine sulfate suppository 30 mg rectal</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>morphine sulfate suppository 5 mg rectal</i>	Non Preferred	PA; QL (18 EA per 1 day)
<i>nalocet tablet 2.5-300 mg oral</i>	Non Preferred	PA; QL (12 EA per 1 day)
<i>oxycodone hcl concentrate 100 mg/5ml oral</i>	Non Preferred	PA; QL (3 ML per 1 day)
<i>oxymorphone hcl tablet 10 mg oral</i>	Non Preferred	PA; QL (3 EA per 1 day)
<i>oxymorphone hcl tablet 5 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 day)
<i>pentazocine-naloxone hcl tablet 50-0.5 mg oral</i>	Non Preferred	PA; QL (4.9 EA per 1 day)
<i>tramadol hcl solution 5 mg/ml oral</i>	Non Preferred	PA; QL (80 ML per 1 day); AGE (Min 12 Years)
<i>tramadol hcl tablet 100 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
ACTIQ LOZENGE ON A HANDLE 1200 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA
ACTIQ LOZENGE ON A HANDLE 1600 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA
ACTIQ LOZENGE ON A HANDLE 200 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA
ACTIQ LOZENGE ON A HANDLE 400 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA
ACTIQ LOZENGE ON A HANDLE 600 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA
ACTIQ LOZENGE ON A HANDLE 800 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Capsule 50-325-40-30 Mg Oral)	Non Preferred	PA; AGE (Min 12 Years)
DILAUDID LIQUID 1 MG/ML ORAL (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (22.5 ML per 1 day)
DILAUDID TABLET 2 MG ORAL (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (11.2 EA per 1 day)
DILAUDID TABLET 4 MG ORAL (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (5.6 EA per 1 day)
DILAUDID TABLET 8 MG ORAL (<i>hydromorphone hcl</i>)	Non Preferred	PA; QL (2.8 EA per 1 day)
FENTORA TABLET 100 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (7.2 EA per 1 day)
FENTORA TABLET 200 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (3.6 EA per 1 day)
FENTORA TABLET 400 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (1.8 EA per 1 day)
FENTORA TABLET 600 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (1.2 EA per 1 day)
FENTORA TABLET 800 MCG BUCCAL (<i>fentanyl citrate</i>)	Non Preferred	PA; QL (0.9 EA per 1 day)
FIORICET/CODEINE CAPSULE 50-300-40-30 MG ORAL (<i>butalbital-apap-caff-cod</i>)	Non Preferred	PA; AGE (Min 12 Years)
NUCYNTA TABLET 100 MG ORAL (<i>tapentadol hcl</i>)	Non Preferred	PA; QL (2.25 EA per 1 day)
NUCYNTA TABLET 50 MG ORAL (<i>tapentadol hcl</i>)	Non Preferred	PA; QL (4.5 EA per 1 day)
NUCYNTA TABLET 75 MG ORAL (<i>tapentadol hcl</i>)	Non Preferred	PA; QL (3 EA per 1 day)
PERCOCET TABLET 10-325 MG ORAL (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (6 EA per 1 day)
PERCOCET TABLET 2.5-325 MG ORAL (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (12 EA per 1 day)
PERCOCET TABLET 5-325 MG ORAL (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (12 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
PERCOCET TABLET 7.5-325 MG ORAL (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (8 EA per 1 day)
PROLATE SOLUTION 10-300 MG/5ML ORAL (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (60 ML per 1 day)
PROLATE TABLET 10-300 MG ORAL (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (6 EA per 1 day)
PROLATE TABLET 5-300 MG ORAL (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (12 EA per 1 day)
PROLATE TABLET 7.5-300 MG ORAL (<i>oxycodone-acetaminophen</i>)	Non Preferred	PA; QL (8 EA per 1 day)
ROXICODONE TABLET 15 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day)
ROXICODONE TABLET 30 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day)
ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day)
ROXYBOND TABLET ABUSE-DETERRENT 5 MG ORAL (<i>oxycodone hcl</i>)	Non Preferred	PA; QL (12 EA per 1 day)
SEGLENTIS TABLET 56-44 MG ORAL (<i>celecoxib-tramadol hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 18 Years)
OTIC [OPEN CLASS]		
<i>ciprofloxacin-dexamethasone suspension 0.3-0.1 % otic</i>	Preferred	
<i>neomycin-polymyxin-hc solution 1 % otic</i>	Preferred	
<i>neomycin-polymyxin-hc solution 3.5-10000-1 otic</i>	Preferred	
<i>neomycin-polymyxin-hc suspension 3.5-10000-1 otic</i>	Preferred	
<i>ofloxacin solution 0.3 % otic</i>	Preferred	
CIPRODEX SUSPENSION 0.3-0.1 % OTIC (<i>ciprofloxacin-dexamethasone</i>)	Preferred	
<i>ciprofloxacin hcl solution 0.2 % otic</i>	Non Preferred	PA
<i>ciprofloxacin-fluocinolone pf solution 0.3-0.025 % otic</i>	Non Preferred	PA
CIPRO HC SUSPENSION 0.2-1 % OTIC (<i>ciprofloxacin-hydrocortisone</i>)	Non Preferred	PA
PANCREATIC ENZYMES [OPEN CLASS]		
CREON CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
CREON CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
CREON CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
CREON CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
CREON CAPSULE DELAYED RELEASE PARTICLES 6000-19000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Preferred	PA; Max 90-day supply per 1 Fill
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Non Preferred	PA
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Non Preferred	PA
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Non Preferred	PA
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 8000-28750 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Non Preferred	PA
VIOKACE TABLET 10440-39150 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Non Preferred	PA
VIOKACE TABLET 20880-78300 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>)	Non Preferred	PA
PHOSPHATE BINDERS [OPEN CLASS]		
<i>calcium acetate (phos binder) capsule 667 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>calcium acetate (phos binder) tablet 667 mg oral (otc)</i>	Preferred	OTC
<i>calcium acetate (phos binder) tablet 667 mg oral (rx)</i>	Preferred	
<i>calcium acetate tablet 667 mg oral</i>	Preferred	
<i>calcium acetate tablet 668 (169 ca) mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>lanthanum carbonate tablet chewable 500 mg oral</i>	Preferred	
<i>lanthanum carbonate tablet chewable 750 mg oral</i>	Preferred	
<i>sevelamer carbonate tablet 800 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
CALPHRON TABLET 667 MG ORAL (<i>calcium acetate (phos binder)</i>)	Preferred	OTC
<i>lanthanum carbonate tablet chewable 1000 mg oral</i>	Non Preferred	PA
<i>sevelamer carbonate packet 0.8 gm oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>sevelamer carbonate packet 2.4 gm oral</i>	Non Preferred	PA
<i>sevelamer hcl tablet 400 mg oral</i>	Non Preferred	PA
<i>sevelamer hcl tablet 800 mg oral</i>	Non Preferred	PA
AURYXIA TABLET 1 GM 210 MG(Fe) ORAL (<i>ferric citrate</i>)	Non Preferred	PA
FOSRENOL PACKET 1000 MG ORAL (<i>lanthanum carbonate</i>)	Non Preferred	PA
FOSRENOL PACKET 750 MG ORAL (<i>lanthanum carbonate</i>)	Non Preferred	PA
FOSRENOL TABLET CHEWABLE 1000 MG ORAL (<i>lanthanum carbonate</i>)	Non Preferred	PA
FOSRENOL TABLET CHEWABLE 500 MG ORAL (<i>lanthanum carbonate</i>)	Non Preferred	PA
FOSRENOL TABLET CHEWABLE 750 MG ORAL (<i>lanthanum carbonate</i>)	Non Preferred	PA
MAGNEBIND 400 TABLET 80-115 MG ORAL (<i>calcium carb-magnesium carb</i>)	Non Preferred	OTC; PA
RENAGEL TABLET 800 MG ORAL (<i>sevelamer hcl</i>)	Non Preferred	PA
REVELA PACKET 0.8 GM ORAL (<i>sevelamer carbonate</i>)	Non Preferred	PA
REVELA PACKET 2.4 GM ORAL (<i>sevelamer carbonate</i>)	Non Preferred	PA
REVELA TABLET 800 MG ORAL (<i>sevelamer carbonate</i>)	Non Preferred	PA
VELPHORO TABLET CHEWABLE 500 MG ORAL (<i>sucroferric oxyhydroxide</i>)	Non Preferred	PA
PLATELET INHIBITORS [OPEN CLASS]		
<i>clopidogrel bisulfate tablet 300 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>clopidogrel bisulfate tablet 75 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>dipyridamole tablet 25 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>dipyridamole tablet 50 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>dipyridamole tablet 75 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>prasugrel hcl tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>prasugrel hcl tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
BRILINTA TABLET 60 MG ORAL (<i>ticagrelor</i>)	Preferred	Max 90-day supply per 1 Fill
BRILINTA TABLET 90 MG ORAL (<i>ticagrelor</i>)	Preferred	Max 90-day supply per 1 Fill
<i>aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral</i>	Non Preferred	PA
EFFIENT TABLET 10 MG ORAL (<i>prasugrel hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
EFFIENT TABLET 5 MG ORAL (<i>prasugrel hcl</i>)	Non Preferred	PA
PLAVIX TABLET 75 MG ORAL (<i>clopidogrel bisulfate</i>)	Non Preferred	PA
PROGESTATIONAL AGENTS [CLOSED CLASS]		
<i>medroxyprogesterone acetate tablet 10 mg oral</i>	Preferred	
<i>medroxyprogesterone acetate tablet 2.5 mg oral</i>	Preferred	
<i>medroxyprogesterone acetate tablet 5 mg oral</i>	Preferred	
<i>norethindrone acetate tablet 5 mg oral</i>	Preferred	
<i>progesterone capsule 100 mg oral</i>	Preferred	
<i>progesterone capsule 200 mg oral</i>	Preferred	
<i>progesterone oil 50 mg/ml intramuscular</i>	Preferred	
AYGESTIN TABLET 5 MG ORAL (<i>norethindrone acetate</i>)	Non Preferred	PA
CRINONE GEL 4 % VAGINAL (<i>progesterone</i>)	Non Preferred	PA
CRINONE GEL 8 % VAGINAL (<i>progesterone</i>)	Non Preferred	PA
PROMETRIUM CAPSULE 100 MG ORAL (<i>progesterone</i>)	Non Preferred	PA
PROMETRIUM CAPSULE 200 MG ORAL (<i>progesterone</i>)	Non Preferred	PA
PROVERA TABLET 10 MG ORAL (<i>medroxyprogesterone acetate</i>)	Non Preferred	PA
PROVERA TABLET 2.5 MG ORAL (<i>medroxyprogesterone acetate</i>)	Non Preferred	PA
PROVERA TABLET 5 MG ORAL (<i>medroxyprogesterone acetate</i>)	Non Preferred	PA
PROGESTINS USED FOR CACHEXIA [OPEN CLASS]		
<i>megestrol acetate suspension 40 mg/ml oral</i>	Preferred	
<i>megestrol acetate suspension 400 mg/10ml oral</i>	Preferred	
<i>megestrol acetate tablet 20 mg oral</i>	Preferred	
<i>megestrol acetate tablet 40 mg oral</i>	Preferred	
<i>megestrol acetate suspension 625 mg/5ml oral</i>	Non Preferred	PA
PROTON PUMP INHIBITORS [OPEN CLASS]		
<i>acid reducer capsule delayed release 20.6 (20 base) mg oral</i>	Preferred	OTC
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	Preferred	OTC; QL (2 EA per 1 day)
<i>esomeprazole magnesium capsule delayed release 20 mg oral (rx)</i>	Preferred	QL (2 EA per 1 day)
<i>esomeprazole magnesium capsule delayed release 40 mg oral</i>	Preferred	QL (2 EA per 1 day)
<i>ft acid reducer capsule delayed release 15 mg oral</i>	Preferred	OTC; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp esomeprazole magnesium capsule delayed release 20 mg oral</i>	Preferred	OTC; QL (2 EA per 1 day)
<i>gnp lansoprazole capsule delayed release 15 mg oral</i>	Preferred	OTC; QL (2 EA per 1 day)
<i>gnp omeprazole capsule delayed release 20.6 (20 base) mg oral</i>	Preferred	OTC
<i>gnp omeprazole tablet delayed release dispersible 20 mg oral</i>	Preferred	OTC
<i>goodsense lansoprazole capsule delayed release 15 mg oral</i>	Preferred	OTC; QL (2 EA per 1 day)
<i>hm esomeprazole magnesium dr capsule delayed release 20 mg oral</i>	Preferred	OTC; QL (2 EA per 1 day)
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	Preferred	OTC; QL (2 EA per 1 day)
<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>	Preferred	QL (2 EA per 1 day)
<i>lansoprazole capsule delayed release 30 mg oral</i>	Preferred	QL (2 EA per 1 day)
<i>omeprazole capsule delayed release 10 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>omeprazole capsule delayed release 20 mg oral</i>	Preferred	QL (4 EA per 1 day); Max 90-day supply per 1 Fill
<i>omeprazole capsule delayed release 40 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral</i>	Preferred	OTC
<i>omeprazole magnesium tablet delayed release 20 mg oral</i>	Preferred	OTC; QL (4 EA per 1 day)
<i>omeprazole tablet delayed release dispersible 20 mg oral</i>	Preferred	OTC
<i>pantoprazole sodium packet 40 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>pantoprazole sodium tablet delayed release 20 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>pantoprazole sodium tablet delayed release 40 mg oral</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>sm esomeprazole magnesium capsule delayed release 20 mg oral</i>	Preferred	OTC; QL (2 EA per 1 day)
<i>sm lansoprazole capsule delayed release 15 mg oral</i>	Preferred	OTC; QL (2 EA per 1 day)
GOODSENSE ESOMEPRAZOLE CAPSULE DELAYED RELEASE 20 MG ORAL (<i>esomeprazole magnesium</i>)	Preferred	OTC; QL (2 EA per 1 day)
PROTONIX PACKET 40 MG ORAL (<i>pantoprazole sodium</i>)	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>dexlansoprazole capsule delayed release 30 mg oral</i>	Non Preferred	PA
<i>dexlansoprazole capsule delayed release 60 mg oral</i>	Non Preferred	PA
<i>esomeprazole magnesium packet 10 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>esomeprazole magnesium packet 20 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)
<i>esomeprazole magnesium packet 40 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>esomeprazole magnesium tablet delayed release 20 mg oral (otc)</i>	Non Preferred	OTC; PA; QL (2 EA per 1 day)
<i>ft omeprazole tablet delayed release 20 mg oral</i>	Non Preferred	OTC; PA; QL (4 EA per 1 day)
<i>gnp omeprazole tablet delayed release 20 mg oral</i>	Non Preferred	OTC; PA; QL (4 EA per 1 day)
<i>goodsense lansoprazole tablet delayed release dispersible 15 mg oral</i>	Non Preferred	OTC; PA
<i>goodsense omeprazole/sodium bicarbonate capsule 20-1100 mg oral</i>	Non Preferred	OTC; PA
<i>lansoprazole tablet delayed release dispersible 15 mg oral (rx)</i>	Non Preferred	PA
<i>lansoprazole tablet delayed release dispersible 30 mg oral</i>	Non Preferred	PA
<i>omeprazole tablet delayed release 20 mg oral</i>	Non Preferred	OTC; PA; QL (4 EA per 1 day)
<i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx)</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate capsule 40-1100 mg oral</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate packet 20-1680 mg oral</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate packet 40-1680 mg oral</i>	Non Preferred	PA
<i>rabeprazole sodium tablet delayed release 20 mg oral</i>	Non Preferred	PA
<i>sm omeprazole tablet delayed release 20 mg oral</i>	Non Preferred	OTC; PA; QL (4 EA per 1 day)
ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL (<i>rabeprazole sodium</i>)	Non Preferred	PA
DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL (<i>dexlansoprazole</i>)	Non Preferred	PA
DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL (<i>dexlansoprazole</i>)	Non Preferred	PA
KONVOMEPEL SUSPENSION RECONSTITUTED 2-84 MG/ML ORAL (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA
NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL (<i>esomeprazole magnesium</i>)	Non Preferred	PA; QL (2 EA per 1 day)
NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL (<i>esomeprazole magnesium</i>)	Non Preferred	PA; QL (2 EA per 1 day)
NEXIUM PACKET 10 MG ORAL (<i>esomeprazole magnesium</i>)	Non Preferred	PA; QL (2 EA per 1 day)
NEXIUM PACKET 2.5 MG ORAL (<i>esomeprazole magnesium</i>)	Non Preferred	PA
NEXIUM PACKET 20 MG ORAL (<i>esomeprazole magnesium</i>)	Non Preferred	PA; QL (2 EA per 1 day)

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

Drug Name	Formulary Status	Requirements/Limits
NEXIUM PACKET 40 MG ORAL (<i>esomeprazole magnesium</i>)	Non Preferred	PA; QL (2 EA per 1 day)
NEXIUM PACKET 5 MG ORAL (<i>esomeprazole magnesium</i>)	Non Preferred	PA
PREVACID 24HR CAPSULE DELAYED RELEASE 15 MG ORAL (<i>lansoprazole</i>)	Non Preferred	OTC; PA; QL (2 EA per 1 day)
PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL (<i>lansoprazole</i>)	Non Preferred	PA; QL (2 EA per 1 day)
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL (<i>lansoprazole</i>)	Non Preferred	PA
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL (<i>lansoprazole</i>)	Non Preferred	PA
PRILOSEC PACKET 10 MG ORAL (<i>omeprazole magnesium</i>)	Non Preferred	PA
PRILOSEC PACKET 2.5 MG ORAL (<i>omeprazole magnesium</i>)	Non Preferred	PA
PROTONIX TABLET DELAYED RELEASE 20 MG ORAL (<i>pantoprazole sodium</i>)	Non Preferred	PA; QL (2 EA per 1 day)
PROTONIX TABLET DELAYED RELEASE 40 MG ORAL (<i>pantoprazole sodium</i>)	Non Preferred	PA; QL (2 EA per 1 day)
ZEGERID CAPSULE 20-1100 MG ORAL (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA
ZEGERID CAPSULE 40-1100 MG ORAL (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA
ZEGERID PACKET 20-1680 MG ORAL (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA
ZEGERID PACKET 40-1680 MG ORAL (<i>omeprazole-sodium bicarbonate</i>)	Non Preferred	PA
PSORIASIS: TOPICAL [OPEN CLASS]		
<i>calcipotriene cream 0.005 % external</i>	Preferred	
<i>calcipotriene ointment 0.005 % external</i>	Preferred	
<i>calcipotriene solution 0.005 % external</i>	Preferred	
<i>calcipotriene foam 0.005 % external</i>	Non Preferred	PA
<i>calcipotriene-betameth diprop ointment 0.005-0.064 % external</i>	Non Preferred	PA
<i>calcipotriene-betameth diprop suspension 0.005-0.064 % external</i>	Non Preferred	PA
<i>calcitriol ointment 3 mcg/gm external</i>	Non Preferred	PA; AGE (Max 18 Years)
BESER KIT 0.05 % EXTERNAL (<i>fluticasone-emollient</i>)	Non Preferred	PA
DUOBRII LOTION 0.01-0.045 % EXTERNAL (<i>halobetasol prop-tazarotene</i>)	Non Preferred	PA
ENSTILAR FOAM 0.005-0.064 % EXTERNAL (<i>calcipotriene-betameth diprop</i>)	Non Preferred	PA; AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
SORILUX FOAM 0.005 % EXTERNAL (<i>calcipotriene</i>)	Non Preferred	PA
TACLONEX OINTMENT 0.005-0.064 % EXTERNAL (<i>calcipotriene-betameth diprop</i>)	Non Preferred	PA
TACLONEX SUSPENSION 0.005-0.064 % EXTERNAL (<i>calcipotriene-betameth diprop</i>)	Non Preferred	PA
VTAMA CREAM 1 % EXTERNAL (<i>tapinarof</i>)	Non Preferred	PA; AGE (Min 18 Years)
ZORYVE CREAM 0.3 % EXTERNAL (<i>roflumilast</i>)	Non Preferred	PA; AGE (Min 12 Years)
PULMONARY ARTERIAL HYPERTENSION [OPEN CLASS]		
<i>ambrisentan tablet 10 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>ambrisentan tablet 5 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>bosentan tablet 125 mg oral</i>	Preferred	QL (2 EA per 1 day)
<i>bosentan tablet 62.5 mg oral</i>	Preferred	QL (2 EA per 1 day)
<i>sildenafil citrate suspension reconstituted 10 mg/ml oral</i>	Preferred	PA; AGE (Min 1 Years)
<i>sildenafil citrate tablet 20 mg oral</i>	Preferred	PA; AGE (Min 1 Years)
<i>tadalafil (pah) tablet 20 mg oral</i>	Preferred	PA; AGE (Min 18 Years)
<i>tadalafil (pah) (Alyq Tablet 20 Mg Oral)</i>	Preferred	PA; AGE (Min 18 Years)
TRACLEER TABLET 125 MG ORAL (<i>bosentan</i>)	Preferred	QL (2 EA per 1 day)
TRACLEER TABLET 62.5 MG ORAL (<i>bosentan</i>)	Preferred	QL (2 EA per 1 day)
VENTAVIS SOLUTION 10 MCG/ML INHALATION (<i>iloprost</i>)	Preferred	
VENTAVIS SOLUTION 20 MCG/ML INHALATION (<i>iloprost</i>)	Preferred	
ADCIRCA TABLET 20 MG ORAL (<i>tadalafil (pah)</i>)	Non Preferred	PA; AGE (Min 18 Years)
ADEMPAS TABLET 0.5 MG ORAL (<i>riociguat</i>)	Non Preferred	PA
ADEMPAS TABLET 1 MG ORAL (<i>riociguat</i>)	Non Preferred	PA
ADEMPAS TABLET 1.5 MG ORAL (<i>riociguat</i>)	Non Preferred	PA
ADEMPAS TABLET 2 MG ORAL (<i>riociguat</i>)	Non Preferred	PA
ADEMPAS TABLET 2.5 MG ORAL (<i>riociguat</i>)	Non Preferred	PA
LETAIRIS TABLET 10 MG ORAL (<i>ambrisentan</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LETAIRIS TABLET 5 MG ORAL (<i>ambrisentan</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LIQREV SUSPENSION 10 MG/ML ORAL (<i>sildenafil citrate</i>)	Non Preferred	PA; AGE (Min 18 Years)
OPSUMIT TABLET 10 MG ORAL (<i>macitentan</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ORENITRAM MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL (<i>treprostinil diolamine</i>)	Non Preferred	PA
ORENITRAM MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL (<i>treprostinil diolamine</i>)	Non Preferred	PA
ORENITRAM MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ORAL (<i>treprostinil diolamine</i>)	Non Preferred	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125 MG ORAL (<i>treprostinil diolamine</i>)	Non Preferred	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25 MG ORAL (<i>treprostinil diolamine</i>)	Non Preferred	PA
ORENITRAM TABLET EXTENDED RELEASE 1 MG ORAL (<i>treprostinil diolamine</i>)	Non Preferred	PA
ORENITRAM TABLET EXTENDED RELEASE 2.5 MG ORAL (<i>treprostinil diolamine</i>)	Non Preferred	PA
ORENITRAM TABLET EXTENDED RELEASE 5 MG ORAL (<i>treprostinil diolamine</i>)	Non Preferred	PA
REVATIO SUSPENSION RECONSTITUTED 10 MG/ML ORAL (<i>sildenafil citrate</i>)	Non Preferred	PA; AGE (Min 1 Years)
REVATIO TABLET 20 MG ORAL (<i>sildenafil citrate</i>)	Non Preferred	PA; AGE (Min 1 Years)
TADLIQ SUSPENSION 20 MG/5ML ORAL (<i>tadalafil (pah)</i>)	Non Preferred	PA; AGE (Min 18 Years)
TRACLEER TABLET SOLUBLE 32 MG ORAL (<i>bosentan</i>)	Non Preferred	PA
TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X48MCG INHALATION (<i>treprostinil</i>)	Non Preferred	PA
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION (<i>treprostinil</i>)	Non Preferred	PA
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION (<i>treprostinil</i>)	Non Preferred	PA
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION (<i>treprostinil</i>)	Non Preferred	PA
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION (<i>treprostinil</i>)	Non Preferred	PA
TYVASO DPI TITRATION KIT POWDER 112 X 16MCG & 84 X 32MCG INHALATION (<i>treprostinil</i>)	Non Preferred	PA
TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION (<i>treprostinil</i>)	Non Preferred	PA
TYVASO REFILL SOLUTION 0.6 MG/ML INHALATION (<i>treprostinil</i>)	Non Preferred	PA
TYVASO SOLUTION 0.6 MG/ML INHALATION (<i>treprostinil</i>)	Non Preferred	PA
TYVASO STARTER SOLUTION 0.6 MG/ML INHALATION (<i>treprostinil</i>)	Non Preferred	PA
UPTRAVI TABLET 1000 MCG ORAL (<i>selexipag</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
UPTRAVI TABLET 1200 MCG ORAL (<i>selexipag</i>)	Non Preferred	PA
UPTRAVI TABLET 1400 MCG ORAL (<i>selexipag</i>)	Non Preferred	PA
UPTRAVI TABLET 1600 MCG ORAL (<i>selexipag</i>)	Non Preferred	PA
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	Non Preferred	PA
UPTRAVI TABLET 400 MCG ORAL (<i>selexipag</i>)	Non Preferred	PA
UPTRAVI TABLET 600 MCG ORAL (<i>selexipag</i>)	Non Preferred	PA
UPTRAVI TABLET 800 MCG ORAL (<i>selexipag</i>)	Non Preferred	PA
UPTRAVI TITRATION TABLET THERAPY PACK 200 & 800 MCG ORAL (<i>selexipag</i>)	Non Preferred	PA
QUINOLONES: ORAL [OPEN CLASS]		
<i>ciprofloxacin hcl tablet 100 mg oral</i>	Preferred	
<i>ciprofloxacin hcl tablet 250 mg oral</i>	Preferred	
<i>ciprofloxacin hcl tablet 500 mg oral</i>	Preferred	
<i>ciprofloxacin hcl tablet 750 mg oral</i>	Preferred	
<i>ciprofloxacin suspension reconstituted 250 mg/5ml (5%) oral</i>	Preferred	
<i>ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral</i>	Preferred	
<i>levofloxacin tablet 250 mg oral</i>	Preferred	
<i>levofloxacin tablet 500 mg oral</i>	Preferred	
<i>levofloxacin tablet 750 mg oral</i>	Preferred	
<i>levofloxacin solution 25 mg/ml oral</i>	Non Preferred	PA
<i>moxifloxacin hcl tablet 400 mg oral</i>	Non Preferred	PA
<i>ofloxacin tablet 300 mg oral</i>	Non Preferred	PA
<i>ofloxacin tablet 400 mg oral</i>	Non Preferred	PA
BAXDELA TABLET 450 MG ORAL (<i>delafloxacin meglumine</i>)	Non Preferred	PA
CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL (<i>ciprofloxacin</i>)	Non Preferred	PA
CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL (<i>ciprofloxacin</i>)	Non Preferred	PA
CIPRO TABLET 250 MG ORAL (<i>ciprofloxacin hcl</i>)	Non Preferred	PA
CIPRO TABLET 500 MG ORAL (<i>ciprofloxacin hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
ROSACEA AGENTS: TOPICAL [OPEN CLASS]		
<i>ivermectin cream 1 % external</i>	Preferred	
<i>metronidazole cream 0.75 % external</i>	Preferred	
<i>metronidazole gel 0.75 % external</i>	Preferred	
<i>metronidazole gel 1 % external</i>	Preferred	
<i>metronidazole lotion 0.75 % external</i>	Preferred	
<i>metronidazole (Rosadan Cream 0.75 % External)</i>	Preferred	
<i>metronidazole (Rosadan Gel 0.75 % External)</i>	Preferred	
<i>azelaic acid gel 15 % external</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>brimonidine tartrate gel 0.33 % external</i>	Non Preferred	PA
<i>metronidazole gel 1 % external</i>	Non Preferred	PA
FINACEA FOAM 15 % EXTERNAL (<i>azelaic acid</i>)	Non Preferred	PA; AGE (Min 18 Years)
FINACEA GEL 15 % EXTERNAL (<i>azelaic acid</i>)	Non Preferred	PA; AGE (Min 18 Years)
NORITATE CREAM 1 % EXTERNAL (<i>metronidazole</i>)	Non Preferred	PA
RHOFADE CREAM 1 % EXTERNAL (<i>oxymetazoline hcl</i>)	Non Preferred	PA
ROSADAN KIT 0.75 % CREAM EXTERNAL (<i>metronidazole-cleanser</i>)	Non Preferred	PA
ROSADAN KIT 0.75 % GEL EXTERNAL (<i>metronidazole-cleanser</i>)	Non Preferred	PA
SECOND GENERATION ANTIHISTAMINES AND COMBINATIONS [OPEN CLASS]		
<i>12hr allergy & congestion tablet extended release 12 hour 60-120 mg oral</i>	Preferred	OTC
<i>all day allergy childrens solution 5 mg/5ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>all day allergy tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>allergy childrens solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>allergy rel child (loratadine) solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>allergy relief (loratadine) tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>allergy relief cetirizine tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>allergy relief cetirizine tablet 5 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>allergy relief childrens solution 1 mg/ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>allergy relief tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>allergy relief tablet 5 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>allergy relief/indoor/outdoor tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>antihistamine & nasal deconges tablet extended release 12 hour 60-120 mg oral</i>	Preferred	OTC
<i>cetirizine hcl allergy child solution 5 mg/5ml oral (otc)</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>cetirizine hcl childrens alrgy solution 1 mg/ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>cetirizine hcl solution 1 mg/ml oral (rx)</i>	Preferred	Max 90-day supply per 1 Fill
<i>cetirizine hcl tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>cetirizine hcl tablet 5 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>childrens loratadine solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>fexofenadine-pseudoephed er tablet extended release 12 hour 60-120 mg oral (otc)</i>	Preferred	OTC
<i>ft all day allergy 24 hour tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft all day allergy relief tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft all day allergy tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft allergy & congestion-d 12hr tablet extended release 12 hour 60-120 mg oral</i>	Preferred	OTC
<i>ft allergy childrens solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>ft allergy relief cetirizine tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft allergy relief childrens solution 5 mg/5ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft allergy relief loratadine tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp all day allergy childrens solution 1 mg/ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp all day allergy childrens solution 5 mg/5ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp all day allergy tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp allergy relief 24 hr tablet 5 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp fexofenadine/pse er tablet extended release 12 hour 60-120 mg oral</i>	Preferred	OTC
<i>gnp loratadine childrens solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp loratadine solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>gnp loratadine tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp loratadine tablet dispersible 10 mg oral</i>	Preferred	OTC
<i>goodsense all day allergy solution 5 mg/5ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>goodsense all day allergy tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>goodsense allergy relief child solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>goodsense allergy relief tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm all day allergy childrens solution 5 mg/5ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm all day allergy solution 5 mg/5ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm allergy relief (cetirizine) tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm cetirizine hcl tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm loratadine childrens solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>hm loratadine tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>levocetirizine dihydrochloride tablet 5 mg oral (rx)</i>	Preferred	Max 90-day supply per 1 Fill
<i>loratadine childrens solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>loratadine solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>loratadine tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>loratadine tablet dispersible 10 mg oral</i>	Preferred	OTC
<i>sm all day allergy childrens solution 1 mg/ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm all day allergy childrens solution 5 mg/5ml oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm all day allergy relief tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm all day allergy tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm allergy childrens solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>sm loratadine solution 5 mg/5ml oral</i>	Preferred	OTC; AGE (Min 2 Years)
<i>sm loratadine tablet 10 mg oral</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>12hr allergy relief tablet 60 mg oral</i>	Non Preferred	OTC; PA
<i>24hr allergy relief tablet 180 mg oral</i>	Non Preferred	OTC; PA

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Drug Name	Formulary Status	Requirements/Limits
<i>all day allergy-d tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>aller-ease tablet 60 mg oral</i>	Non Preferred	OTC; PA
<i>allergy 24-hr tablet 180 mg oral</i>	Non Preferred	OTC; PA
<i>allergy childrens suspension 30 mg/5ml oral</i>	Non Preferred	OTC; PA
<i>allergy relief (cetirizine) capsule 10 mg oral</i>	Non Preferred	OTC; PA
<i>allergy relief d tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>allergy relief d-12 tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>allergy relief d-24 tablet extended release 24 hour 10-240 mg oral</i>	Non Preferred	OTC; PA
<i>allergy relief tablet 180 mg oral</i>	Non Preferred	OTC; PA
<i>allergy relief/nasal decongest tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>allergy relief/nasal decongest tablet extended release 24 hour 10-240 mg oral</i>	Non Preferred	OTC; PA
<i>allergy/congestion relief tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>cetirizine hcl childrens solution 5 mg/5ml oral</i>	Non Preferred	OTC; PA
<i>cetirizine hcl tablet chewable 10 mg oral</i>	Non Preferred	OTC; PA
<i>cetirizine hcl tablet chewable 5 mg oral</i>	Non Preferred	OTC; PA
<i>cetirizine-pseudoephedrine er tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>desloratadine tablet 5 mg oral</i>	Non Preferred	PA
<i>desloratadine tablet dispersible 2.5 mg oral</i>	Non Preferred	PA
<i>desloratadine tablet dispersible 5 mg oral</i>	Non Preferred	PA
<i>fexofenadine hcl tablet 180 mg oral (otc)</i>	Non Preferred	OTC; PA
<i>fexofenadine hcl tablet 60 mg oral (otc)</i>	Non Preferred	OTC; PA
<i>fexofenadine-pseudoephed er tablet extended release 24 hour 180-240 mg oral (otc)</i>	Non Preferred	OTC; PA
<i>ft all day allergy-d tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA

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Drug Name	Formulary Status	Requirements/Limits
<i>ft allergy d-12 hour tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>ft allergy relief 12 hour tablet 60 mg oral</i>	Non Preferred	OTC; PA
<i>ft allergy relief 24 hour tablet 180 mg oral</i>	Non Preferred	OTC; PA
<i>ft allergy relief childrens tablet chewable 5 mg oral</i>	Non Preferred	OTC; PA; AGE (Min 2 Years)
<i>ft allergy relief tablet 180 mg oral</i>	Non Preferred	OTC; PA
<i>ft allergy relief-d tablet extended release 24 hour 10-240 mg oral</i>	Non Preferred	OTC; PA
<i>gnp all day allergy relief capsule 10 mg oral</i>	Non Preferred	OTC; PA
<i>gnp all day allergy-d tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>gnp allergy & congestion tablet extended release 24 hour 10-240 mg oral</i>	Non Preferred	OTC; PA
<i>gnp allergy relief tablet 180 mg oral</i>	Non Preferred	OTC; PA
<i>gnp allergy/congestion relief tablet extended release 24 hour 10-240 mg oral</i>	Non Preferred	OTC; PA
<i>goodsense all day allergy-d tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>goodsense aller-ease tablet 180 mg oral</i>	Non Preferred	OTC; PA
<i>hm allergy relief tablet 180 mg oral</i>	Non Preferred	OTC; PA
<i>hm allergy relief tablet 60 mg oral</i>	Non Preferred	OTC; PA
<i>hm allergy relief/nasal decong tablet extended release 24 hour 10-240 mg oral</i>	Non Preferred	OTC; PA
<i>levocetirizine dihydrochloride solution 2.5 mg/5ml oral</i>	Non Preferred	PA
<i>loratadine childrens tablet chewable 5 mg oral</i>	Non Preferred	OTC; PA; AGE (Min 2 Years)
<i>loratadine-d 12hr tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>loratadine-d 24hr tablet extended release 24 hour 10-240 mg oral</i>	Non Preferred	OTC; PA
<i>sm all day allergy-d tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>sm allergy relief tablet 60 mg oral</i>	Non Preferred	OTC; PA
<i>sm fexofenadine hcl tablet 180 mg oral</i>	Non Preferred	OTC; PA

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Drug Name	Formulary Status	Requirements/Limits
<i>sm loratadine d 12hr tablet extended release 12 hour 5-120 mg oral</i>	Non Preferred	OTC; PA
<i>sm lorata-dine d tablet extended release 24 hour 10-240 mg oral</i>	Non Preferred	OTC; PA
CLARINEX TABLET 5 MG ORAL (<i>desloratadine</i>)	Non Preferred	PA
CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ORAL (<i>desloratadine-pseudoephedrine</i>)	Non Preferred	PA
SEDATIVES: HYPNOTICS [OPEN CLASS]		
<i>eszopiclone tablet 1 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>eszopiclone tablet 2 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>eszopiclone tablet 3 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>temazepam capsule 15 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>temazepam capsule 30 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam tablet 0.125 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam tablet 0.25 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zaleplon capsule 10 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zaleplon capsule 5 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate tablet 10 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate tablet 5 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>doxepin hcl tablet 3 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>doxepin hcl tablet 6 mg oral</i>	Non Preferred	PA; AGE (Min 18 Years)
<i>estazolam tablet 1 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>estazolam tablet 2 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl capsule 15 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl capsule 30 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>quazepam tablet 15 mg oral</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>ramelteon tablet 8 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>tasimelteon capsule 20 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 16 Years)
<i>temazepam capsule 22.5 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>temazepam capsule 7.5 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate capsule 7.5 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate er tablet extended release 12.5 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate er tablet extended release 6.25 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate tablet sublingual 1.75 mg sublingual</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate tablet sublingual 3.5 mg sublingual</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
AMBIEN CR TABLET EXTENDED RELEASE 12.5 MG ORAL (<i>zolpidem tartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
AMBIEN CR TABLET EXTENDED RELEASE 6.25 MG ORAL (<i>zolpidem tartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
AMBIEN TABLET 10 MG ORAL (<i>zolpidem tartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
AMBIEN TABLET 5 MG ORAL (<i>zolpidem tartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
BELSOMRA TABLET 10 MG ORAL (<i>suvorexant</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
BELSOMRA TABLET 15 MG ORAL (<i>suvorexant</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
BELSOMRA TABLET 20 MG ORAL (<i>suvorexant</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
BELSOMRA TABLET 5 MG ORAL (<i>suvorexant</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
DAYVIGO TABLET 10 MG ORAL (<i>lemborexant</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
DAYVIGO TABLET 5 MG ORAL (<i>lemborexant</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
DORAL TABLET 15 MG ORAL (<i>quazepam</i>)	Non Preferred	PA
EDLUAR TABLET SUBLINGUAL 10 MG SUBLINGUAL (<i>zolpidem tartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
EDLUAR TABLET SUBLINGUAL 5 MG SUBLINGUAL (<i>zolpidem tartrate</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
HALCION TABLET 0.25 MG ORAL (<i>triazolam</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
HETLIOZ CAPSULE 20 MG ORAL (<i>tasimelteon</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 16 Years)
HETLIOZ LQ SUSPENSION 4 MG/ML ORAL (<i>tasimelteon</i>)	Non Preferred	PA; QL (5 ML per 1 day); AGE (Min 3 Years and Max 15 Years)
LUNESTA TABLET 1 MG ORAL (<i>eszopiclone</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LUNESTA TABLET 2 MG ORAL (<i>eszopiclone</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
LUNESTA TABLET 3 MG ORAL (<i>eszopiclone</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
QUVIVIQ TABLET 25 MG ORAL (<i>daridorexant hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
QUVIVIQ TABLET 50 MG ORAL (<i>daridorexant hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
RESTORIL CAPSULE 15 MG ORAL (<i>temazepam</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
RESTORIL CAPSULE 22.5 MG ORAL (<i>temazepam</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
RESTORIL CAPSULE 30 MG ORAL (<i>temazepam</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
RESTORIL CAPSULE 7.5 MG ORAL (<i>temazepam</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ROZEREM TABLET 8 MG ORAL (<i>ramelteon</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
SICKLE CELL ANEMIA TREATMENTS [CLOSED CLASS]		
DROXIA CAPSULE 200 MG ORAL (<i>hydroxyurea</i>)	Preferred	AGE (Min 18 Years)
DROXIA CAPSULE 300 MG ORAL (<i>hydroxyurea</i>)	Preferred	AGE (Min 18 Years)
DROXIA CAPSULE 400 MG ORAL (<i>hydroxyurea</i>)	Preferred	AGE (Min 18 Years)
ENDARI PACKET 5 GM ORAL (<i>glutamine (sickle cell)</i>)	Preferred	AGE (Min 5 Years)
OXBRYTA TABLET 300 MG ORAL (<i>voxelotor</i>)	Preferred	AGE (Min 12 Years)
OXBRYTA TABLET 500 MG ORAL (<i>voxelotor</i>)	Preferred	AGE (Min 4 Years)
OXBRYTA TABLET SOLUBLE 300 MG ORAL (<i>voxelotor</i>)	Preferred	AGE (Min 4 Years)
ADAKVEO SOLUTION 100 MG/10ML INTRAVENOUS (<i>crizanlizumab-tmca</i>)	Non Preferred	PA; AGE (Min 16 Years)
SIKLOS TABLET 100 MG ORAL (<i>hydroxyurea</i>)	Non Preferred	PA; AGE (Min 2 Years)
SIKLOS TABLET 1000 MG ORAL (<i>hydroxyurea</i>)	Non Preferred	PA; AGE (Min 2 Years)
SKELETAL MUSCLE RELAXANTS [OPEN CLASS]		
<i>baclofen solution 5 mg/5ml oral</i>	Preferred	
<i>baclofen tablet 10 mg oral</i>	Preferred	AGE (Min 12 Years)
<i>baclofen tablet 15 mg oral</i>	Preferred	
<i>baclofen tablet 20 mg oral</i>	Preferred	AGE (Min 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>baclofen tablet 5 mg oral</i>	Preferred	AGE (Min 12 Years)
<i>chlorzoxazone tablet 250 mg oral</i>	Preferred	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>chlorzoxazone tablet 375 mg oral</i>	Preferred	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>chlorzoxazone tablet 500 mg oral</i>	Preferred	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>chlorzoxazone tablet 750 mg oral</i>	Preferred	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>cyclobenzaprine hcl tablet 10 mg oral</i>	Preferred	QL (3 EA per 1 day); AGE (Min 15 Years)
<i>cyclobenzaprine hcl tablet 5 mg oral</i>	Preferred	QL (3 EA per 1 day); AGE (Min 15 Years)
<i>cyclobenzaprine hcl tablet 7.5 mg oral</i>	Preferred	QL (4 EA per 1 day); AGE (Min 15 Years)
<i>dantrolene sodium capsule 100 mg oral</i>	Preferred	
<i>dantrolene sodium capsule 25 mg oral</i>	Preferred	
<i>dantrolene sodium capsule 50 mg oral</i>	Preferred	
<i>methocarbamol tablet 500 mg oral</i>	Preferred	AGE (Min 16 Years)
<i>methocarbamol tablet 750 mg oral</i>	Preferred	AGE (Min 16 Years)
<i>orphenadrine citrate er tablet extended release 12 hour 100 mg oral</i>	Preferred	QL (2 EA per 1 day); AGE (Min 18 Years)
<i>tizanidine hcl tablet 2 mg oral</i>	Preferred	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>tizanidine hcl tablet 4 mg oral</i>	Preferred	QL (9 EA per 1 day); AGE (Min 18 Years)
<i>baclofen solution 10 mg/5ml oral</i>	Non Preferred	PA; QL (40 ML per 1 day)
<i>baclofen suspension 25 mg/5ml oral</i>	Non Preferred	PA; AGE (Min 12 Years)
<i>carisoprodol tablet 250 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>carisoprodol tablet 350 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 16 Years)
<i>carisoprodol-aspirin tablet 200-325 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day)
<i>carisoprodol-aspirin-codeine tablet 200-325-16 mg oral</i>	Non Preferred	PA; AGE (Min 16 Years)
<i>cyclobenzaprine hcl er capsule extended release 24 hour 15 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>cyclobenzaprine hcl er capsule extended release 24 hour 30 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>metaxalone tablet 400 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 13 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>metaxalone tablet 800 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 13 Years)
<i>norgesic forte tablet 50-770-60 mg oral</i>	Non Preferred	PA
<i>tizanidine hcl capsule 2 mg oral</i>	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 18 Years)
<i>tizanidine hcl capsule 4 mg oral</i>	Non Preferred	PA; QL (9 EA per 1 day); AGE (Min 18 Years)
<i>tizanidine hcl capsule 6 mg oral</i>	Non Preferred	PA; QL (6 EA per 1 day); AGE (Min 18 Years)
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>cyclobenzaprine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>cyclobenzaprine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
DANTRIUM CAPSULE 25 MG ORAL (<i>dantrolene sodium</i>)	Non Preferred	PA
<i>cyclobenzaprine hcl</i> (Fexmid Tablet 7.5 Mg Oral)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 15 Years)
FLEQSUVY SUSPENSION 25 MG/5ML ORAL (<i>baclofen</i>)	Non Preferred	PA; AGE (Min 12 Years)
<i>chlorzoxazone</i> (Lorzone Tablet 375 Mg Oral)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 18 Years)
<i>chlorzoxazone</i> (Lorzone Tablet 750 Mg Oral)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 18 Years)
LYVISPAH PACKET 10 MG ORAL (<i>baclofen</i>)	Non Preferred	PA
LYVISPAH PACKET 20 MG ORAL (<i>baclofen</i>)	Non Preferred	PA
LYVISPAH PACKET 5 MG ORAL (<i>baclofen</i>)	Non Preferred	PA
<i>orphenadrine-aspirin-caffeine</i> (Norgesic Tablet 25-385-30 Mg Oral)	Non Preferred	PA
<i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Tablet 50-770-60 Mg Oral)	Non Preferred	PA
SOMA TABLET 250 MG ORAL (<i>carisoprodol</i>)	Non Preferred	PA; QL (4 EA per 1 day)
SOMA TABLET 350 MG ORAL (<i>carisoprodol</i>)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 16 Years)
ZANAFLEX CAPSULE 2 MG ORAL (<i>tizanidine hcl</i>)	Non Preferred	PA; QL (4 EA per 1 day); AGE (Min 18 Years)
ZANAFLEX CAPSULE 4 MG ORAL (<i>tizanidine hcl</i>)	Non Preferred	PA; QL (9 EA per 1 day); AGE (Min 18 Years)
ZANAFLEX CAPSULE 6 MG ORAL (<i>tizanidine hcl</i>)	Non Preferred	PA; QL (6 EA per 1 day); AGE (Min 18 Years)
ZANAFLEX TABLET 4 MG ORAL (<i>tizanidine hcl</i>)	Non Preferred	PA; QL (9 EA per 1 day); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
SMOKING CESSATION [OPEN CLASS]		
<i>bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>ft nicotine gum 2 mg mouth/throat</i>	Preferred	OTC
<i>ft nicotine gum 4 mg mouth/throat</i>	Preferred	OTC
<i>ft nicotine lozenge 2 mg mouth/throat</i>	Preferred	OTC
<i>ft nicotine lozenge 4 mg mouth/throat</i>	Preferred	OTC
<i>ft nicotine mini lozenge 2 mg mouth/throat</i>	Preferred	OTC
<i>ft nicotine mini lozenge 4 mg mouth/throat</i>	Preferred	OTC
<i>gnp nicotine gum 2 mg mouth/throat</i>	Preferred	OTC
<i>gnp nicotine gum 4 mg mouth/throat</i>	Preferred	OTC
<i>gnp nicotine mini lozenge 2 mg mouth/throat</i>	Preferred	OTC
<i>gnp nicotine mini lozenge 4 mg mouth/throat</i>	Preferred	OTC
<i>gnp nicotine patch 24 hour 14 mg/24hr transdermal</i>	Preferred	OTC
<i>gnp nicotine patch 24 hour 21 mg/24hr transdermal</i>	Preferred	OTC
<i>gnp nicotine patch 24 hour 7 mg/24hr transdermal</i>	Preferred	OTC
<i>gnp nicotine polacrilex gum 2 mg mouth/throat</i>	Preferred	OTC
<i>gnp nicotine polacrilex gum 4 mg mouth/throat</i>	Preferred	OTC
<i>gnp nicotine polacrilex lozenge 2 mg mouth/throat</i>	Preferred	OTC
<i>gnp nicotine polacrilex lozenge 4 mg mouth/throat</i>	Preferred	OTC
<i>goodsense nicotine gum 2 mg mouth/throat</i>	Preferred	OTC
<i>goodsense nicotine gum 4 mg mouth/throat</i>	Preferred	OTC
<i>goodsense nicotine lozenge 2 mg mouth/throat</i>	Preferred	OTC
<i>goodsense nicotine lozenge 4 mg mouth/throat</i>	Preferred	OTC
<i>hm nicotine patch 24 hour 14 mg/24hr transdermal</i>	Preferred	OTC
<i>hm nicotine patch 24 hour 21 mg/24hr transdermal</i>	Preferred	OTC
<i>hm nicotine patch 24 hour 7 mg/24hr transdermal</i>	Preferred	OTC
<i>hm nicotine polacrilex lozenge 2 mg mouth/throat</i>	Preferred	OTC
<i>hm nicotine polacrilex lozenge 4 mg mouth/throat</i>	Preferred	OTC
<i>nicotine kit 21-14-7 mg/24hr transdermal</i>	Preferred	OTC
<i>nicotine mini lozenge 2 mg mouth/throat</i>	Preferred	OTC
<i>nicotine mini lozenge 4 mg mouth/throat</i>	Preferred	OTC
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	Preferred	OTC
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i>	Preferred	OTC
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i>	Preferred	OTC
<i>nicotine polacrilex gum 2 mg mouth/throat</i>	Preferred	OTC
<i>nicotine polacrilex gum 4 mg mouth/throat</i>	Preferred	OTC
<i>nicotine polacrilex lozenge 2 mg mouth/throat</i>	Preferred	OTC
<i>nicotine polacrilex lozenge 4 mg mouth/throat</i>	Preferred	OTC
<i>nicotine polacrilex mini lozenge 2 mg mouth/throat</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>nicotine step 1 patch 24 hour 21 mg/24hr transdermal</i>	Preferred	OTC
<i>nicotine step 2 patch 24 hour 14 mg/24hr transdermal</i>	Preferred	OTC
<i>nicotine step 3 patch 24 hour 7 mg/24hr transdermal</i>	Preferred	OTC
<i>sm nicotine gum 4 mg mouth/throat</i>	Preferred	OTC
<i>sm nicotine lozenge 2 mg mouth/throat</i>	Preferred	OTC
<i>sm nicotine patch 24 hour 14 mg/24hr transdermal</i>	Preferred	OTC
<i>sm nicotine patch 24 hour 21 mg/24hr transdermal</i>	Preferred	OTC
<i>sm nicotine patch 24 hour 7 mg/24hr transdermal</i>	Preferred	OTC
<i>sm nicotine polacrilex gum 2 mg mouth/throat</i>	Preferred	OTC
<i>sm nicotine polacrilex gum 4 mg mouth/throat</i>	Preferred	OTC
<i>sm nicotine polacrilex lozenge 2 mg mouth/throat</i>	Preferred	OTC
<i>sm nicotine polacrilex lozenge 4 mg mouth/throat</i>	Preferred	OTC
<i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i>	Preferred	
<i>varenicline tartrate tablet 0.5 mg oral</i>	Preferred	
<i>varenicline tartrate tablet 1 mg oral</i>	Preferred	
<i>varenicline tartrate(continue) tablet 1 mg oral</i>	Preferred	
CHANTIX CONTINUING MONTH PAK TABLET 1 MG ORAL (<i>varenicline tartrate</i>)	Preferred	
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 ORAL (<i>varenicline tartrate</i>)	Preferred	
CHANTIX TABLET 1 MG ORAL (<i>varenicline tartrate</i>)	Preferred	
NICOTROL INHALER 10 MG INHALATION (<i>nicotine</i>)	Non Preferred	PA
NICOTROL NS SOLUTION 10 MG/ML NASAL (<i>nicotine</i>)	Non Preferred	PA
STEROIDS: TOPICAL, HIGH POTENCY [OPEN CLASS]		
<i>betamethasone dipropionate aug cream 0.05 % external</i>	Preferred	
<i>betamethasone valerate cream 0.1 % external</i>	Preferred	
<i>betamethasone valerate lotion 0.1 % external</i>	Preferred	
<i>betamethasone valerate ointment 0.1 % external</i>	Preferred	
<i>triamcinolone acetonide cream 0.025 % external</i>	Preferred	
<i>triamcinolone acetonide cream 0.1 % external</i>	Preferred	
<i>triamcinolone acetonide cream 0.5 % external</i>	Preferred	
<i>triamcinolone acetonide lotion 0.025 % external</i>	Preferred	
<i>triamcinolone acetonide lotion 0.1 % external</i>	Preferred	
<i>triamcinolone acetonide ointment 0.025 % external</i>	Preferred	
<i>triamcinolone acetonide ointment 0.05 % external</i>	Preferred	
<i>triamcinolone acetonide ointment 0.1 % external</i>	Preferred	
<i>triamcinolone acetonide ointment 0.5 % external</i>	Preferred	
<i>triamcinolone in absorbase ointment 0.05 % external</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>amcinonide cream 0.1 % external</i>	Non Preferred	PA
<i>betamethasone dipropionate aug gel 0.05 % external</i>	Non Preferred	PA
<i>betamethasone dipropionate aug lotion 0.05 % external</i>	Non Preferred	PA
<i>betamethasone dipropionate aug ointment 0.05 % external</i>	Non Preferred	PA
<i>betamethasone dipropionate cream 0.05 % external</i>	Non Preferred	PA
<i>betamethasone dipropionate lotion 0.05 % external</i>	Non Preferred	PA
<i>betamethasone dipropionate ointment 0.05 % external</i>	Non Preferred	PA
<i>desoximetasone cream 0.05 % external</i>	Non Preferred	PA
<i>desoximetasone cream 0.25 % external</i>	Non Preferred	PA
<i>desoximetasone gel 0.05 % external</i>	Non Preferred	PA
<i>desoximetasone liquid 0.25 % external</i>	Non Preferred	PA
<i>desoximetasone ointment 0.05 % external</i>	Non Preferred	PA
<i>desoximetasone ointment 0.25 % external</i>	Non Preferred	PA
<i>diflorasone diacetate cream 0.05 % external</i>	Non Preferred	PA
<i>diflorasone diacetate ointment 0.05 % external</i>	Non Preferred	PA
<i>fluocinonide cream 0.05 % external</i>	Non Preferred	PA
<i>fluocinonide cream 0.1 % external</i>	Non Preferred	PA
<i>fluocinonide emulsified base cream 0.05 % external</i>	Non Preferred	PA
<i>fluocinonide gel 0.05 % external</i>	Non Preferred	PA
<i>fluocinonide ointment 0.05 % external</i>	Non Preferred	PA
<i>fluocinonide solution 0.05 % external</i>	Non Preferred	PA
<i>halcinonide cream 0.1 % external</i>	Non Preferred	PA
<i>triamcinolone acetonide aerosol solution 0.147 mg/gm external</i>	Non Preferred	PA

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

Drug Name	Formulary Status	Requirements/Limits
DIPROLENE OINTMENT 0.05 % EXTERNAL (<i>betamethasone dipropionate aug</i>)	Non Preferred	PA
HALOG CREAM 0.1 % EXTERNAL (<i>halcinonide</i>)	Non Preferred	PA
HALOG OINTMENT 0.1 % EXTERNAL (<i>halcinonide</i>)	Non Preferred	PA
HALOG SOLUTION 0.1 % EXTERNAL (<i>halcinonide</i>)	Non Preferred	PA
KENALOG AEROSOL SOLUTION 0.147 MG/GM EXTERNAL (<i>triamcinolone acetonide</i>)	Non Preferred	PA
TOPICORT CREAM 0.05 % EXTERNAL (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT CREAM 0.25 % EXTERNAL (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT GEL 0.05 % EXTERNAL (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT OINTMENT 0.05 % EXTERNAL (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT OINTMENT 0.25 % EXTERNAL (<i>desoximetasone</i>)	Non Preferred	PA
TOPICORT SPRAY LIQUID 0.25 % EXTERNAL (<i>desoximetasone</i>)	Non Preferred	PA
VANOS CREAM 0.1 % EXTERNAL (<i>fluocinonide</i>)	Non Preferred	PA
STERIODS: TOPICAL, LOW POTENCY [OPEN CLASS]		
<i>anti-itch maximum strength cream 1 % external</i>	Preferred	OTC
<i>ft itch relief max strength cream 1 % external</i>	Preferred	OTC
<i>ft itch relief max strength ointment 1 % external</i>	Preferred	OTC
<i>ft itch relief/aloe max str cream 1 % external</i>	Preferred	OTC
<i>gnp hydrocortisone cream 0.5 % external</i>	Preferred	OTC
<i>gnp hydrocortisone max st ointment 1 % external</i>	Preferred	OTC
<i>gnp hydrocortisone plus cream 1 % external</i>	Preferred	OTC
<i>gnp hydrocortisone/aloe cream 1 % external</i>	Preferred	OTC
<i>hm hydrocortisone plus cream 1 % external</i>	Preferred	OTC
<i>hm hydrocortisone-aloe max st cream 1 % external</i>	Preferred	OTC
<i>hydrocortisone (perianal) cream 2.5 % external</i>	Preferred	
<i>hydrocortisone acetate cream 1 % external</i>	Preferred	OTC
<i>hydrocortisone acetate ointment 1 % external</i>	Preferred	OTC
<i>hydrocortisone cream 0.5 % external</i>	Preferred	OTC
<i>hydrocortisone cream 1 % external (otc)</i>	Preferred	OTC
<i>hydrocortisone cream 1 % external (rx)</i>	Preferred	
<i>hydrocortisone cream 2.5 % external</i>	Preferred	
<i>hydrocortisone lotion 2.5 % external</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>hydrocortisone max st cream 1 % external</i>	Preferred	OTC
<i>hydrocortisone max st/12 moist cream 1 % external</i>	Preferred	OTC
<i>hydrocortisone ointment 1 % external (otc)</i>	Preferred	OTC
<i>hydrocortisone ointment 1 % external (rx)</i>	Preferred	
<i>hydrocortisone ointment 2.5 % external</i>	Preferred	
<i>hydrocortisone/aloe max str cream 1 % external</i>	Preferred	OTC
<i>sm hydrocortisone cream 1 % external</i>	Preferred	OTC
<i>sm hydrocortisone max st ointment 1 % external</i>	Preferred	OTC
<i>sm hydrocortisone plus cream 1 % external</i>	Preferred	OTC
<i>hydrocortisone (Proctocort Cream 1 % External)</i>	Preferred	
<i>hydrocortisone (Procto-Med Hc Cream 2.5 % External)</i>	Preferred	
<i>hydrocortisone (Proctosol Hc Cream 2.5 % External)</i>	Preferred	
<i>hydrocortisone (Proctozone-Hc Cream 2.5 % External)</i>	Preferred	
<i>alclometasone dipropionate cream 0.05 % external</i>	Non Preferred	PA
<i>alclometasone dipropionate ointment 0.05 % external</i>	Non Preferred	PA
<i>desonide cream 0.05 % external</i>	Non Preferred	PA
<i>desonide lotion 0.05 % external</i>	Non Preferred	PA
<i>desonide ointment 0.05 % external</i>	Non Preferred	PA
<i>fluocinolone acetonide body oil 0.01 % external</i>	Non Preferred	PA
<i>fluocinolone acetonide scalp oil 0.01 % external</i>	Non Preferred	PA
<i>hydrocortisone complete kit therapy pack 2 % external</i>	Non Preferred	PA
ANUSOL-HC CREAM 2.5 % EXTERNAL (<i>hydrocortisone</i>)	Non Preferred	PA
DERMA-SMOOTH/FS BODY OIL 0.01 % EXTERNAL (<i>fluocinolone acetonide</i>)	Non Preferred	PA
DERMA-SMOOTH/FS SCALP OIL 0.01 % EXTERNAL (<i>fluocinolone acetonide</i>)	Non Preferred	PA
TEXACORT SOLUTION 2.5 % EXTERNAL (<i>hydrocortisone</i>)	Non Preferred	PA
STERIODS: TOPICAL, MEDIUM POTENCY [OPEN CLASS]		
<i>fluticasone propionate cream 0.05 % external</i>	Preferred	
<i>fluticasone propionate ointment 0.005 % external</i>	Preferred	
<i>mometasone furoate cream 0.1 % external</i>	Preferred	
<i>mometasone furoate ointment 0.1 % external</i>	Preferred	
<i>mometasone furoate solution 0.1 % external</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>betamethasone valerate foam 0.12 % external</i>	Non Preferred	PA
<i>clocortolone pivalate cream 0.1 % external</i>	Non Preferred	PA
<i>fluocinolone acetonide cream 0.01 % external</i>	Non Preferred	PA
<i>fluocinolone acetonide cream 0.025 % external</i>	Non Preferred	PA
<i>fluocinolone acetonide ointment 0.025 % external</i>	Non Preferred	PA
<i>fluocinolone acetonide solution 0.01 % external</i>	Non Preferred	PA
<i>flurandrenolide cream 0.05 % external</i>	Non Preferred	PA
<i>flurandrenolide lotion 0.05 % external</i>	Non Preferred	PA
<i>flurandrenolide ointment 0.05 % external</i>	Non Preferred	PA
<i>fluticasone propionate lotion 0.05 % external</i>	Non Preferred	PA
<i>hydrocortisone butyr lipo base cream 0.1 % external</i>	Non Preferred	PA
<i>hydrocortisone butyrate cream 0.1 % external</i>	Non Preferred	PA
<i>hydrocortisone butyrate lotion 0.1 % external</i>	Non Preferred	PA
<i>hydrocortisone butyrate ointment 0.1 % external</i>	Non Preferred	PA
<i>hydrocortisone butyrate solution 0.1 % external</i>	Non Preferred	PA
<i>hydrocortisone valerate cream 0.2 % external</i>	Non Preferred	PA
<i>hydrocortisone valerate ointment 0.2 % external</i>	Non Preferred	PA
<i>prednicarbate cream 0.1 % external</i>	Non Preferred	PA
<i>prednicarbate ointment 0.1 % external</i>	Non Preferred	PA
<i>triamcinolone acetonide paste 0.1 % mouth/throat</i>	Non Preferred	PA
<i>fluticasone propionate (Beser Lotion 0.05 % External)</i>	Non Preferred	PA
CLODERM CREAM 0.1 % EXTERNAL (<i>clocortolone pivalate</i>)	Non Preferred	PA
CLODERM PUMP CREAM 0.1 % EXTERNAL (<i>clocortolone pivalate</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
LOCOID LIPOCREAM CREAM 0.1 % EXTERNAL (<i>hydrocortisone butyr lipo base</i>)	Non Preferred	PA
LOCOID LOTION 0.1 % EXTERNAL (<i>hydrocortisone butyrate</i>)	Non Preferred	PA
<i>triamcinolone acetonide</i> (Oralene Paste 0.1 % Mouth/Throat)	Non Preferred	PA
PANDEL CREAM 0.1 % EXTERNAL (<i>hydrocortisone probutate</i>)	Non Preferred	PA
SYNALAR (CREAM) KIT 0.025 % EXTERNAL (<i>fluocinolone-emollient</i>)	Non Preferred	PA
SYNALAR (OINTMENT) KIT 0.025 % EXTERNAL (<i>fluocinolone-emollient</i>)	Non Preferred	PA
SYNALAR CREAM 0.025 % EXTERNAL (<i>fluocinolone acetonide</i>)	Non Preferred	PA
SYNALAR OINTMENT 0.025 % EXTERNAL (<i>fluocinolone acetonide</i>)	Non Preferred	PA
SYNALAR SOLUTION 0.01 % EXTERNAL (<i>fluocinolone acetonide</i>)	Non Preferred	PA
SYNALAR TS KIT 0.01 % EXTERNAL (<i>fluocinolone & cleanser</i>)	Non Preferred	PA
STEROIDS: TOPICAL, VERY HIGH POTENCY [OPEN CLASS]		
<i>clobetasol prop emollient base cream 0.05 % external</i>	Preferred	
<i>clobetasol propionate cream 0.05 % external</i>	Preferred	
<i>clobetasol propionate e cream 0.05 % external</i>	Preferred	
<i>clobetasol propionate gel 0.05 % external</i>	Preferred	
<i>clobetasol propionate ointment 0.05 % external</i>	Preferred	
<i>clobetasol propionate solution 0.05 % external</i>	Preferred	
<i>halobetasol propionate cream 0.05 % external</i>	Preferred	
<i>clobetasol propionate emulsion foam 0.05 % external</i>	Non Preferred	PA
<i>clobetasol propionate foam 0.05 % external</i>	Non Preferred	PA
<i>clobetasol propionate liquid 0.05 % external</i>	Non Preferred	PA
<i>clobetasol propionate lotion 0.05 % external</i>	Non Preferred	PA
<i>clobetasol propionate shampoo 0.05 % external</i>	Non Preferred	PA
<i>halobetasol propionate foam 0.05 % external</i>	Non Preferred	PA
<i>halobetasol propionate ointment 0.05 % external</i>	Non Preferred	PA
APEXICON E CREAM 0.05 % EXTERNAL (<i>diflorasone diacet emoll base</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
BRYHALI LOTION 0.01 % EXTERNAL (<i>halobetasol propionate</i>)	Non Preferred	PA
CLODAN KIT 0.05 % EXTERNAL (<i>clobetasol prop & cleanser</i>)	Non Preferred	PA
<i>clobetasol propionate</i> (Clodan Shampoo 0.05 % External)	Non Preferred	PA
IMPEKLO LOTION 0.15 MG/ACT (0.05%) EXTERNAL (<i>clobetasol propionate</i>)	Non Preferred	PA
LEXETTE FOAM 0.05 % EXTERNAL (<i>halobetasol propionate</i>)	Non Preferred	PA
OLUX FOAM 0.05 % EXTERNAL (<i>clobetasol propionate</i>)	Non Preferred	PA
TEMOVATE OINTMENT 0.05 % EXTERNAL (<i>clobetasol propionate</i>)	Non Preferred	PA
<i>clobetasol propionate emulsion</i> (Tovet Foam 0.05 % External)	Non Preferred	PA
TOVET KIT 0.05 % EXTERNAL (<i>clobetasol emul foam w/moistcr</i>)	Non Preferred	PA
ULTRAVATE LOTION 0.05 % EXTERNAL (<i>halobetasol propionate</i>)	Non Preferred	PA
STIMULANTS AND RELATED AGENTS [CLOSED CLASS]		
<i>amphetamine-dextroamphetamine tablet 10 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 15 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 20 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 30 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 5 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>armodafinil tablet 150 mg oral</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>armodafinil tablet 200 mg oral</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>armodafinil tablet 250 mg oral</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>armodafinil tablet 50 mg oral</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>atomoxetine hcl capsule 10 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>atomoxetine hcl capsule 100 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>atomoxetine hcl capsule 18 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>atomoxetine hcl capsule 25 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>atomoxetine hcl capsule 40 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>atomoxetine hcl capsule 60 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>atomoxetine hcl capsule 80 mg oral</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>clonidine hcl er tablet extended release 12 hour 0.1 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i>	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl tablet 10 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl tablet 2.5 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>dexmethylphenidate hcl tablet 5 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate tablet 10 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate tablet 15 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>dextroamphetamine sulfate tablet 2.5 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate tablet 20 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate tablet 30 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate tablet 5 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate tablet 7.5 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>guanfacine hcl er tablet extended release 24 hour 1 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>guanfacine hcl er tablet extended release 24 hour 2 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>guanfacine hcl er tablet extended release 24 hour 3 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>guanfacine hcl er tablet extended release 24 hour 4 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>methylphenidate hcl solution 10 mg/5ml oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl solution 5 mg/5ml oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet 10 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet 20 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet 5 mg oral</i>	Preferred	AGE (Min 4 Years and Max 17 Years)
<i>modafinil tablet 100 mg oral</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>modafinil tablet 200 mg oral</i>	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)

