2025

Molina Healthcare of Washington
Apple Health (Medicaid) &
Apple Health Expansion

Preferred Drug List (Formulary)

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MOLINA HEALTHCARE

Molina Healthcare of Washington Medicaid Preferred Drug List (Formulary)

Introduction

We are pleased to provide the 2025 *Molina Healthcare of Washington Apple Health (Medicaid and Apple Health Expansion) Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by Pharmacy and Therapeutics (P&T) Committee and Washington State Drug Utilization Review (DUR) Board, and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

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

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

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

Preface

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

Pharmacy and Therapeutics (P&T) Committee

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

Drug List product descriptions

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

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

Prescription quantities

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 30-day supply. Trial quantities may be used when trying new treatments, if appropriate. Drugs listed with DS indicator are covered up to a 90-day supply.

Generic substitution

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

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

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

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

Plan design

The document represents a closed formulary plan design and does not have any tiering. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non formulary prescription request criteria. Log in to 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 demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (800) 869-7791. The forms may be obtained by logging into the website MolinaHealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

Lost, Stolen, or Destroyed Benefit

Covered up to a ninety (90) day supply as an early prescription refill for prescriptions that are lost, stolen, or destroyed once per prescription per 6-month period. The period replacement prescription shall be for the same quantity and number of days of supply as the lost, stolen, or destroyed prescription. Exceptions to the 6-month period may be granted for extreme circumstances (e.g. fire, flood, natural disaster, etc.) at Molina's discretion.

Vacation benefit

Covered once every 6 months, up to a ninety (90) day supply as an early prescription refill for a vacation for each prescription due during the vacation period.

Prior Authorization helpful hints

To ensure the quickest response possible from Molina Healthcare of Washington'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

Contraceptives

Contraceptives require an EA code. Please see below for available EA codes.

Excluded Medications

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

- Appetite Suppressants and other drugs used for weight loss
- Medications used for the treatment of infertility, impotence and sexual dysfunction
- Medications used for cosmetic purposes
- Experimental or Investigational Medications
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related, or similar drugs (frequently referred to as "DESI 5 and 6" drugs)
- Drugs from a labeler without a federal rebate agreement
- Agents used for symptomatic relief of cough and colds not included on HCA-specific list
- Agents used for aid in dying
- Drugs prescribed specifically for medical studies
- Standard Infant Formulas, enteral nutrition
- Medical Food
- Drugs not FDA-approved or licensed for use in the United States
- Products FDA-approved as medical devices

Apple Health Expansion

Medications in the formulary document that have an AHE* indicator are covered by the Apple Health Fee-for-Service program directly, even when the member is enrolled in Molina managed care. For questions about a benefit or service listed here, call Apple Health Customer Service at (800) 562-3022.

Medications covered under the Apple Health Fee-for Service program

Medications in the formulary document that have a Carve Out indicator are covered by the Apple Health Fee-for-Service program directly, even when the member is enrolled in Molina managed care. For questions about a benefit or service listed here, call Apple Health Customer Service at (800) 562-3022.

Molina Behavioral Health Provider Resources

Second Opinion Program

The Second Opinion Program is designed to improve prescribing practices for children ages 17 and younger. In collaboration with The Pediatric Mental Health Advisory Group and the Drug Utilization Review Board, the agency established pediatric mental health guidelines to identify children who may be at high risk due to off-label use of prescription medication, use of multiple medications, high medication dosage, or lack of coordination among multiple prescribing providers.

The guidelines include, but are not limited to, the following:

- Alpha-agonists age and dose limits
- Antidepressant therapy duplications
- Antipsychotic age and dose limits
- Antipsychotic therapy duplications
- Attention deficit hyperactivity disorder (ADHD) age and dose limits
- ADHD therapy duplications
- Insomnia medications
- Mental Health Polypharmacy (medication therapy includes five or more mental health drugs)

Seattle Children's Hospital provides pediatric mental health second-opinion medication reviews. Second-opinion reviews are required when a psychiatric medication is prescribed outside of guidelines set by the Pediatric Mental Health Workgroup. Seattle Children's Hospital schedules second-opinion reviews between their psychiatrists and the pediatric prescribers within Molina's network after the Seattle Children's Hospital Second Opinion Network (SON) Program receives the necessary information about the child and the requested medication dosage. In addition, they are responsible for sending the written second opinion review back to the Washington State Health Care Authority (HCA).

As part of the authorization process, prescribers are required to engage in a phone consultation from the SON. If a SON review is required, the SON team will call the prescriber to schedule an appointment. To receive payment for the phone consultation, use procedure code 99441 on the claim. If you are a prescriber and have any questions, please contact Molina at (800) 869-7165.

Health Care Authority (HCA) - Antipsychotic Age and Dose Limitations

Drug	Under 3 years*	3-5 years*	6-12 years*	13-17 years*
Injectable formulations:				
All 2nd generation injectable products	0	0	0	0
Oral formulations:				
aripiprazole, Abilify	0	5 mg per day	20 mg per day	30 mg per day
Caplyta (lumateperone)	0	0	0	0
clozapine, Clozaril, Fazaclo, Versacloz	0	0	0	700 mg per day
Fanapt (iloperidone)	0	0	0	0
haloperidol, Haldol	0	0	10 mg per day	15 mg per day
Latuda (lurasidone)	0	0	40 mg per day	80 mg per day
olanzapine, Zyprexa/ Zydis	0	0	10 mg per day	20 mg per day
Lybalvi (olanzapine-samidorphan)	0	0	0	0
Nuplazid (pimavanserin tartate)	0	0	0	0
paliperidone, Invega	0	0	0	0
perphenazine, Trilafon	0	0	12 mg per day	24 mg per day
quetiapine/ XR, Seroquel/ XR	0	0	400 mg per day	800 mg per day
Rexulti (brexpiprazole)	0	0	0	0
risperidone, Risperdal/ M-Tab	0	2 mg per day	4 mg per day	6 mg per day
Saphris (asenapine)	0	0	0	0
Vraylar (cariprazine)	0	0	0	0
ziprasidone, Geodon	0	0	80 mg per day	160 mg per day

*A zero indicates the need for a HCA-approved second opinion for any dose

Alpha-agonist age and dose limits

Drug	0-3 years of age	4-5 years of age	6-8 years of age	9-17 years of age
Catapres® (clonidine)	PA required	0.2 mg	0.3 mg	0.4 mg
Intuniv® (*guanfacine SR*)	PA required	2mg	3 mg	4 mg
Kapvay® (*clonidine SR*)	PA required	0.2 mg	0.3 mg	0.4 mg
Tenex® (guanfacine)	PA required	2mg	3 mg	4 mg

Attention Deficit Hyper Disorder age and dose limits

Drug	0-4 years of age	5-8 years of age	9-11 years of age	12-17 years of age
Ampethtamine	PA required	35 mg	45 mg	60 mg
Atomoxetine	PA required	120 mg	120 mg	120 mg
Clonidine IR and ER	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose
Dexmethylphenidate	PA required	35 mg	45 mg	60 mg
Guanfacine IR and ER	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose
Lisdexamfetamine	PA required	60 mg	75 mg	100 mg
Methylphenidate	PA required	70 mg	90 mg	120 mg
Methylphenidate patch	PA required	35 mg	45 mg	60 mg
Modafinil	PA required	PA required	PA required	PA required
Serdexmethylphenidate-Dexmethylphenidate	PA required	39.2 mg	52.3 mg	52.3 mg

Drug	0-5 years of age	6-8 years of age	9-11 years of age	12-17 years of age
Viloxazine	PA required	400mg	400mg	400mg

Attention Deficit Hyper-Activity Disorder duplication for ages 0-17

DRUG	amphet-amine / dextroam-phetamine	armodaf-inil / modafinil	atomoxe-tine	viloxazine	dexmeth-ylpheni-date	serdex-methyl-phenidate /dexmeth-ylpheni-date	lisdexam-fetamine	methyl-phenidate
amphetamine/ dextroamphet-amine		PA required	PA required	PA required	PA required	PA required		PA required
armodafinil/ modafinil	PA required		PA required	PA required	PA required	PA required	PA required	PA required
atomoxetine	PA required	PA required		PA required	PA required	PA required	PA required	PA required
viloxazine	PA required	PA required	PA required		PA required	PA required	PA required	PA required
dexmethylphe-nidate	PA required	PA required	PA required	PA required			PA required	
serdexmethyl-phenidate/ dexmethylphe-nidate	PA required	PA required	PA required	PA required			PA required	
lisdexamfet-amine		PA required	PA required	PA required	PA required	PA required		PA required
methylpheni-date	PA required	PA required	PA required	PA required			PA required	

Second Generation Antidepressant Chart for ages 0-17

Class	SSRI	TeCA	NDRI	SNRI	SMM
SSRI (Selective Serotonin Reuptake Inhibitor)	PA			PA	PA
TeCA (Alpha-2 Receptor Antagonists - Tetracyclics)		PA	PA	PA	PA

Class	SSRI	TeCA	NDRI	SNRI	SMM
NDRI (Norepinephrine - Dopamine Reuptake Inhibitor)		PA	PA		
SNRI (Serotonin Norepinephrine Reuptake Inhibitor)	PA	PA		PA	PA
SMM (Serotonin Modulator - Miscellaneous)	PA	PA		PA	PA

SSRI	TeCA	NDRI	SNRI	SMM
Brisdelle (paroxetine)	Ludiomil (maprotiline)	Aplenzin (bupropion)	Cymbalta (duloxetine)	Serzone (nefazodone)
Celexa (citalopram)	Remeron (mirtazapine)	Forfivo (buproprion)	Desvenlafaxine ER	Trintellix (vortioxetine)
Lexapro (escitalopram)		Wellbutrin (bupropion)	Effexor (venlafaxine)	Viibryd (vilazodone)
Luvox (fluvoxamine)			Fetzima (levomilnacipran)	
Paxil (paroxetine)			Pristiq (desvenlafaxine)	
Pexeva (paroxetine mesylate)				
Prozac (fluoxetine)				
Sarafem (fluoxetine)				
Zoloft (sertraline)				

Other: for ages 0-17

Cymbalta (duloxetine): 120mg/day

Any dose for client under 18 years:

- Insomnia medications

Insomnia Drugs Requires SON review for under 18

- Ambien /CR® (*zolpidem tartrate*)
- Belsomra® (*suvorexant*)
- Dayvigo (lemborexant)
- Doral (quazepam)
- Edluar® (*zolpidem tartrate*) sublingual
- estazolam
- eszopiclone
- flurazepam

- Hetlioz (tasimelteon)
- Intermezzo (*zolpidem tartrate SL*)
- Lunesta® (*eszopiclone*)
- Rozerem® (*ramelteon*)
- Sonata® (*zaleplon*)
- Silenor (doxepin)
- temazepam
- triazolam
- Xywav
- Zolpimist (*zolpidem tartrate*, zolpidem tartrate ER)

Partnership Access Line (PAL)

The Partnership Access Line is a consultation program provided through Seattle Children's Hospital for primary care physicians (PCPs). The consultation is free, funded by the Washington State Legislature and the Washington State Health Care Authority. Any primary care doctor, nurse practitioner, or physician assistant throughout Washington State can call this line for assistance with any type of child mental health advice for any child the practitioner sees. Call (866) 599-7257 Monday - Friday, 8:00 a.m. to 5:00 p.m. PST for assistance, or visit seattlechildrens.org/PAL.

For more information on the second opinion program and the pediatric mental health guidelines, see the HCA Second Opinion Program webpage at hca.wa.gov/billers-providers-partners/programs-and-services/apple-health-second-opinion-program.

Legend

AGE	Age Limit
AGE*	See Table in Preface for Age Limit
DS	Products with day supply indicator are fillable for up to 90 days supply
EA	Expedited Authorization
MME	All opioid containing products have a max morphine milligram equivalent of 120, doses greater than 120 are subject to the opioid policy MolinaHealthcare.com/~/media/Molina/PublicWebsite/PDF/providers/wa/medicaid/forms/opioid-attestation.pdf
OTC	Over-the-counter, covered benefit with a prescription (only covered labelers)
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
lowercase	Indicates generic availability
UPPERCASE	Indicates brand availability
AHE*	Drug is carved out to Fee For Service for Apple Health Expansion

What is expedited authorization (EA)?

The EA process is designed to eliminate the need to request authorization. The intent is to establish authorization criteria and associate these criteria with specific codes, enabling pharmacies to create an "EA" number when appropriate.

Reminder: EA numbers are only for drugs listed in this table.

Note: Use of an EA number does not exempt claims from edits, such as per-calendar-month prescription limits or early refills.

EA Guidelines:

Diagnoses - Diagnostic information may be obtained from the prescriber, client, client's caregiver, or family member to meet the conditions for EA. Drug claims submitted without an appropriate diagnosis/condition code for the dispensed drug are denied.

Documentation - Dispensing pharmacists must write both of the following on the original prescription:

- The full name of the person who provided the diagnostic information
- The diagnosis/condition and/or the criteria code from the attached table

Testosterone Products **Aveed** *(testosterone undecanoate)* **AndroDerm** *(testosterone transdermal patch)* **testosterone cypionate IM** **testosterone transdermal gel 1%, 1.62% and 2%** **Xyosted** *(testosterone enanthate)*	85000000102	For clients 18 years of age and older: • Testosterone therapy for the treatment of gender dysphoria. For clients 17 years of age and under: • Testosterone therapy for the treatment of gender dysphoria; AND • A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.
Gonadotropin-releasing Hormone (GnRH) Agonists **Eligard** *(leuprolide)* **Fensolvi** *(leuprolide)* **Lupron Depot/Depot-Ped** *(leuprolide)* **Supprelin LA** *(histrelin)* **Triptodur** *(triptorelin)* **Zoladex** *(goserlin)*	85000000103	GnRH therapy for puberty suppression in adolescents diagnosed with gender dysphoria **AND** a pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.

	85000000104	For clients 18 years of age and older: • GnRH therapy for the treatment of gender dysphoria. For clients 17 years of age and under: • GnRH therapy for the treatment of gender dysphoria; AND • A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.
oxandrolone		Before any code is allowed, there must be an absence of all of the following: a) Hypercalcemia; b) Nephrosis; c) Carcinoma of the breast; d) Carcinoma of the prostate; and e) Pregnancy
	85000000110	Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause.
	85000000111	To compensate for the protein catabolism due to long-term corticosteroid use.
	85000000112	Treatment of bone pain due to osteoporosis.

Opioid products containing the following are subject to the opioid policy: • benzhydrocodone • buprenorphine (pain indications only) • butorphanol • codeine • dihydrocodeine • fentanyl • hydrocodone • hydromorphone • levorphanol • meperidine • methadone • morphine • oxycodone • oxymorphone • pentazocine • tapentadol • tramadol MolinaHealthcare.com/providers/wa/medicaid/forms/PDF/opioid-attestation.pdf	85000000540 85000000541	Client is in active cancer treatment, hospice care, palliative care, or other end-of-life care. Prescriber has indicated "EXEMPT" on the prescription. Does not override MME limits (Morphine Milligram Equivalent)
Methadone products subject to Methadone policy	85000000540	Client is in active cancer treatment, hospice care, palliative care, or other end-of-life care.
Omeprazole Delayed Release Tab 20 mg Omeprazole Cap Delayed Release 20 mg Omeprazole Cap Delayed Release 40 mg- Pantoprazole Sodium EC Tab 20 mg (Base Equiv) Pantoprazole Sodium EC Tab 40 mg (Base Equiv)	85000000079	Diagnosis of *H. pylori* with ulcer present. Limited to 30 units for 15 days for initial fill.

Contraceptives (oral, transdermal, and intra-vaginal)	85000000131	Used as a contraceptive, dispensed as a 12-month supply.
	85000000132	Used as a contraceptive, dispensed less than a twelve month supply due to ONE of the following: • The prescriber is unwilling to change dispensed quantity to twelve-month supply • The patient does not want twelve-month supply • The pharmacy does not have adequate stock
	85000000133	Used for other diagnosis, not related to contraception up to a 91 day supply.

Requesting formulary changes

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information. Fax: (800) 869-7791

Notice

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Drug	Status	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Adhd Agent - Selective Alpha Adrenergic Agonists**		
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML	Non Preferred	PA; Product subject to max fills per month
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Preferred	NOTES (AGE*); Product subject to max fills per month
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Preferred	NOTES (AGE*); Product subject to max fills per month
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**		
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Preferred	PA; QL (3 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Preferred	NOTES (AGE*); Product subject to max fills per month
Amphetamine Mixtures**		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Preferred	QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Preferred	QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month

AGE - Age Limit **AGE*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days
MME -Max Morphine Equivalent of 120 mg **OTC** - Over the counter **PA** - Prior Authorization
QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy
AHE*- Drug is carved out to Fee for Service for Apple Health Expansion

Drug	Status	Notes
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Preferred	NOTES (AGE*); Product subject to max fills per month
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Amphetamines**		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
DESOXYN ORAL TABLET 5 MG	Non Preferred	PA; Product subject to max fills per month
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	Non Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	Non Preferred	PA; QL (8 ML per 1 day); NOTES (AGE*); Product subject to max fills per month
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
EVEKEO ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
PROCENTRA ORAL SOLUTION 5 MG/5ML	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR	Non Preferred	PA; Product subject to max fills per month
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month

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MME -Max Morphine Equivalent of 120 mg **OTC** - Over the counter **PA** - Prior Authorization
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Drug	Status	Notes
amphetamine sulfate oral tablet 10 mg, 5 mg	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	Preferred	QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	Preferred	QL (4 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
dextroamphetamine sulfate oral solution 5 mg/5ml	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Non Preferred	PA; Product subject to max fills per month
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Preferred	QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Preferred	QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
methamphetamine hcl oral tablet 5 mg	Non Preferred	PA; Product subject to max fills per month
Analeptics**		
caffeine citrate oral solution 20 mg/ml	Preferred	NOTES (120 mL per lifetime)
Anti-Obesity - Gip & Glp-1 Receptor Agonists**		
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Carve Out	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Carve Out	
Anti-Obesity - Glp-1 Receptor Agonists**		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Carve Out	

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Drug	Status	Notes
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML	Carve Out	
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**		
SUNOSI ORAL TABLET 150 MG, 75 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Histamine H3-Receptor Antagonist/Inverse Agonists**		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Melanocortin 4 (Mc4) Receptor Agonists**		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Carve Out	
Stimulant Combinations**		
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
Stimulants - Misc.**		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	Preferred	QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG	Non Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month

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Drug	Status	Notes
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Preferred	QL (1 EA per 1 day); Product subject to max fills per month
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	Non Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years); Product subject to max fills per month
PROVIGIL ORAL TABLET 100 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years); Product subject to max fills per month
PROVIGIL ORAL TABLET 200 MG	Non Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years); Product subject to max fills per month
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Non Preferred	PA; QL (12 ML per 1 day); NOTES (AGE*); Product subject to max fills per month
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	Non Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month

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Drug	Status	Notes
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years); Product subject to max fills per month
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Preferred	QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	NOTES (AGE*); Product subject to max fills per month
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Preferred	QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	Preferred	QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Preferred	QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
methylphenidate hcl er (osm) oral tablet extended release 72 mg	Non Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	Preferred	QL (3 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	Preferred	QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	Preferred	NOTES (AGE*); Product subject to max fills per month
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Preferred	NOTES (AGE*); Product subject to max fills per month

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Drug	Status	Notes
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
modafinil oral tablet 100 mg	Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years); Product subject to max fills per month
modafinil oral tablet 200 mg	Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years); Product subject to max fills per month
Allergenic Extracts/Biologicals Misc		
Allergenic Extracts**		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Preferred	PA; Product subject to max fills per month
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Preferred	PA; Product subject to max fills per month
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Preferred	PA; Product subject to max fills per month
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Preferred	PA; Product subject to max fills per month
Mixed Allergenic Extracts**		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Preferred	PA; Product subject to max fills per month
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR	Preferred	PA; Product subject to max fills per month
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR	Preferred	PA; Product subject to max fills per month
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Preferred	PA; Product subject to max fills per month
Amebicides		
Amebicides**		
SOLOSEC ORAL PACKET 2 GM	Preferred	PA; Product subject to max fills per month
Aminoglycosides		
Aminoglycosides**		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Non Preferred	PA; QL (8.4 ML per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	Preferred	PA; QL (8 ML per 1 day); DS (90 DS); SP; Product subject to max fills per month
HUMATIN ORAL CAPSULE 250 MG	Preferred	Product subject to max fills per month
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Preferred	PA; QL (10 ML per 1 day); DS (90 DS); SP; Product subject to max fills per month
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Non Preferred	PA; QL (10 ML per 1 day); DS (90 DS); SP; Product subject to max fills per month
TOBI PODHALER INHALATION CAPSULE 28 MG	Non Preferred	PA; QL (8 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
neomycin sulfate oral tablet 500 mg	Preferred	Product subject to max fills per month
tobramycin inhalation nebulization solution 300 mg/4ml	Preferred	PA; QL (8 ML per 1 day); DS (90 DS); SP; Product subject to max fills per month
tobramycin inhalation nebulization solution 300 mg/5ml	Preferred	PA; QL (10 ML per 1 day); DS (90 DS); SP; Product subject to max fills per month
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Non Preferred	PA; SP; Product subject to max fills per month
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Non Preferred	PA; SP; Product subject to max fills per month
XELJANZ ORAL SOLUTION 1 MG/ML	Preferred	PA; SP; Product subject to max fills per month
XELJANZ ORAL TABLET 10 MG, 5 MG	Preferred	PA; SP; Product subject to max fills per month
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Non Preferred	PA; SP; Product subject to max fills per month

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Drug	Status	Notes
Antirheumatic Antimetabolites**		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Preferred	PA; Product subject to max fills per month
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Preferred	PA; Product subject to max fills per month
Anti-Tnf-Alpha - Monoclonal Antibodies**		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	Non Preferred	PA; Product subject to max fills per month
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Preferred	PA; Product subject to max fills per month
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Preferred	PA; Product subject to max fills per month
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Preferred	PA; Product subject to max fills per month
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA; SP; Product subject to max fills per month
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Non Preferred	PA; SP; Product subject to max fills per month
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month