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Drug Name	Formulary Status	Requirements/Limits
CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL (<i>methylphenidate hcl</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL (<i>methylphenidate hcl</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL (<i>methylphenidate hcl</i>)	Preferred	QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL (<i>methylphenidate hcl</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
DAYTRANA PATCH 10 MG/9HR TRANSDERMAL (<i>methylphenidate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
DAYTRANA PATCH 15 MG/9HR TRANSDERMAL (<i>methylphenidate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
DAYTRANA PATCH 20 MG/9HR TRANSDERMAL (<i>methylphenidate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
DAYTRANA PATCH 30 MG/9HR TRANSDERMAL (<i>methylphenidate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
SUNOSI TABLET 150 MG ORAL (<i>solriamfetol hcl</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
SUNOSI TABLET 75 MG ORAL (<i>solriamfetol hcl</i>)	Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
VYVANSE CAPSULE 10 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE CAPSULE 20 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE CAPSULE 30 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE CAPSULE 40 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE CAPSULE 50 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE CAPSULE 60 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE CAPSULE 70 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)

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Drug Name	Formulary Status	Requirements/Limits
VYVANSE TABLET CHEWABLE 10 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE TABLET CHEWABLE 20 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE TABLET CHEWABLE 30 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE TABLET CHEWABLE 40 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE TABLET CHEWABLE 50 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
VYVANSE TABLET CHEWABLE 60 MG ORAL (<i>lisdexamfetamine dimesylate</i>)	Preferred	QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>amphetamine sulfate tablet 10 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>amphetamine sulfate tablet 5 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 10 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 15 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 20 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 25 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 30 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine capsule extended release 24 hour 5 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 12.5 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 25 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 37.5 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 50 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)

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

Drug Name	Formulary Status	Requirements/Limits
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate solution 5 mg/5ml oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate capsule 10 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate capsule 20 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate capsule 30 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate capsule 40 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate capsule 50 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate capsule 60 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate capsule 70 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate tablet chewable 10 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate tablet chewable 20 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate tablet chewable 30 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate tablet chewable 40 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate tablet chewable 50 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>lisdexamfetamine dimesylate tablet chewable 60 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)

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

Drug Name	Formulary Status	Requirements/Limits
<i>methamphetamine hcl tablet 5 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) tablet extended release 45 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
<i>methylphenidate hcl er (osm) tablet extended release 63 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
<i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 10 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 15 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 20 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 30 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 40 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 50 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 60 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er tablet extended release 10 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er tablet extended release 20 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i>	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet chewable 10 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet chewable 2.5 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate hcl tablet chewable 5 mg oral</i>	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>methylphenidate patch 10 mg/9hr transdermal</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate patch 15 mg/9hr transdermal</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate patch 20 mg/9hr transdermal</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>methylphenidate patch 30 mg/9hr transdermal</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
<i>modafinil tablet 200 mg oral</i>	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
ADDERALL TABLET 10 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADDERALL TABLET 12.5 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADDERALL TABLET 15 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADDERALL TABLET 20 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADDERALL TABLET 30 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADDERALL TABLET 5 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADDERALL TABLET 7.5 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)

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Drug Name	Formulary Status	Requirements/Limits
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
AZSTARYS CAPSULE 26.1-5.2 MG ORAL (<i>serdexmethylphen-dexmethylphen</i>)	Non Preferred	PA; AGE (Min 6 Years and Max 17 Years)
AZSTARYS CAPSULE 39.2-7.8 MG ORAL (<i>serdexmethylphen-dexmethylphen</i>)	Non Preferred	PA; AGE (Min 6 Years and Max 17 Years)
AZSTARYS CAPSULE 52.3-10.4 MG ORAL (<i>serdexmethylphen-dexmethylphen</i>)	Non Preferred	PA; AGE (Min 6 Years and Max 17 Years)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL (<i>methylphenidate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL (<i>methylphenidate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL (<i>methylphenidate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
DESOXYN TABLET 5 MG ORAL (<i>methamphetamine hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>dextroamphetamine sulfate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>dextroamphetamine sulfate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 10 MG ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 15 MG ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 5 MG ORAL (<i>amphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
EVEKEO ODT TABLET DISPERSIBLE 10 MG ORAL (<i>amphetamine sulfate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
EVEKEO ODT TABLET DISPERSIBLE 15 MG ORAL (<i>amphetamine sulfate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)

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Drug Name	Formulary Status	Requirements/Limits
EVEKEO ODT TABLET DISPERSIBLE 20 MG ORAL (<i>amphetamine sulfate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
EVEKEO ODT TABLET DISPERSIBLE 5 MG ORAL (<i>amphetamine sulfate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
EVEKEO TABLET 10 MG ORAL (<i>amphetamine sulfate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
EVEKEO TABLET 5 MG ORAL (<i>amphetamine sulfate</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
FOCALIN TABLET 10 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
FOCALIN TABLET 2.5 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
FOCALIN TABLET 5 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL (<i>dexmethylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL (<i>guanfacine hcl</i>)	Non Preferred	PA
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL (<i>guanfacine hcl</i>)	Non Preferred	PA
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL (<i>guanfacine hcl</i>)	Non Preferred	PA
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL (<i>guanfacine hcl</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
METHYLIN SOLUTION 10 MG/5ML ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
METHYLIN SOLUTION 5 MG/5ML ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>amphetamine-dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
NUVIGIL TABLET 150 MG ORAL (<i>armodafinil</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
NUVIGIL TABLET 200 MG ORAL (<i>armodafinil</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
NUVIGIL TABLET 250 MG ORAL (<i>armodafinil</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
NUVIGIL TABLET 50 MG ORAL (<i>armodafinil</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>dextroamphetamine sulfate</i> (Procentra Solution 5 Mg/5MI Oral)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
PROVIGIL TABLET 100 MG ORAL (<i>modafinil</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
PROVIGIL TABLET 200 MG ORAL (<i>modafinil</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>viloxazine hcl</i>)	Non Preferred	PA; AGE (Min 6 Years)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL (<i>viloxazine hcl</i>)	Non Preferred	PA; AGE (Min 6 Years)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>viloxazine hcl</i>)	Non Preferred	PA; AGE (Min 6 Years)
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)

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Drug Name	Formulary Status	Requirements/Limits
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
RELEXXII TABLET EXTENDED RELEASE 18 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
RELEXXII TABLET EXTENDED RELEASE 27 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
RELEXXII TABLET EXTENDED RELEASE 54 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
RELEXXII TABLET EXTENDED RELEASE 72 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years)
RITALIN TABLET 10 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
RITALIN TABLET 20 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
RITALIN TABLET 5 MG ORAL (<i>methylphenidate hcl</i>)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
STRATTERA CAPSULE 10 MG ORAL (<i>atomoxetine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)
STRATTERA CAPSULE 100 MG ORAL (<i>atomoxetine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)
STRATTERA CAPSULE 18 MG ORAL (<i>atomoxetine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
STRATTERA CAPSULE 25 MG ORAL (<i>atomoxetine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)
STRATTERA CAPSULE 40 MG ORAL (<i>atomoxetine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)
STRATTERA CAPSULE 60 MG ORAL (<i>atomoxetine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)
STRATTERA CAPSULE 80 MG ORAL (<i>atomoxetine hcl</i>)	Non Preferred	PA; QL (1 EA per 1 day)
WAKIX TABLET 17.8 MG ORAL (<i>pitolisant hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
WAKIX TABLET 4.45 MG ORAL (<i>pitolisant hcl</i>)	Non Preferred	PA; AGE (Min 18 Years)
XELSTRYM PATCH 13.5 MG/9HR TRANSDERMAL (<i>dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 6 Years and Max 17 Years)
XELSTRYM PATCH 18 MG/9HR TRANSDERMAL (<i>dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 6 Years and Max 17 Years)
XELSTRYM PATCH 4.5 MG/9HR TRANSDERMAL (<i>dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 6 Years and Max 17 Years)
XELSTRYM PATCH 9 MG/9HR TRANSDERMAL (<i>dextroamphetamine</i>)	Non Preferred	PA; AGE (Min 6 Years and Max 17 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Tablet 10 Mg Oral)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Tablet 15 Mg Oral)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Tablet 2.5 Mg Oral)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Tablet 20 Mg Oral)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Tablet 30 Mg Oral)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Tablet 5 Mg Oral)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Tablet 7.5 Mg Oral)	Non Preferred	PA; AGE (Min 4 Years and Max 17 Years)
SUPPLEMENTAL		
*ACNE PRODUCTS***		
<i>acne maximum strength external cream 10 %</i>	Preferred	OTC
<i>cvs acne control cleanser external cream 10 %</i>	Preferred	OTC
<i>cvs acne treatment external cream 10 %</i>	Preferred	OTC
<i>cvs creamy acne face wash external liquid 4 %</i>	Preferred	OTC
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Preferred	PA; QL (2 EA per 1 day)
<i>isotretinoin</i> (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Preferred	PA; QL (2 EA per 1 day)
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Preferred	PA; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
CERAVE ACNE FOAMING CREAM EXTERNAL LIQUID 4 % (benzoyl peroxide)	Preferred	OTC
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Preferred	PA; QL (2 EA per 1 day)
CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM 10 % (benzoyl peroxide)	Preferred	OTC
CLEARASIL RAPID RESCUE SPOT EXTERNAL CREAM 10 % (benzoyl peroxide)	Preferred	OTC
CLEARSKIN EXTERNAL CREAM 10 % (benzoyl peroxide)	Preferred	OTC
PANOXYL CREAMY WASH EXTERNAL LIQUID 4 % (benzoyl peroxide)	Preferred	OTC
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Preferred	PA; QL (2 EA per 1 day)
*ALCOHOL DETERRENTS***		
acamprosate calcium oral tablet delayed release 333 mg	Preferred	
disulfiram oral tablet 250 mg, 500 mg	Preferred	
*ALTERNATIVE MEDICINE - AL'S***		
alpha-lipoic acid oral capsule 100 mg, 300 mg	Preferred	OTC
ra alpha-lipoic acid oral capsule 100 mg	Preferred	OTC
*ALTERNATIVE MEDICINE - CO'S***		
co q 10 oral capsule 100 mg	Preferred	OTC
co q-10 oral capsule 100 mg, 200 mg, 50 mg	Preferred	OTC
co q10 oral capsule 30 mg	Preferred	OTC
co-enzyme q10 oral capsule 100 mg, 200 mg	Preferred	OTC
coenzyme q-10 oral capsule 100 mg, 200 mg, 30 mg	Preferred	OTC
co-enzyme q-10 oral capsule 30 mg	Preferred	OTC
coenzyme q10 oral capsule 50 mg	Preferred	OTC
coq10 oral capsule 100 mg, 200 mg, 30 mg, 50 mg	Preferred	OTC
coq-10 oral capsule 100 mg, 200 mg, 30 mg, 50 mg	Preferred	OTC
cvs coenzyme q-10 oral capsule 100 mg	Preferred	OTC
cvs coq-10 oral capsule 200 mg, 50 mg	Preferred	OTC
eql coq10 oral capsule 100 mg, 200 mg	Preferred	OTC
gnp co q-10 oral capsule 100 mg	Preferred	OTC
gnp co q10 oral capsule 100 mg, 200 mg	Preferred	OTC
qc co q-10 oral capsule 100 mg	Preferred	OTC
ra coenzyme q-10 oral capsule 100 mg, 200 mg	Preferred	OTC
sm co q-10 oral capsule 100 mg, 200 mg	Preferred	OTC
sm coenzyme q-10 oral capsule 100 mg	Preferred	OTC
sm coq-10 oral capsule 50 mg	Preferred	OTC
yl coenzyme q10 oral capsule 30 mg	Preferred	OTC
PRONUTRIENTS COQ10 ORAL CAPSULE 100 MG (coenzyme q10)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
Q-SORB CO Q-10 ORAL CAPSULE 100 MG, 200 MG (coenzyme q10)	Preferred	OTC
*ALTERNATIVE MEDICINE - ME'S***		
<i>cvs melatonin oral tablet 3 mg, 5 mg</i>	Preferred	OTC
<i>gnp melatonin maximum strength oral tablet 5 mg</i>	Preferred	OTC
<i>gnp melatonin oral tablet 3 mg</i>	Preferred	OTC
<i>kp melatonin oral tablet 3 mg</i>	Preferred	OTC
<i>melatonin maximum strength oral tablet 5 mg</i>	Preferred	OTC
<i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i>	Preferred	OTC
<i>melatonin sublingual tablet sublingual 3 mg</i>	Preferred	OTC
<i>qc melatonin max st oral tablet 5 mg</i>	Preferred	OTC
<i>ra melatonin oral tablet 3 mg, 5 mg</i>	Preferred	OTC
<i>sm melatonin oral tablet 3 mg, 5 mg</i>	Preferred	OTC
<i>sv melatonin oral tablet 5 mg</i>	Preferred	OTC
*ALTERNATIVE MEDICINE - UB***		
CYTO-Q MAX ORAL LIQUID 100 MG/ML (<i>ubiquinol liposomal</i>)	Preferred	OTC
*ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS***		
<i>omega dha oral tablet chewable</i>	Preferred	OTC
*ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS***		
<i>co q-10 plus oral capsule 100-20 mg</i>	Preferred	OTC
<i>cvs glucosamine-chondroitin oral tablet 500-400 mg</i>	Preferred	OTC
<i>glucosamine-chondroitin ds oral tablet 500-400 mg</i>	Preferred	OTC
<i>glucosamine-chondroitin oral tablet 500-400 mg</i>	Preferred	OTC
<i>glucosamine-chondroitin pm oral tablet 500-400 mg</i>	Preferred	OTC
<i>melatonin-pyridoxine oral tablet 5-10 mg</i>	Preferred	OTC
<i>ra glucosamine-chondroitin oral tablet 500-400 mg</i>	Preferred	OTC
<i>ra melatonin oral tablet 3-2 mg</i>	Preferred	OTC
COSAMIN DS ORAL TABLET 500-400 MG (<i>glucosamine-chondroitin</i>)	Preferred	OTC
LIQ-10 ORAL SYRUP 50-15 (<i>coenzyme q10-vitamin e</i>)	Preferred	OTC
*AMINO ACIDS-SINGLE***		
<i>nac 600 oral capsule 600 mg</i>	Preferred	OTC
<i>nac oral capsule 600 mg</i>	Preferred	OTC
<i>n-acetyl cysteine oral capsule 600 mg</i>	Preferred	OTC
NF FORMULAS NAC ORAL CAPSULE 600 MG (<i>acetylcysteine</i>)	Preferred	OTC
*AMINOPENICILLINS***		
<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	

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Drug Name	Formulary Status	Requirements/Limits
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Preferred	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Preferred	
*ANALGESIC COMBINATIONS***		
<i>added strength headache relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>cvs headache relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>cvs migraine relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>eq headache relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>eql migraine formula oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>extraprin oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>ft migraine relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>gnp headache relief extra str oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>gnp migraine relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>goodsense headache relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>goodsense migraine formula oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>headache formula oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>headache relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>hm migraine relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>kls migraine headache relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>meijer migraine formula oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>migraine formula oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>migraine relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>pain reliever plus oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>pain-off oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>qc headache relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>ra headache formula oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>ra migraine relief oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>ra pain reliever ex st oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>sb pain relief x-str oral tablet 250-250-65 mg</i>	Preferred	OTC
<i>sm migraine relief oral tablet 250-250-65 mg</i>	Preferred	OTC
PAMPRIN MAX ORAL TABLET 250-250-65 MG (aspirin-acetaminophen-caffeine)	Preferred	OTC
*ANALGESICS OTHER***		
<i>8 hour arthritis pain oral tablet extended release 650 mg</i>	Preferred	OTC
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	Preferred	OTC
<i>8 hr arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	Preferred	OTC
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	Preferred	OTC
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>acetaminophen er oral tablet extended release 650 mg</i>	Preferred	OTC
<i>acetaminophen extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Preferred	OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Preferred	OTC
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	Preferred	OTC
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Preferred	OTC
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	OTC
<i>acetaminophen oral tablet chewable 160 mg</i>	Preferred	OTC
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	Preferred	OTC
<i>apra oral elixir 160 mg/5ml</i>	Preferred	OTC
<i>arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	Preferred	OTC
<i>betatemp childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>childrens apap oral tablet chewable 80 mg</i>	Preferred	OTC
<i>childrens aspirin free oral elixir 80 mg/2.5ml</i>	Preferred	OTC
<i>childrens non-aspirin oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	Preferred	OTC
<i>childrens pain reliever oral tablet chewable 80 mg</i>	Preferred	OTC
<i>cvs 8hr arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>cvs 8hr muscle aches & pain oral tablet extended release 650 mg</i>	Preferred	OTC
<i>cvs acetaminophen ex st oral liquid 500 mg/15ml</i>	Preferred	OTC
<i>cvs acetaminophen ex st oral tablet 500 mg</i>	Preferred	OTC
<i>cvs acetaminophen oral tablet 325 mg</i>	Preferred	OTC
<i>cvs arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>cvs childs non-aspirin oral tablet chewable 80 mg</i>	Preferred	OTC
<i>cvs fever reducing childrens rectal suppository 120 mg</i>	Preferred	OTC
<i>cvs infants pain relief drops oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>cvs non-aspirin childrens oral tablet chewable 80 mg</i>	Preferred	OTC
<i>cvs non-aspirin extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>cvs pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>cvs pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>cvs pain relief childrens oral tablet chewable 160 mg</i>	Preferred	OTC
<i>cvs pain relief extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>cvs pain relief oral tablet 500 mg</i>	Preferred	OTC
<i>cvs pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>ed-apap oral liquid 160 mg/5ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>eq 8hr arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>eq acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	OTC
<i>eq arthritis pain oral tablet extended release 650 mg</i>	Preferred	OTC
<i>eq pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>eq pain & fever childrens oral tablet chewable 160 mg</i>	Preferred	OTC
<i>eq pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>eq pain relief/rapid burst oral liquid 500 mg/15ml</i>	Preferred	OTC
<i>eq pain reliever ex st oral tablet 500 mg</i>	Preferred	OTC
<i>eq pain reliever oral tablet 325 mg, 500 mg</i>	Preferred	OTC
<i>eql acetaminophen childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>eql acetaminophen ex st oral tablet 500 mg</i>	Preferred	OTC
<i>eql acetaminophen oral tablet 325 mg</i>	Preferred	OTC
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	Preferred	OTC
<i>ft pain relief adult extra st oral tablet 500 mg</i>	Preferred	OTC
<i>ft pain relief oral tablet 325 mg</i>	Preferred	OTC
<i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>gnp 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i>	Preferred	OTC
<i>gnp acetaminophen oral tablet 325 mg</i>	Preferred	OTC
<i>gnp acetaminophen oral tablet chewable 160 mg</i>	Preferred	OTC
<i>gnp children's pain & fever oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>gnp infants pain/fever oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>gnp pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>gnp pain relief extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>gnp pain relief oral tablet 325 mg</i>	Preferred	OTC
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	Preferred	OTC
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>goodsense pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>goodsense pain relief extra st oral tablet 500 mg</i>	Preferred	OTC
<i>goodsense pain relief oral tablet 325 mg</i>	Preferred	OTC
<i>hm arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>hm pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>infants pain & fever oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>kls acetaminophen ex st oral tablet 500 mg</i>	Preferred	OTC
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	Preferred	OTC
<i>liquid pain relief oral liquid 160 mg/5ml</i>	Preferred	OTC
<i>mapap oral capsule 500 mg</i>	Preferred	OTC
<i>meijer aspirin free oral tablet 325 mg, 500 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>meijer jr st aspirin free oral tablet chewable 160 mg</i>	Preferred	OTC
<i>mm arthritis pain oral tablet extended release 650 mg</i>	Preferred	OTC
<i>m-pap oral liquid 160 mg/5ml</i>	Preferred	OTC
<i>non-aspirin extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>non-aspirin jr strength oral tablet chewable 160 mg</i>	Preferred	OTC
<i>non-aspirin oral tablet 325 mg, 500 mg</i>	Preferred	OTC
<i>non-aspirin pain relief oral tablet 325 mg</i>	Preferred	OTC
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>pain & fever childrens oral tablet chewable 160 mg</i>	Preferred	OTC
<i>pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>pain & fever kids oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>pain relief childrens oral elixir 160 mg/5ml</i>	Preferred	OTC
<i>pain relief childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>pain relief extra strength oral capsule 500 mg</i>	Preferred	OTC
<i>pain relief extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>pain relief oral liquid 500 mg/15ml</i>	Preferred	OTC
<i>pain relief regular strength oral tablet 325 mg</i>	Preferred	OTC
<i>pain reliever extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>pain reliever for adults oral tablet 500 mg</i>	Preferred	OTC
<i>pain reliever oral liquid 500 mg/15ml</i>	Preferred	OTC
<i>pain reliever oral tablet 325 mg</i>	Preferred	OTC
<i>pain reliever/fever reducer rectal suppository 120 mg</i>	Preferred	OTC
<i>qc 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>qc acetaminophen 8 hours oral tablet extended release 650 mg</i>	Preferred	OTC
<i>qc acetaminophen 8hr arth pain oral tablet extended release 650 mg</i>	Preferred	OTC
<i>qc acetaminophen 8hr musc ache oral tablet extended release 650 mg</i>	Preferred	OTC
<i>qc acetaminophen infants oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>qc arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>qc non-aspirin 8 hour oral tablet extended release 650 mg</i>	Preferred	OTC
<i>qc non-aspirin childrens oral tablet chewable 160 mg</i>	Preferred	OTC
<i>qc non-aspirin extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>qc pain relief childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>qc pain relief extra strength oral liquid 500 mg/15ml</i>	Preferred	OTC
<i>qc pain relief extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>qc pain relief oral tablet 325 mg</i>	Preferred	OTC
<i>ra 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>ra acetaminophen childrens oral tablet chewable 160 mg</i>	Preferred	OTC
<i>ra acetaminophen ex st oral tablet 500 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>ra acetaminophen oral tablet 325 mg</i>	Preferred	OTC
<i>ra arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>ra childrens fever/pain oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>ra fever reducer/pain reliever oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>ra pain relief acetaminophen oral tablet 325 mg, 500 mg</i>	Preferred	OTC
<i>ra pain reliever ex st oral liquid 500 mg/15ml</i>	Preferred	OTC
<i>sb arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>sb non-aspirin extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>sb non-aspirin jr strength oral tablet dispersible 160 mg</i>	Preferred	OTC
<i>sb non-aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>sb non-aspirin oral tablet chewable 160 mg, 80 mg</i>	Preferred	OTC
<i>sb pain reliever childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>sb pain reliever ex st oral tablet 500 mg</i>	Preferred	OTC
<i>sm 8 hour pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>sm arthritis pain relief oral tablet extended release 650 mg</i>	Preferred	OTC
<i>sm arthritis pain reliever oral tablet extended release 650 mg</i>	Preferred	OTC
<i>sm pain & fever childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>sm pain & fever infants oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>sm pain relief extra strength oral tablet 500 mg</i>	Preferred	OTC
<i>sm pain reliever childrens oral suspension 160 mg/5ml</i>	Preferred	OTC
<i>sm pain reliever ex st oral tablet 500 mg</i>	Preferred	OTC
<i>sm pain reliever oral tablet 325 mg</i>	Preferred	OTC
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>	Preferred	OTC
APHEN ORAL TABLET 325 MG (<i>acetaminophen</i>)	Preferred	OTC
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG (<i>acetaminophen</i>)	Preferred	OTC
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG (<i>acetaminophen</i>)	Preferred	OTC
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG (<i>acetaminophen</i>)	Preferred	OTC
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG (<i>acetaminophen</i>)	Preferred	OTC
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG (<i>acetaminophen</i>)	Preferred	OTC
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML (<i>acetaminophen</i>)	Preferred	OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML (<i>acetaminophen</i>)	Preferred	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG (<i>acetaminophen</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
MAX RELIEF JUNIOR ORAL ELIXIR 160 MG/5ML (<i>acetaminophen</i>)	Preferred	OTC
MEDI-TABS CHILDRENS ORAL ELIXIR 80 MG/2.5ML (<i>acetaminophen</i>)	Preferred	OTC
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	OTC
MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE 160 MG (<i>acetaminophen</i>)	Preferred	OTC
MIDOL ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	Preferred	OTC
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	OTC
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	OTC
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	OTC
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	OTC
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	OTC
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	OTC
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	Preferred	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	Preferred	OTC
PHARBETOL ORAL TABLET 325 MG (<i>acetaminophen</i>)	Preferred	OTC
TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML (<i>acetaminophen</i>)	Preferred	OTC
TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE 160 MG (<i>acetaminophen</i>)	Preferred	OTC
*ANALGESICS-SEDATIVES***		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Preferred	QL (6 EA per 1 day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Preferred	QL (6 EA per 1 day)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Preferred	QL (6 EA per 1 day)
<i>butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)</i>	Preferred	QL (6 EA per 1 day)
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	Preferred	QL (6 EA per 1 day)
*ANDROGEN BIOSYNTHESIS INHIBITORS***		
<i>abiraterone acetate oral tablet 250 mg</i>	Preferred	PA; QL (4 EA per 1 day)
<i>abiraterone acetate oral tablet 500 mg</i>	Preferred	PA; QL (2 EA per 1 day)
*ANDROGENS***		
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Preferred	
<i>testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*ANESTHETICS TOPICAL ORAL - COMBINATIONS***		
<i>cvs sore throat mouth/throat lozenge 15-2.6 mg, 15-3.6 mg</i>	Preferred	OTC
<i>goodsense sore throat mouth/throat lozenge 15-3.6 mg</i>	Preferred	OTC
<i>sore throat lozenges mouth/throat lozenge 6-10 mg</i>	Preferred	OTC
<i>sore throat mouth/throat lozenge 15-3.6 mg, 6-10 mg</i>	Preferred	OTC
<i>ultra throat mouth/throat lozenge 6-10 mg</i>	Preferred	OTC
*ANESTHETICS TOPICAL ORAL***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Preferred	
*ANOREXIANTS NON-AMPHETAMINE***		
<i>benzphetamine hcl oral tablet 50 mg</i>	Preferred	PA
<i>diethylpropion hcl oral tablet 25 mg</i>	Preferred	PA
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Preferred	PA
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	Preferred	PA
*ANTACID & SIMETHICONE***		
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	Preferred	OTC
<i>antacid & antigas oral suspension 200-200-20 mg/5ml, 2400-2400-240 mg/30ml</i>	Preferred	OTC
<i>antacid advanced oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>antacid extra strength oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>antacid fast relief oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>antacid i oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>antacid iii oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>antacid liquid oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>antacid m oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	Preferred	OTC
<i>antacid multi-symptom oral tablet chewable 675-135-60 mg</i>	Preferred	OTC
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	Preferred	OTC
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	Preferred	OTC
<i>antacid/simethicone ds oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>comfort gel antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>comfort gel antacid anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Preferred	OTC
<i>comfort gel oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs antacid & anti-gas oral tablet chewable 1000-60 mg, 750-80 mg</i>	Preferred	OTC
<i>cvs antacid plus antigas oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>cvs antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Preferred	OTC
<i>eq antacid antigas multi-sympt oral tablet chewable 675-135-60 mg</i>	Preferred	OTC
<i>eq antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Preferred	OTC
<i>geri-lanta maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>geri-lanta oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>geri-mox oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Preferred	OTC
<i>gnp antacid & anti-gas oral tablet chewable 1000-60 mg</i>	Preferred	OTC
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>goodsense advanced antacid oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml</i>	Preferred	OTC
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	Preferred	OTC
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	Preferred	OTC
<i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i>	Preferred	OTC
<i>meijer antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>meijer antacid oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>qc antacid multi-symptom oral tablet chewable 675-135-60 mg</i>	Preferred	OTC
<i>qc antacid oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml, 400-400-40 mg/5ml</i>	Preferred	OTC
<i>ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>ra antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>sb antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>sm antacid advanced oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>sm antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>sm antacid maximum strength oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>sm antacid oral suspension 400-400-40 mg/10ml</i>	Preferred	OTC
ALKA-SELTZER HEARTBURN + GAS ORAL TABLET CHEWABLE 750-80 MG (<i>calcium carbonate-simethicone</i>)	Preferred	OTC
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>)	Preferred	OTC
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>)	Preferred	OTC
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>)	Preferred	OTC
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG (<i>alum & mag hydroxide-simeth</i>)	Preferred	OTC
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>)	Preferred	OTC
TUMS GAS RELIEF CHEWY BITES ORAL TABLET CHEWABLE 750-80 MG (<i>calcium carbonate-simethicone</i>)	Preferred	OTC
*ANTACID COMBINATIONS***		
<i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i>	Preferred	OTC
<i>antacid ultra strength oral tablet chewable 1000-200 mg</i>	Preferred	OTC
<i>cvs antacid supreme oral suspension 400-135 mg/5ml</i>	Preferred	OTC
<i>cvs heartburn relief ex st oral suspension 254-237.5 mg/5ml</i>	Preferred	OTC
<i>cvs heartburn relief oral tablet chewable 160-105 mg</i>	Preferred	OTC
<i>geri-lanta supreme oral suspension 400-135 mg/5ml</i>	Preferred	OTC
<i>gnp antacid extra strength oral tablet chewable 160-105 mg</i>	Preferred	OTC
<i>heartburn antacid ex st oral tablet chewable 160-105 mg</i>	Preferred	OTC
<i>heartburn relief ex st oral suspension 254-237.5 mg/5ml</i>	Preferred	OTC
<i>mag-al oral liquid 200-200 mg/5ml</i>	Preferred	OTC
<i>qc heartburn antacid oral tablet chewable 160-105 mg</i>	Preferred	OTC
ACID GONE ORAL SUSPENSION 95-358 MG/15ML (<i>alum hydroxide-mag carbonate</i>)	Preferred	OTC
ACID GONE ORAL TABLET CHEWABLE 160-105 MG (<i>alum hydroxide-mag carbonate</i>)	Preferred	OTC
GAVISCON EXTRA RELIEF FORMULA ORAL SUSPENSION 508-475 MG/10ML (<i>alum hydroxide-mag carbonate</i>)	Preferred	OTC
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5ML (<i>alum hydroxide-mag carbonate</i>)	Preferred	OTC
GAVISCON ORAL SUSPENSION 95-358 MG/15ML (<i>alum hydroxide-mag carbonate</i>)	Preferred	OTC
ROLAIDS ULTRA STRENGTH ORAL TABLET CHEWABLE 1000-200 MG (<i>ca carbonate-mag hydroxide</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
*ANTACIDS - ALUMINUM SALTS***		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	Preferred	OTC
*ANTACIDS - BICARBONATE COMBINATIONS***		
ALKA-SELTZER GOLD ORAL TABLET EFFERVESCENT 1050-344-1000 MG (<i>sod bicarb-k bicarb-citric acid</i>)	Preferred	OTC
*ANTACIDS - BICARBONATE***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Preferred	OTC
*ANTACIDS - CALCIUM SALTS***		
<i>antacid calcium oral tablet chewable 500 mg</i>	Preferred	OTC
<i>antacid calcium rich oral tablet chewable 500 mg</i>	Preferred	OTC
<i>antacid extra strength oral tablet chewable 750 mg</i>	Preferred	OTC
<i>antacid maximum oral tablet chewable 1000 mg</i>	Preferred	OTC
<i>antacid oral tablet chewable 1177 mg, 500 mg, 750 mg</i>	Preferred	OTC
<i>antacid soft chews oral tablet chewable 1177 mg</i>	Preferred	OTC
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	OTC
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Preferred	OTC
<i>calcium antacid oral tablet chewable 500 mg</i>	Preferred	OTC
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Preferred	OTC
<i>calcium carbonate antacid oral tablet 648 mg</i>	Preferred	OTC
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Preferred	OTC
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	Preferred	OTC
<i>cvs antacid kids oral tablet chewable 750 mg</i>	Preferred	OTC
<i>cvs antacid maximum strength oral tablet chewable 1000 mg</i>	Preferred	OTC
<i>cvs antacid soft chews ultr st oral tablet chewable 1177 mg</i>	Preferred	OTC
<i>cvs antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	OTC
<i>cvs smooth antacid extra st oral tablet chewable 750 mg</i>	Preferred	OTC
<i>eq antacid extra strength oral tablet chewable 750 mg</i>	Preferred	OTC
<i>eq antacid oral tablet chewable 500 mg</i>	Preferred	OTC
<i>eq antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	OTC
<i>eql antacid oral tablet chewable 500 mg</i>	Preferred	OTC
<i>eql antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	OTC
<i>ft antacid extra strength oral tablet chewable 750 mg</i>	Preferred	OTC
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	Preferred	OTC
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	Preferred	OTC
<i>gnp antacid oral tablet chewable 500 mg</i>	Preferred	OTC
<i>gnp antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	OTC
<i>goodsense antacid oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Preferred	OTC
<i>hm antacid extra strength oral tablet chewable 750 mg</i>	Preferred	OTC
<i>long lasting antacid oral tablet chewable 500 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>qc antacid extra strength oral tablet chewable 750 mg</i>	Preferred	OTC
<i>qc antacid oral tablet chewable 500 mg</i>	Preferred	OTC
<i>qc antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	OTC
<i>ra antacid oral tablet chewable 500 mg</i>	Preferred	OTC
<i>ra antacid ultra strength oral tablet chewable 1000 mg</i>	Preferred	OTC
<i>sb antacid extra strength oral tablet chewable 750 mg</i>	Preferred	OTC
<i>sb antacid oral tablet chewable 500 mg</i>	Preferred	OTC
<i>sm antacid oral tablet chewable 500 mg</i>	Preferred	OTC
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	Preferred	OTC
<i>sm calcium antacid oral tablet chewable 500 mg</i>	Preferred	OTC
<i>sm smooth antacid ex st oral tablet chewable 750 mg</i>	Preferred	OTC
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	Preferred	OTC
ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	Preferred	OTC
ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	Preferred	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (<i>calcium carbonate antacid</i>)	Preferred	OTC
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	Preferred	OTC
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG (<i>calcium carbonate antacid</i>)	Preferred	OTC
TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE 1177 MG (<i>calcium carbonate antacid</i>)	Preferred	OTC
TUMS LASTING EFFECTS ORAL TABLET CHEWABLE 500 MG (<i>calcium carbonate antacid</i>)	Preferred	OTC
TUMS ORAL TABLET CHEWABLE 500 MG (<i>calcium carbonate antacid</i>)	Preferred	OTC
*ANTACIDS - MAGNESIUM SALTS***		
<i>gnp magnesium oxide oral tablet 250 mg</i>	Preferred	OTC
<i>magnesium oxide (antacid) oral capsule 500 mg</i>	Preferred	OTC
<i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i>	Preferred	OTC
<i>qc magnesium oral tablet 250 mg</i>	Preferred	OTC
MAOX ORAL TABLET 420 MG (<i>magnesium oxide</i>)	Preferred	OTC
*ANTHELMINTICS***		
<i>albendazole oral tablet 200 mg</i>	Preferred	PA (Eligible for auto-PA approval); QL (4 EA per 1 day)
<i>cvs pinworm treatment oral suspension 144 (50 base) mg/ml</i>	Preferred	OTC
<i>ivermectin oral tablet 3 mg</i>	Preferred	
<i>pin-away oral suspension 144 (50 base) mg/ml</i>	Preferred	OTC
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
reeses pinworm medicine oral suspension 144 (50 base) mg/ml	Preferred	OTC
*ANTIADRENERGICS - PERIPHERALLY ACTING***		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Preferred	Max 90-day supply per 1 Fill
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Preferred	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Preferred	Max 90-day supply per 1 Fill
*ANTIANDROGENS***		
bicalutamide oral tablet 50 mg	Preferred	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	Preferred	
*ANTIANGINALS-OTHER***		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Preferred	QL (2 EA per 1 day)
*ANTIANSXIETY AGENTS - MISC.***		
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg	Preferred	
hydroxyzine hcl oral syrup 10 mg/5ml	Preferred	AGE (Min 2 Years)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Preferred	AGE (Min 2 Years)
hydroxyzine pamoate oral capsule 100 mg	Preferred	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	Preferred	AGE (Min 2 Years)
*ANTIARRHYTHMICS TYPE I-B***		
lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml	Preferred	
*ANTIARRHYTHMICS TYPE I-C***		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Preferred	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Preferred	
*ANTIARRHYTHMICS TYPE III***		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	Preferred	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Preferred	
*ANTIBIOTIC MIXTURES TOPICAL***		
cvs antibiotic external ointment 3.5-400-5000	Preferred	OTC
cvs antibiotic pain/scar external ointment 1 %	Preferred	OTC
cvs antibiotic/pain relief external cream 1 %	Preferred	OTC
cvs poly bacitracin external ointment 500-10000 unit/gm	Preferred	OTC
cvs triple antibiotic/pain external ointment 1 %	Preferred	OTC
double antibiotic external ointment 500-10000 unit/gm	Preferred	OTC
eq triple antibiotic external ointment 3.5-400-5000	Preferred	OTC
eql antibiotic + pain relief external cream 3.5-10000-10	Preferred	OTC
eql first aid antibiotic external ointment 1 %, 3.5-400-5000	Preferred	OTC
first aid antibiotic external ointment 3.5-500-10000	Preferred	OTC
gnp antibiotic/pain relief external cream 3.5-10000-10	Preferred	OTC
gnp triple antibiotic external ointment	Preferred	OTC
gnp triple antibiotic plus external ointment 1 %	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>goodsense antibiotic/pain external cream 3.5-10000-10</i>	Preferred	OTC
<i>medi-first triple antibiotic external ointment 5-400-5000 mg-unit</i>	Preferred	OTC
<i>meijer triple antibiotic external ointment 3.5-400-5000</i>	Preferred	OTC
<i>multi antibiotic plus external cream 3.5-10000-10</i>	Preferred	OTC
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	Preferred	OTC
<i>qc triple antibiotic external ointment 3.5-400-5000</i>	Preferred	OTC
<i>qc triple antibiotic max st external ointment 1 %</i>	Preferred	OTC
<i>qc triple antibiotic multi-act external ointment 1 %</i>	Preferred	OTC
<i>qc triple antibiotic pain rlf external ointment 1 %</i>	Preferred	OTC
<i>ra antibiotic + pain relief external ointment 1 %</i>	Preferred	OTC
<i>ra antibiotic plus external cream 3.5-10000-10</i>	Preferred	OTC
<i>ra antibiotic/pain relief external ointment 1 %</i>	Preferred	OTC
<i>ra double antibiotic external ointment 500-10000 unit/gm</i>	Preferred	OTC
<i>ra triple antibiotic external ointment 3.5-400-5000</i>	Preferred	OTC
<i>sb triple antibiotic external ointment 3.5-400-5000</i>	Preferred	OTC
<i>sm antibiotic plus pain relief external cream 3.5-10000-10</i>	Preferred	OTC
<i>sm double antibiotic external ointment 500-10000 unit/gm</i>	Preferred	OTC
<i>sm triple antibiotic external ointment 3.5-400-5000</i>	Preferred	OTC
<i>sm triple antibiotic max st external ointment 1 %</i>	Preferred	OTC
<i>sm triple antibiotic original external ointment 3.5-400-5000</i>	Preferred	OTC
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	Preferred	OTC
<i>triple antibiotic pain relief external ointment 1 %</i>	Preferred	OTC
<i>triple antibiotic plus external ointment 1 %</i>	Preferred	OTC
<i>triple antibiotic plus max st external ointment 1 %</i>	Preferred	OTC
<i>triple antibiotic+pain relief external ointment 1 %</i>	Preferred	OTC
<i>wal-sporin external ointment 500-100000 unit/gm</i>	Preferred	OTC
LANABIOTIC EXTERNAL OINTMENT 5-500-10000 (<i>neomycin-bacitracin-polymyxin</i>)	Preferred	OTC
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>)	Preferred	OTC
NEOSPORIN + PAIN/ITCH/SCAR EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>)	Preferred	OTC
NEOSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	Preferred	OTC
NEOSPORIN/BURN RELIEF EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>)	Preferred	OTC
*ANTIBIOTICS - TOPICAL***		
<i>antibiotic external ointment 500 unit/gm</i>	Preferred	OTC
<i>bacitracin external ointment 500 unit/gm</i>	Preferred	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>	Preferred	OTC