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Drug	Status	Notes
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	Non Preferred	PA; Product subject to max fills per month
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	Non Preferred	PA; Product subject to max fills per month
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml	Non Preferred	PA; Product subject to max fills per month
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml	Non Preferred	PA; Product subject to max fills per month
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	Preferred	PA; Product subject to max fills per month
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	Preferred	PA; Product subject to max fills per month
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	Preferred	PA; Product subject to max fills per month
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	Preferred	PA; Product subject to max fills per month
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml	Preferred	PA; Product subject to max fills per month
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	Preferred	PA; Product subject to max fills per month
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml	Preferred	PA; Product subject to max fills per month
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	Preferred	PA; Product subject to max fills per month
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	Preferred	PA; Product subject to max fills per month
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	Non Preferred	PA; Product subject to max fills per month
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	Non Preferred	PA; Product subject to max fills per month
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	Non Preferred	PA; Product subject to max fills per month
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	Non Preferred	PA; Product subject to max fills per month
Cyclooxygenase 2 (Cox-2) Inhibitors**		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	Non Preferred	PA; Product subject to max fills per month
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Non Preferred	PA; Product subject to max fills per month
Gold Compounds**		
RIDAURA ORAL CAPSULE 3 MG	Preferred	QL (3 EA per 1 day); Product subject to max fills per month
auranofin oral capsule 3 mg	Preferred	QL (3 EA per 1 day); Product subject to max fills per month
Interleukin-1 Blockers**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Non Preferred	PA; SP; Product subject to max fills per month
Interleukin-1 Receptor Antagonist (Il-1Ra)**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
Interleukin-1Beta Blockers**		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
Interleukin-6 Receptor Inhibitors**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Non Preferred	PA; SP; Product subject to max fills per month
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Non Preferred	PA; SP; Product subject to max fills per month
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Non Preferred	PA; SP; Product subject to max fills per month
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Non Preferred	PA; SP; Product subject to max fills per month
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Non Preferred	PA; SP; Product subject to max fills per month
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Non Preferred	PA; Product subject to max fills per month
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Non Preferred	PA; Product subject to max fills per month
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Non Preferred	PA; Product subject to max fills per month
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Non Preferred	PA; Product subject to max fills per month
Nonsteroidal Anti-Inflammatory Agent Combinations**		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG	Non Preferred	PA; Product subject to max fills per month
COMBOGESIC ORAL TABLET 325-97.5 MG	Non Preferred	PA; Product subject to max fills per month
DUEXIS ORAL TABLET 800-26.6 MG	Non Preferred	PA; Product subject to max fills per month
INFLAMMACIN COMBINATION THERAPY PACK 75 & 0.025 MG-%	Non Preferred	PA; Product subject to max fills per month
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG	Non Preferred	PA; Product subject to max fills per month
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Non Preferred	PA; Product subject to max fills per month
ibuprofen-famotidine oral tablet 800-26.6 mg	Non Preferred	PA; Product subject to max fills per month
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	Non Preferred	PA; Product subject to max fills per month
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
ANAPROX DS ORAL TABLET 550 MG	Non Preferred	PA; Product subject to max fills per month
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	Preferred	Product subject to max fills per month
COXANTO ORAL CAPSULE 300 MG	Non Preferred	PA; Product subject to max fills per month
DAYPRO ORAL TABLET 600 MG	Non Preferred	PA; Product subject to max fills per month
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG	Non Preferred	PA; Product subject to max fills per month
FELDENE ORAL CAPSULE 20 MG	Non Preferred	PA; Product subject to max fills per month
FENOPRON ORAL CAPSULE 300 MG	Non Preferred	PA; Product subject to max fills per month
FLANAX ORAL TABLET 220 MG	Preferred	Product subject to max fills per month
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Preferred	Product subject to max fills per month
IBUPAK ORAL KIT 600 MG	Non Preferred	PA; Product subject to max fills per month
INDOCIN ORAL SUSPENSION 25 MG/5ML	Non Preferred	PA; Product subject to max fills per month
INDOCIN RECTAL SUPPOSITORY 50 MG	Preferred	Product subject to max fills per month
KIPROFEN ORAL CAPSULE 25 MG	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
LODINE ORAL TABLET 400 MG	Non Preferred	PA; Product subject to max fills per month
LOFENA ORAL TABLET 25 MG	Non Preferred	PA; Product subject to max fills per month
LURBIPR ORAL TABLET 100 MG	Preferred	Product subject to max fills per month
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	Preferred	Product subject to max fills per month
MEDIPROXEN ORAL TABLET 220 MG	Preferred	Product subject to max fills per month
NALFON ORAL CAPSULE 400 MG	Non Preferred	PA; Product subject to max fills per month
NALFON ORAL TABLET 600 MG	Non Preferred	PA; Product subject to max fills per month
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non Preferred	PA; Product subject to max fills per month
NAPROSYN ORAL SUSPENSION 125 MG/5ML	Non Preferred	PA; Product subject to max fills per month
NAPROSYN ORAL TABLET 500 MG	Non Preferred	PA; Product subject to max fills per month
RELAFEN DS ORAL TABLET 1000 MG	Non Preferred	PA; Product subject to max fills per month
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	Non Preferred	PA; Product subject to max fills per month
TOLECTIN 600 ORAL TABLET 600 MG	Non Preferred	PA; Product subject to max fills per month
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	Non Preferred	PA; Product subject to max fills per month
WAL-PROFEN ORAL TABLET 200 MG	Preferred	Product subject to max fills per month
ZIPSOR ORAL CAPSULE 25 MG	Non Preferred	PA; Product subject to max fills per month
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	Non Preferred	PA; Product subject to max fills per month
all day pain relief oral tablet 220 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
all day relief oral tablet 220 mg	Preferred	Product subject to max fills per month
childrens ibuprofen 100 oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Preferred	Product subject to max fills per month
cvs childrens ibuprofen oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
cvs ibuprofen childrens oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
cvs ibuprofen childrens oral tablet chewable 100 mg	Preferred	Product subject to max fills per month
cvs ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month
cvs ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
cvs naproxen sodium oral tablet 220 mg	Preferred	Product subject to max fills per month
diclofenac oral capsule 35 mg	Non Preferred	PA; Product subject to max fills per month
diclofenac potassium oral capsule 25 mg	Non Preferred	PA; Product subject to max fills per month
diclofenac potassium oral tablet 25 mg, 50 mg	Preferred	Product subject to max fills per month
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Preferred	Product subject to max fills per month
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	Preferred	Product subject to max fills per month
ec-naproxen oral tablet delayed release 375 mg, 500 mg	Preferred	Product subject to max fills per month
eq ibuprofen childrens oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
eq ibuprofen junior oral tablet chewable 100 mg	Preferred	Product subject to max fills per month
eq ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
eq naproxen sodium oral tablet 220 mg	Preferred	Product subject to max fills per month
eql childrens ibuprofen oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
eql ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month
eql ibuprofen junior strength oral tablet chewable 100 mg	Preferred	Product subject to max fills per month
eql ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
eql naproxen sodium oral tablet 220 mg	Preferred	Product subject to max fills per month
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	Non Preferred	PA; Product subject to max fills per month
etodolac oral capsule 200 mg, 300 mg	Non Preferred	PA; Product subject to max fills per month
etodolac oral tablet 400 mg, 500 mg	Non Preferred	PA; Product subject to max fills per month
fenoprofen calcium oral capsule 200 mg, 400 mg	Non Preferred	PA; Product subject to max fills per month
fenoprofen calcium oral tablet 600 mg	Non Preferred	PA; Product subject to max fills per month
flurbiprofen oral tablet 100 mg	Preferred	Product subject to max fills per month
ft ibuprofen childrens oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
ft ibuprofen ib childrens oral tablet chewable 100 mg	Preferred	Product subject to max fills per month
ft ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month
ft ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
gnp childrens ibuprofen oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
gnp ibuprofen childrens oral tablet chewable 100 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
gnp ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month
gnp ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
gnp naproxen sodium oral tablet 220 mg	Preferred	Product subject to max fills per month
goodsense ibuprofen childrens oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
goodsense ibuprofen childrens oral tablet chewable 100 mg	Preferred	Product subject to max fills per month
goodsense ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month
goodsense ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
goodsense naproxen sodium oral tablet 220 mg	Preferred	Product subject to max fills per month
ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml	Preferred	Product subject to max fills per month
ibuprofen infants drops oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month
ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month
ibuprofen junior strength oral tablet chewable 100 mg	Preferred	Product subject to max fills per month
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Preferred	Product subject to max fills per month
ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Preferred	Product subject to max fills per month
indomethacin er oral capsule extended release 75 mg	Non Preferred	PA; Product subject to max fills per month
indomethacin oral capsule 25 mg, 50 mg	Preferred	Product subject to max fills per month
indomethacin oral suspension 25 mg/5ml	Non Preferred	PA; Product subject to max fills per month
indomethacin rectal suppository 100 mg, 50 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
infants ibuprofen oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month
ketoprofen er oral capsule extended release 24 hour 200 mg	Non Preferred	PA; Product subject to max fills per month
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	Non Preferred	PA; Product subject to max fills per month
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	Preferred	PA; Product subject to max fills per month
ketorolac tromethamine intramuscular solution 30 mg/ml, 60 mg/2ml	Preferred	PA; Product subject to max fills per month
ketorolac tromethamine nasal solution 15.75 mg/spray	Non Preferred	PA; Product subject to max fills per month
ketorolac tromethamine oral tablet 10 mg	Preferred	Product subject to max fills per month
kls ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
kls naproxen sodium oral tablet 220 mg	Preferred	Product subject to max fills per month
meclofenamate sodium oral capsule 100 mg, 50 mg	Non Preferred	PA; Product subject to max fills per month
mefenamic acid oral capsule 250 mg	Non Preferred	PA; Product subject to max fills per month
meijer ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
meloxicam oral capsule 10 mg, 5 mg	Non Preferred	PA; Product subject to max fills per month
meloxicam oral suspension 7.5 mg/5ml	Non Preferred	PA; Product subject to max fills per month
meloxicam oral tablet 15 mg, 7.5 mg	Preferred	Product subject to max fills per month
nabumetone oral tablet 500 mg, 750 mg	Preferred	Product subject to max fills per month
naproxen dr oral tablet delayed release 500 mg	Preferred	Product subject to max fills per month
naproxen oral suspension 125 mg/5ml	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
naproxen oral tablet 250 mg, 375 mg, 500 mg	Preferred	Product subject to max fills per month
naproxen oral tablet delayed release 375 mg, 500 mg	Preferred	Product subject to max fills per month
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	Non Preferred	PA; Product subject to max fills per month
naproxen sodium oral tablet 220 mg	Preferred	Product subject to max fills per month
naproxen sodium oral tablet 275 mg, 550 mg	Non Preferred	PA; Product subject to max fills per month
oxaprozin oral capsule 300 mg	Non Preferred	PA; Product subject to max fills per month
oxaprozin oral tablet 600 mg	Non Preferred	PA; Product subject to max fills per month
piroxicam oral capsule 10 mg, 20 mg	Non Preferred	PA; Product subject to max fills per month
px all day relief oral tablet 220 mg	Preferred	Product subject to max fills per month
px childrens profen ib oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
px ibuprofen junior strength oral tablet chewable 100 mg	Preferred	Product subject to max fills per month
px ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
px infants profen ib oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month
qc childrens ibuprofen oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
qc ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
qc naproxen sodium oral tablet 220 mg	Preferred	Product subject to max fills per month
ra ibuprofen childrens oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
ra ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
ra ibuprofen junior strength oral tablet chewable 100 mg	Preferred	Product subject to max fills per month
ra ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
ra naproxen sodium oral tablet 220 mg	Preferred	Product subject to max fills per month
ra pain relief ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
sm childrens ibuprofen oral suspension 100 mg/5ml	Preferred	Product subject to max fills per month
sm ibuprofen ib childrens oral tablet chewable 100 mg	Preferred	Product subject to max fills per month
sm ibuprofen oral tablet 200 mg	Preferred	Product subject to max fills per month
sm infants ibuprofen oral suspension 50 mg/1.25ml	Preferred	Product subject to max fills per month
sm naproxen sodium oral tablet 220 mg	Preferred	Product subject to max fills per month
sulindac oral tablet 150 mg, 200 mg	Preferred	Product subject to max fills per month
tolmetin sodium oral capsule 400 mg	Non Preferred	PA; Product subject to max fills per month
tolmetin sodium oral tablet 600 mg	Non Preferred	PA; Product subject to max fills per month
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET 20 MG, 30 MG	Preferred	PA; SP; Product subject to max fills per month
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Preferred	PA; SP; Product subject to max fills per month
Pyrimidine Synthesis Inhibitors**		
ARAVA ORAL TABLET 10 MG, 20 MG	Non Preferred	PA; Product subject to max fills per month
leflunomide oral tablet 10 mg, 20 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Selective Costimulation Modulators**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Non Preferred	PA; SP; Product subject to max fills per month
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Non Preferred	PA; SP; Product subject to max fills per month
Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Preferred	PA; SP; Product subject to max fills per month
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Preferred	PA; SP; Product subject to max fills per month
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Preferred	PA; SP; Product subject to max fills per month
Analgesics - Nonnarcotic		
Analgesics - Selective Nav1.8 Sodium Channel Inhibitors**		
JOURNAVX ORAL TABLET 50 MG	Non Preferred	PA; Product subject to max fills per month
Analgesics Other**		
APHEN ORAL TABLET 325 MG	Preferred	Product subject to max fills per month
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	Preferred	Product subject to max fills per month
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG	Preferred	Product subject to max fills per month
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	Preferred	Product subject to max fills per month
MAX RELIEF JR CHILD PAIN/FEVER ORAL LIQUID 160 MG/5ML	Preferred	Product subject to max fills per month

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Drug	Status	Notes
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML	Preferred	Product subject to max fills per month
MAX RELIEF JUNIOR ORAL ELIXIR 160 MG/5ML	Preferred	Product subject to max fills per month
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG	Preferred	Product subject to max fills per month
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG	Preferred	Product subject to max fills per month
PHARBETOL ORAL TABLET 325 MG	Preferred	Product subject to max fills per month
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG	Preferred	Product subject to max fills per month
8 hr arthritis pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
acetaminophen 8 hour oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
acetaminophen childrens oral liquid 160 mg/5ml	Preferred	Product subject to max fills per month
acetaminophen childrens oral solution 160 mg/5ml	Preferred	Product subject to max fills per month
acetaminophen childrens oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
acetaminophen childrens oral tablet chewable 160 mg, 80 mg	Preferred	Product subject to max fills per month
acetaminophen er oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
acetaminophen extra strength oral tablet 500 mg	Preferred	Product subject to max fills per month
acetaminophen infants oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
acetaminophen oral liquid 160 mg/5ml	Preferred	Product subject to max fills per month
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Preferred	Product subject to max fills per month
acetaminophen oral suspension 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
acetaminophen oral tablet 325 mg, 500 mg	Preferred	Product subject to max fills per month
acetaminophen oral tablet chewable 160 mg	Preferred	Product subject to max fills per month
acetaminophen rectal suppository 120 mg, 650 mg	Preferred	Product subject to max fills per month
aminofen oral tablet 325 mg	Preferred	Product subject to max fills per month
arthritis pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
arthritis pain reliever oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
childrens acetaminophen oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
childrens acetaminophen oral tablet dispersible 80 mg	Preferred	Product subject to max fills per month
childrens apap oral tablet chewable 80 mg	Preferred	Product subject to max fills per month
childrens non-aspirin oral tablet chewable 80 mg	Preferred	Product subject to max fills per month
cvs 8hr arthritis pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
cvs 8hr muscle aches & pain oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
cvs acetaminophen ex st oral tablet 500 mg	Preferred	Product subject to max fills per month
cvs acetaminophen oral tablet 325 mg	Preferred	Product subject to max fills per month
cvs arthritis pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
cvs fever reducing childrens rectal suppository 120 mg	Preferred	Product subject to max fills per month
cvs pain & fever childrens oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
cvs pain & fever infants oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month

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MME -Max Morphine Equivalent of 120 mg **OTC** - Over the counter **PA** - Prior Authorization
QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy
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Drug	Status	Notes
cvs pain relief childrens oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
cvs pain relief childrens oral tablet chewable 160 mg	Preferred	Product subject to max fills per month
cvs pain relief extra strength oral tablet 500 mg	Preferred	Product subject to max fills per month
cvs pain relief oral tablet 500 mg	Preferred	Product subject to max fills per month
ed-apap oral liquid 160 mg/5ml	Preferred	Product subject to max fills per month
eq 8hr arthritis pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
eq acetaminophen oral tablet 500 mg	Preferred	Product subject to max fills per month
eq arthritis pain oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
eq pain & fever childrens oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
eq pain & fever childrens oral tablet chewable 160 mg	Preferred	Product subject to max fills per month
eq pain & fever infants oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
eq pain reliever ex st oral tablet 500 mg	Preferred	Product subject to max fills per month
eq pain reliever oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
eq pain reliever oral tablet 325 mg, 500 mg	Preferred	Product subject to max fills per month
eql acetaminophen ex st oral tablet 500 mg	Preferred	Product subject to max fills per month
eql acetaminophen oral tablet 325 mg	Preferred	Product subject to max fills per month
fever reducer childrens rectal suppository 120 mg	Preferred	Product subject to max fills per month
ft children's pain/fever oral tablet chewable 160 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
gnp 8 hour arthritis relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
gnp 8 hour pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
gnp 8 hour pain reliever oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
gnp acetaminophen oral tablet 325 mg	Preferred	Product subject to max fills per month
gnp acetaminophen oral tablet chewable 160 mg	Preferred	Product subject to max fills per month
gnp arthritis pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
gnp childrens easy-melts oral tablet dispersible 80 mg	Preferred	Product subject to max fills per month
gnp children's pain & fever oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
gnp infants pain/fever oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
gnp pain & fever childrens oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
gnp pain & fever infants oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
gnp pain relief extra strength oral tablet 500 mg	Preferred	Product subject to max fills per month
gnp pain relief oral tablet 325 mg	Preferred	Product subject to max fills per month
goodsense arthritis pain oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
goodsense pain & fever child oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
goodsense pain & fever infants oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
goodsense pain relief extra st oral tablet 500 mg	Preferred	Product subject to max fills per month
goodsense pain relief oral tablet 325 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
hm acetaminophen childrens oral tablet chewable 160 mg	Preferred	Product subject to max fills per month
hm pain relieve child dye-free oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
hm pain reliever childrens oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
hm pain reliever oral tablet 325 mg	Preferred	Product subject to max fills per month
infants pain & fever oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
kls acetaminophen ex st oral tablet 500 mg	Preferred	Product subject to max fills per month
liquid acetaminophen oral liquid 160 mg/5ml	Preferred	Product subject to max fills per month
liquid pain relief oral liquid 160 mg/5ml	Preferred	Product subject to max fills per month
mapap oral liquid 160 mg/5ml	Preferred	Product subject to max fills per month
mapap oral tablet 325 mg	Preferred	Product subject to max fills per month
m-pap oral liquid 160 mg/5ml	Preferred	Product subject to max fills per month
non-aspirin childrens oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
non-aspirin extra strength oral tablet 500 mg	Preferred	Product subject to max fills per month
non-aspirin oral tablet 325 mg, 500 mg	Preferred	Product subject to max fills per month
non-aspirin pain relief oral tablet 325 mg	Preferred	Product subject to max fills per month
pain & fever childrens oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
pain & fever infants oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
pain and fever relief kids oral liquid 160 mg/5ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
pain relief childrens oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
pain relief extra strength oral tablet 500 mg	Preferred	Product subject to max fills per month
pain relief regular strength oral tablet 325 mg	Preferred	Product subject to max fills per month
pain reliever extra strength oral tablet 500 mg	Preferred	Product subject to max fills per month
pain reliever oral tablet 325 mg	Preferred	Product subject to max fills per month
pain reliever/fever reducer rectal suppository 120 mg	Preferred	Product subject to max fills per month
px arthritis pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
px childrens pain relief oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
px pain relief extra strength oral tablet 500 mg	Preferred	Product subject to max fills per month
qc 8 hour pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
qc acetaminophen infants oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
qc non-aspirin childrens oral tablet chewable 160 mg	Preferred	Product subject to max fills per month
qc non-aspirin extra strength oral tablet 500 mg	Preferred	Product subject to max fills per month
qc pain relief childrens oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
qc pain relief extra strength oral tablet 500 mg	Preferred	Product subject to max fills per month
qc pain relief oral tablet 325 mg	Preferred	Product subject to max fills per month
ra 8 hour pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
ra acetaminophen childrens oral tablet chewable 160 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
ra acetaminophen ex st oral tablet 500 mg	Preferred	Product subject to max fills per month
ra acetaminophen oral tablet 325 mg	Preferred	Product subject to max fills per month
ra arthritis pain relief oral tablet extended release 650 mg	Preferred	Product subject to max fills per month
ra childrens fever/pain oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
ra fever reducer/pain reliever oral suspension 160 mg/5ml	Preferred	Product subject to max fills per month
ra pain relief acetaminophen oral tablet 325 mg, 500 mg	Preferred	Product subject to max fills per month
tactinal oral tablet 325 mg	Preferred	Product subject to max fills per month
Analgesics-Sedatives**		
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	Preferred	Product subject to max fills per month
BAC ORAL TABLET 50-325-40 MG	Preferred	Product subject to max fills per month
ESGIC ORAL CAPSULE 50-325-40 MG	Non Preferred	PA; Product subject to max fills per month
ESGIC ORAL TABLET 50-325-40 MG	Non Preferred	PA; Product subject to max fills per month
FIORICET ORAL CAPSULE 50-300-40 MG	Non Preferred	PA; Product subject to max fills per month
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	Non Preferred	PA; Product subject to max fills per month
butalbital-apap-caffeine oral tablet 50-325-40 mg	Preferred	Product subject to max fills per month
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Non Preferred	PA; Product subject to max fills per month
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	Non Preferred	PA; Product subject to max fills per month
Salicylates**		
DOLOBID ORAL TABLET 250 MG, 375 MG	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG	Preferred	Product subject to max fills per month
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Preferred	Product subject to max fills per month
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG	Preferred	Product subject to max fills per month
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	Preferred	Product subject to max fills per month
MEDIQUE ASPIRIN ORAL TABLET 325 MG	Preferred	Product subject to max fills per month
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Preferred	Product subject to max fills per month
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Preferred	Product subject to max fills per month
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Preferred	Product subject to max fills per month
adult aspirin regimen oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
aspirin 81 oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
aspirin adult low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
aspirin adult low strength oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
aspirin childrens oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
aspirin ec adult low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
aspirin ec low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
aspirin ec low strength oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
aspirin low dose oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
aspirin low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month

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MME -Max Morphine Equivalent of 120 mg **OTC** - Over the counter **PA** - Prior Authorization
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Drug	Status	Notes
aspirin low strength oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
aspirin oral tablet 325 mg	Preferred	Product subject to max fills per month
aspirin oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
aspirin oral tablet delayed release 325 mg, 81 mg	Preferred	Product subject to max fills per month
aspirin regimen oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
childrens aspirin oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
cvs aspirin adult low dose oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
cvs aspirin ec oral tablet delayed release 325 mg, 81 mg	Preferred	Product subject to max fills per month
cvs aspirin low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
cvs aspirin low strength oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
cvs aspirin oral tablet 325 mg	Preferred	Product subject to max fills per month
cvs genuine aspirin oral tablet 325 mg	Preferred	Product subject to max fills per month
diflunisal oral tablet 500 mg	Non Preferred	PA; Product subject to max fills per month
eq aspirin adult low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
eq aspirin low dose oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
eq aspirin low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
eq aspirin oral tablet 325 mg	Preferred	Product subject to max fills per month
eql aspirin low dose oral tablet chewable 81 mg	Preferred	Product subject to max fills per month

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MME -Max Morphine Equivalent of 120 mg **OTC** - Over the counter **PA** - Prior Authorization
QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy
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Drug	Status	Notes
eql aspirin low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
ft aspirin low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
ft aspirin oral tablet 325 mg	Preferred	Product subject to max fills per month
ft aspirin oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
ft enteric coated aspirin oral tablet delayed release 325 mg	Preferred	Product subject to max fills per month
gnp adult aspirin low strength oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
gnp aspirin low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
gnp aspirin oral tablet 325 mg	Preferred	Product subject to max fills per month
gnp aspirin oral tablet delayed release 325 mg, 81 mg	Preferred	Product subject to max fills per month
goodsense aspirin low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
goodsense aspirin oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
hm aspirin ec low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
hm aspirin oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
hm aspirin oral tablet delayed release 325 mg	Preferred	Product subject to max fills per month
mm aspirin oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
px aspirin oral tablet 325 mg	Preferred	Product subject to max fills per month
px aspirin oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
qc aspirin low dose oral tablet chewable 81 mg	Preferred	Product subject to max fills per month

AGE - Age Limit **AGE*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days
MME -Max Morphine Equivalent of 120 mg **OTC** - Over the counter **PA** - Prior Authorization
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Drug	Status	Notes
qc aspirin low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
qc aspirin oral tablet 325 mg	Preferred	Product subject to max fills per month
qc enteric aspirin oral tablet delayed release 325 mg	Preferred	Product subject to max fills per month
ra aspirin adult low dose oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
ra aspirin adult low strength oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
ra aspirin ec adult low st oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
ra aspirin ec oral tablet delayed release 325 mg, 81 mg	Preferred	Product subject to max fills per month
ra aspirin oral tablet 325 mg	Preferred	Product subject to max fills per month
salsalate oral tablet 500 mg, 750 mg	Non Preferred	PA; Product subject to max fills per month
sm aspirin adult low strength oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
sm aspirin ec oral tablet delayed release 325 mg	Preferred	Product subject to max fills per month
sm aspirin low dose oral tablet chewable 81 mg	Preferred	Product subject to max fills per month
sm aspirin low dose oral tablet delayed release 81 mg	Preferred	Product subject to max fills per month
Analgesics - Opioid		
Codeine Combinations**		
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Non Preferred	PA; NOTES (QL, EA, MME); AGE (Min 21 Years)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)
acetaminophen-codeine oral solution 120-12 mg/5ml	Preferred	NOTES (QL, EA, MME); AGE (Min 21 Years)
acetaminophen-codeine oral solution 300-30 mg/12.5ml	Preferred	

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Drug	Status	Notes
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Preferred	NOTES (QL, EA, MME); AGE (Min 21 Years)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Preferred	NOTES (QL, EA, MME); AGE (Min 21 Years)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Preferred	NOTES (QL, EA, MME); AGE (Min 21 Years)
Dihydrocodeine Combinations**		
TREZIX ORAL CAPSULE 320.5-30-16 MG	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)
Hydrocodone Combinations**		
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	Preferred	PA; NOTES (QL; EA; MME); Product subject to max fills per month
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	Preferred	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	Preferred	NOTES (QL; EA; MME)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	Preferred	NOTES (QL; EA; MME)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	Preferred	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Preferred	NOTES (QL; EA; MME)
Opioid Agonists**		
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)
DILAUDID ORAL LIQUID 1 MG/ML	Non Preferred	PA; NOTES (MME)
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	Non Preferred	PA; NOTES (MME)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Non Preferred	PA; NOTES (MME)

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Drug	Status	Notes
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Non Preferred	PA; NOTES (MME)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Non Preferred	PA; NOTES (EA;MME)
METHADOSE ORAL CONCENTRATE 10 MG/ML	Non Preferred	PA; NOTES (EA; MME)
METHADOSE ORAL TABLET SOLUBLE 40 MG	Non Preferred	PA; NOTES (EA; MME)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML	Non Preferred	PA; NOTES (EA; MME)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	Non Preferred	PA; NOTES (MME)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Non Preferred	PA; NOTES (MME)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Non Preferred	PA; NOTES (MME)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Non Preferred	PA; NOTES (MME)
QDOLO ORAL SOLUTION 5 MG/ML	Non Preferred	PA; NOTES (MME)
ROXICODONE ORAL TABLET 15 MG, 30 MG	Non Preferred	PA; NOTES (MME)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG	Non Preferred	PA
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	Non Preferred	PA; NOTES (MME)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Non Preferred	PA; NOTES (MME)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	Preferred	NOTES (QL, EA, MME); AGE (Min 21 Years)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Non Preferred	PA; NOTES (MME)

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Drug	Status	Notes
fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg	Non Preferred	PA; NOTES (MME)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Preferred	PA; NOTES (10 patches per month; EA; MME)
fentanyl transdermal patch 72 hour 37.5 mcg/hr	Non Preferred	PA; NOTES (MME;10 patches per month)
fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr	Non Preferred	PA; NOTES (MME;10 patches per month)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Non Preferred	PA; NOTES (MME)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Non Preferred	PA; NOTES (MME)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Non Preferred	PA; NOTES (MME)
hydromorphone hcl oral liquid 1 mg/ml	Non Preferred	PA; NOTES (MME)
hydromorphone hcl oral tablet 2 mg, 8 mg	Preferred	NOTES (QL; EA; MME)
hydromorphone hcl oral tablet 4 mg	Preferred	NOTES (QL; EA; MME); Product subject to max fills per month
hydromorphone hcl rectal suppository 3 mg	Preferred	NOTES (QL; EA; MME)
levorphanol tartrate oral tablet 2 mg, 3 mg	Non Preferred	PA; NOTES (MME)
meperidine hcl oral solution 50 mg/5ml	Non Preferred	PA; NOTES (MME)
meperidine hcl oral tablet 50 mg	Non Preferred	PA; NOTES (MME)
methadone hcl oral concentrate 10 mg/ml	Non Preferred	PA; NOTES (EA; MME)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	Non Preferred	PA; NOTES (EA; MME)
methadone hcl oral tablet 10 mg, 5 mg	Non Preferred	PA; NOTES (EA; MME)
methadone hcl oral tablet soluble 40 mg	Non Preferred	PA; NOTES (EA; MME)
methadone hcl-sodium chloride intravenous solution prefilled syringe 10-0.8 mg/ml-%	Non Preferred	PA; Product subject to max fills per month
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	Non Preferred	PA; NOTES (MME)

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Drug	Status	Notes
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Non Preferred	PA; NOTES (MME)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Non Preferred	PA; NOTES (MME)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Preferred	PA; NOTES (EA; MME)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Non Preferred	PA; NOTES (MME)
morphine sulfate oral tablet 15 mg, 30 mg	Preferred	NOTES (QL; EA; MME)
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Preferred	NOTES (QL; EA; MME)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg	Non Preferred	PA; NOTES (MME)
oxycodone hcl oral capsule 5 mg	Non Preferred	PA; NOTES (MME)
oxycodone hcl oral concentrate 100 mg/5ml	Non Preferred	PA; NOTES (MME)
oxycodone hcl oral solution 5 mg/5ml	Preferred	NOTES (QL; EA; MME)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	Preferred	NOTES (QL; EA; MME)
oxycodone hcl oral tablet 5 mg	Preferred	NOTES (QL; EA; MME); Product subject to max fills per month
oxycodone hcl oral tablet abuse-deterrent 15 mg, 30 mg, 5 mg	Non Preferred	PA
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	Non Preferred	PA; NOTES (MME)
oxymorphone hcl oral tablet 10 mg, 5 mg	Non Preferred	PA; NOTES (MME)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Preferred	PA; NOTES (QL; EA; MME); AGE (Min 21 Years)
tramadol hcl oral solution 5 mg/ml	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)