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

Drug Name	Formulary Status	Requirements/Limits
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>	Preferred	OTC
<i>cvs bacitracin external ointment 500 unit/gm</i>	Preferred	OTC
<i>cvs bacitracin zinc external ointment 500 unit/gm</i>	Preferred	OTC
<i>eq bacitracin zinc external ointment 500 unit/gm</i>	Preferred	OTC
<i>eql bacitracin zinc external ointment 500 unit/gm</i>	Preferred	OTC
<i>gentamicin sulfate external cream 0.1 %</i>	Preferred	
<i>gentamicin sulfate external ointment 0.1 %</i>	Preferred	
<i>gnp bacitracin zinc external ointment 500 unit/gm</i>	Preferred	OTC
<i>qc bacitracin external ointment 500 unit/gm</i>	Preferred	OTC
<i>ra bacitracin external ointment 500 unit/gm</i>	Preferred	OTC
<i>ra bacitracin zinc first aid external ointment 500 unit/gm</i>	Preferred	OTC
<i>sb bacitracin external ointment 500 unit/gm</i>	Preferred	OTC
<i>sm antibiotic external ointment 500 unit/gm</i>	Preferred	OTC
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM (bacitracin)	Preferred	OTC
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***		
<i>4x probiotic oral tablet</i>	Preferred	OTC
<i>acidophilus extra strength oral capsule</i>	Preferred	OTC
<i>acidophilus lactobacillus oral capsule</i>	Preferred	OTC
<i>acidophilus oral capsule , 100 mg</i>	Preferred	OTC
<i>acidophilus oral tablet , 0.5 mg</i>	Preferred	OTC
<i>acidophilus probiotic blend oral capsule</i>	Preferred	OTC
<i>acidophilus probiotic formula oral tablet</i>	Preferred	OTC
<i>acidophilus probiotic oral capsule , 10 mg, 100 mg</i>	Preferred	OTC
<i>acidophilus probiotic oral tablet , 0.5 mg, 10 mg</i>	Preferred	OTC
<i>acidophilus/pectin oral capsule 100 mg</i>	Preferred	OTC
<i>advanced probiotic oral capsule</i>	Preferred	OTC
<i>advanced probiotic-14 oral capsule</i>	Preferred	OTC
<i>aloe 10000 & probiotics oral capsule</i>	Preferred	OTC
<i>bacicap oral capsule</i>	Preferred	OTC
<i>bilac oral capsule</i>	Preferred	
<i>biohm probiotic supplement oral capsule</i>	Preferred	OTC
<i>biohm probiotic/vitamin c oral capsule</i>	Preferred	OTC
<i>biomepro oral capsule</i>	Preferred	OTC
<i>biotinex oral capsule</i>	Preferred	OTC
<i>bismuth oral tablet chewable 262 mg</i>	Preferred	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Preferred	OTC
<i>cvs acidophilus probiotic oral tablet , 0.5 mg</i>	Preferred	OTC
<i>cvs adult 50+ probiotic oral capsule</i>	Preferred	OTC
<i>cvs adult probiotic oral capsule</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs anti-diarrheal oral suspension 262 mg/15ml</i>	Preferred	OTC
<i>cvs daily probiotic oral capsule</i>	Preferred	OTC
<i>cvs digestive probiotic oral capsule , 250 mg</i>	Preferred	OTC
<i>cvs everyday care probiotic oral capsule</i>	Preferred	OTC
<i>cvs mood support probiotic oral capsule</i>	Preferred	OTC
<i>cvs probiotic (lactobacillus) oral capsule</i>	Preferred	OTC
<i>cvs probiotic adult 50+ oral capsule</i>	Preferred	OTC
<i>cvs probiotic maximum strength oral capsule</i>	Preferred	OTC
<i>cvs probiotic oral capsule</i>	Preferred	OTC
<i>cvs probiotic pearls ex st oral capsule</i>	Preferred	OTC
<i>cvs senior probiotic oral capsule</i>	Preferred	OTC
<i>cvs stomach relief max st oral suspension 525 mg/15ml</i>	Preferred	OTC
<i>cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml</i>	Preferred	OTC
<i>cvs stomach relief oral tablet 262 mg</i>	Preferred	OTC
<i>cvs stomach relief oral tablet chewable 262 mg</i>	Preferred	OTC
<i>daily digestive probiotic oral capsule</i>	Preferred	OTC
<i>daily probiotic oral capsule</i>	Preferred	OTC
<i>daily probiotic supplement oral capsule 250 mg</i>	Preferred	OTC
<i>diarrhea oral suspension 262 mg/15ml</i>	Preferred	OTC
<i>digestive health probiotic oral capsule</i>	Preferred	OTC
<i>eq pink-bismuth oral tablet chewable 262 mg</i>	Preferred	OTC
<i>eq probiotic oral capsule</i>	Preferred	OTC
<i>eq probiotic oral capsule delayed release</i>	Preferred	OTC
<i>eq probiotic-lactobacillus oral capsule</i>	Preferred	OTC
<i>eq stomach relief oral suspension 262 mg/15ml</i>	Preferred	OTC
<i>eql 2 in 1 probiotic oral tablet</i>	Preferred	OTC
<i>eql 4x probiotic oral tablet</i>	Preferred	OTC
<i>eql daily probiotic oral capsule</i>	Preferred	OTC
<i>eql digestive probiotic oral capsule</i>	Preferred	OTC
<i>eql probiotic colon support oral capsule</i>	Preferred	OTC
<i>eql stomach relief max st oral suspension 525 mg/15ml</i>	Preferred	OTC
<i>eql stomach relief oral suspension 262 mg/15ml</i>	Preferred	OTC
<i>eql stomach relief oral tablet chewable 262 mg</i>	Preferred	OTC
<i>florasave oral capsule delayed release</i>	Preferred	OTC
<i>freeze dried acidophilus oral capsule</i>	Preferred	OTC
<i>ft stomach relief oral suspension 525 mg/30ml</i>	Preferred	OTC
<i>ft stomach relief oral tablet chewable 262 mg</i>	Preferred	OTC
<i>gnp acidophilus high potency oral capsule</i>	Preferred	OTC
<i>gnp pink bismuth oral tablet 262 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	Preferred	OTC
<i>gnp pink bismuth ultra str oral suspension 525 mg/15ml</i>	Preferred	OTC
<i>gnp probiotic colon support oral capsule</i>	Preferred	OTC
<i>gnp probiotic extra strength oral capsule</i>	Preferred	OTC
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	Preferred	OTC
<i>goodsense stomach relief oral suspension 1050 mg/30ml, 525 mg/30ml</i>	Preferred	OTC
<i>hm probiotic digestive health oral capsule</i>	Preferred	OTC
<i>ideal bowel support oral capsule</i>	Preferred	OTC
<i>lactobacillus extra strength oral capsule</i>	Preferred	OTC
<i>lactobacillus oral packet</i>	Preferred	OTC
<i>lactobacillus oral tablet , 0.05-0.05 mg</i>	Preferred	OTC
<i>lacto-pectin oral capsule</i>	Preferred	OTC
<i>medi-bismuth oral tablet chewable 262 mg</i>	Preferred	OTC
<i>mega probiotic oral capsule</i>	Preferred	OTC
<i>natrul probiotic oral capsule</i>	Preferred	OTC
<i>newflora probiotic oral capsule</i>	Preferred	OTC
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	Preferred	OTC
<i>pink bismuth oral suspension 262 mg/15ml</i>	Preferred	OTC
<i>preorbatic oral capsule</i>	Preferred	OTC
<i>primadophilus oral capsule</i>	Preferred	OTC
<i>probiomax daily df oral capsule</i>	Preferred	OTC
<i>probionexx oral capsule</i>	Preferred	OTC
<i>probiotic (lactobacillus) oral capsule</i>	Preferred	OTC
<i>probiotic + omega-3 oral capsule</i>	Preferred	OTC
<i>probiotic + turmeric extract oral capsule 400 mg</i>	Preferred	OTC
<i>probiotic 10 ultra strength oral capsule</i>	Preferred	OTC
<i>probiotic acidophilus oral capsule</i>	Preferred	OTC
<i>probiotic blend oral capsule</i>	Preferred	OTC
<i>probiotic childrens oral packet</i>	Preferred	OTC
<i>probiotic childrens oral tablet chewable</i>	Preferred	OTC
<i>probiotic colon support oral capsule</i>	Preferred	OTC
<i>probiotic daily oral capsule</i>	Preferred	OTC
<i>probiotic digestive supp oral capsule</i>	Preferred	OTC
<i>probiotic gold extra strength oral capsule</i>	Preferred	OTC
<i>probiotic mature adult oral capsule</i>	Preferred	OTC
<i>probiotic multi-enzyme oral tablet</i>	Preferred	OTC
<i>probiotic oral capsule 250 mg</i>	Preferred	OTC
<i>probiotic product oral capsule</i>	Preferred	OTC
<i>probiotic/prebiotic/cranberry oral capsule</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>probizen oral capsule</i>	Preferred	OTC
<i>promella in prebiotic oral capsule</i>	Preferred	
<i>qc diarrhea relief oral suspension 262 mg/15ml</i>	Preferred	OTC
<i>qc pink bismuth oral suspension 262 mg/15ml, 525 mg/15ml</i>	Preferred	OTC
<i>qc pink bismuth oral tablet 262 mg</i>	Preferred	OTC
<i>qc stomach relief oral suspension 525 mg/30ml</i>	Preferred	OTC
<i>qc stomach relief oral tablet 262 mg</i>	Preferred	OTC
<i>qc stomach relief oral tablet chewable 262 mg</i>	Preferred	OTC
<i>qc stomach relief ultra oral suspension 525 mg/15ml</i>	Preferred	OTC
<i>quad-probiotic oral capsule</i>	Preferred	OTC
<i>ra digestive health oral capsule</i>	Preferred	OTC
<i>ra probiotic acidophilus oral capsule 1 mg</i>	Preferred	OTC
<i>ra probiotic colon care oral capsule</i>	Preferred	OTC
<i>ra probiotic complex oral capsule</i>	Preferred	OTC
<i>ra probiotic digestive support oral capsule</i>	Preferred	OTC
<i>ra probiotic max strength oral capsule</i>	Preferred	OTC
<i>ra stomach relief oral suspension 262 mg/15ml</i>	Preferred	OTC
<i>rejuvaflor oral capsule</i>	Preferred	OTC
<i>revitaflor oral capsule</i>	Preferred	OTC
<i>saccharomyces boulardii oral capsule 250 mg</i>	Preferred	OTC
<i>sb bismuth oral tablet 262 mg</i>	Preferred	OTC
<i>sd probiotic-10 complex ultra oral capsule</i>	Preferred	OTC
<i>sm 4x probiotic oral tablet</i>	Preferred	OTC
<i>sm acidophilus oral capsule , 10 mg</i>	Preferred	OTC
<i>sm advanced probiotic oral capsule</i>	Preferred	OTC
<i>sm probiotic oral capsule 250 mg</i>	Preferred	OTC
<i>sm stomach relief oral suspension 262 mg/15ml</i>	Preferred	OTC
<i>sm stomach relief oral tablet 262 mg</i>	Preferred	OTC
<i>sm stomach relief oral tablet chewable 262 mg</i>	Preferred	OTC
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	Preferred	OTC
<i>stomach relief oral suspension 525 mg/15ml, 525 mg/30ml, 527 mg/30ml</i>	Preferred	OTC
<i>stomach relief oral tablet 262 mg</i>	Preferred	OTC
<i>stomach relief oral tablet chewable 262 mg</i>	Preferred	OTC
<i>stomach relief plus oral suspension 525 mg/15ml</i>	Preferred	OTC
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	Preferred	OTC
<i>super probiotic digestive oral capsule</i>	Preferred	OTC
<i>super probiotic oral capsule</i>	Preferred	OTC
<i>superior probiotic oral capsule</i>	Preferred	OTC
<i>triple probiotic oral tablet</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>wellpro 31 oral capsule</i>	Preferred	
<i>xybiotic oral capsule</i>	Preferred	
<i>zelac oral capsule</i>	Preferred	
ABATINEX ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	OTC
ACIDOPHILUS HIGH-POTENCY ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
ACIDOPHILUS PEARLS ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
ACTIPHLOA ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
ALIGN EXTRA STRENGTH ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
ALIGN ORAL CAPSULE 4 MG (<i>probiotic product</i>)	Preferred	OTC
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	OTC
AZO DUAL PROTECTION ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	OTC
BACID ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
BACID ORAL TABLET (<i>probiotic product</i>)	Preferred	OTC
BIOGAIA PROTECTIS MUM ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	OTC
BIO-KULT ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
CULTURELLE ADVANCED REGULARITY ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	OTC
CULTURELLE HEALTH & WELLNESS ORAL CAPSULE (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	OTC
CULTURELLE IMMUNE DEFENSE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
CULTURELLE KID PROBIOTIC+FIBER ORAL PACKET (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	OTC
CULTURELLE KIDS ORAL PACKET (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	OTC
CULTURELLE KIDS PURELY ORAL PACKET (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	OTC
CULTURELLE METABOLISM-WEIGHT ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
CULTURELLE PRENATAL WELLNESS ORAL TABLET CHEWABLE (<i>lactobacillus</i>)	Preferred	OTC
CULTURELLE PROBIOTICS KIDS ORAL PACKET 5 B CELL (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	OTC
CULTURELLE PRO-WELL ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
CULTURELLE TOTAL BALANCE ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	OTC
CULTURELLE WOMENS 4 IN 1 ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	OTC
CULTURELLE WOMEN'S WELLNESS ORAL TABLET CHEWABLE (<i>lactobacillus</i>)	Preferred	OTC
DERMACINRX PROBISOL ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
DERMACINRX PROBITRAN ORAL CAPSULE (<i>probiotic product</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
DIGESTIVE ADV DIGESTIVE/IMMUNE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
DIGESTIVE ADV+BOWEL SUPPORT ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
DIGESTIVE ADV+GAS DEFENSE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
DIGESTIVE ADV+LACTOSE SUPPORT ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
DIGESTIVE ADVANTAGE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
ENVIVE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
FEM-DOPHILUS WOMENS ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
FLORA VANCE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
FLORAJEN ACIDOPHILUS ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	OTC
FLORAJEN DIGESTION ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
FLORAJEN WOMEN ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	OTC
FLORAJEN3 ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
FLORAJEN4KIDS ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
FLORANEX ORAL PACKET (<i>lactobacillus</i>)	Preferred	OTC
FLORANEX ORAL TABLET (<i>lactobacillus</i>)	Preferred	OTC
FLORASTOR SELECT GUT BOOST ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
FLORASTOR SELECT IMMUNITY BOOS ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
FORTIFY 30 BILLION PROBIOT 50+ ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
FORTIFY 50 BILLION PROBIOT 50+ ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
FORTIFY DAILY PROBIOTIC EX ST ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
FORTIFY DAILY PROBIOTIC ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
FORTIFY PROBIOTIC WOMENS EX ST ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
FORTIFY PROBIOTIC WOMENS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
GENORAVANCE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
INTESTINEX ORAL CAPSULE 600 MG (<i>lactobacillus</i>)	Preferred	OTC
JARRO-DOPHILUS EPS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
JARRO-DOPHILUS EPS PROBIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
JARRO-DOPHILUS HYPOALLERGENIC ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
JARRO-DOPHILUS PROBIOT+PRE+FOS ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
JARRO-DOPHILUS VAGINAL PROBIOT ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>)	Preferred	OTC
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (<i>bismuth subsalsicylate</i>)	Preferred	OTC
KAOPECTATE ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	Preferred	OTC
LACTEROL ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
MAGE ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
META BIOTIC/BIO-ACTIVE 12 ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
MICROFLOR 33 ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
MOMMY'S BLISS PROBIOTIC ORAL PACKET 5 B CELL (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	OTC
MVW COMPL FORM PROBIOTIC-KIDS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
MVW COMPLETE PROBIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
NEXABIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
PEARLS IC ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PEPTO-BISMOL MAX STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>)	Preferred	OTC
PHILLIPS COLON HEALTH ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PRIMADOPHILUS BIFIDUS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	Preferred	OTC
PRIMIDAR ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROBIATA ORAL TABLET (<i>lactobacillus</i>)	Preferred	OTC
PROBINATE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	
PROBIO DEFENSE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROBIOMAX COMPLETE DF ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROBIOMAX IG 26 DF ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROBIOMAX LEAN DF ORAL CAPSULE 25 MG (<i>probiotic product</i>)	Preferred	OTC
PROBIOMAX SB DF ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROBIOMAX SERENITY ORAL CAPSULE 43.75 MG (<i>lactobacillus</i>)	Preferred	OTC
PROBIOTIC PEARLS ADVANTAGE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROBIOTIC PEARLS MAX POTENCY ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROBIOTIC PEARLS ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
PROBIOTIC PEARLS WOMENS ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROBIOTIC-10 ULTIMATE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROBITROL ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PRO-FLORA IMMUNE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROMEROL ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
PROVELLA ORAL TABLET (<i>probiotic product</i>)	Preferred	OTC
REPHRESH PRO-B ORAL CAPSULE (<i>lactobacillus</i>)	Preferred	OTC
RESTORA ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
RISA-BID PROBIOTIC ORAL TABLET (<i>probiotic product</i>)	Preferred	OTC
RISAQUAD ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
RISAQUAD-2 ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
SACCHAROMYCIN DF ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>)	Preferred	OTC
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>)	Preferred	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML, 525 MG/30ML (<i>bismuth subsalicylate</i>)	Preferred	OTC
SOOTHE ORAL TABLET CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Preferred	OTC
STABLEGI ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>)	Preferred	OTC
TRUBIOTICS DIGEST + IMM HEALTH ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
TRUBIOTICS ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
ULTRAFLOA IMMUNE HEALTH ORAL CAPSULE 170 MG (<i>probiotic product</i>)	Preferred	OTC
UP4 PROBIOTICS ADULT ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
UP4 PROBIOTICS MENS ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
UP4 PROBIOTICS ULTRA ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
UP4 PROBIOTICS WOMENS ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
UPSPRING DUAL PRENATAL IMMUN ORAL CAPSULE (<i>lactobacillus rhamnosus (gg)</i>)	Preferred	OTC
VH ESSENTIALS OPTIBALANCE ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
VISBIOME HIGH POTENCY ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
VSL#3 ORAL CAPSULE (<i>probiotic product</i>)	Preferred	OTC
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS***		
<i>acidophilus/citrus pectin oral tablet</i>	Preferred	OTC
<i>acidophilus/pectin oral capsule</i>	Preferred	OTC
<i>eql probiotic acidophilus oral capsule</i>	Preferred	OTC
<i>probiotic digestive support oral capsule</i>	Preferred	OTC
CULTURELLE ADULT ULT BALANCE ORAL CAPSULE (<i>lactobacillus-inulin</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
CULTURELLE DIGESTIVE DAILY ORAL CAPSULE (<i>lactobacillus-inulin</i>)	Preferred	OTC
CULTURELLE DIGESTIVE DAILY PRO ORAL CAPSULE (<i>lactobacillus-inulin</i>)	Preferred	OTC
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (<i>lactobacillus-inulin</i>)	Preferred	OTC
CULTURELLE HEALTH (INULIN) ORAL CAPSULE (<i>lactobacillus-inulin</i>)	Preferred	OTC
CULTURELLE ULTIMATE STRENGTH ORAL CAPSULE (<i>lactobacillus-inulin</i>)	Preferred	OTC
KALA ORAL TABLET (<i>lactobacillus acid-pectin</i>)	Preferred	OTC
*ANTIDOTES - CHELATING AGENTS***		
<i>deferasirox granules oral packet 180 mg, 360 mg</i>	Preferred	PA
<i>deferasirox oral packet 180 mg, 360 mg</i>	Preferred	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Preferred	PA
*ANTIDOTES AND SPECIFIC ANTAGONISTS***		
<i>potassium iodide (antidote) oral solution 65 mg/ml</i>	Preferred	OTC
*ANTIEMETIC COMBINATIONS***		
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	Preferred	OTC
<i>eql anti-nausea oral solution 1.87-1.87-21.5</i>	Preferred	OTC
<i>gnp anti-nausea relief oral solution 1.87-1.87-21.5</i>	Preferred	OTC
<i>gnp nausea relief oral solution 1.87-1.87-21.5</i>	Preferred	OTC
<i>goodsense nausea relief oral solution 1.87-1.87-21.5</i>	Preferred	OTC
<i>nausea control oral solution 1.87-1.87-21.5</i>	Preferred	OTC
<i>nausea relief oral solution 1.87-1.87-21.5</i>	Preferred	OTC
<i>qc anti-nausea oral solution 1.87-1.87-21.5</i>	Preferred	OTC
<i>ra anti-nausea oral solution 1.87-1.87-21.5</i>	Preferred	OTC
<i>sb anti-nausea oral solution 1.87-1.87-21.5</i>	Preferred	OTC
EMETROL ORAL SOLUTION 1.87-1.87-21.5 (<i>fructose-dextrose-phosphor acid</i>)	Preferred	OTC
*ANTIESTROGENS***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Preferred	
*ANTIFLATULENTS***		
<i>cvs gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	OTC
<i>cvs gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	OTC
<i>cvs gas relief oral tablet chewable 80 mg</i>	Preferred	OTC
<i>cvs gas relief ultra strength oral capsule 180 mg</i>	Preferred	OTC
<i>cvs infants gas relief oral suspension 20 mg/0.3ml</i>	Preferred	OTC
<i>drxchoice gas relief oral tablet chewable 80 mg</i>	Preferred	OTC
<i>eq gas relief extra strength oral capsule 125 mg</i>	Preferred	OTC
<i>eq gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	OTC
<i>eq gas relief oral capsule 125 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>eq gas relief ultra strength oral capsule 180 mg</i>	Preferred	OTC
<i>eq infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Preferred	OTC
<i>eql gas gone oral tablet chewable 125 mg</i>	Preferred	OTC
<i>eql gas relief oral capsule 125 mg</i>	Preferred	OTC
<i>eql gas relief ultra strength oral capsule 180 mg</i>	Preferred	OTC
<i>ft gas relief extra strength oral capsule 125 mg</i>	Preferred	OTC
<i>ft gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	OTC
<i>ft gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	OTC
<i>ft gas relief oral tablet chewable 80 mg</i>	Preferred	OTC
<i>ft gas relief ultra strength oral capsule 180 mg</i>	Preferred	OTC
<i>gas relief extra strength oral capsule 125 mg</i>	Preferred	OTC
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	OTC
<i>gas relief infants oral liquid 40 mg/0.6ml</i>	Preferred	OTC
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	OTC
<i>gas relief oral liquid 40 mg/0.6ml</i>	Preferred	OTC
<i>gas relief oral tablet chewable 80 mg</i>	Preferred	OTC
<i>gas relief ultra strength oral capsule 180 mg</i>	Preferred	OTC
<i>gnp anti-gas oral capsule 180 mg</i>	Preferred	OTC
<i>gnp gas relief extra strength oral capsule 125 mg</i>	Preferred	OTC
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	OTC
<i>gnp gas relief oral tablet chewable 80 mg</i>	Preferred	OTC
<i>gnp infant gas relief oral suspension 20 mg/0.3ml</i>	Preferred	OTC
<i>goodsense gas relief oral tablet chewable 125 mg</i>	Preferred	OTC
<i>heartland gas relief oral tablet chewable 80 mg</i>	Preferred	OTC
<i>infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Preferred	OTC
<i>qc anti-gas oral capsule 180 mg</i>	Preferred	OTC
<i>qc gas relief extra strength oral capsule 125 mg</i>	Preferred	OTC
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	OTC
<i>qc gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	OTC
<i>qc gas relief oral capsule 250 mg</i>	Preferred	OTC
<i>qc gas relief oral tablet chewable 80 mg</i>	Preferred	OTC
<i>ra gas relief extra strength oral tablet chewable 125 mg</i>	Preferred	OTC
<i>ra gas relief oral capsule 125 mg</i>	Preferred	OTC
<i>ra gas relief oral tablet chewable 80 mg</i>	Preferred	OTC
<i>ra gas relief ultra strength oral capsule 180 mg</i>	Preferred	OTC
<i>sb anti-gas oral capsule 180 mg</i>	Preferred	OTC
<i>sb gas relief oral suspension 40 mg/0.6ml</i>	Preferred	OTC
<i>sb gas relief oral tablet chewable 125 mg</i>	Preferred	OTC
<i>simeped oral suspension 40 mg/0.6ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Preferred	OTC
<i>simethicone extra strength oral capsule 125 mg</i>	Preferred	OTC
<i>simethicone oral capsule 125 mg, 180 mg</i>	Preferred	OTC
<i>simethicone oral suspension 40 mg/0.6ml</i>	Preferred	OTC
<i>simethicone oral tablet chewable 125 mg, 80 mg</i>	Preferred	OTC
<i>simethicone ultra strength oral capsule 180 mg</i>	Preferred	OTC
<i>sm gas relief extra strength oral capsule 125 mg</i>	Preferred	OTC
<i>sm gas relief infants drops oral suspension 40 mg/0.6ml</i>	Preferred	OTC
<i>sm gas relief infants oral suspension 20 mg/0.3ml</i>	Preferred	OTC
<i>sm gas relief oral capsule 180 mg</i>	Preferred	OTC
<i>sm gas relief oral tablet chewable 125 mg, 80 mg</i>	Preferred	OTC
<i>teeny tummy gas relief drops oral suspension 20 mg/0.3ml</i>	Preferred	OTC
BICARSIM ORAL TABLET 80 MG (<i>simethicone</i>)	Preferred	OTC
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG (<i>simethicone</i>)	Preferred	OTC
GAS-X EXTRA STRENGTH ORAL STRIP 62.5 MG (<i>simethicone</i>)	Preferred	OTC
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML (<i>simethicone</i>)	Preferred	OTC
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG (<i>simethicone</i>)	Preferred	OTC
LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	Preferred	OTC
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	Preferred	OTC
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>)	Preferred	OTC
PHAZYME ORAL TABLET CHEWABLE 125 MG (<i>simethicone</i>)	Preferred	OTC
*ANTI-HISTAMINE HYPNOTIC COMBINATIONS***		
<i>acetaminophen pm ex st oral tablet 500-25 mg</i>	Preferred	OTC
<i>acetaminophen pm oral tablet 500-25 mg</i>	Preferred	OTC
<i>cvs acetaminophen pm ext st oral tablet 500-25 mg</i>	Preferred	OTC
<i>cvs non-aspirin headache pm oral tablet 500-38 mg</i>	Preferred	OTC
<i>cvs pain relief pm ex st oral tablet 25-500 mg</i>	Preferred	OTC
<i>eq acetaminophen pm oral tablet 500-25 mg</i>	Preferred	OTC
<i>eql acetaminophen pm oral tablet 25-500 mg</i>	Preferred	OTC
<i>eql pain relief pm ex st oral tablet 25-500 mg</i>	Preferred	OTC
<i>ft pain reliever pm extra str oral tablet 25-500 mg</i>	Preferred	OTC
<i>gnp pain relief pm ex st oral tablet 25-500 mg</i>	Preferred	OTC
<i>goodsense pain relief pm ex st oral tablet 25-500 mg</i>	Preferred	OTC
<i>headache relief pm oral tablet 500-38 mg</i>	Preferred	OTC
<i>kls rapid release apap pm oral tablet 500-25 mg</i>	Preferred	OTC
<i>night time pain medicine ex st oral tablet 25-500 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>non-aspirin pm oral tablet 25-500 mg</i>	Preferred	OTC
<i>pain relief pm extra strength oral tablet 500-25 mg</i>	Preferred	OTC
<i>pain reliever pm ex st oral tablet 25-500 mg, 500-25 mg</i>	Preferred	OTC
<i>pain reliever pm oral tablet 25-500 mg, 500-25 mg</i>	Preferred	OTC
<i>qc acetaminophen pm ex st oral tablet 25-500 mg</i>	Preferred	OTC
<i>qc headache relief pm oral tablet 500-38 mg</i>	Preferred	OTC
<i>qc pain relief extra strength oral tablet 500-25 mg</i>	Preferred	OTC
<i>qc pain reliever pm ex st oral tablet 25-500 mg</i>	Preferred	OTC
<i>ra acetaminophen pm ex st oral tablet 25-500 mg</i>	Preferred	OTC
<i>sb non-asa night time oral tablet 500-25 mg</i>	Preferred	OTC
<i>sb non-aspirin nighttime oral tablet 500-25 mg</i>	Preferred	OTC
<i>sb pain reliever pm oral tablet 500-25 mg</i>	Preferred	OTC
<i>sm headache relief pm oral tablet 500-38 mg</i>	Preferred	OTC
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET 500-25 MG (<i>diphenhydramine-apap (sleep)</i>)	Preferred	OTC
MEDI-TABS PM EXTRA STRENGTH ORAL TABLET 25-500 MG (<i>diphenhydramine-apap (sleep)</i>)	Preferred	OTC
PANADOL PM EXTRA STRENGTH ORAL TABLET 25-500 MG (<i>diphenhydramine-apap (sleep)</i>)	Preferred	OTC
TYLENOL PM EXTRA STRENGTH ORAL TABLET 500-25 MG (<i>diphenhydramine-apap (sleep)</i>)	Preferred	OTC
*ANTIHISTAMINE HYPNOTICS***		
<i>cvs sleep aid nighttime oral tablet 25 mg</i>	Preferred	OTC
<i>cvs sleep aid oral tablet 25 mg</i>	Preferred	OTC
<i>eql nighttime sleep aid oral tablet 25 mg</i>	Preferred	OTC
<i>ft nighttime sleep aid oral tablet 25 mg</i>	Preferred	OTC
<i>gnp sleep aid nighttime oral tablet 25 mg</i>	Preferred	OTC
<i>night time sleep aid oral tablet 25 mg</i>	Preferred	OTC
<i>nighttime sleep aid oral tablet 25 mg</i>	Preferred	OTC
<i>qc rest simply oral tablet 25 mg</i>	Preferred	OTC
<i>ra nighttime sleep aid oral tablet 25 mg</i>	Preferred	OTC
<i>ra sleep aid (diphenhydramine) oral tablet 25 mg</i>	Preferred	OTC
<i>sb sleep oral tablet 25 mg</i>	Preferred	OTC
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	Preferred	OTC
<i>sleep tabs oral tablet 25 mg</i>	Preferred	OTC
<i>sleep-tabs oral tablet 25 mg</i>	Preferred	OTC
NYTOL QUICKCAPS ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	Preferred	OTC
SIMPLY SLEEP ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	Preferred	OTC
SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	Preferred	OTC
*ANTIHISTAMINES - ALKYLAMINES***		
<i>aller-chlor oral tablet 4 mg</i>	Preferred	OTC
<i>allergy oral tablet 4 mg</i>	Preferred	OTC
<i>allergy relief oral tablet 4 mg</i>	Preferred	OTC
<i>chlorhist oral tablet 4 mg</i>	Preferred	OTC
<i>chlorphen oral tablet 4 mg</i>	Preferred	OTC
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Preferred	OTC
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Preferred	OTC
<i>cvs allergy relief oral tablet extended release 12 mg</i>	Preferred	OTC
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	Preferred	OTC
<i>eql allergy oral tablet 4 mg</i>	Preferred	OTC
<i>ft allergy relief oral tablet 4 mg</i>	Preferred	OTC
<i>gnp allergy relief oral tablet 4 mg</i>	Preferred	OTC
<i>goodsense allergy relief oral tablet 4 mg</i>	Preferred	OTC
<i>pharbechlor oral tablet 4 mg</i>	Preferred	OTC
<i>qc allergy relief oral tablet 4 mg</i>	Preferred	OTC
<i>qc chlor-pheniramine oral tablet 4 mg</i>	Preferred	OTC
<i>ra allergy relief oral tablet 4 mg</i>	Preferred	OTC
<i>ra chlorpheniramine maleate oral tablet 4 mg</i>	Preferred	OTC
<i>sb chlorpheniramine oral tablet 4 mg</i>	Preferred	OTC
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	Preferred	OTC
ALA-HIST IR ORAL TABLET 2 MG (<i>dexbrompheniramine maleate</i>)	Preferred	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (<i>chlorpheniramine maleate</i>)	Preferred	OTC
HISTEX ORAL SYRUP 2.5 MG/5ML (<i>triprolidine hcl</i>)	Preferred	OTC
HISTEX PD ORAL LIQUID 0.938 MG/ML (<i>triprolidine hcl</i>)	Preferred	OTC
WAL-FINATE ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Preferred	OTC
*ANTIHISTAMINES - ETHANOLAMINES***		
<i>aler-cap oral capsule 25 mg</i>	Preferred	OTC
<i>alertab oral tablet 25 mg</i>	Preferred	OTC
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>allergy oral capsule 25 mg</i>	Preferred	OTC
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Preferred	OTC
<i>allergy relief oral capsule 25 mg</i>	Preferred	OTC
<i>allergy relief oral liquid 25 mg/10ml</i>	Preferred	OTC
<i>allergy relief oral tablet 25 mg</i>	Preferred	OTC
<i>anti-hist allergy oral tablet 25 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Preferred	AGE (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Preferred	AGE (Min 2 Years)
<i>clemaprostine fumarate oral tablet 2.68 mg</i>	Preferred	AGE (Min 2 Years)
<i>complete allergy medicine oral capsule 25 mg</i>	Preferred	OTC
<i>complete allergy medicine oral tablet 25 mg</i>	Preferred	OTC
<i>complete allergy relief oral tablet 25 mg</i>	Preferred	OTC
<i>cvs allergy oral capsule 25 mg</i>	Preferred	OTC
<i>cvs allergy relief adult oral liquid 50 mg/20ml</i>	Preferred	OTC
<i>cvs allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>cvs allergy relief childrens oral tablet chewable 12.5 mg</i>	Preferred	OTC
<i>cvs allergy relief childrens oral tablet dispersible 12.5 mg</i>	Preferred	OTC
<i>cvs allergy relief oral capsule 25 mg</i>	Preferred	OTC
<i>cvs allergy relief oral liquid 25 mg/10ml</i>	Preferred	OTC
<i>cvs allergy relief oral tablet 25 mg</i>	Preferred	OTC
<i>cvs childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>diphen oral tablet 25 mg</i>	Preferred	OTC
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Preferred	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Preferred	OTC
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Preferred	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	Preferred	OTC
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	Preferred	OTC
<i>eq allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>eq allergy relief oral capsule 25 mg</i>	Preferred	OTC
<i>eq allergy relief oral tablet 25 mg</i>	Preferred	OTC
<i>eql allergy oral tablet 25 mg</i>	Preferred	OTC
<i>eql allergy relief childrens oral tablet dispersible 12.5 mg</i>	Preferred	OTC
<i>eql allergy relief oral tablet 25 mg</i>	Preferred	OTC
<i>eql childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>ft allergy relief oral capsule 25 mg</i>	Preferred	OTC
<i>ft allergy relief oral tablet 25 mg</i>	Preferred	OTC
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>geri-dryl oral tablet 25 mg</i>	Preferred	OTC
<i>gnp allergy oral capsule 25 mg</i>	Preferred	OTC
<i>gnp allergy oral tablet 25 mg</i>	Preferred	OTC
<i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>gnp allergy relief oral capsule 25 mg</i>	Preferred	OTC
<i>gnp allergy relief oral tablet 25 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp allergy relief oral tablet chewable 12.5 mg</i>	Preferred	OTC
<i>gnp childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>goodsense allergy relief oral capsule 25 mg</i>	Preferred	OTC
<i>h-e-b childrens allergy oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>kls allergy medicine oral tablet 25 mg</i>	Preferred	OTC
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	Preferred	OTC
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>m-dryl oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>meijer antihistamine allergy oral capsule 25 mg</i>	Preferred	OTC
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	Preferred	OTC
<i>qc allergy childrens oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>qc allergy relief oral capsule 25 mg</i>	Preferred	OTC
<i>qc allergy relief oral tablet 25 mg</i>	Preferred	OTC
<i>qc complete allergy medicine oral tablet 25 mg</i>	Preferred	OTC
<i>ra allergy medication oral capsule 25 mg</i>	Preferred	OTC
<i>ra allergy medication oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>ra allergy medication oral tablet 25 mg</i>	Preferred	OTC
<i>ra allergy oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>ra allergy oral tablet 25 mg</i>	Preferred	OTC
<i>ra allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>ra allergy relief childrens oral tablet dispersible 12.5 mg</i>	Preferred	OTC
<i>ra allergy relief oral capsule 25 mg</i>	Preferred	OTC
<i>ra complete allergy oral tablet 25 mg</i>	Preferred	OTC
<i>sb allergy medicine oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>sb allergy medicine oral tablet 25 mg</i>	Preferred	OTC
<i>sb allergy oral capsule 25 mg</i>	Preferred	OTC
<i>siladryl allergy oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	Preferred	OTC
<i>sm allergy relief oral tablet 25 mg</i>	Preferred	OTC
<i>total allergy oral tablet 25 mg</i>	Preferred	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Preferred	OTC
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (<i>diphenhydramine hcl</i>)	Preferred	OTC
BANOPHEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Preferred	OTC
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE 12.5 MG (<i>diphenhydramine hcl</i>)	Preferred	OTC
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (<i>diphenhydramine hcl</i>)	Preferred	OTC
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	OTC
MEDI-PHEDRYL ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Preferred	OTC
MM ALLER-BEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Preferred	OTC
NARAMIN ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	OTC
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	OTC
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	OTC
TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	OTC
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	OTC
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Preferred	OTC
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	Preferred	OTC
WAL-DRYL ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Preferred	OTC
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE 12.5 MG (<i>diphenhydramine hcl</i>)	Preferred	OTC
*ANTIHIISTAMINES - NON-SEDATING***		
<i>cvs allergy relief oral tablet dispersible 5 mg</i>	Preferred	OTC
*ANTIHIISTAMINES - PIPERAZINES***		
AHIST ORAL TABLET 25 MG (<i>chlorcyclizine hcl</i>)	Preferred	OTC
*ANTIHIISTAMINES - PIPERIDINES***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Preferred	AGE (Min 2 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Preferred	AGE (Min 2 Years)
*ANTIHIISTAMINE-TOPICAL COMBINATIONS***		
<i>anti-itch external cream 2-0.1 %</i>	Preferred	OTC
<i>anti-itch extra strength external cream 2-0.1 %</i>	Preferred	OTC
<i>cvs itch relief extra strength external cream 2-0.1 %</i>	Preferred	OTC
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Preferred	OTC
<i>gnp anti-itch external cream 2-0.1 %</i>	Preferred	OTC
<i>itch relief extra strength external cream 2-0.1 %</i>	Preferred	OTC
<i>qc anti-itch extra strength external cream 2-0.1 %</i>	Preferred	OTC
<i>ra allergy external cream 2-0.1 %</i>	Preferred	OTC
<i>ra anti-itch skin protectant external cream 2-0.1 %</i>	Preferred	OTC
<i>sm anti-itch extra strength external cream 2-0.1 %</i>	Preferred	OTC
BANOPHEN EXTERNAL CREAM 2-0.1 % (<i>diphenhydramine-zinc acetate</i>)	Preferred	OTC
BENADRYL EXTRA STRENGTH EXTERNAL CREAM 2-0.1 % (<i>diphenhydramine-zinc acetate</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
WAL-DRYL EXTERNAL CREAM 2-0.1 % (<i>diphenhydramine-zinc acetate</i>)	Preferred	OTC
*ANTI-INFECTIVE AGENTS - MISC.***		
<i>trimethoprim oral tablet 100 mg</i>	Preferred	
*ANTI-INFECTIVE MISC. - COMBINATIONS***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Preferred	Max 90-day supply per 1 Fill
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)</i>	Preferred	Max 90-day supply per 1 Fill
*ANTIMALARIAL COMBINATIONS***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Preferred	
*ANTIMALARIALS***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Preferred	PA
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Preferred	
<i>mefloquine hcl oral tablet 250 mg</i>	Preferred	
<i>quinine sulfate oral capsule 324 mg</i>	Preferred	QL (42 EA per 365 days)
*ANTIMANIC AGENTS***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>lithium carbonate oral tablet 300 mg</i>	Preferred	Max 90-day supply per 1 Fill
*ANTIMETABOLITES***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Preferred	PA
<i>mercaptopurine oral tablet 50 mg</i>	Preferred	
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Preferred	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Preferred	
*ANTIMYCOBACTERIAL AGENTS***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Preferred	
<i>isoniazid oral syrup 50 mg/5ml</i>	Preferred	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Preferred	
<i>rifabutin oral capsule 150 mg</i>	Preferred	PA
<i>rifampin oral capsule 150 mg, 300 mg</i>	Preferred	
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***		
<i>imatinib mesylate oral tablet 100 mg</i>	Preferred	PA; QL (8 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Preferred	PA; QL (2 EA per 1 day)
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***		
<i>sunitinib malate oral capsule 12.5 mg</i>	Preferred	PA; QL (7 EA per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>	Preferred	PA; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	Preferred	PA; QL (1 EA per 1 day)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
<i>fluorouracil external cream 5 %</i>	Preferred	
<i>fluorouracil external solution 5 %</i>	Preferred	
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S***		
<i>diclofenac sodium external gel 3 %</i>	Preferred	PA; QL (3.334 GM per 1 day)
*ANTINEOPLASTICS MISC.***		
<i>hydroxyurea oral capsule 500 mg</i>	Preferred	
*ANTIPARKINSON ANTICHOLINERGICS***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Preferred	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Preferred	
*ANTIPARKINSON DOPAMINERGICS***		
<i>amantadine hcl oral capsule 100 mg</i>	Preferred	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***		
<i>selegiline hcl oral capsule 5 mg</i>	Preferred	
<i>selegiline hcl oral tablet 5 mg</i>	Preferred	
*ANTIPERISTALTIC AGENTS***		
<i>anti-diarrheal oral capsule 2 mg</i>	Preferred	OTC
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	OTC
<i>anti-diarrheal oral tablet 2 mg</i>	Preferred	OTC
<i>cvs anti-diarrheal oral capsule 2 mg</i>	Preferred	OTC
<i>cvs anti-diarrheal oral tablet 2 mg</i>	Preferred	OTC
<i>diamode oral tablet 2 mg</i>	Preferred	OTC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Preferred	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Preferred	
<i>eq anti-diarrheal oral capsule 2 mg</i>	Preferred	OTC
<i>eq anti-diarrheal oral tablet 2 mg</i>	Preferred	OTC
<i>eq loperamide hcl oral solution 1 mg/7.5ml</i>	Preferred	OTC
<i>eql anti-diarrheal oral tablet 2 mg</i>	Preferred	OTC
<i>ft anti-diarrheal oral capsule 2 mg</i>	Preferred	OTC
<i>ft anti-diarrheal oral tablet 2 mg</i>	Preferred	OTC
<i>gnp anti-diarrheal oral capsule 2 mg</i>	Preferred	OTC
<i>gnp anti-diarrheal oral tablet 2 mg</i>	Preferred	OTC
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	Preferred	OTC
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	OTC
<i>hm anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	OTC
<i>loperamide hcl oral capsule 2 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	Preferred	OTC
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>	Preferred	OTC
<i>loperamide hcl oral tablet 2 mg</i>	Preferred	OTC
<i>meijer anti-diarrheal oral tablet 2 mg</i>	Preferred	OTC
<i>qc anti-diarrheal oral capsule 2 mg</i>	Preferred	OTC
<i>qc anti-diarrheal oral tablet 2 mg</i>	Preferred	OTC
<i>ra anti-diarrheal oral tablet 2 mg</i>	Preferred	OTC
<i>sb anti-diarrhea oral tablet 2 mg</i>	Preferred	OTC
<i>sm anti-diarrheal oral capsule 2 mg</i>	Preferred	OTC
<i>sm anti-diarrheal oral solution 1 mg/7.5ml</i>	Preferred	OTC
<i>sm anti-diarrheal oral tablet 2 mg</i>	Preferred	OTC
*ANTIPROTOZOAL AGENTS***		
<i>atovaquone oral suspension 750 mg/5ml</i>	Preferred	PA
*ANTISEBORRHEIC COMBINATIONS***		
DERMAZINC CREAM EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	Preferred	OTC
NUTRASEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	Preferred	
PROMISEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	Preferred	
*ANTISEBORRHEIC PRODUCTS***		
<i>anti-dandruff external shampoo 1 %</i>	Preferred	OTC
<i>beta med external shampoo 2 %</i>	Preferred	OTC
<i>cvs anti-dandruff external lotion 1 %</i>	Preferred	OTC
<i>dandruff shampoo external lotion 1 %</i>	Preferred	OTC
<i>eql medicated dandruff external lotion 1 %</i>	Preferred	OTC
<i>selenium sulfide external lotion 2.5 %</i>	Preferred	
<i>selenium sulfide external shampoo 2.25 %</i>	Preferred	
DERMAZINC SHAMPOO EXTERNAL SHAMPOO 2 % (<i>pyrithione zinc</i>)	Preferred	OTC
ANTISEPTICS - MOUTH/THROAT*		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Preferred	
<i>cvs sore throat spray mouth/throat liquid 1.4 %</i>	Preferred	OTC
<i>eql sore throat spray mouth/throat liquid 1.4 %</i>	Preferred	OTC
<i>gnp sore throat spray mouth/throat liquid 1.4 %</i>	Preferred	OTC
<i>goodsense sore throat spray mouth/throat liquid 1.4 %</i>	Preferred	OTC
<i>ora relief mouth/throat liquid 1.4 %</i>	Preferred	OTC
<i>oral relief mouth/throat liquid 1.4 %</i>	Preferred	OTC
<i>oralseptic mouth/throat liquid 1.4 %</i>	Preferred	OTC
<i>phenaseptic mouth/throat liquid 1.4 %</i>	Preferred	OTC
<i>ra sore throat mouth/throat liquid 1.4 %</i>	Preferred	OTC
<i>sb sore throat spray mouth/throat liquid 1.4 %</i>	Preferred	OTC

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<i>sm sore throat spray mouth/throat liquid 1.4 %</i>	Preferred	OTC
<i>sore throat mouth/throat liquid , 1.4 %</i>	Preferred	OTC
<i>sore throat spray mouth/throat liquid 1.4 %</i>	Preferred	OTC
CHLORASEPTIC MOUTH/THROAT LIQUID 1.4 % (<i>phenol</i>)	Preferred	OTC
CHLORASEPTIC WARM SORE THROAT MOUTH/THROAT LIQUID 1.4 % (<i>phenol</i>)	Preferred	OTC
DIABETIC TUSSIN SORE THROAT MOUTH/THROAT LIQUID 1.4 % (<i>phenol</i>)	Preferred	OTC
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)	Preferred	
*ANTISPASMODICS***		
<i>dicyclomine hcl oral capsule 10 mg</i>	Preferred	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Preferred	
<i>dicyclomine hcl oral tablet 20 mg</i>	Preferred	
*ANTITHYROID AGENTS***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Preferred	
<i>propylthiouracil oral tablet 50 mg</i>	Preferred	
*ANTITUSSIVE - NONNARCOTIC***		
<i>benzonatate oral capsule 100 mg</i>	Preferred	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>benzonatate oral capsule 200 mg</i>	Preferred	QL (3 EA per 1 day)
<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>cvs cough dm childrens oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>cvs cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>cvs tussin long-acting oral liquid 15 mg/5ml</i>	Preferred	OTC
<i>cvs tussin maximum strength oral syrup 15 mg/5ml</i>	Preferred	OTC
<i>daytime cough oral liquid 15 mg/15ml</i>	Preferred	OTC
<i>dextromethorphan hbr oral capsule 15 mg</i>	Preferred	OTC
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>eq cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>eql cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>gnp cough dm er oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>gnp tussin cough long acting oral syrup 15 mg/5ml</i>	Preferred	OTC
<i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>goodsense cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>hm cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>qc cough relief oral liquid 15 mg/5ml</i>	Preferred	OTC
<i>ra cough dm oral suspension extended release 30 mg/5ml</i>	Preferred	OTC
<i>sm cough relief oral syrup 15 mg/5ml</i>	Preferred	OTC
<i>tussin cough oral capsule 15 mg</i>	Preferred	OTC
<i>tussin cough oral syrup 15 mg/5ml</i>	Preferred	OTC
GILTUSS HONEY DM CHILDRENS ORAL LIQUID 15 MG/5ML (<i>dextromethorphan hbr</i>)	Preferred	OTC
GILTUSS HONEY DM ORAL LIQUID 30 MG/10ML (<i>dextromethorphan hbr</i>)	Preferred	OTC
ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (<i>dextromethorphan polistirex</i>)	Preferred	OTC
ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (<i>dextromethorphan polistirex</i>)	Preferred	OTC
VICKS DAYQUIL COUGH ORAL LIQUID 15 MG/15ML (<i>dextromethorphan hbr</i>)	Preferred	OTC
WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID 15 MG/5ML (<i>dextromethorphan hbr</i>)	Preferred	OTC
WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP 15 MG/5ML (<i>dextromethorphan hbr</i>)	Preferred	OTC
WAL-TUSSIN COUGH ORAL CAPSULE 15 MG (<i>dextromethorphan hbr</i>)	Preferred	OTC
*ANTITUSSIVE-ANTI HISTAMINE-ANALGESIC***		
<i>all-nite cold & flu nighttime oral liquid 30-12.5-650 mg/30ml</i>	Preferred	OTC
<i>cold & flu nighttime oral liquid 15-6.25-325 mg/15ml</i>	Preferred	OTC
<i>cold & flu nighttime relief oral capsule 15-6.25-325 mg</i>	Preferred	OTC
<i>cold & flu relief nighttime oral capsule 15-6.25-325 mg</i>	Preferred	OTC
<i>cold & flu relief nighttime oral liquid 15-6.25-325 mg/15ml</i>	Preferred	OTC
<i>cold/flu relief nighttime oral liquid 15-6.25-325 mg/15ml</i>	Preferred	OTC
<i>cough & sore throat nighttime oral liquid 15-6.25-500 mg/15ml</i>	Preferred	OTC
<i>cvs night time cold/flu relief oral liquid 15-6.25-500 mg/15ml</i>	Preferred	OTC
<i>cvs nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml, 650-30-12.5 mg/30ml</i>	Preferred	OTC
<i>eq nitetime cold/flu ms relief oral liquid 15-6.25-325 mg/15ml</i>	Preferred	OTC
<i>eql nighttime cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	OTC
<i>eql nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml</i>	Preferred	OTC
<i>gnp night time cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	OTC
<i>gnp night time cold-flu oral capsule 15-6.25-325 mg</i>	Preferred	OTC
<i>goodsense nighttime cold & flu oral capsule 15-6.25-325 mg</i>	Preferred	OTC
<i>night time cold/flu relief oral capsule 15-6.25-325 mg</i>	Preferred	OTC
<i>nighttime cold medicine oral liquid 15-6.25-500 mg/15ml</i>	Preferred	OTC
<i>nighttime cold/flu relief oral capsule 15-6.25-325 mg</i>	Preferred	OTC
<i>nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>qc nighttime cold & flu oral capsule 15-6.25-325 mg</i>	Preferred	OTC
<i>qc nighttime cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	OTC
<i>qc nighttime cold/flu relief oral liquid 15-6.25-500 mg/15ml</i>	Preferred	OTC
<i>qc nighttime multi-symptom oral capsule 15-6.25-325 mg</i>	Preferred	OTC
<i>ra cold/flu relief nighttime oral capsule 15-6.25-325 mg</i>	Preferred	OTC
<i>ra nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml</i>	Preferred	OTC
<i>sb flu maximum strength hbp oral tablet 15-500-2 mg</i>	Preferred	OTC
<i>sb night time cold/flu relief oral liquid 15-6.25-500 mg/15ml</i>	Preferred	OTC
<i>sm cough/sore throat nighttime oral liquid 30-12.5-1000 mg/30ml</i>	Preferred	OTC
<i>sm nite time cold & flu oral liquid 15-6.25-325 mg/15ml</i>	Preferred	OTC
CORICIDIN HBP NIGHTTIME COLD ORAL LIQUID 15-6.25-325 MG/15ML, 15-6.25-500 MG/15ML (<i>dm-doxylamine-acetaminophen</i>)	Preferred	OTC
NYQUIL HBP COLD & FLU ORAL LIQUID 15-6.25-325 MG/15ML (<i>dm-doxylamine-acetaminophen</i>)	Preferred	OTC
TRIAMINIC FLU COUGH & FEVER ORAL SYRUP 7.5-160-1 MG/5ML (<i>dm-apap-cpm</i>)	Preferred	OTC
VICKS NYQUIL COLD & FLU NIGHT ORAL CAPSULE 15-6.25-325 MG (<i>dm-doxylamine-acetaminophen</i>)	Preferred	OTC
VICKS NYQUIL COLD & FLU NIGHT ORAL LIQUID 15-6.25-325 MG/15ML (<i>dm-doxylamine-acetaminophen</i>)	Preferred	OTC
VICKS NYQUIL COLD & FLU ORAL CAPSULE 15-6.25-325 MG (<i>dm-doxylamine-acetaminophen</i>)	Preferred	OTC
VICKS NYQUIL COLD & FLU ORAL LIQUID 15-6.25-325 MG/15ML (<i>dm-doxylamine-acetaminophen</i>)	Preferred	OTC
*ANTITUSSIVE-DECONGESTANT-ANALGESIC***		
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	Preferred	OTC
<i>cold multi-symptom daytime oral tablet 10-5-325 mg</i>	Preferred	OTC
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	Preferred	OTC
<i>cvs daytime cold/flu relief oral liquid 325-10-5 mg/15ml</i>	Preferred	OTC
<i>cvs flu/severe cold daytime oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>cvs severe cold/flu daytime oral liquid 650-20-10 mg/30ml</i>	Preferred	OTC
<i>daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>daytime cold/flu relief oral capsule 10-5-325 mg</i>	Preferred	OTC
<i>daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>day-time cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>day-time pe cold/flu relief oral capsule 10-5-325 mg</i>	Preferred	OTC
<i>eq daytime cold/flu ms relief oral capsule 10-5-325 mg</i>	Preferred	OTC
<i>eq daytime cold/flu ms relief oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>eql daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>flu/severe cold & cough day oral packet 20-10-650 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp cold max daytime oral tablet 10-5-325 mg</i>	Preferred	OTC
<i>gnp day time cold/flu oral capsule 10-5-325 mg</i>	Preferred	OTC
<i>goodsense cold & flu oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>goodsense day time cold & flu oral capsule 10-5-325 mg</i>	Preferred	OTC
<i>goodsense daytime oral capsule 10-5-325 mg</i>	Preferred	OTC
<i>goodsense severe cold/cough oral liquid 20-10-650 mg/30ml</i>	Preferred	OTC
<i>qc daytime cold/flu oral capsule 10-5-325 mg</i>	Preferred	OTC
<i>qc daytime cold/flu oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>qc severe cold/cough daytime oral packet 20-10-650 mg</i>	Preferred	OTC
<i>ra cold/flu relief daytime oral capsule 10-5-325 mg</i>	Preferred	OTC
<i>ra daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>sb daytime oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>sb flu relief therapy daytime oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
<i>sm day time cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Preferred	OTC
ALKA-SELTZER PLS SINUS & COUGH ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
ALKA-SELTZER PLUS DAY COLD/FLU ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
COMTrex COLD & COUGH MAX ST ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
MAPAP COLD FORMULA MULTI-SYMPT ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
THERAFLU EXPRESSMAX ORAL LIQUID 20-10-650 MG/30ML (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
THERAFLU EXPRESSMAX SEV CLD/CG ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
THERAFLU SEVERE COLD DAYTIME ORAL TABLET 15-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
THERAFLU SEVERE COLD/CGH DAY ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
VICKS DAYQUIL COLD & FLU ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
VICKS DAYQUIL COLD & FLU ORAL LIQUID 10-5-325 MG/15ML (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
WAL-FLU SEVERE COLD & COUGH ORAL LIQUID 10-5-325 MG/15ML (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC
WAL-FLU SEVERE COLD & COUGH ORAL PACKET 20-10-650 MG (<i>dm-phenylephrine-acetaminophen</i>)	Preferred	OTC

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

Drug Name	Formulary Status	Requirements/Limits
*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC***		
<i>cold & flu severe daytime oral liquid 5-10-200-325 mg/15ml</i>	Preferred	OTC
<i>cold & flu severe daytime oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>cough/cold/sore throat child oral liquid 5-10-200-325 mg/10ml</i>	Preferred	OTC
<i>cvs cold/flu/sore throat adult oral liquid 5-10-200-325 mg/10ml</i>	Preferred	OTC
<i>cvs multi-symptoms cold/fever oral liquid 5-10-200-325 mg/10ml</i>	Preferred	OTC
<i>eq multi-symp cold/fever child oral liquid 5-10-200-325 mg/10ml</i>	Preferred	OTC
<i>eql cold multi-symptom severe oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>eql daytime severe cold/flu oral liquid 5-10-200-325 mg/15ml</i>	Preferred	OTC
<i>eql mucus relief cold/flu oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>ft cold & flu daytime severe oral liquid 5-10-200-325 mg/15ml</i>	Preferred	OTC
<i>ft cold & flu daytime severe oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>gnp cold/flu severe oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>goodsense cold + flu severe oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>goodsense day time cold & flu oral liquid 5-10-200-325 mg/15ml</i>	Preferred	OTC
<i>herbiomed severe cold & flu oral liquid 5-10-200-325 mg/10ml</i>	Preferred	OTC
<i>mucus relief cold flu throat oral liquid 5-10-200-325 mg/10ml</i>	Preferred	OTC
<i>mucus relief plus oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>mucus relief severe cong/cold oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>qc mucus cold flu & throat oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>qc mucus relief cold & flu oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>qc mucus relief sinus pressure oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>qc severe cold & flu oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>ra cold multi-symptom daytime oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>ra cold/flu/sore throat max oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>ra severe congestion/cold max oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>sb cold head congestion severe oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>sb cold multi-symptom severe oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>severe cold & flu oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>sm cold & flu severe oral tablet 5-10-200-325 mg</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>sm daytime severe cold & flu oral liquid 5-10-200-325 mg/15ml</i>	Preferred	OTC
<i>tussin cf severe multi-symptom oral liquid 5-10-200-325 mg/10ml</i>	Preferred	OTC
DAYQUIL SEVERE + VAPOCOOL ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC
MUCINEX FAST-MAX CLD FLU THRT ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC; QL (1 EA per 1 day)
MUCINEX FAST-MAX COLD FLU ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC
MUCINEX FAST-MAX COLD/FLU ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC
MUCINEX FAST-MAX COLD/FLU ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC; QL (1 EA per 1 day)
MUCINEX SINUS-MAX ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC; QL (1 EA per 1 day)
ROBITUSSIN SEVERE MULTI-SYMP ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC
ROMPE PECHO MAX ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC
THERAFLU EXPRESSMAX SEV CLD/FL ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC
THERAFLU EXPRESSMAX SEV CLD/FL ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC; QL (1 EA per 1 day)
TYLENOL WARMING COUGH/CONGEST ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC
VICKS DAYQUIL SEVERE COLD/FLU ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC
VICKS DAYQUIL SEVERE COLD/FLU ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC; QL (1 EA per 1 day)
WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>)	Preferred	OTC
*ANTITUSSIVE-EXPECTORANT***		
<i>altarussin dm oral syrup 100-10 mg/5ml</i>	Preferred	OTC
<i>biocotron oral liquid 10-100 mg/5ml</i>	Preferred	OTC
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	Preferred	OTC
<i>chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	OTC
<i>chest congestion/cough relief oral tablet 20-400 mg</i>	Preferred	OTC
<i>childrens cough oral liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>childrens mucus relief cough oral liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>cough & chest congestion dm oral liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>cough & congestion kids oral liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>cvs chest congest/cough child oral liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>cvs chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	OTC
<i>cvs chest congestion-cough hbp oral capsule 10-200 mg</i>	Preferred	OTC
<i>cvs cough & chest congestion oral liquid 20-400 mg/20ml</i>	Preferred	OTC
<i>cvs dm maximum adult oral liquid 5-100 mg/5ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs mucus dm extended release oral tablet extended release 12 hour 30-600 mg, 60-1200 mg</i>	Preferred	OTC
<i>cvs tussin dm max st oral liquid 20-400 mg/20ml</i>	Preferred	OTC
<i>cvs tussin dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml, 200-20 mg/10ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 5-100 mg/5ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i>	Preferred	OTC
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	OTC
<i>eq cough childrens oral liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>eq mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	OTC
<i>eq mucus relief dm oral liquid 20-400 mg/20ml</i>	Preferred	OTC
<i>eq mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	OTC
<i>eq tussin dm cough/chest oral syrup 10-100 mg/5ml</i>	Preferred	OTC
<i>eq tussin dm max adult oral liquid 20-400 mg/20ml</i>	Preferred	OTC
<i>eq tussin dm max daytime oral liquid 20-400 mg/20ml</i>	Preferred	OTC
<i>eql mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	OTC
<i>eql tussin cough/chest dm max oral liquid 20-400 mg/20ml</i>	Preferred	OTC
<i>eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml</i>	Preferred	OTC
<i>ft chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	OTC
<i>ft mucus relief dm oral tablet extended release 12 hour 1200-60 mg, 30-600 mg</i>	Preferred	OTC
<i>geri-tussin dm oral liquid 10-100 mg/5ml</i>	Preferred	OTC
<i>geri-tussin dm oral syrup 10-100 mg/5ml</i>	Preferred	OTC
<i>gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	OTC
<i>gnp mucus relief dm oral tablet 20-400 mg</i>	Preferred	OTC
<i>gnp tab tussin dm oral tablet 20-400 mg</i>	Preferred	OTC
<i>gnp tussin dm cough oral liquid 100-10 mg/5ml</i>	Preferred	OTC
<i>gnp tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	OTC
<i>goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	OTC
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	OTC
<i>guaiasorb dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Preferred	OTC
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	Preferred	OTC
<i>intense cough reliever oral liquid 20-300 mg/5ml, 30-200 mg/5ml</i>	Preferred	OTC
<i>kls mucus-dm max strength oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>maxi-tuss g oral liquid 10-100 mg/5ml</i>	Preferred	OTC
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	Preferred	OTC; QL (10 ML per 1 day)
<i>medi-tussin dm double strength oral liquid 30-200 mg/5ml</i>	Preferred	OTC
<i>medi-tussin dm oral syrup 100-10 mg/5ml</i>	Preferred	OTC
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	OTC
<i>mucus relief cough childrens oral liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>mucus relief dm cough oral tablet 20-400 mg</i>	Preferred	OTC
<i>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml</i>	Preferred	OTC
<i>mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	OTC
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	Preferred	OTC
<i>mucus relief dm oral tablet 20-400 mg</i>	Preferred	OTC
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg, 60-1200 mg</i>	Preferred	OTC
<i>mucus-dm max oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	OTC
<i>mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	OTC
<i>mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	OTC
<i>neotuss oral liquid 30-200 mg/5ml</i>	Preferred	OTC
<i>pharbinex-dm oral tablet 20-400 mg</i>	Preferred	OTC
<i>qc medifin dm oral tablet 20-400 mg</i>	Preferred	OTC
<i>qc mucus & cough relief child oral liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>qc mucus relief dm max oral liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>qc mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Preferred	OTC
<i>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Preferred	OTC
<i>ra mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	OTC
<i>ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml</i>	Preferred	OTC
<i>ra tussin cough dm sugar free oral syrup 100-10 mg/5ml</i>	Preferred	OTC
<i>ra tussin cough oral liquid 10-100 mg/5ml</i>	Preferred	OTC
<i>ra tussin cough/chest dm max oral liquid 10-200 mg/5ml</i>	Preferred	OTC; QL (10 ML per 1 day)
<i>ra tussin dm oral liquid 100-10 mg/5ml</i>	Preferred	OTC
<i>refenesen dm oral tablet 400-20 mg</i>	Preferred	OTC
<i>sb mucus relief dm oral tablet 20-400 mg</i>	Preferred	OTC
<i>sm chest congestion relief dm oral tablet 20-400 mg</i>	Preferred	OTC
<i>sm tussin cough/chest congest oral liquid 20-200 mg/10ml</i>	Preferred	OTC
<i>sm tussin cough/chest congest oral syrup 100-10 mg/5ml</i>	Preferred	OTC
<i>sm tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>sm tussin dm oral syrup 100-10 mg/5ml</i>	Preferred	OTC
<i>sorbutuss nr oral liquid 10-100 mg/5ml</i>	Preferred	OTC
<i>tusnel diabetic oral liquid 10-100 mg/5ml</i>	Preferred	OTC
<i>tussin dm cough + chest oral liquid 10-100 mg/5ml, 20-400 mg/20ml</i>	Preferred	OTC
<i>tussin dm max oral liquid 20-400 mg/20ml</i>	Preferred	OTC
<i>tussin dm oral liquid 100-10 mg/5ml</i>	Preferred	OTC
<i>tussin dm oral syrup 100-10 mg/5ml</i>	Preferred	OTC
ALKA-SELTZER PLUS MUCUS & CONG ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
CORICIDIN HBP CONGESTION/COUGH ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC; QL (10 ML per 1 day)
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
FENESIN DM IR ORAL TABLET 20-400 MG (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
GILTUSS COUGH & CHEST ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
G-ZYNCOF ORAL SYRUP 20-400 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
MAX TUSSIN DM COUGH&CHEST CONG ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
MUCINEX COUGH & CHEST CONGEST ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
MUCINEX COUGH CHILDRENS ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
PEDIACARE COUGH/CONGESTION ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
ROBITUSSIN COUGH+CHEST CONG DM ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
SB TAB TUSSIN DM ORAL TABLET 20-400 MG (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
SORBUGEN NR ORAL LIQUID 15-150 MG/7.5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID 10-200 MG/15ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
ZYNCOF ORAL SYRUP 20-400 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Preferred	OTC
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***		
<i>bionel oral liquid 30-15-200 mg/5ml</i>	Preferred	OTC
<i>capmist dm oral tablet 60-15-400 mg</i>	Preferred	OTC
<i>cvs multi-symptoms cold child oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>cvs severe cough/congest oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>despec dm oral syrup 5-10-100 mg/5ml</i>	Preferred	OTC
<i>despec dm-g oral syrup 5-10-100 mg/5ml</i>	Preferred	OTC
<i>eq mucus relief congest/cough oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>eq multi-symptom cold children oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	Preferred	OTC
<i>gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml</i>	Preferred	OTC
<i>goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>goodsense mucus/congest/cough oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>goodsense tussin cf oral liquid 5-10-100 mg/5ml</i>	Preferred	OTC
<i>mucus congest & cough child oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>mucus relief multi symptom oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>mucus relief severe congest/cgh oral liquid 10-20-400 mg/20ml, 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>multi-symptom cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>multi-symptom cold plus child oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>pres gen oral liquid 5-10-200 mg/5ml</i>	Preferred	OTC
<i>qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>qc tussin cf oral liquid 5-10-100 mg/5ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>ra tussin cgh & cold mucus cf oral liquid 5-10-200 mg/5ml</i>	Preferred	OTC
<i>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	Preferred	OTC
<i>sb cough control cf oral liquid 5-10-100 mg/5ml</i>	Preferred	OTC
<i>sm mucus relief cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Preferred	OTC
<i>sm severe congestion & cough oral liquid 10-20-400 mg/20ml</i>	Preferred	OTC
<i>sm tussin cf oral liquid 5-10-100 mg/5ml</i>	Preferred	OTC
<i>teo-tus oral liquid 5-10-200 mg/5ml</i>	Preferred	OTC
<i>tussin cf cough & cold oral liquid 5-10-100 mg/5ml</i>	Preferred	OTC
<i>tussin cf oral liquid 5-10-100 mg/5ml</i>	Preferred	OTC
<i>tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml</i>	Preferred	OTC
DESGEN DM ORAL LIQUID 5-10-100 MG/5ML (<i>phenylephrine-dm-gg</i>)	Preferred	OTC
ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID 2.5-5-50 MG/5ML (<i>phenylephrine-dm-gg</i>)	Preferred	OTC
ROBITUSSIN PEAK COLD MULTI-SYM ORAL LIQUID 5-10-100 MG/5ML (<i>phenylephrine-dm-gg</i>)	Preferred	OTC
TUSNEL ORAL LIQUID 30-15-200 MG/5ML (<i>pseudoephedrine-dm-gg</i>)	Preferred	OTC
TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5ML (<i>pseudoephedrine-dm-gg</i>)	Preferred	OTC
TUSSI-PRES ORAL LIQUID 5-10-200 MG/5ML (<i>phenylephrine-dm-gg</i>)	Preferred	OTC
WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200 MG/5ML (<i>phenylephrine-dm-gg</i>)	Preferred	OTC
*ANTIVIRAL COMBINATIONS***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	Preferred	Max 5-day supply per 1 Fill
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	Preferred	Max 5-day supply per 1 Fill
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	Preferred	PA
*APPLICATORS,COTTON BALLS,ETC***		
<i>alcohol pads pad 70 %</i>	Preferred	OTC
<i>alcohol prep pad , 70 %</i>	Preferred	OTC
<i>alcohol prep pads pad 70 %</i>	Preferred	OTC
<i>alcohol swabs pad , 70 %</i>	Preferred	OTC
<i>alcoh-wipe sheet</i>	Preferred	
<i>cvs alcohol prep pads pad 70 %</i>	Preferred	OTC
<i>cvs prep pad 70 %</i>	Preferred	OTC
<i>easy comfort alcohol pads pad</i>	Preferred	OTC
<i>eql alcohol swabs pad 70 %</i>	Preferred	OTC
<i>essentra wipes 9x9" sheet 70 %</i>	Preferred	

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

Drug Name	Formulary Status	Requirements/Limits
<i>global alcohol prep ease pad 70 %</i>	Preferred	OTC
<i>gnp alcohol swabs pad 70 %</i>	Preferred	OTC
<i>h-e-b incontrol alcohol pad</i>	Preferred	OTC
<i>hm sterile alcohol prep pad</i>	Preferred	OTC
<i>meijer alcohol swabs pad 70 %</i>	Preferred	OTC
<i>pro comfort alcohol pad 70 %</i>	Preferred	OTC
<i>pure comfort alcohol prep pad</i>	Preferred	OTC
<i>qc alcohol swabs pad 70 %</i>	Preferred	OTC
<i>ra alcohol swabs pad 70 %</i>	Preferred	OTC
<i>reality swabs pad</i>	Preferred	OTC
<i>saps care alcohol prep pad 70 %</i>	Preferred	OTC
<i>saps health alcohol prep pad , 70 %</i>	Preferred	OTC
<i>saps health care alcohol prep pad 70 %</i>	Preferred	OTC
<i>sb alcohol prep pad 70 %</i>	Preferred	OTC
<i>sm alcohol prep pad , 70 %</i>	Preferred	OTC
<i>sure comfort alcohol prep pad 70 %</i>	Preferred	OTC
<i>true comfort alcohol prep pads pad 70 %</i>	Preferred	OTC
<i>true comfort pro alcohol prep pad 70 %</i>	Preferred	OTC
<i>ultilet alcohol swabs pad</i>	Preferred	OTC
<i>ultra-care alcohol prep pads pad 70 %</i>	Preferred	OTC
<i>zevrx sterile alcohol prep pad pad 70 %</i>	Preferred	OTC
ADVOCATE ALCOHOL PREP PADS PAD 70 % (<i>alcohol swabs</i>)	Preferred	OTC
ALCOH-GLOVE CONTOURED WIPE PAD (<i>alcohol swabs</i>)	Preferred	
ALCOHOL SWABSTICK PAD (<i>alcohol swabs</i>)	Preferred	OTC
BD SWAB SINGLE USE REGULAR PAD (<i>alcohol swabs</i>)	Preferred	OTC
CARETOUCH ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	OTC
COMFORT TOUCH ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	OTC
CURITY ALCOHOL PREPS PAD 70 % (<i>alcohol swabs</i>)	Preferred	OTC
DROPSAFE ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	OTC
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % (<i>alcohol swabs</i>)	Preferred	OTC
FIFTY50 ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	Preferred	OTC
PHARMACIST CHOICE ALCOHOL PAD (<i>alcohol swabs</i>)	Preferred	OTC
RELION ALCOHOL SWABS PAD , 70 % (<i>alcohol swabs</i>)	Preferred	OTC
ULTICARE ALCOHOL SWABS PAD , 70 % (<i>alcohol swabs</i>)	Preferred	OTC
WEBCOL ALCOHOL PREP LARGE PAD 70 % (<i>alcohol swabs</i>)	Preferred	OTC
WEBCOL ALCOHOL PREP MEDIUM PAD 70 % (<i>alcohol swabs</i>)	Preferred	OTC
*AROMATASE INHIBITORS***		
<i>anastrozole oral tablet 1 mg</i>	Preferred	
<i>letrozole oral tablet 2.5 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***		
<i>artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 5-6 mg/ml</i>	Preferred	OTC
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	Preferred	OTC
<i>cvs dry eye relief ophthalmic solution 0.2-0.2-1 %</i>	Preferred	OTC
<i>cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %</i>	Preferred	OTC
<i>cvs eye lubricant ophthalmic ointment</i>	Preferred	OTC
<i>cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>cvs lubricating eye/overnight ophthalmic ointment</i>	Preferred	OTC
<i>cvs natural tears pf ophthalmic solution 0.1-0.3 %</i>	Preferred	OTC
<i>cvs nighttime dry-eye relief ophthalmic ointment</i>	Preferred	OTC
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	Preferred	OTC
<i>eq lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>eye lubricant ophthalmic ointment</i>	Preferred	OTC
<i>for sty relief ophthalmic ointment 31.9-57.7 %</i>	Preferred	OTC
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	Preferred	OTC
<i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i>	Preferred	OTC
<i>gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %</i>	Preferred	OTC
<i>goodsense artificial tears ophthalmic solution 0.5-0.6 %</i>	Preferred	OTC
<i>goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>lubricant drops/dual-action ophthalmic solution 0.5-0.9 %</i>	Preferred	OTC
<i>lubricant eye drops (pf) ophthalmic solution 0.1-0.3 %, 0.4-0.3 %</i>	Preferred	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>lubricant eye fast acting ophthalmic ointment</i>	Preferred	OTC
<i>lubricant eye nighttime ophthalmic ointment</i>	Preferred	OTC
<i>lubricant eye ophthalmic ointment</i>	Preferred	OTC
<i>lubricant pm ophthalmic ointment</i>	Preferred	OTC
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>lubrifresh p.m. ophthalmic ointment</i>	Preferred	OTC
<i>qc artificial tears ophthalmic solution 5-6 mg/ml</i>	Preferred	OTC
<i>ra lubricant eye ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>	Preferred	OTC
<i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>sm lubricating tears ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC
<i>ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
ALTALUBE OPHTHALMIC OINTMENT 85-15 % (<i>white petrolatum-mineral oil</i>)	Preferred	OTC
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % (<i>dextran 70-hypromellose</i>)	Preferred	OTC
CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML (<i>polyvinyl alcohol-povidone</i>)	Preferred	OTC
EQ RESTORE PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	OTC
FRESHKOTE OPHTHALMIC SOLUTION 2.7-2 % (<i>polyvinyl alcohol-povidone</i>)	Preferred	OTC
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	OTC
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	Preferred	OTC
HYPOTEARs OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	OTC
REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>)	Preferred	OTC
REFRESH DIGITAL PF OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>)	Preferred	OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	OTC
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 % (<i>polyvinyl alcohol-povidone</i>)	Preferred	OTC
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>)	Preferred	OTC
REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>)	Preferred	OTC
REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>)	Preferred	OTC
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 % (<i>carboxymethylcellul-glycerin</i>)	Preferred	OTC
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 % (<i>carboxymethylcellul-glycerin</i>)	Preferred	OTC
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % (<i>carboxymethylcellul-glycerin</i>)	Preferred	OTC
RETAINÉ PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	OTC
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	OTC
STYE OPHTHALMIC OINTMENT 31.9-57.7 % (<i>white petrolatum-mineral oil</i>)	Preferred	OTC
STYE OPHTHALMIC SOLUTION 0.5-0.6 % (<i>polyvinyl alcohol-povidone</i>)	Preferred	OTC
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
SYSTANE OPHTHALMIC GEL 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	Preferred	OTC
ULTRA FRESH PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Preferred	OTC
*ARTIFICIAL TEAR SOLUTIONS***		
<i>artificial tears ophthalmic solution</i>	Preferred	OTC
<i>just tears eye drops ophthalmic solution</i>	Preferred	OTC
<i>sm artificial tears ophthalmic solution</i>	Preferred	OTC
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (<i>artificial tear solution</i>)	Preferred	OTC
SOOTHE HYDRATION OPHTHALMIC SOLUTION 1.25 % (<i>artificial tear solution</i>)	Preferred	OTC
SOOTHE XP OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Preferred	OTC
SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Preferred	OTC
SYSTANE CONTACTS OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Preferred	OTC
*ARTIFICIAL TEARS AND LUBRICANTS***		
<i>artificial tears ophthalmic solution 1 %</i>	Preferred	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Preferred	OTC
<i>cvs lubricant drops ophthalmic gel 1 %</i>	Preferred	OTC
<i>cvs lubricant drops ophthalmic solution 0.6 %</i>	Preferred	OTC
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	Preferred	OTC
<i>cvs lubricant eye drops ophthalmic solution 0.5 %, 0.6 %</i>	Preferred	OTC
<i>eq lubricant eye drops ophthalmic solution 0.6 %</i>	Preferred	OTC
<i>eq restore plus lubricant eye ophthalmic solution 0.5 %</i>	Preferred	OTC
<i>eq restore tears ophthalmic solution 0.5 %</i>	Preferred	OTC
<i>gnp lubricant eye drops (pf) ophthalmic solution 0.5 %</i>	Preferred	OTC
<i>gnp lubricating plus eye drops ophthalmic solution 0.5 %</i>	Preferred	OTC
<i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i>	Preferred	OTC
<i>lubricant eye drops ophthalmic solution 0.5 %, 0.6 %</i>	Preferred	OTC
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	Preferred	OTC
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	Preferred	OTC
<i>ra lubricant eye drops ophthalmic solution 0.5 %, 0.6 %</i>	Preferred	OTC
<i>sm lubricating plus ophthalmic solution 0.5 %</i>	Preferred	OTC
ALCON TEARS OPHTHALMIC SOLUTION 0.5 % (<i>hypromellose</i>)	Preferred	OTC
BIOLLE GEL TEARS OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>)	Preferred	OTC
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>)	Preferred	OTC
GENTEAL SEVERE OPHTHALMIC GEL 0.3 % (<i>hypromellose</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (<i>hypromellose</i>)	Preferred	OTC
REFRESH CELLUVISC OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>)	Preferred	OTC
THERATEARS NIGHTTIME OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>)	Preferred	OTC
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>)	Preferred	OTC
*ASTRINGENTS***		
<i>boro-packs external packet 49-51 %</i>	Preferred	OTC
<i>calamine phenolated external lotion</i>	Preferred	OTC
<i>cvs astringent solution external packet</i>	Preferred	OTC
<i>cvs diaper rash external ointment 40 %</i>	Preferred	OTC
<i>cvs zinc oxide external ointment 20 %</i>	Preferred	OTC
<i>diaper rash external ointment 40 %</i>	Preferred	OTC
<i>eq diaper rash external ointment 40 %</i>	Preferred	OTC
<i>eql baby basics diaper rash external ointment 40 %</i>	Preferred	OTC
<i>gnp calamine phenolated external lotion</i>	Preferred	OTC
<i>gnp zinc oxide external ointment 20 %</i>	Preferred	OTC
<i>hygienic cleansing external pad 50 %</i>	Preferred	OTC
<i>medicated wipes (glycerin) external pad 50 %</i>	Preferred	OTC
<i>meijer zinc oxide external ointment 20 %</i>	Preferred	OTC
<i>qc calamine external lotion</i>	Preferred	OTC
<i>qc diaper rash external ointment 40 %</i>	Preferred	OTC
<i>qc zinc oxide external ointment 20 %</i>	Preferred	OTC
<i>ra hemorrhoidal medicated external pad 50 %</i>	Preferred	OTC
<i>ra zinc oxide external ointment 20 %</i>	Preferred	OTC
<i>sb hemorrhoid external pad</i>	Preferred	OTC
<i>sm calamine phenolated external lotion</i>	Preferred	OTC
<i>sm hygienic cleansing external pad 50 %</i>	Preferred	OTC
<i>zinc oxide external ointment 20 %, 40 %</i>	Preferred	OTC
A.E.R. TRAVELER EXTERNAL PAD (<i>witch hazel-glycerin</i>)	Preferred	OTC
A.E.R. WITCH HAZEL EXTERNAL PAD (<i>witch hazel-glycerin</i>)	Preferred	OTC
BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (<i>zinc oxide</i>)	Preferred	OTC
DOMEBORO EXTERNAL PACKET (<i>alum sulfate-ca acetate</i>)	Preferred	OTC
MEDPURA ZINC OXIDE EXTERNAL OINTMENT 20 % (<i>zinc oxide</i>)	Preferred	OTC
*B-COMPLEX VITAMINS***		
<i>b complex oral capsule</i>	Preferred	OTC
<i>b complex vitamins oral capsule</i>	Preferred	OTC
<i>b-complex plus b-12 oral tablet</i>	Preferred	OTC