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Drug	Status	Notes
tramadol hcl oral tablet 100 mg	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)
tramadol hcl oral tablet 25 mg	Non Preferred	PA; Product subject to max fills per month
tramadol hcl oral tablet 50 mg	Preferred	NOTES (QL, EA, MME); AGE (Min 21 Years)
tramadol hcl oral tablet 75 mg	Preferred	NOTES (QL, EA, MME)
Opioid Combinations**		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Non Preferred	PA; NOTES (MME)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Non Preferred	PA; NOTES (QL; EA; MME)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Non Preferred	PA; NOTES (MME)
PRIMLEV ORAL TABLET 10-300 MG	Non Preferred	PA
PROLATE ORAL SOLUTION 10-300 MG/5ML	Non Preferred	PA; NOTES (MME)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Non Preferred	PA; NOTES (MME)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	Non Preferred	PA; NOTES (MME)
nalocet oral tablet 2.5-300 mg	Non Preferred	PA; NOTES (MME)
oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml	Non Preferred	PA; NOTES (MME)
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	Non Preferred	PA; NOTES (MME)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Preferred	NOTES (QL; EA; MME)
Opioid Partial Agonists**		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Non Preferred	PA; NOTES (MME); Product subject to max fills per month
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML	Preferred	Product subject to max fills per month

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Drug	Status	Notes
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML	Preferred	Product subject to max fills per month
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	Preferred	NOTES (QL; EA; MME)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	Preferred	Product subject to max fills per month
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	Preferred	NOTES (Max 32 mg / day); Product subject to max fills per month
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Non Preferred	PA; Product subject to max fills per month
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Preferred	Product subject to max fills per month
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Non Preferred	PA; NOTES (Max 32 mg / day); Product subject to max fills per month
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	Preferred	Product subject to max fills per month
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Preferred	NOTES (QL; EA; MME)
butorphanol tartrate nasal solution 10 mg/ml	Non Preferred	PA; NOTES (MME)
Tramadol Combinations**		
SEGLENTIS ORAL TABLET 56-44 MG	Non Preferred	PA; NOTES (MME)
tramadol-acetaminophen oral tablet 37.5-325 mg	Preferred	NOTES (QL, EA, MME); AGE (Min 21 Years)
Androgens-Anabolic		
Androgens**		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Non Preferred	PA; QL (450 GM per 84 days); DS (90 DS)

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Drug	Status	Notes
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	Non Preferred	PA; DS (90 DS)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	Non Preferred	PA; NOTES (EA); DS (90 DS)
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	Non Preferred	PA; DS (90 DS)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	Non Preferred	PA; NOTES (EA); DS (90 DS)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NATESTO NASAL GEL 5.5 MG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	Non Preferred	PA; NOTES (EA); DS (90 DS)
TLANDO ORAL CAPSULE 112.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
UNDECATREX ORAL CAPSULE 200 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Non Preferred	PA; DS (90 DS)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Non Preferred	PA; NOTES (EA); DS (90 DS)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Non Preferred	PA; NOTES (EA); DS (90 DS)
danazol oral capsule 100 mg, 200 mg, 50 mg	Preferred	Product subject to max fills per month
methitest oral tablet 10 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
methyltestosterone oral capsule 10 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
testosterone cypionate injection solution 200 mg/ml	Preferred	PA; NOTES (EA); DS (90 DS)
testosterone cypionate intramuscular solution 100 mg/ml	Preferred	PA; NOTES (EA); DS (90 DS)
testosterone cypionate intramuscular solution 200 mg/ml	Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
testosterone enanthate intramuscular solution 200 mg/ml	Non Preferred	PA; NOTES (EA); DS (90 DS)
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	Preferred	PA; QL (450 GM per 84 days); NOTES (EA); DS (90 DS)
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	Non Preferred	PA; NOTES (EA); DS (90 DS)
testosterone transdermal gel 12.5 mg/act (1%)	Preferred	PA; NOTES (EA); DS (90 DS)
testosterone transdermal solution 30 mg/act	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Anorectal And Related Products		
Intrarectal Steroids**		
CORTENEMA RECTAL ENEMA 100 MG/60ML	Non Preferred	PA; Product subject to max fills per month
CORTIFOAM EXTERNAL FOAM 10 %	Non Preferred	PA; Product subject to max fills per month
UCERIS RECTAL FOAM 2 MG/ACT	Non Preferred	PA; Product subject to max fills per month
budesonide rectal foam 2 mg, 2 mg/act	Preferred	Product subject to max fills per month
hydrocortisone rectal enema 100 mg/60ml	Preferred	Product subject to max fills per month
Nitrate Vasodilating Agents**		
RECTIV RECTAL OINTMENT 0.4 %	Preferred	PA; Product subject to max fills per month
nitroglycerin rectal ointment 0.4 %	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
Rectal Anesthetic/Steroids**		
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Preferred	Product subject to max fills per month
hydrocortisone ace-pramoxine external cream 1-1 %	Preferred	Product subject to max fills per month
Rectal Steroids**		
ANUSOL-HC EXTERNAL CREAM 2.5 %	Non Preferred	PA; Product subject to max fills per month
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	Preferred	Product subject to max fills per month
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Non Preferred	PA; Product subject to max fills per month
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Non Preferred	PA; Product subject to max fills per month
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Preferred	Product subject to max fills per month
hydrocortisone (perianal) external cream 1 %, 2.5 %	Preferred	Product subject to max fills per month
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Preferred	Product subject to max fills per month
Antacids		
Antacid Combinations**		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML	Preferred	DS (90 DS); Product subject to max fills per month
cvs heartburn relief ex st oral suspension 254-237.5 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
heartburn relief ex st oral suspension 254-237.5 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
mag-al oral liquid 200-200 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
Antacids - Calcium Salts**		
ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG	Preferred	DS (90 DS); Product subject to max fills per month
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG	Preferred	DS (90 DS); Product subject to max fills per month
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG	Preferred	DS (90 DS); Product subject to max fills per month
TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE 750 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
antacid calcium oral tablet chewable 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
antacid calcium rich oral tablet chewable 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
antacid extra strength oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
antacid maximum oral tablet chewable 1000 mg	Preferred	DS (90 DS); Product subject to max fills per month
antacid oral tablet chewable 500 mg, 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
antacid ultra strength oral tablet chewable 1000 mg	Preferred	DS (90 DS); Product subject to max fills per month
calcium antacid extra strength oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
calcium antacid oral tablet chewable 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
calcium antacid ultra strength oral tablet chewable 1000 mg	Preferred	DS (90 DS); Product subject to max fills per month
calcium carbonate antacid oral suspension 1250 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
calcium carbonate antacid oral tablet 648 mg	Preferred	DS (90 DS); Product subject to max fills per month
calcium carbonate antacid oral tablet chewable 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs antacid extra strength oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs antacid kids oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs antacid oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
cvs antacid ultra strength oral tablet chewable 1000 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs smooth antacid extra st oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
eq antacid extra strength oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
eq antacid ultra strength oral tablet chewable 1000 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp antacid extra strength oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp antacid oral tablet chewable 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp antacid ultra strength oral tablet chewable 1000 mg	Preferred	DS (90 DS); Product subject to max fills per month
goodsense antacid extra str oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
goodsense antacid oral tablet chewable 1000 mg, 500 mg, 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
hm antacid oral tablet chewable 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
hm antacid regular strength oral tablet chewable 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
hm calcium antacid ex st oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
px antacid extra strength oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
px antacid maximum strength oral tablet chewable 1000 mg	Preferred	DS (90 DS); Product subject to max fills per month
px calcium antacid oral tablet chewable 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
qc antacid oral tablet chewable 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra antacid oral tablet chewable 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra antacid ultra strength oral tablet chewable 1000 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
smooth antacid extra strength oral tablet chewable 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
Anthelmintics		
Anthelmintics**		
BILTRICIDE ORAL TABLET 600 MG	Non Preferred	PA; Product subject to max fills per month
EGATEN ORAL TABLET 250 MG	Preferred	Product subject to max fills per month
EMVERM ORAL TABLET CHEWABLE 100 MG	Non Preferred	PA; Product subject to max fills per month
PIN RID ORAL TABLET CHEWABLE 720.5 MG	Preferred	Product subject to max fills per month
STROMECTOL ORAL TABLET 3 MG	Non Preferred	PA; Product subject to max fills per month
albendazole oral tablet 200 mg	Preferred	Product subject to max fills per month
benznidazole oral tablet 100 mg, 12.5 mg	Non Preferred	PA; Product subject to max fills per month
cvs pinworm treatment oral suspension 144 (50 base) mg/ml	Preferred	Product subject to max fills per month
ivermectin oral tablet 3 mg	Preferred	Product subject to max fills per month
ivermectin oral tablet 6 mg	Non Preferred	PA; Product subject to max fills per month
pin-away oral suspension 144 (50 base) mg/ml	Preferred	Product subject to max fills per month
pinworm medicine oral suspension 144 (50 base) mg/ml	Preferred	Product subject to max fills per month
praziquantel oral tablet 600 mg	Non Preferred	PA; Product subject to max fills per month
reeses pinworm medicine oral suspension 144 (50 base) mg/ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Antianginal Agents		
Antianginals-Other**		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
ranolazine er oral tablet extended release 12 hour 1000 mg	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
ranolazine er oral tablet extended release 12 hour 500 mg	Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Nitrates**		
GONITRO SUBLINGUAL PACKET 400 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NITRO-BID TRANSDERMAL OINTMENT 2 %	Preferred	DS (90 DS); Product subject to max fills per month
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Preferred	DS (90 DS); Product subject to max fills per month
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Preferred	DS (90 DS); Product subject to max fills per month
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
isosorbide mononitrate oral tablet 10 mg, 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
nitroglycerin intravenous solution 5 mg/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Preferred	DS (90 DS); Product subject to max fills per month
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Preferred	DS (90 DS); Product subject to max fills per month
nitroglycerin translingual solution 0.4 mg/spray	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Antianxiety Agents		
Antianxiety Agents - Misc.**		
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	Non Preferred	PA; Product subject to max fills per month
VISTARIL ORAL CAPSULE 25 MG	Non Preferred	PA; Product subject to max fills per month
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Preferred	Product subject to max fills per month
droperidol injection solution 2.5 mg/ml	Preferred	PA; Product subject to max fills per month
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	Preferred	PA; Product subject to max fills per month
hydroxyzine hcl oral syrup 10 mg/5ml	Preferred	Product subject to max fills per month
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Preferred	Product subject to max fills per month
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Preferred	Product subject to max fills per month
meprobamate oral tablet 200 mg, 400 mg	Non Preferred	PA; Product subject to max fills per month
Benzodiazepines**		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	Non Preferred	PA; NOTES (EA); Product subject to max fills per month

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Drug	Status	Notes
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Preferred	NOTES (EA); Product subject to max fills per month
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Preferred	NOTES (EA); Product subject to max fills per month
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Preferred	NOTES (EA); Product subject to max fills per month
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
diazepam injection solution 10 mg/2ml, 5 mg/ml	Preferred	PA; NOTES (EA); Product subject to max fills per month
diazepam intramuscular solution auto-injector 10 mg/2ml	Preferred	PA; NOTES (EA); Product subject to max fills per month
diazepam oral concentrate 5 mg/ml	Preferred	NOTES (EA); Product subject to max fills per month
diazepam oral solution 5 mg/5ml	Preferred	NOTES (EA); Product subject to max fills per month

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Drug	Status	Notes
diazepam oral tablet 10 mg, 2 mg, 5 mg	Preferred	NOTES (EA); Product subject to max fills per month
lorazepam injection solution 2 mg/ml, 4 mg/ml	Preferred	PA; NOTES (EA); Product subject to max fills per month
lorazepam oral concentrate 2 mg/ml	Preferred	NOTES (EA); Product subject to max fills per month
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	NOTES (EA); Product subject to max fills per month
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
Antiarrhythmics		
Antiarrhythmics Type I-A**		
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NORPACE ORAL CAPSULE 100 MG, 150 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
disopyramide phosphate oral capsule 100 mg, 150 mg	Preferred	DS (90 DS); Product subject to max fills per month
quinidine gluconate er oral tablet extended release 324 mg	Preferred	DS (90 DS); Product subject to max fills per month
quinidine sulfate oral tablet 200 mg, 300 mg	Non Preferred	PA; QL (8 EA per 1 day); DS (90 DS); Product subject to max fills per month
Antiarrhythmics Type I-B**		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antiarrhythmics Type I-C**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Preferred	DS (90 DS); Product subject to max fills per month
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antiarrhythmics Type Iii**		
MULTAQ ORAL TABLET 400 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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MME -Max Morphine Equivalent of 120 mg **OTC** - Over the counter **PA** - Prior Authorization
QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy
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Drug	Status	Notes
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PACERONE TABLET 100 MG ORAL	Preferred	DS (90 DS); Product subject to max fills per month
PACERONE TABLET 200 MG ORAL	Preferred	DS (90 DS); Product subject to max fills per month
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	Preferred	DS (90 DS); Product subject to max fills per month
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Antiasthmatic And Bronchodilator Agents		
5-Lipoxygenase Inhibitors**		
ZYFLO ORAL TABLET 600 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
zileuton er oral tablet extended release 12 hour 600 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Adrenergic Combinations**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Preferred	PA; DS (90 DS); Product subject to max fills per month
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Preferred	DS (90 DS); Product subject to max fills per month
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Preferred	DS (90 DS); Product subject to max fills per month
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Preferred	DS (90 DS); Product subject to max fills per month
ipratropium-albuterol inhalation solution 2.5-0.5 mg/3ml	Preferred	Product subject to max fills per month
umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act	Preferred	PA; DS (90 DS); Product subject to max fills per month
Anti-Ige Monoclonal Antibodies**		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Preferred	PA; SP; Product subject to max fills per month
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Preferred	PA; SP; Product subject to max fills per month
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Preferred	PA; SP; Product subject to max fills per month
Anti-Inflammatory Agents**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Preferred	DS (90 DS); Product subject to max fills per month
Beta Adrenergics**		
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Preferred	NOTES (2 inhalations every 1 day); DS (90 DS); Product subject to max fills per month
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Preferred	DS (90 DS); Product subject to max fills per month
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	Preferred	DS (90 DS); Product subject to max fills per month
albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml	Preferred	DS (90 DS); Product subject to max fills per month
albuterol sulfate oral tablet 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
levalbuterol tartrate inhalation aerosol 45 mcg/act	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
terbutaline sulfate injection solution 1 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
terbutaline sulfate oral tablet 2.5 mg, 5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Bronchodilators - Anticholinergics**		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Preferred	DS (90 DS); Product subject to max fills per month
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Preferred	DS (90 DS); Product subject to max fills per month
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
YUPELRI INHALATION SOLUTION 175 MCG/3ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ipratropium bromide inhalation solution 0.02 %	Preferred	DS (90 DS); Product subject to max fills per month
tiotropium bromide monohydrate inhalation capsule 18 mcg	Preferred	DS (90 DS); Product subject to max fills per month
Interleukin-5 Antagonists (Igg1 Kappa)**		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Preferred	PA; SP; Product subject to max fills per month
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	Preferred	PA; SP; Product subject to max fills per month
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Non Preferred	PA; SP; Product subject to max fills per month

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Drug	Status	Notes
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; SP; Product subject to max fills per month
Interleukin-5 Antagonists (Igg4 Kappa)**		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	Preferred	PA; SP; Product subject to max fills per month
Leukotriene Receptor Antagonists**		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SINGULAIR ORAL PACKET 4 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SINGULAIR ORAL TABLET 10 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
montelukast sodium oral packet 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
montelukast sodium oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
montelukast sodium oral tablet chewable 4 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
zafirlukast oral tablet 10 mg, 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors**		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
roflumilast oral tablet 250 mcg, 500 mcg	Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Steroid Inhalants**		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Preferred	DS (90 DS); Product subject to max fills per month
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Preferred	DS (90 DS); Product subject to max fills per month
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Preferred	DS (90 DS); Product subject to max fills per month
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Preferred	DS (90 DS); Product subject to max fills per month
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Preferred	NOTES (3 inhalers every 3 months); DS (90 DS); Product subject to max fills per month
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Preferred	DS (90 DS); Product subject to max fills per month
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	Preferred	DS (90 DS); Product subject to max fills per month
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	Preferred	NOTES (3 inhalers every 3 months); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Thymic Stromal Lymphopoietin (Tslp) Antagonists**		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Non Preferred	PA; SP; Product subject to max fills per month
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Non Preferred	PA; SP; Product subject to max fills per month
Xanthines**		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Preferred	DS (90 DS); Product subject to max fills per month
aminophylline intravenous solution 25 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	Preferred	DS (90 DS); Product subject to max fills per month
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Preferred	DS (90 DS); Product subject to max fills per month
theophylline oral elixir 80 mg/15ml	Preferred	DS (90 DS); Product subject to max fills per month
theophylline oral solution 80 mg/15ml	Preferred	DS (90 DS); Product subject to max fills per month
Anticoagulants		
Coumarin Anticoagulants**		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Preferred	DS (90 DS); Product subject to max fills per month
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Direct Factor Xa Inhibitors**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Preferred	DS (90 DS); Product subject to max fills per month
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Preferred	DS (90 DS); Product subject to max fills per month
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Preferred	DS (90 DS); Product subject to max fills per month
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Preferred	DS (90 DS); Product subject to max fills per month
rivaroxaban oral tablet 2.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Heparins And Heparinoid-Like Agents**		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 10 UNIT/ML, 100 UNIT/ML	Preferred	PA; Product subject to max fills per month
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 2500-0.9 ut/500ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%, 30000-0.9 unit/l-%, 5000-0.9 unit/l-%, 5000-0.9 ut/500ml-%	Preferred	PA; Product subject to max fills per month
heparin (porcine) in nacl intravenous solution prefilled syringe 20-0.9 unt/20ml-%, 50-0.9 unt/50ml-%	Preferred	PA; Product subject to max fills per month
heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml	Preferred	PA; Product subject to max fills per month
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	Preferred	PA; Product subject to max fills per month
heparin sod (pork) lock flush intravenous solution 10 unit/ml	Preferred	PA; Product subject to max fills per month
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Preferred	PA; Product subject to max fills per month
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	Preferred	PA; Product subject to max fills per month
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml	Preferred	PA; Product subject to max fills per month
Low Molecular Weight Heparins**		
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Non Preferred	PA; Product subject to max fills per month
LOVENOX INJECTION SOLUTION 300 MG/3ML	Non Preferred	PA; Product subject to max fills per month
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML	Non Preferred	PA; Product subject to max fills per month
enoxaparin sodium injection solution 300 mg/3ml	Preferred	Product subject to max fills per month
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	Preferred	Product subject to max fills per month
Synthetic Heparinoid-Like Agents**		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Non Preferred	PA; Product subject to max fills per month
Thrombin Inhibitors - Selective Direct & Reversible**		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Preferred	DS (90 DS); Product subject to max fills per month
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
Anticonvulsants		
Ampa Glutamate Receptor Antagonists**		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Preferred	PA; QL (24 ML per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Anticonvulsants - Benzodiazepines**		
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non Preferred	PA; Product subject to max fills per month
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Non Preferred	PA; QL (10 EA per 28 days); DS (90 DS); Product subject to max fills per month
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ONFI ORAL SUSPENSION 2.5 MG/ML	Non Preferred	PA; QL (16 ML per 1 day); Product subject to max fills per month
ONFI ORAL TABLET 10 MG, 20 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Preferred	DS (90 DS); Product subject to max fills per month
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML, 7.5 MG/0.1ML	Preferred	DS (90 DS); Product subject to max fills per month
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 2 X 10 MG/0.1ML	Preferred	DS (90 DS); Product subject to max fills per month
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Preferred	DS (90 DS); Product subject to max fills per month
clobazam oral suspension 10 mg/4ml, 2.5 mg/ml	Preferred	QL (16 ML per 1 day); Product subject to max fills per month
clobazam oral tablet 10 mg, 20 mg	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	Product subject to max fills per month

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AHE*- Drug is carved out to Fee for Service for Apple Health Expansion

Drug	Status	Notes
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Non Preferred	PA; Product subject to max fills per month
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
Anticonvulsants - Misc.**		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BANZEL ORAL SUSPENSION 40 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BANZEL ORAL TABLET 200 MG, 400 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	Preferred	PA; DS (90 DS); Product subject to max fills per month
BRIVIACT ORAL SOLUTION 10 MG/ML	Non Preferred	PA; QL (20 ML per 1 day); DS (90 DS); Product subject to max fills per month
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Preferred	DS (90 DS); Product subject to max fills per month
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DIACOMIT ORAL PACKET 250 MG, 500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EPITOL ORAL TABLET 200 MG	Preferred	DS (90 DS); Product subject to max fills per month
EPRONTIA ORAL SOLUTION 25 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
GABARONE ORAL TABLET 100 MG, 400 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KEPPRA ORAL SOLUTION 100 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Non Preferred	PA; QL (3 EA per 1 day); DS (90 DS); Product subject to max fills per month
LYRICA ORAL SOLUTION 20 MG/ML	Non Preferred	PA; QL (30 ML per 1 day); DS (90 DS); Product subject to max fills per month
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
MYSOLINE ORAL TABLET 250 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NEURONTIN ORAL SOLUTION 250 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NEURONTIN ORAL TABLET 600 MG, 800 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ROWEEPRA ORAL TABLET 500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Preferred	DS (90 DS); Product subject to max fills per month
TEGRETOL ORAL TABLET 200 MG	Preferred	DS (90 DS); Product subject to max fills per month
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	Preferred	DS (90 DS); Product subject to max fills per month
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
TRILEPTAL ORAL SUSPENSION 300 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
VIMPAT ORAL SOLUTION 10 MG/ML	Non Preferred	PA; QL (40 ML per 1 day); DS (90 DS); Product subject to max fills per month
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZONISADE ORAL SUSPENSION 100 MG/5ML	Preferred	DS (90 DS); Product subject to max fills per month
ZTALMY ORAL SUSPENSION 50 MG/ML	Carve Out	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Preferred	DS (90 DS); Product subject to max fills per month
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	Preferred	DS (90 DS); Product subject to max fills per month
carbamazepine oral tablet 200 mg	Preferred	DS (90 DS); Product subject to max fills per month
carbamazepine oral tablet chewable 100 mg, 200 mg	Preferred	DS (90 DS); Product subject to max fills per month
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Preferred	DS (90 DS); Product subject to max fills per month
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Preferred	DS (90 DS); Product subject to max fills per month
gabapentin oral tablet 600 mg, 800 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
lacosamide intravenous solution 200 mg/20ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	Preferred	QL (40 ML per 1 day); DS (90 DS); Product subject to max fills per month
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Preferred	DS (90 DS); Product subject to max fills per month
lamotrigine oral tablet chewable 25 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
lamotrigine starter kit-blue oral kit 35 x 25 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
levetiracetam intravenous solution 500 mg/5ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
levetiracetam oral tablet disintegrating soluble 250 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
oxcarbazepine oral suspension 300 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Preferred	DS (90 DS); Product subject to max fills per month
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Preferred	QL (3 EA per 1 day); DS (90 DS); Product subject to max fills per month
pregabalin oral solution 20 mg/ml	Preferred	QL (30 ML per 1 day); DS (90 DS); Product subject to max fills per month
primidone oral tablet 125 mg, 250 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
rufinamide oral suspension 40 mg/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
rufinamide oral tablet 200 mg, 400 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Carbamates**		
FELBATOL ORAL TABLET 400 MG	Non Preferred	PA; QL (9 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
FELBATOL ORAL TABLET 600 MG	Non Preferred	PA; QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
felbamate oral suspension 600 mg/5ml	Preferred	QL (30 ML per 1 day); DS (90 DS); Product subject to max fills per month
felbamate oral tablet 400 mg	Preferred	QL (9 EA per 1 day); DS (90 DS); Product subject to max fills per month
felbamate oral tablet 600 mg	Preferred	QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
Gaba Modulators**		
SABRIL ORAL PACKET 500 MG	Non Preferred	PA; QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
SABRIL ORAL TABLET 500 MG	Non Preferred	PA; QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
VIGADRONE ORAL PACKET 500 MG	Non Preferred	PA; QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
VIGADRONE ORAL TABLET 500 MG	Non Preferred	PA; QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
VIGAFYDE ORAL SOLUTION 100 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
VIGPODER ORAL PACKET 500 MG	Non Preferred	PA; QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg	Preferred	QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
tiagabine hcl oral tablet 16 mg	Preferred	QL (3 EA per 1 day); DS (90 DS); Product subject to max fills per month
vigabatrin oral packet 500 mg	Non Preferred	PA; QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
vigabatrin oral tablet 500 mg	Non Preferred	PA; QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
Hydantoins**		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DILANTIN ORAL CAPSULE 100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DILANTIN ORAL CAPSULE 30 MG	Preferred	DS (90 DS); Product subject to max fills per month
DILANTIN ORAL SUSPENSION 125 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Preferred	DS (90 DS); Product subject to max fills per month
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
phenytoin oral suspension 125 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
phenytoin oral tablet chewable 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
phenytoin sodium injection solution 50 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
Succinimides**		
CELONTIN ORAL CAPSULE 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZARONTIN ORAL CAPSULE 250 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZARONTIN ORAL SOLUTION 250 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ethosuximide oral capsule 250 mg	Preferred	DS (90 DS); Product subject to max fills per month
ethosuximide oral solution 250 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
methsuximide oral capsule 300 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Valproic Acid**		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
divalproex sodium oral capsule delayed release sprinkle 125 mg	Preferred	DS (90 DS); Product subject to max fills per month
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
valproic acid oral capsule 250 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	Preferred	DS (90 DS); Product subject to max fills per month
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
REMERON ORAL TABLET 15 MG, 30 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antidepressant - Miscellaneous Combinations**		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Antidepressants - Misc.**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Preferred	DS (90 DS); Product subject to max fills per month
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
bupropion hcl oral tablet 100 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
Gaba Receptor Modulator - Neuroactive Steroid**		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
ZURZUVAE ORAL CAPSULE 30 MG	Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Monoamine Oxidase Inhibitors (Maois)**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Preferred	DS (90 DS); Product subject to max fills per month
MARPLAN ORAL TABLET 10 MG	Preferred	DS (90 DS); Product subject to max fills per month
NARDIL ORAL TABLET 15 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PARNATE ORAL TABLET 10 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
phenelzine sulfate oral tablet 15 mg	Preferred	DS (90 DS); Product subject to max fills per month
tranylcypromine sulfate oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
Selective Serotonin Reuptake Inhibitors (Ssris)**		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PAXIL ORAL SUSPENSION 10 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
citalopram hydrobromide oral capsule 30 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	Preferred	DS (90 DS); Product subject to max fills per month
escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	Preferred	DS (90 DS); Product subject to max fills per month
fluoxetine hcl oral capsule delayed release 90 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
fluoxetine hcl oral solution 20 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
paroxetine hcl oral suspension 10 mg/5ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Preferred	DS (90 DS); Product subject to max fills per month
sertraline hcl oral capsule 150 mg, 200 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
sertraline hcl oral concentrate 20 mg/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Serotonin Modulators**		
RALDESY ORAL SOLUTION 10 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
nefazodone hcl oral tablet 100 mg, 150 mg, 250 mg, 50 mg	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
nefazodone hcl oral tablet 200 mg	Non Preferred	PA; QL (3 EA per 1 day); DS (90 DS); Product subject to max fills per month
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG	Non Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); DS (90 DS); Product subject to max fills per month
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	Preferred	QL (2 EA per 1 day); NOTES (AGE*); DS (90 DS); Product subject to max fills per month
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	Preferred	DS (90 DS); Product subject to max fills per month
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
Tricyclic Agents**		
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
doxepin hcl oral concentrate 10 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
nortriptyline hcl oral solution 10 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
protriptyline hcl oral tablet 10 mg, 5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Antidiabetics		
Alpha-Glucosidase Inhibitors**		
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
acarbose oral tablet 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
miglitol oral tablet 100 mg, 25 mg, 50 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Antidiabetic - Allogeneic Cellular Therapy**		
LANTIDRA INTRAVENOUS SUSPENSION	Carve Out	
Antidiabetic - Amylin Analogs**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Preferred	PA; QL (32.4 ML per 84 days); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Preferred	PA; QL (18 ML per 84 days); DS (90 DS); Product subject to max fills per month
Antidiabetic-Anti-Cd3 Antibodies**		
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML	Carve Out	
Biguanides**		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
RIOMET ORAL SOLUTION 500 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Preferred	DS (90 DS); Product subject to max fills per month
metformin hcl oral solution 500 mg/5ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg	Preferred	DS (90 DS); Product subject to max fills per month
metformin hcl oral tablet 625 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Diabetic Other - Combinations**		
DEX4 GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	DS (90 DS); Product subject to max fills per month
DEX4 NATURALS ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	DS (90 DS); Product subject to max fills per month
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	DS (90 DS); Product subject to max fills per month
DEX4 POUCH PACK ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	DS (90 DS); Product subject to max fills per month
RELION GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	DS (90 DS); Product subject to max fills per month
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
cvs glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
glucose instant energy oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
goodsense glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
kroger glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
leader glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
longs glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
meijer glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
preferred plus glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
px glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
ra glucose oral tablet chewable 4-6 gm-mg, 6-4 mg-gm	Preferred	DS (90 DS); Product subject to max fills per month
sm glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
tgt glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
up & up glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
walgreens glucose oral tablet chewable 4-6 gm-mg	Preferred	DS (90 DS); Product subject to max fills per month
Diabetic Other**		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Preferred	PA; DS (90 DS); Product subject to max fills per month
DEX4 GLUCOSE ORAL LIQUID 15 GM/59ML	Preferred	DS (90 DS); Product subject to max fills per month
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM	Preferred	DS (90 DS); Product subject to max fills per month
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Preferred	DS (90 DS); Product subject to max fills per month
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	Preferred	DS (90 DS); Product subject to max fills per month
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
cvs glucose oral tablet chewable 4 gm	Preferred	DS (90 DS); Product subject to max fills per month
cvs glucose shot oral liquid 15 gm/59ml	Preferred	DS (90 DS); Product subject to max fills per month
cvs soft glucose oral tablet chewable 4 gm	Preferred	DS (90 DS); Product subject to max fills per month
diazoxide oral suspension 50 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
glucagon emergency injection kit 1 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
glucagon emergency injection solution reconstituted 1 mg/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
glucose oral liquid 15 gm/59ml	Preferred	DS (90 DS); Product subject to max fills per month
glucose oral tablet chewable 4 gm	Preferred	DS (90 DS); Product subject to max fills per month
gnp glucose oral tablet chewable 4 gm	Preferred	DS (90 DS); Product subject to max fills per month
gnp quick dissolve glucose oral tablet chewable 4 gm	Preferred	DS (90 DS); Product subject to max fills per month
leader quick dissolve glucose oral tablet chewable 4 gm	Preferred	DS (90 DS); Product subject to max fills per month
walgreens glucose oral tablet chewable 4 gm	Preferred	DS (90 DS); Product subject to max fills per month
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
TRADJENTA ORAL TABLET 5 MG	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
saxagliptin hcl oral tablet 2.5 mg, 5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Non Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	Non Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	Non Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg, 50-500 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Dopamine Receptor Agonists - Ergot Derivatives**		
CYCLOSET ORAL TABLET 0.8 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Dpp-4 Inhibitor-Thiazolidinedione Combinations**		
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Human Insulin**		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
APIDRA INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
FIASP INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
HUMALOG INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Preferred	DS (90 DS); Product subject to max fills per month
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Preferred	DS (90 DS); Product subject to max fills per month
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Preferred	DS (90 DS); Product subject to max fills per month
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Preferred	DS (90 DS); Product subject to max fills per month
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Preferred	NOTES (1 vial per month); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Preferred	DS (90 DS); Product subject to max fills per month
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Preferred	NOTES (3 vials per month); DS (90 DS); Product subject to max fills per month
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non Preferred	PA; NOTES (3 vials per month); DS (90 DS); Product subject to max fills per month
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