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<i>b-complex/b-12 oral tablet</i>	Preferred	OTC
<i>ra b-complex oral tablet</i>	Preferred	OTC
<i>ra b-complex with b-12 oral tablet</i>	Preferred	OTC
<i>vitamin b complex oral capsule</i>	Preferred	OTC
<i>vitamin b complex oral tablet</i>	Preferred	OTC
<i>vitamin-b complex oral tablet</i>	Preferred	OTC
*B-COMPLEX W/ C & CALCIUM***		
<i>gnp b-complex plus vitamin c oral tablet</i>	Preferred	OTC
<i>qc b-complex/vitamin c oral tablet</i>	Preferred	OTC
*B-COMPLEX W/ C & E + ZN***		
<i>bec/zinc oral tablet</i>	Preferred	OTC
<i>cvs stress formula/zinc oral tablet</i>	Preferred	OTC
<i>eql stress b-complex c/zinc oral tablet</i>	Preferred	OTC
<i>stress b/zinc oral tablet</i>	Preferred	OTC
<i>stress b-complex/vit c/zinc oral tablet</i>	Preferred	OTC
<i>stress formula/zinc (b-compl) oral tablet</i>	Preferred	OTC
<i>stress plus zinc oral tablet</i>	Preferred	OTC
<i>zinc-vites oral tablet</i>	Preferred	OTC
*B-COMPLEX W/ C & FOLIC ACID***		
<i>activite oral tablet 1 mg</i>	Preferred	
<i>folbee plus oral tablet</i>	Preferred	
<i>full spectrum b/vitamin c oral tablet 0.8 mg</i>	Preferred	OTC
<i>nephro vitamins oral tablet 0.8 mg</i>	Preferred	OTC
<i>renal vitamin oral tablet 0.8 mg</i>	Preferred	OTC
<i>rena-vite oral tablet</i>	Preferred	OTC
<i>rena-vite rx oral tablet 1 mg</i>	Preferred	OTC
<i>reno caps oral capsule 1 mg</i>	Preferred	
<i>tm-vite rx oral tablet 1 mg</i>	Preferred	
<i>triphrocaps oral capsule 1 mg</i>	Preferred	
<i>tronvite oral tablet 1 mg</i>	Preferred	
<i>virt-caps oral capsule 1 mg</i>	Preferred	
<i>vitasure oral tablet 1 mg</i>	Preferred	
<i>wescaps oral capsule 1 mg</i>	Preferred	
<i>b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)</i>	Preferred	
<i>DIALYVITE 800 ORAL TABLET 0.8 MG (b complex-c-folic acid)</i>	Preferred	OTC
<i>b complex-c-folic acid (Dialyvite Oral Tablet)</i>	Preferred	
<i>b complex-c-folic acid (Mynephron Oral Capsule 1 Mg)</i>	Preferred	
<i>b complex-c-folic acid (Nephronex Oral Tablet)</i>	Preferred	
<i>NEPHRO-VITE ORAL TABLET 0.8 MG (b complex-c-folic acid)</i>	Preferred	OTC
<i>b complex-c-folic acid (Renal Oral Capsule 1 Mg)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*B-COMPLEX W/ C***		
<i>b complex-c oral capsule</i>	Preferred	OTC
<i>b complex-c oral tablet</i>	Preferred	OTC
<i>b complex-vitamin c oral capsule</i>	Preferred	OTC
<i>b-complex-c oral tablet</i>	Preferred	OTC
<i>better b complex oral tablet</i>	Preferred	OTC
<i>cvs b complex plus c oral tablet</i>	Preferred	OTC
<i>cvs super b complex/c oral tablet</i>	Preferred	OTC
<i>sm super b complex/c oral tablet</i>	Preferred	OTC
<i>sm vitamin b complex/vitamin c oral tablet</i>	Preferred	OTC
<i>super b complex/vitamin c oral tablet</i>	Preferred	OTC
<i>super b/c oral capsule</i>	Preferred	OTC
<i>super b-complex + vitamin c oral tablet</i>	Preferred	OTC
<i>vitamin b + c complex oral tablet</i>	Preferred	OTC
<i>vitamin b complex-c oral capsule</i>	Preferred	OTC
ALLBEE/C ORAL TABLET (<i>b complex-c</i>)	Preferred	OTC
*B-COMPLEX W/ C-ZN & FOLIC ACID***		
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG (<i>b complex-c-zn-folic acid</i>)	Preferred	OTC
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG (<i>b complex-c-zn-folic acid</i>)	Preferred	OTC
*B-COMPLEX W/ MINERALS***		
ELDERTONIC ORAL LIQUID (<i>b complex-minerals</i>)	Preferred	OTC
*BENZODIAZEPINES***		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	QL (4 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	Preferred	QL (5 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	Preferred	QL (30 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	Preferred	QL (12 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	Preferred	QL (4 EA per 1 day)
<i>diazepam oral concentrate 5 mg/ml</i>	Preferred	
<i>diazepam oral solution 5 mg/5ml</i>	Preferred	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Preferred	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	Preferred	QL (5 EA per 1 day)
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/MI)</i>	Preferred	
*BETA ADRENERGICS***		
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Preferred	
*BIOTIN***		
<i>biotin maximum strength oral capsule 5000 mcg</i>	Preferred	OTC
<i>biotin oral capsule 5 mg, 5000 mcg</i>	Preferred	OTC

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<i>cvs biotin oral capsule 5000 mcg</i>	Preferred	OTC
<i>eql biotin oral capsule 5000 mcg</i>	Preferred	OTC
<i>gnp biotin oral capsule 5000 mcg</i>	Preferred	OTC
<i>sm biotin oral capsule 5000 mcg</i>	Preferred	OTC
<i>super biotin oral capsule 5000 mcg</i>	Preferred	OTC
MERIBIN ORAL CAPSULE 5 MG (<i>biotin</i>)	Preferred	OTC
*BIPHASIC CONTRACEPTIVES - ORAL***		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Preferred	Max 365-day supply per 1 Fill
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	Preferred	Max 365-day supply per 1 Fill
*BOWEL EVACUANT COMBINATIONS***		
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Preferred	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Preferred	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	Preferred	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	Preferred	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Preferred	
<i>peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)</i>	Preferred	
*BULK CHEMICALS - CI***		
<i>citrulline powder</i>	Preferred	
<i>l-citrulline powder</i>	Preferred	
*BULK LAXATIVES***		
<i>cvs daily fiber oral capsule 0.52 gm</i>	Preferred	OTC
<i>cvs daily fiber oral packet 58.6 %</i>	Preferred	OTC
<i>cvs fiber laxative oral tablet 625 mg</i>	Preferred	OTC
<i>cvs fiber oral capsule 0.52 gm</i>	Preferred	OTC
<i>cvs natural daily fiber oral powder 58.6 %</i>	Preferred	OTC
<i>cvs natural fiber supplement oral powder 100 %</i>	Preferred	OTC
<i>cvs soluble fiber therapy oral tablet 500 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>daily fiber oral packet 51.7 %</i>	Preferred	OTC
<i>daily fiber oral powder 51.7 %</i>	Preferred	OTC
<i>eq daily fiber oral powder 25 %, 51.7 %</i>	Preferred	OTC
<i>eq fiber therapy oral capsule 0.52 gm</i>	Preferred	OTC
<i>eq fiber therapy oral tablet 500 mg, 625 mg</i>	Preferred	OTC
<i>eql fiber laxative oral tablet 625 mg</i>	Preferred	OTC
<i>eql fiber therapy oral powder 28.3 %</i>	Preferred	OTC
<i>eql fiber therapy oral tablet 500 mg</i>	Preferred	OTC
<i>eql natural fiber oral powder 28.3 %</i>	Preferred	OTC
<i>eql smooth texture fiber oral powder 51.7 %</i>	Preferred	OTC
<i>fiber laxative + calcium oral tablet 625 mg</i>	Preferred	OTC
<i>fiber laxative oral tablet 625 mg</i>	Preferred	OTC
<i>fiber oral powder 28.3 %</i>	Preferred	OTC
<i>fiber oral tablet 625 mg</i>	Preferred	OTC
<i>fiber therapy oral tablet 500 mg</i>	Preferred	OTC
<i>fiber-lax oral tablet 625 mg</i>	Preferred	OTC
<i>ft fiber laxative oral tablet 500 mg, 625 mg</i>	Preferred	OTC
<i>ft fiber oral powder 25 %, 51.7 %</i>	Preferred	OTC
<i>geri-mucil oral powder 25 %, 51.7 %</i>	Preferred	OTC
<i>gnp fiber therapy oral tablet 500 mg</i>	Preferred	OTC
<i>gnp fiber-caps oral tablet 625 mg</i>	Preferred	OTC
<i>gnp natural fiber oral capsule 0.52 gm</i>	Preferred	OTC
<i>gnp natural fiber oral powder 28.3 %</i>	Preferred	OTC
<i>goodsense fiber oral tablet 500 mg</i>	Preferred	OTC
<i>goodsense psyllium fiber oral powder 51.7 %</i>	Preferred	OTC
<i>hm fiber oral powder 51.7 %</i>	Preferred	OTC
<i>hm fiber powder oral powder 25 %</i>	Preferred	OTC
<i>natural fiber laxative oral powder 28.3 %, 58.6 %</i>	Preferred	OTC
<i>natural fiber oral powder 58.6 %</i>	Preferred	OTC
<i>natural psyllium seed oral powder 100 %</i>	Preferred	OTC
<i>psyllium fiber oral capsule 0.52 gm</i>	Preferred	OTC
<i>qc fiber laxative oral capsule 0.52 gm</i>	Preferred	OTC
<i>qc fiber oral tablet 625 mg</i>	Preferred	OTC
<i>qc fiber therapy oral powder 25 %, 51.7 %</i>	Preferred	OTC
<i>qc fiber therapy oral tablet 500 mg</i>	Preferred	OTC
<i>qc natural vegetable oral powder 95 %</i>	Preferred	OTC
<i>ra multihealth fiber oral powder 58.6 %</i>	Preferred	OTC
<i>sb fiber laxative oral tablet 625 mg</i>	Preferred	OTC
<i>sm fiber laxative oral tablet 500 mg</i>	Preferred	OTC
<i>sm fiber oral powder 28.3 %, 51.7 %, 58.6 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>sm fiber oral tablet 625 mg</i>	Preferred	OTC
<i>sm fiber powder oral powder 25 %</i>	Preferred	OTC
EQUALACTIN ORAL TABLET CHEWABLE 625 MG (<i>calcium polycarbophil</i>)	Preferred	OTC
EVAC ORAL POWDER (<i>psyllium</i>)	Preferred	OTC
FIBERCON ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	Preferred	OTC
HYDROCIL ORAL PACKET 95 % (<i>psyllium</i>)	Preferred	OTC
KONSYL DAILY PSYLLIUM FIBER ORAL POWDER 25 % (<i>psyllium</i>)	Preferred	OTC
MEDI-MUCIL ORAL CAPSULE 0.52 GM (<i>psyllium</i>)	Preferred	OTC
METAMUCIL 4 IN 1 FIBER ORAL PACKET 51.7 % (<i>psyllium</i>)	Preferred	OTC
METAMUCIL ORAL WAFER (<i>psyllium</i>)	Preferred	OTC
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 % (<i>psyllium</i>)	Preferred	OTC
ONELAX FIBER THERAPY ORAL POWDER 25 % (<i>psyllium</i>)	Preferred	OTC
REGULOID ORAL CAPSULE 0.52 GM (<i>psyllium</i>)	Preferred	OTC
REGULOID ORAL POWDER 28.3 %, 51.7 % (<i>psyllium</i>)	Preferred	OTC
SOLUBLE FIBER THERAPY ORAL POWDER (<i>methylcellulose (laxative)</i>)	Preferred	OTC
WAL-MUCIL ORAL CAPSULE 0.52 GM (<i>psyllium</i>)	Preferred	OTC
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 51.7 %, 58.6 % (<i>psyllium</i>)	Preferred	OTC
*BURN PRODUCTS***		
<i>silver sulfadiazine external cream 1 %</i>	Preferred	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	Preferred	
*CALCIMIMETIC AGENTS***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Preferred	PA; QL (2 EA per 1 day)
*CALCIUM COMBINATIONS***		
<i>600+d3 oral tablet 600-20 mg-mcg</i>	Preferred	OTC
<i>calcitrate plus d oral tablet 315-5 mg-mcg</i>	Preferred	OTC
<i>cal-citrate plus vitamin d oral tablet 250-2.5 mg-mcg</i>	Preferred	OTC
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg</i>	Preferred	OTC
<i>calcium 1000 + d oral tablet 1000-20 mg-mcg</i>	Preferred	OTC
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg</i>	Preferred	OTC
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg, 500-5 mg-mcg</i>	Preferred	OTC
<i>calcium 500/d oral tablet 500-5 mg-mcg</i>	Preferred	OTC
<i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i>	Preferred	OTC
<i>calcium 500+d high potency oral tablet 500-10 mg-mcg</i>	Preferred	OTC
<i>calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	OTC
<i>calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>calcium 600 + d oral tablet 600-5 mg-mcg</i>	Preferred	OTC
<i>calcium 600 + minerals oral tablet 600-200 mg-unit</i>	Preferred	OTC
<i>calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	Preferred	OTC
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	Preferred	OTC
<i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	OTC
<i>calcium 600+d high potency oral tablet 600-10 mg-mcg</i>	Preferred	OTC
<i>calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Preferred	OTC
<i>calcium 600+d plus minerals oral tablet 600-400 mg-unit</i>	Preferred	OTC
<i>calcium 600+d plus minerals oral tablet chewable 600-400 mg-unit</i>	Preferred	OTC
<i>calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i>	Preferred	OTC
<i>calcium 600+d3 plus minerals oral tablet 600-800 mg-unit</i>	Preferred	OTC
<i>calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit</i>	Preferred	OTC
<i>calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i>	Preferred	OTC
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i>	Preferred	OTC
<i>calcium carbonate-vitamin d oral capsule 600-5 mg-mcg</i>	Preferred	OTC
<i>calcium carbonate-vitamin d oral tablet 600-5 mg-mcg</i>	Preferred	OTC
<i>calcium citrate + d oral tablet 315-5 mg-mcg</i>	Preferred	OTC
<i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg</i>	Preferred	OTC
<i>calcium citrate + oral tablet 315-5 mg-mcg</i>	Preferred	OTC
<i>calcium citrate malate-vit d oral tablet 250-2.5 mg-mcg</i>	Preferred	OTC
<i>calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	Preferred	OTC
<i>calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 315-5 mg-mcg</i>	Preferred	OTC
<i>calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>calcium creamies oral tablet chewable 600-10 mg-mcg</i>	Preferred	OTC
<i>calcium gummies oral tablet chewable 250-100-500 mg-unit</i>	Preferred	OTC
<i>calcium high potency/vitamin d oral tablet 600-5 mg-mcg</i>	Preferred	OTC
<i>calcium magnesium zinc oral tablet 333-133-5 mg</i>	Preferred	OTC
<i>calcium plus d3 absorbable oral capsule 600-62.5 mg-mcg</i>	Preferred	OTC
<i>calcium plus vitamin d oral tablet 500-5 mg-mcg</i>	Preferred	OTC
<i>calcium plus vitamin d3 oral capsule 600-12.5 mg-mcg</i>	Preferred	OTC
<i>calcium plus vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	OTC
<i>calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>calcium/vitamin d3/adult gummy oral tablet chewable 250-100-500 mg-mg-unit</i>	Preferred	OTC
<i>calcium+d3 gradual release oral tablet extended release 24 hour 600-40-500 mg-mg-unit</i>	Preferred	OTC
<i>calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg</i>	Preferred	OTC
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg</i>	Preferred	OTC
<i>calcium-vitamin d oral tablet 600-3.125 mg-mcg</i>	Preferred	OTC
<i>calcium-vitamin d3 oral capsule 600-12.5 mg-mcg</i>	Preferred	OTC
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>	Preferred	OTC
<i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit, 600-800 mg-unit</i>	Preferred	OTC
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	Preferred	OTC
<i>cvs calcium + d3 oral tablet 600-20 mg-mcg</i>	Preferred	OTC
<i>cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	OTC
<i>cvs calcium 600 + d/minerals oral tablet 600-800 mg-unit</i>	Preferred	OTC
<i>cvs calcium 600 + d/minerals oral tablet chewable 600-800 mg-unit</i>	Preferred	OTC
<i>cvs calcium 600+d oral tablet 600-20 mg-mcg</i>	Preferred	OTC
<i>cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	Preferred	OTC
<i>cvs calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	Preferred	OTC
<i>cvs calcium-vitamin d oral tablet chewable 250-10 mg-mcg</i>	Preferred	OTC
<i>cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg</i>	Preferred	OTC
<i>eq calcium 500+d oral tablet 500-5 mg-mcg</i>	Preferred	OTC
<i>eq calcium 600+d oral tablet 600-20 mg-mcg</i>	Preferred	OTC
<i>eq calcium 600+d+minerals oral tablet 600-800 mg-unit</i>	Preferred	OTC
<i>eq calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>eq calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>eq calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	Preferred	OTC
<i>eq calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>eq calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>eq calcium gummies oral tablet chewable 250-10 mg-mcg</i>	Preferred	OTC
<i>eq calcium/vitamin d oral tablet 600-10 mg-mcg</i>	Preferred	OTC
<i>eq calcium/vitamin d3 oral tablet 600-20 mg-mcg</i>	Preferred	OTC
<i>finest nutrition calcium/vit d oral capsule 600-12.5 mg-mcg</i>	Preferred	OTC
<i>gnp calcium 500 +d3 oral tablet 500-15 mg-mcg</i>	Preferred	OTC
<i>gnp calcium 600 +d/minerals oral tablet 600-800 mg-unit</i>	Preferred	OTC
<i>gnp calcium 600 +d3 oral tablet 600-20 mg-mcg</i>	Preferred	OTC
<i>gnp calcium 600 +d3/minerals oral tablet chewable 600-800 mg-unit</i>	Preferred	OTC
<i>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>hm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i>	Preferred	OTC
<i>hm calcium-vitamin d-minerals oral tablet 600-400 mg-unit</i>	Preferred	OTC
<i>kp calcium 600+d oral capsule 600-12.5 mg-mcg</i>	Preferred	OTC
<i>kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg</i>	Preferred	OTC
<i>kp calcium 600+d3 oral capsule 600-12.5 mg-mcg</i>	Preferred	OTC
<i>kp calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>kp calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	Preferred	OTC
<i>liquid calcium with d3 oral capsule 600-12.5 mg-mcg, 600-25 mg-mcg</i>	Preferred	OTC
<i>liquid calcium/vitamin d oral capsule 600-5 mg-mcg</i>	Preferred	OTC
<i>nat-rul oyster calcium+vit d oral tablet 500-3.125 mg-mcg</i>	Preferred	OTC
<i>oyster calcium/d3 oral tablet 500-5 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium + d3 oral tablet 500-10 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium oral tablet 500-10 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium plus d oral tablet 500-5 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	Preferred	OTC
<i>qc calcium 600 +d3/minerals oral tablet chewable 600-800 mg-unit</i>	Preferred	OTC
<i>qc calcium/minerals/vitamin d oral tablet 600-400 mg-unit</i>	Preferred	OTC
<i>ra calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i>	Preferred	OTC
<i>ra calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	Preferred	OTC
<i>ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg</i>	Preferred	OTC
<i>ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>ra calcium citrate plus vit d oral tablet 315-5 mg-mcg</i>	Preferred	OTC
<i>ra calcium cit-vit d-3 petites oral tablet 200-6.25 mg-mcg</i>	Preferred	OTC
<i>ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Preferred	OTC
<i>ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg</i>	Preferred	OTC
<i>ra calcium/vitamin d/minerals oral tablet 600-400 mg-unit</i>	Preferred	OTC
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>sb calcium + d oral tablet 600-5 mg-mcg</i>	Preferred	OTC
<i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i>	Preferred	OTC
<i>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	Preferred	OTC
<i>sm calcium 600+d plus minerals oral tablet chewable 600-800 mg-unit</i>	Preferred	OTC
<i>sm calcium 600+d3 oral tablet 600-20 mg-mcg</i>	Preferred	OTC
<i>sm calcium citrate+/vit d3 oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>sm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i>	Preferred	OTC
<i>sm calcium citrate+vit d3 max oral tablet 315-6.25 mg-mcg</i>	Preferred	OTC
<i>sm calcium citrate-vit d oral tablet 315-5 mg-mcg</i>	Preferred	OTC
<i>sm calcium/vitamin d oral tablet 500-5 mg-mcg, 600-20 mg-mcg</i>	Preferred	OTC
<i>sm calcium/vitamin d3 oral tablet 600-800 mg-unit</i>	Preferred	OTC
<i>sm calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	Preferred	OTC
<i>sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	Preferred	OTC
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>	Preferred	OTC
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>	Preferred	OTC
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	Preferred	OTC
CAL-QUICK ORAL LIQUID 500-10 MG-MCG/5ML (<i>calcium carb-cholecalciferol</i>)	Preferred	OTC
CALTRATE 600+D PLUS MINERALS ORAL TABLET CHEWABLE 600-800 MG-UNIT (<i>calcium carbonate-vit d-min</i>)	Preferred	OTC
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	OTC
CALTRATE BONE HEALTH ADVANCED ORAL TABLET CHEWABLE 600-800 MG-UNIT (<i>calcium carbonate-vit d-min</i>)	Preferred	OTC
CITRACAL +D3 ORAL TABLET CHEWABLE 250-107-500 MG-MG-UNIT (<i>calcium-phosphorus-vitamin d</i>)	Preferred	OTC
MAGNEBIND 300 ORAL TABLET 250-300 MG (<i>calcium carb-magnesium carb</i>)	Preferred	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	OTC
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	OTC
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	OTC
RA HI CAL ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
UPCAL D ORAL PACKET 500-12.5 MG-MCG (<i>calcium citrate-vitamin d</i>)	Preferred	OTC
UPCAL D ORAL POWDER 500-12.5 MG-MCG/5GM (<i>calcium citrate-vitamin d</i>)	Preferred	OTC
*CALCIUM***		
<i>calcium 600 high potency oral tablet 600 mg</i>	Preferred	OTC
<i>calcium 600 oral tablet 1500 (600 ca) mg, 600 mg</i>	Preferred	OTC
<i>calcium carbonate oral powder 800 mg/2gm</i>	Preferred	OTC
<i>calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg</i>	Preferred	OTC
<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg, 260 mg</i>	Preferred	OTC
<i>calcium citrate oral granules 760 mg/3.5gm</i>	Preferred	OTC
<i>calcium citrate oral tablet 250 mg, 950 (200 ca) mg</i>	Preferred	OTC
<i>calcium high potency oral tablet 1500 (600 ca) mg</i>	Preferred	OTC
<i>calcium lactate oral tablet 100 mg</i>	Preferred	OTC
<i>calcium oyster shell oral tablet 1250 (500 ca) mg, 500 mg</i>	Preferred	OTC
<i>cal-mint oral tablet chewable 260 mg</i>	Preferred	OTC
<i>chelated calcium oral tablet 200 mg</i>	Preferred	OTC
<i>cvs calcium carbonate oral tablet 1250 (500 ca) mg</i>	Preferred	OTC
<i>cvs calcium oral tablet 600 mg</i>	Preferred	OTC
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>	Preferred	OTC
<i>oyster shell calcium oral tablet 500 mg</i>	Preferred	OTC
<i>pure calcium carbonate oral tablet 1500 (600 ca) mg</i>	Preferred	OTC
<i>qc calcium fast dissolution oral tablet 1500 (600 ca) mg</i>	Preferred	OTC
<i>ra calcium 600 oral tablet 1500 (600 ca) mg</i>	Preferred	OTC
<i>ra calcium high potency oral tablet 600 mg</i>	Preferred	OTC
<i>ra calcium oral tablet 500 mg</i>	Preferred	OTC
<i>sb oyster shell calcium oral tablet 500 mg</i>	Preferred	OTC
<i>super calcium oral tablet 1500 (600 ca) mg</i>	Preferred	OTC
SM CORAL CALCIUM ORAL TABLET 1000 (390 CA) MG (<i>coral calcium</i>)	Preferred	OTC
*CARBOHYDRATES***		
<i>cvs glucose shot oral liquid</i>	Preferred	OTC
<i>dextrose intravenous solution 5 %</i>	Preferred	
<i>gluco shot oral liquid</i>	Preferred	OTC
<i>glucose oral liquid</i>	Preferred	OTC
*CARBONIC ANHYDRASE INHIBITORS***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Preferred	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*CARDIAC GLYCOSIDES***		
<i>digoxin oral solution 0.05 mg/ml</i>	Preferred	Max 90-day supply per 1 Fill
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Preferred	Max 90-day supply per 1 Fill
*CEPHALOSPORINS - 1ST GENERATION***		
<i>cefadroxil oral capsule 500 mg</i>	Preferred	
<i>cefadroxil oral suspension reconstituted 500 mg/5ml</i>	Preferred	
<i>cefadroxil oral tablet 1 gm</i>	Preferred	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Preferred	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Preferred	
*CHELATING AGENTS***		
<i>penicillamine oral tablet 250 mg</i>	Preferred	PA; QL (4 EA per 1 day)
*CHLORINE ANTISEPTICS***		
<i>H-CHLOR 12 EXTERNAL SOLUTION 0.125 % (sodium hypochlorite)</i>	Preferred	OTC
<i>HYSEPT EXTERNAL SOLUTION 0.25 % (sodium hypochlorite)</i>	Preferred	OTC
*CITRATES***		
<i>cytra-2 oral solution 500-334 mg/5ml</i>	Preferred	OTC
<i>cytra-k oral solution 1100-334 mg/5ml</i>	Preferred	OTC
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Preferred	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Preferred	
<i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>	Preferred	
*COBALAMINS***		
<i>b-12 (methylcobalamin) sublingual tablet sublingual 1000 mcg</i>	Preferred	OTC
<i>b-12 oral capsule 1000 mcg</i>	Preferred	OTC
<i>b-12 oral lozenge 1000 mcg</i>	Preferred	OTC
<i>b-12 oral tablet 100 mcg, 1000 mcg, 2000 mcg, 250 mcg, 2500 mcg, 50 mcg, 500 mcg</i>	Preferred	OTC
<i>b-12 oral tablet extended release 1000 mcg</i>	Preferred	OTC
<i>b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 500 mcg</i>	Preferred	OTC
<i>b-12 super strength sublingual liquid 5000 mcg/ml</i>	Preferred	OTC
<i>b-12 tr oral tablet extended release 1000 mcg</i>	Preferred	OTC
<i>b-12-sl sublingual tablet sublingual 1000 mcg</i>	Preferred	OTC
<i>cvs b12 oral liquid 1000 mcg/15ml</i>	Preferred	OTC
<i>cvs b-12 oral liquid 1000 mcg/15ml</i>	Preferred	OTC
<i>cvs b-12 oral tablet 500 mcg</i>	Preferred	OTC
<i>cvs vitamin b12 oral tablet 1000 mcg</i>	Preferred	OTC
<i>cvs vitamin b-12 oral tablet 1000 mcg</i>	Preferred	OTC
<i>cvs vitamin b12 oral tablet extended release 1000 mcg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Preferred	
<i>eql b-12 oral tablet 1000 mcg</i>	Preferred	OTC
<i>eql vitamin b-12 oral tablet 500 mcg</i>	Preferred	OTC
<i>eql vitamin b-12 tr oral tablet extended release 1000 mcg</i>	Preferred	OTC
<i>gnp b-12 sublingual tablet sublingual 2500 mcg</i>	Preferred	OTC
<i>gnp vitamin b-12 oral tablet 500 mcg</i>	Preferred	OTC
<i>gnp vitamin b-12 oral tablet extended release 1000 mcg</i>	Preferred	OTC
<i>kp vitamin b-12 oral tablet 1000 mcg</i>	Preferred	OTC
<i>methylcobalamin oral tablet dispersible 5000 mcg</i>	Preferred	OTC
<i>qc vitamin b12 oral tablet 500 mcg</i>	Preferred	OTC
<i>qc vitamin b12 oral tablet extended release 1000 mcg</i>	Preferred	OTC
<i>ra vitamin b-12 oral liquid 1000 mcg/ml</i>	Preferred	OTC
<i>ra vitamin b-12 oral tablet 100 mcg</i>	Preferred	OTC
<i>ra vitamin b-12 tr oral tablet extended release 1000 mcg</i>	Preferred	OTC
<i>sm vitamin b-12 oral tablet 100 mcg, 500 mcg</i>	Preferred	OTC
<i>sm vitamin b12 tr oral tablet extended release 1000 mcg</i>	Preferred	OTC
<i>sv vitamin b-12 er oral tablet extended release 1000 mcg</i>	Preferred	OTC
<i>vitamin b 12 oral tablet 500 mcg</i>	Preferred	OTC
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	Preferred	OTC
<i>vitamin b-12 oral liquid 1000 mcg/15ml</i>	Preferred	OTC
<i>vitamin b12 oral tablet 100 mcg</i>	Preferred	OTC
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 50 mcg, 500 mcg</i>	Preferred	OTC
<i>vitamin b12 oral tablet extended release 1000 mcg</i>	Preferred	OTC
<i>vitamin b12 sublingual liquid 3000 mcg/ml</i>	Preferred	OTC
<i>vitamin b-12 sublingual liquid 3000 mcg/ml</i>	Preferred	OTC
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 500 mcg</i>	Preferred	OTC
<i>vitamin b12 sublingual tablet sublingual 3000 mcg</i>	Preferred	OTC
B-12 DOTS ORAL TABLET DISPERSIBLE 500 MCG (cyanocobalamin)	Preferred	OTC
B-12 MICROLOZENGE SUBLINGUAL TABLET SUBLINGUAL 500 MCG (cyanocobalamin)	Preferred	OTC
<i>cyanocobalamin (Dodex Injection Solution 1000 Mcg/MI)</i>	Preferred	
FINEST NUTRITION VITAMIN B-12 ORAL TABLET 500 MCG (cyanocobalamin)	Preferred	OTC
*COMBINATION CONTRACEPTIVES - ORAL***		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Preferred	Max 365-day supply per 1 Fill
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)</i>	Preferred	Max 365-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill

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

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<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill

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<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	Preferred	Max 365-day supply per 1 Fill
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	Preferred	Max 365-day supply per 1 Fill
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	Preferred	Max 365-day supply per 1 Fill
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	Preferred	QL (0.12 EA per 1 day); Max 365-day supply per 1 Fill
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	Preferred	QL (0.12 EA per 1 day); Max 365-day supply per 1 Fill
*COMBINATION CONTRACEPTIVES - VAGINAL***		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Preferred	QL (0.04 EA per 1 day); Max 365-day supply per 1 Fill
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	Preferred	QL (0.04 EA per 1 day); Max 365-day supply per 1 Fill
<i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)	Preferred	QL (0.04 EA per 1 day); Max 365-day supply per 1 Fill
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	Preferred	QL (0.04 EA per 1 day); Max 365-day supply per 1 Fill
*CONDOMS - MALE***		
<i>aimsco lubricated</i>	Preferred	OTC
<i>kimono</i>	Preferred	OTC
<i>kimono micro thin</i>	Preferred	OTC
<i>kimono micro thin plus</i>	Preferred	OTC
<i>kimono plus</i>	Preferred	OTC
<i>kimono ps</i>	Preferred	OTC

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
<i>kimono ps plus</i>	Preferred	OTC
<i>kimono sensation</i>	Preferred	OTC
<i>kimono sensation plus</i>	Preferred	OTC
<i>maxx</i>	Preferred	OTC
<i>maxx plus</i>	Preferred	OTC
DUREX EXTRA SENSITIVE THIN DEVICE (<i>condoms latex lubricated</i>)	Preferred	OTC
DUREX REALFEEL DEVICE (<i>condoms non-latex lubricated</i>)	Preferred	OTC
FANTASY LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	OTC
FANTASY LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Preferred	OTC
KAMELEON LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	OTC
KIMONO COLORS DEVICE (<i>condoms latex lubricated</i>)	Preferred	OTC
KIMONO SPECIAL DEVICE (<i>condoms latex lubricated</i>)	Preferred	OTC
REALITY LATEX CONDOMS (<i>condoms latex lubricated</i>)	Preferred	OTC
REALITY LATEX/ULTRA TEXTURED DEVICE (<i>condoms latex lubricated</i>)	Preferred	OTC
REALITY LATEX/ULTRA THIN DEVICE (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX COLOR CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX LUB/RIBBED/STUDDDED (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX LUB/SPERMICIDE EX ST (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX LUB/SPERMICIDE XL (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX LUBRICATED EXTRA ST (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX NATURAL CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Preferred	OTC
TRUSTEX RIA LUB/SPERMICIDE (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>)	Preferred	OTC
TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Preferred	OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>condoms latex lubricated</i>)	Preferred	OTC
*CORTICOSTEROIDS - TOPICAL***		
<i>beta hc external lotion 1 %</i>	Preferred	OTC
<i>cvs cortisone maximum strength external lotion 1 %</i>	Preferred	OTC
<i>hydrocortisone external lotion 1 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>hydrocortisone external ointment 0.5 %</i>	Preferred	OTC
<i>scalp relief maximum strength external solution 1 %</i>	Preferred	OTC
<i>sm hydrocortisone external ointment 0.5 %</i>	Preferred	OTC
AQUANIL HC EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	Preferred	OTC
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	Preferred	OTC
CORTIZONE-10 ECZEMA EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	Preferred	OTC
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	Preferred	OTC
CORTIZONE-10 PSORIASIS EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	Preferred	OTC
DERMAREST ECZEMA EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	Preferred	OTC
SARNOL-HC EXTERNAL LOTION 1 % (<i>hydrocortisone</i>)	Preferred	OTC
SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION 1 % (<i>hydrocortisone</i>)	Preferred	OTC
*CYCLOPLEGIC MYDRIATICS***		
<i>atropine sulfate ophthalmic solution 1 %</i>	Preferred	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Preferred	
<i>tropicamide ophthalmic solution 1 %</i>	Preferred	
*CYCLOSPORINE ANALOGS***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Preferred	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Preferred	
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i>	Preferred	
<i>cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)</i>	Preferred	
*DECONGESTANT & ANTIHISTAMINE***		
<i>allergy relief d oral tablet 4-60 mg</i>	Preferred	OTC
<i>childrens cold & allergy oral elixir 1-2.5 mg/5ml</i>	Preferred	OTC
<i>cold & allergy d oral tablet 2.5-60 mg</i>	Preferred	OTC
<i>cold & allergy oral elixir 1-2.5 mg/5ml</i>	Preferred	OTC
<i>cvs cold & cough nighttime oral liquid 6.25-2.5 mg/5ml</i>	Preferred	OTC
<i>cvs sinus pe/allergy max st oral tablet 4-10 mg</i>	Preferred	OTC
<i>eql sinus & allergy pe oral tablet 4-10 mg</i>	Preferred	OTC
<i>glenmax peb oral liquid 4-10 mg/5ml</i>	Preferred	OTC
<i>night time cold & cough oral syrup 6.25-2.5 mg/5ml</i>	Preferred	OTC
<i>nohist-lq oral liquid 4-10 mg/5ml</i>	Preferred	OTC
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	Preferred	AGE (Min 6 Years)
<i>ra suphedrine pe oral tablet 4-10 mg</i>	Preferred	OTC
<i>rynex pe oral elixir 1-2.5 mg/5ml</i>	Preferred	OTC
<i>rynex pse oral liquid 1-15 mg/5ml</i>	Preferred	OTC
<i>sb cold & allergy childrens oral elixir 1-2.5 mg/5ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>sb sinus & allergy max st oral tablet 4-10 mg</i>	Preferred	OTC
<i>sm cold & allergy childrens oral elixir 1-15 mg/5ml</i>	Preferred	OTC
<i>sm cold & allergy pe oral tablet 4-10 mg</i>	Preferred	OTC
<i>sm sinus & allergy max st oral tablet 4-60 mg</i>	Preferred	OTC
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	Preferred	OTC
ACTICON ORAL SOLUTION 1-30 MG/5ML (<i>dexbrompheniramine-pseudoeph</i>)	Preferred	OTC
ACTICON ORAL TABLET 2-60 MG (<i>dexbrompheniramine-pseudoeph</i>)	Preferred	OTC
APRODINE ORAL TABLET 2.5-60 MG (<i>triprolidine-pseudoephedrine</i>)	Preferred	OTC
CONEX COLD/ALLERGY ORAL SOLUTION 1-30 MG/5ML (<i>dexbrompheniramine-pseudoeph</i>)	Preferred	OTC
CONEX COLD/ALLERGY ORAL TABLET 2-60 MG (<i>dexbrompheniramine-pseudoeph</i>)	Preferred	OTC
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML (<i>diphenhydramine-phenylephrine</i>)	Preferred	OTC
ED A-HIST ORAL LIQUID 4-10 MG/5ML (<i>chlorpheniramine-phenylephrine</i>)	Preferred	OTC
ED A-HIST ORAL TABLET 4-10 MG (<i>chlorpheniramine-phenylephrine</i>)	Preferred	OTC
KINDERMED NIGHT COLD & CGH KID ORAL SYRUP 6.25-2.5 MG/5ML (<i>diphenhydramine-phenylephrine</i>)	Preferred	OTC
LOHIST-D ORAL LIQUID 2-30 MG/5ML (<i>chlorpheniramine-pseudoeph</i>)	Preferred	OTC
SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine-pseudoeph</i>)	Preferred	OTC
*DECONGESTANT W/ EXPECTORANT***		
<i>cvs mucus d extended release oral tablet extended release 12 hour 60-600 mg</i>	Preferred	OTC
<i>cvs mucus d max st er oral tablet extended release 12 hour 1200-120 mg</i>	Preferred	OTC
<i>cvs stuffy nose & cold child oral liquid 2.5-100 mg/5ml</i>	Preferred	OTC
<i>ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg</i>	Preferred	OTC
<i>maxi-tuss pe jr oral liquid 2.5-50 mg/5ml</i>	Preferred	OTC
<i>mucus d oral tablet extended release 12 hour 120-1200 mg</i>	Preferred	OTC
<i>mucus relief d 12hr er oral tablet extended release 12 hour 60-600 mg</i>	Preferred	OTC
<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	Preferred	OTC
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	Preferred	OTC
<i>ra mucus relief d max strength oral tablet extended release 12 hour 120-1200 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>ra mucus relief d oral tablet extended release 12 hour 60-600 mg, 600-60 mg</i>	Preferred	OTC
MUCINEX STUFFY NOSE & CHEST ORAL LIQUID 2.5-100 MG/5ML (<i>phenylephrine-guaifenesin</i>)	Preferred	OTC
SUPRESS-PE PEDIATRIC ORAL LIQUID 2.5-50 MG/ML (<i>phenylephrine-guaifenesin</i>)	Preferred	OTC
TRIAMINIC CHEST/NASAL CONGEST ORAL LIQUID 2.5-50 MG/5ML (<i>phenylephrine-guaifenesin</i>)	Preferred	OTC
TUSSI-PRES PE PEDIATRIC ORAL LIQUID 2.5-100 MG/5ML (<i>phenylephrine-guaifenesin</i>)	Preferred	OTC
*DECONGESTANT-ANALGESIC***		
<i>cold & sinus oral tablet 30-200 mg</i>	Preferred	OTC
<i>cvs cold & sinus relief oral tablet 30-200 mg</i>	Preferred	OTC
<i>cvs sinus headache pe oral tablet 5-325 mg</i>	Preferred	OTC
<i>cvs sinus pain/congestion day oral tablet 5-325 mg</i>	Preferred	OTC
<i>gnp sinus pressure/pain oral tablet 5-325 mg</i>	Preferred	OTC
<i>gnp sinus/headache oral tablet 5-325 mg</i>	Preferred	OTC
<i>goodsense pressure/pain pe oral tablet 5-325 mg</i>	Preferred	OTC
<i>hm cold & sinus relief oral tablet 30-200 mg</i>	Preferred	OTC
<i>ibuprofen cold & sinus oral tablet 30-200 mg</i>	Preferred	OTC
<i>qc ibuprofen cold/sinus oral tablet 30-200 mg</i>	Preferred	OTC
<i>qc sinus & headache oral tablet 5-325 mg</i>	Preferred	OTC
<i>ra cold & sinus relief oral tablet 30-200 mg</i>	Preferred	OTC
<i>ra ibu-profen cold/sinus oral tablet 30-200 mg</i>	Preferred	OTC
<i>ra sinus congestion/pain day oral tablet 5-325 mg</i>	Preferred	OTC
<i>ra suphedrine pe oral tablet 5-325 mg</i>	Preferred	OTC
<i>sb daytime sinus oral capsule 5-325 mg</i>	Preferred	OTC
<i>sb sinus congestion/pain day oral tablet 5-325 mg</i>	Preferred	OTC
<i>sinus + headache oral tablet 5-325 mg</i>	Preferred	OTC
<i>sinus congestion/pain daytime oral tablet 5-325 mg</i>	Preferred	OTC
<i>sinus congestion/pain oral tablet 5-325 mg</i>	Preferred	OTC
<i>sinus pressure + pain oral tablet 5-325 mg</i>	Preferred	OTC
<i>sm cold & sinus relief oral tablet 30-200 mg</i>	Preferred	OTC
NEXAFED SINUS PRESSURE + PAIN ORAL TABLET 30-325 MG (<i>pseudoephedrine-acetaminophen</i>)	Preferred	OTC
PANADOL COLD/FLU ORAL TABLET 5-325 MG (<i>phenylephrine-acetaminophen</i>)	Preferred	OTC
SUDAFED PE SINUS PRESSURE+PAIN ORAL TABLET 5-325 MG (<i>phenylephrine-acetaminophen</i>)	Preferred	OTC
TYLENOL SINUS+HEADACHE ORAL TABLET 5-325 MG (<i>phenylephrine-acetaminophen</i>)	Preferred	OTC
VICKS SINEX DAYTIME ORAL CAPSULE 5-325 MG (<i>phenylephrine-acetaminophen</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
WAL-FLU SEVERE COLD DAYTIME ORAL PACKET 10-650 MG (phenylephrine-acetaminophen)	Preferred	OTC
WAL-PROFEN COLD & SINUS ORAL TABLET 30-200 MG (pseudoephedrine-ibuprofen)	Preferred	OTC
*DECONGESTANT-ANALGESIC-EXPECTORANT***		
cvs cold & sinus multi-symptom oral liquid 10-650-400 mg/20ml	Preferred	OTC
cvs severe congestion relief oral liquid 10-650-400 mg/20ml	Preferred	OTC
cvs sinus relief pressure/pain oral tablet 5-325-200 mg	Preferred	OTC
eq sinus congestion & pain oral tablet 5-325-200 mg	Preferred	OTC
eql pressure & pain pls/mucus oral tablet 5-325-200 mg	Preferred	OTC
ft sinus severe oral tablet 5-325-200 mg	Preferred	OTC
gnp cold/head congestion oral tablet 5-325-200 mg	Preferred	OTC
gnp sinus severe daytime oral tablet 5-325-200 mg	Preferred	OTC
goodsense cold & head congest oral tablet 5-325-200 mg	Preferred	OTC
goodsense pressure/pain/mucus oral tablet 5-325-200 mg	Preferred	OTC
goodsense sinus severe daytime oral tablet 5-325-200 mg	Preferred	OTC
head congestion/mucus oral tablet 5-325-200 mg	Preferred	OTC
mucus relief cold/sinus max st oral liquid 10-650-400 mg/20ml	Preferred	OTC
mucus relief severe sinus oral tablet 5-325-200 mg	Preferred	OTC
qc mucus relief sinus severe oral tablet 5-325-200 mg	Preferred	OTC
qc pressure pain & mucus pe oral tablet 5-325-200 mg	Preferred	OTC
qc severe cold head congestion oral tablet 5-325-200 mg	Preferred	OTC
qc sinus congest/pain severe oral tablet 5-325-200 mg	Preferred	OTC
ra cold/sinus max oral tablet 5-325-200 mg	Preferred	OTC
ra sinus congest/pain relief oral tablet 5-325-200 mg	Preferred	OTC
sb sinus congestion/pain oral tablet 5-325-200 mg	Preferred	OTC
severe congestion oral liquid 10-650-400 mg/20ml	Preferred	OTC
sinus relief congestion-pain oral tablet 5-325-200 mg	Preferred	OTC
sm sinus severe for adults oral tablet 5-325-200 mg	Preferred	OTC
MUCINEX SINUS-MAX CONG & PAIN ORAL LIQUID 10-650-400 MG/20ML (phenylephrine-apap-guaifenesin)	Preferred	OTC
MUCINEX SINUS-MAX SEV CONG/PN ORAL TABLET 5-325-200 MG (phenylephrine-apap-guaifenesin)	Preferred	OTC
SUDAFED PE HEAD CONGESTION ORAL TABLET 5-325-200 MG (phenylephrine-apap-guaifenesin)	Preferred	OTC
TYLENOL COLD & HEAD ORAL TABLET 5-325-200 MG (phenylephrine-apap-guaifenesin)	Preferred	OTC
TYLENOL SINUS SEVERE ORAL TABLET 5-325-200 MG (phenylephrine-apap-guaifenesin)	Preferred	OTC
*DECONGESTANT-ANTIHISTAMINE-ANALGESIC***		
allergy multi-symptom daytime oral tablet 2-5-325 mg	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>allergy multi-symptom night oral tablet 25-5-325 mg</i>	Preferred	OTC
<i>allergy multi-symptom oral tablet 2-5-325 mg</i>	Preferred	OTC
<i>cold & flu relief nighttime oral liquid 12.5-5-325 mg/10ml</i>	Preferred	OTC
<i>cvs sev allergy/sinus headache oral tablet 25-5-325 mg</i>	Preferred	OTC
<i>cvs severe cold/flu nighttime oral liquid 12.5-5-325 mg/15ml</i>	Preferred	OTC
<i>cvs sinus congest/pain dt/nt oral 2-5-325 & 5-325 mg</i>	Preferred	OTC
<i>cvs sinus pain/congest night oral tablet 2-5-325 mg</i>	Preferred	OTC
<i>ft allergy multi-symptom oral tablet 2-5-325 mg</i>	Preferred	OTC
<i>gnp allergy multi-symptom oral tablet 2-5-325 mg</i>	Preferred	OTC
<i>goodsense allergy multi-symptom oral tablet 2-5-325 mg</i>	Preferred	OTC
<i>goodsense sinus congest/pain oral 2-5-325 & 5-325 mg</i>	Preferred	OTC
<i>herbiomed allergy cold & sinus oral liquid 12.5-5-325 mg/10ml</i>	Preferred	OTC
<i>nighttime cold & flu max str oral liquid 12.5-5-325 mg/10ml</i>	Preferred	OTC
<i>qc allergy multi-symptom oral tablet 2-5-325 mg</i>	Preferred	OTC
<i>sb allergy multi-symptom oral tablet 2-5-325 mg</i>	Preferred	OTC
<i>sb flu relief therapy night oral liquid 12.5-5-325 mg/15ml</i>	Preferred	OTC
<i>sb nighttime sinus multi-symptom oral capsule 6.25-5-325 mg</i>	Preferred	OTC
<i>sb sinus congest/pain day/night oral 2-5-325 & 5-325 mg</i>	Preferred	OTC
<i>sb sinus congestion/pain night oral tablet 2-5-325 mg</i>	Preferred	OTC
<i>sm flu relief therapy night oral liquid 12.5-5-325 mg/15ml</i>	Preferred	OTC
<i>wal-flu severe cold nighttime oral liquid 12.5-5-325 mg/15ml</i>	Preferred	OTC
COMTrex FLU THERAPY DAY/NIGHT ORAL 2-5-325 & 5-325 MG (<i>chlorphen-pe-acetaminophen</i>)	Preferred	OTC
COMTrex SEVERE COLD & SINUS ORAL 2-5-325 & 5-325 MG (<i>chlorphen-pe-acetaminophen</i>)	Preferred	OTC
CORICIDIN D COLD/FLU/SINUS ORAL TABLET 2-5-325 MG (<i>chlorphen-pe-acetaminophen</i>)	Preferred	OTC
DELSYM CGH/CLD NIGHTTIME CHILD ORAL LIQUID 12.5-5-325 MG/10ML (<i>diphenhydramine-pe-apap</i>)	Preferred	OTC
DIMETAPP MULTISYMPOM COLD/FLU ORAL LIQUID 6.25-2.5-160 MG/5ML (<i>diphenhydramine-pe-apap</i>)	Preferred	OTC
MEDICIDIN-D ORAL TABLET 2-5-325 MG (<i>chlorphen-pe-acetaminophen</i>)	Preferred	OTC
MUCINEX CHILDRENS NIGHT TIME ORAL LIQUID 12.5-5-325 MG/10ML (<i>diphenhydramine-pe-apap</i>)	Preferred	OTC
MUCINEX SINUS-MAX NIGHT TIME ORAL LIQUID 12.5-5-325 MG/10ML (<i>diphenhydramine-pe-apap</i>)	Preferred	OTC
ROBITUSSIN SEVERE NIGHTTIME ORAL LIQUID 12.5-5-325 MG/10ML (<i>diphenhydramine-pe-apap</i>)	Preferred	OTC
THERAFLU EXPRESSMAX SEV CLD/CG ORAL LIQUID 12.5-5-325 MG/15ML (<i>diphenhydramine-pe-apap</i>)	Preferred	OTC
VALIHIST ORAL TABLET 2-5-325 MG (<i>chlorphen-pe-acetaminophen</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
WAL-PHED PE NIGHTTIME COLD ORAL TABLET 25-5-325 MG (diphenhydramine-pe-apap)	Preferred	OTC
*DIABETIC OTHER - COMBINATIONS***		
<i>cvs glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>glucose instant energy oral tablet chewable 4-6 gm-mg, 6-4 mg-gm</i>	Preferred	OTC
<i>glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>gnp glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>goodsense glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>hy-vee glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>groger glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>leader glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>longs glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>meijer glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>preferred plus glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>px glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>ra glucose oral tablet chewable 4-6 gm-mg, 6-4 mg-gm</i>	Preferred	OTC
<i>sm glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>tgt glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>up & up glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>value plus glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>walgreens glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
DEX4 GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (glucose-vitamin c)	Preferred	OTC
DEX4 NATURALS ORAL TABLET CHEWABLE 4-6 GM-MG (glucose-vitamin c)	Preferred	OTC
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG (glucose-vitamin c)	Preferred	OTC
DEX4 POUCH PACK ORAL TABLET CHEWABLE 4-6 GM-MG (glucose-vitamin c)	Preferred	OTC
RELION GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (glucose-vitamin c)	Preferred	OTC
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (glucose-vitamin c)	Preferred	OTC
*DIABETIC OTHER***		
<i>cvs glucose bits oral tablet chewable 1 gm</i>	Preferred	OTC
<i>cvs glucose oral gel 15 gm/38gm, 40 %</i>	Preferred	OTC
<i>cvs glucose oral tablet chewable 4 gm</i>	Preferred	OTC
<i>cvs glucose shot oral liquid 15 gm/59ml</i>	Preferred	OTC
<i>cvs soft glucose oral tablet chewable 4 gm</i>	Preferred	OTC
<i>glucose oral gel 15 gm/33gm, 40 %</i>	Preferred	OTC
<i>glucose oral liquid 15 gm/59ml, 15 gm/60ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>glucose oral tablet chewable 4 gm</i>	Preferred	OTC
<i>gnp glucose oral tablet chewable 4 gm</i>	Preferred	OTC
<i>gnp quick dissolve glucose oral tablet chewable 4 gm</i>	Preferred	OTC
<i>leader quick dissolve glucose oral tablet chewable 4 gm</i>	Preferred	OTC
<i>sm glucose oral tablet chewable 4 gm</i>	Preferred	OTC
<i>value plus glucose oral gel 40 %</i>	Preferred	OTC
<i>walgreens glucose oral tablet chewable 4 gm</i>	Preferred	OTC
DEX4 GLUCOSE GO-POUCH ORAL GEL 15 GM/33GM (<i>dextrose (diabetic use)</i>)	Preferred	OTC
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>)	Preferred	OTC
GLUCO TO GO 15 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	Preferred	OTC
GLUCO TO GO ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>)	Preferred	OTC
GLUTOSE 15 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	Preferred	OTC
GLUTOSE 45 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	Preferred	OTC
GLUTOSE 5 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	Preferred	OTC
INSTA-GLUCOSE ORAL GEL 77.4 % (<i>dextrose (diabetic use)</i>)	Preferred	OTC
RA TRUEPLUS GLUCOSE ORAL GEL 15 GM/32ML (<i>dextrose (diabetic use)</i>)	Preferred	OTC
RELION GLUCOSE ORAL GEL 15 GM/38GM (<i>dextrose (diabetic use)</i>)	Preferred	OTC
SWEET CHEEKS ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	Preferred	OTC
TRUEPLUS GLUCOSE ON THE GO ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>)	Preferred	OTC
TRUEPLUS GLUCOSE ORAL GEL 15 GM/32ML (<i>dextrose (diabetic use)</i>)	Preferred	OTC
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>)	Preferred	OTC
*DIAGNOSTIC TESTS***		
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (<i>glucose blood</i>)	Preferred	OTC; QL (8 strips/day for up to 18 years old, insulin users, or pregnancy; 4 strips/day for all others)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (<i>glucose blood</i>)	Preferred	OTC; QL (8 strips/day for up to 18 years old, insulin users, or pregnancy; 4 strips/day for all others)
*DIAPER RASH PRODUCTS***		
<i>cvs diaper external cream 1-10 %</i>	Preferred	OTC
BENSONS BOTTOM PAINT EXTERNAL CREAM (<i>diaper rash products</i>)	Preferred	OTC
*DIARRHEA COMBINATIONS - OPIATES***		
<i>eql anti-diarrheal anti-gas oral tablet 2-125 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp anti-diarrheal/anti-gas oral tablet 2-125 mg</i>	Preferred	OTC
<i>goodsense anti-diarr/ant-gas oral tablet 2-125 mg</i>	Preferred	OTC
<i>loperamide-simethicone oral tablet 2-125 mg</i>	Preferred	OTC
IMODIUM MULTI-SYMPATOM RELIEF ORAL TABLET 2-125 MG (<i>loperamide-simethicone</i>)	Preferred	OTC
*DIETARY MANAGEMENT PRODUCT COMBINATIONS***		
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	Preferred	
<i>l-methylfolate-algae oral capsule 15-90.314 mg</i>	Preferred	
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	Preferred	
<i>westab max oral tablet 2.5-25-2 mg</i>	Preferred	
CEREFOLIN ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>)	Preferred	
DEPLIN 15 ORAL CAPSULE 15-90.314 MG (<i>l-methylfolate-algae</i>)	Preferred	
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG (<i>l-methylfolate-algae</i>)	Preferred	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>)	Preferred	
FOLBIC ORAL TABLET 2.5-25-2 MG (<i>fa-pyridoxine-cyanocobalamin</i>)	Preferred	OTC
FOLBIC RF ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>)	Preferred	
FOLTANX ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>)	Preferred	
FOLTIX ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>)	Preferred	
METAFOLBIC ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>)	Preferred	
NIVA-FOL ORAL TABLET 2.5-25-2 MG (<i>fa-pyridoxine-cyanocobalamin</i>)	Preferred	OTC
*DISPOSABLE GLOVES***		
<i>cotton gloves medium</i>	Preferred	OTC
<i>cvs gloves</i>	Preferred	OTC
<i>cvs gloves vinyl</i>	Preferred	OTC
<i>cvs latex gloves small</i>	Preferred	OTC
<i>cvs nitrile exam gloves</i>	Preferred	OTC
<i>cvs nyplex gloves</i>	Preferred	OTC
<i>cvs super-soft vinyl gloves</i>	Preferred	OTC
<i>eql latex exam gloves</i>	Preferred	OTC
<i>eql nitrile exam gloves</i>	Preferred	OTC
<i>eql vinyl exam gloves</i>	Preferred	OTC
<i>eql vinyl gloves one size</i>	Preferred	OTC
<i>gnp latex exam gloves</i>	Preferred	OTC
<i>gnp nitrile exam gloves</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>gnp vinyl exam gloves</i>	Preferred	OTC
<i>latex gloves</i>	Preferred	OTC
<i>latex gloves large</i>	Preferred	OTC
<i>latex gloves medium</i>	Preferred	OTC
<i>latex gloves one size</i>	Preferred	OTC
<i>latex gloves small</i>	Preferred	OTC
<i>lavender nitrile gloves/medium</i>	Preferred	OTC
<i>nitrile exam gloves large</i>	Preferred	OTC
<i>nitrile exam gloves medium</i>	Preferred	OTC
<i>nitrile gloves large</i>	Preferred	
<i>nitrile gloves medium</i>	Preferred	
<i>nitrile gloves small</i>	Preferred	
<i>nitrile gloves x-large</i>	Preferred	
<i>nitrile gloves/one size</i>	Preferred	OTC
<i>nitrile gloves/size 10</i>	Preferred	
<i>nitrile gloves/size 6</i>	Preferred	
<i>nitrile gloves/size 6.5</i>	Preferred	
<i>nitrile gloves/size 7</i>	Preferred	
<i>nitrile gloves/size 7.5</i>	Preferred	
<i>nitrile gloves/size 8</i>	Preferred	
<i>nitrile gloves/size 8.5</i>	Preferred	
<i>nitrile gloves/size 9</i>	Preferred	
<i>nitrile gloves/size 9.5 medium</i>	Preferred	
<i>powder free nitrile gloves lg</i>	Preferred	OTC
<i>powder free nitrile gloves med</i>	Preferred	OTC
<i>powder free nitrile gloves sm</i>	Preferred	
<i>powder free nitrile gloves xl</i>	Preferred	OTC
<i>pro comfort gloves large</i>	Preferred	OTC
<i>pro comfort gloves medium</i>	Preferred	OTC
<i>pro comfort gloves x-large</i>	Preferred	OTC
<i>pro-comfort examination gloves</i>	Preferred	OTC
<i>ra extended cuff nitrile glove</i>	Preferred	OTC
<i>ra heavy duty latex gloves</i>	Preferred	OTC
<i>ra vinyl gloves</i>	Preferred	OTC
<i>synthetic vinyl exam gloves</i>	Preferred	OTC
<i>ultra-soft gloves</i>	Preferred	OTC
<i>vinyl gloves</i>	Preferred	OTC
<i>vinyl gloves medium</i>	Preferred	OTC
<i>vinyl gloves one size</i>	Preferred	OTC
ALLERGARD SURGICAL GLOVES (<i>disposable gloves</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
ASSURANCE VINYL EXAM GLOVES (<i>disposable gloves</i>)	Preferred	OTC
CAREMATES LATEX-PF GLOVE LARGE (<i>disposable gloves</i>)	Preferred	OTC
CAREMATES LATEX-PF GLOVE MED (<i>disposable gloves</i>)	Preferred	OTC
CAREMATES LATEX-PF GLOVE SMALL (<i>disposable gloves</i>)	Preferred	OTC
CAREMATES LATEX-PF GLOVE XL (<i>disposable gloves</i>)	Preferred	OTC
CAREMATES NITRILE GLOVES LARGE (<i>disposable gloves</i>)	Preferred	OTC
CAREMATES NITRILE GLOVES MED (<i>disposable gloves</i>)	Preferred	OTC
CAREMATES NITRILE GLOVES SMALL (<i>disposable gloves</i>)	Preferred	OTC
CAREMATES NITRILE GLOVES XL (<i>disposable gloves</i>)	Preferred	OTC
CHEMOPLUS LATEX GLOVES (<i>disposable gloves</i>)	Preferred	
CHEMOPLUS NEOPRENE GLOVE (<i>disposable gloves</i>)	Preferred	
CHEMOPLUS NITRILE GLOVES (<i>disposable gloves</i>)	Preferred	
CLEVER CHOICE COMFORT EZ GLOVE (<i>disposable gloves</i>)	Preferred	OTC
COMFORT TOUCH VINYL GLOVES/L (<i>disposable gloves</i>)	Preferred	OTC
COMFORT TOUCH VINYL GLOVES/M (<i>disposable gloves</i>)	Preferred	OTC
COMFORT TOUCH VINYL GLOVES/S (<i>disposable gloves</i>)	Preferred	OTC
DIGITEX EXAM GLOVES (<i>disposable gloves</i>)	Preferred	OTC
J & J HEALTH CARE GLOVES (<i>disposable gloves</i>)	Preferred	OTC
MAXXUS ORTHO SURGICAL GLOVES (<i>disposable gloves</i>)	Preferred	OTC
MICRO-TOUCH GLOVES (<i>disposable gloves</i>)	Preferred	OTC
MICRO-TOUCH XP GLOVES (<i>disposable gloves</i>)	Preferred	OTC
NEUTRALON 50 BROWN LATEX GLOVE (<i>disposable gloves</i>)	Preferred	OTC
NEUTRALON BROWN SURGICAL GLOVE (<i>disposable gloves</i>)	Preferred	OTC
PURE-COMFORT DISPOSABLE VINYL (<i>disposable gloves</i>)	Preferred	OTC
PURE-COMFORT NITRILE EXAM (<i>disposable gloves</i>)	Preferred	OTC
PURE-COMFORT SYNTHETIC NITRILE (<i>disposable gloves</i>)	Preferred	OTC
RELION NITRILE EXAM GLOVES (<i>disposable gloves</i>)	Preferred	OTC
SAFE-SENSE GLOVE-BLK-NITRL-L (<i>disposable gloves</i>)	Preferred	OTC
SAFE-SENSE GLOVE-BLK-NITRL-M (<i>disposable gloves</i>)	Preferred	OTC
SAFE-SENSE GLOVE-BLK-NITRL-S (<i>disposable gloves</i>)	Preferred	OTC
SAFE-SENSE GLOVE-BLK-NITRL-XL (<i>disposable gloves</i>)	Preferred	OTC
SAFE-SENSE GLOVE-BLUE-NITRL-L (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLUE-NITRL-M (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLUE-NITRL-S (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVE-BLUE-NITRL-XL (<i>disposable gloves</i>)	Preferred	
SAFE-SENSE GLOVES-NITRILE-L (<i>disposable gloves</i>)	Preferred	OTC
SAFE-SENSE GLOVES-NITRILE-M (<i>disposable gloves</i>)	Preferred	OTC
SAFE-SENSE GLOVES-NITRILE-S (<i>disposable gloves</i>)	Preferred	OTC
SAFE-SENSE GLOVES-NITRILE-XL (<i>disposable gloves</i>)	Preferred	OTC
SAFESKIN NITRILE EXAM GLOVES (<i>disposable gloves</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
SECURE GLOVES (<i>disposable gloves</i>)	Preferred	OTC
SHAMROCK LATEX EXAM GLOVES (<i>disposable gloves</i>)	Preferred	OTC
SHAMROCK VINYL EXAM GLOVES (<i>disposable gloves</i>)	Preferred	OTC
SURGIKOS LATEX SURGICAL GLOVES (<i>disposable gloves</i>)	Preferred	OTC
TRANQUILITY VINYL GLOVES LARGE (<i>disposable gloves</i>)	Preferred	OTC
TRANQUILITY VINYL GLOVES MED (<i>disposable gloves</i>)	Preferred	OTC
TRANQUILITY VINYL GLOVES SMALL (<i>disposable gloves</i>)	Preferred	OTC
*DIURETIC COMBINATIONS***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Preferred	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Preferred	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Preferred	Max 90-day supply per 1 Fill
*DOPAMINE RECEPTOR AGONISTS***		
<i>cabergoline oral tablet 0.5 mg</i>	Preferred	
*DRY MOUTH AGENTS AND ARTIFICIAL SALIVA***		
<i>cvs dry mouth mouth/throat solution</i>	Preferred	OTC
<i>eql dry mouth oral rinse mouth/throat solution</i>	Preferred	OTC
<i>oral relief spray mouth/throat solution</i>	Preferred	OTC
<i>ra dry mouth mouth/throat solution</i>	Preferred	OTC
AQUORAL MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	Preferred	
BIOTENE DRY MOUTH MOISTURIZING MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	Preferred	OTC
CAPHOSOL MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	Preferred	
MOI-STIR MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	Preferred	OTC
MOUTH KOTE MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	Preferred	OTC
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	Preferred	OTC
NUMOISYN MOUTH/THROAT LIQUID (<i>artificial saliva</i>)	Preferred	
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	Preferred	
*ELECTROLYTES ORAL***		
<i>cvs electrolyte solution oral solution</i>	Preferred	OTC
<i>cvs ped electrolyte freeze pop oral solution</i>	Preferred	OTC
<i>cvs pediatric electrolyte oral solution</i>	Preferred	OTC
<i>gnp electrolyte powder oral packet</i>	Preferred	OTC
<i>gnp electrolyte solution oral solution</i>	Preferred	OTC
<i>gnp pediatric electrolyte oral solution</i>	Preferred	OTC
<i>h-e-b oral electrolyte oral solution</i>	Preferred	OTC
<i>oral electrolyte freezer pops oral solution</i>	Preferred	OTC
<i>oral electrolytes oral solution</i>	Preferred	OTC
<i>ped electrolyte freeze pops oral solution</i>	Preferred	OTC