AGE - Age Limit **AGE*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days
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Drug	Status	Notes
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; NOTES (3 vials per month); DS (90 DS); Product subject to max fills per month
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; NOTES (3 vials per month); DS (90 DS); Product subject to max fills per month
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Preferred	NOTES (3 vials per month); DS (90 DS); Product subject to max fills per month
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Preferred	DS (90 DS); Product subject to max fills per month
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Preferred	DS (90 DS); Product subject to max fills per month
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; NOTES (3 vials per month); DS (90 DS); Product subject to max fills per month
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non Preferred	PA; NOTES (YFGN); DS (90 DS); Product subject to max fills per month
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; NOTES (YFGN); DS (90 DS); Product subject to max fills per month
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	Non Preferred	PA; NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
insulin aspart injection solution 100 unit/ml	Non Preferred	PA; NOTES (3 vials per month); DS (90 DS); Product subject to max fills per month
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	Preferred	DS (90 DS); Product subject to max fills per month
insulin aspart solution 100 unit/ml injection	Preferred	DS (90 DS); Product subject to max fills per month
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
insulin degludec subcutaneous solution 100 unit/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
insulin glargine-yfgn subcutaneous solution 100 unit/ml	Preferred	NOTES (YFGN); DS (90 DS); Product subject to max fills per month
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	Preferred	NOTES (YFGN); DS (90 DS); Product subject to max fills per month
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
insulin lispro injection solution 100 unit/ml	Preferred	DS (90 DS); Product subject to max fills per month
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	Preferred	NOTES (10 pens per month); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)**		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Non Preferred	PA; Product subject to max fills per month
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Preferred	PA; QL (3.4 ML per 28 days); Product subject to max fills per month
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Preferred	PA; Product subject to max fills per month
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Preferred	PA; Product subject to max fills per month
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Non Preferred	PA; Product subject to max fills per month
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Non Preferred	PA; Product subject to max fills per month
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Non Preferred	PA; Product subject to max fills per month
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	Non Preferred	PA; Product subject to max fills per month
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Non Preferred	PA; Product subject to max fills per month
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Non Preferred	PA; Product subject to max fills per month
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Non Preferred	PA; NOTES (9 mL every month); Product subject to max fills per month
exenatide subcutaneous solution pen-injector 10 mcg/0.04ml, 5 mcg/0.02ml	Preferred	PA
liraglutide subcutaneous solution pen-injector 18 mg/3ml	Preferred	PA; NOTES (9 mL every month); Product subject to max fills per month

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Drug	Status	Notes
Insulin-Incretin Mimetic Combinations**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Non Preferred	PA; Product subject to max fills per month
Meglitinide Analogues**		
nateglinide oral tablet 120 mg, 60 mg	Preferred	DS (90 DS); Product subject to max fills per month
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	DS (90 DS); Product subject to max fills per month
Progesterone Receptor Antagonists**		
KORLYM ORAL TABLET 300 MG	Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
mifepristone oral tablet 300 mg	Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 5-2.5-1000 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
BRENZAVVY ORAL TABLET 20 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
FARXIGA ORAL TABLET 10 MG, 5 MG	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
INVOKANA ORAL TABLET 100 MG, 300 MG	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
JARDIANCE ORAL TABLET 10 MG, 25 MG	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
STEGLATRO ORAL TABLET 15 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
dapagliflozin propanediol oral tablet 10 mg, 5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Preferred	DS (90 DS); Product subject to max fills per month
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Preferred	DS (90 DS); Product subject to max fills per month
Sulfonylureas**		
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
glimepiride oral tablet 3 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Preferred	DS (90 DS); Product subject to max fills per month
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Sulfonylurea-Thiazolidinedione Combinations**		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Thiazolidinedione-Biguanide Combinations**		
ACTOPLUS MET ORAL TABLET 15-850 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Thiazolidinediones**		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Antidiarrheal/Probiotic Agents		
Antidiarrheal - Chloride Channel Antagonists**		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Preferred	PA; Product subject to max fills per month
Antidiarrheal/Probiotic Agents - Misc.**		
SOOTHE ORAL SUSPENSION 262 MG/15ML	Preferred	Product subject to max fills per month

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Drug	Status	Notes
SOOTHE ORAL TABLET 262 MG	Preferred	Product subject to max fills per month
SOOTHE ORAL TABLET CHEWABLE 262 MG	Preferred	Product subject to max fills per month
bismuth oral tablet chewable 262 mg	Preferred	Product subject to max fills per month
bismuth subsalicylate oral tablet chewable 262 mg	Preferred	Product subject to max fills per month
cvs anti-diarrheal oral suspension 262 mg/15ml	Preferred	Product subject to max fills per month
cvs stomach relief oral suspension 525 mg/30ml	Preferred	Product subject to max fills per month
cvs stomach relief oral tablet 262 mg	Preferred	Product subject to max fills per month
cvs stomach relief oral tablet chewable 262 mg	Preferred	Product subject to max fills per month
diarrhea oral suspension 262 mg/15ml	Preferred	Product subject to max fills per month
diotame oral tablet chewable 262 mg	Preferred	Product subject to max fills per month
eq pink-bismuth oral tablet chewable 262 mg	Preferred	Product subject to max fills per month
eq stomach relief oral suspension 262 mg/15ml	Preferred	Product subject to max fills per month
eql stomach relief oral suspension 262 mg/15ml	Preferred	Product subject to max fills per month
gnp pink bismuth oral tablet 262 mg	Preferred	Product subject to max fills per month
gnp pink bismuth oral tablet chewable 262 mg	Preferred	Product subject to max fills per month
gnp stomach relief oral suspension 262 mg/15ml, 525 mg/30ml	Preferred	Product subject to max fills per month
goodsense stomach relief oral suspension 525 mg/30ml	Preferred	Product subject to max fills per month
goodsense stomach relief oral tablet chewable 262 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
hm stomach relief oral tablet chewable 262 mg	Preferred	Product subject to max fills per month
px stomach relief oral suspension 262 mg/15ml	Preferred	Product subject to max fills per month
px stomach relief oral tablet chewable 262 mg	Preferred	Product subject to max fills per month
qc diarrhea relief oral suspension 262 mg/15ml	Preferred	Product subject to max fills per month
qc stomach relief oral tablet chewable 262 mg	Preferred	Product subject to max fills per month
ra stomach relief oral suspension 262 mg/15ml	Preferred	Product subject to max fills per month
stomach relief oral suspension 525 mg/30ml	Preferred	Product subject to max fills per month
stomach relief oral tablet 262 mg	Preferred	Product subject to max fills per month
stomach relief oral tablet chewable 262 mg	Preferred	Product subject to max fills per month
Antiperistaltic Agents**		
LOMOTIL ORAL TABLET 2.5-0.025 MG	Non Preferred	PA; Product subject to max fills per month
MOTOFEN ORAL TABLET 1-0.025 MG	Non Preferred	PA; Product subject to max fills per month
anti-diarrheal oral tablet 2 mg	Preferred	Product subject to max fills per month
cvs anti-diarrheal oral tablet 2 mg	Preferred	Product subject to max fills per month
diamode oral tablet 2 mg	Preferred	Product subject to max fills per month
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	Non Preferred	PA; Product subject to max fills per month
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Non Preferred	PA; Product subject to max fills per month
eq anti-diarrheal oral tablet 2 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
gnp anti-diarrheal oral tablet 2 mg	Preferred	Product subject to max fills per month
loperamide hcl oral capsule 2 mg	Non Preferred	PA; Product subject to max fills per month
loperamide hcl oral tablet 2 mg	Preferred	Product subject to max fills per month
meijer anti-diarrheal oral tablet 2 mg	Preferred	Product subject to max fills per month
opium oral tincture 10 mg/ml (1%)	Non Preferred	PA; Product subject to max fills per month
qc anti-diarrheal oral tablet 2 mg	Preferred	Product subject to max fills per month
ra anti-diarrheal oral tablet 2 mg	Preferred	Product subject to max fills per month
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents**		
CHEMET ORAL CAPSULE 100 MG	Non Preferred	PA; Product subject to max fills per month
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	Non Preferred	PA; Product subject to max fills per month
FERRIPROX ORAL SOLUTION 100 MG/ML	Non Preferred	PA; Product subject to max fills per month
FERRIPROX ORAL TABLET 1000 MG, 500 MG	Non Preferred	PA; Product subject to max fills per month
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	Non Preferred	PA; Product subject to max fills per month
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Non Preferred	PA; Product subject to max fills per month
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	Non Preferred	PA; Product subject to max fills per month
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	Preferred	Product subject to max fills per month
deferasirox oral packet 180 mg, 360 mg, 90 mg	Preferred	Product subject to max fills per month
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Preferred	Product subject to max fills per month
deferiprone oral tablet 1000 mg, 500 mg	Non Preferred	PA; Product subject to max fills per month
pentetate calcium trisodium combination solution 200 mg/ml	Non Preferred	PA; Product subject to max fills per month
pentetate zinc trisodium combination solution 200 mg/ml	Non Preferred	PA; Product subject to max fills per month
Opioid Antagonists**		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Preferred	Product subject to max fills per month
NARCAN NASAL LIQUID 4 MG/0.1ML	Non Preferred	PA; Product subject to max fills per month
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Preferred	Product subject to max fills per month
REXTOVY NASAL LIQUID 4 MG/0.25ML	Non Preferred	PA; Product subject to max fills per month
RIVIVE NASAL LIQUID 3 MG/0.1ML	Preferred	Product subject to max fills per month
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Preferred	Product subject to max fills per month
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	Preferred	Product subject to max fills per month
ft naloxone hcl nasal liquid 4 mg/0.1ml	Preferred	Product subject to max fills per month
lifems naloxone injection prefilled syringe kit 2 mg/2ml	Non Preferred	PA; Product subject to max fills per month
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Preferred	Product subject to max fills per month
naloxone hcl injection solution cartridge 0.4 mg/ml	Preferred	Product subject to max fills per month
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	Preferred	Product subject to max fills per month
naloxone hcl nasal liquid 4 mg/0.1ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
naltrexone hcl oral tablet 50 mg	Preferred	Product subject to max fills per month
Antiemetics		
5-Ht3 Receptor Antagonists**		
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML	Non Preferred	PA; Product subject to max fills per month
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Non Preferred	PA; Product subject to max fills per month
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML	Non Preferred	PA; Product subject to max fills per month
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	Non Preferred	PA; Product subject to max fills per month
granisetron hcl oral tablet 1 mg	Non Preferred	PA; Product subject to max fills per month
ondansetron hcl +rfid injection solution 4 mg/2ml	Preferred	Product subject to max fills per month
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	Preferred	Product subject to max fills per month
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	Preferred	Product subject to max fills per month
ondansetron hcl oral solution 4 mg/5ml	Preferred	Product subject to max fills per month
ondansetron hcl oral tablet 4 mg, 8 mg	Preferred	Product subject to max fills per month
ondansetron oral tablet dispersible 16 mg	Non Preferred	PA; Product subject to max fills per month
ondansetron oral tablet dispersible 4 mg, 8 mg	Preferred	Product subject to max fills per month
palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml	Non Preferred	PA; Product subject to max fills per month
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	Non Preferred	PA; Product subject to max fills per month
Antiemetic Combinations**		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML	Preferred	PA; Product subject to max fills per month
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG	Preferred	PA; Product subject to max fills per month
AKYNZEO ORAL CAPSULE 300-0.5 MG	Non Preferred	PA; Product subject to max fills per month
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	Non Preferred	PA; Product subject to max fills per month
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
Antiemetics - Anticholinergic**		
ANTIVERT ORAL TABLET 50 MG	Preferred	Product subject to max fills per month
ANTIVERT ORAL TABLET CHEWABLE 25 MG	Non Preferred	PA; Product subject to max fills per month
DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE 25 MG	Preferred	Product subject to max fills per month
DRAMAMINE ORAL TABLET 25 MG	Preferred	Product subject to max fills per month
MEDI-MECLIZINE ORAL TABLET 25 MG	Preferred	Product subject to max fills per month
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	Non Preferred	PA; Product subject to max fills per month
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	Non Preferred	PA; QL (10 EA per 30 days); Product subject to max fills per month
WAL-DRAM II ORAL TABLET 25 MG	Preferred	Product subject to max fills per month
cvs motion sickness less drows oral tablet 25 mg	Preferred	Product subject to max fills per month
cvs motion sickness relief oral tablet chewable 25 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
dimenhydrinate injection solution 50 mg/ml	Non Preferred	PA; Product subject to max fills per month
eql motion sickness relief oral tablet 25 mg	Preferred	Product subject to max fills per month
gnp motion sickness relief oral tablet 25 mg	Preferred	Product subject to max fills per month
hm motion sickness relief oral tablet 25 mg	Preferred	Product subject to max fills per month
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Preferred	Product subject to max fills per month
meclizine hcl oral tablet chewable 25 mg	Preferred	Product subject to max fills per month
meclizine hcl tablet chewable 25 mg oral (rx)	Non Preferred	PA; Product subject to max fills per month
motion sickness relief oral tablet 25 mg	Preferred	Product subject to max fills per month
motion sickness relief oral tablet chewable 25 mg	Preferred	Product subject to max fills per month
motion-time oral tablet chewable 25 mg	Preferred	Product subject to max fills per month
ra motion sickness relief oral tablet chewable 25 mg	Preferred	Product subject to max fills per month
scopolamine transdermal patch 72 hour 1 mg/3days	Preferred	QL (10 EA per 30 days); Product subject to max fills per month
travel-ease oral tablet 25 mg	Preferred	Product subject to max fills per month
trimethobenzamide hcl oral capsule 300 mg	Preferred	Product subject to max fills per month
Antiemetics - Miscellaneous**		
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
SYNDROS ORAL SOLUTION 5 MG/ML	Non Preferred	PA; Product subject to max fills per month
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month

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Drug	Status	Notes
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML	Non Preferred	PA; Product subject to max fills per month
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML	Non Preferred	PA; Product subject to max fills per month
EMEND BIPACK ORAL CAPSULE 80 MG	Non Preferred	PA; Product subject to max fills per month
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Non Preferred	PA; Product subject to max fills per month
EMEND ORAL CAPSULE 80 MG	Non Preferred	PA; Product subject to max fills per month
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Non Preferred	PA; Product subject to max fills per month
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG	Non Preferred	PA; Product subject to max fills per month
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Non Preferred	PA; Product subject to max fills per month
aprepitant oral 80 & 125 mg	Non Preferred	PA; Product subject to max fills per month
aprepitant oral capsule 125 mg, 40 mg, 80 mg	Preferred	Product subject to max fills per month
aprepitant oral capsule 80 & 125 mg	Non Preferred	PA; Product subject to max fills per month
focinvez intravenous solution 150 mg/50ml	Non Preferred	PA; Product subject to max fills per month
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	Non Preferred	PA; Product subject to max fills per month
Antifungals		
Antifungal - Glucan Synthesis Inhibitors (Echinocandins)**		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG	Non Preferred	PA; Product subject to max fills per month
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Non Preferred	PA; Product subject to max fills per month
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	Preferred	PA; Product subject to max fills per month
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	Preferred	PA; Product subject to max fills per month
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	Preferred	PA; Product subject to max fills per month
micafungin sodium solution reconstituted 100 mg intravenous	Non Preferred	PA; Product subject to max fills per month
micafungin sodium solution reconstituted 50 mg intravenous	Non Preferred	PA; Product subject to max fills per month
micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%	Preferred	PA; Product subject to max fills per month
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)**		
BREXAFEMME ORAL TABLET 150 MG	Non Preferred	PA; Product subject to max fills per month
Antifungals**		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Preferred	PA; Product subject to max fills per month
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	Non Preferred	PA; Product subject to max fills per month
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Non Preferred	PA; Product subject to max fills per month
amphotericin b intravenous solution reconstituted 50 mg	Preferred	PA; Product subject to max fills per month
amphotericin b liposome intravenous suspension reconstituted 50 mg	Preferred	PA; Product subject to max fills per month
flucytosine oral capsule 250 mg, 500 mg	Non Preferred	PA; Product subject to max fills per month
fulvicin p/g 165 oral tablet 165 mg	Non Preferred	PA; Product subject to max fills per month
griseofulvin microsize oral suspension 125 mg/5ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
griseofulvin microsize oral tablet 500 mg	Non Preferred	PA; Product subject to max fills per month
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	Non Preferred	PA; Product subject to max fills per month
nystatin oral tablet 500000 unit	Preferred	Product subject to max fills per month
terbinafine hcl oral tablet 250 mg	Preferred	Product subject to max fills per month
Imidazoles**		
ketoconazole oral tablet 200 mg	Non Preferred	PA; Product subject to max fills per month
Tetrazoles**		
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Non Preferred	PA; Product subject to max fills per month
Triazoles**		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	Preferred	PA; Product subject to max fills per month
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Non Preferred	PA; Product subject to max fills per month
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Non Preferred	PA; Product subject to max fills per month
DIFLUCAN ORAL TABLET 100 MG, 200 MG	Non Preferred	PA; Product subject to max fills per month
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML	Non Preferred	PA; Product subject to max fills per month
NOXAFIL ORAL PACKET 300 MG	Non Preferred	PA; Product subject to max fills per month
NOXAFIL ORAL SUSPENSION 40 MG/ML	Non Preferred	PA; Product subject to max fills per month
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	Non Preferred	PA; Product subject to max fills per month
SPORANOX ORAL CAPSULE 100 MG	Non Preferred	PA; Product subject to max fills per month
SPORANOX ORAL SOLUTION 10 MG/ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	Non Preferred	PA; Product subject to max fills per month
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Non Preferred	PA; Product subject to max fills per month
VFEND ORAL TABLET 200 MG, 50 MG	Non Preferred	PA; Product subject to max fills per month
fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	Preferred	PA; Product subject to max fills per month
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Preferred	Product subject to max fills per month
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Preferred	Product subject to max fills per month
itraconazole oral capsule 100 mg	Non Preferred	PA; Product subject to max fills per month
itraconazole oral solution 10 mg/ml	Non Preferred	PA; Product subject to max fills per month
posaconazole intravenous solution 300 mg/16.7ml	Preferred	PA; Product subject to max fills per month
posaconazole oral suspension 40 mg/ml	Non Preferred	PA; Product subject to max fills per month
posaconazole oral tablet delayed release 100 mg	Non Preferred	PA; Product subject to max fills per month
tolsura oral capsule 65 mg	Non Preferred	PA; Product subject to max fills per month
voriconazole intravenous solution reconstituted 200 mg	Preferred	PA; Product subject to max fills per month
voriconazole oral suspension reconstituted 40 mg/ml	Non Preferred	PA; Product subject to max fills per month
voriconazole oral tablet 200 mg, 50 mg	Non Preferred	PA; Product subject to max fills per month
Antihistamines		
Antihistamines - Alkylamines**		
RYCLORA ORAL SOLUTION 2 MG/5ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
WAL-FINATE ORAL TABLET 4 MG	Preferred	Product subject to max fills per month
aller-chlor oral tablet 4 mg	Preferred	Product subject to max fills per month
allergy oral tablet 4 mg	Preferred	Product subject to max fills per month
allergy relief oral tablet 4 mg	Preferred	Product subject to max fills per month
allergy-time oral tablet 4 mg	Preferred	Product subject to max fills per month
chlorhist oral tablet 4 mg	Preferred	Product subject to max fills per month
chlorphen oral tablet 4 mg	Preferred	Product subject to max fills per month
chlorpheniramine maleate oral tablet 4 mg	Preferred	Product subject to max fills per month
cvs allergy relief oral tablet 4 mg	Preferred	Product subject to max fills per month
dexchlorpheniramine maleate oral solution 2 mg/5ml	Non Preferred	PA; Product subject to max fills per month
gnp allergy relief oral tablet 4 mg	Preferred	Product subject to max fills per month
hm allergy relief oral tablet 4 mg	Preferred	Product subject to max fills per month
pharbechlor oral tablet 4 mg	Preferred	Product subject to max fills per month
qc allergy relief oral tablet 4 mg	Preferred	Product subject to max fills per month
ra allergy relief oral tablet 4 mg	Preferred	Product subject to max fills per month
ra chlorpheniramine maleate oral tablet 4 mg	Preferred	Product subject to max fills per month
Antihistamines - Ethanolamines**		
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	Preferred	Product subject to max fills per month