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<i>ped electrolyte freezer pops oral solution</i>	Preferred	OTC
<i>pediatric electrolyte oral packet</i>	Preferred	OTC
<i>pediatric electrolyte oral solution</i>	Preferred	OTC
<i>pediatric electrolyte-zinc oral solution</i>	Preferred	OTC
<i>ra pediatric electrolyte oral solution</i>	Preferred	OTC
<i>sb pediatric electrolyte oral solution</i>	Preferred	OTC
<i>sm pediatric electrolyte oral solution</i>	Preferred	OTC
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	OTC
CERALYTE 50 ORAL PACKET 1.3-2.2-2.9 GM/L (<i>oral electrolytes</i>)	Preferred	OTC
CERALYTE 50 POTASSIUM FREE ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
CERALYTE 70 ORAL PACKET , 1.3-2.2-2.9 GM/L (<i>oral electrolytes</i>)	Preferred	OTC
CERALYTE 70 ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	OTC
CERALYTE 90 ORAL PACKET 1.3-3.4-2.9 GM/L (<i>oral electrolytes</i>)	Preferred	OTC
CERASPORT ENDURANCE ORAL PACKET 160-400 MG (<i>oral electrolytes</i>)	Preferred	OTC
CERASPORT EX1 ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
CERASPORT EX1 ORAL SOLUTION RECONSTITUTED (<i>oral electrolytes</i>)	Preferred	OTC
CERASPORT ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
CERASPORT ORAL SOLUTION RECONSTITUTED (<i>oral electrolytes</i>)	Preferred	OTC
CERASPORT PLUS ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
DRIPDROP HYDRATION ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
DRIPDROP ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
EMERGEN-C ELECTRO MIX ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
ENSURE RAPID HYDRATION ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
HYDRALYTE ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
HYDRALYTE ORAL SOLUTION RECONSTITUTED (<i>oral electrolytes</i>)	Preferred	OTC
KINDERLYTE IMMUNITY ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
KINDERLYTE ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
KINDERLYTE PREMAX ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
LIQUID I.V. ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
NORMALYTE ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
ORALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	OTC
PEDIA VANCE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	OTC
PEDIALYTE ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
PEDIALYTE SPARKLING RUSH ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
PEDIA-POP ORAL PACKET (<i>oral electrolytes</i>)	Preferred	OTC
REHYDRALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Preferred	OTC
*EMERGENCY CONTRACEPTIVES***		
<i>levonorgestrel oral tablet 1.5 mg</i>	Preferred	OTC
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
CURAE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Preferred	OTC
*EMOLLIENT COMBINATIONS***		
<i>mineral oil-hydrophil petrolat external ointment</i>	Preferred	OTC
*EMOLLIENT/KERATOLYTIC AGENTS***		
<i>gormel 10 external lotion 10 %</i>	Preferred	OTC
<i>gormel external cream 20 %</i>	Preferred	OTC
<i>urea 10 hydrating external cream 10 %</i>	Preferred	OTC
<i>urea 20 intensive hydrating external cream 20 %</i>	Preferred	OTC
<i>urea external cream 10 %</i>	Preferred	OTC
<i>urea external cream 20 %</i>	Preferred	
<i>urea external lotion 10 %</i>	Preferred	OTC
<i>ureacin-10 external lotion 10 %</i>	Preferred	OTC
<i>ureacin-20 external cream 20 %</i>	Preferred	OTC
AQUA CARE EXTERNAL CREAM 10 % (<i>urea</i>)	Preferred	OTC
AQUA CARE EXTERNAL LOTION 10 % (<i>urea</i>)	Preferred	OTC
NUTRAPLUS EXTERNAL CREAM 10 % (<i>urea</i>)	Preferred	OTC
NUTRAPLUS EXTERNAL LOTION 10 % (<i>urea</i>)	Preferred	OTC
*EMOLLIENTS***		
<i>a&d external ointment</i>	Preferred	OTC
<i>advanced healing/baby external ointment</i>	Preferred	OTC
<i>ammonium lactate external cream 12 %</i>	Preferred	OTC
<i>ammonium lactate external lotion 12 %</i>	Preferred	OTC
<i>beauty lotion external lotion</i>	Preferred	OTC
<i>beta care external lotion</i>	Preferred	OTC

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<i>cocoa butter external lotion</i>	Preferred	OTC
<i>cocoa butter hand & body external lotion</i>	Preferred	OTC
<i>cocoa butter skin external cream</i>	Preferred	OTC
<i>collagen external cream</i>	Preferred	OTC
<i>complete moisture external lotion</i>	Preferred	OTC
<i>cvs advanced healing external ointment</i>	Preferred	OTC
<i>cvs beauty 360 dry skin external lotion</i>	Preferred	OTC
<i>cvs daily ultra moisture external lotion</i>	Preferred	OTC
<i>cvs dry skin therapy external lotion</i>	Preferred	OTC
<i>cvs extra moisturizing external lotion</i>	Preferred	OTC
<i>cvs gentle skin cleanser external lotion</i>	Preferred	OTC
<i>cvs hydrating skin treatment external lotion 12 %</i>	Preferred	OTC
<i>cvs intense dry skin therapy external lotion</i>	Preferred	OTC
<i>cvs moisturizing external lotion</i>	Preferred	OTC
<i>cvs skin treatment external lotion 12 %</i>	Preferred	OTC
<i>cvs special care external lotion</i>	Preferred	OTC
<i>cvs vitamin a&d external ointment</i>	Preferred	OTC
<i>dry skin treatment adv therapy external ointment</i>	Preferred	OTC
<i>dry skin treatment external ointment</i>	Preferred	OTC
<i>e-ointment external ointment</i>	Preferred	OTC
<i>eq vitamins a & d external ointment</i>	Preferred	OTC
<i>eql absolute moisture dry skin external lotion</i>	Preferred	OTC
<i>eql advanced healing external ointment 41 %</i>	Preferred	OTC
<i>eql advanced recovery external lotion</i>	Preferred	OTC
<i>eql advanced skin therapy external lotion</i>	Preferred	OTC
<i>eql aloe after sun external lotion</i>	Preferred	OTC
<i>eql ultra moisturizing daily external lotion</i>	Preferred	OTC
<i>gordomatic external lotion</i>	Preferred	OTC
<i>hydrazone lotion external lotion</i>	Preferred	OTC
<i>hydrophor external ointment</i>	Preferred	OTC
<i>lubricating lotion external lotion</i>	Preferred	OTC
<i>moisture external lotion</i>	Preferred	OTC
<i>moisture recovery external lotion</i>	Preferred	OTC
<i>moisturizing lotion external lotion</i>	Preferred	OTC
<i>moisturizing sensitive skin external lotion</i>	Preferred	OTC
<i>msm skin external lotion</i>	Preferred	OTC
<i>ointment base external ointment</i>	Preferred	OTC
<i>ra advanced healing external ointment</i>	Preferred	OTC
<i>ra daylogic healing dry skin external lotion</i>	Preferred	OTC
<i>radiaguard advanced external lotion</i>	Preferred	OTC

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<i>refreshing aloe external lotion</i>	Preferred	OTC
<i>sm dry skin therapy external lotion</i>	Preferred	OTC
<i>thera-derm external lotion</i>	Preferred	OTC
<i>vitamin a & d external ointment</i>	Preferred	OTC
<i>vitamin a & d skin protectant external ointment</i>	Preferred	OTC
<i>vitamins a & d external ointment</i>	Preferred	OTC
AL12 EXTERNAL LOTION 12 % (<i>ammonium lactate</i>)	Preferred	OTC
AMLACTIN DAILY EXTERNAL LOTION 12 % (<i>ammonium lactate</i>)	Preferred	OTC
AMLACTIN RAPID RELIEF EXTERNAL LOTION 15 % (<i>emollient</i>)	Preferred	OTC
AQUA GLYCOLIC HAND/BODY EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
AQUA LACTEN EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
AQUA-CERIN EXTERNAL CREAM (<i>emollient</i>)	Preferred	OTC
AQUAMED EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
AQUA-NU EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
AQUAPHILIC EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
AQUAPHOR ADV HEALING BABY EXTERNAL OINTMENT 41 % (<i>emollient</i>)	Preferred	OTC
AQUAPHOR ADV PROTECT HEALING EXTERNAL OINTMENT 41 % (<i>emollient</i>)	Preferred	OTC
AQUAPHOR ADV THERAPY CHILDRENS EXTERNAL OINTMENT 41 % (<i>emollient</i>)	Preferred	OTC
AQUAPHOR ADV THERAPY HEALING EXTERNAL OINTMENT , 41 % (<i>emollient</i>)	Preferred	OTC
AQUAPHOR ADVANCED THERAPY BABY EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
AQUAPHOR ADVANCED THERAPY EXTERNAL OINTMENT , 41 % (<i>emollient</i>)	Preferred	OTC
AQUAPHOR EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
AVEENO DAILY MOISTURIZING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
AVEENO STRESS RELIEF EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
BAG BALM EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
BEAUTY 360 ADVANCED SKIN CARE EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
BOUDREAU'S BABY BUTT SMOOTH EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
CAM EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
CERAVE AM SPF 30 EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
CERAVE DAILY MOISTURIZING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
CERAVE HEALING EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
CERAVE PM EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
CETAPHIL ADVANCED RELIEF EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
CETAPHIL DAILY ADVANCE EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
CETAPHIL DAILY FACIAL SPF 15 EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
CETAPHIL MOISTURIZING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
CETAPHIL RESTORADERM EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
CLN FACIAL MOISTURIZER NOURISH EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
CORN HUSKERS EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
DAILY MOISTURIZING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
DERMAL THERAPY EXTRA STRENGTH EXTERNAL LOTION 10 % (<i>emollient</i>)	Preferred	OTC
DERMAL THERAPY FACE CARE EXTERNAL LOTION 1 % (<i>emollient</i>)	Preferred	OTC
DERMAL THERAPY FOOT MASSAGE EXTERNAL LOTION 1 % (<i>emollient</i>)	Preferred	OTC
DERMAL THERAPY HAND/ELBOW EXTERNAL LOTION 15 % (<i>emollient</i>)	Preferred	OTC
DERMAL THERAPY HEEL CARE EXTERNAL LOTION 25 % (<i>emollient</i>)	Preferred	OTC
DIABETIDERM EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
DML EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EMOLLIA-LOTION EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EPILYT EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EUCERIN BABY EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EUCERIN DAILY HYDRATION EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EUCERIN DAILY HYDRATION SPF15 EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EUCERIN DAILY PROTECTION/SPF30 EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EUCERIN EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EUCERIN INTENSIVE REPAIR EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EUCERIN ORIGINAL HEALING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EUCERIN PLUS EXTERNAL LOTION 5-5 % (<i>emollient</i>)	Preferred	OTC
EUCERIN PROFESSIONAL REPAIR EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EUCERIN ROUGHNESS RELIEF EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
EUCERIN SMOOTHING REPAIR EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
GOLD BOND ADVANCED HEALING EXTERNAL OINTMENT 45 % (<i>emollient</i>)	Preferred	OTC
GOLD BOND EVERYDAY MOISTURE EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
GOLD BOND HEALING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
GOLD BOND MEDICATED BODY EX ST EXTERNAL LOTION 0.5 %, 5-0.5 % (<i>emollient</i>)	Preferred	OTC
GOLD BOND MEDICATED BODY EXTERNAL LOTION 5-0.15 % (<i>emollient</i>)	Preferred	OTC
GOLD BOND PURE MOISTURE EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
GOLD BOND ULT SHEER RIBBONS EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
GOLD BOND ULTIMATE EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
GOLD BOND ULTIMATE HEALING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
GOLD BOND ULTIMATE HEALING EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
GOLD BOND ULTIMATE OVERNIGHT EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
GOLD BOND ULTIMATE PROTECTION EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
GOLD BOND ULTIMATE RESTORING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
GOLD BOND ULTIMATE SOFTENING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
GOLD BOND ULTIMATE SOOTHING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
HYDROLATUM EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
JOHNSONS SKIN NOURISH MOIST EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
KERI ADVANCED MOISTURE THERAPY EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
KERI BASIC ESSENTIALS EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
KERI NOURISHING SHEA BUTTER EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
KERI ORIGINAL DAILY MOISTURE EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
KERI ORIGINAL EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
KERI OVERNIGHT EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
KERI RENEWAL MILK BODY EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
KERI RENEWAL SKIN FIRING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
KERI RENEWAL STRETCH MARK EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
KERI SENSITIVE SKIN EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
LANAPHILIC EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
LUBRIDERM ADVANCED THERAPY EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
LUBRIDERM DAILY MOISTURE EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
LUBRIDERM EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
LUBRIDERM INTENSE SKIN REPAIR EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
LUBRISOFT EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
MEDERMA AG HAND & BODY EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
MEDPURA VITAMIN A & D EXTERNAL OINTMENT (<i>vitamins a & d</i>)	Preferred	OTC
MINERIN EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
NEUTROGENA MOISTURE SENS SKIN EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
NIVEA ESSENTIALLY ENRICHED EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
NIVEA EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
NIVEA INTENSE HEALING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
NIVEA ORIGINAL MOISTURE EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
NIVEA SHEA NOURISH EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
NIVEA VISAGE EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
NUTRADERM ADVANCED FORMULA EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
NUTRADERM EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
PALMERS COCOA BUTTER FORMULA EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
PALMERS COCONUT OIL BODY EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
PALMERS STRETCH MARKS EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
RESTA LITE EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
SKIN REPAIR EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
STUDIO 35 EXTRA MOISTURIZING EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
VANICREAM EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
VANICREAM EXTERNAL OINTMENT (<i>emollient</i>)	Preferred	OTC
WIBI EXTERNAL LOTION (<i>emollient</i>)	Preferred	OTC
*ESTROGEN & PROGESTIN***		
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Preferred	QL (1 EA per 1 day)
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	Preferred	QL (1 EA per 1 day)
*ESTROGENS***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Preferred	QL (0.29 EA per 1 day)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Preferred	QL (0.15 EA per 1 day)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	Preferred	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	Preferred	QL (0.29 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)</i>	Preferred	QL (0.29 EA per 1 day)
<i>estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)</i>	Preferred	QL (0.29 EA per 1 day)
*EXPECTORANTS***		
<i>12 hr mucus relief max oral tablet extended release 12 hour 1200 mg</i>	Preferred	OTC
<i>altarussin oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>chest congestion relief child oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>chest congestion relief oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>chest congestion relief oral tablet 400 mg</i>	Preferred	OTC
<i>coughstab oral tablet 200 mg</i>	Preferred	OTC
<i>cvs chest congestion relief oral tablet 400 mg</i>	Preferred	OTC
<i>cvs mucus extended release oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	OTC
<i>cvs tussin adult chest congest oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>eq 12 hour mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	OTC
<i>eq mucus relief 12 hour max st oral tablet extended release 12 hour 1200 mg</i>	Preferred	OTC
<i>eql tussin mucus/chest congest oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>ft chest congestion relief oral tablet 400 mg</i>	Preferred	OTC
<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	OTC
<i>ft tussin adult oral liquid 200 mg/10ml</i>	Preferred	OTC
<i>geri-tussin oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>geri-tussin oral syrup 100 mg/5ml</i>	Preferred	OTC
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	OTC
<i>gnp mucus relief oral tablet 400 mg</i>	Preferred	OTC
<i>gnp mucus relief oral tablet extended release 12 hour 1200 mg</i>	Preferred	OTC
<i>gnp tab tussin oral tablet 400 mg</i>	Preferred	OTC
<i>gnp tussin mucus & chest cong oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i>	Preferred	OTC
<i>goodsense mucus er oral tablet extended release 12 hour 600 mg</i>	Preferred	OTC
<i>goodsense mucus relief oral tablet 400 mg</i>	Preferred	OTC
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	OTC
<i>guaifenesin oral liquid 100 mg/5ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	Preferred	OTC
<i>kls mucus relief chest oral tablet 400 mg</i>	Preferred	OTC
<i>mucosa oral tablet 400 mg</i>	Preferred	OTC
<i>mucus relief chest congestion oral liquid 400 mg/20ml</i>	Preferred	OTC
<i>mucus relief chest congestion oral tablet 400 mg</i>	Preferred	OTC
<i>mucus relief er oral tablet extended release 12 hour 1200 mg, 600 mg</i>	Preferred	OTC
<i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	Preferred	OTC
<i>mucus relief oral tablet 400 mg</i>	Preferred	OTC
<i>mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	OTC
<i>mucus+chest congestion oral liquid 200 mg/10ml</i>	Preferred	OTC
<i>pharbinex oral tablet 400 mg</i>	Preferred	OTC
<i>qc medifin 400 oral tablet 400 mg</i>	Preferred	OTC
<i>qc medifin mucus relief child oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>qc mucus relief childrens oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>qc mucus relief er oral tablet extended release 12 hour 1200 mg</i>	Preferred	OTC
<i>qc mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	Preferred	OTC
<i>qc mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	OTC
<i>qc tussin expectorant adult oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>qc tussin mucus/congestion oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>ra mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	Preferred	OTC
<i>ra mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	OTC
<i>ra tussin chest congestion oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>ra tussin oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>refenesen 400 oral tablet 400 mg</i>	Preferred	OTC
<i>sb cough control oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>sb coughtab oral tablet 200 mg</i>	Preferred	OTC
<i>sb mucus relief oral tablet 400 mg</i>	Preferred	OTC
<i>scot-tussin expectorant oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>siltussin sa oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>sm chest congestion relief oral tablet 400 mg</i>	Preferred	OTC
<i>sm mucus relief childrens oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>sm mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	Preferred	OTC
<i>sm mucus relief oral tablet extended release 12 hour 600 mg</i>	Preferred	OTC
<i>sm tussin mucus+chest congest oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>tussin mucus & chest congest oral liquid 100 mg/5ml</i>	Preferred	OTC
<i>tussin mucus+chest congestion oral liquid 100 mg/5ml</i>	Preferred	OTC

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BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	Preferred	OTC
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	Preferred	OTC
EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG, 600 MG (<i>guaifenesin</i>)	Preferred	OTC
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML (<i>guaifenesin</i>)	Preferred	OTC
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML (<i>guaifenesin</i>)	Preferred	OTC
TUSNEL-EX ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	Preferred	OTC
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>)	Preferred	OTC
XPECT ORAL TABLET 400 MG (<i>guaifenesin</i>)	Preferred	OTC
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***		
<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	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
*EXTERNAL VEHICLE INGREDIENTS***		
<i>methylcellulose powder</i>	Preferred	
*FIXED OILS***		
<i>castor oil oil</i>	Preferred	OTC
<i>qc castor oil oil</i>	Preferred	OTC
<i>sesame oil oil</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*FLAVORING AGENTS***		
<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	OTC
<i>banana concentrate liquid</i>	Preferred	OTC
<i>banana cream flavor liquid</i>	Preferred	
<i>banana creme flavor liquid</i>	Preferred	OTC
<i>banana flavor liquid</i>	Preferred	
<i>beef (grilled) flavor oil sol liquid</i>	Preferred	OTC
<i>beef braised natural flavor liquid</i>	Preferred	OTC
<i>beef flavor liquid</i>	Preferred	OTC
<i>beef type flavor natural liquid</i>	Preferred	OTC
<i>beef type flavor os liquid</i>	Preferred	
<i>bitter stop flavor liquid</i>	Preferred	
<i>bitterness mask flavor liquid</i>	Preferred	OTC
<i>bitterness suppressor flavor liquid</i>	Preferred	
<i>blackberry flavor liquid</i>	Preferred	
<i>blood orange os liquid</i>	Preferred	OTC
<i>blueberry flavor liquid</i>	Preferred	
<i>bubble gum concentrate liquid</i>	Preferred	OTC
<i>bubble gum flavor liquid</i>	Preferred	
<i>bubble gum os liquid</i>	Preferred	OTC
<i>bubble gum ws liquid</i>	Preferred	OTC
<i>butter flavor liquid</i>	Preferred	
<i>butter rum flavor liquid</i>	Preferred	
<i>butterscotch flavor liquid</i>	Preferred	
<i>caramel flavor liquid</i>	Preferred	
<i>caramel os liquid</i>	Preferred	OTC
<i>cheesecake flavor liquid</i>	Preferred	
<i>cherry flavor liquid</i>	Preferred	
<i>chicken (grilled) flavor liquid</i>	Preferred	OTC
<i>chicken flavor liquid</i>	Preferred	OTC
<i>chicken flavor oil miscible liquid</i>	Preferred	OTC
<i>chicken flavor oil soluble liquid</i>	Preferred	
<i>chicken flavor water miscible liquid</i>	Preferred	
<i>chicken roasted concentrate liquid</i>	Preferred	OTC
<i>chocolate flavor liquid</i>	Preferred	
<i>chocolate hazelnut flavor liquid</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<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	OTC
<i>creme dementhe flavor liquid</i>	Preferred	
<i>creme os liquid</i>	Preferred	OTC
<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	OTC
<i>grape flavor liquid</i>	Preferred	
<i>green apple os liquid</i>	Preferred	OTC
<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	OTC
<i>licorice flavor liquid</i>	Preferred	
<i>liver concentrate liquid</i>	Preferred	OTC
<i>liver flavor liquid</i>	Preferred	
<i>mango flavor liquid</i>	Preferred	
<i>mango passion fruit os liquid</i>	Preferred	OTC
<i>maple flavor liquid</i>	Preferred	
<i>marshmallow flavor liquid</i>	Preferred	
<i>marshmallow os liquid</i>	Preferred	OTC
<i>mint chocolate chip flavor liquid</i>	Preferred	
<i>natural caramel liquid</i>	Preferred	OTC
<i>orange concentrate liquid</i>	Preferred	OTC
<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	OTC
<i>peppermint burst os liquid</i>	Preferred	OTC
<i>pina colada flavor liquid</i>	Preferred	
<i>pineapple flavor liquid</i>	Preferred	OTC
<i>pralines and cream flavor liquid</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>pumpkin flavor liquid</i>	Preferred	
<i>raspberry flavor liquid</i>	Preferred	
<i>raspberry os liquid</i>	Preferred	OTC
<i>root beer flavor liquid</i>	Preferred	
<i>sardine flavor liquid</i>	Preferred	OTC
<i>shrimp flavor liquid</i>	Preferred	
<i>spearmint os liquid</i>	Preferred	OTC
<i>stevia glycerite extract liquid</i>	Preferred	
<i>strawberry flavor liquid</i>	Preferred	
<i>strawberry os liquid</i>	Preferred	OTC
<i>sweetening enhancer liquid</i>	Preferred	
<i>tropical fusion os liquid</i>	Preferred	OTC
<i>tropical punch flavor liquid</i>	Preferred	OTC
<i>tuna flavor liquid</i>	Preferred	OTC
<i>tuna type flavor os liquid</i>	Preferred	OTC
<i>tutti frutti flavor liquid</i>	Preferred	OTC
<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	OTC
<i>very berry os liquid</i>	Preferred	OTC
<i>vitamin/iron masking agent liquid</i>	Preferred	OTC
<i>watermelon flavor liquid</i>	Preferred	
<i>wild cherry flavor liquid</i>	Preferred	
<i>wild cherry os liquid</i>	Preferred	OTC
FLAVORX LIQUID (<i>flavoring agent</i>)	Preferred	OTC
MARSHMALLOW WS LIQUID (<i>flavoring agent</i>)	Preferred	OTC
PCCA SWEETNESS ENHANCER LIQUID (<i>flavoring agent</i>)	Preferred	
SWEET DROPS LIQUID (<i>flavoring agent</i>)	Preferred	OTC
TROPICAL FUSION WS LIQUID (<i>flavoring agent</i>)	Preferred	OTC
*FLUORIDE DENTAL PRODUCTS***		
<i>sf 5000 plus dental cream 1.1 %</i>	Preferred	
<i>sf dental gel 1.1 %</i>	Preferred	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Preferred	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Preferred	
<i>sodium fluoride dental cream 1.1 %</i>	Preferred	
<i>sodium fluoride dental gel 1.1 %</i>	Preferred	
<i>sodium fluoride (Denta 5000 Plus Dental Cream 1.1 %)</i>	Preferred	
<i>sodium fluoride (Dentagel Dental Gel 1.1 %)</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*FLUORIDE***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Preferred	
<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	
*FOLIC ACID ANTAGONISTS RESCUE AGENTS***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Preferred	
*FOLIC ACID/FOLATES***		
<i>cvs folic acid oral tablet 800 mcg</i>	Preferred	OTC
<i>folate oral tablet 400 mcg</i>	Preferred	OTC
<i>folic acid oral capsule 0.8 mg, 20 mg</i>	Preferred	OTC
<i>folic acid oral tablet 1 mg</i>	Preferred	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Preferred	OTC
<i>gnp folic acid oral tablet 400 mcg</i>	Preferred	OTC
<i>kp folic acid oral tablet 1 mg, 800 mcg</i>	Preferred	OTC
<i>qc folic acid oral tablet 800 mcg</i>	Preferred	OTC
<i>ra folic acid oral tablet 400 mcg, 800 mcg</i>	Preferred	OTC
<i>sm folic acid oral tablet 400 mcg</i>	Preferred	OTC
<i>yl folic acid oral tablet 400 mcg</i>	Preferred	OTC
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	Preferred	OTC
*FOUR PHASE CONTRACEPTIVES - ORAL***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	Preferred	Max 365-day supply per 1 Fill
*GENITOURINARY IRRIGANTS***		
<i>acetic acid irrigation solution 0.25 %</i>	Preferred	
<i>sodium chloride irrigation solution 0.9 %</i>	Preferred	
<i>sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)</i>	Preferred	
<i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)</i>	Preferred	
*GLUCOSE MONITORING TEST SUPPLIES***		
<i>acti-lance 28g</i>	Preferred	OTC
<i>acti-lance lite lancets 28g</i>	Preferred	OTC
<i>acti-lance special lancets 17g</i>	Preferred	OTC
<i>acti-lance universal 23g</i>	Preferred	OTC
<i>adjustable lancing device</i>	Preferred	OTC
<i>advanced mobile lancet</i>	Preferred	OTC
<i>aimsco twist lancets 32g</i>	Preferred	OTC
<i>assure comfort lancets 28g</i>	Preferred	OTC
<i>aurora lancet super thin 30g</i>	Preferred	OTC
<i>aurora lancet thin 23g</i>	Preferred	OTC
<i>careone advanced lancing dev</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>careone lancet thin 23g</i>	Preferred	OTC
<i>comfort assured lancets 28g</i>	Preferred	OTC
<i>comfort assured lancets 33g</i>	Preferred	OTC
<i>cvs lancets 21g</i>	Preferred	OTC
<i>cvs lancets micro thin 33g</i>	Preferred	OTC
<i>cvs lancets original</i>	Preferred	OTC
<i>cvs lancets thin 26g</i>	Preferred	OTC
<i>cvs lancets ultra thin 30g</i>	Preferred	OTC
<i>cvs lancets ultra-thin 30g</i>	Preferred	OTC
<i>cvs lancing device</i>	Preferred	OTC
<i>cvs ultra thin lancets</i>	Preferred	OTC
<i>drug mart lancets thin 26g</i>	Preferred	OTC
<i>easy comfort lancets</i>	Preferred	OTC
<i>easy comfort lancets twist top</i>	Preferred	OTC
<i>easy mini eject lancing device</i>	Preferred	OTC
<i>easy mini lancing device</i>	Preferred	OTC
<i>embrace lancing device/ejector</i>	Preferred	OTC
<i>eql color lancets 21g</i>	Preferred	OTC
<i>eql color lancets micro 33g</i>	Preferred	OTC
<i>eql super thin lancets 30g</i>	Preferred	OTC
<i>eql thin lancets 26g</i>	Preferred	OTC
<i>global inject ease lancets 28g</i>	Preferred	OTC
<i>global inject ease lancets 30g</i>	Preferred	OTC
<i>global lancing device</i>	Preferred	OTC
<i>gnp lancets 21g</i>	Preferred	OTC
<i>gnp lancets thin 26g</i>	Preferred	OTC
<i>gnp sterile lancets 28g</i>	Preferred	OTC
<i>gnp sterile lancets 30g</i>	Preferred	OTC
<i>gnp sterile lancets 33g</i>	Preferred	OTC
<i>goodsense color lancets 33g</i>	Preferred	OTC
<i>goodsense lancets 26g univ</i>	Preferred	OTC
<i>goodsense lancets 30g</i>	Preferred	OTC
<i>goodsense lancets 30g univ</i>	Preferred	OTC
<i>goodsense lancets 33g</i>	Preferred	OTC
<i>goodsense lancets 33g univ</i>	Preferred	OTC
<i>goodsense lancing device</i>	Preferred	OTC
<i>h-e-b incontrol adv lancing</i>	Preferred	OTC
<i>h-e-b incontrol lancets 28g</i>	Preferred	OTC
<i>h-e-b incontrol lancets 30g</i>	Preferred	OTC
<i>h-e-b incontrol lancets 33g</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>hy-vee thin lancets</i>	Preferred	OTC
<i>kinney lancets</i>	Preferred	OTC
<i>kinney thin lancets</i>	Preferred	OTC
<i>croger lancets</i>	Preferred	OTC
<i>croger lancets 21g</i>	Preferred	OTC
<i>croger lancets micro thin 33g</i>	Preferred	OTC
<i>croger lancets super thin</i>	Preferred	OTC
<i>croger lancets thin</i>	Preferred	OTC
<i>croger lancets thin 26g</i>	Preferred	OTC
<i>croger lancets ultrathin 30g</i>	Preferred	OTC
<i>croger lancing device</i>	Preferred	OTC
<i>lancet device</i>	Preferred	OTC
<i>lancet device with ejector</i>	Preferred	OTC
<i>lancets</i>	Preferred	OTC
<i>lancets 30g</i>	Preferred	OTC
<i>lancets 33g</i>	Preferred	OTC
<i>lancets micro thin 33g</i>	Preferred	OTC
<i>lancets super thin 28g</i>	Preferred	OTC
<i>lancets thin</i>	Preferred	OTC
<i>lancets ultra thin 30g</i>	Preferred	OTC
<i>lancing device</i>	Preferred	OTC
<i>leader advanced lancing device</i>	Preferred	OTC
<i>lite touch lancets</i>	Preferred	OTC
<i>live better lancet super thin</i>	Preferred	OTC
<i>longs lancets standard</i>	Preferred	OTC
<i>longs lancets thin</i>	Preferred	OTC
<i>longs lancets ultra thin</i>	Preferred	OTC
<i>medichoice safety lancet</i>	Preferred	OTC
<i>medichoice safety lancet extra</i>	Preferred	OTC
<i>medichoice safety lancet norm</i>	Preferred	OTC
<i>mini lancing device</i>	Preferred	OTC
<i>multi-lancet device</i>	Preferred	OTC
<i>pip lancets 28g</i>	Preferred	OTC
<i>pip lancets 30g</i>	Preferred	OTC
<i>preferred plus lancets colored</i>	Preferred	OTC
<i>preferred plus lancets thin</i>	Preferred	OTC
<i>pro comfort lancets 30g</i>	Preferred	OTC
<i>pro comfort lancets 31g</i>	Preferred	OTC
<i>pro comfort safety lancets 30g</i>	Preferred	OTC
<i>pure comfort lancets 30g</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>px advanced lancing device</i>	Preferred	OTC
<i>px lancets microthin 33g</i>	Preferred	OTC
<i>px lancets ultra thin 28g</i>	Preferred	OTC
<i>qc advanced lancing device</i>	Preferred	OTC
<i>qc lancets super thin 30g</i>	Preferred	OTC
<i>qc lancets ultra thin</i>	Preferred	OTC
<i>qc unilet lancets 28g</i>	Preferred	OTC
<i>qc unilet lancets micro thin</i>	Preferred	OTC
<i>reality lancets</i>	Preferred	OTC
<i>reality trigger lancets</i>	Preferred	OTC
<i>safety lancet 30g/pressure act</i>	Preferred	OTC
<i>safety lancets 28g</i>	Preferred	OTC
<i>saps health plus lancets</i>	Preferred	OTC
<i>saps health twist top lancets</i>	Preferred	OTC
<i>saps twist top lancets</i>	Preferred	OTC
<i>saps care twist top lancets</i>	Preferred	OTC
<i>sb lancets thin</i>	Preferred	OTC
<i>sb lancets ultra thin</i>	Preferred	OTC
<i>select-lite device/lancets kit</i>	Preferred	OTC
<i>select-lite lancing device</i>	Preferred	OTC
<i>sm lancets 33g</i>	Preferred	OTC
<i>super thin lancets</i>	Preferred	OTC
<i>sure comfort lancets 18g</i>	Preferred	OTC
<i>sure comfort lancets 21g</i>	Preferred	OTC
<i>sure comfort lancets 23g</i>	Preferred	OTC
<i>sure comfort lancets 28g</i>	Preferred	OTC
<i>sure comfort lancets 30g</i>	Preferred	OTC
<i>sure comfort lancing pen</i>	Preferred	OTC
<i>tgt lancet micro thin 33g</i>	Preferred	OTC
<i>tgt lancet thin 26g</i>	Preferred	OTC
<i>tgt lancet ultra thin 30g</i>	Preferred	OTC
<i>tgt lancing device</i>	Preferred	OTC
<i>today's health lancing device</i>	Preferred	OTC
<i>today's health thin lancets 28g</i>	Preferred	OTC
<i>today's health thin lancets 30g</i>	Preferred	OTC
<i>topcare lancets micro-thin 33g</i>	Preferred	OTC
<i>true comfort safety lancets</i>	Preferred	OTC
<i>true comfort twist top lancets</i>	Preferred	OTC
<i>twist top lancets 30g</i>	Preferred	OTC
<i>ultra thin lancets 31g</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>ultra-care lancets 30g</i>	Preferred	OTC
<i>value plus lancet standard 21g</i>	Preferred	OTC
<i>value plus lancets super thin</i>	Preferred	OTC
<i>value plus lancets thin 26g</i>	Preferred	OTC
<i>value plus lancing device</i>	Preferred	OTC
<i>walgreens lancets micro thin</i>	Preferred	OTC
<i>walgreens lancets super thin</i>	Preferred	OTC
<i>zevrx twist top lancets 30g</i>	Preferred	OTC
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	Preferred	OTC
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	Preferred	OTC
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	Preferred	OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	Preferred	OTC
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Preferred	OTC
ADVOCATE LANCETS (<i>lancets</i>)	Preferred	OTC
ADVOCATE LANCETS 30G (<i>lancets</i>)	Preferred	OTC
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	Preferred	OTC
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	Preferred	OTC
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	Preferred	OTC
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	Preferred	OTC
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	Preferred	OTC
AQUALANCE LANCETS 30G (<i>lancets</i>)	Preferred	OTC
ASSURE LANCE LANCETS (<i>lancets</i>)	Preferred	OTC
ASSURE LANCE LANCETS 21G (<i>lancets</i>)	Preferred	OTC
ASSURE LANCE PLUS SAFETY 25G (<i>lancets</i>)	Preferred	OTC
ASSURE LANCE PLUS SAFETY 30G (<i>lancets</i>)	Preferred	OTC
ASSURE LANCE SAFETY LANCET 28G (<i>lancets</i>)	Preferred	OTC
AUTO-LANCET (<i>lancet devices</i>)	Preferred	OTC
AUTO-LANCET MINI (<i>lancet devices</i>)	Preferred	OTC
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	Preferred	OTC
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	Preferred	OTC
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	Preferred	OTC
AUTOLET MINI (<i>lancet devices</i>)	Preferred	OTC
AUTOLET PLATFORMS (<i>lancets misc.</i>)	Preferred	OTC
AUTOLET PLUS (<i>lancet devices</i>)	Preferred	OTC
BD MICROTAINER LANCETS (<i>lancets</i>)	Preferred	OTC
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	Preferred	OTC
CARESENS LANCETS (<i>lancets</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
CARESENS LANCETS 30G (<i>lancets</i>)	Preferred	OTC
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	Preferred	OTC
CARETOUCH SAFETY LANCETS (<i>lancets</i>)	Preferred	OTC
CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>)	Preferred	OTC
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	Preferred	OTC
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	Preferred	OTC
CARETOUCH TWIST LANCETS 33G (<i>lancets</i>)	Preferred	OTC
CARETOUCH TWIST MC LANCETS 30G (<i>lancets</i>)	Preferred	OTC
CLEANLET LANCETS 28G (<i>lancets</i>)	Preferred	OTC
CLEVER CHEK LANCETS (<i>lancets</i>)	Preferred	OTC
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	Preferred	OTC
CLEVER CHOICE LANCETS 21G (<i>lancets</i>)	Preferred	OTC
CLEVER CHOICE LANCETS 23G (<i>lancets</i>)	Preferred	OTC
CLEVER CHOICE LANCETS 28G (<i>lancets</i>)	Preferred	OTC
COAGUCHEK LANCETS (<i>lancets</i>)	Preferred	OTC
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	Preferred	OTC
COMFORT TOUCH PLUS LANCETS 28G (<i>lancets</i>)	Preferred	OTC
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	Preferred	OTC
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 90 days); Max 90-day supply per 1 Fill
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (3 EA per 30 days)
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	Preferred	OTC
DIATHRIVE LANCETS (<i>lancets</i>)	Preferred	OTC
DIATHRIVE LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	Preferred	OTC
DROPLET LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	Preferred	OTC
DRUG MART UNILET LANCETS 28G (<i>lancets</i>)	Preferred	OTC
DRUG MART UNILET LANCETS 30G (<i>lancets</i>)	Preferred	OTC
DRUG MART UNILET LANCETS 33G (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCETS 21G (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCETS 23G (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCETS 26G (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCETS 28G (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCETS 30G (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCETS 32G (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	Preferred	OTC
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	Preferred	OTC
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	Preferred	OTC
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	Preferred	OTC
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	OTC
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	Preferred	OTC
EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>)	Preferred	OTC
EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>)	Preferred	OTC
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	Preferred	OTC
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	Preferred	OTC
E-Z JECT LANCETS (<i>lancets</i>)	Preferred	OTC
E-Z JECT LANCETS 21G (<i>lancets</i>)	Preferred	OTC
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	Preferred	OTC
EZ-LETS LANCETS 21G (<i>lancets</i>)	Preferred	OTC
EZ-LETS LANCETS 26G (<i>lancets</i>)	Preferred	OTC
EZ-LETS LANCETS 28G (<i>lancets</i>)	Preferred	OTC
EZ-LETS LANCETS 30G (<i>lancets</i>)	Preferred	OTC
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	Preferred	OTC
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	Preferred	OTC
FINGERSTIX LANCETS (<i>lancets</i>)	Preferred	OTC
FORA LANCETS (<i>lancets</i>)	Preferred	OTC
FORA LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
FREESTYLE LANCETS (<i>lancets</i>)	Preferred	OTC
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill

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

Drug Name	Formulary Status	Requirements/Limits
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	Preferred	PA (Eligible for auto-PA approval); QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	Preferred	PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per 1 Fill
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	Preferred	OTC
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	Preferred	OTC
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	Preferred	OTC
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	Preferred	OTC
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	Preferred	OTC
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	Preferred	OTC
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	Preferred	OTC
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	Preferred	OTC
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	Preferred	OTC
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	Preferred	OTC
GENTEEL NOZZLES (<i>lancets misc.</i>)	Preferred	OTC
GENTEEL PLUS LANCING (BLACK) (<i>lancet devices</i>)	Preferred	OTC
GENTEEL PLUS LANCING (PURPLE) (<i>lancet devices</i>)	Preferred	OTC
GENTEEL PLUS LANCING (WHITE) (<i>lancet devices</i>)	Preferred	OTC
GENTEEL PLUS LANCING DEV(BLUE) (<i>lancet devices</i>)	Preferred	OTC
GENTEEL PLUS LANCING DEV(PINK) (<i>lancet devices</i>)	Preferred	OTC
GLUCOCOM LANCETS 28G (<i>lancets</i>)	Preferred	OTC
GLUCOCOM LANCETS 30G (<i>lancets</i>)	Preferred	OTC
GLUCOCOM LANCETS 33G (<i>lancets</i>)	Preferred	OTC
GNP LANCING SYSTEM DEVICE (<i>lancet devices</i>)	Preferred	OTC
GOJJI LANCING DEVICE/CLEAR CAP (<i>lancet devices</i>)	Preferred	OTC
GOJJI STERILE LANCETS (<i>lancets</i>)	Preferred	OTC
HAEMOLANCE (<i>lancets</i>)	Preferred	OTC

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

Drug Name	Formulary Status	Requirements/Limits
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	Preferred	OTC
HAEMOLANCE PLUS (<i>lancets</i>)	Preferred	OTC
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	Preferred	OTC
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	Preferred	OTC
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	Preferred	OTC
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	Preferred	OTC
HEALTH CARE LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
HYPOLANCE AST LANCING KIT (<i>lancets misc.</i>)	Preferred	OTC
HY-VEE LANCETS (<i>lancets</i>)	Preferred	OTC
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	Preferred	OTC
KROGER AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
KROGER HEALTHPRO LANCET 26G (<i>lancets</i>)	Preferred	OTC
LANCETS ULTRA THIN (<i>lancets</i>)	Preferred	OTC
LANZO (<i>lancet devices</i>)	Preferred	OTC
LIBERTY MEDICAL LANCETS (<i>lancets</i>)	Preferred	OTC
LIBERTY MINI LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	Preferred	OTC
LITETOUCH LANCETS (<i>lancets</i>)	Preferred	OTC
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	Preferred	OTC
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	Preferred	OTC
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	Preferred	OTC
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	Preferred	OTC
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	Preferred	OTC
MEIJER LANCETS (<i>lancets</i>)	Preferred	OTC
MEIJER LANCETS THIN (<i>lancets</i>)	Preferred	OTC
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	Preferred	OTC
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	Preferred	OTC
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	Preferred	OTC
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	Preferred	OTC
MICROLET LANCETS (<i>lancets</i>)	Preferred	OTC
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
MM LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
MM TWIST LANCETS (<i>lancets</i>)	Preferred	OTC
MONOLET LANCETS (<i>lancets</i>)	Preferred	OTC
MONOLET OPD LANCETS (<i>lancets</i>)	Preferred	OTC
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	Preferred	OTC
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	Preferred	OTC
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	Preferred	OTC
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	OTC
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Preferred	OTC
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	Preferred	OTC
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	Preferred	OTC
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	Preferred	OTC
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	Preferred	OTC
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	Preferred	OTC
PERFECT LANCETS 28G (<i>lancets</i>)	Preferred	OTC
PERFECT LANCETS 30G (<i>lancets</i>)	Preferred	OTC
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	Preferred	OTC
PHARMACY COUNTER LANCETS (<i>lancets</i>)	Preferred	OTC
PRODIGY LANCETS 28G (<i>lancets</i>)	Preferred	OTC
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	Preferred	OTC
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	Preferred	OTC
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	Preferred	OTC
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	Preferred	OTC
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	Preferred	OTC
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	Preferred	OTC
READYLANCE SAFETY LANCETS (<i>lancets</i>)	Preferred	OTC
RELION LANCET DEVICES 30G (<i>lancets</i>)	Preferred	OTC
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	Preferred	OTC
RELION LANCETS THIN 26G (<i>lancets</i>)	Preferred	OTC
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	Preferred	OTC
RELION LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
RELION LANCING DEVICE KIT (<i>lancets misc.</i>)	Preferred	OTC
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	Preferred	OTC
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Preferred	OTC
REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>)	Preferred	OTC
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	Preferred	OTC
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
RIGHTEST GL300 LANCETS (<i>lancets</i>)	Preferred	OTC
SAFETY LANCETS (<i>lancets</i>)	Preferred	OTC
SAFETY LANCETS 21G (<i>lancets</i>)	Preferred	OTC
SAFETY LANCETS 23G (<i>lancets</i>)	Preferred	OTC
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	Preferred	OTC
SINGLE-LET (<i>lancets</i>)	Preferred	OTC
SM TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
SMART DIABETES VANTAGE LANCING (<i>lancet devices</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	Preferred	OTC
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	Preferred	OTC
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	Preferred	OTC
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	Preferred	OTC
SMARTTEST LANCETS 28G (<i>lancets</i>)	Preferred	OTC
SOLUS V2 LANCETS 28G (<i>lancets</i>)	Preferred	OTC
SOLUS V2 LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	Preferred	OTC
STERILANCE TL (<i>lancets</i>)	Preferred	OTC
SURELITE LANCETS (<i>lancets</i>)	Preferred	OTC
TECHLITE AST LANCETS (<i>lancets</i>)	Preferred	OTC
TECHLITE LANCETS (<i>lancets</i>)	Preferred	OTC
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	Preferred	OTC
TRUE METRIX LEVEL 1 SOLUTION LOW IN VITRO (<i>blood glucose calibration</i>)	Preferred	OTC
TRUE METRIX LEVEL 2 SOLUTION NORMAL IN VITRO (<i>blood glucose calibration</i>)	Preferred	OTC
TRUE METRIX LEVEL 3 SOLUTION HIGH IN VITRO (<i>blood glucose calibration</i>)	Preferred	OTC
TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
TRUEPLUS LANCETS 26G (<i>lancets</i>)	Preferred	OTC
TRUEPLUS LANCETS 28G (<i>lancets</i>)	Preferred	OTC
TRUEPLUS LANCETS 30G (<i>lancets</i>)	Preferred	OTC
TRUEPLUS LANCETS 33G (<i>lancets</i>)	Preferred	OTC
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	OTC
ULTI-LANCE AUTOMATIC (<i>lancet devices</i>)	Preferred	OTC
ULTILET CLASSIC LANCETS (<i>lancets</i>)	Preferred	OTC
ULTILET LANCETS (<i>lancets</i>)	Preferred	OTC
ULTILET SAFETY LANCETS (<i>lancets</i>)	Preferred	OTC
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	Preferred	OTC
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	Preferred	OTC
ULTRA-THIN II LANCETS (<i>lancets</i>)	Preferred	OTC
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	Preferred	OTC
UNILET EXCELITE (<i>lancets</i>)	Preferred	OTC
UNILET EXCELITE II (<i>lancets</i>)	Preferred	OTC
UNILET G.P. LANCET (<i>lancets</i>)	Preferred	OTC
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	Preferred	OTC
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	Preferred	OTC
UNILET LANCET (<i>lancets</i>)	Preferred	OTC
UNILET MICRO-THIN 33G (<i>lancets</i>)	Preferred	OTC
UNILET SUPERLITE LANCET (<i>lancets</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
UNILET SUPER-THIN 30G (<i>lancets</i>)	Preferred	OTC
UNILET ULTRA-THIN 28G (<i>lancets</i>)	Preferred	OTC
UNISTIK 1 (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 2 (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 2 COMFORT (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 2 EXTRA (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 2 NEONATAL (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 2 NORMAL (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 2 SUPER (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 3 (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 3 GENTLE (<i>lancets</i>)	Preferred	OTC
UNISTIK 3 NEONATAL (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK NORMAL (<i>lancets misc.</i>)	Preferred	OTC
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	Preferred	OTC
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	Preferred	OTC
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	Preferred	OTC
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	Preferred	OTC
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	Preferred	OTC
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	Preferred	OTC
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	Preferred	OTC
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	Preferred	OTC
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	Preferred	OTC
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	Preferred	OTC
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	Preferred	OTC
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	Preferred	OTC
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	Preferred	OTC
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	Preferred	OTC
VERIFINE UNIVERSAL LANCETS 28G (<i>lancets</i>)	Preferred	OTC
VERIFINE UNIVERSAL LANCETS 30G (<i>lancets</i>)	Preferred	OTC
VERIFINE UNIVERSAL LANCETS 33G (<i>lancets</i>)	Preferred	OTC
VIVAGUARD LANCETS (<i>lancets</i>)	Preferred	OTC
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	Preferred	OTC
WALGREENS LANCETS (<i>lancets</i>)	Preferred	OTC
WALGREENS THIN LANCETS (<i>lancets</i>)	Preferred	OTC
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	Preferred	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	Preferred	PA
*HEMATORHEOLOGIC AGENTS***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Preferred	
*HEMOSTATICS - SYSTEMIC***		
<i>tranexamic acid oral tablet 650 mg</i>	Preferred	QL (6 EA per 1 day)
*HEPATITIS B AGENTS***		
<i>entecavir oral tablet 0.5 mg</i>	Preferred	PA; QL (1 EA per 1 day)
<i>entecavir oral tablet 1 mg</i>	Preferred	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Preferred	
*HEPATITIS C AGENTS***		
<i>ribavirin oral capsule 200 mg</i>	Preferred	QL (6 EA per 1 day)
<i>ribavirin oral tablet 200 mg</i>	Preferred	QL (6 EA per 1 day)
*HUMIDIFIERS***		
<i>sm vaporizer cleaning tablet soluble</i>	Preferred	OTC
<i>sm vaporizer inhalant liquid</i>	Preferred	OTC
GORDO-POOL CONCENTRATE (<i>humidifier/vaporizer supplies</i>)	Preferred	OTC
KAZ BACTERIOSTATIC TREATMENT LIQUID (<i>humidifier/vaporizer supplies</i>)	Preferred	OTC
KAZ INHALANT LIQUID (<i>humidifier/vaporizer supplies</i>)	Preferred	OTC
KAZ WATER TREATMENT LIQUID (<i>humidifier/vaporizer supplies</i>)	Preferred	OTC
*HYDROLYTIC ENZYMES***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	Preferred	PA; QL (5 ML per 1 day)
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Preferred	
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***		
CRITIC-AID CLEAR AF EXTERNAL OINTMENT 2 % (<i>miconazole nitrate</i>)	Preferred	OTC
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (<i>miconazole nitrate</i>)	Preferred	OTC
*IMIDAZOLE-RELATED ANTIFUNGALS***		
<i>3 day vaginal vaginal cream 2 %</i>	Preferred	OTC
<i>clotrimazole 3 vaginal cream 2 %</i>	Preferred	OTC
<i>clotrimazole vaginal cream 1 %</i>	Preferred	OTC
<i>clotrimazole-7 vaginal cream 1 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs clotrimazole 3 vaginal cream 2 %</i>	Preferred	OTC
<i>cvs miconazole 1 combo pack vaginal kit 1200 & 2 mg & %</i>	Preferred	OTC
<i>cvs miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	OTC
<i>cvs miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	OTC
<i>cvs miconazole 7 vaginal cream 2 %</i>	Preferred	OTC
<i>cvs tioconazole 1 vaginal ointment 6.5 %</i>	Preferred	OTC
<i>eq miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Preferred	OTC
<i>eq tioconazole 1 vaginal ointment 6.5 %</i>	Preferred	OTC
<i>eql miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	OTC
<i>eql miconazole 7 vaginal cream 2 %</i>	Preferred	OTC
<i>eql tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	OTC
<i>gnp clotrimazole 3 vaginal cream 2 %</i>	Preferred	OTC
<i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Preferred	OTC
<i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	OTC
<i>gnp miconazole 7 vaginal cream 2 %</i>	Preferred	OTC
<i>miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Preferred	OTC
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	OTC
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	OTC
<i>miconazole 7 vaginal cream 2 %</i>	Preferred	OTC
<i>miconazole 7 vaginal suppository 100 mg</i>	Preferred	OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Preferred	OTC
<i>qc 3 day vaginal cream 4 %</i>	Preferred	OTC
<i>qc clotrimazole vaginal cream 1 %</i>	Preferred	OTC
<i>qc miconazole 7 vaginal cream 2 %</i>	Preferred	OTC
<i>ra clotrimazole 7 vaginal cream 1 %</i>	Preferred	OTC
<i>ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	OTC
<i>ra miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	OTC
<i>ra miconazole 7 vaginal cream 2 %</i>	Preferred	OTC
<i>ra tioconazole 1 vaginal ointment 6.5 %</i>	Preferred	OTC
<i>sm 3-day vaginal vaginal cream 2 %</i>	Preferred	OTC
<i>sm clotrimazole vaginal vaginal cream 1 %</i>	Preferred	OTC
<i>sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	OTC
<i>sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Preferred	OTC
<i>sm miconazole 7 vaginal cream 2 %</i>	Preferred	OTC
<i>sm miconazole 7 vaginal suppository 100 mg</i>	Preferred	OTC
<i>sm tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Preferred	
<i>terconazole vaginal suppository 80 mg</i>	Preferred	QL (1.5 EA per 1 day)
<i>tioconazole-1 vaginal ointment 6.5 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 % (<i>tioconazole</i>)	Preferred	OTC
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM) (<i>miconazole nitrate</i>)	Preferred	OTC
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (<i>miconazole nitrate</i>)	Preferred	OTC
VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM) (<i>miconazole nitrate</i>)	Preferred	OTC
*IMIDAZOTETRAZINES***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Preferred	PA
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***		
<i>imiquimod external cream 5 %</i>	Preferred	QL (0.434 EA per 1 day); AGE (Min 12 Years)
*INFECTION TESTS***		
<i>ellume covid-19 home test kit in vitro</i>	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
BINAXNOW COVID-19 AG HOME TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
CARESTART COVID-19 HOME TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
CLEARDETECT COVID-19 AG HOME KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
DIATRUST COVID-19 HOME TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
FLOWFLEX COVID-19 AG HOME TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
IHEALTH COVID-19 RAPID TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
INDICAID COVID-19 RAPID TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
INTELISWAB COVID-19 RAPID TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
LUCIRA CHECK IT COVID-19 TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
PILOT COVID-19 AT-HOME TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
PIXEL COVID-19 PCR HOME TEST KIT IN VITRO (<i>covid-19 home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
QUICKVUE AT-HOME COVID-19 TEST KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)
SPEEDY SWAB COVID-19 ANTIGEN KIT IN VITRO (<i>covid-19 at home test</i>)	Preferred	OTC; QL (Max 8 tests per 30 Days); QL (2 EA per 1 day)