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Drug	Status	Notes
BANOPHEN ORAL TABLET 25 MG	Preferred	Product subject to max fills per month
CLEMASZ ORAL TABLET 2.68 MG	Non Preferred	PA; Product subject to max fills per month
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	Non Preferred	PA; Product subject to max fills per month
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML	Preferred	Product subject to max fills per month
NARAMIN ORAL LIQUID 12.5 MG/5ML	Preferred	Product subject to max fills per month
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	Preferred	Product subject to max fills per month
RYVENT ORAL TABLET 6 MG	Non Preferred	PA; Product subject to max fills per month
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	Preferred	Product subject to max fills per month
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG	Preferred	Product subject to max fills per month
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	Preferred	Product subject to max fills per month
WAL-DRYL ALLERGY ORAL TABLET 25 MG	Preferred	Product subject to max fills per month
aler-cap oral capsule 25 mg	Preferred	Product subject to max fills per month
allergy childrens oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
allergy oral capsule 25 mg	Preferred	Product subject to max fills per month
allergy oral tablet 25 mg	Preferred	Product subject to max fills per month
allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
allergy relief oral capsule 25 mg	Preferred	Product subject to max fills per month
allergy relief oral tablet 25 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
carbinoxamine maleate er oral suspension extended release 4 mg/5ml	Non Preferred	PA; Product subject to max fills per month
carbinoxamine maleate oral solution 4 mg/5ml	Non Preferred	PA; Product subject to max fills per month
carbinoxamine maleate oral tablet 4 mg	Non Preferred	PA; Product subject to max fills per month
clemastine fumarate oral syrup 0.67 mg/5ml	Non Preferred	PA; Product subject to max fills per month
clemastine fumarate oral tablet 2.68 mg	Non Preferred	PA; Product subject to max fills per month
complete allergy medicine oral capsule 25 mg	Preferred	Product subject to max fills per month
complete allergy relief oral tablet 25 mg	Preferred	Product subject to max fills per month
cvs allergy relief adult oral liquid 50 mg/20ml	Preferred	Product subject to max fills per month
cvs allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
cvs allergy relief oral capsule 25 mg	Preferred	Product subject to max fills per month
cvs allergy relief oral tablet 25 mg	Preferred	Product subject to max fills per month
cvs childrens allergy oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
diphen oral elixir 12.5 mg/5ml	Non Preferred	PA; Product subject to max fills per month
di-phen oral elixir 12.5 mg/5ml	Non Preferred	PA; Product subject to max fills per month
diphen oral tablet 25 mg	Preferred	Product subject to max fills per month
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
diphenhydramine hcl injection solution 50 mg/ml	Preferred	PA; Product subject to max fills per month
diphenhydramine hcl oral capsule 25 mg, 50 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
diphenhydramine hcl oral elixir 12.5 mg/5ml	Preferred	Product subject to max fills per month
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	Preferred	Product subject to max fills per month
diphenhydramine hcl oral tablet 25 mg	Preferred	Product subject to max fills per month
eq allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
eq allergy relief oral capsule 25 mg	Preferred	Product subject to max fills per month
eq allergy relief oral tablet 25 mg	Preferred	Product subject to max fills per month
eql allergy relief oral tablet 25 mg	Preferred	Product subject to max fills per month
eql childrens allergy oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
geri-dryl oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
geri-dryl oral tablet 25 mg	Preferred	Product subject to max fills per month
gnp allergy antihistamine oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
gnp allergy childrens oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
gnp allergy oral capsule 25 mg	Preferred	Product subject to max fills per month
gnp allergy oral tablet 25 mg	Preferred	Product subject to max fills per month
gnp allergy relief max st oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
gnp allergy relief oral capsule 25 mg	Preferred	Product subject to max fills per month
gnp allergy relief oral tablet 25 mg	Preferred	Product subject to max fills per month
gnp childrens allergy oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
goodsense allergy relief oral tablet 25 mg	Preferred	Product subject to max fills per month
hm allergy relief oral capsule 25 mg	Preferred	Product subject to max fills per month
hm allergy relief oral tablet 25 mg	Preferred	Product subject to max fills per month
kls allergy medicine oral tablet 25 mg	Preferred	Product subject to max fills per month
liquid allergy relief oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
m-dryl oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
pharbedryl oral capsule 25 mg, 50 mg	Preferred	Product subject to max fills per month
px allergy oral capsule 25 mg	Preferred	Product subject to max fills per month
px allergy oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
px allergy oral tablet 25 mg	Preferred	Product subject to max fills per month
qc allergy childrens oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
qc allergy relief oral capsule 25 mg	Preferred	Product subject to max fills per month
ra allergy medication oral capsule 25 mg	Preferred	Product subject to max fills per month
ra allergy medication oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
ra allergy medication oral tablet 25 mg	Preferred	Product subject to max fills per month
ra allergy oral tablet 25 mg	Preferred	Product subject to max fills per month
ra allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	Product subject to max fills per month
ra allergy relief oral capsule 25 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
ra complete allergy oral tablet 25 mg	Preferred	Product subject to max fills per month
total allergy oral tablet 25 mg	Preferred	Product subject to max fills per month
Antihistamines - Non-Sedating**		
CLARINEX ORAL TABLET 5 MG	Non Preferred	PA; Product subject to max fills per month
KLS ALLERCLEAR ORAL TABLET 10 MG	Preferred	Product subject to max fills per month
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML	Preferred	Product subject to max fills per month
KLS ALLER-TEC ORAL TABLET 10 MG	Preferred	Product subject to max fills per month
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML	Preferred	Product subject to max fills per month
WAL-ITIN ORAL SOLUTION 5 MG/5ML	Preferred	Product subject to max fills per month
WAL-ITIN ORAL TABLET 10 MG	Preferred	Product subject to max fills per month
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML	Preferred	Product subject to max fills per month
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML	Preferred	Product subject to max fills per month
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML	Preferred	Product subject to max fills per month
WAL-ZYR ORAL TABLET 10 MG	Preferred	Product subject to max fills per month
all day allergy childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
all day allergy oral tablet 10 mg	Preferred	Product subject to max fills per month
all-day allergy childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
allergy (cetirizine) oral tablet 10 mg	Preferred	Product subject to max fills per month

AGE - Age Limit **AGE*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days
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QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy
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Drug	Status	Notes
allergy 24hour indoor/outdoor oral tablet 10 mg	Preferred	Product subject to max fills per month
allergy childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
allergy rel child (loratadine) oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
allergy relief (cetirizine) oral tablet 10 mg	Preferred	Product subject to max fills per month
allergy relief (loratadine) oral tablet 10 mg	Preferred	Product subject to max fills per month
allergy relief 24-hr oral tablet 10 mg	Preferred	Product subject to max fills per month
allergy relief cetirizine oral tablet 10 mg, 5 mg	Preferred	Product subject to max fills per month
allergy relief childrens oral solution 1 mg/ml	Preferred	Product subject to max fills per month
allergy relief oral tablet 10 mg	Preferred	Product subject to max fills per month
allergy relief/indoor/outdoor oral tablet 10 mg	Preferred	Product subject to max fills per month
cetirizine hcl allergy child oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
cetirizine hcl childrens alrgy oral solution 1 mg/ml	Preferred	Product subject to max fills per month
cetirizine hcl childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	Preferred	Product subject to max fills per month
cetirizine hcl oral tablet 10 mg, 5 mg	Preferred	Product subject to max fills per month
childrens 24 hour allergy oral solution 1 mg/ml	Preferred	Product subject to max fills per month
childrens loratadine oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
cvs allergy childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
cvs allergy relief childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
cvs allergy relief(cetirizine) oral tablet 10 mg	Preferred	Product subject to max fills per month
cvs indoor/outdoor allergy rlf oral tablet 10 mg	Preferred	Product subject to max fills per month
desloratadine oral tablet 5 mg	Non Preferred	PA; Product subject to max fills per month
desloratadine oral tablet dispersible 2.5 mg, 5 mg	Non Preferred	PA; Product subject to max fills per month
eq all day allergy relief oral tablet 10 mg	Preferred	Product subject to max fills per month
eq allerg relief child (cetir) oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
eq allerg relief child (lorat) oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
eq allergy childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
eq allergy relief (cetirizine) oral solution 1 mg/ml	Preferred	Product subject to max fills per month
eq allergy relief (cetirizine) oral tablet 10 mg	Preferred	Product subject to max fills per month
eq allergy relief oral tablet 10 mg	Preferred	Product subject to max fills per month
eql all day allergy oral tablet 10 mg	Preferred	Product subject to max fills per month
eql allergy relief oral tablet 10 mg	Preferred	Product subject to max fills per month
gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	Preferred	Product subject to max fills per month
gnp all day allergy oral tablet 10 mg	Preferred	Product subject to max fills per month
gnp loratadine childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
gnp loratadine oral solution 5 mg/5ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
gnp loratadine oral tablet 10 mg	Preferred	Product subject to max fills per month
goodsense all day allergy oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
goodsense all day allergy oral tablet 10 mg	Preferred	Product subject to max fills per month
goodsense allergy relief child oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
goodsense allergy relief oral tablet 10 mg	Preferred	Product subject to max fills per month
goodsense loratadine oral tablet 10 mg	Preferred	Product subject to max fills per month
hm all day allergy childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
hm all day allergy oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
hm allergy relief (cetirizine) oral tablet 10 mg	Preferred	Product subject to max fills per month
hm cetirizine hcl oral tablet 10 mg	Preferred	Product subject to max fills per month
hm loratadine oral tablet 10 mg	Preferred	Product subject to max fills per month
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Non Preferred	PA; Product subject to max fills per month
levocetirizine dihydrochloride oral tablet 5 mg	Non Preferred	PA; Product subject to max fills per month
loradamed oral tablet 10 mg	Preferred	Product subject to max fills per month
loratadine childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
loratadine oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
loratadine oral tablet 10 mg	Preferred	Product subject to max fills per month
mm cetirizine hcl oral tablet 10 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
px allergy relief cetirizine oral tablet 10 mg	Preferred	Product subject to max fills per month
px allergy relief loratadine oral tablet 10 mg	Preferred	Product subject to max fills per month
px childrens allergy oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
qc loratadine allergy relief oral tablet 10 mg	Preferred	Product subject to max fills per month
ra allergy relief (cetirizine) oral tablet 10 mg	Preferred	Product subject to max fills per month
ra allergy relief (loratadine) oral tablet 10 mg	Preferred	Product subject to max fills per month
ra allergy relief childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
sm allergy childrens oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
sm loratadine oral solution 5 mg/5ml	Preferred	Product subject to max fills per month
Antihistamines - Phenothiazines**		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non Preferred	PA; Product subject to max fills per month
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Non Preferred	PA; AGE (Min 2 Years); Product subject to max fills per month
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	Non Preferred	PA; Product subject to max fills per month
promethazine hcl oral solution 12.5 mg/10ml	Preferred	Product subject to max fills per month
promethazine hcl oral solution 6.25 mg/5ml	Preferred	AGE (Min 2 Years); Product subject to max fills per month
promethazine hcl oral syrup 6.25 mg/5ml	Preferred	Product subject to max fills per month
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Preferred	AGE (Min 2 Years); Product subject to max fills per month
promethazine hcl rectal suppository 12.5 mg, 25 mg	Preferred	AGE (Min 2 Years); Product subject to max fills per month

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Drug	Status	Notes
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml	Preferred	Product subject to max fills per month
cyproheptadine hcl oral tablet 4 mg	Preferred	Product subject to max fills per month
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**		
NEXLIZET ORAL TABLET 180-10 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**		
NEXLETOL ORAL TABLET 180 MG	Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Angiopoietin-Like Protein 3 (Angptl3) Inhibitors**		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML	Carve Out	
Antihyperlipidemics - Misc.**		
LOVAZA ORAL CAPSULE 1 GM	Non Preferred	PA; QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
VASCEPA ORAL CAPSULE 0.5 GM	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
VASCEPA ORAL CAPSULE 1 GM	Non Preferred	PA; QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
icosapent ethyl oral capsule 0.5 gm	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
icosapent ethyl oral capsule 1 gm	Non Preferred	PA; QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
omega-3-acid ethyl esters oral capsule 1 gm	Non Preferred	PA; QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
Bile Acid Sequestrants**		
COLESTID ORAL GRANULES 5 GM	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
COLESTID ORAL TABLET 1 GM	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PREVALITE ORAL PACKET 4 GM	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PREVALITE ORAL POWDER 4 GM/DOSE	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
QUESTRAN ORAL PACKET 4 GM	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
QUESTRAN ORAL POWDER 4 GM/DOSE	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
WELCHOL ORAL PACKET 3.75 GM	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
WELCHOL ORAL TABLET 625 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
cholestyramine light oral packet 4 gm	Preferred	DS (90 DS); Product subject to max fills per month
cholestyramine light oral powder 4 gm/dose	Preferred	DS (90 DS); Product subject to max fills per month
cholestyramine oral packet 4 gm	Preferred	DS (90 DS); Product subject to max fills per month
cholestyramine oral powder 4 gm/dose	Preferred	DS (90 DS); Product subject to max fills per month
colesevelam hcl oral packet 3.75 gm	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
colesevelam hcl oral tablet 625 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
colestipol hcl oral granules 5 gm	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
colestipol hcl oral packet 5 gm	Preferred	DS (90 DS); Product subject to max fills per month
colestipol hcl oral tablet 1 gm	Preferred	DS (90 DS); Product subject to max fills per month
Fibric Acid Derivatives**		
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
FIBRICOR ORAL TABLET 105 MG, 35 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LOPID ORAL TABLET 600 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TRICOR ORAL TABLET 145 MG, 48 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
fenofibrate oral capsule 150 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	Preferred	DS (90 DS); Product subject to max fills per month
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
fenofibric acid oral tablet 105 mg, 35 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
gemfibrozil oral tablet 600 mg	Preferred	DS (90 DS); Product subject to max fills per month
Hmg Coa Reductase Inhibitors**		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Non Preferred	PA; QL (1 ML per 1 day); DS (90 DS); Product subject to max fills per month
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
fluvastatin sodium oral capsule 20 mg, 40 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Preferred	DS (90 DS); Product subject to max fills per month
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**		
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Intestinal Cholesterol Absorption Inhibitors**		
ZETIA ORAL TABLET 10 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
ezetimibe oral tablet 10 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Microsomal Triglyceride Transfer Protein Inhibitors**		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Nicotinic Acid Derivatives**		
NIACOR ORAL TABLET 500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
niacin (antihyperlipidemic) oral tablet 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Pcsk9 Inhibitors**		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Non Preferred	PA; QL (2 ML per 28 days); NOTES (EA); Product subject to max fills per month
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Preferred	PA; QL (7 ML per 28 days); NOTES (EA); Product subject to max fills per month
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Preferred	PA; QL (2 ML per 28 days); NOTES (EA); Product subject to max fills per month
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Preferred	PA; QL (7 ML per 28 days); NOTES (EA); Product subject to max fills per month
Small Interfering Rna (Sirna) Pcsk9 Inhibitors**		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Non Preferred	PA; QL (4.5 ML per 365 days); NOTES (EA); Product subject to max fills per month
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Preferred	DS (90 DS); Product subject to max fills per month
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Ace Inhibitors & Thiazide/Thiazide-Like**		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
VASERETIC ORAL TABLET 10-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Preferred	DS (90 DS); Product subject to max fills per month
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Preferred	DS (90 DS); Product subject to max fills per month
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Preferred	DS (90 DS); Product subject to max fills per month
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Preferred	DS (90 DS); Product subject to max fills per month
Ace Inhibitors**		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EPANED ORAL SOLUTION 1 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
QBRELIS ORAL SOLUTION 1 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
enalapril maleate oral solution 1 mg/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
enalaprilat intravenous solution 1.25 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Preferred	DS (90 DS); Product subject to max fills per month
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
moexipril hcl oral tablet 15 mg, 7.5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Adrenolytics-Central & Thiazide/Thiazide-Like Comb**		
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Preferred	DS (90 DS); Product subject to max fills per month
Agents For Pheochromocytoma**		
DEMSER ORAL CAPSULE 250 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DIBENZYLINE ORAL CAPSULE 10 MG	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
metyrosine oral capsule 250 mg	Preferred	DS (90 DS); Product subject to max fills per month
phenoxybenzamine hcl oral capsule 10 mg	Preferred	NOTES (EA); Product subject to max fills per month

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Drug	Status	Notes
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Preferred	DS (90 DS); Product subject to max fills per month
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Preferred	DS (90 DS); Product subject to max fills per month
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Angiotensin Ii Receptor Antagonists**		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EDARBI ORAL TABLET 40 MG, 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month
valsartan oral solution 4 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**		
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Antiadrenergics - Centrally Acting**		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	Preferred	PA; NOTES (AGE*; EA); DS (90 DS); Product subject to max fills per month
clonidine er oral tablet extended release 24 hour 0.17 mg	Preferred	PA; NOTES (AGE*; EA); DS (90 DS); Product subject to max fills per month
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Preferred	NOTES (AGE*; EA); DS (90 DS); Product subject to max fills per month
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Preferred	NOTES (AGE*; EA); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
guanfacine hcl oral tablet 1 mg, 2 mg	Preferred	NOTES (AGE*; EA); DS (90 DS); Product subject to max fills per month
methyldopa oral tablet 250 mg, 500 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
Antiadrenergics - Peripherally Acting**		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
TEZRULY ORAL SOLUTION 1 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
Antihypertensives - Misc.**		
VECAMYL ORAL TABLET 2.5 MG	Preferred	PA; QL (10 EA per 1 day); Product subject to max fills per month
Beta Blocker & Diuretic Combinations**		
TENORETIC 100 ORAL TABLET 100-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TENORETIC 50 ORAL TABLET 50-25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Preferred	DS (90 DS); Product subject to max fills per month
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Preferred	DS (90 DS); Product subject to max fills per month
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	Preferred	DS (90 DS); Product subject to max fills per month
Direct Renin Inhibitors**		
TEKTURNA ORAL TABLET 150 MG, 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
aliskiren fumarate oral tablet 150 mg, 300 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Endothelin Receptor Antagonists**		
TRYVIO ORAL TABLET 12.5 MG	Preferred	PA; DS (90 DS); Product subject to max fills per month
Selective Aldosterone Receptor Antagonists (Saras)**		
INSPRA ORAL TABLET 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
eplerenone oral tablet 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Vasodilators**		
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	Preferred	PA; DS (90 DS); Product subject to max fills per month
hydralazine hcl injection solution 20 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
minoxidil oral tablet 10 mg, 2.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
nitroprusside sodium intravenous solution 25 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
nitroprusside sodium-nacl intravenous solution 20-0.9 mg/100ml-%, 50-0.9 mg/100ml-%	Preferred	PA; DS (90 DS); Product subject to max fills per month
sodium nitroprusside intravenous solution 25 mg/ml, 50 mg/2ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.**		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	Preferred	Product subject to max fills per month

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Drug	Status	Notes
FLAGYL ORAL CAPSULE 375 MG	Non Preferred	PA; Product subject to max fills per month
IMPAVIDO ORAL CAPSULE 50 MG	Preferred	QL (3 EA per 1 day); Product subject to max fills per month
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Non Preferred	PA; Product subject to max fills per month
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	Preferred	PA; Product subject to max fills per month
PRIMSOL ORAL SOLUTION 50 MG/5ML	Preferred	Product subject to max fills per month
XIFAXAN ORAL TABLET 200 MG, 550 MG	Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
metronidazole oral capsule 375 mg	Non Preferred	PA; Product subject to max fills per month
metronidazole oral tablet 125 mg	Non Preferred	PA; Product subject to max fills per month
metronidazole oral tablet 250 mg, 500 mg	Preferred	Product subject to max fills per month
pentamidine isethionate inhalation solution reconstituted 300 mg	Preferred	PA; Product subject to max fills per month
tinidazole oral tablet 250 mg, 500 mg	Preferred	Product subject to max fills per month
trimethoprim oral tablet 100 mg	Preferred	Product subject to max fills per month
Anti-Infective Misc. - Combinations**		
BACTRIM DS ORAL TABLET 800-160 MG	Non Preferred	PA; Product subject to max fills per month
BACTRIM ORAL TABLET 400-80 MG	Non Preferred	PA; Product subject to max fills per month
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Non Preferred	PA; Product subject to max fills per month
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	Preferred	PA; Product subject to max fills per month
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Preferred	Product subject to max fills per month
Antiprotozoal Agents**		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Non Preferred	PA; Product subject to max fills per month
ALINIA ORAL TABLET 500 MG	Non Preferred	PA; Product subject to max fills per month
LAMPIT ORAL TABLET 120 MG, 30 MG	Preferred	PA; Product subject to max fills per month
MEPRON ORAL SUSPENSION 750 MG/5ML	Non Preferred	PA; Product subject to max fills per month
atovaquone oral suspension 750 mg/5ml	Preferred	Product subject to max fills per month
nitazoxanide oral tablet 500 mg	Non Preferred	PA; Product subject to max fills per month
Beta-Lactamase Inhibitor - Combinations*		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED 1-1 GM	Preferred	PA; Product subject to max fills per month
Glycopeptides**		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	Preferred	Product subject to max fills per month
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	Non Preferred	PA; Product subject to max fills per month
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	Non Preferred	PA; Product subject to max fills per month
vancomycin hcl intravenous solution reconstituted 1.75 gm, 2 gm	Preferred	PA; Product subject to max fills per month
vancomycin hcl oral capsule 125 mg, 250 mg	Preferred	Product subject to max fills per month
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	Preferred	Product subject to max fills per month
Leprostatics**		
dapsone oral tablet 100 mg, 25 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Lincosamides**		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG	Non Preferred	PA; Product subject to max fills per month
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML	Non Preferred	PA; Product subject to max fills per month
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Preferred	Product subject to max fills per month
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Preferred	Product subject to max fills per month
Monobactams**		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Preferred	PA; QL (3 ML per 1 day); Product subject to max fills per month
Oxazolidinones**		
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	Preferred	PA; Product subject to max fills per month
SIVEXTRO ORAL TABLET 200 MG	Non Preferred	PA; Product subject to max fills per month
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML	Preferred	PA; Product subject to max fills per month
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Non Preferred	PA; Product subject to max fills per month
ZYVOX ORAL TABLET 600 MG	Non Preferred	PA; Product subject to max fills per month
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	Preferred	PA; Product subject to max fills per month
linezolid intravenous solution 600 mg/300ml	Preferred	PA; Product subject to max fills per month
linezolid oral suspension reconstituted 100 mg/5ml	Preferred	Product subject to max fills per month
linezolid oral tablet 600 mg	Preferred	Product subject to max fills per month
Pleuromutilins**		
XENLETA ORAL TABLET 600 MG	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
Urinary Anti-Infectives**		
MACROBID ORAL CAPSULE 100 MG	Non Preferred	PA; Product subject to max fills per month
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	Non Preferred	PA; Product subject to max fills per month
fosfomycin tromethamine oral packet 3 gm	Non Preferred	PA; Product subject to max fills per month
methenamine hippurate oral tablet 1 gm	Preferred	Product subject to max fills per month
methenamine mandelate oral tablet 0.5 gm, 1 gm	Preferred	Product subject to max fills per month
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Preferred	Product subject to max fills per month
nitrofurantoin macrocrystal oral capsule 25 mg	Non Preferred	PA; Product subject to max fills per month
nitrofurantoin monohyd macro oral capsule 100 mg	Preferred	Product subject to max fills per month
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	Preferred	Product subject to max fills per month
Urinary Antiseptic-Antispasmodic &/Or Analgesics**		
URELLE ORAL TABLET 81 MG	Non Preferred	PA; Product subject to max fills per month
URETRON D/S ORAL TABLET 81.6 MG	Non Preferred	PA; Product subject to max fills per month
URIBEL ORAL CAPSULE 118 MG	Non Preferred	PA; Product subject to max fills per month
URIBEL ORAL TABLET 81.6 MG	Non Preferred	PA; Product subject to max fills per month
URIMAR-T ORAL CAPSULE 120 MG	Non Preferred	PA; Product subject to max fills per month
URIMAR-T ORAL TABLET 120 MG	Non Preferred	PA; Product subject to max fills per month
UROGESIC-BLUE ORAL TABLET 81.6 MG	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
mb caps oral capsule 120 mg	Non Preferred	PA; Product subject to max fills per month
me/naphos/mb/hyo1 oral tablet 81.6 mg	Non Preferred	PA; Product subject to max fills per month
urneva oral capsule 120 mg	Non Preferred	PA; Product subject to max fills per month
uro-458 oral tablet 81 mg	Non Preferred	PA; Product subject to max fills per month
uro-mp oral capsule 118 mg	Non Preferred	PA; Product subject to max fills per month
uro-sp oral capsule 118 mg	Non Preferred	PA; Product subject to max fills per month
Antimalarials		
Antimalarial Combinations**		
COARTEM ORAL TABLET 20-120 MG	Preferred	Product subject to max fills per month
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG	Non Preferred	PA; Product subject to max fills per month
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Preferred	Product subject to max fills per month
Antimalarials**		
ARAKODA ORAL TABLET 100 MG	Non Preferred	PA; Product subject to max fills per month
DARAPRIM ORAL TABLET 25 MG	Carve Out	
KRINTAFEL ORAL TABLET 150 MG	Non Preferred	PA; Product subject to max fills per month
PLAQUENIL ORAL TABLET 200 MG	Non Preferred	PA; DS (Max days supply of 60); Product subject to max fills per month
QUALAQUIN ORAL CAPSULE 324 MG	Non Preferred	PA; Product subject to max fills per month
SOVUNA ORAL TABLET 200 MG, 300 MG	Non Preferred	PA; DS (Max days supply of 60); Product subject to max fills per month
chloroquine phosphate oral tablet 250 mg, 500 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Preferred	DS (Max days supply of 60); Product subject to max fills per month
mefloquine hcl oral tablet 250 mg	Preferred	Product subject to max fills per month
primaquine phosphate oral tablet 26.3 (15 base) mg	Preferred	Product subject to max fills per month
pyrimethamine oral tablet 25 mg	Carve Out	
quinine sulfate oral capsule 324 mg	Preferred	Product subject to max fills per month
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents**		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
FIRDAPSE ORAL TABLET 10 MG	Carve Out	
MESTINON ORAL SOLUTION 60 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
MESTINON ORAL TABLET 60 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	Preferred	PA; DS (90 DS); Product subject to max fills per month
neostigmine methylsulfate intravenous solution 10 mg/10ml, 3 mg/3ml, 5 mg/10ml, 5 mg/5ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
neostigmine methylsulfate intravenous solution prefilled syringe 2 mg/2ml, 3 mg/3ml, 4 mg/4ml, 5 mg/5ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
neostigmine methylsulfate rfid intravenous solution 10 mg/10ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
neostigmine methylsulfate rfid intravenous solution prefilled syringe 3 mg/3ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
pyridostigmine bromide er oral tablet extended release 180 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
pyridostigmine bromide oral solution 60 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
pyridostigmine bromide oral tablet 30 mg, 60 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antimycobacterial Agents		
Antimycobacterial Agents**		
MYAMBUTOL ORAL TABLET 400 MG	Non Preferred	PA; Product subject to max fills per month
MYCOBUTIN ORAL CAPSULE 150 MG	Non Preferred	PA; Product subject to max fills per month
PASER ORAL PACKET 4 GM	Preferred	Product subject to max fills per month
PRIFTIN ORAL TABLET 150 MG	Preferred	Product subject to max fills per month
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG	Preferred	PA; Product subject to max fills per month
SIRTURO ORAL TABLET 100 MG, 20 MG	Preferred	Product subject to max fills per month
TRECATOR ORAL TABLET 250 MG	Preferred	Product subject to max fills per month
cycloserine oral capsule 250 mg	Preferred	Product subject to max fills per month
ethambutol hcl oral tablet 100 mg, 400 mg	Preferred	Product subject to max fills per month
isoniazid injection solution 100 mg/ml	Preferred	PA; Product subject to max fills per month
isoniazid oral syrup 50 mg/5ml	Preferred	Product subject to max fills per month
isoniazid oral tablet 100 mg, 300 mg	Preferred	Product subject to max fills per month
pretomanid oral tablet 200 mg	Preferred	Product subject to max fills per month
pyrazinamide oral tablet 500 mg	Preferred	Product subject to max fills per month
rifabutin oral capsule 150 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
rifampin intravenous solution reconstituted 600 mg	Preferred	PA; Product subject to max fills per month
rifampin oral capsule 150 mg, 300 mg	Preferred	Product subject to max fills per month
Antineoplastics And Adjunctive Therapies		
Alkylating Agents**		
MYLERAN ORAL TABLET 2 MG	Preferred	PA; Product subject to max fills per month
Androgen Biosynthesis Inhibitors**		
ABIRTEGA ORAL TABLET 250 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
YONSA ORAL TABLET 125 MG	Non Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
ZYTIGA ORAL TABLET 250 MG	Non Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
ZYTIGA ORAL TABLET 500 MG	Non Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
abiraterone acetate oral tablet 250 mg	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
abiraterone acetate oral tablet 500 mg	Non Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
Antiadrenals**		
LYSODREN ORAL TABLET 500 MG	Preferred	PA; AHE*; Product subject to max fills per month
Antiandrogens**		
CASODEX ORAL TABLET 50 MG	Non Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month