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Preferred	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Preferred	
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	Preferred	
*INSULIN ADMINISTRATION SUPPLIES***		
AMBI-TRAY (<i>insulin admin supplies</i>)	Preferred	OTC
BIGFOOT UNITY PEN CAP/ADMELOG (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/APIDRA (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/ASPART (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/BASAGLAR (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/FIASP (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/HUMALOG (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/LANTUS (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/LISPRO (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/LYUMJEV (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/NOVOLOG (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/TOUJEO (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/TOUJEO M (<i>insulin admin supplies</i>)	Preferred	
BIGFOOT UNITY PEN CAP/TRESIBA (<i>insulin admin supplies</i>)	Preferred	
EASY TOUCH INSULIN BARRELS 1ML (<i>insulin admin supplies</i>)	Preferred	OTC
INSUL-CAP (<i>insulin admin supplies</i>)	Preferred	OTC
INSUL-EZE (<i>insulin admin supplies</i>)	Preferred	OTC
OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD 5 G6 PODS (GEN 5) (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR (<i>insulin disposable pump</i>)	Preferred	PA
OMNIPOD POD PALS (<i>insulin dispos pmp accessories</i>)	Preferred	OTC; PA
PRODIGY COUNT-A-DOSE (<i>insulin admin supplies</i>)	Preferred	OTC
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	Preferred	PA
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	Preferred	PA
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	Preferred	PA
VIVI CAP (<i>insulin admin supplies</i>)	Preferred	OTC
VIVI CAP1 (<i>insulin admin supplies</i>)	Preferred	OTC
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	Preferred	PA; QL (0.04 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*INTESTINAL ACIDIFIERS***		
<i>enulose oral solution 10 gm/15ml</i>	Preferred	
<i>generlac oral solution 10 gm/15ml</i>	Preferred	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Preferred	
*IODINE ANTISEPTICS***		
<i>cvs povidone-iodine external solution 10 %</i>	Preferred	OTC
<i>eq first aid antiseptic external solution 10 %</i>	Preferred	OTC
<i>eq povidone-iodine external solution 10 %</i>	Preferred	OTC
<i>first aid antiseptic external ointment 10 %</i>	Preferred	OTC
<i>gnp povidone-iodine external solution 10 %</i>	Preferred	OTC
<i>povidone-iodine external solution 10 %</i>	Preferred	OTC
<i>qc povidone iodine external solution 10 %</i>	Preferred	OTC
<i>ra antiseptic external solution 10 %</i>	Preferred	OTC
<i>sb povidone-iodine external solution 10 %</i>	Preferred	OTC
<i>sm povidone-iodine external solution 10 %</i>	Preferred	OTC
BETADINE EXTERNAL SOLUTION 10 % (<i>povidone-iodine</i>)	Preferred	OTC
BETADINE SURGICAL SCRUB EXTERNAL SOLUTION 7.5 % (<i>povidone-iodine</i>)	Preferred	OTC
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 % (<i>povidone-iodine</i>)	Preferred	OTC
*IRON COMBINATIONS***		
<i>fe c tab oral tablet 100-250 mg</i>	Preferred	OTC
<i>ferocon oral capsule</i>	Preferred	
<i>ferotrinsic oral capsule</i>	Preferred	
<i>foltrin oral capsule</i>	Preferred	
<i>iron 100/c oral tablet 100-250 mg</i>	Preferred	OTC
<i>iron-vitamin c oral tablet 100-250 mg</i>	Preferred	OTC
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	Preferred	
BIFERA ORAL TABLET 28 MG (<i>polysacch fe cmp-fe heme poly</i>)	Preferred	OTC
FEOSOL BIFERA ORAL TABLET 28 MG (<i>polysacch fe cmp-fe heme poly</i>)	Preferred	OTC
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG (<i>ferrous sulfate-c-folic acid</i>)	Preferred	OTC
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (<i>fe fum-vit c-vit b12-fa</i>)	Preferred	OTC
<i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule)	Preferred	
*IRON W/ FOLIC ACID***		
<i>hematinic/folic acid oral tablet 324-1 mg</i>	Preferred	
*IRON***		
<i>cvs iron oral tablet 240 (27 fe) mg</i>	Preferred	OTC
<i>cvs iron oral tablet 325 (65 fe) mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs slow release dried iron oral tablet extended release 45 mg</i>	Preferred	OTC
<i>eq slow-release iron oral tablet extended release 45 mg</i>	Preferred	OTC
<i>eql carbonyl iron oral tablet 45 mg</i>	Preferred	OTC
<i>eql iron supplement therapy oral tablet 325 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>eql slow release iron oral tablet extended release 160 (50 fe) mg</i>	Preferred	OTC
<i>ferretts oral tablet 325 (106 fe) mg</i>	Preferred	OTC
<i>ferric x-150 oral capsule 150 mg</i>	Preferred	OTC
<i>ferrotabs oral tablet 240 mg</i>	Preferred	OTC
<i>ferrous fumarate oral tablet 29 mg, 324 (106 fe) mg, 324 mg</i>	Preferred	OTC
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i>	Preferred	OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml</i>	Preferred	OTC
<i>ferrous sulfate oral tablet 27 mg</i>	Preferred	OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg</i>	Preferred	OTC
<i>fe-vite iron oral solution 75 (15 fe) mg/ml</i>	Preferred	OTC
<i>gnp iron oral tablet 200 (65 fe) mg</i>	Preferred	OTC
<i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i>	Preferred	OTC
<i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>iron 27 oral tablet 240 (27 fe) mg</i>	Preferred	OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>	Preferred	OTC
<i>iron high-potency oral tablet 325 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>iron infant & toddler oral solution 75 (15 fe) mg/ml</i>	Preferred	OTC
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	Preferred	OTC
<i>iron oral tablet 240 (27 fe) mg</i>	Preferred	OTC
<i>iron oral tablet 325 (65 fe) mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>	Preferred	OTC
<i>iron supplement oral solution 220 (44 fe) mg/5ml</i>	Preferred	OTC
<i>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</i>	Preferred	OTC
<i>kp ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>meijer ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>nat-rul iron oral tablet 325 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	Preferred	OTC
<i>polysaccharide iron complex oral capsule 150 mg</i>	Preferred	OTC
<i>polysaccharide-iron complex oral capsule 150 mg</i>	Preferred	OTC
<i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ra high potency iron oral tablet 27 mg</i>	Preferred	OTC
<i>ra iron oral tablet 27 mg</i>	Preferred	OTC
<i>ra iron oral tablet 325 (65 fe) mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ra slow release iron oral tablet extended release 45 mg</i>	Preferred	OTC
<i>slow iron oral tablet extended release 160 (50 fe) mg</i>	Preferred	OTC
<i>slow release iron oral tablet extended release 45 mg, 47.5 mg</i>	Preferred	OTC
<i>sm iron oral tablet 325 (65 fe) mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm iron slow release oral tablet extended release 160 (50 fe) mg</i>	Preferred	OTC
<i>sm slow release dried iron oral tablet extended release 45 mg</i>	Preferred	OTC
<i>sm slow release iron oral tablet extended release 143 (45 fe) mg</i>	Preferred	OTC
<i>sv iron oral tablet 325 (65 fe) mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>wee care oral suspension 15 mg/1.25ml</i>	Preferred	OTC
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML (<i>ferrous sulfate</i>)	Preferred	OTC
FERATE ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>)	Preferred	OTC
FERGON ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>)	Preferred	OTC
FEROSUL ORAL TABLET 325 (65 FE) MG (<i>ferrous sulfate</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
FERREX 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Preferred	OTC
FERRIMIN 150 ORAL TABLET 150 MG (<i>ferrous fumarate</i>)	Preferred	OTC
FERROCITE ORAL TABLET 324 MG (<i>ferrous fumarate</i>)	Preferred	OTC
GOODSENSE IRON ORAL TABLET 325 MG (<i>ferrous sulfate</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
IFEREX 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Preferred	OTC
IRON UP ORAL LIQUID 15 MG/0.5ML (<i>polysaccharide iron complex</i>)	Preferred	OTC
NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML (<i>polysaccharide iron complex</i>)	Preferred	OTC
NU-IRON ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Preferred	OTC
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML (<i>ferrous sulfate</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
POLY-IRON 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Preferred	OTC
PROFE ORAL CAPSULE 391.3 (180 FE) MG (<i>polysaccharide iron complex</i>)	Preferred	OTC
PROFERRIN ES ORAL TABLET 12 MG (<i>iron heme polypeptide</i>)	Preferred	OTC
*IRRIGATION SOLUTIONS***		
<i>sterile water for irrigation irrigation solution</i>	Preferred	
<i>water for irrigation, sterile irrigation solution</i>	Preferred	
<i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)	Preferred	
*KERATOLYTIC/ANTIMITOTIC AGENTS***		
<i>cvs psoriasis medicated external shampoo 3 %</i>	Preferred	OTC
<i>cvs therapeutic dandruff external shampoo 3 %</i>	Preferred	OTC
<i>cvs wart remover pen external gel 17 %</i>	Preferred	OTC
<i>podofilox external solution 0.5 %</i>	Preferred	
<i>ra wart remover external gel 17 %</i>	Preferred	OTC
<i>therapeutic dandruff external shampoo 3 %</i>	Preferred	OTC
<i>therapeutic t+plus max st external shampoo 3 %</i>	Preferred	OTC
<i>wart remover external gel 17 %</i>	Preferred	OTC
<i>wart remover maximum strength external gel 17 %</i>	Preferred	OTC
BETASAL EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	Preferred	OTC
DENOREX EX ST MEDICATED EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	Preferred	OTC
DERMAREST PSORIASIS EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	Preferred	OTC
DHS SAL EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	Preferred	OTC
MG217 DANDRUFF SHAMPOO/COND EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	Preferred	OTC
MG217 PSORIASIS THER SHAM/COND EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	Preferred	OTC
NEUTROGENA T/SAL EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	Preferred	OTC
SELSUN BLUE DEEP CLEANSING EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	Preferred	OTC
SELSUN BLUE NATURALS DRY SCALP EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>)	Preferred	OTC
*LAXATIVES - MISCELLANEOUS***		
<i>constulose oral solution 10 gm/15ml</i>	Preferred	
<i>cvs glycerin adult rectal suppository 2 gm, 2.1 gm</i>	Preferred	OTC
<i>cvs glycerin child rectal suppository 1 gm</i>	Preferred	OTC
<i>eq laxative oral packet 17 gm</i>	Preferred	OTC
<i>ft clearlax oral powder 17 gm/scoop</i>	Preferred	OTC
<i>gavilax oral powder 17 gm/scoop</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>gentlelax oral powder 17 gm/scoop</i>	Preferred	OTC
<i>glycerin (adult) rectal suppository 2 gm, 2.1 gm</i>	Preferred	OTC
<i>glycerin (child) rectal suppository 1.2 gm</i>	Preferred	OTC
<i>glycerin (infants & children) rectal suppository 1 gm, 1.2 gm</i>	Preferred	OTC
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	Preferred	OTC
<i>glycerin adult rectal suppository 2 gm</i>	Preferred	OTC
<i>glycerin childrens rectal suppository 1 gm</i>	Preferred	OTC
<i>gnp glycerin (adult) rectal suppository 2.1 gm</i>	Preferred	OTC
<i>gnp glycerin child rectal suppository 1.2 gm</i>	Preferred	OTC
<i>lactulose oral solution 10 gm/15ml</i>	Preferred	
<i>peg 3350 oral packet 17 gm</i>	Preferred	OTC
<i>peg 3350 oral powder 17 gm/scoop</i>	Preferred	OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Preferred	OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Preferred	OTC
<i>qc natura-lax oral powder 17 gm/scoop</i>	Preferred	OTC
<i>ra glycerin adult rectal suppository 80.7 %</i>	Preferred	OTC
<i>ra glycerin child rectal suppository 80.7 %</i>	Preferred	OTC
<i>ra laxative oral powder 17 gm/scoop</i>	Preferred	OTC
<i>sb glycerin adult rectal suppository 2.1 gm</i>	Preferred	OTC
<i>sb glycerin pediatric rectal suppository 1.2 gm</i>	Preferred	OTC
<i>sb polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Preferred	OTC
<i>sm glycerin pediatric rectal suppository 1.2 gm, 80.7 %</i>	Preferred	OTC
<i>sorbitol oral solution 70 %</i>	Preferred	OTC
<i>sorbitol rectal solution 70 %</i>	Preferred	OTC
AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM (<i>glycerin (laxative)</i>)	Preferred	OTC
CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
CVS PURELAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>)	Preferred	OTC
CVS PURELAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
FLEET LIQUID GLYCERIN SUPP RECTAL ENEMA 5.4 GM/DOSE (<i>glycerin (laxative)</i>)	Preferred	OTC
GLYCOLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
GNP CLEARLAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
HEALTHYLAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>)	Preferred	OTC
HM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
MM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM (<i>glycerin (laxative)</i>)	Preferred	OTC
SM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
SMOOTH LAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>)	Preferred	OTC
SMOOTH LAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>)	Preferred	OTC
*LAXATIVES & DSS***		
<i>cvs senna plus oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>cvs stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>docuzen oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>easy-lax plus oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>eq senna-s oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>eq stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>eq l senna-s oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>ft senna-s oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>ft stool softener oral tablet 50-8.6 mg</i>	Preferred	OTC
<i>gnp senna plus oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>hm stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>laxacin oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>medi-natural plus oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>qc senna-s oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg</i>	Preferred	OTC
<i>ra 2-in-1 lax/stool softener oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>ra p col-rite oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>sb docusate sodium/senna oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>senexon-s oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>senna plus oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>senna s oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>senna-plus oral tablet 8.6-50 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>senna-s oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>senna-time s oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>sm senna-s oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>sm stool softener/laxative oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>stimulant laxative oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>stool softener laxative oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	Preferred	OTC
<i>stool softener/laxative oral tablet 50-8.6 mg</i>	Preferred	OTC
<i>vegetable lax+stool softener oral tablet 8.6-50 mg</i>	Preferred	OTC
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG (<i>sennosides-docusate sodium</i>)	Preferred	OTC
SEKOKOT S ORAL TABLET 8.6-50 MG (<i>sennosides-docusate sodium</i>)	Preferred	OTC
*LEPROSTATICS***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Preferred	
*LEVODOPA COMBINATIONS***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Preferred	
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	Preferred	Max 90-day supply per 1 Fill
*LINCOSAMIDES***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	Preferred	QL (4 EA per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Preferred	QL (70 ML per 1 day)
*LINIMENT COMBINATIONS***		
ZIKS ARTHRITIS PAIN RELIEF EXTERNAL CREAM 0.025-1-12 % (<i>capsaicin-menthol-methyl sal</i>)	Preferred	OTC
*LOCAL ANESTHETICS - TOPICAL***		
<i>asperflex max st external patch 4 %</i>	Preferred	OTC
<i>cvs lidocaine maximum strength external cream 4 %</i>	Preferred	OTC
<i>cvs pain relief external cream 4 %</i>	Preferred	OTC
<i>cvs pain relief external patch 4 %</i>	Preferred	OTC
<i>eq lidocaine pain relieving external patch 4 %</i>	Preferred	OTC
<i>eq pain relieving external cream 4 %</i>	Preferred	OTC
<i>gnp lidocaine pain relief external patch 4 %</i>	Preferred	OTC
<i>gnp lidocaine pain relieving external cream 4 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>lidocaine external cream 4 %</i>	Preferred	OTC
<i>lidocaine hcl external cream 4 %</i>	Preferred	OTC
<i>lidocaine max st 24 hours external patch 4 %</i>	Preferred	OTC
<i>lidocaine pain relief external patch 4 %</i>	Preferred	OTC
<i>lidocaine pain relief max st external cream 4 %</i>	Preferred	OTC
<i>lidocaine pain relief max st external patch 4 %</i>	Preferred	OTC
<i>lidocaine pain relieving external patch 4 %</i>	Preferred	OTC
<i>lidocaine plus external cream 4 %</i>	Preferred	OTC
<i>lidocanna external patch 4 %</i>	Preferred	OTC
<i>pain relief maximum strength external patch 4 %</i>	Preferred	OTC
<i>pain relieving + lidocaine external cream 4 %</i>	Preferred	OTC
<i>pain relieving lidocaine external patch 4 %</i>	Preferred	OTC
<i>qc lidocaine pain relief external patch 4 %</i>	Preferred	OTC
<i>qc pain relieving + lidocaine external cream 4 %</i>	Preferred	OTC
<i>ra lidocaine pain relieving external patch 4 %</i>	Preferred	OTC
<i>ra pain relief external cream 4 %</i>	Preferred	OTC
<i>ra pain relieving external patch 4 %</i>	Preferred	OTC
<i>theracare pain relief external patch 4 %</i>	Preferred	OTC
ANECREAM EXTERNAL CREAM 4 % (<i>lidocaine</i>)	Preferred	OTC
ASPERCREME LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>)	Preferred	OTC
ASPERCREME LIDOCAINE EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	OTC
ASPERCREME W/LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>)	Preferred	OTC
ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine</i>)	Preferred	OTC
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	OTC
BENGAY LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>)	Preferred	OTC
BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	OTC
FIRST CARE PAIN RELIEF EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	OTC
GOLD BOND MULTI-SYMPATOM EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>)	Preferred	OTC
GOLD BOND PAIN & ITCH RELIEF EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>)	Preferred	OTC
HEALTHWISE PAIN RELIEF EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	OTC
LIDO KING EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	OTC
PHARMACIST CHOICE PAIN RELIEF EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	OTC
RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	OTC
SALONPAS PAIN RELIEVING EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	OTC
WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH 4 % (<i>lidocaine</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
*LOOP DIURETICS***		
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>bumetanide oral tablet 2 mg</i>	Preferred	QL (5 EA per 1 day); Max 90-day supply per 1 Fill
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Preferred	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Preferred	Max 90-day supply per 1 Fill
SOAAZ ORAL TABLET 20 MG (<i>torseamide</i>)	Preferred	Max 90-day supply per 1 Fill
*LUBRICANT LAXATIVES***		
<i>cvs mineral oil enema rectal enema</i>	Preferred	OTC
<i>cvs mineral oil oral oil</i>	Preferred	OTC
<i>enema mineral oil rectal enema</i>	Preferred	OTC
<i>eq mineral oil oral oil</i>	Preferred	OTC
<i>ft mineral oil oral oil</i>	Preferred	OTC
<i>gnp mineral oil oral oil</i>	Preferred	OTC
<i>goodsense mineral oil oral oil</i>	Preferred	OTC
<i>hm enema mineral oil rectal enema</i>	Preferred	OTC
<i>mineral oil heavy oral oil</i>	Preferred	
<i>mineral oil oral oil</i>	Preferred	OTC
<i>qc mineral oil heavy oral oil</i>	Preferred	OTC
<i>ra mineral oil oral oil</i>	Preferred	OTC
<i>sm mineral oil oral oil</i>	Preferred	OTC
<i>sm mineral oil rectal enema</i>	Preferred	OTC
*MACROLIDE IMMUNOSUPPRESSANTS***		
<i>sirolimus oral solution 1 mg/ml</i>	Preferred	
<i>sirolimus oral tablet 0.5 mg, 2 mg</i>	Preferred	
<i>tacrolimus oral capsule 0.5 mg</i>	Preferred	QL (2 EA per 1 day)
<i>tacrolimus oral capsule 1 mg</i>	Preferred	QL (8 EA per 1 day)
<i>tacrolimus oral capsule 5 mg</i>	Preferred	QL (4 EA per 1 day)
*MAGNESIUM COMBINATIONS***		
<i>potassium & magnesium aspartat oral capsule 250-250 mg</i>	Preferred	OTC
<i>ra potassium/magnesium oral capsule 250-250 mg</i>	Preferred	OTC
BEELITH ORAL TABLET 362-20 MG (<i>magnesium oxide-pyridoxine hcl</i>)	Preferred	OTC
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG (<i>magnesium cl-calcium carbonate</i>)	Preferred	OTC
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG (<i>magnesium cl-calcium carbonate</i>)	Preferred	OTC
*MAGNESIUM***		
<i>cvs magnesium oral tablet 500 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs magnesium oxide oral tablet 250 mg</i>	Preferred	OTC
<i>kp mag-oxide magnesium oral tablet 200 mg</i>	Preferred	OTC
<i>mag glycinate oral tablet 100 mg</i>	Preferred	OTC
<i>mag-g oral tablet 500 (27 mg) mg</i>	Preferred	OTC
<i>magnesium bisglycinate oral tablet 100 mg</i>	Preferred	OTC
<i>magnesium citrate oral capsule 125 mg</i>	Preferred	OTC
<i>magnesium citrate oral tablet 100 mg</i>	Preferred	OTC
<i>magnesium extra strength oral capsule 400 mg</i>	Preferred	OTC
<i>magnesium gluconate oral tablet 27.5 mg</i>	Preferred	OTC
<i>magnesium lactate oral tablet extended release 84 mg (7meq)</i>	Preferred	OTC
<i>magnesium oral tablet 200 mg, 250 mg, 30 mg, 400 mg</i>	Preferred	OTC
<i>magnesium oxide -mg supplement oral capsule 400 mg, 500 mg</i>	Preferred	OTC
<i>magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 500 mg</i>	Preferred	OTC
<i>mgo oral tablet 400 (240 mg) mg</i>	Preferred	OTC
<i>natrul magnesium oral tablet 250 mg</i>	Preferred	OTC
<i>ra magnesium oral capsule 500 mg</i>	Preferred	OTC
<i>ra natural magnesium oral tablet 250 mg</i>	Preferred	OTC
<i>sm magnesium oral tablet 250 mg</i>	Preferred	OTC
<i>sm magnesium oxide oral tablet 250 mg</i>	Preferred	OTC
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (magnesium chloride)	Preferred	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (magnesium oxide)	Preferred	OTC
MAGONATE ORAL LIQUID 54 (MAG EQUIV) MG/5ML (magnesium carbonate)	Preferred	OTC
MAG-OXIDE ORAL TABLET 200 MG (magnesium oxide)	Preferred	OTC
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ) (magnesium lactate)	Preferred	OTC
*MASKS***		
<i>breathe comfort protect shield</i>	Preferred	OTC
<i>cvs medical face masks earloop</i>	Preferred	OTC
<i>cvs procedural mask</i>	Preferred	OTC
<i>disposable face mask</i>	Preferred	OTC
<i>disposable face mask 3-ply</i>	Preferred	OTC
<i>ear-loop mask small</i>	Preferred	OTC
<i>face mask</i>	Preferred	OTC
<i>face mask earloop-style</i>	Preferred	OTC
<i>face mask resp n-100 part</i>	Preferred	
<i>face mask respirator r-95 part</i>	Preferred	
<i>face masks 3 layer non-medical</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>kn95 disposable mask</i>	Preferred	OTC
<i>kn95 medical protective mask</i>	Preferred	OTC
<i>mask pediatric size 1"</i>	Preferred	OTC
<i>n95 face mask</i>	Preferred	OTC
<i>n95 parti respirator face mask</i>	Preferred	OTC
<i>pediatric medium mask</i>	Preferred	OTC
<i>pediatric small mask</i>	Preferred	OTC
<i>surgical face mask/niosh n95</i>	Preferred	
ACTEEV PROTECT FACE MASK (<i>masks</i>)	Preferred	OTC
CLEVER CHOICE DISPOSABLE MASK (<i>masks</i>)	Preferred	OTC
CLEVER CHOICE FACE MASK (<i>masks</i>)	Preferred	OTC
EASY FLOW KN 95 (<i>masks</i>)	Preferred	OTC
J & J GERM FILTER MASK (<i>masks</i>)	Preferred	OTC
NEXCARE ALL PURPOSE MASK (<i>masks</i>)	Preferred	OTC
NEXCARE EARLOOP MASK (<i>masks</i>)	Preferred	OTC
SAFE-SENSE EARLOOP FACE MASK (<i>masks</i>)	Preferred	
SHIELD-SECURE FULL FACE SHIELD (<i>masks</i>)	Preferred	OTC
*MEDICAL WASTE DISPOSAL SYSTEMS***		
<i>bd sharps container home</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>cvs needle collection/disposal</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>sharps collector</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>sharps container</i>	Preferred	OTC; QL (1 EA per 1 day)
<i>sharps disposal by mail system</i>	Preferred	OTC; QL (1 EA per 1 day)
BD PHLEBOTOMY SHARPS COLLECTOR (<i>sharps container</i>)	Preferred	OTC; QL (1 EA per 1 day)
BD SHARPS COLLECTOR (<i>sharps container</i>)	Preferred	OTC; QL (1 EA per 1 day)
COMPLETE NEEDLE COLLECTION SYS (<i>sharps container</i>)	Preferred	OTC; QL (1 EA per 1 day)
MONOJECT SHARPS CONTAINER (<i>sharps container</i>)	Preferred	QL (1 EA per 1 day)
ULTILET SHARPS CONTAINER 1QT (<i>sharps container</i>)	Preferred	OTC; QL (1 EA per 1 day)
ULTILET SHARPS CONTAINER 2QT (<i>sharps container</i>)	Preferred	OTC; QL (1 EA per 1 day)
*MINERALOCORTICOIDS***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Preferred	
*MISC. ANTI-ULCER***		
<i>sucrafate oral suspension 1 gm/10ml</i>	Preferred	
<i>sucrafate oral tablet 1 gm</i>	Preferred	
*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS***		
RELION GLUCOSE SHOT ORAL LIQUID (<i>glucose-cholecalciferol</i>)	Preferred	OTC
TRUEPLUS GLUCOSE SHOT ORAL LIQUID (<i>glucose-cholecalciferol</i>)	Preferred	OTC
*MISC. NUTRITIONAL SUBSTANCES***		
<i>cvs fish oil half-the-size oral capsule 500 mg</i>	Preferred	OTC

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<i>cvs fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	OTC
<i>cvs fish oil oral capsule delayed release 1200 mg</i>	Preferred	OTC
<i>cvs natural fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	OTC
<i>cvs omega-3 gummy fish oral tablet chewable 113.5 mg</i>	Preferred	OTC
<i>eql fish oil oral capsule 1000 mg</i>	Preferred	OTC
<i>eql omega 3 fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	OTC
<i>eql omega 3 fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	Preferred	OTC
<i>fish oil adult gummies oral tablet chewable 113.5 mg</i>	Preferred	OTC
<i>fish oil burp-less oral capsule 1000 mg, 1200 mg, 500 mg</i>	Preferred	OTC
<i>fish oil concentrate oral capsule 1000 mg, 435 mg</i>	Preferred	OTC
<i>fish oil double strength oral capsule 1200 mg</i>	Preferred	OTC
<i>fish oil extra strength oral capsule 1200 mg, 435 mg</i>	Preferred	OTC
<i>fish oil high potency oral capsule 1000 mg</i>	Preferred	OTC
<i>fish oil maximum strength oral capsule 1200 mg</i>	Preferred	OTC
<i>fish oil maximum strength oral capsule delayed release 1200 mg</i>	Preferred	OTC
<i>fish oil odor-less oral capsule 1200 mg</i>	Preferred	OTC
<i>fish oil omega-3 oral capsule 1000 mg</i>	Preferred	OTC
<i>fish oil oral capsule 1000 mg, 1200 mg, 435 mg, 500 mg</i>	Preferred	OTC
<i>fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	Preferred	OTC
<i>gnp fish oil max st oral capsule delayed release 1200 mg</i>	Preferred	OTC
<i>gnp fish oil oral capsule 1000 mg</i>	Preferred	OTC
<i>gnp fish oil oral capsule delayed release 1000 mg</i>	Preferred	OTC
<i>hm fish oil oral capsule 1000 mg</i>	Preferred	OTC
<i>kp fish oil oral capsule 1200 mg</i>	Preferred	OTC
<i>kp omega-3 fish oil oral capsule 1200 mg</i>	Preferred	OTC
<i>kp omega-3 fish oil oral capsule delayed release 1200 mg</i>	Preferred	OTC
<i>norwegian salmon oil oral capsule 1000 mg</i>	Preferred	OTC
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	Preferred	OTC
<i>omega 3 oral capsule 1000 mg, 1200 mg</i>	Preferred	OTC
<i>omega-3 cf oral capsule 1000 mg</i>	Preferred	OTC
<i>omega-3 fish oil concentrate oral capsule delayed release 1000 mg</i>	Preferred	OTC
<i>omega-3 fish oil oral capsule 1000 mg, 1200 mg, 500 mg</i>	Preferred	OTC
<i>omega-3 oral capsule 1000 mg</i>	Preferred	OTC
<i>qc fish oil oral capsule 1000 mg</i>	Preferred	OTC
<i>ra fish oil oral capsule 1000 mg</i>	Preferred	OTC
<i>ra fish oil oral capsule delayed release 1000 mg</i>	Preferred	OTC
<i>sam-e.p.a. oral capsule 200-300 mg</i>	Preferred	OTC
<i>sb omega-3 fish oil oral capsule 1000 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>sm fish oil oral capsule 1000 mg, 1200 mg</i>	Preferred	OTC
<i>sm fish oil oral capsule delayed release 1000 mg</i>	Preferred	OTC
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Preferred	OTC
<i>sv fish oil oral capsule 500 mg</i>	Preferred	OTC
MAXIMUM EPA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
OMEGAPURE 600 EC ORAL CAPSULE DELAYED RELEASE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
OMEGAPURE 820 ORAL CAPSULE 1250 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
OVEGA-3 ORAL CAPSULE 500 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
SEA-OMEGA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
SUPER DHA GEMS ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
SUPER OMEGA-3 ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
THERAGRAN-M FISH OIL CONC ORAL CAPSULE 1200 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
THEROMEGA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
ULTRA OMEGA 3 ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
VITEYES OMEGA-3 VISION SUPPORT ORAL CAPSULE DELAYED RELEASE 1000 MG (<i>omega-3 fatty acids</i>)	Preferred	OTC
*MISC. RESPIRATORY INHALANTS***		
<i>sodium chloride inhalation nebulization solution 0.9 %</i>	Preferred	
*MISC. TOPICAL COMBINATIONS***		
<i>calamine external lotion 8-8 %</i>	Preferred	OTC
<i>calamine-zinc oxide external lotion , 8-8 %</i>	Preferred	OTC
<i>cvs multi-purpose external ointment 15.5-53.4 %</i>	Preferred	OTC
<i>gnp calamine external lotion 8-8 %</i>	Preferred	OTC
<i>meijer calamine external lotion</i>	Preferred	OTC
<i>moisture barrier external ointment 0.44-20.6 %</i>	Preferred	OTC
<i>sm calamine external lotion</i>	Preferred	OTC
A+D FIRST AID EXTERNAL OINTMENT 15.5-53.4 % (<i>lanolin-petrolatum</i>)	Preferred	OTC
CALMOSEPTINE EXTERNAL OINTMENT 0.44-20.6 % (<i>menthol-zinc oxide</i>)	Preferred	OTC
CALPROTECT EXTERNAL OINTMENT 0.44-20.6 % (<i>menthol-zinc oxide</i>)	Preferred	OTC
MEDPURA HYDROSEPTINE EXTERNAL OINTMENT 0.44-20.6 % (<i>menthol-zinc oxide</i>)	Preferred	OTC
*MISC. TOPICAL***		
<i>cvs medicated wipes external pad 50 %</i>	Preferred	OTC
<i>cvs medicated witch hazel external pad 50 %</i>	Preferred	OTC

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<i>eq hemorrhoidal external pad 50 %</i>	Preferred	OTC
<i>eq hygienic cleansing wipes external pad</i>	Preferred	OTC
<i>goodsense medicated external pad 50 %</i>	Preferred	OTC
<i>goodsense medicated wipes external pad 50 %</i>	Preferred	OTC
<i>hemorrhoidal external pad 50 %</i>	Preferred	OTC
<i>hemorrhoidal hygiene external pad 50 %</i>	Preferred	OTC
<i>hm medicated cooling external pad 50 %</i>	Preferred	OTC
<i>medicated pads external pad 50 %</i>	Preferred	OTC
<i>medicated wipes external pad 50 %</i>	Preferred	OTC
<i>medi-pads external pad 50 %</i>	Preferred	OTC
<i>pre-moistened witch hazel external pad 50 %</i>	Preferred	OTC
<i>qc medicated pads external pad</i>	Preferred	OTC
<i>qc medicated pre-moistened external pad 50 %</i>	Preferred	OTC
<i>qc medicated wipes external pad</i>	Preferred	OTC
<i>ra medicated wipes external pad 50 %</i>	Preferred	OTC
<i>sm medicated wipes external pad 50 %</i>	Preferred	OTC
B-SURE WITCH HAZEL EXTERNAL PAD 50 % (<i>witch hazel</i>)	Preferred	OTC
PREPARATION H EXTERNAL PAD 50 % (<i>witch hazel</i>)	Preferred	OTC
PREPARATION H FOR WOMEN EXTERNAL PAD 20 % (<i>witch hazel</i>)	Preferred	OTC
PREPARATION H SOOTHING RELIEF EXTERNAL PAD 20 % (<i>witch hazel</i>)	Preferred	OTC
PREPARATION H TOTABLES WIPES EXTERNAL PAD 50 % (<i>witch hazel</i>)	Preferred	OTC
TN DICKINSONS WITCH HAZEL EXTERNAL PAD , 50 % (<i>witch hazel</i>)	Preferred	OTC
*MITOTIC INHIBITORS***		
<i>etoposide oral capsule 50 mg</i>	Preferred	
*MIXED ADRENERGICS***		
ASTHMANEFRIN REFILL INHALATION NEBULIZATION SOLUTION 2.25 % (<i>racepinephrine hcl</i>)	Preferred	OTC
S2 (RACEPINEPHRINE) INHALATION NEBULIZATION SOLUTION 2.25 % (<i>racepinephrine hcl</i>)	Preferred	OTC
*MUCOLYTICS***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Preferred	
*MULTIPLE VITAMINS W/ IRON***		
<i>daily vite multivitamin/iron oral tablet</i>	Preferred	OTC
<i>multiple vitamins/iron oral tablet</i>	Preferred	OTC
<i>multivitamin plus iron adult oral tablet</i>	Preferred	OTC
<i>multi-vitamin/iron oral tablet</i>	Preferred	OTC
<i>nat-rul daily-vite+iron oral tablet</i>	Preferred	OTC
<i>one daily multivitamin/iron oral tablet</i>	Preferred	OTC

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<i>one-daily multi-vitamin/iron oral tablet</i>	Preferred	OTC
<i>one-daily/iron oral tablet</i>	Preferred	OTC
<i>qc daily multivitamins/iron oral tablet</i>	Preferred	OTC
<i>sm multiple vitamins/iron oral tablet</i>	Preferred	OTC
<i>stress b complex/iron oral tablet</i>	Preferred	OTC
<i>stress formula/iron oral tablet</i>	Preferred	OTC
<i>tab-a-vite/iron oral tablet</i>	Preferred	OTC
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET (<i>multiple vitamins-iron</i>)	Preferred	OTC
*MULTIPLE VITAMINS W/ MINERALS***		
<i>50+ adult eye health oral capsule</i>	Preferred	OTC
<i>a thru z advanced adult oral tablet</i>	Preferred	OTC
<i>a thru z advanced oral tablet</i>	Preferred	OTC
<i>a thru z high potency oral tablet</i>	Preferred	OTC
<i>a thru z select 50+ advanced oral tablet</i>	Preferred	OTC
<i>a thru z select 50+ mens oral tablet</i>	Preferred	OTC
<i>a thru z select advanced oral tablet</i>	Preferred	OTC
<i>a thru z select oral tablet</i>	Preferred	OTC
<i>a thru z select oral tablet chewable</i>	Preferred	OTC
<i>a thru z select ultimate women oral tablet</i>	Preferred	OTC
<i>a thru z ultimate mens oral tablet</i>	Preferred	OTC
<i>actical oral capsule</i>	Preferred	OTC
<i>adult one daily gummies oral tablet chewable</i>	Preferred	OTC
<i>advanced eye health oral capsule</i>	Preferred	OTC
<i>antioxidant a/c/e/selenium oral tablet</i>	Preferred	OTC
<i>antioxidant formula/minerals oral capsule</i>	Preferred	OTC
<i>antioxidant oral capsule</i>	Preferred	OTC
<i>antioxidant vitamins oral tablet</i>	Preferred	OTC
<i>biocel oral tablet</i>	Preferred	
<i>body/hair/skin/nails oral capsule</i>	Preferred	OTC
<i>b-plex plus oral tablet</i>	Preferred	
<i>centavite a-z complete-mineral oral tablet</i>	Preferred	OTC
<i>centravites 50 plus oral tablet</i>	Preferred	OTC
<i>centravites oral tablet</i>	Preferred	OTC
<i>century mature oral tablet</i>	Preferred	OTC
<i>century oral tablet</i>	Preferred	OTC
<i>companion oral tablet</i>	Preferred	OTC
<i>complete multivitamin/mineral oral liquid</i>	Preferred	OTC
<i>coral calcium plus oral capsule</i>	Preferred	OTC
<i>cvs daily gummies adult oral tablet chewable</i>	Preferred	OTC

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

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Drug Name	Formulary Status	Requirements/Limits
<i>essential balance oral tablet</i>	Preferred	OTC
<i>gerivite complete oral tablet</i>	Preferred	OTC
<i>glucoten oral capsule</i>	Preferred	OTC
<i>gnp century mature women's 50+ oral tablet</i>	Preferred	OTC
<i>gnp hair/skin/nails oral tablet</i>	Preferred	OTC
<i>gnp healthy eyes oral tablet</i>	Preferred	OTC
<i>gnp healthy eyes supervision 2 oral capsule</i>	Preferred	OTC
<i>gnp mega multi for men oral tablet</i>	Preferred	OTC
<i>gnp mega multi for women oral tablet</i>	Preferred	OTC
<i>gnp one daily mens health 50+ oral tablet</i>	Preferred	OTC
<i>gnp one daily mens/lycopene oral tablet</i>	Preferred	OTC
<i>gnp one daily womens 50+ oral tablet</i>	Preferred	OTC
<i>gnp one daily womens oral tablet</i>	Preferred	OTC
<i>gnp therapeutic-m oral tablet</i>	Preferred	OTC
<i>hair skin and nails formula oral tablet</i>	Preferred	OTC
<i>hair skin nails oral capsule</i>	Preferred	OTC
<i>hair/skin/nails oral tablet</i>	Preferred	OTC
<i>healthy eyes oral tablet</i>	Preferred	OTC
<i>healthy eyes/lutein-zeaxanthin oral capsule</i>	Preferred	OTC
<i>hi-kovite 2-part formula oral tablet</i>	Preferred	OTC
<i>hm complete women oral tablet</i>	Preferred	OTC
<i>hm womens 50+ advanced daily oral tablet</i>	Preferred	OTC
<i>immune support oral tablet chewable</i>	Preferred	OTC
<i>i-vite oral tablet</i>	Preferred	OTC
<i>kp adults 50+ daily formula oral tablet</i>	Preferred	OTC
<i>kp adults daily formula oral tablet</i>	Preferred	OTC
<i>kp mens 50+ daily formula oral tablet</i>	Preferred	OTC
<i>kp mens daily formula oral tablet</i>	Preferred	OTC
<i>kp womens 50+ daily formula oral tablet</i>	Preferred	OTC
<i>kp womens daily formula oral tablet</i>	Preferred	OTC
<i>maximum daily green oral tablet</i>	Preferred	OTC
<i>meijer advanced formula oral tablet</i>	Preferred	OTC
<i>mens multivitamin oral tablet chewable</i>	Preferred	OTC
<i>multi + omega-3 adult gummies oral tablet chewable</i>	Preferred	OTC
<i>multi adult gummies oral tablet chewable</i>	Preferred	OTC
<i>multi complete/iron oral tablet</i>	Preferred	OTC
<i>multi for her 50+ oral capsule</i>	Preferred	OTC
<i>multi for her 50+ oral tablet</i>	Preferred	OTC
<i>multi for her oral capsule</i>	Preferred	OTC
<i>multi for her oral tablet</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>multi for him 50+ oral tablet</i>	Preferred	OTC
<i>multi vitamin/minerals oral tablet</i>	Preferred	OTC
<i>multiple vit/minerals/no iron oral tablet</i>	Preferred	OTC
<i>multiple vitamins/womens oral tablet</i>	Preferred	OTC
<i>multipro oral capsule</i>	Preferred	
<i>multivit/multimineral adult oral liquid</i>	Preferred	OTC
<i>multivitamin adults 50+ oral tablet</i>	Preferred	OTC
<i>multivitamin adults oral tablet</i>	Preferred	OTC
<i>multivitamin gummies adult oral tablet chewable</i>	Preferred	OTC
<i>multivitamin gummies mens oral tablet chewable</i>	Preferred	OTC
<i>multi-vitamin gummies oral tablet chewable</i>	Preferred	OTC
<i>multivitamin gummies womens oral tablet chewable</i>	Preferred	OTC
<i>multivitamin men 50+ oral tablet</i>	Preferred	OTC
<i>multivitamin oral liquid</i>	Preferred	OTC
<i>multivitamin women 50+ oral tablet</i>	Preferred	OTC
<i>multivitamin women oral tablet</i>	Preferred	OTC
<i>multivitamin womens 50+ adv oral tablet</i>	Preferred	OTC
<i>multi-vitamin/minerals oral tablet</i>	Preferred	OTC
<i>mvw hi-d adek gummies oral tablet chewable</i>	Preferred	OTC
<i>myamulti oral tablet</i>	Preferred	OTC
<i>ocutabs oral tablet</i>	Preferred	OTC
<i>ocutabs-lutein oral tablet</i>	Preferred	OTC
<i>one daily 50 plus oral tablet</i>	Preferred	OTC
<i>one daily calcium/iron oral tablet</i>	Preferred	OTC
<i>one daily complete for men oral tablet</i>	Preferred	OTC
<i>one daily complete oral tablet</i>	Preferred	OTC
<i>one daily for men 50+ advanced oral tablet</i>	Preferred	OTC
<i>one daily for men/lycopene oral tablet</i>	Preferred	OTC
<i>one daily for women 50+ adv oral tablet</i>	Preferred	OTC
<i>one daily for women oral tablet</i>	Preferred	OTC
<i>one daily healthy weight adv oral tablet</i>	Preferred	OTC
<i>one daily healthy weight oral tablet</i>	Preferred	OTC
<i>one daily maximum oral tablet</i>	Preferred	OTC
<i>one daily mens 50+ multivit oral tablet</i>	Preferred	OTC
<i>one daily mens 50+/lycopene oral tablet</i>	Preferred	OTC
<i>one daily mens health oral tablet</i>	Preferred	OTC
<i>one daily mens oral tablet</i>	Preferred	OTC
<i>one daily multivit/iron-free oral tablet</i>	Preferred	OTC
<i>one daily multivitamin men oral tablet</i>	Preferred	OTC
<i>one daily multivitamin women oral tablet</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>one daily womens 50 plus oral tablet</i>	Preferred	OTC
<i>one daily womens 50+ oral tablet</i>	Preferred	OTC
<i>one daily womens oral tablet</i>	Preferred	OTC
<i>one daily/minerals oral tablet</i>	Preferred	OTC
<i>one-daily multi-vit/mineral oral tablet</i>	Preferred	OTC
<i>optic-vites oral tablet</i>	Preferred	OTC
<i>optic-vites with lutein oral tablet</i>	Preferred	OTC
<i>optimum airvites oral tablet chewable</i>	Preferred	OTC
<i>optimum pms oral tablet</i>	Preferred	OTC
<i>prevent oral capsule</i>	Preferred	OTC
<i>qc daily multivit/multimineral oral tablet</i>	Preferred	OTC
<i>qc hair skin & nails oral tablet</i>	Preferred	OTC
<i>qc mens daily multivitamin oral tablet</i>	Preferred	OTC
<i>qc multi-vite 50 & over oral tablet</i>	Preferred	OTC
<i>qc therin-m oral tablet</i>	Preferred	OTC
<i>qc womens daily multivitamin oral tablet</i>	Preferred	OTC
<i>quintabs-m oral tablet</i>	Preferred	OTC
<i>ra central-vite mens mature oral tablet</i>	Preferred	OTC
<i>ra central-vite womens mature oral tablet</i>	Preferred	OTC
<i>ra one daily maximum oral tablet</i>	Preferred	OTC
<i>ra one daily mens 50+ w/vit d3 oral tablet</i>	Preferred	OTC
<i>ra one daily mens multi oral tablet</i>	Preferred	OTC
<i>ra one daily mens/vit d-3 oral tablet</i>	Preferred	OTC
<i>senior tabs oral tablet</i>	Preferred	OTC
<i>sentry senior oral tablet</i>	Preferred	OTC
<i>sm antioxidant vitamins oral tablet</i>	Preferred	OTC
<i>sm complete 50+ oral tablet</i>	Preferred	OTC
<i>sm complete 50+ ultimate mens oral tablet</i>	Preferred	OTC
<i>sm complete 50+ ultimate women oral tablet</i>	Preferred	OTC
<i>sm complete advanced formula oral tablet</i>	Preferred	OTC
<i>sm complete oral tablet</i>	Preferred	OTC
<i>sm complete senior formula oral tablet</i>	Preferred	OTC
<i>sm daily diet support oral tablet</i>	Preferred	OTC
<i>sm hair/skin/nails oral tablet</i>	Preferred	OTC
<i>sm opti-vitamins oral tablet</i>	Preferred	OTC
<i>stress b complex/antioxid/zinc oral tablet</i>	Preferred	OTC
<i>super antioxidants protector oral capsule</i>	Preferred	OTC
<i>super aytinal 50 plus oral tablet</i>	Preferred	OTC
<i>super aytinal oral tablet</i>	Preferred	OTC
<i>super multiple oral tablet</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>super thera vite m oral tablet</i>	Preferred	OTC
<i>super vita-mins oral tablet</i>	Preferred	OTC
<i>thera vital m oral tablet</i>	Preferred	OTC
<i>thera vital-m oral tablet</i>	Preferred	OTC
<i>therabasic-m oral tablet</i>	Preferred	OTC
<i>therapeutic formula/hematinics oral tablet</i>	Preferred	OTC
<i>therapeutic-m oral tablet</i>	Preferred	OTC
<i>tropical liquid nutrition oral liquid</i>	Preferred	OTC
<i>ultra freeda oral tablet</i>	Preferred	OTC
<i>ultra freeda/iron oral tablet</i>	Preferred	OTC
<i>ultra multi formula/iron oral capsule</i>	Preferred	OTC
<i>v-c forte oral capsule</i>	Preferred	
<i>vision formula 2 oral capsule</i>	Preferred	OTC
<i>vision formula/lutein oral tablet</i>	Preferred	OTC
<i>vision plus oral capsule</i>	Preferred	OTC
<i>vision vitamins oral tablet</i>	Preferred	OTC
<i>vita hair oral tablet</i>	Preferred	OTC
<i>vitabasic complete oral tablet</i>	Preferred	OTC
<i>vitabasic senior oral tablet</i>	Preferred	OTC
<i>vitachew adult multi vitamin oral tablet chewable</i>	Preferred	OTC
<i>vita-min oral capsule</i>	Preferred	OTC
<i>vitamins a-d-e/selenium oral tablet</i>	Preferred	OTC
<i>womens 50+ advanced oral capsule</i>	Preferred	OTC
<i>womens daily formula oral tablet</i>	Preferred	OTC
<i>womens multi gummies oral tablet chewable</i>	Preferred	OTC
<i>womens multi oral capsule</i>	Preferred	OTC
<i>womens multivitamin + collagen oral tablet chewable</i>	Preferred	OTC
<i>womens multivitamin oral tablet</i>	Preferred	OTC
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ADVANCED MULTI EA ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
AIRBORNE GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
AIRBORNE KIDS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
AIRBORNE ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
AMORYN MOOD BOOSTER ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
BARIATRIC FUSION ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
BPROTECTED MULTI-VITE ORAL LIQUID (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CELEBRATE MULTI-COMPLETE 18 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CELEBRATE MULTI-COMPLETE 36 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CELEBRATE MULTI-COMPLETE 45 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CELEBRATE MULTI-COMPLETE 60 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CENTRUM SILVER ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CENTRUM VITAMINTS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CEROVITE SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
COMPETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CORVITA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
CVS AIRSHIELD ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
DEKAS PLUS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
DRY EYE FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
EMERGEN-C IMMUNE PLUS/VIT D ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ESSENTIA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
EYE VITAMINS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
EYE-VITES ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ICAPS MV ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ICAPS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
KP VISION FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
KP VISION FORMULA/LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
<i>multiple vitamins-minerals</i> (Lysiplex Plus Oral Tablet)	Preferred	
MACULAR HEALTH FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
MACUVITE EYE CARE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
MACUVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
MACUVITE/LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
MENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
MULTI COMPLETE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
MULTI FOR HIM ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
MULTI FOR HIM ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
<i>multiple vitamins-minerals</i> (Nutrifac Zx Oral Tablet)	Preferred	
OCUVITE EXTRA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
OCUVITE EYE + MULTI ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
OCUVITE EYE HEALTH GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
OCUVITE-LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ONE A DAY IMMUNITY DEFENSE ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET <i>(multiple vitamins-minerals)</i>	Preferred	OTC
ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
OSTEOPRIME ULTRA ORAL TABLET <i>(multiple vitamins-minerals)</i>	Preferred	OTC
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
PROSIGHT ORAL TABLET <i>(multiple vitamins-minerals)</i>	Preferred	OTC
RENAPLEX ORAL TABLET <i>(multiple vitamins-minerals)</i>	Preferred	OTC
STRESSTABS ADVANCED ORAL TABLET <i>(multiple vitamins-minerals)</i>	Preferred	OTC
SYSTANE ICAPS AREDS2 ORAL CAPSULE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE <i>(multiple vitamins-minerals)</i>	Preferred	OTC
THERATRUM COMPLETE 50 PLUS ORAL TABLET <i>(multiple vitamins-minerals)</i>	Preferred	OTC
THERATRUM COMPLETE ORAL TABLET <i>(multiple vitamins-minerals)</i>	Preferred	OTC
THRIVE FOR LIFE WOMENS ORAL TABLET <i>(multiple vitamins-minerals)</i>	Preferred	OTC

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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Drug Name	Formulary Status	Requirements/Limits
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
ULTRACHOICE ADVANCED FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
<i>multiple vitamins-minerals</i> (Vic-Forte Oral Capsule)	Preferred	
<i>multiple vitamins-minerals</i> (Vita S Forte Oral Tablet)	Preferred	
<i>multiple vitamins-minerals</i> (Vitacel Oral Tablet)	Preferred	
VITEYES COMPLETE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
WAL-BORN VITAMIN C ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
WOMENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>)	Preferred	OTC
YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
YUMVS MULTI ZERO ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
YUMVS ZERO DIABETIC MULTIVITAM ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	Preferred	OTC
*MULTIVITAMINS***		
<i>anti-oxidant oral tablet</i>	Preferred	OTC
<i>daily multiple vitamins oral tablet</i>	Preferred	OTC
<i>daily value multivitamin oral tablet</i>	Preferred	OTC
<i>daily vitamins oral tablet</i>	Preferred	OTC
<i>daily vite oral tablet</i>	Preferred	OTC
<i>daily vites oral tablet</i>	Preferred	OTC
<i>daily-vite multivitamin oral tablet</i>	Preferred	OTC
<i>daily-vite oral tablet</i>	Preferred	OTC
<i>gnp essential one daily oral tablet</i>	Preferred	OTC
<i>healthy hair/skin/nails oral tablet</i>	Preferred	OTC
<i>multiple vitamin-folic acid oral tablet</i>	Preferred	OTC
<i>multiple vitamins essential oral tablet</i>	Preferred	OTC
<i>multiple vitamins oral tablet</i>	Preferred	OTC
<i>multivitamin adult oral tablet</i>	Preferred	OTC
<i>multivitamin iron-free oral tablet</i>	Preferred	OTC
<i>multi-vitamin oral tablet</i>	Preferred	OTC
<i>once daily oral tablet</i>	Preferred	OTC
<i>one daily multivitamin adult oral tablet</i>	Preferred	OTC
<i>one daily oral tablet</i>	Preferred	OTC
<i>one-daily multi vitamins oral tablet</i>	Preferred	OTC
<i>one-daily multi-vitamin oral tablet</i>	Preferred	OTC
<i>qc essentials oral tablet</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>sm multiple vitamins essential oral tablet</i>	Preferred	OTC
<i>stress formula oral tablet</i>	Preferred	OTC
<i>thera-tabs oral tablet</i>	Preferred	OTC
<i>vit e-vit c-beta carotene oral tablet 200-250-5000</i>	Preferred	OTC
<i>vitalee oral tablet</i>	Preferred	OTC
ONE DAILY ESSENTIAL ORAL TABLET (<i>multiple vitamin</i>)	Preferred	OTC
STRESSTABS ENERGY ORAL TABLET (<i>multiple vitamin</i>)	Preferred	OTC
TAB-A-VITE ORAL TABLET (<i>multiple vitamin</i>)	Preferred	OTC
TAB-A-VITE/BETA CAROTENE ORAL TABLET (<i>multiple vitamin</i>)	Preferred	OTC
*NASAL AGENTS - MISC.***		
<i>altamist spray nasal solution 0.65 %</i>	Preferred	OTC
<i>cvs nasal mist nasal aerosol solution 0.9 %, 3 %</i>	Preferred	OTC
<i>cvs saline nasal spray nasal solution 0.65 %</i>	Preferred	OTC
<i>deep sea nasal spray nasal solution 0.65 %</i>	Preferred	OTC
<i>eq saline nasal spray nasal solution 0.65 %</i>	Preferred	OTC
<i>eql saline nasal spray nasal solution 0.65 %</i>	Preferred	OTC
<i>gnp nasal moisturizing nasal solution 0.65 %</i>	Preferred	OTC
<i>meijer saline nasal spray nasal solution 0.65 %</i>	Preferred	OTC
<i>nasal moisturizing spray nasal solution 0.65 %</i>	Preferred	OTC
<i>qc saline nasal relief nasal solution 0.65 %</i>	Preferred	OTC
<i>qc saline nasal spray nasal solution 0.65 %</i>	Preferred	OTC
<i>ra saline nasal spray nasal solution 0.65 %</i>	Preferred	OTC
<i>ra sterile saline nasal mist nasal solution 0.9 %</i>	Preferred	OTC
<i>saline mist spray nasal solution 0.65 %</i>	Preferred	OTC
<i>saline nasal gel</i>	Preferred	OTC
<i>saline nasal spray nasal solution 0.65 %</i>	Preferred	OTC
<i>sb saline nose nasal solution 0.65 %</i>	Preferred	OTC
<i>sm nasal spray saline nasal solution 0.65 %</i>	Preferred	OTC
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	OTC
AYR NASAL MIST ALLERGY/SINUS NASAL SOLUTION 2.65 % (<i>saline</i>)	Preferred	OTC
AYR NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	OTC
AYR SALINE NASAL DROPS NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	OTC
AYR SALINE NASAL NASAL GEL (<i>saline</i>)	Preferred	OTC
AYR SALINE NASAL NO-DRIP NASAL GEL (<i>saline</i>)	Preferred	OTC
BABY AYR SALINE NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	OTC
NASAL MOIST NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	OTC
NASOGEL NASAL GEL (<i>saline</i>)	Preferred	OTC
OCEAN FOR KIDS NASAL SOLUTION 0.65 % (<i>saline</i>)	Preferred	OTC
SIMPLY SALINE NASAL AEROSOL SOLUTION 0.9 % (<i>saline</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
*NASAL MAST CELL STABILIZERS***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	Preferred	OTC
*NASAL STEROIDS***		
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY (<i>fluticasone furoate</i>)	Preferred	OTC
*NATURAL PENICILLINS***		
<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	
*NEEDLES & SYRINGES***		
<i>1st tier unifine pentips 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>1st tier unifine pentips plus 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>aum mini insulin pen needle 32g x 5 mm , 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>aum pen needle 32g x 5 mm , 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>careone unifine pentips plus 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>carepoint poly hub needle 18g x 1" , 18g x 1-1/2" , 20g x 1" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2"</i>	Preferred	
<i>carepoint poly hub needle 25g x 5/8" , 27g x 1/2" , 30g x 1/2"</i>	Preferred	Max 90-day supply per 1 Fill
<i>carepoint safety 1st needle 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2"</i>	Preferred	
<i>carepoint safety 1st needle 25g x 5/8"</i>	Preferred	Max 90-day supply per 1 Fill
<i>carepoint syringe luer lock 1 ml</i>	Preferred	
<i>carepoint syringe luer slip 1 ml</i>	Preferred	
<i>carepoint tuberculin syr/luer sl 25g x 5/8" 1 ml</i>	Preferred	OTC
<i>easy comfort pen needles 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>easy glide pen needles 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>easy glide slip lock syringe 1 ml</i>	Preferred	OTC
<i>hypodermic needle 18g x 1" , 18g x 1-1/2" , 20g x 1" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1-1/2" , 27g x 1-1/2"</i>	Preferred	OTC
<i>hypodermic needle 25g x 5/8" , 27g x 1/2"</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>kmart valu insulin syringe 29g u-100 1 ml</i>	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>kmart valu insulin syringe 30g u-100 1 ml</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>kroger pen needles 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>pen needles 30g x 5 mm</i>	Preferred	Max 90-day supply per 1 Fill
<i>pen needles 30g x 8 mm , 32g x 5 mm , 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>poly hub needle 18g x 1" , 18g x 1-1/2" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2"</i>	Preferred	OTC
<i>poly hub needle 25g x 5/8" , 27g x 1/2" , 30g x 1/2"</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>pro comfort pen needles 32g x 5 mm</i>	Preferred	Max 90-day supply per 1 Fill
<i>pure comfort pen needle 32g x 5 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sure comfort insulin syringe 31g x 1/4" 0.3 ml</i>	Preferred	Max 90-day supply per 1 Fill
<i>sure comfort pen needles 30g x 8 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>syringe luer lock 20g x 1" 10 ml, 20g x 1" 3 ml, 21g x 1" 3 ml, 21g x 1-1/2" 3 ml, 22g x 1" 3 ml, 22g x 1-1/2" 3 ml, 23g x 1" 3 ml, 23g x 1-1/2" 3 ml, 25g x 1" 3 ml, 25g x 1-1/2" 3 ml, 25g x 5/8" 3 ml</i>	Preferred	OTC
<i>syringe luer slip 1 ml</i>	Preferred	OTC
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>techlite insulin syringe 31g x 15/64" 0.3 ml</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>techlite insulin syringe 31g x 15/64" 0.5 ml</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>techlite insulin syringe 31g x 15/64" 1 ml</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>techlite insulin syringe 31g x 5/16" 0.3 ml</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>techlite insulin syringe 31g x 5/16" 0.5 ml</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>techlite insulin syringe 31g x 5/16" 1 ml</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>true comfort pro pen needles 32g x 5 mm , 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ultracare pen needles 32g x 5 mm , 33g x 4 mm</i>	Preferred	OTC; Max 90-day supply per 1 Fill
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
BD ALLERGY SYRINGE 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	OTC
BD AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
BD BLUNT FILL NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
BD BLUNT FILTER NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
BD DISP NEEDLE 23G X 1" , 25G X 1" (<i>needle (disp)</i>)	Preferred	OTC
BD DISP NEEDLES 18G X 1-1/2" , 20G X 1" , 22G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
BD DISP NEEDLES 25G X 5/8" , 27G X 1/2" , 30G X 1/2" (<i>needle (disp)</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (<i>needle (disp)</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
BD ECLIPSE NEEDLE 25G X 1" (<i>needle (disp)</i>)	Preferred	
BD ECLIPSE NEEDLE 25G X 5/8" , 27G X 1/2" (<i>needle (disp)</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
BD ECLIPSE SYRINGE 21G X 1" 3 ML, 25G X 1" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
BD FILTER NEEDLE/5 MICRON (<i>needles & syringes</i>)	Preferred	OTC
BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	Preferred	Max 90-day supply per 1 Fill
BD INTEGRA NEEDLE 23G X 1" (<i>needle (disp)</i>)	Preferred	OTC
BD INTEGRA SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
BD LUER-LOCK SYRINGE 18G X 1-1/2" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1" 5 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
BD NOKOR ADMIX NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
BD PLASTIPAK SYRINGE 21G X 1" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" , 27G X 1-1/2" (needle (disp))	Preferred	OTC
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML (tuberculin-allergy syringes)	Preferred	OTC
BD SAFETYGLIDE NEEDLE 18G X 1-1/2" , 25G X 1" (needle (disp))	Preferred	OTC
BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML (syringe/needle (disp))	Preferred	OTC
BD SAFETYGLIDE NEEDLE 25G X 5/8" (needle (disp))	Preferred	OTC; Max 90-day supply per 1 Fill
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" , 23G X 1" (needle (disp))	Preferred	OTC
BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML (syringe/needle (disp))	Preferred	OTC
BD SYRINGE LUER-LOK 1 ML (syringe (disposable))	Preferred	OTC
BD SYRINGE SLIP TIP 1 ML (syringe (disposable))	Preferred	OTC
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML (tuberculin-allergy syringes)	Preferred	OTC
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML (syringe/needle (disp))	Preferred	OTC
BD TB SYRINGE 27G X 1/2" 1 ML (tuberculin-allergy syringes)	Preferred	OTC
CAREFINE PEN NEEDLES 30G X 8 MM , 32G X 5 MM (insulin pen needle)	Preferred	OTC; Max 90-day supply per 1 Fill
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (syringe/needle (disp))	Preferred	
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML (syringe/needle (disp))	Preferred	
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 22G X 1" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 27G X 1-1/2" (needle (disp))	Preferred	OTC
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (needle (disp))	Preferred	OTC; Max 90-day supply per 1 Fill
CARETOUCH LUER LOCK 1 ML (syringe (disposable))	Preferred	OTC
CARETOUCH LUER LOCK 23G X 1" 3 ML (syringe/needle (disp))	Preferred	OTC
CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (syringe/needle (disp))	Preferred	OTC
CARETOUCH LUER SLIP 1 ML (syringe (disposable))	Preferred	OTC
CARETOUCH PEN NEEDLES 32G X 5 MM , 33G X 4 MM (insulin pen needle)	Preferred	OTC; Max 90-day supply per 1 Fill
CLEVER CHOICE COMFORT EZ 33G X 4 MM (insulin pen needle)	Preferred	OTC; Max 90-day supply per 1 Fill
COMFORT EZ PEN NEEDLES 32G X 5 MM , 33G X 4 MM (insulin pen needle)	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
DROPLET PEN NEEDLES 30G X 8 MM , 32G X 5 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
EASY GLIDE LUER LOCK SYRINGE 1 ML (<i>syringe (disposable)</i>)	Preferred	OTC
EASY TOUCH ALLERGY SYRINGE 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	OTC
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
EASY TOUCH FLIPLOCK NEEDLES 25G X 5/8" , 27G X 1/2" , 30G X 1/2" (<i>needle (disp)</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
EASY TOUCH HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 27G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" , 27G X 1/2" , 30G X 1/2" (<i>needle (disp)</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
EASY TOUCH PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 32G X 5 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
EASY TOUCH SYRINGE BARREL 10ML (<i>needles & syringes</i>)	Preferred	OTC
EASY TOUCH SYRINGE BARREL 1ML (<i>needles & syringes</i>)	Preferred	OTC
EASY TOUCH SYRINGE BARREL 3ML (<i>needles & syringes</i>)	Preferred	OTC
EASY TOUCH SYRINGE BARREL 5ML (<i>needles & syringes</i>)	Preferred	OTC
EASY TOUCH TB FLIPLOCK SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	OTC
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
EASYPPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
EASYPPOINT NEEDLE 25G X 5/8" (<i>needle (disp)</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
EASYPPOINT NEEDLE/SYRINGE 18G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
MICRODOT PEN NEEDLE 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
MONOJECT FILTER ASPIRATOR (<i>needles & syringes</i>)	Preferred	
MONOJECT HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 27G X 1-1/2" (<i>needle (disp)</i>)	Preferred	
MONOJECT HYPODERMIC NEEDLE 25G X 5/8" , 27G X 1/2" (<i>needle (disp)</i>)	Preferred	Max 90-day supply per 1 Fill
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	Preferred	Max 90-day supply per 1 Fill
MONOJECT MAGELLAN SAFETY NDL 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" (<i>needle (disp)</i>)	Preferred	
MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" (<i>needle (disp)</i>)	Preferred	Max 90-day supply per 1 Fill
MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML, 22G X 1" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
MONOJECT PHARMACY TRAY 1 ML (<i>syringe (disposable)</i>)	Preferred	OTC
MONOJECT SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	
MONOJECT SYRINGE 22G X 1" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
MONOJECT SYRINGE 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
MONOJECT SYRINGE PHARMACY TRAY 1 ML (<i>syringe (disposable)</i>)	Preferred	
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	
MONOJECT TB SYRINGE 1 ML (<i>syringe (disposable)</i>)	Preferred	OTC
MONOJECT TB SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	OTC
MONOJECT TB SYRINGE 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	
NOKOR VENTED NEEDLE 18G X 1" (<i>needle (disp)</i>)	Preferred	OTC
NORM-JECT LUER SLIP SYRINGE 1 ML (<i>syringe (disposable)</i>)	Preferred	
SECURESAFE HYPODERMIC NEEDLE 22G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>)	Preferred	OTC
SECURESAFE HYPODERMIC NEEDLE 27G X 1/2" (<i>needle (disp)</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
TECHLITE PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TECHLITE PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TECHLITE PEN NEEDLES 32G X 6 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS PEN NEEDLES 29G X 12MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
TRUEPLUS PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
ULTICARE MINI PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
ULTICARE SHORT PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
ULTICARE SYRINGE 22G X 1-1/2" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML, 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	OTC
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
UNIFINE PENTIPS 30G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
UNIFINE PENTIPS PLUS 30G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM (<i>insulin pen needle</i>)	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
VANISHPOINT SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Preferred	OTC
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Preferred	OTC
*NIAICIN W/ INOSITOL***		
<i>cvs niacin flush free oral capsule 400-100 mg</i>	Preferred	OTC
<i>gnp niacin flush free oral capsule 400-100 mg</i>	Preferred	OTC
<i>niacin flush free oral capsule 400-100 mg</i>	Preferred	OTC
<i>no flush niacin oral capsule 400-100 mg</i>	Preferred	OTC
*NIT REMOVERS***		
LICEMD EXTERNAL GEL (<i>nit remover</i>)	Preferred	OTC
LICEOUT EXTERNAL GEL (<i>nit remover</i>)	Preferred	OTC
LYCELLE EXTERNAL GEL (<i>nit remover</i>)	Preferred	OTC
MEDI-LICE COMBING EXTERNAL GEL (<i>nit remover</i>)	Preferred	OTC
STOP LICE STEP 2 EXTERNAL GEL (<i>nit remover</i>)	Preferred	OTC
*NITRATES***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Preferred	QL (12 EA per 1 day); Max 90-day supply per 1 Fill
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Preferred	QL (2 EA per 1 day); Max 90-day supply per 1 Fill
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg</i>	Preferred	QL (6 EA per 1 day)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr</i>	Preferred	QL (1 EA per 1 day); Max 90-day supply per 1 Fill
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	Preferred	QL (4 GM per 1 day); Max 90-day supply per 1 Fill
*NITROGEN MUSTARDS AND RELATED ANALOGUES***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Preferred	PA
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Preferred	
*NON-NARC ANTITUSSIVE-ANALGESIC***		
TYLENOL CHILDRENS COLD/COUGH ORAL SUSPENSION 160-5 MG/5ML (<i>acetaminophen-dm</i>)	Preferred	OTC
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE***		
<i>capron dm oral liquid 7.5-7.5 mg/5ml</i>	Preferred	OTC
<i>cough & cold hbp oral tablet 4-30 mg</i>	Preferred	OTC
<i>cough & cold oral tablet 4-30 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs cough & cold hbp oral tablet 4-30 mg</i>	Preferred	OTC
<i>cvs nighttime cough oral liquid 6.25-15 mg/15ml</i>	Preferred	OTC
<i>cvs triacting cough/runny nose oral liquid 1-5 mg/5ml</i>	Preferred	OTC
<i>eql nighttime cough relief oral liquid 12.5-30 mg/30ml</i>	Preferred	OTC
<i>gnp night time cough oral liquid 6.25-15 mg/15ml</i>	Preferred	OTC
<i>goodsense night time cough oral liquid 6.25-15 mg/15ml</i>	Preferred	OTC
<i>nighttime cough oral liquid 6.25-15 mg/15ml</i>	Preferred	OTC
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Preferred	AGE (Min 2 Years)
<i>qc cough/cold hbp oral tablet 4-30 mg</i>	Preferred	OTC
<i>qc nighttime cough oral liquid 15-6.25 mg/15ml, 6.25-15 mg/15ml</i>	Preferred	OTC
<i>sb cold & cough hbp oral tablet 4-30 mg</i>	Preferred	OTC
<i>sb nighttime cough oral liquid 6.25-15 mg/15ml</i>	Preferred	OTC
<i>sm cough/runny nose childrens oral liquid 1-5 mg/5ml</i>	Preferred	OTC
CORICIDIN HBP COUGH/COLD ORAL TABLET 4-30 MG (<i>chlorpheniramine-dm</i>)	Preferred	OTC
ROBITUSSIN CHILD COUGH/COLD LA ORAL LIQUID 1-7.5 MG/5ML (<i>chlorpheniramine-dm</i>)	Preferred	OTC
ROBITUSSIN NIGHTTIME COUGH ORAL LIQUID 1-7.5 MG/5ML (<i>chlorpheniramine-dm</i>)	Preferred	OTC
VICKS NYQUIL CHILDRENS CLD/CGH ORAL LIQUID 2-15 MG/15ML (<i>chlorpheniramine-dm</i>)	Preferred	OTC
VICKS NYQUIL COUGH ORAL LIQUID 12.5-30 MG/30ML, 6.25-15 MG/15ML (<i>doxylamine-dm</i>)	Preferred	OTC
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE***		
<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml</i>	Preferred	OTC
<i>cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>cvs cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>ed-a-hist dm oral liquid 10-4-15 mg/5ml</i>	Preferred	OTC
<i>eq cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>eql cold/cough oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>gnp cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>hm cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>	Preferred	OTC
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>	Preferred	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Preferred	AGE (Min 2 Years)
<i>qc dibromm childrens cold/cgh oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>ra cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>ra cold/cough dm oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>sb cold & cough dm childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>sm cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC
<i>pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup 2-30-10 Mg/5ML)</i>	Preferred	AGE (Min 2 Years)
<i>DIMAPHEN DM COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML (phenylephrine-bromphen-dm)</i>	Preferred	OTC
<i>DIMETAPP CHILDRENS COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML (phenylephrine-bromphen-dm)</i>	Preferred	OTC
<i>DIMETAPP COLD/COUGH CHILDRENS ORAL LIQUID 2.5-1-5 MG/5ML (phenylephrine-bromphen-dm)</i>	Preferred	OTC
<i>ENDACOF-DM ORAL LIQUID 2.5-1-5 MG/5ML (phenylephrine-bromphen-dm)</i>	Preferred	OTC
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE-ANALG***		
<i>childrens plus flu oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	OTC
<i>childrens plus multi-sympt cld oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	OTC
<i>cold multi-symptom warm night oral liquid 5-6.25-10-325 mg/15ml</i>	Preferred	OTC
<i>cvs flu relief childrens oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	OTC
<i>eql nighttime severe cold/flu oral liquid 5-6.25-10-325 mg/15ml</i>	Preferred	OTC
<i>ft cold & flu nighttime severe oral liquid 5-6.25-10-325 mg/15ml</i>	Preferred	OTC
<i>goodsense nighttime cold & flu oral liquid 5-6.25-10-325 mg/15ml</i>	Preferred	OTC
<i>multi-symptom cold childrens oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	OTC
<i>multi-symptom cold plus child oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	OTC
<i>sb childrens multisympt cold oral suspension 2.5-1-5-160 mg/5ml</i>	Preferred	OTC
<i>severe cold/flu nighttime ms oral liquid 5-6.25-10-325 mg/15ml</i>	Preferred	OTC
<i>sm cold head congestion night oral tablet 5-2-10-325 mg</i>	Preferred	OTC
<i>sm nite time cold & flu oral liquid 5-6.25-10-325 mg/15ml</i>	Preferred	OTC
<i>COMTrex COLD & COUGH NIGHTTIME ORAL TABLET 5-2-10-325 MG (phenyleph-cpm-dm-apap)</i>	Preferred	OTC
<i>NYQUIL SEVERE COLD/FLU ORAL LIQUID 5-6.25-10-325 MG/15ML (phenyleph-doxylamine-dm-apap)</i>	Preferred	OTC
<i>NYQUIL SEVERE+ VAPOCOOL ORAL LIQUID 5-6.25-10-325 MG/15ML (phenyleph-doxylamine-dm-apap)</i>	Preferred	OTC
<i>PEDIACARE MULTI-SYMPTOM ORAL LIQUID 2.5-1-5-160 MG/5ML (phenyleph-cpm-dm-apap)</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
SINEX SEVERE+ VAPOCOOL ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>)	Preferred	OTC
THERAFLU SEVERE COLD NIGHTTIME ORAL TABLET 5-2-10-325 MG (<i>phenyleph-cpm-dm-apap</i>)	Preferred	OTC
TYLENOL CHILDRENS COLD/FLU ORAL SUSPENSION 2.5-1-5-160 MG/5ML (<i>phenyleph-cpm-dm-apap</i>)	Preferred	OTC
TYLENOL CHILDRENS PLUS MS COLD ORAL SUSPENSION 2.5-1-5-160 MG/5ML (<i>phenyleph-cpm-dm-apap</i>)	Preferred	OTC
TYLENOL COLD/FLU/COUGH NIGHT ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>)	Preferred	OTC
VICKS NYQUIL SEVERE COLD/FLU ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>)	Preferred	OTC
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
<i>sm ibuprofen jr oral tablet 100 mg</i>	Preferred	OTC
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (<i>ibuprofen</i>)	Preferred	OTC
*NUTRITIONAL SUPPLEMENTS***		
<i>balanced nutritional drink oral liquid</i>	Preferred	OTC
<i>balanced nutritional drink pls oral liquid</i>	Preferred	OTC
<i>balanced nutritional shake pls oral liquid</i>	Preferred	OTC
<i>beef/potatoes/spinach oral liquid</i>	Preferred	OTC
<i>chicken/carrots/brown rice oral liquid</i>	Preferred	OTC
<i>cvs nutrition liquid oral liquid</i>	Preferred	OTC
<i>cvs nutrition plus chocolate oral liquid</i>	Preferred	OTC
<i>cvs nutrition plus oral liquid</i>	Preferred	OTC
<i>cvs nutrition plus vanilla oral liquid</i>	Preferred	OTC
<i>cvs nutritional shake oral liquid</i>	Preferred	OTC
<i>eggs/apples/oats oral liquid</i>	Preferred	OTC
<i>eq nutritional shake oral liquid</i>	Preferred	OTC
<i>eq nutritional shake plus oral liquid</i>	Preferred	OTC
<i>eq weight loss shake oral liquid</i>	Preferred	OTC
<i>goodsense nutrisure original oral liquid</i>	Preferred	OTC
<i>goodsense nutrisure plus oral liquid</i>	Preferred	OTC
<i>haelan 951 fermented soy oral liquid</i>	Preferred	OTC
<i>haelan htpi fermented soy oral liquid</i>	Preferred	OTC
<i>high-protein nutritional shake oral liquid</i>	Preferred	OTC
<i>hm nutrisure oral liquid</i>	Preferred	OTC
<i>hm nutrisure plus oral liquid</i>	Preferred	OTC
<i>keto oral liquid</i>	Preferred	OTC
<i>nutrifocus oral liquid</i>	Preferred	OTC
<i>nutritional drink oral liquid</i>	Preferred	OTC
<i>nutritional drink plus oral liquid</i>	Preferred	OTC

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<i>nutritional shake complete oral liquid</i>	Preferred	OTC
<i>nutritional shake high protein oral liquid</i>	Preferred	OTC
<i>nutritional shake oral liquid</i>	Preferred	OTC
<i>nutritional shake plus oral liquid</i>	Preferred	OTC
<i>nutritional shake plus protein oral liquid</i>	Preferred	OTC
<i>nutritional supplement oral liquid</i>	Preferred	OTC
<i>nutritional supplement plus oral liquid</i>	Preferred	OTC
<i>pediatric drink oral liquid</i>	Preferred	OTC
<i>quinoa/kale/hemp oral liquid</i>	Preferred	OTC
<i>regular nutritional shake oral liquid</i>	Preferred	OTC
<i>salmon/oats/squash oral liquid</i>	Preferred	OTC
<i>sb complete nutrition oral liquid</i>	Preferred	OTC
<i>sb complete nutrition plus oral liquid</i>	Preferred	OTC
<i>thrivacin 30 oral liquid</i>	Preferred	
<i>thrivacin detox oral liquid</i>	Preferred	
<i>turkey/sweet potatoes/peaches oral liquid</i>	Preferred	OTC
ADVERA ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ARGINAID EXTRA ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BENECALORIE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST BREEZE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST GLUCOSE CONTROL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST GLUCOSE CTRL MAX PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST KID ESSENTIALS 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST KID ESSENTIALS 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST KID ESSENTIALS 1.5/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST VERY HIGH CALORIE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST VHC ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BOOST WOMEN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
BRIGHT BEGINNINGS PEDIATRIC ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
CARNATION BREAKFAST ESSENTIALS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
CFPREOP ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC

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

Drug Name	Formulary Status	Requirements/Limits
COMPLEAT ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
COMPLEAT ORGANIC BLENDS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
COMPLEAT PEDI PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
COMPLEAT PEDI STANDARD 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
COMPLEAT PEDI STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
COMPLEAT PEDIATRIC ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
COMPLEAT PEDIATRIC ORG BLENDS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
COMPLEAT PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
COMPLEAT STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
DIABETISOURCE AC ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENLIVE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE ACTIVE HEART HEALTH ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE ACTIVE HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE ACTIVE LIGHT ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE ACTIVE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE BONE HEALTH REVIGOR ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE CLEAR ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE CLINICAL ST REVIGOR ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE COMPACT ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE COMPLETE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE COMPLETE SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE ENLIVE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE HEALTHY MOM ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE HIGH CALCIUM ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE IMMUNE HEALTH ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE MAX PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE MUSCLE HEALTH REVIGOR ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
ENSURE NUTRA SHAKE HI-CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE ORIG THERAPEUTIC NUTRI ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE ORIGINAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE ORIGINAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE PLANT-BASED PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE PLUS HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE PLUS HN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE PLUS WITH FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE PRE-SURGERY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE SURGERY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE SURGICAL NUTRITION ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENSURE/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENTERADE IBS-D ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENTERADE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENU COMPLETE NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ENU NUTRITIONAL SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
EO28 SPLASH ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
EQUATE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
EQUATE PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
EXPEDITE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
FIBER FLOW ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
FIBERSOURCE HN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GELATEIN MCT ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA 1.0 CAL/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA 1.0 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
GLUCERNA 1.5 CAL/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA ADVANCE SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA HUNGER SMART SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA OS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA SELECT ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA SNACK SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLUCERNA WEIGHT LOSS SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
GLYTACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
GLYTACTIN RESTORE LITE 10 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
GLYTACTIN RTD 10 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
GLYTACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
GLYTACTIN RTD LITE 15 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
GLYTROL PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
HCU COOLER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
HCU LOPHLEX LQ ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
HEALTHY ACCENTS NUTRA FIT ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
HEALTHY ACCENTS NUTRA FIT PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
HI-CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
HOMACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
IMPACT ADVANCED RECOVERY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
IMPACT ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
IMPACT PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
INNOVACIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
INTROLITE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ISOSOURCE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ISOSOURCE HN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
JEVITY 1 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
JEVITY 1 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
JEVITY 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
JEVITY 1.2 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
JEVITY 1.5 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
JUICE PLUS FIBRE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KATE FARMS GLUCOSE SUPPORT 1.2 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KATE FARMS PED PEPTIDE 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KATE FARMS PED PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KATE FARMS PED STANDARD 1.2 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KATE FARMS PEPTIDE 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KATE FARMS PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KATE FARMS RENAL SUPPORT 1.8 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KATE FARMS STANDARD 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KATE FARMS STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KETOCAL 2.5:1 LQ MULTI FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KETOCAL 4:1 LQ MULTI FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KETOCAL 4:1 LQ MULTI-FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KETOCAL 4:1 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KETOVIE 4:1 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
KETOVIE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
KETOVIE PEPTIDE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
KFLO ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
KINDERSPROUT PLANT PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
LIQUID HOPE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
LIQUID HOPE PEPTIDE BERRY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
LIQUID HOPE PEPTIDE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
LOPHLEX LQ 20 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
LPS CRITICAL CARE SUGAR FREE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
LPS SUGAR FREE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
MMA/PA COOLER15 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
MSUD COOLER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
MSUD LOPHLEX LQ ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NEOCATE SPLASH ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NEPRO ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NEPRO/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NOURISH ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NOURISH PEPTIDE FORMULA ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NOVASOURCE RENAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTRA/SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTREN 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTREN 1.0/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTREN 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTREN 2.0 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTREN JR FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTREN JR ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTREN JUNIOR 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTREN JUNIOR/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTREN PULMONARY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
NUTRIHEP 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
OPTIMENTAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ORGANIC NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
OSMOLITE 1 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
OSMOLITE 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
OSMOLITE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
OSMOLITE HN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
OSMOLITE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
OXEPA 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
OXEPA ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE 1.0 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE 1.5 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE GROW & GAIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE GROW & GAIN ORGANIC ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
PEDIASURE GROW & GAIN/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE HARVEST 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE NUTRIPALS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE PEDIATRIC ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE PEPTIDE 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE PEPTIDE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE REDUCED CALORIE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE SHAKE/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE SIDEKICKS CLEAR ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE SIDEKICKS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE SIDEKICKS SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEDIASURE/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN 1 CAL/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN 1.5 CAL/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN AF ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN INTENSE VHP ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN JUNIOR 1 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN JUNIOR 1 CAL/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN JUNIOR 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN JUNIOR 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN JUNIOR FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN JUNIOR HP ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN JUNIOR PHGG 1.2 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
PEPTAMEN JUNIOR/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PEPTAMEN/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PERATIVE 1.3 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PERATIVE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PHENYLADE GMP READY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PHENYLADE RTD PKU 10 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PIVOT 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PKU AIR20 GOLD ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PKU AIR20 GREEN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PKU AIR20 YELLOW ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PKU COOLER 10 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PKU COOLER 15 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PKU COOLER 20 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PKU LOPHLEX LQ 20 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PKU SPHERE 20 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROMOD ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROMOTE 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROMOTE 1.0 WITH FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROMOTE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROMOTE/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROSOURCE NO CARB ORAL LIQUID (<i>protein</i>)	Preferred	OTC
PROSOURCE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROSOURCE PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROSOURCE TF ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROSOURCE XTRACAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROSOURCE ZAC ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PROSURE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PULMOCARE 1.5 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
PULMOCARE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
RE/NEPH LP/HC ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
RE/NEPH ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
RE/NEPH REDUCED SUGAR ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
REASON ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
RENALCAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
RENASTEP ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
REPLETE FIBER 1 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
REPLETE FIBER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
REPLETE ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
RESOURCE 2.0 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
SM NUTRI-DRINK + ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
SM NUTRI-DRINK ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
SUPLENA 1.8/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
SUPLENA ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
SUPLENA/CARB STEADY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
THICK-IT THICKENED CRANBERRY ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
TWOCAL HN 2.0 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
TWOCAL HN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
TYLACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
TYLACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
TYR COOLER ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
TYR LOPHLEX LQ ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
ULTRIENT 1.5 SAFE-T FEED ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
VILACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	
VITAL 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
VITAL 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
VITAL AF 1.2 CAL ADV FORMULA ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
VITAL AF 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
VITAL HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
VITAL HP 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
VITAL JR ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
VITAL PEPTIDE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
VIVONEX RTF ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
XTRACAL PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Preferred	OTC
*OPHTHALMIC DECONGESTANT COMBINATIONS***		
<i>allergy eye ophthalmic solution 0.025-0.3 %</i>	Preferred	OTC
<i>cvs astringent eye drops ophthalmic solution 0.05-0.25 %</i>	Preferred	OTC
<i>cvs eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Preferred	OTC
<i>eq eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Preferred	OTC
<i>eql eye drops ac ophthalmic solution 0.05-0.25 %</i>	Preferred	OTC
<i>eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>eye drops ar ophthalmic solution 0.05-0.25 %</i>	Preferred	OTC
<i>gnp eye drops ophthalmic solution 0.05-0.25 %</i>	Preferred	OTC
<i>goodsense relief eye drops ophthalmic solution 0.05-0.25 %</i>	Preferred	OTC
<i>qc eye irritation relief drops ophthalmic solution 0.05-0.25 %</i>	Preferred	OTC
<i>ra eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Preferred	OTC
<i>relief drops ophthalmic solution 0.05-0.25 %</i>	Preferred	OTC
<i>relief eye drops ophthalmic solution 0.05-0.25 %</i>	Preferred	OTC
VISINE OPHTHALMIC SOLUTION 0.025-0.3 % (<i>naphazoline-pheniramine</i>)	Preferred	OTC
VISINE-AC OPHTHALMIC SOLUTION 0.05-0.25 % (<i>tetrahydrozoline-zn sulfat</i> e)	Preferred	OTC
*OPHTHALMIC DECONGESTANTS***		
<i>cvs eye drops ophthalmic solution 0.05 %</i>	Preferred	OTC
<i>eq eye drops ophthalmic solution 0.05 %</i>	Preferred	OTC
<i>eql eye drops ophthalmic solution 0.05 %</i>	Preferred	OTC
<i>eye drops ophthalmic solution 0.05 %</i>	Preferred	OTC
<i>gnp eye drops ophthalmic solution 0.05 %</i>	Preferred	OTC
<i>goodsense eye drops ophthalmic solution 0.05 %</i>	Preferred	OTC
<i>qc eye drops ophthalmic solution 0.05 %</i>	Preferred	OTC
<i>redness reliever eye drops ophthalmic solution 0.05 %</i>	Preferred	OTC
<i>sm eye drops ophthalmic solution 0.05 %</i>	Preferred	OTC
*OPHTHALMIC HYPEROSMOLAR PRODUCTS***		
<i>cvs sod chloride hypertonicity ophthalmic ointment 5 %</i>	Preferred	OTC
<i>cvs sodium chloride ophthalmic ointment 5 %</i>	Preferred	OTC
<i>cvs sodium chloride ophthalmic solution 5 %</i>	Preferred	OTC
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Preferred	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Preferred	OTC
ALTACHLORE OPHTHALMIC OINTMENT 5 % (<i>sodium chloride (hypertonic)</i>)	Preferred	OTC
ALTACHLORE OPHTHALMIC SOLUTION 5 % (<i>sodium chloride (hypertonic)</i>)	Preferred	OTC
MURO 128 OPHTHALMIC SOLUTION 2 % (<i>sodium chloride (hypertonic)</i>)	Preferred	OTC
*OPHTHALMIC IRRIGATION SOLUTIONS***		
<i>collyrium for fresh eyes ophthalmic solution 0.01 %</i>	Preferred	OTC
<i>cvs eye wash ophthalmic solution 99.05 %</i>	Preferred	OTC
<i>eye wash ophthalmic solution</i>	Preferred	OTC
<i>mediwash eye irrigant ophthalmic solution</i>	Preferred	OTC
<i>qc eye wash ophthalmic solution 99.05 %</i>	Preferred	OTC
<i>ra sterile eye wash ophthalmic solution</i>	Preferred	OTC
<i>sm eye wash ophthalmic solution 0.002 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
COLLYRIUM EYE WASH OPHTHALMIC SOLUTION (<i>ophthalmic irrigation solution</i>)	Preferred	OTC
EYE STREAM OPHTHALMIC SOLUTION (<i>ophth irr soln-extraocular</i>)	Preferred	OTC
*OPHTHALMIC LOCAL ANESTHETICS***		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Preferred	
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE***		
<i>capcof oral syrup 5-2-10 mg/5ml</i>	Preferred	OTC
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML (<i>phenyleph-dexchlorphen-codeine</i>)	Preferred	OTC
*ORAL VEHICLES***		
<i>flavor plus oral liquid</i>	Preferred	
<i>flavor sweet oral syrup</i>	Preferred	
<i>flavor sweet-sf oral syrup</i>	Preferred	OTC
<i>grape syrup oral syrup</i>	Preferred	OTC
<i>oral suspend oral liquid</i>	Preferred	OTC
<i>oral syrup oral syrup</i>	Preferred	OTC
<i>oral syrup sf oral syrup</i>	Preferred	OTC
<i>simple syrup oral syrup</i>	Preferred	
<i>sorbitol solution</i>	Preferred	
<i>sorbitol solution 70 %</i>	Preferred	OTC
<i>suspension vehicle oral suspension</i>	Preferred	
<i>syrup nf oral syrup 85 %</i>	Preferred	OTC
<i>syrup vehicle oral syrup</i>	Preferred	
<i>syrup vehicle sf oral syrup</i>	Preferred	
FLAVOR BLEND ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	
MX-SOL BLEND ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	OTC
MX-SOL BLEND SF ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	OTC
MX-SOL ORAL SYRUP (<i>oral vehicles</i>)	Preferred	OTC
MX-SOL SF ORAL SYRUP (<i>oral vehicles</i>)	Preferred	OTC
MX-SOL SUSPEND ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	OTC
ORA-BLEND ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	OTC
ORA-BLEND SF ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	OTC
ORAL MIX ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	OTC
ORAL MIX SF ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	OTC
ORAPENN SD ANHYD SWEETENED ORAL LIQUID (<i>oral vehicles</i>)	Preferred	
ORAPENN SD ANHYD UNSWEETEN ORAL LIQUID (<i>oral vehicles</i>)	Preferred	OTC
ORA-PLUS ORAL LIQUID (<i>oral vehicles</i>)	Preferred	OTC
ORA-SWEET ORAL SYRUP (<i>oral vehicles</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
ORA-SWEET SF ORAL SYRUP (<i>oral vehicles</i>)	Preferred	OTC
PCCA SWEET-SF ORAL SYRUP (<i>oral vehicles</i>)	Preferred	
PCCA SYRUP VEHICLE ORAL SYRUP (<i>oral vehicles</i>)	Preferred	
PCCA-PLUS ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	
SOSWEET ORAL SYRUP (<i>oral vehicles</i>)	Preferred	OTC
SUSPENDIT ANHYDROUS ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	OTC
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	
SYRPALTA (RED) ORAL SYRUP (<i>oral vehicles</i>)	Preferred	
SYRPALTA ORAL SYRUP (<i>oral vehicles</i>)	Preferred	OTC
SYRPALTA ORAL SYRUP 85 % (<i>simple syrup</i>)	Preferred	
SYRSPEND SF ORAL LIQUID (<i>oral vehicles</i>)	Preferred	OTC
UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	OTC
UNISPEND ANHYDROUS UNSWEETENED ORAL SUSPENSION (<i>oral vehicles</i>)	Preferred	OTC
VERSAFREE ORAL SYRUP (<i>oral vehicles</i>)	Preferred	
VERSAPLUS ORAL SYRUP (<i>oral vehicles</i>)	Preferred	
*OTIC AGENTS - MISCELLANEOUS***		
<i>acetic acid otic solution 2 %</i>	Preferred	
<i>cvs ear drops otic solution 6.5 %</i>	Preferred	OTC
<i>cvs ear wax removal system otic solution 6.5 %</i>	Preferred	OTC
<i>cvs earwax removal kit otic solution 6.5 %</i>	Preferred	OTC
<i>ear drops otic solution 6.5 %</i>	Preferred	OTC
<i>ear wax removal drops otic solution 6.5 %</i>	Preferred	OTC
<i>ear wax removal kit otic solution 6.5 %</i>	Preferred	OTC
<i>ear wax removal system otic solution 6.5 %</i>	Preferred	OTC
<i>earwax removal kit otic solution 6.5 %</i>	Preferred	OTC
<i>earwax removal otic solution 6.5 %</i>	Preferred	OTC
<i>eq ear wax removal aid otic solution 6.5 %</i>	Preferred	OTC
<i>eq earwax removal aid otic solution 6.5 %</i>	Preferred	OTC
<i>ft earwax removal kit otic solution 6.5 %</i>	Preferred	OTC
<i>ft earwax removal otic solution 6.5 %</i>	Preferred	OTC
<i>gnp earwax removal drops otic solution 6.5 %</i>	Preferred	OTC
<i>gnp earwax removal kit otic solution 6.5 %</i>	Preferred	OTC
<i>goodsense ear wax kit otic solution 6.5 %</i>	Preferred	OTC
<i>goodsense ear wax removal otic solution 6.5 %</i>	Preferred	OTC
<i>qc ear wax removal otic solution 6.5 %</i>	Preferred	OTC
<i>qc earwax removal kit otic solution 6.5 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>qc earwax removal otic solution 6.5 %</i>	Preferred	OTC
<i>ra ear drops otic solution 6.5 %</i>	Preferred	OTC
<i>ra earwax removal kit otic solution 6.5 %</i>	Preferred	OTC
<i>sm ear drops otic solution 6.5 %</i>	Preferred	OTC
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>)	Preferred	OTC
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>)	Preferred	OTC
MURINE EAR OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>)	Preferred	OTC
MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>)	Preferred	OTC
*OTIC STEROIDS***		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Preferred	
*OXAZOLIDINONES***		
<i>linezolid oral tablet 600 mg</i>	Preferred	QL (2 EA per 1 day)
*OXYTOCICS***		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Preferred	QL (6 EA per 1 day)
<i>methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)</i>	Preferred	QL (6 EA per 1 day)
*PARENTERAL VEHICLES***		
<i>sterile water for injection injection solution</i>	Preferred	
*PEAK FLOW METERS***		
<i>breathe ease peak flow meter device</i>	Preferred	OTC
<i>lung perform peak flow meter device</i>	Preferred	OTC
<i>peak a-i-r flow meter device</i>	Preferred	OTC
<i>peak flow meter universal rang device</i>	Preferred	OTC
<i>pure comfort flow meter adult device</i>	Preferred	OTC
<i>pure comfort flow meter child device</i>	Preferred	OTC
AIRZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	OTC
ASSESS PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	OTC
CLEVER CHOICE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	OTC
MICROLIFE DIGITAL PEAK FLOW DEVICE (<i>peak flow meter</i>)	Preferred	OTC
MINI WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	OTC
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	OTC
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	Preferred	OTC
PIKO 1 DEVICE (<i>peak flow meter</i>)	Preferred	OTC
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	OTC
POCKETPEAK PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	OTC
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE (<i>peak flow meter</i>)	Preferred	
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*PED MULTIPLE VITAMINS W/ MINERALS***		
MVW COMPLETE FORMULATION ORAL SOLUTION (<i>pediatric multivit-minerals</i>)	Preferred	OTC
*PED MV W/ FLUORIDE***		
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	Preferred	OTC
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Preferred	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Preferred	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	Preferred	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	Preferred	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	Preferred	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	Preferred	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	Preferred	
*PED MV W/ IRON***		
<i>childrens animal shapes oral tablet chewable 18 mg</i>	Preferred	OTC
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	Preferred	OTC
<i>cvs childrens complete oral tablet chewable 18 mg</i>	Preferred	OTC
<i>eq complete multivitamin child oral tablet chewable 18 mg</i>	Preferred	OTC
<i>eq1 child multivit/minerals oral tablet chewable 18 mg</i>	Preferred	OTC
<i>fruity chews/iron oral tablet chewable</i>	Preferred	OTC
<i>gnp childrens chewables/iron oral tablet chewable 15 mg</i>	Preferred	OTC
<i>multivitamin drops/iron oral solution 11 mg/ml</i>	Preferred	OTC
<i>multivitamin infant & toddler oral solution 11 mg/ml</i>	Preferred	OTC
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	Preferred	OTC
<i>pc pediatric poly-vita/fe drop oral solution 10 mg/ml</i>	Preferred	OTC
<i>poly-vita/iron oral solution 10 mg/ml</i>	Preferred	OTC
<i>poly-vite/iron oral solution 11 mg/ml</i>	Preferred	OTC
<i>qc childrens complete oral tablet chewable 18 mg</i>	Preferred	OTC
<i>qc childrens vitamins/iron oral tablet chewable 15 mg</i>	Preferred	OTC
<i>ra vitamins complete childrens oral tablet chewable 18 mg</i>	Preferred	OTC
<i>sm animal shapes complete oral tablet chewable 18 mg</i>	Preferred	OTC
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML (<i>pediatric multivitamins-iron</i>)	Preferred	OTC
CEROVITE JR ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>)	Preferred	OTC
FLINTSTONES PLUS EXTRA IRON ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>)	Preferred	OTC
FLINTSTONES W/IRON ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>)	Preferred	OTC
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG (<i>pediatric multivitamins-iron</i>)	Preferred	OTC
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML (<i>pediatric multivitamins-iron</i>)	Preferred	OTC
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>)	Preferred	OTC
*PEDIATRIC MULTIPLE VITAMINS***		
<i>childrens chew multivitamin oral tablet chewable</i>	Preferred	OTC
<i>childrens chewable vitamins oral tablet chewable</i>	Preferred	OTC
<i>fruity chews oral tablet chewable</i>	Preferred	OTC
<i>gnp childrens chewables/ex c oral tablet chewable</i>	Preferred	OTC
<i>gnp little ones childrens oral tablet chewable</i>	Preferred	OTC
<i>little animals oral tablet chewable</i>	Preferred	OTC
<i>multivitamin childrens (w/ fa) oral tablet chewable</i>	Preferred	OTC
<i>multivitamin childrens oral tablet chewable</i>	Preferred	OTC
<i>multivitamin infant & toddler oral solution</i>	Preferred	OTC
<i>pc pediatric poly-vitamin drop oral solution</i>	Preferred	OTC
<i>poly-vita oral solution</i>	Preferred	OTC
<i>poly-vite pediatric oral solution</i>	Preferred	OTC
<i>qc childrens vitamins/extra c oral tablet chewable</i>	Preferred	OTC
<i>sm animal shapes kids first oral tablet chewable</i>	Preferred	OTC
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION (<i>pediatric multiple vitamins</i>)	Preferred	OTC
CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	OTC
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	OTC
FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	OTC
FLINTSTONES MULTIVITAMIN ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	OTC
FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	OTC
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	OTC
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID (<i>pediatric multiple vitamins</i>)	Preferred	OTC
ONE-A-DAY VITACRAVES+OMEGA-3 ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	OTC
POLY-VI-SOL ORAL SOLUTION (<i>pediatric multiple vitamins</i>)	Preferred	OTC
ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>)	Preferred	OTC
*PENICILLIN COMBINATIONS***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Preferred	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Preferred	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Preferred	
*PENICILLINASE-RESISTANT PENICILLINS***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Preferred	
*PHOSPHATE***		
<i>phosphorous oral tablet 155-852-130 mg</i>	Preferred	
<i>phosphorus supplement oral packet 280-160-250 mg</i>	Preferred	OTC
<i>phosphorus w/sod & potassium oral packet 280-160-250 mg</i>	Preferred	OTC
<i>sodium-potassium-phosphorus oral packet 160-280-250 mg</i>	Preferred	OTC
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Preferred	
<i>k phos mono-sod phos di & mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)</i>	Preferred	
<i>k phos mono-sod phos di & mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)</i>	Preferred	
<i>potassium phosphate monobasic (Phospho-Trin K500 Oral Tablet 500 Mg)</i>	Preferred	
*PHOSPHODIESTERASE III INHIBITORS***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Preferred	QL (2 EA per 1 day)
*POTASSIUM REMOVING AGENTS***		
<i>sodium polystyrene sulfonate oral powder</i>	Preferred	
*POTASSIUM SPARING DIURETICS***		
<i>amiloride hcl oral tablet 5 mg</i>	Preferred	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per 1 Fill
*POTASSIUM***		
<i>cvs potassium gluconate oral tablet 595 mg</i>	Preferred	OTC
<i>gnp potassium gluconate oral tablet 595 (99 k) mg</i>	Preferred	OTC
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Preferred	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Preferred	Max 90-day supply per 1 Fill
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	Preferred	Max 90-day supply per 1 Fill
<i>potassium chloride er oral tablet extended release 20 meq</i>	Preferred	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%)</i>	Preferred	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	Preferred	Max 90-day supply per 1 Fill
<i>potassium gluconate oral tablet 550 (90 k) mg, 550 mg, 595 (99 k) mg</i>	Preferred	OTC
<i>qc potassium oral tablet 595 (99 k) mg</i>	Preferred	OTC
<i>ra potassium gluconate oral tablet 595 (99 k) mg</i>	Preferred	OTC
<i>sd potassium gluconate oral tablet 595 (99 k) mg</i>	Preferred	OTC
<i>sm potassium oral tablet 595 (99 k) mg</i>	Preferred	OTC
<i>potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)</i>	Preferred	
<i>potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)</i>	Preferred	Max 90-day supply per 1 Fill
<i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i>	Preferred	
<i>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)</i>	Preferred	Max 90-day supply per 1 Fill
<i>potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)</i>	Preferred	Max 90-day supply per 1 Fill
<i>potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)</i>	Preferred	
<i>potassium bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)</i>	Preferred	
*PRENATAL MV & MIN W/FE-FA & COENZYME Q10***		
<i>THERANATAL OVAVITE ORAL THERAPY PACK 18-1 & 125 MG (prenat fefum-fa & coenzyme q10)</i>	Preferred	OTC
*PRENATAL MV & MIN W/FE-FA***		
<i>classic prenatal oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>completenate oral tablet chewable 29-1 mg</i>	Preferred	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	Preferred	OTC
<i>eql prenatal formula oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>gnp prenatal oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>kpn prenatal oral tablet 0.1 mg</i>	Preferred	OTC
<i>masonatal oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>m-natal plus oral tablet 27-1 mg</i>	Preferred	
<i>multi prenatal oral tablet 27-0.8 mg</i>	Preferred	OTC
<i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i>	Preferred	
<i>neonatal prenatal oral tablet 27-0.8 mg</i>	Preferred	OTC
<i>one vite womens oral tablet 27-0.8 mg</i>	Preferred	OTC
<i>one vite womens plus oral tablet 27-1 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>prenatabs fa oral tablet 29-1 mg</i>	Preferred	OTC
<i>prenatal (w/iron & fa) oral tablet 27-0.8 mg</i>	Preferred	OTC
<i>prenatal 19 oral tablet</i>	Preferred	OTC
<i>prenatal 19 oral tablet 29-1 mg</i>	Preferred	
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	Preferred	
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	Preferred	OTC
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	Preferred	OTC
<i>prenatal forte oral tablet</i>	Preferred	OTC
<i>prenatal one daily oral tablet 27-0.8 mg</i>	Preferred	OTC
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg, 6.75-0.2 mg</i>	Preferred	OTC
<i>prenatal oral tablet 27-1 mg</i>	Preferred	
<i>prenatal plus oral tablet 27-1 mg</i>	Preferred	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Preferred	
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>prenatal/iron oral tablet , 28-0.8 mg</i>	Preferred	OTC
<i>prenatvite rx oral tablet 0.8 mg</i>	Preferred	
<i>qc prenatal oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>ra prenatal formula oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>ra prenatal oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>se-natal 19 oral tablet 29-1 mg</i>	Preferred	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Preferred	
<i>sm one daily prenatal oral 28-0.8 & 440 mg</i>	Preferred	OTC
<i>sm prenatal vitamins oral tablet 28-0.8 mg</i>	Preferred	OTC
<i>thrivite rx oral tablet 29-1 mg</i>	Preferred	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Preferred	
<i>westab plus oral tablet 27-1 mg</i>	Preferred	
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	OTC
NIVA-PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (<i>prenat-fe carbonyl-fa-omega 3</i>)	Preferred	OTC
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 440 MG (<i>prenatal vit-fe fum-fa-omega</i>)	Preferred	OTC
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	Preferred	OTC
PRENATRIX ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
PRENATRYL ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	OTC
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Preferred	
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL***		
<i>prenatal + complete multi oral therapy pack 18-0.8 & 290 mg</i>	Preferred	OTC
*PRENATAL MV & MIN W/FE-FA-DHA***		
<i>cvs prenatal multi+dha oral capsule 27-0.8-250 mg</i>	Preferred	OTC
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	Preferred	OTC
<i>prenatal multivitamin plus dha oral capsule 27-0.8-250 mg</i>	Preferred	OTC
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	Preferred	OTC
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	Preferred	OTC
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	Preferred	OTC
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	Preferred	OTC
STUART ONE ORAL CAPSULE 27-0.8-200 MG (<i>prenatal mv-min-fe cbn-fa-dha</i>)	Preferred	OTC
THERANATAL ONE ORAL CAPSULE 27-1-300 MG (<i>prenatal-fefum-fa-dha w/o a</i>)	Preferred	OTC
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	Preferred	OTC
<i>prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg</i>	Preferred	OTC
*PROGESTIN CONTRACEPTIVES - ORAL***		
<i>norethindrone oral tablet 0.35 mg</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Camila Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Deblitane Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Errin Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Heather Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone (Incassia Oral Tablet 0.35 Mg)</i>	Preferred	Max 365-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	Preferred	Max 365-day supply per 1 Fill
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	Preferred	Max 365-day supply per 1 Fill
*PROTECTANTS - MOUTH/THROAT***		
<i>lip-guard external ointment</i>	Preferred	OTC
<i>l-lysine external ointment</i>	Preferred	OTC
ANBESOL COLD SORE THERAPY EXTERNAL OINTMENT (<i>cold sore products</i>)	Preferred	OTC
LIP CLEAR LYSINE EXTERNAL OINTMENT 0.1 % (<i>cold sore products</i>)	Preferred	OTC
*PSEUDOBULBAR AFFECT AGENT COMBINATIONS***		
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	Preferred	PA
*PURINE ANALOGS***		
<i>azathioprine oral tablet 50 mg</i>	Preferred	Max 90-day supply per 1 Fill
*PYRIMIDINE SYNTHESIS INHIBITORS***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Preferred	
*QUATERNARY ANTICHOLINERGICS***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Preferred	
*RECTAL ANESTHETIC COMBINATIONS***		
<i>cvs hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Preferred	OTC
<i>eql hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Preferred	OTC
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Preferred	OTC
<i>hemorrhoidal max st/aloe external cream 1-0.25-14.4-15 %</i>	Preferred	OTC
<i>qc hemorrhoidal max external cream 1-0.25-14.4-15 %</i>	Preferred	OTC
<i>qc hemorrhoidal with aloe external cream 1-0.25-14.4-15 %</i>	Preferred	OTC
<i>ra hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Preferred	OTC
AVEDANA HEMORRHOID PAIN RELIEF EXTERNAL CREAM 1-0.25-14.4-15 % (<i>pramox-pe-glycerin-petrolatum</i>)	Preferred	OTC
*RECTAL COMBINATIONS - MISC.***		
<i>cvs hemorrhoidal rectal suppository 0.25-88.44 %</i>	Preferred	OTC
<i>eq hemorrhoidal rectal suppository 0.25-85.39 %</i>	Preferred	OTC
<i>eql hemorrhoidal rectal suppository 0.25-88.44 %</i>	Preferred	OTC
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>goodsense hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Preferred	OTC
<i>goodsense hemorrhoidal rectal suppository 0.25-88.44 %</i>	Preferred	OTC
<i>hemorrhoidal cooling external gel 0.25-50 %</i>	Preferred	OTC
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Preferred	OTC
<i>hemorrhoidal rectal suppository 0.25-3-85.5 %, 0.25-85.39 %, 0.25-88.44 %</i>	Preferred	OTC
<i>qc hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Preferred	OTC
<i>qc hemorrhoidal rectal suppository 0.25-88.44 %</i>	Preferred	OTC
<i>ra hemorrhoidal rectal ointment 0.25-3-14-71.9 %</i>	Preferred	OTC
<i>ra hemorrhoidal rectal suppository 0.25-3-85.5 %</i>	Preferred	OTC
<i>sb hemorrhoid rectal ointment 0.25-3-14-71.9 %</i>	Preferred	OTC
<i>sm hemorrhoidal cooling external gel 0.25-50 %</i>	Preferred	OTC
<i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Preferred	OTC
AVEDANA HEMORRHOID PAIN RELIEF RECTAL OINTMENT 0.25-14-74.9 % (<i>phenylephrine-mineral oil-pet</i>)	Preferred	OTC
AVEDANA HEMORRHOIDAL COOLING EXTERNAL GEL 0.25-50 % (<i>phenylephrine-witch hazel</i>)	Preferred	OTC
AVEDANA HEMORRHOIDAL RECTAL SUPPOSITORY 0.25-88.44 % (<i>phenylephrine-cocoa butter</i>)	Preferred	OTC
PREPARATION H RECTAL SUPPOSITORY 0.25-88.44 % (<i>phenylephrine-cocoa butter</i>)	Preferred	OTC
*RECTAL LOCAL ANESTHETICS***		
<i>cvs hemorrhoidal relief max st external cream 5 %</i>	Preferred	OTC
<i>gnp anorectal external cream 5 %</i>	Preferred	OTC
<i>lidocaine (anorectal) external cream 5 %</i>	Preferred	OTC
<i>numbcream external cream 5 %</i>	Preferred	OTC
<i>pramoxine hcl (perianal) external foam 1 %</i>	Preferred	OTC
<i>ra anorectal external cream 5 %</i>	Preferred	OTC
ANECREAM5 EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>)	Preferred	OTC
LIPOCAINE 5 EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>)	Preferred	OTC
RECTASMOOTH EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>)	Preferred	OTC
RECTOPROTECT EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>)	Preferred	OTC
*RESPIRATORY THERAPY SUPPLIES***		
<i>adult aerosol mask</i>	Preferred	OTC
<i>adult disposable mouthpiece</i>	Preferred	OTC
<i>adult mask device</i>	Preferred	
<i>adult mask large</i>	Preferred	
<i>breathe ease neb mask/child</i>	Preferred	
<i>breathe ease neb mask/infant</i>	Preferred	
<i>co monitor device</i>	Preferred	
<i>co monitor replacement pieces</i>	Preferred	

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<i>disposable full range mouthpiece</i>	Preferred	
<i>disposable low range mouthpiece</i>	Preferred	
<i>disposable low range/pediatric mouthpiece</i>	Preferred	
<i>disposable paper mouthpiece</i>	Preferred	OTC
<i>disposable universal range mouthpiece</i>	Preferred	
<i>expiratory mouthpiece</i>	Preferred	OTC
<i>filter air pp</i>	Preferred	
<i>full kit nebulizer set</i>	Preferred	
<i>nebulizer air tube/plugs</i>	Preferred	
<i>nebulizer cup/tubing device</i>	Preferred	OTC
<i>nebulizer mask adult</i>	Preferred	
<i>nebulizer mask child</i>	Preferred	
<i>nose clip</i>	Preferred	OTC
<i>one-way valved expiratory mouthpiece</i>	Preferred	OTC
<i>one-way valved inspiratory mouthpiece</i>	Preferred	OTC
<i>ped disposable mouthpiece</i>	Preferred	OTC
<i>pediatric mouthpiece</i>	Preferred	OTC
<i>pharmacist choice mask wipes</i>	Preferred	OTC
<i>pillow mask/adult</i>	Preferred	
<i>pillow mask/child</i>	Preferred	
<i>pillow mask/pediatric</i>	Preferred	
<i>pure comfort 3-ball breathe ex device</i>	Preferred	OTC
<i>replacement air filter</i>	Preferred	
<i>replacement filters</i>	Preferred	OTC
<i>silicone mask/adult</i>	Preferred	
<i>silicone mask/infant</i>	Preferred	
<i>silicone mask/pediatric</i>	Preferred	
<i>sootheneb nbl 100 adult mask</i>	Preferred	OTC
<i>sootheneb nbl 100 child mask</i>	Preferred	OTC
<i>sootheneb nbl 100 med cup</i>	Preferred	OTC
<i>sootheneb nbl 100 mesh cap</i>	Preferred	OTC
<i>spiro pd device</i>	Preferred	
<i>tubing/wing tip</i>	Preferred	OTC
ACE AEROSOL CLOUD ENHANCER (<i>respiratory therapy supplies</i>)	Preferred	
ACTIVITY POUCH (<i>respiratory therapy supplies</i>)	Preferred	
ADAPTER PED DISPOSABLE MOUTHPIECE (<i>respiratory therapy supplies</i>)	Preferred	OTC
AEROBIKA DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC
AEROECLIPSE EZ TWIST TUBING (<i>respiratory therapy supplies</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
AEROTRACH PLUS (<i>respiratory therapy supplies</i>)	Preferred	
AIRS PEDIATRIC AEROSOL MASK (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 1000 PFT FILTER (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 1000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 2000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 3000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 4000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 5000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 6000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ALL FLOW 7000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
BUBBLES THE FISH II PEDI MASK (<i>respiratory therapy supplies</i>)	Preferred	OTC
CARETOUCH 2 CPAP HOSE HANGER (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH CPAP & BIPAP HOSE (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH CPAP MASK WIPES (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH CPAP PRE-WASH SOLN (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH CPAP TUBE BRUSH (<i>respiratory therapy supplies</i>)	Preferred	
CARETOUCH UNIVERSL CPAP FILTER (<i>respiratory therapy supplies</i>)	Preferred	
EASY FLOW 300 MM HOSE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW 400 MM HOSE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW AIR NOZZLE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW BLACK/BLUE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW BLACK/ORANGE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW BLACK/RED DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW BLACK/WHITE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW BLACK/YELLOW DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW HEPA FILTER (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW WHITE/BLUE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
EASY FLOW WHITE/GREEN DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW WHITE/PINK DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW WHITE/WHITE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EASY FLOW WHITE/YELLOW DEVICE (<i>respiratory therapy supplies</i>)	Preferred	OTC
EBASE CONTROLLER KIT (<i>respiratory therapy supplies</i>)	Preferred	
FLYP HYPERSONIQ CARTRIDGE (<i>respiratory therapy supplies</i>)	Preferred	OTC
IN-CHECK DIAL FLOW TRAINER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
IN-CHECK INSPIRATORY FLOW MTR DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
INNOSPIRE REPLACEMENT FILTER (<i>respiratory therapy supplies</i>)	Preferred	
KOKO PEAK PRO MOUTHPIECE (<i>respiratory therapy supplies</i>)	Preferred	OTC
LITETOUCH MASK LARGE (<i>respiratory therapy supplies</i>)	Preferred	
LITETOUCH MASK MEDIUM (<i>respiratory therapy supplies</i>)	Preferred	
LITETOUCH MASK SMALL (<i>respiratory therapy supplies</i>)	Preferred	
MINIELITE FILTER REPLACEMENTS (<i>respiratory therapy supplies</i>)	Preferred	OTC
OMBRA COMPRESSOR AIR FILTERS (<i>respiratory therapy supplies</i>)	Preferred	OTC
OMBRA TABLE TOP COMPRESSOR DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ONE FLOW SPIROMETER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
ONE FLOW TESTER MOUTHPIECE (<i>respiratory therapy supplies</i>)	Preferred	OTC
PARI ALTERA NEBULIZER HANDSET (<i>respiratory therapy supplies</i>)	Preferred	
PARI BABY CONVERSION KIT (<i>respiratory therapy supplies</i>)	Preferred	
PARI ERAPID NEBULIZER HANDSET (<i>respiratory therapy supplies</i>)	Preferred	
PARI EXPIRATORY FILTER SET DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
PARI MANUAL INTERRUPTER DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
PARI MASK SET (<i>respiratory therapy supplies</i>)	Preferred	
PARI SMARTMASK BABY/ELBOW (<i>respiratory therapy supplies</i>)	Preferred	OTC
PARI SOFT PLASTIC ADULT MASK (<i>respiratory therapy supplies</i>)	Preferred	
PARI SOFT PLASTIC PED MASK (<i>respiratory therapy supplies</i>)	Preferred	
PARI TREK S COMBO PACK DEVICE (<i>respiratory therapy supplies</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
PFLEX (<i>respiratory therapy supplies</i>)	Preferred	
PRONEB ULTRA FILTER SET (<i>respiratory therapy supplies</i>)	Preferred	OTC
QUAKE DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
SAMI THE SEAL FILTERS (<i>respiratory therapy supplies</i>)	Preferred	OTC
SIDESTREAM ADULT FACE MASK (<i>respiratory therapy supplies</i>)	Preferred	
SIDESTREAM PEDIATRIC FACE MASK (<i>respiratory therapy supplies</i>)	Preferred	OTC
SIDESTREAM PLS ADULT FACE MASK (<i>respiratory therapy supplies</i>)	Preferred	OTC
THRESHOLD IMT (<i>respiratory therapy supplies</i>)	Preferred	
THRESHOLD PEP DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
VERSAPAP DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
VERSAPAP W/UNIVERSAL TUBING DEVICE (<i>respiratory therapy supplies</i>)	Preferred	
WINDMILL TRAINER (<i>respiratory therapy supplies</i>)	Preferred	
*RETINOIDS***		
<i>tretinoin oral capsule 10 mg</i>	Preferred	PA; QL (90 EA per 365 days)
*SALICYLATE COMBINATIONS***		
<i>cvs antacid & pain reliever oral tablet effervescent 325-1000-1916 mg</i>	Preferred	OTC
<i>effervescent antacid/pain rel oral tablet effervescent 500 mg</i>	Preferred	OTC
<i>effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	Preferred	OTC
<i>eq antacid & pain relief oral tablet effervescent 325 mg</i>	Preferred	OTC
<i>eql antacid/pain relief oral tablet effervescent 325-1000-1916 mg</i>	Preferred	OTC
<i>goodsense antacid/pain relief oral tablet effervescent 325 mg, 325-1000-1916 mg</i>	Preferred	OTC
<i>medi-seltzer oral tablet effervescent 325 mg</i>	Preferred	OTC
<i>qc antacid & pain relief oral tablet effervescent 500 mg</i>	Preferred	OTC
<i>qc effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg</i>	Preferred	OTC
<i>sb effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	Preferred	OTC
<i>sm aspirin tri-buffered oral tablet 325 mg</i>	Preferred	OTC; QL (24 EA per 1 day)
<i>sm effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	Preferred	OTC
<i>tri-buffered aspirin oral tablet 325 mg</i>	Preferred	OTC; QL (24 EA per 1 day)
ALKA-SELTZER EXTRA STRENGTH ORAL TABLET EFFERVESCENT 500 MG (<i>aspirin effervescent</i>)	Preferred	OTC
ASCRIPITIN ORAL TABLET 325 MG (<i>aspirin buf(alhyd-mghyd-cacar)</i>)	Preferred	OTC

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

Drug Name	Formulary Status	Requirements/Limits
BUFFERIN EXTRA STRENGTH ORAL TABLET 500 MG (<i>aspirin buf(cacarb-mgcarb-mgo)</i>)	Preferred	OTC
BUFFERIN ORAL TABLET 325 MG (<i>aspirin buf(cacarb-mgcarb-mgo)</i>)	Preferred	OTC; QL (24 EA per 1 day)
*SALICYLATES***		
<i>aspirin 81 oral tablet chewable 81 mg</i>	Preferred	OTC
<i>aspirin 81 oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>aspirin childrens oral tablet chewable 81 mg</i>	Preferred	OTC
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>aspirin low dose oral tablet chewable 81 mg</i>	Preferred	OTC
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>aspirin oral tablet chewable 81 mg</i>	Preferred	OTC
<i>aspirin oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>aspirin oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>aspirin rectal suppository 300 mg</i>	Preferred	OTC
<i>aspirin regimen oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>childrens aspirin oral tablet chewable 81 mg</i>	Preferred	OTC
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	Preferred	OTC
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>cvs aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>cvs genuine aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	Preferred	OTC
<i>eq aspirin oral tablet 325 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>eql aspirin ec oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	Preferred	OTC
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ft aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>genuine aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	Preferred	OTC
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>gnp aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>gnp aspirin oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>gnp aspirin oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>goodsense aspirin adults oral tablet 325 mg</i>	Preferred	OTC
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>goodsense aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>goodsense aspirin oral tablet chewable 81 mg</i>	Preferred	OTC
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>hm adult aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>hm aspirin oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>kp aspirin oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>mm aspirin oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	Preferred	OTC
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>qc aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>qc aspirin oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	Preferred	OTC
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	Preferred	OTC
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>	Preferred	OTC
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ra aspirin ec oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>ra aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>ra pain relief aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>sb aspirin ec oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>sb aspirin oral tablet 325 mg</i>	Preferred	OTC
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	Preferred	OTC
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	Preferred	OTC
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	Preferred	OTC
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	Preferred	OTC; Max 90-day supply per 1 Fill
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	Preferred	OTC
BAYER ADVANCED ASPIRIN EX ST ORAL TABLET 500 MG (<i>aspirin</i>)	Preferred	OTC
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG (<i>aspirin</i>)	Preferred	OTC
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	Preferred	OTC
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	Preferred	OTC
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	Preferred	OTC
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	Preferred	OTC
MEDIQUE ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	Preferred	OTC
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	OTC; Max 90-day supply per 1 Fill
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	Preferred	OTC
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	Preferred	OTC; Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
*SALINE LAXATIVE MIXTURES***		
<i>cvs enema disposable rectal enema 19-7 gm/118ml</i>	Preferred	OTC
<i>cvs enema ready-to-use rectal enema 7-19 gm/118ml</i>	Preferred	OTC
<i>enema disposable rectal enema</i>	Preferred	OTC
<i>enema pediatric rectal enema 3.5-9.5 gm/59ml</i>	Preferred	OTC
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	Preferred	OTC
<i>enema rectal enema , 7-19 gm/118ml</i>	Preferred	OTC
<i>eq enema rectal enema 19-7 gm/118ml</i>	Preferred	OTC
<i>eql ready-to-use enema rectal enema , 7-19 gm/118ml</i>	Preferred	OTC
<i>goodsense enema rectal enema 7-19 gm/118ml</i>	Preferred	OTC
<i>hm enema rectal enema 7-19 gm/118ml</i>	Preferred	OTC
<i>qc enema rectal enema 16-6 gm/133ml</i>	Preferred	OTC
<i>ra enema rectal enema 7-19 gm/118ml</i>	Preferred	OTC
<i>ra saline enema rectal enema 19-7 gm/118ml</i>	Preferred	OTC
<i>sm enema rectal enema , 7-19 gm/118ml</i>	Preferred	OTC
*SALINE LAXATIVES***		
<i>citrate of magnesia oral solution</i>	Preferred	OTC
<i>cvs epsom salt granules</i>	Preferred	OTC
<i>cvs epsom salt oral granules</i>	Preferred	OTC
<i>cvs laxative dietary supplement oral tablet 500 mg</i>	Preferred	OTC
<i>cvs magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	OTC
<i>cvs milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	OTC
<i>epsom salt granules</i>	Preferred	OTC
<i>epsom salt oral granules</i>	Preferred	OTC
<i>eq magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	OTC
<i>eql epsom salt granules</i>	Preferred	OTC
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	OTC
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	OTC
<i>gnp epsom salt oral granules</i>	Preferred	OTC
<i>gnp magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	OTC
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	OTC
<i>goodsense epsom salt oral granules</i>	Preferred	OTC
<i>goodsense magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	OTC
<i>goodsense milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	OTC
<i>hm milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	OTC
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	OTC
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	Preferred	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	Preferred	OTC
<i>qc epsom salt oral granules</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	OTC
<i>qc milk of magnesia oral suspension 400 mg/5ml</i>	Preferred	OTC
<i>ra epsom salt granules</i>	Preferred	OTC
<i>ra epsom salt oral granules</i>	Preferred	OTC
<i>ra magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	OTC
<i>ra milk of magnesia oral suspension 400 mg/5ml</i>	Preferred	OTC
<i>sb magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	OTC
<i>sb milk of magnesia oral suspension 400 mg/5ml</i>	Preferred	OTC
<i>sm epsom salt oral granules</i>	Preferred	OTC
<i>sm magnesium citrate oral solution 1.745 gm/30ml</i>	Preferred	OTC
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	Preferred	OTC
CITROMA ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	Preferred	OTC
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (<i>magnesium hydroxide</i>)	Preferred	OTC
DULCOLAX ORAL SUSPENSION 1200 MG/15ML (<i>magnesium hydroxide</i>)	Preferred	OTC
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	Preferred	OTC
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	Preferred	OTC
PEDIA-LAX ORAL TABLET CHEWABLE 400 MG (<i>magnesium hydroxide</i>)	Preferred	OTC
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML, 800 MG/5ML (<i>magnesium hydroxide</i>)	Preferred	OTC
*SCABICIDE COMBINATIONS***		
<i>cvs lice killing external shampoo 0.33-4 %</i>	Preferred	OTC
<i>eql lice killing max st external shampoo 0.33-4 %</i>	Preferred	OTC
<i>gnp lice treatment external shampoo 0.33-4 %</i>	Preferred	OTC
<i>lice killing external shampoo 4-0.33 %</i>	Preferred	OTC
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Preferred	OTC
<i>ra lice maximum strength external shampoo 0.33-4 %</i>	Preferred	OTC
<i>ra lice solution combination kit 0.5-0.33-4 %</i>	Preferred	OTC
<i>sb lice killing max st external shampoo 0.33-4 %</i>	Preferred	OTC
<i>sb lice treatment external liquid 0.3-3 %</i>	Preferred	OTC
<i>sm lice killing external shampoo 0.33-4 %</i>	Preferred	OTC
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	Preferred	OTC
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	Preferred	OTC
<i>stop lice maximum strength external liquid 0.33-4 %</i>	Preferred	OTC
CVS LICE SOLUTION COMBINATION KIT (<i>pyreth-pip butox-permeth-nitre</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
NIX COMPLETE LICE TREATMENT COMBINATION KIT 1 & 0.25 % (<i>permethrin-nit remover</i>)	Preferred	OTC
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % (<i>pyrethrins-piperonyl butoxide</i>)	Preferred	OTC
*SCABICIDES & PEDICULICIDES***		
<i>cvs ivermectin lice treatment external lotion 0.5 %</i>	Preferred	OTC
<i>cvs lice treatment external liquid 1 %</i>	Preferred	OTC
<i>gnp lice treatment external liquid 1 %</i>	Preferred	OTC
<i>goodsense lice killing external liquid 1 %</i>	Preferred	OTC
<i>ivermectin external lotion 0.5 %</i>	Preferred	OTC
<i>lice treatment external liquid 1 %</i>	Preferred	OTC
<i>permethrin external cream 5 %</i>	Preferred	
<i>sb lice treatment external liquid 1 %</i>	Preferred	OTC
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***		
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	Preferred	QL (1 EA per 1 day)
*SEMI SOLID VEHICLES***		
<i>1st base external cream</i>	Preferred	
<i>az cream external cream</i>	Preferred	OTC
<i>baby skin protectant external ointment 41 %</i>	Preferred	OTC
<i>base w301 external cream</i>	Preferred	
<i>cream base external cream</i>	Preferred	OTC
<i>cream concentrate external cream</i>	Preferred	
<i>cutis plus external cream</i>	Preferred	
<i>cvs petroleum jelly external gel</i>	Preferred	OTC
<i>daily moisturizer external ointment 41 %</i>	Preferred	OTC
<i>emollient base external cream</i>	Preferred	OTC
<i>fagron ls plus external cream</i>	Preferred	
<i>fagron natural external cream</i>	Preferred	
<i>fagron supreme external cream</i>	Preferred	
<i>freedom adaptaderm external cream</i>	Preferred	
<i>freedom derma serum external cream</i>	Preferred	
<i>gnp petroleum jelly external gel</i>	Preferred	OTC
<i>goodsense petroleum jelly external gel</i>	Preferred	OTC
<i>hm petroleum jelly external gel</i>	Preferred	OTC
<i>hydrous emulsified base external cream</i>	Preferred	OTC
<i>lipo cream base external cream</i>	Preferred	
<i>lipopen ultra base external cream</i>	Preferred	
<i>liposomal heavy external cream</i>	Preferred	
<i>liposomal regular external cream</i>	Preferred	
<i>microderm base external cream</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>multi-phasic penetrating cmpd external cream</i>	Preferred	
<i>penderm external cream</i>	Preferred	
<i>pensomal external cream</i>	Preferred	
<i>petrolatum external gel</i>	Preferred	OTC
<i>petrolatum external ointment 42 %</i>	Preferred	OTC
<i>petrolatum white external gel</i>	Preferred	OTC
<i>petrolatum white external ointment</i>	Preferred	
<i>petroleum jelly baby external ointment</i>	Preferred	OTC
<i>petroleum jelly external gel , 100 %</i>	Preferred	OTC
<i>petroleum jelly external ointment</i>	Preferred	OTC
<i>p-siloxan ds external cream</i>	Preferred	
<i>qc petroleum jelly external gel 100 %, 99.89 %</i>	Preferred	OTC
<i>ra petroleum jelly external ointment</i>	Preferred	OTC
<i>sa3 derm external cream</i>	Preferred	
<i>salt durable cream external cream</i>	Preferred	
<i>sanare scar therapy external cream</i>	Preferred	
<i>scar care external cream</i>	Preferred	OTC
<i>silprotex plus external cream</i>	Preferred	
<i>skin protectant external ointment 44.28 %</i>	Preferred	OTC
<i>skyy derm external cream</i>	Preferred	
<i>sm petroleum jelly external gel</i>	Preferred	OTC
<i>teroderm external cream</i>	Preferred	
<i>teroderm-plus external cream</i>	Preferred	
<i>vanishing cream botanical base external cream</i>	Preferred	OTC
<i>vanishing external cream</i>	Preferred	
<i>vanish-pen external cream</i>	Preferred	
<i>versatile cream base external cream</i>	Preferred	OTC
<i>vp dermabase external cream</i>	Preferred	
<i>white petrolatum external gel</i>	Preferred	OTC
<i>white petrolatum external ointment , 100 %</i>	Preferred	OTC
<i>white petroleum jelly external gel</i>	Preferred	OTC
<i>wound care external cream</i>	Preferred	OTC
<i>yellow petrolatum external ointment</i>	Preferred	OTC
ALTADERM EXTERNAL CREAM (<i>cream base</i>)	Preferred	
ARBEM H-COSMETIC EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
ARBEM LIOPEN EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
ATREVIS HYDROGEL EXTERNAL CREAM (<i>cream base</i>)	Preferred	
AUXIPRO VANISHING EXTERNAL CREAM (<i>cream base</i>)	Preferred	
BASE PCCA CLARIFYING EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
CHRYSADERM DAY EXTERNAL CREAM (<i>cream base</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
CHRYSADERM NIGHT EXTERNAL CREAM (<i>cream base</i>)	Preferred	
CLEODERM EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
DURABASE ADVANCED EXTERNAL CREAM (<i>cream base</i>)	Preferred	
DURABASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
EMOLIVAN EXTERNAL CREAM (<i>cream base</i>)	Preferred	
FITALITE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
FREEDOM DERMA-D EXTERNAL CREAM (<i>cream base</i>)	Preferred	
FREEDOM DERMA-N EXTERNAL CREAM (<i>cream base</i>)	Preferred	
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM (<i>cream base</i>)	Preferred	
LIPOCREAM BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
MEDIDERM EXTERNAL CREAM (<i>cream base</i>)	Preferred	
MICROSOME BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
MULTIBASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
NOURILITE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
NOURIVAN ANTIOX BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
OMNIBASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA ALADERM BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA BASE 7542 EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
PCCA BIOPEPTIDE BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA CANNIDEX 2.0 CUSTOM BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
PCCA CANNIDEX CUSTOM BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
PCCA COSMETIC HRT BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA EMOLLIENT CREAM BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA LIPODERM BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA MVC BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA NATACREAM EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA VANISHING CREAM BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA VANISHING CREAM LIGHT EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA VANPEN BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PCCA WAV CUSTOM BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC