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Drug	Status	Notes
ERLEADA ORAL TABLET 240 MG, 60 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
EULEXIN ORAL CAPSULE 125 MG	Preferred	QL (6 EA per 1 day); AHE*; Product subject to max fills per month
NILANDRON ORAL TABLET 150 MG	Non Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
NUBEQA ORAL TABLET 300 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
XTANDI ORAL CAPSULE 40 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
XTANDI ORAL TABLET 40 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
XTANDI ORAL TABLET 80 MG	Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
bicalutamide oral tablet 50 mg	Preferred	QL (1 EA per 1 day); AHE*; Product subject to max fills per month
nilutamide oral tablet 150 mg	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
Antiestrogens**		
FARESTON ORAL TABLET 60 MG	Non Preferred	PA; AHE*; Product subject to max fills per month
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Non Preferred	PA; AHE*; Product subject to max fills per month
tamoxifen citrate oral tablet 10 mg, 20 mg	Preferred	AHE*; Product subject to max fills per month
toremifene citrate oral tablet 60 mg	Non Preferred	PA; AHE*; Product subject to max fills per month

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Drug	Status	Notes
Antimetabolites**		
JYLAMVO ORAL SOLUTION 2 MG/ML	Non Preferred	PA; Product subject to max fills per month
ONUREG ORAL TABLET 200 MG, 300 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Preferred	AHE*; Product subject to max fills per month
TABLOID ORAL TABLET 40 MG	Preferred	PA; AHE*; Product subject to max fills per month
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Preferred	Product subject to max fills per month
XATMEP ORAL SOLUTION 2.5 MG/ML	Preferred	Product subject to max fills per month
XELODA ORAL TABLET 150 MG, 500 MG	Non Preferred	PA; AHE*; Product subject to max fills per month
capecitabine oral tablet 150 mg, 500 mg	Preferred	PA; AHE*; Product subject to max fills per month
mercaptopurine oral suspension 2000 mg/100ml	Preferred	Product subject to max fills per month
mercaptopurine oral tablet 50 mg	Preferred	AHE*; Product subject to max fills per month
methotrexate intravenous solution 1000 mg/40ml	Preferred	Product subject to max fills per month
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 50 mg/2ml	Preferred	Product subject to max fills per month
methotrexate sodium (pf) injection solution 250 mg/10ml	Preferred	NOTES (1 vial per month); Product subject to max fills per month
methotrexate sodium injection solution 250 mg/10ml	Preferred	NOTES (1 vial per month); Product subject to max fills per month
methotrexate sodium injection solution 50 mg/2ml	Preferred	Product subject to max fills per month
methotrexate sodium injection solution reconstituted 1 gm	Preferred	Product subject to max fills per month

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Drug	Status	Notes
methotrexate sodium oral tablet 2.5 mg	Preferred	Product subject to max fills per month
Antineoplastic - Akt Inhibitors**		
TRUQAP ORAL TABLET 160 MG, 200 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
Antineoplastic - Alk Inhibitors**		
ALECENSA ORAL CAPSULE 150 MG	Preferred	PA; QL (8 EA per 1 day); SP; AHE*; Product subject to max fills per month
ALUNBRIG ORAL TABLET 30 MG	Preferred	PA; AHE*; Product subject to max fills per month
LORBRENA ORAL TABLET 100 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
LORBRENA ORAL TABLET 25 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
XALKORI ORAL CAPSULE 200 MG, 250 MG	Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
ZYKADIA ORAL TABLET 150 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
Antineoplastic - Allogeneic Cellular Immunotherapy**		
OMISIRGE INTRAVENOUS SUSPENSION	Carve Out	
Antineoplastic - Anti-Her2 Agents**		
TUKYSA ORAL TABLET 150 MG, 50 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month

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Drug	Status	Notes
Antineoplastic - Autologous Cellular Immunotherapy**		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS	Carve Out	
AUCATZYL INTRAVENOUS SUSPENSION 410000000 CELLS	Carve Out	
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML	Carve Out	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS	Carve Out	
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS	Carve Out	
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS	Carve Out	
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS, 200000000 CELLS	Carve Out	
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS	Carve Out	
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS	Carve Out	
Antineoplastic - Bcl-2 Inhibitors**		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Preferred	PA; AHE*; Product subject to max fills per month
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Preferred	PA; AHE*; Product subject to max fills per month
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Preferred	PA; QL (6 EA per 1 day); SP; AHE*; Product subject to max fills per month
BOSULIF ORAL TABLET 400 MG, 500 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
DANZITEN ORAL TABLET 71 MG, 95 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month

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Drug	Status	Notes
GLEEVEC ORAL TABLET 100 MG, 400 MG	Non Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
SCEMBLIX ORAL TABLET 100 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
imatinib mesylate oral tablet 100 mg, 400 mg	Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
imkeldi oral solution 80 mg/ml	Non Preferred	PA; QL (10 ML per 1 day); Product subject to max fills per month
nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
Antineoplastic - Braf Kinase Inhibitors**		
BRAFTOVI ORAL CAPSULE 75 MG	Preferred	PA; QL (6 EA per 1 day); AHE*; Product subject to max fills per month

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Drug	Status	Notes
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Preferred	PA; AHE*; Product subject to max fills per month
OJEMDA ORAL TABLET 100 MG	Preferred	PA; AHE*; Product subject to max fills per month
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
ZELBORAF ORAL TABLET 240 MG	Preferred	PA; QL (8 EA per 1 day); SP; AHE*; Product subject to max fills per month
Antineoplastic - Btk Inhibitors**		
BRUKINSA ORAL CAPSULE 80 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
CALQUENCE ORAL TABLET 100 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
IMBRUVICA ORAL CAPSULE 140 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Preferred	PA; QL (8 ML per 1 day); AHE*; Product subject to max fills per month
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
Antineoplastic - Csf1r Kinase Inhibitors**		
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Preferred	PA; AHE*; Product subject to max fills per month
Antineoplastic - Egfr Inhibitors**		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month

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Drug	Status	Notes
IRESSA ORAL TABLET 250 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
LAZCLUZE ORAL TABLET 240 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
LAZCLUZE ORAL TABLET 80 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
TAGRISSO ORAL TABLET 40 MG, 80 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
TARCEVA ORAL TABLET 100 MG, 150 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
TARCEVA ORAL TABLET 25 MG	Preferred	PA; QL (3 EA per 1 day); AHE*; Product subject to max fills per month
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
erlotinib hcl oral tablet 100 mg, 150 mg	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
erlotinib hcl oral tablet 25 mg	Preferred	PA; QL (3 EA per 1 day); AHE*; Product subject to max fills per month
gefitinib oral tablet 250 mg	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
Antineoplastic - Fgfr Kinase Inhibitors**		
BALVERSA ORAL TABLET 3 MG	Preferred	PA; QL (3 EA per 1 day); AHE*; Product subject to max fills per month
BALVERSA ORAL TABLET 4 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month

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Drug	Status	Notes
BALVERSA ORAL TABLET 5 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Preferred	PA; SP; AHE*
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Preferred	PA; SP; AHE*
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Preferred	PA; SP; AHE*
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
Antineoplastic - Gamma Secretase Inhibitors**		
OGSIVEO ORAL TABLET 100 MG, 150 MG	Preferred	PA; AHE*; Product subject to max fills per month
OGSIVEO ORAL TABLET 50 MG	Preferred	PA; QL (6 EA per 1 day); AHE*; Product subject to max fills per month
Antineoplastic - Gene Therapy Agents**		
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML	Carve Out	
Antineoplastic - Hedgehog Pathway Inhibitors**		
DAURISMO ORAL TABLET 100 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
DAURISMO ORAL TABLET 25 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
ERIVEDGE ORAL CAPSULE 150 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
ODOMZO ORAL CAPSULE 200 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month

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Drug	Status	Notes
Antineoplastic - Hif-2-Alpha Inhibitors**		
WELIREG ORAL TABLET 40 MG	Preferred	PA; QL (3 EA per 1 day); AHE*; Product subject to max fills per month
Antineoplastic - Histone Deacetylase Inhibitors**		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Preferred	PA; AHE*; Product subject to max fills per month
ZOLINZA ORAL CAPSULE 100 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
Antineoplastic - Hormonal And Related Agent Combinations**		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Preferred	PA; AHE*; Product subject to max fills per month
Antineoplastic - Immunomodulators**		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Preferred	PA; QL (21 EA per 28 days); SP; AHE*; Product subject to max fills per month
Antineoplastic - Kras Inhibitors**		
KRAZATI ORAL TABLET 200 MG	Preferred	PA; QL (6 EA per 1 day); AHE*; Product subject to max fills per month
LUMAKRAS ORAL TABLET 120 MG	Preferred	PA; QL (8 EA per 1 day); AHE*; Product subject to max fills per month
LUMAKRAS ORAL TABLET 240 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
LUMAKRAS ORAL TABLET 320 MG	Preferred	PA; QL (3 EA per 1 day); AHE*; Product subject to max fills per month
Antineoplastic - Mek Inhibitors**		
COTELLIC ORAL TABLET 20 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month

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Drug	Status	Notes
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Preferred	PA; SP; AHE*; Product subject to max fills per month
MEKINIST ORAL TABLET 0.5 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
MEKINIST ORAL TABLET 2 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
MEKTOVI ORAL TABLET 15 MG	Preferred	PA; QL (6 EA per 1 day); AHE*; Product subject to max fills per month
Antineoplastic - Menin Inhibitors**		
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Preferred	PA; AHE*; Product subject to max fills per month
Antineoplastic - Met Inhibitors**		
TABRECTA ORAL TABLET 150 MG, 200 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
TEPMETKO ORAL TABLET 225 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
Antineoplastic - Methyltransferase Inhibitors**		
TAZVERIK ORAL TABLET 200 MG	Preferred	PA; AHE*; Product subject to max fills per month
Antineoplastic - Mtor Kinase Inhibitors**		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month

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Drug	Status	Notes
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Antineoplastic - Multikinase Inhibitors**		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
CAPRELSA ORAL TABLET 100 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
CAPRELSA ORAL TABLET 300 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
ENSACOVE ORAL CAPSULE 100 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
ENSACOVE ORAL CAPSULE 25 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month

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Drug	Status	Notes
NERLYNX ORAL TABLET 40 MG	Preferred	PA; QL (6 EA per 1 day); SP; AHE*; Product subject to max fills per month
NEXAVAR ORAL TABLET 200 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
QINLOCK ORAL TABLET 50 MG	Preferred	PA; QL (3 EA per 1 day); AHE*; Product subject to max fills per month
RYDAPT ORAL CAPSULE 25 MG	Preferred	PA; QL (8 EA per 1 day); SP; AHE*; Product subject to max fills per month
STIVARGA ORAL TABLET 40 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
TURALIO ORAL CAPSULE 125 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
TYKERB ORAL TABLET 250 MG	Non Preferred	PA; QL (6 EA per 1 day); SP; AHE*; Product subject to max fills per month
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Preferred	PA; AHE*; Product subject to max fills per month
VOTRIENT ORAL TABLET 200 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
XOSPATA ORAL TABLET 40 MG	Preferred	PA; QL (3 EA per 1 day); AHE*; Product subject to max fills per month
lapatinib ditosylate oral tablet 250 mg	Preferred	PA; QL (6 EA per 1 day); SP; AHE*; Product subject to max fills per month
pazopanib hcl oral tablet 200 mg	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month

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Drug	Status	Notes
sorafenib tosylate oral tablet 200 mg	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
Antineoplastic - Pdgfr-Alpha Inhibitors**		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
Antineoplastic - Proteasome Inhibitors**		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
Antineoplastic - Ret Inhibitors**		
GAVRETO ORAL CAPSULE 100 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
RETEVMO ORAL CAPSULE 40 MG	Preferred	PA; QL (6 EA per 1 day); SP; AHE*; Product subject to max fills per month
RETEVMO ORAL CAPSULE 80 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
RETEVMO ORAL TABLET 120 MG, 160 MG	Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
RETEVMO ORAL TABLET 40 MG	Preferred	PA; QL (6 EA per 1 day); SP; AHE*; Product subject to max fills per month
RETEVMO ORAL TABLET 80 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors**		
AUGTYRO ORAL CAPSULE 160 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month

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Drug	Status	Notes
AUGTYRO ORAL CAPSULE 40 MG	Preferred	PA; QL (8 EA per 1 day); AHE*; Product subject to max fills per month
IBTROZI ORAL CAPSULE 200 MG	Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
ROZLYTREK ORAL CAPSULE 100 MG	Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
ROZLYTREK ORAL CAPSULE 200 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
ROZLYTREK ORAL PACKET 50 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
VITRAKVI ORAL CAPSULE 100 MG	Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
VITRAKVI ORAL CAPSULE 25 MG	Preferred	PA; QL (6 EA per 1 day); SP; AHE*; Product subject to max fills per month
VITRAKVI ORAL SOLUTION 20 MG/ML	Preferred	PA; QL (10 ML per 1 day); SP; AHE*; Product subject to max fills per month
Antineoplastic - Xpo1 Inhibitors**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Preferred	PA; AHE*; Product subject to max fills per month
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Preferred	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Preferred	PA; AHE*; Product subject to max fills per month
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Preferred	PA; AHE*; Product subject to max fills per month
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Preferred	PA; AHE*; Product subject to max fills per month
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Preferred	PA; AHE*; Product subject to max fills per month
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Preferred	PA; AHE*; Product subject to max fills per month

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Drug	Status	Notes
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Preferred	PA; AHE*; Product subject to max fills per month
Antineoplastic Combinations**		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Preferred	PA; Product subject to max fills per month
INQOVI ORAL TABLET 35-100 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
Antineoplastic Radiopharmaceuticals**		
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML	Carve Out	
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML	Carve Out	
Antineoplastics Misc.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Carve Out	
HYDREA ORAL CAPSULE 500 MG	Non Preferred	PA; Product subject to max fills per month
MATULANE ORAL CAPSULE 50 MG	Non Preferred	PA; Product subject to max fills per month
hydroxyurea oral capsule 500 mg	Preferred	Product subject to max fills per month
Aromatase Inhibitors**		
ARIMIDEX ORAL TABLET 1 MG	Non Preferred	PA; AHE*; Product subject to max fills per month
AROMASIN ORAL TABLET 25 MG	Non Preferred	PA; AHE*; Product subject to max fills per month
FEMARA ORAL TABLET 2.5 MG	Non Preferred	PA; AHE*; Product subject to max fills per month

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Drug	Status	Notes
anastrozole oral tablet 1 mg	Preferred	AHE*; Product subject to max fills per month
exemestane oral tablet 25 mg	Preferred	AHE*; Product subject to max fills per month
letrozole oral tablet 2.5 mg	Preferred	AHE*; Product subject to max fills per month
Cyclin-Dependent Kinases (Cdk) Inhibitors**		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
Folic Acid Antagonists Rescue Agents**		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Preferred	Product subject to max fills per month
Gonadotropin Releasing Hormone (Gnrh) Antagonists**		
ORGOVYX ORAL TABLET 120 MG	Preferred	PA; AHE*; Product subject to max fills per month
Imidazotetrazines**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors**		
VORANIGO ORAL TABLET 10 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
VORANIGO ORAL TABLET 40 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**		
REZLIDHIA ORAL CAPSULE 150 MG	Preferred	PA; AHE*; Product subject to max fills per month
TIBSOVO ORAL TABLET 250 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**		
IDHIFA ORAL TABLET 100 MG, 50 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
Janus Associated Kinase (Jak) Inhibitors**		
INREBIC ORAL CAPSULE 100 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Preferred	PA; QL (2 EA per 1 day); SP; AHE*; Product subject to max fills per month
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
VONJO ORAL CAPSULE 100 MG	Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
Lhrh Analogs**		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Preferred	PA; NOTES (EA)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Preferred	PA; NOTES (EA)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Preferred	PA; NOTES (EA)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Preferred	PA; NOTES (EA)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Preferred	PA; NOTES (EA)
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	Preferred	PA; Product subject to max fills per month
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	Preferred	PA; Product subject to max fills per month
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Preferred	PA; NOTES (EA)
leuprolide acetate (3 month) intramuscular injectable 22.5 mg	Preferred	PA; Product subject to max fills per month
leuprolide acetate injection kit 1 mg/0.2ml	Preferred	PA; NOTES (EA)
Mitotic Inhibitors**		
etoposide oral capsule 50 mg	Preferred	PA; AHE*; Product subject to max fills per month
Nitrogen Mustards And Related Analogues**		
ALKERAN ORAL TABLET 2 MG	Non Preferred	PA; Product subject to max fills per month
LEUKERAN ORAL TABLET 2 MG	Preferred	PA; Product subject to max fills per month
cyclophosphamide oral capsule 25 mg, 50 mg	Preferred	Product subject to max fills per month
cyclophosphamide oral tablet 25 mg, 50 mg	Preferred	Product subject to max fills per month
Nitrosoureas**		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Preferred	PA; AHE*; Product subject to max fills per month

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Drug	Status	Notes
Ornithine Decarboxylase (Odc) Inhibitors**		
IWILFIN ORAL TABLET 192 MG	Preferred	PA; AHE*; Product subject to max fills per month
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Preferred	PA; AHE*; Product subject to max fills per month
ITOVEBI ORAL TABLET 3 MG	Preferred	PA; QL (2 EA per 1 day); AHE*; Product subject to max fills per month
ITOVEBI ORAL TABLET 9 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
ZYDELIG ORAL TABLET 100 MG, 150 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET 100 MG, 150 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Preferred	PA; QL (1 EA per 1 day); SP; AHE*; Product subject to max fills per month
ZEJULA ORAL CAPSULE 100 MG	Preferred	PA; SP; AHE*

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Drug	Status	Notes
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month
Progestins-Antineoplastic**		
hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Preferred	Product subject to max fills per month
Retinoids**		
tretinoin oral capsule 10 mg	Preferred	PA; AHE*; Product subject to max fills per month
Selective Estrogen Receptor Degraders**		
ORSERDU ORAL TABLET 345 MG, 86 MG	Preferred	PA; AHE*; Product subject to max fills per month
Selective Retinoid X Receptor Agonists**		
TARGRETIN ORAL CAPSULE 75 MG	Non Preferred	PA; SP; AHE*; Product subject to max fills per month
bexarotene oral capsule 75 mg	Preferred	PA; SP; AHE*; Product subject to max fills per month
Topoisomerase I Inhibitors**		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Preferred	PA; SP; AHE*; Product subject to max fills per month
Urinary Tract Protective Agents**		
MESNEX ORAL TABLET 400 MG	Non Preferred	PA; Product subject to max fills per month
mesna oral tablet 400 mg	Preferred	Product subject to max fills per month
Vascular Endothelial Growth Factor (Vegf) Inhibitors**		
FRUZAQLA ORAL CAPSULE 1 MG	Non Preferred	PA; QL (4 EA per 1 day); AHE*; Product subject to max fills per month
FRUZAQLA ORAL CAPSULE 5 MG	Preferred	PA; QL (1 EA per 1 day); AHE*; Product subject to max fills per month

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Drug	Status	Notes
INLYTA ORAL TABLET 1 MG	Preferred	PA; QL (6 EA per 1 day); SP; AHE*; Product subject to max fills per month
INLYTA ORAL TABLET 5 MG	Preferred	PA; QL (4 EA per 1 day); SP; AHE*; Product subject to max fills per month
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Preferred	PA; QL (3 EA per 1 day); SP; AHE*; Product subject to max fills per month
Antiparkinson And Related Therapy Agents		
Adenosine Receptor Antagonist**		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Antiparkinson Anticholinergics**		
benztropine mesylate injection solution 1 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	DS (90 DS); Product subject to max fills per month
trihexyphenidyl hcl oral solution 0.4 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antiparkinson Dopaminergics**		
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
INBRIJA INHALATION CAPSULE 42 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
amantadine hcl oral capsule 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
amantadine hcl oral solution 50 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
amantadine hcl oral tablet 100 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
bromocriptine mesylate oral capsule 5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
bromocriptine mesylate oral tablet 2.5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Antiparkinson Monoamine Oxidase Inhibitors**		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
XADAGO ORAL TABLET 100 MG, 50 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
selegiline hcl oral capsule 5 mg	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
selegiline hcl oral tablet 5 mg	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Central/Peripheral Comt Inhibitors**		
TASMAR ORAL TABLET 100 MG	Non Preferred	PA; QL (3 EA per 1 day); DS (90 DS); Product subject to max fills per month
tolcapone oral tablet 100 mg	Non Preferred	PA; QL (3 EA per 1 day); DS (90 DS); Product subject to max fills per month
Decarboxylase Inhibitors**		
LODOSYN ORAL TABLET 25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
carbidopa oral tablet 25 mg	Preferred	DS (90 DS); Product subject to max fills per month
Levodopa Combinations**		
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DHIVY ORAL TABLET 25-100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Non Preferred	PA; Product subject to max fills per month
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Preferred	DS (90 DS); Product subject to max fills per month
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Preferred	DS (90 DS); Product subject to max fills per month
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Preferred	DS (90 DS); Product subject to max fills per month
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	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Nonergoline Dopamine Receptor Agonists**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Non Preferred	PA; Product subject to max fills per month
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Preferred	DS (90 DS); Product subject to max fills per month
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Peripheral Comt Inhibitors**		
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
entacapone oral tablet 200 mg	Preferred	QL (8 EA per 1 day); DS (90 DS); Product subject to max fills per month
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Preferred	DS (90 DS); Product subject to max fills per month
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Preferred	DS (90 DS); Product subject to max fills per month
lithium carbonate oral tablet 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
lithium oral solution 8 meq/5ml	Preferred	DS (90 DS); Product subject to max fills per month
Antipsychotics - Misc.**		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
CAPLYTA ORAL CAPSULE 42 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Preferred	PA; DS (90 DS); Product subject to max fills per month
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
NUPLAZID ORAL CAPSULE 34 MG	Preferred	PA; SP; Product subject to max fills per month
NUPLAZID ORAL TABLET 10 MG	Preferred	PA; SP; Product subject to max fills per month
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); DS (90 DS); AGE (Min 18 Years); Product subject to max fills per month
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
ziprasidone mesylate intramuscular solution reconstituted 20 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
Benzisoxazoles**		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
RISPERDAL ORAL SOLUTION 1 MG/ML	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
risperidone oral solution 1 mg/ml	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
Butyrophenones**		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
haloperidol lactate injection solution 5 mg/ml	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
haloperidol lactate oral concentrate 10 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
haloperidol lactate oral concentrate 2 mg/ml	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
Dibenzodiazepines**		
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Dibenzo-Oxepino Pyrroles**		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
Dibenzothiazepines**		
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
quetiapine fumarate oral tablet 150 mg	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
Dibenzoxazepines**		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Dihydroindolones**		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Muscarinic Agent - Combinations**		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Preferred	PA; DS (90 DS); Product subject to max fills per month
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Preferred	PA; Product subject to max fills per month
Phenothiazines**		
COMPRO RECTAL SUPPOSITORY 25 MG	Non Preferred	PA; Product subject to max fills per month
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	Preferred	DS (90 DS); Product subject to max fills per month
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
fluphenazine decanoate injection solution 25 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
fluphenazine hcl injection solution 2.5 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
fluphenazine hcl oral concentrate 5 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
fluphenazine hcl oral elixir 2.5 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml	Preferred	PA; Product subject to max fills per month
prochlorperazine maleate oral tablet 10 mg, 5 mg	Preferred	Product subject to max fills per month
prochlorperazine rectal suppository 25 mg	Non Preferred	PA; Product subject to max fills per month
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Quinolinone Derivatives**		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
aripiprazole oral solution 1 mg/ml	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
aripiprazole oral tablet dispersible 10 mg, 15 mg	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
Thienbenzodiazepines**		
ZYPREXA ORAL TABLET 2.5 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZYPREXA ORAL TABLET 20 MG	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
olanzapine intramuscular solution reconstituted 10 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antivirals		
Antiretroviral Combinations**		
ATRIPLA ORAL TABLET 600-200-300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Preferred	DS (90 DS); Product subject to max fills per month
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	Preferred	Product subject to max fills per month
CIMDUO ORAL TABLET 300-300 MG	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
COMPLERA ORAL TABLET 200-25-300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DELSTRIGO ORAL TABLET 100-300-300 MG	Preferred	DS (90 DS); Product subject to max fills per month
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Preferred	DS (90 DS); Product subject to max fills per month
DOVATO ORAL TABLET 50-300 MG	Preferred	DS (90 DS); Product subject to max fills per month
EVOTAZ ORAL TABLET 300-150 MG	Preferred	DS (90 DS); Product subject to max fills per month
GENVOYA ORAL TABLET 150-150-200-10 MG	Preferred	DS (90 DS); Product subject to max fills per month
JULUCA ORAL TABLET 50-25 MG	Preferred	DS (90 DS); Product subject to max fills per month
KALETRA ORAL SOLUTION 400-100 MG/5ML	Preferred	DS (90 DS); Product subject to max fills per month
KALETRA ORAL TABLET 200-50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ODEFSEY ORAL TABLET 200-25-25 MG	Preferred	DS (90 DS); Product subject to max fills per month
PREZCOBIX ORAL TABLET 800-150 MG	Preferred	DS (90 DS); Product subject to max fills per month
STRIBILD ORAL TABLET 150-150-200-300 MG	Preferred	DS (90 DS); Product subject to max fills per month
SYMFI LO ORAL TABLET 400-300-300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SYMFI ORAL TABLET 600-300-300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SYMTUZA ORAL TABLET 800-150-200-10 MG	Preferred	DS (90 DS); Product subject to max fills per month
TRIUMEQ ORAL TABLET 600-50-300 MG	Preferred	DS (90 DS); Product subject to max fills per month
TRIZIVIR ORAL TABLET 300-150-300 MG	Preferred	DS (90 DS); AHE*
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
abacavir sulfate-lamivudine oral tablet 600-300 mg	Preferred	DS (90 DS); Product subject to max fills per month
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Preferred	DS (90 DS); Product subject to max fills per month
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	Preferred	DS (90 DS); Product subject to max fills per month
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Preferred	DS (90 DS); Product subject to max fills per month
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Preferred	DS (90 DS); Product subject to max fills per month
lamivudine-zidovudine oral tablet 150-300 mg	Preferred	DS (90 DS); Product subject to max fills per month
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	Preferred	DS (90 DS); Product subject to max fills per month
triumeq pd oral tablet soluble 60-5-30 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antiretrovirals - Capsid Inhibitors**		
SUNLENCA ORAL TABLET 300 MG	Preferred	DS (90 DS); Product subject to max fills per month
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Preferred	DS (90 DS); Product subject to max fills per month
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Carve Out	
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
SELZENTRY ORAL SOLUTION 20 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
SELZENTRY ORAL TABLET 150 MG, 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
maraviroc oral tablet 150 mg, 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor**		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Antiretrovirals - Fusion Inhibitors**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Preferred	DS (90 DS); Product subject to max fills per month
Antiretrovirals - Gp120-Directed Attachment Inhibitor**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Preferred	DS (90 DS); Product subject to max fills per month
Antiretrovirals - Integrase Inhibitors**		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	Preferred	DS (90 DS); Product subject to max fills per month
ISENTRESS HD ORAL TABLET 600 MG	Preferred	DS (90 DS); Product subject to max fills per month
ISENTRESS ORAL PACKET 100 MG	Preferred	DS (90 DS); Product subject to max fills per month
ISENTRESS ORAL TABLET 400 MG	Preferred	DS (90 DS); Product subject to max fills per month
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Preferred	DS (90 DS); Product subject to max fills per month
TIVICAY ORAL TABLET 50 MG	Preferred	DS (90 DS); Product subject to max fills per month
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Preferred	DS (90 DS); Product subject to max fills per month
VOCABRIA ORAL TABLET 30 MG	Preferred	DS (90 DS); Product subject to max fills per month
Antiretrovirals - Protease Inhibitors**		
APTIVUS ORAL CAPSULE 250 MG	Preferred	DS (90 DS); Product subject to max fills per month
NORVIR ORAL CAPSULE 100 MG	Preferred	DS (90 DS); Product subject to max fills per month
NORVIR ORAL PACKET 100 MG	Preferred	DS (90 DS); Product subject to max fills per month
NORVIR ORAL TABLET 100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PREZISTA ORAL SUSPENSION 100 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
PREZISTA ORAL TABLET 150 MG, 75 MG	Preferred	DS (90 DS); Product subject to max fills per month
PREZISTA ORAL TABLET 600 MG, 800 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
REYATAZ ORAL PACKET 50 MG	Preferred	DS (90 DS); Product subject to max fills per month
VIRACEPT ORAL TABLET 250 MG, 625 MG	Preferred	DS (90 DS); Product subject to max fills per month
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
darunavir oral tablet 600 mg, 800 mg	Preferred	DS (90 DS); Product subject to max fills per month
fosamprenavir calcium oral tablet 700 mg	Preferred	DS (90 DS); Product subject to max fills per month
ritonavir oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
EDURANT ORAL TABLET 25 MG	Preferred	DS (90 DS); Product subject to max fills per month
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Preferred	DS (90 DS); Product subject to max fills per month
INTELENCE ORAL TABLET 100 MG, 200 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
INTELENCE ORAL TABLET 25 MG	Preferred	DS (90 DS); Product subject to max fills per month
PIFELTRO ORAL TABLET 100 MG	Preferred	DS (90 DS); Product subject to max fills per month
SUSTIVA ORAL TABLET 600 MG	Non Preferred	PA; DS (90 DS); AHE*; Product subject to max fills per month
efavirenz oral capsule 200 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
efavirenz oral tablet 600 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
etravirine oral tablet 100 mg, 200 mg	Preferred	DS (90 DS); Product subject to max fills per month
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	Preferred	DS (90 DS); Product subject to max fills per month
nevirapine oral suspension 50 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
nevirapine oral tablet 200 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
ZIAGEN ORAL SOLUTION 20 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZIAGEN ORAL TABLET 300 MG	Non Preferred	PA; DS (90 DS); AHE*; Product subject to max fills per month
abacavir sulfate oral solution 20 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
abacavir sulfate oral tablet 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
didanosine oral capsule delayed release 250 mg, 400 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
EMTRIVA ORAL CAPSULE 200 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EMTRIVA ORAL SOLUTION 10 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
EPIVIR ORAL SOLUTION 10 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EPIVIR ORAL TABLET 150 MG, 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
emtricitabine oral capsule 200 mg	Preferred	DS (90 DS); Product subject to max fills per month
lamivudine oral solution 10 mg/ml, 300 mg/30ml	Preferred	DS (90 DS); Product subject to max fills per month
lamivudine oral tablet 150 mg, 300 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Carve Out	
RETROVIR ORAL CAPSULE 100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
RETROVIR ORAL SYRUP 50 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Preferred	DS (90 DS); Product subject to max fills per month
zidovudine oral capsule 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
zidovudine oral syrup 50 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
zidovudine oral tablet 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antiretrovirals - Rti-Nucleotide Analogues**		
VIREAD ORAL POWDER 40 MG/GM	Preferred	DS (90 DS); Product subject to max fills per month
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Preferred	DS (90 DS); Product subject to max fills per month
VIREAD ORAL TABLET 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
tenofovir disoproxil fumarate oral tablet 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
Antiretrovirals Adjuvants**		
TYBOST ORAL TABLET 150 MG	Preferred	DS (90 DS); Product subject to max fills per month
Antiviral Combinations**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Preferred	Product subject to max fills per month
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Preferred	Product subject to max fills per month

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Drug	Status	Notes
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Preferred	Product subject to max fills per month
Cmv Agents**		
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	Preferred	PA; Product subject to max fills per month
LIVTENCITY ORAL TABLET 200 MG	Non Preferred	PA; Product subject to max fills per month
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	Preferred	PA; Product subject to max fills per month
PREVYMIS ORAL PACKET 120 MG, 20 MG	Preferred	PA; Product subject to max fills per month
PREVYMIS ORAL TABLET 240 MG, 480 MG	Preferred	PA; Product subject to max fills per month
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML	Non Preferred	PA; Product subject to max fills per month
VALCYTE ORAL TABLET 450 MG	Non Preferred	PA; Product subject to max fills per month
cidofovir intravenous solution 75 mg/ml	Preferred	PA; Product subject to max fills per month
foscarnet sodium intravenous solution 6000 mg/250ml	Preferred	PA; Product subject to max fills per month
ganciclovir intravenous solution 500 mg/250ml	Preferred	PA; Product subject to max fills per month
ganciclovir sodium intravenous solution 500 mg/10ml	Non Preferred	PA; Product subject to max fills per month
ganciclovir sodium intravenous solution reconstituted 500 mg	Preferred	PA; Product subject to max fills per month
valganciclovir hcl oral solution reconstituted 50 mg/ml	Preferred	Product subject to max fills per month
valganciclovir hcl oral tablet 450 mg	Preferred	Product subject to max fills per month
Hepatitis B Agents**		
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Non Preferred	PA; QL (20 ML per 1 day); Product subject to max fills per month

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Drug	Status	Notes
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
HEPSERA ORAL TABLET 10 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
VEMLIDY ORAL TABLET 25 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
adefovir dipivoxil oral tablet 10 mg	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
entecavir oral tablet 0.5 mg, 1 mg	Preferred	QL (1 EA per 1 day); Product subject to max fills per month
lamivudine oral tablet 100 mg	Preferred	QL (1 EA per 1 day); Product subject to max fills per month
Hepatitis C Agent - Combinations**		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	Carve Out	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Carve Out	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Carve Out	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Carve Out	
MAVYRET ORAL PACKET 50-20 MG	Carve Out	
MAVYRET ORAL TABLET 100-40 MG	Carve Out	
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50	Carve Out	
VOSEVI ORAL TABLET 400-100-100 MG	Carve Out	
ZEPATIER ORAL TABLET 50-100 MG	Carve Out	
ledipasvir-sofosbuvir oral tablet 90-400 mg	Carve Out	
sofosbuvir-velpatasvir oral tablet 400-100 mg	Carve Out	
Hepatitis C Agents**		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Non Preferred	PA; SP; Product subject to max fills per month
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month
SOVALDI ORAL PACKET 150 MG, 200 MG	Carve Out	

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Drug	Status	Notes
SOVALDI ORAL TABLET 200 MG, 400 MG	Carve Out	
ribavirin oral capsule 200 mg	Preferred	SP; Product subject to max fills per month
ribavirin oral tablet 200 mg	Preferred	SP; Product subject to max fills per month
Herpes Agents - Purine Analogues**		
VALTREX ORAL TABLET 1 GM, 500 MG	Non Preferred	PA; Product subject to max fills per month
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	Non Preferred	PA; Product subject to max fills per month
acyclovir oral capsule 200 mg	Preferred	Product subject to max fills per month
acyclovir oral suspension 200 mg/5ml	Non Preferred	PA; Product subject to max fills per month
acyclovir oral suspension 800 mg/20ml	Preferred	Product subject to max fills per month
acyclovir oral tablet 400 mg, 800 mg	Preferred	Product subject to max fills per month
acyclovir sodium intravenous solution 50 mg/ml	Preferred	PA; Product subject to max fills per month
acyclovir sodium-nacl intravenous solution 200-0.9 mg/100ml-%	Preferred	PA; Product subject to max fills per month
valacyclovir hcl oral tablet 1 gm, 500 mg	Preferred	Product subject to max fills per month
Herpes Agents - Thymidine Analogues**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Preferred	Product subject to max fills per month
Influenza Agents**		
rimantadine hcl oral tablet 100 mg	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
Misc. Antivirals**		
LAGEVRIO ORAL CAPSULE 200 MG	Non Preferred	PA; Product subject to max fills per month
TEMBEXA ORAL SUSPENSION 10 MG/ML	Preferred	Product subject to max fills per month

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Drug	Status	Notes
TEMBEXA ORAL TABLET 100 MG	Preferred	Product subject to max fills per month
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Preferred	
remdesivir intravenous solution reconstituted 100 mg	Preferred	
Neuraminidase Inhibitors**		
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML	Preferred	PA; Product subject to max fills per month
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Non Preferred	PA; QL (20 EA per 10 days); Product subject to max fills per month
TAMIFLU ORAL CAPSULE 30 MG, 45 MG	Non Preferred	PA; QL (40 EA per 30 days); Product subject to max fills per month
TAMIFLU ORAL CAPSULE 75 MG	Non Preferred	PA; QL (20 EA per 10 days); NOTES (Max Days Supply = 10); Product subject to max fills per month
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	Non Preferred	PA; QL (60 ML per 7 days); AGE (Max 12 Years); Product subject to max fills per month
oseltamivir phosphate oral capsule 30 mg, 45 mg	Preferred	QL (40 EA per 30 days); Product subject to max fills per month
oseltamivir phosphate oral capsule 75 mg	Preferred	QL (20 EA per 10 days); NOTES (Max Days Supply = 10); Product subject to max fills per month
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Preferred	QL (60 ML per 7 days); AGE (Max 12 Years); Product subject to max fills per month
Pa Endonuclease Inhibitors**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG	Non Preferred	PA; QL (2 EA per 30 days); Product subject to max fills per month
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG, 2 X 40 MG	Non Preferred	PA; QL (2 EA per 30 days); Product subject to max fills per month

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Drug	Status	Notes
Rsv Agents - Nucleoside Analogues**		
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM	Non Preferred	PA; Product subject to max fills per month
ribavirin inhalation solution reconstituted 6 gm	Preferred	PA; Product subject to max fills per month
Beta Blockers		
Alpha-Beta Blockers**		
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Preferred	DS (90 DS); Product subject to max fills per month
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
labetalol hcl oral tablet 400 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Beta Blockers Cardio-Selective**		
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
acebutolol hcl oral capsule 200 mg, 400 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
atenolol oral tablet 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
betaxolol hcl oral tablet 10 mg, 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
bisoprolol fumarate oral tablet 10 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
bisoprolol fumarate oral tablet 2.5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Preferred	DS (90 DS); Product subject to max fills per month
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Beta Blockers Non-Selective**		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
CORGARD ORAL TABLET 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SOTYLIZE ORAL SOLUTION 5 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
nadolol oral tablet 20 mg, 40 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month
pindolol oral tablet 10 mg, 5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Calcium Channel Blockers		
Calcium Channel Blocker-Nsaid Combinations**		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Calcium Channel Blockers**		
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	Non Preferred	PA; Product subject to max fills per month
CARDENE IV INTRAVENOUS SOLUTION 20-4.8 MG/200ML-%	Preferred	PA; Product subject to max fills per month
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	Preferred	PA; Product subject to max fills per month
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KATERZIA ORAL SUSPENSION 1 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NORLIQVA ORAL SOLUTION 1 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NYMALIZE ORAL SOLUTION 6 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	DS (90 DS); Product subject to max fills per month
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Preferred	DS (90 DS); Product subject to max fills per month
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	DS (90 DS); Product subject to max fills per month
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	Preferred	PA; Product subject to max fills per month
diltiazem hcl intravenous solution reconstituted 100 mg	Preferred	PA; Product subject to max fills per month
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Preferred	DS (90 DS); Product subject to max fills per month
diltiazem hcl-dextrose intravenous solution 125-5 mg/125ml-%, 5-125 %-mg/125ml	Preferred	PA; Product subject to max fills per month
diltiazem hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-%, 125-0.7 mg/125ml-%, 125-0.9 mg/125ml-%	Preferred	PA; Product subject to max fills per month
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
isradipine oral capsule 2.5 mg, 5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
levamlodipine maleate oral tablet 2.5 mg, 5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%	Preferred	PA; Product subject to max fills per month
nicardipine hcl in nacl intravenous solution prefilled syringe 1-0.9 mg/10ml-%	Preferred	PA; Product subject to max fills per month
nicardipine hcl intravenous solution 2.5 mg/ml	Preferred	PA; Product subject to max fills per month
nicardipine hcl oral capsule 20 mg, 30 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Preferred	DS (90 DS); Product subject to max fills per month
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
nifedipine oral capsule 10 mg, 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
nimodipine oral capsule 30 mg	Preferred	DS (90 DS); Product subject to max fills per month
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Preferred	DS (90 DS); Product subject to max fills per month
verapamil hcl intravenous solution 2.5 mg/ml	Preferred	PA; Product subject to max fills per month
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month
Cardiotonics		
Cardiac Glycosides**		
DIGITEK ORAL TABLET 125 MCG, 250 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LANOXIN INJECTION SOLUTION 0.25 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
digoxin injection solution 0.25 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
digoxin oral solution 0.05 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	Preferred	DS (90 DS); Product subject to max fills per month
Inotropes**		
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	Preferred	PA; Product subject to max fills per month
Cardiovascular Agents - Misc.		
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb**		
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Cardiac Myosin Inhibitors**		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Preferred	PA; Product subject to max fills per month
Cardiovascular Anti-Inflammatory/Immune Modulators**		
LODOCO ORAL TABLET 0.5 MG	Preferred	QL (1 EA per 1 day); Product subject to max fills per month
Cardiovascular Sglt2 Inhibitors*		
INPEFA ORAL TABLET 200 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
INPEFA ORAL TABLET 400 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Nitrate & Vasodilator Combinations**		
BIDIL ORAL TABLET 20-37.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Pde Inhibitor-Endothelin Recptor Antagonist Combinations**		
OPSYNVI ORAL TABLET 10-20 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
OPSYNVI ORAL TABLET 10-40 MG	Non Preferred	PA; Product subject to max fills per month
Prostaglandin Vasodilators**		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Non Preferred	PA; QL (9 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Preferred	PA; DS (90 DS); SP; Product subject to max fills per month
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Preferred	PA; DS (90 DS); SP; Product subject to max fills per month
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Preferred	PA; DS (90 DS); SP; Product subject to max fills per month
TYVASO INHALATION SOLUTION 0.6 MG/ML	Preferred	PA; QL (42 ML per 84 days); DS (90 DS); SP; Product subject to max fills per month
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Preferred	PA; QL (42 ML per 84 days); DS (90 DS); SP; Product subject to max fills per month
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Preferred	PA; QL (42 ML per 84 days); DS (90 DS); SP; Product subject to max fills per month
VENTAVIS INHALATION SOLUTION 10 MCG/ML	Preferred	PA; QL (4.5 ML per 1 day); DS (90 DS); SP; Product subject to max fills per month
VENTAVIS INHALATION SOLUTION 20 MCG/ML	Preferred	PA; QL (2.5 ML per 1 day); DS (90 DS); SP; Product subject to max fills per month
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Preferred	PA; QL (3 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
Pulmonary Hypertension - Activin Signaling Inhibitor**		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
LETAIRIS ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
OPSUMIT ORAL TABLET 10 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
TRACLEER ORAL TABLET SOLUBLE 32 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
ambrisentan oral tablet 10 mg, 5 mg	Preferred	PA; QL (1 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
bosentan oral tablet 125 mg, 62.5 mg	Preferred	PA; QL (2 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
ADCIRCA ORAL TABLET 20 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
ALYQ ORAL TABLET 20 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
LIQREV ORAL SUSPENSION 10 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Non Preferred	PA; QL (24 ML per 1 day); DS (90 DS); Product subject to max fills per month
REVATIO ORAL TABLET 20 MG	Non Preferred	PA; QL (3 EA per 1 day); DS (90 DS); Product subject to max fills per month
TADLIQ ORAL SUSPENSION 20 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
sildenafil citrate oral suspension reconstituted 10 mg/ml	Non Preferred	PA; QL (24 ML per 1 day); DS (90 DS); Product subject to max fills per month
sildenafil citrate oral tablet 20 mg	Preferred	PA; QL (3 EA per 1 day); DS (90 DS); Product subject to max fills per month
tadalafil (pah) oral tablet 20 mg	Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Preferred	PA; QL (2 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Preferred	PA; DS (90 DS); SP; Product subject to max fills per month
Selective Cgmp Phosphodiesterase Type 5 Inhibitors**		
CIALIS ORAL TABLET 5 MG	Non Preferred	PA; Product subject to max fills per month
tadalafil oral tablet 5 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Sinus Node Inhibitors*		
CORLANOR ORAL SOLUTION 5 MG/5ML	Preferred	PA; QL (15 ML per 1 day); DS (90 DS); Product subject to max fills per month
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
ivabradine hcl oral tablet 5 mg, 7.5 mg	Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Transthyretin Stabilizers**		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	Carve Out	
VYNDAMAX ORAL CAPSULE 61 MG	Carve Out	
VYNDAQEL ORAL CAPSULE 20 MG	Carve Out	
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Cephalosporins		
Cephalosporins - 1St Generation**		
cefadroxil oral capsule 500 mg	Preferred	Product subject to max fills per month
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Preferred	Product subject to max fills per month
cefadroxil oral tablet 1 gm	Preferred	Product subject to max fills per month
cefazolin in sodium chloride intravenous solution 2-0.9 gm/100ml-%, 3-0.9 gm/100ml-%	Preferred	PA; Product subject to max fills per month
cefazolin sodium injection solution prefilled syringe 3 gm/30ml	Preferred	PA; Product subject to max fills per month
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg	Preferred	PA; Product subject to max fills per month
cefazolin sodium intravenous solution prefilled syringe 1 gm/10ml, 2 gm/20ml	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm	Preferred	PA; Product subject to max fills per month
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 2-5 gm/100ml-%, 3-4 gm/150ml-%	Preferred	PA; Product subject to max fills per month
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)	Preferred	PA; Product subject to max fills per month
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Preferred	Product subject to max fills per month
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	Product subject to max fills per month
cephalexin oral tablet 250 mg, 500 mg	Non Preferred	PA; Product subject to max fills per month
Cephalosporins - 2Nd Generation**		
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	Non Preferred	PA; Product subject to max fills per month
cefaclor er oral tablet extended release 12 hour 500 mg	Non Preferred	PA; Product subject to max fills per month
cefaclor oral capsule 250 mg, 500 mg	Preferred	Product subject to max fills per month
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	Non Preferred	PA; Product subject to max fills per month
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	Preferred	PA; Product subject to max fills per month
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Preferred	PA; Product subject to max fills per month
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)	Preferred	PA; Product subject to max fills per month
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	Product subject to max fills per month
cefprozil oral tablet 250 mg, 500 mg	Preferred	Product subject to max fills per month
cefuroxime axetil oral tablet 250 mg, 500 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
cefuroxime sodium injection solution reconstituted 750 mg	Preferred	PA; Product subject to max fills per month
cefuroxime sodium intravenous solution reconstituted 1.5 gm	Preferred	PA; Product subject to max fills per month
Cephalosporins - 3Rd Generation**		
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Preferred	PA; Product subject to max fills per month
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	Preferred	PA; Product subject to max fills per month
cefdinir oral capsule 300 mg	Preferred	Product subject to max fills per month
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	Product subject to max fills per month
cefixime oral capsule 400 mg	Preferred	Product subject to max fills per month
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Preferred	Product subject to max fills per month
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	Preferred	PA; Product subject to max fills per month
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Preferred	Product subject to max fills per month
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Preferred	Product subject to max fills per month
ceftazidime injection solution reconstituted 1 gm, 6 gm	Preferred	PA; Product subject to max fills per month
ceftazidime intravenous solution reconstituted 2 gm	Preferred	PA; Product subject to max fills per month
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml	Preferred	PA; Product subject to max fills per month
ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg	Preferred	PA; Product subject to max fills per month
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	Preferred	PA; Product subject to max fills per month
Cephalosporins - 4Th Generation**		
cefepime hcl injection solution reconstituted 1 gm	Preferred	PA; Product subject to max fills per month
cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml	Preferred	PA; Product subject to max fills per month
cefepime hcl intravenous solution reconstituted 100 gm, 2 gm	Preferred	PA; Product subject to max fills per month
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	Preferred	PA; Product subject to max fills per month
Chemicals		
Liquids**		
glycerin liquid	Preferred	
glycerine liquid	Preferred	
glycerol formal liquid	Preferred	
Contraceptives		
Biphasic Contraceptives - Oral**		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA); DS (90 DS)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA); DS (90 DS)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Preferred	NOTES (EA); DS (90 DS)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA); DS (90 DS)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA); DS (90 DS)
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA); DS (90 DS)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Preferred	NOTES (EA); DS (90 DS)
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	Preferred	NOTES (EA); DS (90 DS)

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Drug	Status	Notes
Combination Contraceptives - Oral**		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
APRI ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
AUBRA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
AVIANE ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
AYUNA ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	Preferred	NOTES (EA); DS (90 DS)
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
BEYAZ ORAL TABLET 3-0.02-0.451 MG	Preferred	NOTES (EA); DS (90 DS)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)

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Drug	Status	Notes
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
CYRED ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
ELINEST ORAL TABLET 0.3-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
FALMINA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	DS (90 DS)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	Preferred	NOTES (EA); DS (90 DS)
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Preferred	DS (90 DS); Product subject to max fills per month
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
JASMIEL ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA); DS (90 DS)
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	Preferred	NOTES (EA); DS (90 DS)
JULEBER ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)

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Drug	Status	Notes
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
KURVELO ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LESSINA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LORYNA ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA); DS (90 DS)

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Drug	Status	Notes
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA); DS (90 DS)
LUTERA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
MERZEE ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
MILI ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	Preferred	DS (90 DS)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
NEXTSTELLIS ORAL TABLET 3-14.2 MG	Preferred	NOTES (EA); DS (90 DS)
NIKKI ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA); DS (90 DS)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
OCELLA ORAL TABLET 3-0.03 MG	Preferred	NOTES (EA); DS (90 DS)
PHILITH ORAL TABLET 0.4-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)

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Drug	Status	Notes
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG	Preferred	NOTES (EA); DS (90 DS)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
SRONYX ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
SYEDA ORAL TABLET 3-0.03 MG	Preferred	NOTES (EA); DS (90 DS)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	NOTES (EA); DS (90 DS)
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
TYDEMY ORAL TABLET 3-0.03-0.451 MG	Preferred	NOTES (EA); DS (90 DS)
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
VESTURA ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA); DS (90 DS)
VIENVA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
WERA ORAL TABLET 0.5-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
YASMIN 28 ORAL TABLET 3-0.03 MG	Preferred	NOTES (EA); DS (90 DS)
YAZ ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA); DS (90 DS)
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)

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Drug	Status	Notes
ZUMANDIMINE ORAL TABLET 3-0.03 MG	Preferred	NOTES (EA); DS (90 DS)
alyacen 1/35 oral tablet 1-35 mg-mcg	Preferred	NOTES (EA); DS (90 DS)
briellyn oral tablet 0.4-35 mg-mcg	Preferred	NOTES (EA); DS (90 DS)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	Preferred	NOTES (EA); DS (90 DS)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Preferred	NOTES (EA); DS (90 DS)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Preferred	NOTES (EA); DS (90 DS)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	Preferred	NOTES (EA); DS (90 DS)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	Preferred	NOTES (EA); DS (90 DS)
marlissa oral tablet 0.15-30 mg-mcg	Preferred	NOTES (EA); DS (90 DS)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	Preferred	NOTES (EA); DS (90 DS)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	NOTES (EA); DS (90 DS)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	Preferred	NOTES (EA); DS (90 DS)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	NOTES (EA); DS (90 DS)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	Preferred	NOTES (EA); DS (90 DS)
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Preferred	NOTES (EA); DS (90 DS)
Combination Contraceptives - Transdermal**		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	Preferred	NOTES (EA); DS (90 DS)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Preferred	NOTES (EA); DS (90 DS)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Preferred	NOTES (EA); DS (90 DS)
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	Preferred	NOTES (EA); DS (90 DS)

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Drug	Status	Notes
Combination Contraceptives - Vaginal**		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Preferred	NOTES (EA); DS (90 DS)
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Preferred	NOTES (EA); DS (90 DS)
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	Preferred	NOTES (EA); DS (90 DS)
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	Preferred	NOTES (EA); DS (90 DS)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	Preferred	NOTES (EA); DS (90 DS)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	Preferred	NOTES (EA); DS (90 DS)
Continuous Contraceptives - Oral**		
AMETHYST ORAL TABLET 90-20 MCG	Preferred	NOTES (EA); DS (90 DS)
DOLISHALE ORAL TABLET 90-20 MCG	Preferred	NOTES (EA); DS (90 DS)
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Preferred	NOTES (EA); DS (90 DS)
Copper Contraceptives - Iud**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Preferred	NOTES (EA)
Emergency Contraceptives**		
AFTERA ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
AFTERPILL ORAL TABLET 1.5 MG	Preferred	Product subject to max fills per month
CURAE ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
ECONTRA EZ ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
ELLA ORAL TABLET 30 MG	Preferred	NOTES (EA); Product subject to max fills per month

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Drug	Status	Notes
HER STYLE ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
MY CHOICE ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
MY WAY ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
NEW DAY ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
OPTION 2 ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
REACT ORAL TABLET 1.5 MG	Preferred	Product subject to max fills per month
TAKE ACTION ORAL TABLET 1.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
levonorgestrel oral tablet 1.5 mg	Preferred	NOTES (EA); Product subject to max fills per month
Extended-Cycle Contraceptives - Oral**		
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA); DS (90 DS)
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA); DS (90 DS)
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Preferred	NOTES (EA); DS (90 DS)
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA); DS (90 DS)
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA); DS (90 DS)
ICLEVIA ORAL TABLET 0.15-0.03 MG	Preferred	NOTES (EA); DS (90 DS)
JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA); DS (90 DS)
JOLESSA ORAL TABLET 0.15-0.03 MG	Preferred	NOTES (EA); DS (90 DS)
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Preferred	NOTES (EA); DS (90 DS)

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Drug	Status	Notes
RIVELSA ORAL TABLET 42-21-21-7 DAYS	Preferred	NOTES (EA); DS (90 DS)
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	Preferred	DS (90 DS); Product subject to max fills per month
SETLAKIN ORAL TABLET 0.15-0.03 MG	Preferred	NOTES (EA); DS (90 DS)
SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA); DS (90 DS)
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	Preferred	NOTES (EA); DS (90 DS)
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	Preferred	NOTES (EA); DS (90 DS)
Four Phase Contraceptives - Oral**		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Preferred	NOTES (EA); DS (90 DS)
Progestin Contraceptives - Implants**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Preferred	NOTES (EA); Product subject to max fills per month
Progestin Contraceptives - Injectable**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Preferred	DS (90 DS); Product subject to max fills per month
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
Progestin Contraceptives - Iud**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Preferred	NOTES (EA); Product subject to max fills per month
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Preferred	NOTES (EA); Product subject to max fills per month