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PENCREAM EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PFCB EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
PHARMABASE ANTIOXIDANT EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
PHARMABASE COSMETIC EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
PHARMABASE COSMETIC NATURAL EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
PHARMABASE HEAVY EXTERNAL CREAM (<i>cream base</i>)	Preferred	
PHARMABASE LIGHT EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
PHARMABASE VAGINAL EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
PHYTOBASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
SALT STABLE LS ADVANCED EXTERNAL CREAM (<i>cream base</i>)	Preferred	
SALTSTABLE LO EXTERNAL CREAM (<i>cream base</i>)	Preferred	
SANARE ADVANCED SCAR THERAPY EXTERNAL CREAM (<i>cream base</i>)	Preferred	
U-BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
VANIBASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
<i>white petrolatum</i> (Vaseline External Gel)	Preferred	
VASELINE PURE ULTRA WHITE EXTERNAL GEL (<i>white petrolatum</i>)	Preferred	OTC
VERSAPRO EXTERNAL CREAM (<i>cream base</i>)	Preferred	
VERSATILE RICH BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
VERSIGEL EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
XCEL 100 EXTERNAL CREAM (<i>cream base</i>)	Preferred	OTC
XEMATOP BASE EXTERNAL CREAM (<i>cream base</i>)	Preferred	
*SKIN PROTECTANTS***		
<i>aquagard hydrating external ointment 41 %</i>	Preferred	OTC
<i>benzoin compound external tincture</i>	Preferred	OTC
<i>lip balm external ointment</i>	Preferred	OTC
<i>petroleum jelly lip treatment external ointment</i>	Preferred	OTC
ABSORBASE EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
ALOE VESTA PROTECTIVE EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
ALOE VESTA SKIN CONDITIONER EXTERNAL LOTION 3 % (<i>dimethicone</i>)	Preferred	OTC
AMERICERIN EXTERNAL CREAM (<i>skin protectants, misc.</i>)	Preferred	OTC
AMERIDERM PERISHIELD EXTERNAL OINTMENT 3.8 % (<i>skin protectants, misc.</i>)	Preferred	OTC
AMERIPHOR EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
AQUAPHOR LIP REPAIR EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
BALMEX SKIN PROTECTANT EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
CARMEX CLASSIC LIP BALM EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
CERAVE THERAPEUTIC HAND CREAM EXTERNAL CREAM 1 % (<i>dimethicone</i>)	Preferred	OTC
CHAPSTICK OVERNIGHT EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
CHAPSTICK ULTRASMOOTH FORTIFY EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
CHAPSTICK ULTRASMOOTH NOURISH EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
CHAPSTICK ULTRASMOOTH REJUVEN EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
CHAPSTICK ULTRASMOOTH SOOTHE EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
CRITIC-AID CLEAR EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
DERMAFIX EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
MINERIN CREME EXTERNAL CREAM (<i>skin protectants, misc.</i>)	Preferred	OTC
NEOSPORIN LIP HEALTH OVERNIGHT EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
PERISHIELD EXTERNAL OINTMENT (<i>skin protectants, misc.</i>)	Preferred	OTC
STERI-STRIP COMPOUND BENZOIN EXTERNAL TINCTURE (<i>benzoin compound</i>)	Preferred	OTC
SWEEN MOISTURIZING BODY EXTERNAL CREAM (<i>skin protectants, misc.</i>)	Preferred	OTC
*SOAPS***		
<i>cvs daily facial cleanser external liquid</i>	Preferred	OTC
<i>eql body wash/sensitive skin external liquid</i>	Preferred	OTC
<i>eql body wash/shear butter external liquid</i>	Preferred	OTC
<i>eql clear hand soap refill external liquid</i>	Preferred	OTC
<i>eql gentle skin cleanser external liquid</i>	Preferred	OTC
<i>eql high power body wash external liquid</i>	Preferred	OTC
<i>eql liquid hand soap external liquid</i>	Preferred	OTC
<i>eql skin astringent external liquid</i>	Preferred	OTC
<i>gentle skin cleanser external liquid</i>	Preferred	OTC
<i>gnp gentle skin cleanser external liquid</i>	Preferred	OTC
<i>kp gentle skin cleanser external liquid</i>	Preferred	OTC
<i>refresh cleanser external liquid</i>	Preferred	OTC
<i>refreshing facial cleanser external liquid</i>	Preferred	OTC
ACUWASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
ALOE VESTA BODY WASH/SHAMPOO EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
AQUA GLYCOLIC FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
AQUA GLYCOLIC SHAMPOO/BODY EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
AQUA GLYCOLIC TONER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
AVEENO BABY CALMING COMFORT EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
AVEENO BABY CLEANSING THERAPY EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
AVEENO CALM & RESTORE CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
AVEENO DAILY MOISTURIZ FACIAL EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
BASIS CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
BOUDREAUXS BUTT BATH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CERAVE FOAMING FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CERAVE HYDRATING CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CERAVE SA BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CETAPHIL DERMACONTROL FOAM WSH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CETAPHIL EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CETAPHIL GENTLE CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CETAPHIL RESTORADERM EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CLEAN & CLEAR ALOE VERA CLEANS EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CLEAN & CLEAR ESSENTIALS EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CLEAN & CLEAR FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CLEAN & CLEAR MORNING BURST EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CLEAN & CLEAR NIGHT RELAX WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CLN BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CLN FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CLN HAND & FOOT WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CLN SPORT WASH HIGH PERFORM EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
CLN SPORTWASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
EUCERIN ADVANCED CLEANSING EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
EUCERIN SKIN CALMING BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
EYESCRUB EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
FREE & CLEAR/SENSITIVE EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
GOLD BOND ULT WASH/EXFOLIATING EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
GOLD BOND ULT WASH/HEALING EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
GOLD BOND ULT WASH/SENSITIVE EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
GOLD BOND ULT WASH/SOFTENING EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
IONIL EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
JOHNSONS KIDS CLEAN & FRESH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
JOHNSONS SKIN NOURISH WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
MEDERMA AG BODY CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
MEDERMA AG FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
MEDERMA AG FACIAL TONER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
NEUTROGENA DEEP CLEAN EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
NIVEA VISAGE EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
PURPOSE GENTLE CLEANING WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
REHYLA HAIR + BODY CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
REHYLA WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
SENSI-CARE SEPTI-SOFT EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
TENA SKIN-CARING BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
TENA SKIN-CARING WASH CREAM EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
VANICREAM CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>)	Preferred	OTC
*SODIUM***		
<i>sodium chloride oral tablet 1 gm</i>	Preferred	OTC
*SOLIDS***		
<i>butylated hydroxytoluene powder</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*SOMATOSTATIC AGENTS***		
<i>octreotide acetate injection solution 100 mcg/ml</i>	Preferred	PA
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***		
<i>breathe comfort chamber/adult device</i>	Preferred	OTC
<i>breathe comfort chamber/child device</i>	Preferred	OTC
<i>breathe ease large device</i>	Preferred	
<i>breathe ease medium device</i>	Preferred	
<i>breathe ease small device</i>	Preferred	
<i>eq space chamber anti-static device</i>	Preferred	
<i>eq space chamber anti-static l device</i>	Preferred	
<i>eq space chamber anti-static m device</i>	Preferred	
<i>eq space chamber anti-static s device</i>	Preferred	
<i>pro comfort spacer adult</i>	Preferred	OTC
<i>pro comfort spacer child</i>	Preferred	OTC
<i>pro comfort spacer infant device</i>	Preferred	OTC
<i>procare spacer/adult mask device</i>	Preferred	OTC
<i>procare spacer/child mask device</i>	Preferred	OTC
<i>prochamber vhc device</i>	Preferred	
<i>pure comfort spacer chamber device</i>	Preferred	OTC
AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER MINI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER MV (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	OTC
AEROCHAMBER PLUS FLO-VU LARGE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU MEDIUM (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU SMALL (<i>spacer/aero-holding chambers</i>)	Preferred	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	

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

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Drug Name	Formulary Status	Requirements/Limits
OPTICHAMBER DIAMOND (<i>spacer/aero-holding chambers</i>)	Preferred	
OPTICHAMBER DIAMOND DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
OPTICHAMBER DIAMOND-LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
OPTICHAMBER DIAMOND-MD MASK (<i>spacer/aero-holding chambers</i>)	Preferred	
OPTICHAMBER DIAMOND-SM MASK (<i>spacer/aero-holding chambers</i>)	Preferred	
PANDA MASK LARGE (<i>spacer/aero-hold chamber mask</i>)	Preferred	OTC
PANDA MASK MEDIUM (<i>spacer/aero-hold chamber mask</i>)	Preferred	OTC
PANDA MASK SMALL (<i>spacer/aero-hold chamber mask</i>)	Preferred	OTC
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	Preferred	OTC
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	Preferred	OTC
POCKET CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
POCKET SPACER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
RITEFLO DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Preferred	
*SPECIALTY VITAMINS PRODUCTS***		
<i>a thru z advantage oral tablet</i>	Preferred	OTC
<i>biotin plus keratin oral tablet 10000-100 mcg-mg</i>	Preferred	OTC
<i>cvs hair/skin/nails oral tablet</i>	Preferred	OTC
<i>cvs menopause support oral tablet</i>	Preferred	OTC
<i>hair nourishing supplement oral tablet</i>	Preferred	OTC
<i>ra ear care oral tablet</i>	Preferred	OTC
<i>ultimate fat burner oral tablet</i>	Preferred	OTC
<i>urosex oral tablet</i>	Preferred	
<i>varisan vitality oral tablet</i>	Preferred	OTC
<i>vitamins for hair oral tablet</i>	Preferred	OTC
ALLERWELL ALLERGY FORMULA ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC
CENTRUM PERFORMANCE ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC
CENTRUM SPECIALIST ENERGY ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC
ELON MATRIX 5000 COMPLETE ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
ELON MATRIX 5000 ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC
ELON MATRIX COMPLETE ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC
ELON MATRIX PLUS ORAL TABLET 3000-50-100 MCG-MG-MG (<i>specialty vitamins products</i>)	Preferred	OTC
ELON R3 ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC
HEART TABS ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC
LIPIDSHIELD PLUS ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC
MG PLUS PROTEIN ORAL TABLET 133 MG (<i>specialty vitamins products</i>)	Preferred	OTC
MIL ADREGEN ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC
UPSPRING HE NATAL ORAL TABLET (<i>specialty vitamins products</i>)	Preferred	OTC
*SPERMICIDES***		
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	Preferred	OTC
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	Preferred	OTC
*STIMULANT LAXATIVES***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Preferred	OTC
<i>bisacodyl laxative rectal suppository 10 mg</i>	Preferred	OTC
<i>bisacodyl oral tablet delayed release 5 mg</i>	Preferred	OTC
<i>bisacodyl rectal suppository 10 mg</i>	Preferred	OTC
<i>castor oil oral oil 100 %</i>	Preferred	OTC
<i>castor oil stimulant laxative oral oil 100 %</i>	Preferred	OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Preferred	OTC
<i>cvs castor oil oral oil 100 %</i>	Preferred	OTC
<i>cvs chocolate laxative pieces oral tablet chewable 15 mg</i>	Preferred	OTC
<i>cvs c-lax laxative oral tablet delayed release 5 mg</i>	Preferred	OTC
<i>cvs gentle laxative oral tablet delayed release 5 mg</i>	Preferred	OTC
<i>cvs gentle laxative rectal suppository 10 mg</i>	Preferred	OTC
<i>cvs gentle laxative womens oral tablet delayed release 5 mg</i>	Preferred	OTC
<i>cvs laxative pills max st oral tablet 25 mg</i>	Preferred	OTC
<i>cvs senna oral tablet 8.6 mg</i>	Preferred	OTC
<i>cvs senna-extra oral tablet 17.2 mg</i>	Preferred	OTC
<i>eq gentle laxative oral tablet delayed release 5 mg</i>	Preferred	OTC
<i>eq natural vegetable laxative oral tablet 8.6 mg</i>	Preferred	OTC
<i>eq vegetable laxative oral tablet 8.6 mg</i>	Preferred	OTC
<i>eql castor oil oral oil 100 %</i>	Preferred	OTC
<i>eql gentle laxative oral tablet delayed release 5 mg</i>	Preferred	OTC
<i>eql laxative maximum strength oral tablet 25 mg</i>	Preferred	OTC
<i>eql laxative oral tablet chewable 15 mg</i>	Preferred	OTC

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

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Drug Name	Formulary Status	Requirements/Limits
<i>sb laxative rectal suppository 10 mg</i>	Preferred	OTC
<i>sb senna-lax oral tablet 8.6 mg</i>	Preferred	OTC
<i>senna laxative oral tablet 8.6 mg</i>	Preferred	OTC
<i>senna oral capsule 8.6 mg</i>	Preferred	OTC
<i>senna oral liquid 8.8 mg/5ml</i>	Preferred	OTC
<i>senna oral syrup 176 mg/5ml, 8.8 mg/5ml</i>	Preferred	OTC
<i>senna oral tablet 8.6 mg</i>	Preferred	OTC
<i>senna-lax oral tablet 8.6 mg</i>	Preferred	OTC
<i>senna-tabs oral tablet 8.6 mg</i>	Preferred	OTC
<i>senna-time oral tablet 8.6 mg</i>	Preferred	OTC
<i>sennazon oral syrup 8.8 mg/5ml</i>	Preferred	OTC
<i>sm gentle laxative oral tablet delayed release 5 mg</i>	Preferred	OTC
<i>sm laxative rectal suppository 10 mg</i>	Preferred	OTC
<i>sm senna laxative oral tablet 8.6 mg</i>	Preferred	OTC
<i>womans laxative oral tablet delayed release 5 mg</i>	Preferred	OTC
<i>womens laxative oral tablet delayed release 5 mg</i>	Preferred	OTC
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	Preferred	OTC
EVAC-U-GEN ORAL TABLET 8.6 MG (<i>sennosides</i>)	Preferred	OTC
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG (<i>sennosides</i>)	Preferred	OTC
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	Preferred	OTC
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML (<i>bisacodyl</i>)	Preferred	OTC
MEDI-LAX ORAL TABLET 15 MG (<i>sennosides</i>)	Preferred	OTC
ONELAX RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	Preferred	OTC
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML (<i>sennosides</i>)	Preferred	OTC
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG (<i>sennosides</i>)	Preferred	OTC
SENNA SMOOTH ORAL TABLET 15 MG (<i>sennosides</i>)	Preferred	OTC
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (<i>sennosides</i>)	Preferred	OTC
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	Preferred	OTC
*SURFACTANT LAXATIVES***		
<i>cvs mini enema kids rectal enema 100 mg/5ml</i>	Preferred	OTC
<i>cvs mini enema rectal enema 20-283 mg</i>	Preferred	OTC
<i>cvs stool softener oral capsule 100 mg, 240 mg, 250 mg, 50 mg</i>	Preferred	OTC
<i>docusate calcium oral capsule 240 mg</i>	Preferred	OTC
<i>docusate mini rectal enema 283 mg/5ml</i>	Preferred	OTC
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	Preferred	OTC
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>docusate sodium oral syrup 60 mg/15ml</i>	Preferred	OTC
<i>dss oral capsule 100 mg, 250 mg</i>	Preferred	OTC
<i>easy-lax oral capsule 100 mg</i>	Preferred	OTC
<i>eq stool softener oral capsule 100 mg</i>	Preferred	OTC
<i>eq stool softener oral capsule 100 mg</i>	Preferred	OTC
<i>ft stool softener oral capsule 100 mg, 250 mg</i>	Preferred	OTC
<i>ft stool softener oral tablet 100 mg</i>	Preferred	OTC
<i>gnp stool softener oral capsule 100 mg, 240 mg, 250 mg</i>	Preferred	OTC
<i>goodsense stool softener oral capsule 100 mg</i>	Preferred	OTC
<i>hm stool softener oral capsule 100 mg</i>	Preferred	OTC
<i>kls stool softener oral capsule 100 mg</i>	Preferred	OTC
<i>mm stool softener laxative oral capsule 100 mg</i>	Preferred	OTC
<i>qc docusate calcium oral capsule 240 mg</i>	Preferred	OTC
<i>qc stool softener oral capsule 100 mg, 250 mg</i>	Preferred	OTC
<i>ra col-rite oral capsule 100 mg, 250 mg</i>	Preferred	OTC
<i>ra stool softener oral capsule 100 mg</i>	Preferred	OTC
<i>sb docusate sodium oral capsule 100 mg</i>	Preferred	OTC
<i>sb stool softener oral capsule 240 mg</i>	Preferred	OTC
<i>sm stool softener oral capsule 100 mg</i>	Preferred	OTC
<i>sm stool softener oral tablet 100 mg</i>	Preferred	OTC
<i>stool softener laxative oral capsule 100 mg</i>	Preferred	OTC
<i>stool softener oral capsule 100 mg, 240 mg, 250 mg</i>	Preferred	OTC
<i>stool softener oral liquid 50 mg/5ml</i>	Preferred	OTC
<i>stool softener oral tablet 100 mg</i>	Preferred	OTC
DOCUSOL KIDS RECTAL ENEMA 100 MG/5ML (<i>docusate sodium</i>)	Preferred	OTC
DOCUSOL MINI RECTAL ENEMA 283 MG/5ML (<i>docusate sodium</i>)	Preferred	OTC
DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG (<i>benzocaine-docusate sodium</i>)	Preferred	OTC
DOK ORAL TABLET 100 MG (<i>docusate sodium</i>)	Preferred	OTC
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Preferred	OTC
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Preferred	OTC
ENEMEEZ KIDS MINI ENEMA RECTAL ENEMA 100 MG/5ML (<i>docusate sodium</i>)	Preferred	OTC
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML (<i>docusate sodium</i>)	Preferred	OTC
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG (<i>benzocaine-docusate sodium</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
HEALTHY MAMA MOVE IT ALONG ORAL TABLET 100 MG (<i>docusate sodium</i>)	Preferred	OTC
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML (<i>docusate sodium</i>)	Preferred	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (<i>docusate sodium</i>)	Preferred	OTC
PHILLIPS STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Preferred	OTC
SURFAK ORAL CAPSULE 240 MG (<i>docusate calcium</i>)	Preferred	OTC
*SYSTEMIC DECONGESTANTS***		
<i>12 hour decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>cvs 12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>cvs nasal decongestant oral tablet 30 mg</i>	Preferred	OTC
<i>cvs sinus pe decongestant oral tablet 10 mg</i>	Preferred	OTC
<i>decongestant oral tablet 30 mg</i>	Preferred	OTC
<i>eq sinus 12-hour oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>eql nasal decongestant oral tablet 30 mg</i>	Preferred	OTC
<i>eql nasal decongestant pe oral tablet 10 mg</i>	Preferred	OTC
<i>ft nasal decongestant max str oral tablet 30 mg</i>	Preferred	OTC
<i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>ft nasal decongestant pe oral tablet 10 mg</i>	Preferred	OTC
<i>gnp nasal decongestant oral tablet 30 mg</i>	Preferred	OTC
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	Preferred	OTC
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>kp pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	Preferred	OTC
<i>meijer nasal decongestant oral tablet 30 mg</i>	Preferred	OTC
<i>nasal decongestant 12hr oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>nasal decongestant d oral tablet 30 mg</i>	Preferred	OTC
<i>nasal decongestant oral tablet 30 mg</i>	Preferred	OTC
<i>nasal decongestant pe max st oral tablet 10 mg</i>	Preferred	OTC
<i>nasal decongestant pe oral tablet 10 mg</i>	Preferred	OTC
<i>non-pseudo sinus decongestant oral tablet 10 mg</i>	Preferred	OTC
<i>phenylephrine hcl oral tablet 10 mg</i>	Preferred	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	Preferred	OTC
<i>qc nasal decongestant pe oral tablet 10 mg, 30 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>ra nasal decongestant pe oral tablet 10 mg</i>	Preferred	OTC
<i>ra sinus/congestion relief oral tablet 30 mg</i>	Preferred	OTC
<i>ra sinus/congestion relief oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>ra sinus/congestion relief pe oral tablet 10 mg</i>	Preferred	OTC
<i>ra suphedrine oral tablet 30 mg</i>	Preferred	OTC
<i>ra suphedrine oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>sinus congestion max strength oral tablet 30 mg</i>	Preferred	OTC
<i>sm nasal decongestant max st oral tablet 30 mg</i>	Preferred	OTC
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>sm nasal decongestant pe oral tablet 10 mg</i>	Preferred	OTC
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	Preferred	OTC
SUDAFED PE SINUS CONGESTION ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	Preferred	OTC
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (<i>pseudoephedrine hcl</i>)	Preferred	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	Preferred	OTC
SUDOGEST ORAL TABLET 30 MG, 60 MG (<i>pseudoephedrine hcl</i>)	Preferred	OTC
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (<i>pseudoephedrine hcl</i>)	Preferred	OTC
WAL-PHED D ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	Preferred	OTC
WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (<i>pseudoephedrine hcl</i>)	Preferred	OTC
WAL-PHED PE ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	Preferred	OTC
*TAR PRODUCTS***		
<i>cvs therapeutic dandruff external shampoo 1 %</i>	Preferred	OTC
<i>cvs therapeutic external shampoo 0.5 %</i>	Preferred	OTC
<i>eql therapeutic external shampoo 0.5 %</i>	Preferred	OTC
<i>sm anti-dandruff coal tar external shampoo 0.5 %</i>	Preferred	OTC
<i>therapeutic external shampoo 0.5 %</i>	Preferred	OTC
BETA CARE BETATAR GEL EXTERNAL SHAMPOO 2.5 % (<i>coal tar extract</i>)	Preferred	OTC
DHS TAR EXTERNAL SHAMPOO 0.5 % (<i>coal tar extract</i>)	Preferred	OTC
DHS TAR GEL EXTERNAL SHAMPOO 0.5 % (<i>coal tar extract</i>)	Preferred	OTC
IONIL-T EXTERNAL SHAMPOO 1 % (<i>coal tar extract</i>)	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
THERAPEUTIC T+PLUS EXTERNAL SHAMPOO 0.5 % (<i>coal tar extract</i>)	Preferred	OTC
*TETRACYCLINES***		
<i>avidoxy oral tablet 100 mg</i>	Preferred	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	Preferred	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Preferred	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Preferred	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Preferred	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Preferred	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Preferred	
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	Preferred	QL (2 EA per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	Preferred	QL (4 EA per 1 day)
<i>doxycycline hyclate (Doxy 100 Intravenous Solution Reconstituted 100 Mg)</i>	Preferred	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg)</i>	Preferred	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Preferred	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Preferred	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	
*THYROID HORMONES***		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Preferred	Max 90-day supply per 1 Fill
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg</i>	Preferred	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Preferred	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	Preferred	
<i>levothyroxine sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i>	Preferred	Max 90-day supply per 1 Fill
<i>levothyroxine sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i>	Preferred	Max 90-day supply per 1 Fill
<i>levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i>	Preferred	Max 90-day supply per 1 Fill
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Preferred	Max 90-day supply per 1 Fill
*TOPICAL ANESTHETIC COMBINATIONS***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Preferred	
*TOPICAL DECONGESTANTS***		
<i>12 hour decongestant nasal solution 0.05 %</i>	Preferred	OTC
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Preferred	OTC
<i>12 hour nasal relief spray nasal solution 0.05 %</i>	Preferred	OTC
<i>12 hour nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>anefrin spray nasal solution 0.05 %</i>	Preferred	OTC
<i>cvs allergy nasal mist no drip nasal solution 0.05 %</i>	Preferred	OTC
<i>cvs nasal mist nasal solution 0.05 %</i>	Preferred	OTC
<i>cvs nasal spray nasal solution 0.05 %, 1 %</i>	Preferred	OTC
<i>cvs sinus nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>ephrine nose drops nasal solution 1 %</i>	Preferred	OTC
<i>eq nasal spray fast acting nasal solution 1 %</i>	Preferred	OTC
<i>eq nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>eql nasal spray 12 hour nasal solution 0.05 %</i>	Preferred	OTC
<i>eql nasal spray fast acting nasal solution 1 %</i>	Preferred	OTC
<i>eql nasal spray no drip nasal solution 0.05 %</i>	Preferred	OTC
<i>ft nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>gnp nasal four spray nasal solution 1 %</i>	Preferred	OTC
<i>gnp nasal spray extra moist nasal solution 0.05 %</i>	Preferred	OTC
<i>gnp nasal spray fast acting nasal solution 1 %</i>	Preferred	OTC
<i>gnp nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>long acting nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>long lasting nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>nasal decongestant spray nasal solution 0.05 %</i>	Preferred	OTC
<i>nasal four nasal solution 1 %</i>	Preferred	OTC
<i>nasal relief nasal solution 0.05 %</i>	Preferred	OTC
<i>nasal spray 12 hour nasal solution 0.05 %</i>	Preferred	OTC
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	Preferred	OTC
<i>nasal spray max strength nasal solution 0.05 %</i>	Preferred	OTC
<i>nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>nasal spray no drip nasal solution 0.05 %</i>	Preferred	OTC
<i>nasal spray sinus nasal solution 0.05 %</i>	Preferred	OTC
<i>no drip nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>qc nasal mist no drip nasal solution 0.05 %</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>qc nasal spray nasal solution 0.05 %, 1 %</i>	Preferred	OTC
<i>qc no drip extra moisturizing nasal solution 0.05 %</i>	Preferred	OTC
<i>qc no drip nasal relief nasal solution 0.05 %</i>	Preferred	OTC
<i>qc no drip original 12 hours nasal solution 0.05 %</i>	Preferred	OTC
<i>ra 12 hour nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>ra nose drops extra strength nasal solution 1 %</i>	Preferred	OTC
<i>sb 12hr nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>sb nasal spray no-drip nasal solution 0.05 %</i>	Preferred	OTC
<i>sb sinus relief nasal solution 0.05 %</i>	Preferred	OTC
<i>sinus nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>sinus relief extra strength nasal solution 1 %</i>	Preferred	OTC
<i>sinus relief mist nasal solution 0.05 %</i>	Preferred	OTC
<i>sinus relief nasal solution 0.05 %</i>	Preferred	OTC
<i>sm nasal spray 12 hour nasal solution 0.05 %</i>	Preferred	OTC
<i>sm nasal spray nasal solution 0.05 %</i>	Preferred	OTC
<i>sm nasal spray sinus nasal solution 0.05 %</i>	Preferred	OTC
4-WAY FAST ACTING NASAL SOLUTION 1 % (<i>phenylephrine hcl</i>)	Preferred	OTC
4-WAY MENTHOL NASAL SOLUTION 1 % (<i>phenylephrine hcl</i>)	Preferred	OTC
DRISTAN NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	Preferred	OTC
GILTUSS SEVERE SINUS NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	Preferred	OTC
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	Preferred	OTC
MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	Preferred	OTC
NOSTRILLA NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	Preferred	OTC
QLEARQUIL NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	Preferred	OTC
WAL-FOUR NASAL SOLUTION 1 % (<i>phenylephrine hcl</i>)	Preferred	OTC
*TRICYCLIC AGENTS***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Preferred	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Preferred	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Preferred	
<i>imipramine pamoate oral capsule 100 mg, 150 mg, 75 mg</i>	Preferred	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	

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

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Drug Name	Formulary Status	Requirements/Limits
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Preferred	Max 365-day supply per 1 Fill
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Preferred	Max 365-day supply per 1 Fill
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	Preferred	Max 365-day supply per 1 Fill
*ULCER DRUGS - PROSTAGLANDINS***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Preferred	
*URINARY ANALGESICS***		
<i>azo tabs oral tablet 95 mg</i>	Preferred	OTC
<i>cvs urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	OTC
<i>cvs urinary pain relief oral tablet 95 mg</i>	Preferred	OTC
<i>eq urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	OTC
<i>eq urinary pain relief oral tablet 95 mg</i>	Preferred	OTC
<i>gnp urinary pain relief oral tablet 95 mg, 97.5 mg</i>	Preferred	OTC
<i>hm urinary pain relief oral tablet 95 mg</i>	Preferred	OTC
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Preferred	
<i>qc azo oral tablet 95 mg</i>	Preferred	OTC
<i>qc urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	OTC
<i>qc urinary pain relief oral tablet 95 mg</i>	Preferred	OTC
<i>ra urinary pain relief oral tablet 95 mg</i>	Preferred	OTC
<i>sb urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	OTC
<i>sb urinary pain relief oral tablet 95 mg</i>	Preferred	OTC
<i>sm urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	OTC
<i>sm urinary pain relief oral tablet 95 mg</i>	Preferred	OTC
<i>urinary pain relief max st oral tablet 97.5 mg</i>	Preferred	OTC
<i>urinary pain relief oral tablet 95 mg</i>	Preferred	OTC
AZO URINARY PAIN RELIEF ORAL TABLET 95 MG (<i>phenazopyridine hcl</i>)	Preferred	OTC
<i>phenazopyridine hcl</i> (Phenazo Oral Tablet 200 Mg)	Preferred	
PHENAZO ORAL TABLET 95 MG (<i>phenazopyridine hcl</i>)	Preferred	OTC
VH ESSENTIALS UTI RELIEF ORAL TABLET 97.2 MG (<i>phenazopyridine hcl</i>)	Preferred	OTC
*URINARY ANTI-INFECTIVES***		
<i>fosfomycin tromethamine oral packet 3 gm</i>	Preferred	
<i>methenamine hippurate oral tablet 1 gm</i>	Preferred	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Preferred	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Preferred	
*VASODILATORS***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Preferred	Max 90-day supply per 1 Fill
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Preferred	
*VASOPRESSIN***		
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Preferred	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Preferred	
*VASOPRESSORS***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Preferred	
*VISCOSUPPLEMENTS***		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	Preferred	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	Preferred	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	Preferred	PA
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	Preferred	PA
*VITAMIN A***		
<i>a-10000 oral capsule 3 mg (10000 ut)</i>	Preferred	OTC
<i>gnp vitamin a oral capsule 3 mg (10000 ut)</i>	Preferred	OTC
<i>natural vitamin a oral capsule 3 mg (10000 ut)</i>	Preferred	OTC
<i>ra vitamin a oral capsule 3 mg (10000 ut)</i>	Preferred	OTC
<i>vitamin a oral capsule 3 mg (10000 ut)</i>	Preferred	OTC
<i>vitamin a oral tablet 3 mg (10000 ut)</i>	Preferred	OTC
<i>vitamin a palmitate oral tablet 3 mg (10000 ut), 4.5 mg (15000 ut)</i>	Preferred	OTC
<i>xcellent a 3000 oral capsule 3000 mcg</i>	Preferred	OTC
*VITAMIN B-1***		
<i>b1 oral tablet 100 mg</i>	Preferred	OTC
<i>b-1 oral tablet 100 mg, 250 mg</i>	Preferred	OTC
<i>cvs b-1 oral tablet 100 mg</i>	Preferred	OTC
<i>gnp vitamin b-1 oral tablet 100 mg</i>	Preferred	OTC
<i>qc vitamin b1 oral tablet 100 mg</i>	Preferred	OTC
<i>ra vitamin b-1 oral tablet 100 mg</i>	Preferred	OTC
<i>sm vitamin b1 oral tablet 100 mg</i>	Preferred	OTC
<i>thiamine hcl oral tablet 100 mg</i>	Preferred	OTC
<i>thiamine mononitrate oral tablet 100 mg</i>	Preferred	OTC
<i>vitamin b1 oral tablet 100 mg</i>	Preferred	OTC
<i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
*VITAMIN B-2***		
<i>b-2 oral tablet 100 mg</i>	Preferred	OTC
<i>cvs vitamin b-2 oral tablet 100 mg</i>	Preferred	OTC
<i>vitamin b-2 oral tablet 100 mg, 25 mg</i>	Preferred	OTC
CYTO B2 ORAL POWDER 343 MG/GM (<i>riboflavin</i>)	Preferred	OTC
*VITAMIN B-3***		
<i>kp niacin oral tablet 500 mg</i>	Preferred	OTC
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	Preferred	OTC
<i>niacin er oral tablet extended release 250 mg</i>	Preferred	OTC
<i>niacin er oral tablet extended release 500 mg</i>	Preferred	OTC; QL (3 EA per 1 day)
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Preferred	OTC
<i>niacinamide er oral tablet extended release 500 mg</i>	Preferred	OTC
<i>niacinamide oral tablet 100 mg, 500 mg</i>	Preferred	OTC
<i>qc niacin oral tablet 100 mg</i>	Preferred	OTC
<i>ra niacin oral tablet 100 mg, 500 mg</i>	Preferred	OTC
<i>ra no flush niacin oral tablet 500 mg</i>	Preferred	OTC
<i>sm niacin cr oral tablet extended release 250 mg</i>	Preferred	OTC
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 750 MG (<i>niacin</i>)	Preferred	OTC
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacin</i>)	Preferred	OTC; QL (3 EA per 1 day)
ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacinamide</i>)	Preferred	OTC
NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG (<i>niacin</i>)	Preferred	OTC
NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacin</i>)	Preferred	OTC; QL (3 EA per 1 day)
*VITAMIN B-6***		
<i>b6 natural oral tablet 100 mg</i>	Preferred	OTC
<i>b-6 oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Preferred	OTC
<i>cvs b6 oral tablet 100 mg</i>	Preferred	OTC
<i>eql b-6 oral tablet 100 mg</i>	Preferred	OTC
<i>gnp vitamin b-6 oral tablet 100 mg</i>	Preferred	OTC
<i>kp vitamin b-6 oral tablet 100 mg</i>	Preferred	OTC
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	Preferred	OTC
<i>qc vitamin b6 oral tablet 100 mg</i>	Preferred	OTC
<i>ra vitamin b-6 oral tablet 100 mg, 50 mg</i>	Preferred	OTC
<i>sm vitamin b6 oral tablet 100 mg</i>	Preferred	OTC
<i>sm vitamin b-6 oral tablet 100 mg</i>	Preferred	OTC
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	OTC
<i>vitamin b6 oral tablet 100 mg, 250 mg, 50 mg</i>	Preferred	OTC
<i>yl vitamin b-6 oral tablet 100 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
B-NATAL MOUTH/THROAT LOZENGE 25 MG (<i>pyridoxine hcl</i>)	Preferred	OTC
B-NATAL MOUTH/THROAT LOZENGE ON A HANDLE 25 MG (<i>pyridoxine hcl</i>)	Preferred	OTC
*VITAMIN C***		
<i>acerola c-500 oral tablet chewable 500 mg</i>	Preferred	OTC
<i>ascorbic acid oral tablet 1000 mg, 500 mg</i>	Preferred	OTC
<i>c 1000 oral tablet 1000 mg</i>	Preferred	OTC
<i>c 500 oral tablet chewable 500 mg</i>	Preferred	OTC
<i>c 500/rose hips oral tablet 500 mg</i>	Preferred	OTC
<i>c-1000 oral tablet 1000 mg</i>	Preferred	OTC
<i>c-1000/rose hips oral tablet 1000 mg</i>	Preferred	OTC
<i>c-250 oral tablet 250 mg</i>	Preferred	OTC
<i>c-500 oral tablet 500 mg</i>	Preferred	OTC
<i>c-500 oral tablet chewable 500 mg</i>	Preferred	OTC
<i>c-500/rose hips oral tablet 500 mg</i>	Preferred	OTC
<i>calcium ascorbate oral tablet 500 mg</i>	Preferred	OTC
<i>c-chewable oral tablet chewable 500 mg</i>	Preferred	OTC
<i>cvs chewable c with rose hips oral tablet chewable 500 mg</i>	Preferred	OTC
<i>cvs vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	Preferred	OTC
<i>cvs vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	Preferred	OTC
<i>eql vitamin c oral tablet 1000 mg, 500 mg</i>	Preferred	OTC
<i>eql vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	Preferred	OTC
<i>fruit c 500 oral tablet chewable 500 mg</i>	Preferred	OTC
<i>gnp vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	Preferred	OTC
<i>gnp vitamin c oral tablet chewable 500 mg</i>	Preferred	OTC
<i>gnp vitamin c w/rose hips oral tablet 500-37 mg</i>	Preferred	OTC
<i>gnp vitamin c/rose hips oral tablet 1000 mg</i>	Preferred	OTC
<i>meijer c oral tablet 500 mg</i>	Preferred	OTC
<i>natural c/rose hips oral tablet 1000 mg, 500 mg</i>	Preferred	OTC
<i>qc vitamin c oral tablet 1000 mg, 500 mg</i>	Preferred	OTC
<i>qc vitamin c oral tablet chewable 500 mg</i>	Preferred	OTC
<i>qc vitamin c with rose hips oral tablet 500 mg</i>	Preferred	OTC
<i>ra vitamin c oral tablet 250 mg, 500 mg</i>	Preferred	OTC
<i>ra vitamin c oral tablet chewable 500 mg</i>	Preferred	OTC
<i>ra vitamin c/acerola oral tablet chewable 500 mg</i>	Preferred	OTC
<i>ra vitamin c/rose hips oral tablet 1000 mg, 500 mg</i>	Preferred	OTC
<i>sb vitamin c oral tablet 500 mg</i>	Preferred	OTC
<i>sm chewable c oral tablet chewable 500 mg</i>	Preferred	OTC
<i>sm chewable vitamin c oral tablet chewable 500 mg</i>	Preferred	OTC
<i>sm vit c/rose hips oral tablet 1000 mg</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>sm vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i>	Preferred	OTC
<i>sm vitamin c oral tablet chewable 500 mg</i>	Preferred	OTC
<i>sm vitamin c/rose hips oral tablet 500 mg</i>	Preferred	OTC
<i>vitamin c (calcium ascorbate) oral solution reconstituted</i>	Preferred	OTC
<i>vitamin c immune health oral tablet chewable 500 mg</i>	Preferred	OTC
<i>vitamin c oral tablet 100 mg, 1000 mg, 250 mg, 500 mg</i>	Preferred	OTC
<i>vitamin c oral tablet chewable 500 mg</i>	Preferred	OTC
<i>vitamin c plus wild rose hips oral tablet chewable 500 mg</i>	Preferred	OTC
<i>vitamin c/bioflavonoids/rosehp oral tablet 500 mg</i>	Preferred	OTC
<i>vitamin c/natural rose hips oral tablet 1000 mg</i>	Preferred	OTC
<i>vitamin c/rose hips oral tablet 500 mg</i>	Preferred	OTC
<i>vitamin c-acerola oral tablet chewable 500 mg</i>	Preferred	OTC
<i>vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	Preferred	OTC
<i>vitamin c-rose hips oral tablet chewable 500 mg</i>	Preferred	OTC
<i>yl vitamin c oral tablet 1000 mg, 500 mg</i>	Preferred	OTC
<i>yl vitamin c-rose hips oral tablet 1000 mg, 500 mg</i>	Preferred	OTC
SUNKIST VITAMIN C ORAL TABLET CHEWABLE 500 MG (ascorbic acid)	Preferred	OTC
*VITAMIN D***		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	Preferred	OTC
<i>cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>cvs vitamin d3 oral capsule 250 mcg (10000 ut)</i>	Preferred	OTC
<i>d 1000 oral capsule 25 mcg (1000 ut)</i>	Preferred	OTC
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	Preferred	OTC
<i>d 5000 oral capsule 125 mcg (5000 ut)</i>	Preferred	OTC
<i>d-1000 extra strength oral tablet 25 mcg (1000 ut)</i>	Preferred	OTC
<i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i>	Preferred	OTC
<i>d3 2000 oral capsule 50 mcg (2000 ut)</i>	Preferred	OTC
<i>d3 5000 oral capsule 125 mcg (5000 ut)</i>	Preferred	OTC
<i>d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>d3 high potency oral tablet 10 mcg (400 unit)</i>	Preferred	OTC
<i>d3 kids oral tablet chewable 10 mcg (400 unit)</i>	Preferred	OTC
<i>d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	Preferred	OTC
<i>d3 oral tablet 50 mcg (2000 ut)</i>	Preferred	OTC
<i>d3 super strength oral capsule 50 mcg (2000 ut)</i>	Preferred	OTC
<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	Preferred	OTC
<i>d3-1000 oral tablet 25 mcg (1000 ut)</i>	Preferred	OTC
<i>d-3-5 oral capsule 125 mcg (5000 ut)</i>	Preferred	OTC
<i>d-400 oral tablet 10 mcg (400 unit)</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>d-5000 oral tablet 125 mcg (5000 ut)</i>	Preferred	OTC
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	Preferred	OTC
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	Preferred	OTC
<i>eql vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Preferred	Max 90-day supply per 1 Fill
<i>ergocalciferol oral solution 200 mcg/ml</i>	Preferred	OTC
<i>finest nutrition vitamin d3 oral capsule 25 mcg (1000 ut)</i>	Preferred	OTC
<i>gnp d 1000 oral capsule 25 mcg (1000 ut)</i>	Preferred	OTC
<i>gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)</i>	Preferred	OTC
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>	Preferred	OTC
<i>gnp vitamin d oral tablet chewable 10 mcg (400 unit)</i>	Preferred	OTC
<i>gnp vitamin d super strength oral tablet 125 mcg (5000 ut)</i>	Preferred	OTC
<i>gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)</i>	Preferred	OTC
<i>gnp vitamin d3 oral tablet 10 mcg (400 unit)</i>	Preferred	OTC
<i>kls d3 oral capsule 50 mcg (2000 ut)</i>	Preferred	OTC
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>	Preferred	OTC
<i>kp vitamin d oral tablet chewable 10 mcg (400 unit)</i>	Preferred	OTC
<i>kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>nat-rul vitamin d oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	Preferred	OTC
<i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i>	Preferred	OTC
<i>qc vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>ra vitamin d-3 oral tablet 25 mcg (1000 ut)</i>	Preferred	OTC
<i>sm vitamin d oral tablet 10 mcg (400 unit)</i>	Preferred	OTC
<i>sm vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg, 50 mcg (2000 ut)</i>	Preferred	OTC
<i>sm vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut)</i>	Preferred	OTC
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	Preferred	OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Preferred	Max 90-day supply per 1 Fill
<i>vitamin d (ergocalciferol) oral capsule 50 mcg (2000 ut)</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>vitamin d high potency oral capsule 25 mcg (1000 ut)</i>	Preferred	OTC
<i>vitamin d infant oral liquid 10 mcg/ml</i>	Preferred	OTC
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>	Preferred	OTC
<i>vitamin d oral liquid 10 mcg/ml</i>	Preferred	OTC
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>vitamin d2 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)</i>	Preferred	OTC
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	Preferred	OTC
<i>vitamin d-3 oral capsule 25 mcg (1000 ut)</i>	Preferred	OTC
<i>vitamin d3 oral liquid 10 mcg/ml, 125 mcg/ml</i>	Preferred	OTC
<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	OTC
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	Preferred	OTC
<i>vitamin d3 ultra potency oral tablet 1250 mcg</i>	Preferred	OTC
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML (<i>cholecalciferol</i>)	Preferred	OTC
CALCIDOL ORAL SOLUTION 200 MCG/ML (<i>ergocalciferol</i>)	Preferred	OTC
D3-50 ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
PRONUTRIENTS VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Preferred	OTC
*VITAMIN E***		
<i>aqueous vitamin e oral solution 15 mg/0.67ml</i>	Preferred	OTC
<i>cvs e oral capsule 90 mg (200 unit)</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>cvs vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>	Preferred	OTC
<i>e 1000 oral capsule 450 mg (1000 ut)</i>	Preferred	OTC
<i>e200 oral capsule 90 mg (200 unit)</i>	Preferred	OTC
<i>e-200 oral capsule 90 mg (200 unit)</i>	Preferred	OTC
<i>e400 oral capsule 180 mg (400 unit)</i>	Preferred	OTC
<i>e-400 oral capsule 180 mg (400 unit), 268 mg (400 unit)</i>	Preferred	OTC
<i>e-400-clear oral capsule 268 mg (400 unit)</i>	Preferred	OTC
<i>eql vitamin e oral capsule 400 unit</i>	Preferred	OTC
<i>gnp vitamin e oral capsule 180 mg (400 unit), 400 unit, 450 mg (1000 ut), 90 mg (200 unit)</i>	Preferred	OTC
<i>high potency e oral capsule 450 mg (1000 ut)</i>	Preferred	OTC
<i>kp vitamin e oral capsule 45 mg (100 unit)</i>	Preferred	OTC
<i>natural vitamin e oral capsule 670 mg (1000 ut)</i>	Preferred	OTC
<i>qc vitamin e oral capsule 180 mg (400 unit)</i>	Preferred	OTC
<i>ra natural vitamin e oral capsule 268 mg (400 unit)</i>	Preferred	OTC
<i>ra vitamin e natural oral capsule 670 mg (1000 ut)</i>	Preferred	OTC
<i>ra vitamin e oral capsule 134 mg (200 unit), 268 mg (400 unit)</i>	Preferred	OTC
<i>sm vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut), 90 mg (200 unit)</i>	Preferred	OTC
<i>vitamin e blend oral capsule 400 unit</i>	Preferred	OTC
<i>vitamin e high potency oral capsule 180 mg (400 unit), 90 mg</i>	Preferred	OTC
<i>vitamin e oral capsule 100 unit, 1000 unit, 134 mg (200 unit), 180 mg (400 unit), 268 mg (400 unit), 400 unit, 45 mg (100 unit), 450 mg (1000 ut), 670 mg (1000 ut), 90 mg (200 unit)</i>	Preferred	OTC
<i>vitamin e oral solution 15 mg/0.67ml</i>	Preferred	OTC
<i>vitamin e oral tablet 100 unit, 67 mg (100 unit)</i>	Preferred	OTC
<i>vitamin e water soluble oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>	Preferred	OTC
<i>vitamin e/d-alpha natural oral capsule 268 mg (400 unit)</i>	Preferred	OTC
<i>vitamin e/d-alpha oral capsule 134 mg (200 unit)</i>	Preferred	OTC
<i>SOLUVITA E ORAL SOLUTION 15.8 MG/0.7ML (vitamin e)</i>	Preferred	OTC
*VITAMIN K***		
<i>k 100 oral tablet 100 mcg</i>	Preferred	OTC
<i>phytonadione oral tablet 5 mg</i>	Preferred	PA
<i>vitamin k (phytonadione) oral tablet 100 mcg</i>	Preferred	OTC
<i>vitamin k2 oral tablet 40 mcg</i>	Preferred	OTC
<i>SUPERIORSOURCE K1 ORAL TABLET DISPERSIBLE 500 MCG (phytonadione)</i>	Preferred	OTC
*WOUND CLEANSERS/DECUBITUS ULCER THERAPY***		
<i>cvs wound wash advanced external liquid</i>	Preferred	OTC

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Drug Name	Formulary Status	Requirements/Limits
wound cleanser external liquid	Preferred	OTC
wound/skin cleanser external liquid	Preferred	OTC
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID (wound cleansers)	Preferred	
MICROCYN EXTERNAL LIQUID 0.023 % (wound cleansers)	Preferred	
NEXCARE WOUND CLEANSER EXTERNAL LIQUID (wound cleansers)	Preferred	OTC
PURACYN PLUS DUO-CARE EXTERNAL LIQUID (wound cleansers)	Preferred	OTC
RESTA WOUND CLEANSER EXTERNAL LIQUID (wound cleansers)	Preferred	OTC
SAF-CLENS AF EXTERNAL LIQUID (wound cleansers)	Preferred	OTC
SILVERMED EXTERNAL LIQUID (wound cleansers)	Preferred	OTC
*ZINC***		
cvs zinc gluconate oral tablet 50 mg	Preferred	OTC
ra zinc oral tablet 50 mg	Preferred	OTC
sm zinc gluconate oral tablet 50 mg	Preferred	OTC
zinc gluconate oral tablet 50 mg	Preferred	OTC
zinc oral capsule 220 (50 zn) mg	Preferred	OTC
zinc sulfate oral capsule 220 (50 zn) mg	Preferred	OTC
ORAZINC ORAL CAPSULE 220 (50 ZN) MG (zinc sulfate)	Preferred	OTC
ZINC 15 ORAL TABLET 66 MG (zinc sulfate)	Preferred	OTC
TOPICAL ANTIBIOTICS [OPEN CLASS]		
mupirocin ointment 2 % external	Preferred	
mupirocin calcium cream 2 % external	Non Preferred	PA
CENTANY AT KIT 2 % EXTERNAL (mupirocin)	Non Preferred	PA
CENTANY OINTMENT 2 % EXTERNAL (mupirocin)	Non Preferred	PA
ULCERATIVE COLITIS [OPEN CLASS]		
balsalazide disodium capsule 750 mg oral	Preferred	Max 90-day supply per 1 Fill
mesalamine capsule delayed release 400 mg oral	Preferred	
mesalamine enema 4 gm rectal	Preferred	
mesalamine er capsule extended release 24 hour 0.375 gm oral	Preferred	Max 90-day supply per 1 Fill
mesalamine er capsule extended release 500 mg oral	Preferred	Max 90-day supply per 1 Fill
mesalamine suppository 1000 mg rectal	Preferred	
mesalamine tablet delayed release 1.2 gm oral	Preferred	
mesalamine tablet delayed release 800 mg oral	Preferred	
sulfasalazine tablet 500 mg oral	Preferred	Max 90-day supply per 1 Fill
sulfasalazine tablet delayed release 500 mg oral	Preferred	Max 90-day supply per 1 Fill

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Drug Name	Formulary Status	Requirements/Limits
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL (<i>mesalamine</i>)	Preferred	Max 90-day supply per 1 Fill
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL (<i>mesalamine</i>)	Preferred	Max 90-day supply per 1 Fill
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL (<i>mesalamine</i>)	Preferred	Max 90-day supply per 1 Fill
<i>budesonide er tablet extended release 24 hour 9 mg oral</i>	Non Preferred	PA
<i>budesonide foam 2 mg rectal</i>	Non Preferred	PA
<i>budesonide foam 2 mg/act rectal</i>	Non Preferred	PA
<i>mesalamine-cleanser kit 4 gm rectal</i>	Non Preferred	PA
ASACOL HD TABLET DELAYED RELEASE 800 MG ORAL (<i>mesalamine</i>)	Non Preferred	PA
AZULFIDINE EN-TABS TABLET DELAYED RELEASE 500 MG ORAL (<i>sulfasalazine</i>)	Non Preferred	PA
AZULFIDINE TABLET 500 MG ORAL (<i>sulfasalazine</i>)	Non Preferred	PA
CANASA SUPPOSITORY 1000 MG RECTAL (<i>mesalamine</i>)	Non Preferred	PA
COLAZAL CAPSULE 750 MG ORAL (<i>balsalazide disodium</i>)	Non Preferred	PA
DELZICOL CAPSULE DELAYED RELEASE 400 MG ORAL (<i>mesalamine</i>)	Non Preferred	PA
DIPENTUM CAPSULE 250 MG ORAL (<i>olsalazine sodium</i>)	Non Preferred	PA
LIALDA TABLET DELAYED RELEASE 1.2 GM ORAL (<i>mesalamine</i>)	Non Preferred	PA
ROWASA KIT 4 GM RECTAL (<i>mesalamine-cleanser</i>)	Non Preferred	PA
SFROWASA ENEMA 4 GM/60ML RECTAL (<i>mesalamine</i>)	Non Preferred	PA
UCERIS FOAM 2 MG/ACT RECTAL (<i>budesonide</i>)	Non Preferred	PA
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL (<i>budesonide</i>)	Non Preferred	PA
URINARY ANTISPASMODICS [OPEN CLASS]		
<i>oxybutynin chloride er tablet extended release 24 hour 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>oxybutynin chloride solution 5 mg/5ml oral</i>	Preferred	

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Drug Name	Formulary Status	Requirements/Limits
<i>oxybutynin chloride tablet 2.5 mg oral</i>	Preferred	
<i>oxybutynin chloride tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>solifenacin succinate tablet 10 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>solifenacin succinate tablet 5 mg oral</i>	Preferred	Max 90-day supply per 1 Fill
<i>tropium chloride er capsule extended release 24 hour 60 mg oral</i>	Preferred	
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL (<i>fesoterodine fumarate</i>)	Preferred	Max 90-day supply per 1 Fill
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL (<i>fesoterodine fumarate</i>)	Preferred	Max 90-day supply per 1 Fill
<i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral</i>	Non Preferred	PA
<i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral</i>	Non Preferred	PA
<i>fesoterodine fumarate er tablet extended release 24 hour 4 mg oral</i>	Non Preferred	PA
<i>fesoterodine fumarate er tablet extended release 24 hour 8 mg oral</i>	Non Preferred	PA
<i>flavoxate hcl tablet 100 mg oral</i>	Non Preferred	PA
<i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral</i>	Non Preferred	PA
<i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral</i>	Non Preferred	PA
<i>tolterodine tartrate tablet 1 mg oral</i>	Non Preferred	PA
<i>tolterodine tartrate tablet 2 mg oral</i>	Non Preferred	PA
<i>tropium chloride tablet 20 mg oral</i>	Non Preferred	PA
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL (<i>tolterodine tartrate</i>)	Non Preferred	PA
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL (<i>tolterodine tartrate</i>)	Non Preferred	PA
DETROL TABLET 1 MG ORAL (<i>tolterodine tartrate</i>)	Non Preferred	PA
DETROL TABLET 2 MG ORAL (<i>tolterodine tartrate</i>)	Non Preferred	PA
GELNIQUE GEL 10 % TRANSDERMAL (<i>oxybutynin chloride</i>)	Non Preferred	PA
GEMTESA TABLET 75 MG ORAL (<i>vibegron</i>)	Non Preferred	PA
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8 MG/ML ORAL (<i>mirabegron</i>)	Non Preferred	PA
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>mirabegron</i>)	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>mirabegron</i>)	Non Preferred	PA
OXYTROL FOR WOMEN PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL (<i>oxybutynin</i>)	Non Preferred	OTC; PA
OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL (<i>oxybutynin</i>)	Non Preferred	PA
VESICARE LS SUSPENSION 5 MG/5ML ORAL (<i>solifenacin succinate</i>)	Non Preferred	PA
VESICARE TABLET 10 MG ORAL (<i>solifenacin succinate</i>)	Non Preferred	PA
VESICARE TABLET 5 MG ORAL (<i>solifenacin succinate</i>)	Non Preferred	PA
VACCINE		
*BACTERIAL VACCINES***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Preferred	PA; AGE (Min 19 Years)
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	Preferred	AGE (Min 19 Years)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (<i>haemophilus b polysac conj vac</i>)	Preferred	PA; AGE (Min 19 Years)
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	Preferred	AGE (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	Preferred	AGE (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	Preferred	AGE (Min 19 Years)
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (<i>haemophilus b polysac conj vac</i>)	Preferred	PA; AGE (Min 19 Years)
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	Preferred	QL (Max 2 Fills per Lifetime); AGE (Min 19 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>)	Preferred	QL (Max 1 Fill per Lifetime); AGE (Min 19 Years)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	Preferred	AGE (Min 19 Years)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 15-val conj vacc</i>)	Preferred	QL (Max 1 Fill per Lifetime); AGE (Min 19 Years)
*TOXOID COMBINATIONS***		
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	Preferred	QL (Max 1 Fill per Lifetime); AGE (Min 19 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	Preferred	AGE (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	Preferred	AGE (Min 19 Years)

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Drug Name	Formulary Status	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	Preferred	AGE (Min 19 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	Preferred	PA; AGE (Min 19 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (<i>tetanus-diphtheria toxoids td</i>)	Preferred	QL (Max 1 Fill per Lifetime); AGE (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>)	Preferred	QL (Max 1 Fill per Lifetime); AGE (Min 19 Years)
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	Preferred	PA; AGE (Min 19 Years)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	Preferred	PA; AGE (Min 19 Years)
*VIRAL VACCINE COMBINATIONS***		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	Preferred	AGE (Min 19 Years)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	Preferred	AGE (Min 19 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (<i>hepatitis a-hep b recomb vac</i>)	Preferred	QL (Max 3 Fills per Lifetime); AGE (Min 19 Years)
*VIRAL VACCINES***		
<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)
<i>stamaril injection suspension reconstituted</i>	Preferred	QL (0.5 EA per 1 Lifetime); AGE (Min 19 Years)
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac rcmb</i>)	Preferred	QL (Max 1 Fill per Lifetime); AGE (Min 19 Years)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (<i>smallpox vaccine</i>)	Preferred	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (<i>rsvpref3 vac recomb adjuvanted</i>)	Preferred	QL (Max 1 Fill per Lifetime); AGE (Min 50 Years)
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	Preferred	QL (2.5 ML per 1 Lifetime); AGE (Min 19 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)

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Drug Name	Formulary Status	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (Max 3 Fills per Lifetime); AGE (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (Max 3 Fills per Lifetime); AGE (Min 19 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b sa adj quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>influenza vac recomb ha quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac subunit quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION (<i>influenza virus vac live quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (<i>influenza vac high-dose quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Preferred	QL (Max 1 Fill per 180 Days); AGE (Min 19 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	Preferred	QL (Max 3 Fills per Lifetime); AGE (Min 19 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	Preferred	QL (Max 3 Fills per Lifetime); AGE (Min 19 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	Preferred	QL (Max 2 Fills per Lifetime); AGE (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>)	Preferred	QL (Max 3 Fills per Lifetime); AGE (Min 19 Years)
IPOLE INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	Preferred	QL (1.5 ML per 1 Lifetime); AGE (Min 19 Years)
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chikungunya virus vaccine live</i>)	Preferred	QL (0.5 EA per 1 Lifetime); AGE (Min 19 Years)
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	Preferred	QL (1 ML per 1 Lifetime); AGE (Min 19 Years)

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Drug Name	Formulary Status	Requirements/Limits
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML (<i>smallpox & monkeypox vac, live</i>)	Preferred	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (Max 3 Fills per Lifetime); AGE (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	Preferred	QL (Max 3 Fills per Lifetime); AGE (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (<i>zoster vac recomb adjuvanted</i>)	Preferred	QL (Max 2 Fills per Lifetime); AGE (Min 18 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>)	Preferred	AGE (Min 19 Years)
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML (<i>tick-borne encephalitis vacc</i>)	Preferred	QL (1.5 ML per 1 Lifetime); AGE (Min 19 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (<i>typhoid vi polysaccharide vacc</i>)	Preferred	QL (0.5 ML per 1 Lifetime); AGE (Min 19 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (<i>typhoid vi polysaccharide vacc</i>)	Preferred	QL (0.5 ML per 1 Lifetime); AGE (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (<i>hepatitis a vaccine</i>)	Preferred	QL (Max 2 Fills per Lifetime); AGE (Min 19 Years)
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (<i>varicella virus vaccine live</i>)	Preferred	AGE (Min 19 Years)
VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>)	Preferred	QL (100 ML per 1 Lifetime); AGE (Min 19 Years)
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	Preferred	QL (4 EA per 1 Lifetime); AGE (Min 19 Years)
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	Preferred	QL (0.5 EA per 1 Lifetime); AGE (Min 19 Years)
VAGINAL ANTIBIOTICS [OPEN CLASS]		
<i>metronidazole gel 0.75 % vaginal</i>	Preferred	
CLEOCIN SUPPOSITORY 100 MG VAGINAL (<i>clindamycin phosphate</i>)	Preferred	
CLINDESSE CREAM 2 % VAGINAL (<i>clindamycin phosphate (1 dose)</i>)	Preferred	
NUVESSA GEL 1.3 % VAGINAL (<i>metronidazole</i>)	Preferred	
<i>clindamycin phosphate cream 2 % vaginal</i>	Non Preferred	PA

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Drug Name	Formulary Status	Requirements/Limits
CLEOCIN CREAM 2 % VAGINAL (<i>clindamycin phosphate</i>)	Non Preferred	PA
VANDAZOLE GEL 0.75 % VAGINAL (<i>metronidazole</i>)	Non Preferred	PA
XACIATO GEL 2 % VAGINAL (<i>clindamycin phosphate</i>)	Non Preferred	PA
VAGINAL ESTROGENS [OPEN CLASS]		
<i>estradiol cream 0.1 mg/gm vaginal</i>	Preferred	
<i>estradiol tablet 10 mcg vaginal</i>	Preferred	AGE (Min 18 Years)
PREMARIN CREAM 0.625 MG/GM VAGINAL (<i>estrogens, conjugated</i>)	Preferred	
VAGIFEM TABLET 10 MCG VAGINAL (<i>estradiol</i>)	Preferred	AGE (Min 18 Years)
<i>estradiol (YuvaFem Tablet 10 Mcg Vaginal)</i>	Preferred	AGE (Min 18 Years)
ESTRACE CREAM 0.1 MG/GM VAGINAL (<i>estradiol</i>)	Non Preferred	PA
ESTRING RING 2 MG VAGINAL (<i>estradiol</i>)	Non Preferred	PA
ESTRING RING 7.5 MCG/24HR VAGINAL (<i>estradiol</i>)	Non Preferred	PA
FEMRING RING 0.05 MG/24HR VAGINAL (<i>estradiol acetate</i>)	Non Preferred	PA
FEMRING RING 0.1 MG/24HR VAGINAL (<i>estradiol acetate</i>)	Non Preferred	PA
IMVEXXY MAINTENANCE PACK INSERT 10 MCG VAGINAL (<i>estradiol</i>)	Non Preferred	PA
IMVEXXY MAINTENANCE PACK INSERT 4 MCG VAGINAL (<i>estradiol</i>)	Non Preferred	PA
IMVEXXY STARTER PACK INSERT 10 MCG VAGINAL (<i>estradiol</i>)	Non Preferred	PA
IMVEXXY STARTER PACK INSERT 4 MCG VAGINAL (<i>estradiol</i>)	Non Preferred	PA
WEIGHT MANAGEMENT AGENTS [CLOSED CLASS]		
<i>orlistat capsule 120 mg oral</i>	Preferred	PA; AGE (Min 12 Years)
<i>phentermine hcl tablet 37.5 mg oral</i>	Preferred	PA
SAXENDA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (<i>liraglutide -weight management</i>)	Preferred	PA; AGE (Min 12 Years)
WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS (<i>semaglutide-weight management</i>)	Preferred	PA; AGE (Min 12 Years)
WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS (<i>semaglutide-weight management</i>)	Preferred	PA; AGE (Min 12 Years)
WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS (<i>semaglutide-weight management</i>)	Preferred	PA; AGE (Min 12 Years)
WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS (<i>semaglutide-weight management</i>)	Preferred	PA; AGE (Min 12 Years)

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

Drug Name	Formulary Status	Requirements/Limits
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS (<i>semaglutide-weight management</i>)	Preferred	PA; AGE (Min 12 Years)
XENICAL CAPSULE 120 MG ORAL (<i>orlistat</i>)	Preferred	PA; AGE (Min 12 Years)
IMCIVREE SOLUTION 10 MG/ML SUBCUTANEOUS (<i>setmelanotide acetate</i>)	Non Preferred	PA; AGE (Min 6 Years)
ZEPBOUND SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
ZEPBOUND SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
ZEPBOUND SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
ZEPBOUND SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
ZEPBOUND SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)
ZEPBOUND SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>)	Non Preferred	PA; QL (2 ML per 28 days); AGE (Min 18 Years)

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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