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Drug	Status	Notes
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Preferred	NOTES (EA); Product subject to max fills per month
Progestin Contraceptives - Oral**		
CAMILA ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
DEBLITANE ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
EMZAHH ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
ERRIN ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
HEATHER ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
INCASSIA ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
JENCYCLA ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
LYLEQ ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
LYZA ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
MELEYA ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
NORA-BE ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
OPILL ORAL TABLET 0.075 MG	Preferred	NOTES (EA); DS (90 DS)
SHAROBEL ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
SLYND ORAL TABLET 4 MG	Preferred	NOTES (EA); DS (90 DS)
TULANA ORAL TABLET 0.35 MG	Preferred	NOTES (EA); DS (90 DS)
norethindrone oral tablet 0.35 mg	Preferred	NOTES (EA); DS (90 DS)
Triphasic Contraceptives - Oral**		
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Preferred	NOTES (EA); DS (90 DS)
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	Preferred	NOTES (EA); DS (90 DS)
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Preferred	NOTES (EA); DS (90 DS)

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Drug	Status	Notes
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA); DS (90 DS)
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA); DS (90 DS)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA); DS (90 DS)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Preferred	NOTES (EA); DS (90 DS)
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Preferred	NOTES (EA); DS (90 DS)
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Preferred	NOTES (EA); DS (90 DS)

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Drug	Status	Notes
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Preferred	NOTES (EA); DS (90 DS)
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	Preferred	NOTES (EA); DS (90 DS)
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	Preferred	NOTES (EA); DS (90 DS)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	Preferred	NOTES (EA); DS (90 DS)
Corticosteroids		
Glucocorticosteroids**		
AGAMREE ORAL SUSPENSION 40 MG/ML	Non Preferred	PA; Product subject to max fills per month
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Non Preferred	PA; Product subject to max fills per month
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Non Preferred	PA; Product subject to max fills per month
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Preferred	PA; Product subject to max fills per month
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	Non Preferred	PA; Product subject to max fills per month
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Preferred	Product subject to max fills per month
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Preferred	PA; Product subject to max fills per month
DOUBLEDEX INJECTION KIT 10 MG/ML	Non Preferred	PA; Product subject to max fills per month
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Non Preferred	PA; Product subject to max fills per month
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Non Preferred	PA; Product subject to max fills per month
EOHILIA ORAL SUSPENSION 2 MG/10ML	Preferred	PA; QL (20 ML per 1 day); Product subject to max fills per month
HEMADY ORAL TABLET 20 MG	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML	Preferred	PA; Product subject to max fills per month
KENALOG-10 INJECTION SUSPENSION 10 MG/ML	Preferred	PA; Product subject to max fills per month
KENALOG-40 INJECTION SUSPENSION 40 MG/ML	Non Preferred	PA; Product subject to max fills per month
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Preferred	PA; Product subject to max fills per month
KHINDIVI ORAL SOLUTION 1 MG/ML	Non Preferred	PA; Product subject to max fills per month
MAS CARE-PAK INJECTION KIT 10 MG/ML	Non Preferred	PA; Product subject to max fills per month
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	Non Preferred	PA; Product subject to max fills per month
MEDROL ORAL TABLET THERAPY PACK 4 MG	Non Preferred	PA; Product subject to max fills per month
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	Non Preferred	PA; Product subject to max fills per month
PEDIAPRED ORAL SOLUTION 5 MG/5ML	Non Preferred	PA; Product subject to max fills per month
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Preferred	Product subject to max fills per month
PRO-C-DURE 5 INJECTION KIT 2 X 40 MG/ML	Non Preferred	PA; Product subject to max fills per month
PRO-C-DURE 6 INJECTION KIT 3 X 40 MG/ML	Non Preferred	PA; Product subject to max fills per month
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG	Non Preferred	PA; Product subject to max fills per month
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; Product subject to max fills per month
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	Preferred	PA; Product subject to max fills per month
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	Non Preferred	PA; Product subject to max fills per month
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	Non Preferred	PA; Product subject to max fills per month
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21)	Non Preferred	PA; Product subject to max fills per month
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	Non Preferred	PA; Product subject to max fills per month
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	Preferred	QL (4 EA per 1 day); Product subject to max fills per month
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	Non Preferred	PA; Product subject to max fills per month
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG	Non Preferred	PA; Product subject to max fills per month
active injection d injection kit 10 mg/ml	Non Preferred	PA; Product subject to max fills per month
betamethasone sodium phosphate injection solution 12 mg/2ml, 6 mg/ml	Preferred	PA; Product subject to max fills per month
budesonide er oral tablet extended release 24 hour 9 mg	Preferred	Product subject to max fills per month
budesonide oral capsule delayed release particles 3 mg	Preferred	Product subject to max fills per month
cortisone acetate oral tablet 25 mg	Preferred	Product subject to max fills per month
deflazacort oral suspension 22.75 mg/ml	Non Preferred	PA; Product subject to max fills per month
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Non Preferred	PA; Product subject to max fills per month
dexabliss oral tablet therapy pack 1.5 mg (39)	Non Preferred	PA; Product subject to max fills per month
dexamethasone oral elixir 0.5 mg/5ml	Preferred	Product subject to max fills per month
dexamethasone oral solution 0.5 mg/5ml	Preferred	Product subject to max fills per month
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	Non Preferred	PA; Product subject to max fills per month
dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml	Preferred	PA; Product subject to max fills per month
dexamethasone sod phosphate pf injection solution 10 mg/ml	Preferred	PA; Product subject to max fills per month
dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml	Preferred	PA; Product subject to max fills per month
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	Preferred	PA; Product subject to max fills per month
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	Preferred	PA; Product subject to max fills per month
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Preferred	Product subject to max fills per month
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	Preferred	PA; Product subject to max fills per month
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	Preferred	PA; Product subject to max fills per month
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Preferred	Product subject to max fills per month
methylprednisolone oral tablet therapy pack 4 mg	Preferred	Product subject to max fills per month
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	Preferred	PA; Product subject to max fills per month
prednisolone oral solution 15 mg/5ml	Preferred	Product subject to max fills per month
prednisolone oral tablet 5 mg	Non Preferred	PA; Product subject to max fills per month
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	Preferred	Product subject to max fills per month
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
prednisone oral solution 5 mg/5ml	Non Preferred	PA; Product subject to max fills per month
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Preferred	Product subject to max fills per month
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Preferred	Product subject to max fills per month
triamcinolone acetonide injection suspension 40 mg/ml, 50 mg/ml	Preferred	PA; Product subject to max fills per month
zcort 7-day oral tablet therapy pack 1.5 mg (25)	Non Preferred	PA; Product subject to max fills per month
Mineralocorticoids**		
fludrocortisone acetate oral tablet 0.1 mg	Preferred	Product subject to max fills per month
Steroid Combinations**		
betamethasone sod phos & acet injection suspension 7 (4-3) mg/ml	Preferred	PA; Product subject to max fills per month
Cough/Cold/Allergy		
Antitussive - Nonnarcotic**		
GILTUSS HONEY DM ORAL LIQUID 30 MG/10ML	Preferred	Product subject to max fills per month
WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID 15 MG/5ML	Preferred	Product subject to max fills per month
WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP 15 MG/5ML	Preferred	Product subject to max fills per month
WAL-TUSSIN COUGH ORAL CAPSULE 15 MG	Preferred	Product subject to max fills per month
cough dm childrens oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
cough dm oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
cvs cough dm childrens oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
cvs cough dm oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
cvs tussin cough oral capsule 15 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
cvs tussin long-acting oral liquid 15 mg/5ml	Preferred	Product subject to max fills per month
dextromethorphan hbr oral capsule 15 mg	Preferred	Product subject to max fills per month
dextromethorphan polistirex er oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
eq cough dm oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
eql cough dm oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
gnp cough dm er oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
gnp cough gels oral capsule 15 mg	Preferred	Product subject to max fills per month
goodsense cough dm childrens oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
goodsense cough dm oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
hm cough dm oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
ra cough dm oral suspension extended release 30 mg/5ml	Preferred	QL (480 ML per 30 days); Product subject to max fills per month
tussin cough oral syrup 15 mg/5ml	Preferred	Product subject to max fills per month
Antitussive-Expectorant**		
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML	Preferred	Product subject to max fills per month
GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID 10-100 MG/5ML	Preferred	Product subject to max fills per month
GILTUSS COUGH & CHEST ORAL LIQUID 20-200 MG/10ML	Preferred	Product subject to max fills per month
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID 10-100 MG/5ML	Preferred	Product subject to max fills per month
GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID 20-200 MG/10ML	Preferred	Product subject to max fills per month

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Drug	Status	Notes
GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID 10-100 MG/5ML	Preferred	Product subject to max fills per month
MAX TUSSIN DM COUGH&CHEST CONG ORAL LIQUID 20-200 MG/10ML	Preferred	Product subject to max fills per month
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML	Preferred	Product subject to max fills per month
SAFE TUSSIN DM ORAL LIQUID 100-10 MG/5ML	Preferred	Product subject to max fills per month
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML	Preferred	Product subject to max fills per month
SORBUGEN NR ORAL LIQUID 15-150 MG/7.5ML	Preferred	Product subject to max fills per month
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML	Preferred	Product subject to max fills per month
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML	Preferred	Product subject to max fills per month
biocotron oral liquid 10-100 mg/5ml	Preferred	Product subject to max fills per month
chest congestion relief dm oral syrup 10-100 mg/5ml	Preferred	Product subject to max fills per month
cvs tussin dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml, 200-20 mg/10ml	Preferred	Product subject to max fills per month
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml	Preferred	Product subject to max fills per month
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml	Preferred	Product subject to max fills per month
eq tussin dm cough/chest oral syrup 10-100 mg/5ml	Preferred	Product subject to max fills per month
eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml	Preferred	Product subject to max fills per month
geri-tussin dm oral liquid 10-100 mg/5ml	Preferred	Product subject to max fills per month
geri-tussin dm oral syrup 10-100 mg/5ml	Preferred	Product subject to max fills per month
gnp tussin dm oral liquid 20-200 mg/10ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
guaiasorb dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml	Preferred	Product subject to max fills per month
guaifenesin-dm oral liquid 100-10 mg/5ml	Preferred	Product subject to max fills per month
guaifenesin-dm oral syrup 100-10 mg/5ml	Preferred	Product subject to max fills per month
maxi-tuss g oral liquid 10-100 mg/5ml	Preferred	Product subject to max fills per month
px tussin dm oral liquid 100-10 mg/5ml	Preferred	Product subject to max fills per month
qc tussin dm cough/congestion oral liquid 10-100 mg/5ml	Preferred	Product subject to max fills per month
ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml	Preferred	Product subject to max fills per month
ra tussin cough oral liquid 10-100 mg/5ml	Preferred	Product subject to max fills per month
ra tussin dm oral liquid 100-10 mg/5ml	Preferred	Product subject to max fills per month
sm tussin cough/chest congest oral liquid 20-200 mg/10ml	Preferred	Product subject to max fills per month
tusnel diabetic oral liquid 10-100 mg/5ml	Preferred	Product subject to max fills per month
tussin cough+chest cong dm sf oral liquid 10-100 mg/5ml	Preferred	Product subject to max fills per month
tussin cough+chest congest dm oral liquid 10-100 mg/5ml	Preferred	Product subject to max fills per month
tussin dm cough & chest conges oral liquid 20-200 mg/10ml	Preferred	Product subject to max fills per month
tussin dm oral liquid 10-100 mg/5ml, 100-10 mg/5ml	Preferred	Product subject to max fills per month
tussin dm oral syrup 100-10 mg/5ml	Preferred	Product subject to max fills per month
Decongestant & Antihistamine**		
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	Product subject to max fills per month

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Drug	Status	Notes
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	Product subject to max fills per month
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Non Preferred	PA; Product subject to max fills per month
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	Product subject to max fills per month
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	Preferred	Product subject to max fills per month
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	Product subject to max fills per month
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	Preferred	Product subject to max fills per month
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	Product subject to max fills per month
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	Product subject to max fills per month
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
all day allergy d oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
allergy relief d oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
allergy relief d oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month
allergy relief d12 oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month
allergy relief-d oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
cvs allergy relief d oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month
cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month
gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month
goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month
px allergy relief d (loratid) oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
px allergy relief d oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
px allergy relief d oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
ra cetiri-d oral tablet extended release 12 hour 5-120 mg	Preferred	Product subject to max fills per month
ra lorata-d oral tablet extended release 24 hour 10-240 mg	Preferred	Product subject to max fills per month
Expectorants**		
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML	Preferred	AGE (Min 4 Years); Product subject to max fills per month
TUSNEL-EX ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years); Product subject to max fills per month
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years); Product subject to max fills per month
chest congestion childrens oral liquid 100 mg/5ml	Preferred	Product subject to max fills per month
chest congestion relief oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
chest congestion relief oral tablet 400 mg	Preferred	Product subject to max fills per month
childrens mucus relief expect oral liquid 100 mg/5ml	Preferred	Product subject to max fills per month
cvs chest congestion relief oral tablet 400 mg	Preferred	Product subject to max fills per month
cvs mucus extended release oral tablet extended release 12 hour 1200 mg, 600 mg	Preferred	Product subject to max fills per month
cvs tussin adult chest congest oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
eq mucus relief oral tablet extended release 12 hour 600 mg	Preferred	Product subject to max fills per month
eql tussin mucus/chest congest oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
geri-tussin oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
geri-tussin oral syrup 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month

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Drug	Status	Notes
gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg	Preferred	Product subject to max fills per month
gnp mucus relief oral tablet 400 mg	Preferred	Product subject to max fills per month
gnp tab tussin oral tablet 400 mg	Preferred	Product subject to max fills per month
gnp tussin mucus & chest cong oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
goodsense mucus er oral tablet extended release 12 hour 600 mg	Preferred	Product subject to max fills per month
guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg	Preferred	Product subject to max fills per month
guaifenesin oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
guaifenesin oral liquid 200 mg/10ml, 300 mg/15ml	Preferred	Product subject to max fills per month
guaifenesin oral tablet 200 mg, 400 mg	Preferred	Product subject to max fills per month
hm chest congestion relief oral tablet 400 mg	Preferred	Product subject to max fills per month
hm mucus relief max st oral tablet extended release 12 hour 1200 mg	Preferred	Product subject to max fills per month
hm mucus relief oral tablet extended release 12 hour 600 mg	Preferred	Product subject to max fills per month
mucosa oral tablet 400 mg	Preferred	Product subject to max fills per month
mucus & chest congestion oral liquid 200 mg/10ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
mucus relief chest congestion oral tablet 400 mg	Preferred	Product subject to max fills per month
mucus relief er oral tablet extended release 12 hour 600 mg	Preferred	Product subject to max fills per month
mucus relief max st oral tablet extended release 12 hour 1200 mg	Preferred	Product subject to max fills per month
mucus relief oral tablet 400 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
mucus relief oral tablet extended release 12 hour 600 mg	Preferred	Product subject to max fills per month
px tussin oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
qc medifin 400 oral tablet 400 mg	Preferred	Product subject to max fills per month
qc mucus relief er oral tablet extended release 12 hour 1200 mg	Preferred	Product subject to max fills per month
qc mucus relief oral tablet extended release 12 hour 600 mg	Preferred	Product subject to max fills per month
ra tussin oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
scot-tussin expectorant oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
tussin mucus & chest congest oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
tussin mucus+chest congest sf oral liquid 200 mg/10ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
tussin mucus+chest congestion oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years); Product subject to max fills per month
Misc. Respiratory Inhalants**		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	Preferred	DS (90 DS); Product subject to max fills per month
Mucolytics**		
acetylcysteine inhalation solution 10 %, 20 %	Preferred	DS (90 DS); Product subject to max fills per month
Dermatologicals		
Acne Antibiotics**		
ACZONE EXTERNAL GEL 5 %, 7.5 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
AMZEEQ EXTERNAL FOAM 4 %	Non Preferred	PA; Product subject to max fills per month
CLEOCIN-T EXTERNAL LOTION 1 %	Non Preferred	PA; Product subject to max fills per month
CLINDACIN ETZ EXTERNAL SWAB 1 %	Non Preferred	PA; Product subject to max fills per month
CLINDACIN EXTERNAL FOAM 1 %	Non Preferred	PA; Product subject to max fills per month
CLINDACIN-P EXTERNAL SWAB 1 %	Non Preferred	PA; Product subject to max fills per month
CLINDAGEL EXTERNAL GEL 1 %	Non Preferred	PA; Product subject to max fills per month
ERYGEL EXTERNAL GEL 2 %	Non Preferred	PA; Product subject to max fills per month
EVOCLIN EXTERNAL FOAM 1 %	Non Preferred	PA; Product subject to max fills per month
KLARON EXTERNAL LOTION 10 %	Non Preferred	PA; Product subject to max fills per month
clindamycin phos (once-daily) external gel 1 %	Non Preferred	PA; Product subject to max fills per month
clindamycin phos (twice-daily) external gel 1 %	Non Preferred	PA; Product subject to max fills per month
clindamycin phosphate external foam 1 %	Non Preferred	PA; Product subject to max fills per month
clindamycin phosphate external gel 1 %	Non Preferred	PA; Product subject to max fills per month
clindamycin phosphate external lotion 1 %	Non Preferred	PA; Product subject to max fills per month
clindamycin phosphate external solution 1 %	Preferred	Product subject to max fills per month
clindamycin phosphate external swab 1 %	Non Preferred	PA; Product subject to max fills per month
dapsone external gel 5 %, 7.5 %	Non Preferred	PA; Product subject to max fills per month
ery external pad 2 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
erythromycin external gel 2 %	Non Preferred	PA; Product subject to max fills per month
erythromycin external solution 2 %	Preferred	Product subject to max fills per month
sulfacetamide sodium (acne) external lotion 10 %	Non Preferred	PA; Product subject to max fills per month
Acne Combinations**		
ACANYA EXTERNAL GEL 1.2-2.5 %	Non Preferred	PA; Product subject to max fills per month
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	Non Preferred	PA; Product subject to max fills per month
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	Non Preferred	PA; Product subject to max fills per month
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 %	Non Preferred	PA; Product subject to max fills per month
AVAR-E GREEN EXTERNAL CREAM 10-5 %	Non Preferred	PA; Product subject to max fills per month
AVAR-E LS EXTERNAL CREAM 10-2 %	Non Preferred	PA; Product subject to max fills per month
BENZAMYCIN EXTERNAL GEL 5-3 %	Non Preferred	PA; Product subject to max fills per month
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Non Preferred	PA; Product subject to max fills per month
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 %	Non Preferred	PA; Product subject to max fills per month
EPIDUO EXTERNAL GEL 0.1-2.5 %	Non Preferred	PA; Product subject to max fills per month
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	Non Preferred	PA; Product subject to max fills per month
NEUAC EXTERNAL GEL 1.2-5 %	Non Preferred	PA; Product subject to max fills per month
ONEXTON EXTERNAL GEL 1.2-3.75 %	Non Preferred	PA; Product subject to max fills per month
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %	Non Preferred	PA; Product subject to max fills per month
PLEXION EXTERNAL CREAM 9.8-4.8 %	Non Preferred	PA; Product subject to max fills per month
PLEXION EXTERNAL LOTION 9.8-4.8 %	Non Preferred	PA; Product subject to max fills per month
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Non Preferred	PA; Product subject to max fills per month
SUMADAN WASH EXTERNAL LIQUID 9-4.5 %	Non Preferred	PA; Product subject to max fills per month
SUMAXIN EXTERNAL PAD 10-4 %	Non Preferred	PA; Product subject to max fills per month
SUMAXIN WASH EXTERNAL LIQUID 9-4 %	Non Preferred	PA; Product subject to max fills per month
TWYNEO EXTERNAL CREAM 0.1-3 %	Non Preferred	PA; Product subject to max fills per month
VELTIN EXTERNAL GEL 1.2-0.025 %	Non Preferred	PA; Product subject to max fills per month
ZIANA EXTERNAL GEL 1.2-0.025 %	Non Preferred	PA; Product subject to max fills per month
ZMA CLEAR EXTERNAL SUSPENSION 9-4.5 %	Non Preferred	PA; Product subject to max fills per month
abenor external cream 4-10 %	Non Preferred	PA; Product subject to max fills per month
abenor hp external lotion 4-15 %	Non Preferred	PA; Product subject to max fills per month
acioxiay external cream 15-4 %	Non Preferred	PA; Product subject to max fills per month
adainzde external gel 0.3-2.5-1 %	Non Preferred	PA; Product subject to max fills per month
adainzoxia external gel 0.3-2.5-4 %	Non Preferred	PA; Product subject to max fills per month
adalina external gel 4-5 %	Non Preferred	PA; Product subject to max fills per month
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Preferred	Product subject to max fills per month

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adapalene-benzoyl peroxide external gel 0.3-2.5 %	Non Preferred	PA; Product subject to max fills per month
adeinzde external gel 0.1-2.5-1 %	Non Preferred	PA; Product subject to max fills per month
adermica external gel 2.5-1-2-0.025 %	Non Preferred	PA; Product subject to max fills per month
adermica hp external gel 2.5-1-2-0.05 %	Non Preferred	PA; Product subject to max fills per month
admirazol external cream 6-2-5 %	Non Preferred	PA; Product subject to max fills per month
admirazol hp external cream 8.5-2-5 %	Non Preferred	PA; Product subject to max fills per month
alixi external cream 6-4 %	Non Preferred	PA; Product subject to max fills per month
alixi hp external cream 8.5-4 %	Non Preferred	PA; Product subject to max fills per month
alomira external gel 5-1-2-0.05 %	Non Preferred	PA; Product subject to max fills per month
alomira hp external gel 5-1-2-0.1 %	Non Preferred	PA; Product subject to max fills per month
alomira lp external gel 5-1-2-0.025 %	Non Preferred	PA; Product subject to max fills per month
aluris external cream 4-0.05 %	Non Preferred	PA; Product subject to max fills per month
aluris external gel 4-0.05 %	Non Preferred	PA; Product subject to max fills per month
aluris hp external cream 4-0.1 %	Non Preferred	PA; Product subject to max fills per month
aluris lp external cream 4-0.025 %	Non Preferred	PA; Product subject to max fills per month
alvox external cream 4-0.05 %	Non Preferred	PA; Product subject to max fills per month
alvox hp external cream 4-0.1 %	Non Preferred	PA; Product subject to max fills per month
apexol cleanser external suspension 2-8 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
apexol hp cleanser external suspension 5-10 %	Non Preferred	PA; Product subject to max fills per month
aphoria external gel 0.3-2.5-4 %	Non Preferred	PA; Product subject to max fills per month
aporix external gel 1-4 %	Non Preferred	PA; Product subject to max fills per month
aporix external lotion 1-4 %	Non Preferred	PA; Product subject to max fills per month
artilis external gel 1-2.5-4 %	Non Preferred	PA; Product subject to max fills per month
artilis hp external gel 1-5-4 %	Non Preferred	PA; Product subject to max fills per month
augustil external gel 1-4-2-0.025 %	Non Preferred	PA; Product subject to max fills per month
avidora external cream 1-4-0.025 %	Non Preferred	PA; Product subject to max fills per month
avidora external solution 1-4-0.025 %	Non Preferred	PA; Product subject to max fills per month
avidora hp external cream 1-4-0.05 %	Non Preferred	PA; Product subject to max fills per month
azalta external gel 2-5-0.025 %	Non Preferred	PA; Product subject to max fills per month
azalta hp external gel 2-5-0.05 %	Non Preferred	PA; Product subject to max fills per month
benzoyl peroxide-erythromycin external gel 5-3 %	Preferred	Product subject to max fills per month
bp 10-1 external emulsion 10-1 %	Non Preferred	PA; Product subject to max fills per month
bp cleansing wash external emulsion 10-4 %	Non Preferred	PA; Product subject to max fills per month
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Non Preferred	PA; Product subject to max fills per month
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	Preferred	Product subject to max fills per month
clindamycin-tretinoin external gel 1.2-0.025 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
deoxia external gel 1-4 %	Non Preferred	PA; Product subject to max fills per month
deoxia external lotion 1-4 %	Non Preferred	PA; Product subject to max fills per month
deoxiademtar external gel 1-4-2-0.025 %	Non Preferred	PA; Product subject to max fills per month
deoxiatar external solution 1-4-0.025 %	Non Preferred	PA; Product subject to max fills per month
deoxiavar external cream 1-4-0.05 %	Non Preferred	PA; Product subject to max fills per month
diadimaxia external cream 6-2-5 %	Non Preferred	PA; Product subject to max fills per month
diadimaxia external gel 6-2-5 %	Non Preferred	PA; Product subject to max fills per month
diaoxia external gel 6-4 %	Non Preferred	PA; Product subject to max fills per month
diasdimaxia external cream 8.5-2-5 %	Non Preferred	PA; Product subject to max fills per month
diasdimaxia external gel 8.5-2-5 %	Non Preferred	PA; Product subject to max fills per month
diasoxia external cream 6-4 %, 8.5-4 %	Non Preferred	PA; Product subject to max fills per month
diasoxia external gel 8.5-4 %	Non Preferred	PA; Product subject to max fills per month
dimoxia external gel 4-5 %	Non Preferred	PA; Product subject to max fills per month
draxace lotion cleanser external suspension 2-8 %	Non Preferred	PA; Product subject to max fills per month
draxacey external suspension 2-8 %	Non Preferred	PA; Product subject to max fills per month
drixece external suspension 5-10 %	Non Preferred	PA; Product subject to max fills per month
eceoxia external cream 4-10 %	Non Preferred	PA; Product subject to max fills per month
ethoxia external cream 4-0.05 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
idyyxiatar external gel 5-0.025 %	Non Preferred	PA; Product subject to max fills per month
inzdeaxiatar external gel 2.5-1-2-0.025 %	Non Preferred	PA; Product subject to max fills per month
inzdeaxiavar external gel 2.5-1-2-0.05 %	Non Preferred	PA; Product subject to max fills per month
inzdeoxia external gel 2.5-1-4 %	Non Preferred	PA; Product subject to max fills per month
ithoxia external cream 4-0.1 %	Non Preferred	PA; Product subject to max fills per month
onzdeaxiademtar external gel 5-1-2-2-0.025 %	Non Preferred	PA; Product subject to max fills per month
onzdeaxiademvar external gel 5-1-2-2-0.05 %	Non Preferred	PA; Product subject to max fills per month
onzdeaxiatar external gel 5-1-2-0.025 %	Non Preferred	PA; Product subject to max fills per month
onzdeaxiavar external gel 5-1-2-0.05 %	Non Preferred	PA; Product subject to max fills per month
onzdeaxiazar external gel 5-1-2-0.1 %	Non Preferred	PA; Product subject to max fills per month
onzdeoxia external gel 1-5-4 %	Non Preferred	PA; Product subject to max fills per month
oxiaice external lotion 4-15 %	Non Preferred	PA; Product subject to max fills per month
oxiavar external cream 4-0.05 %	Non Preferred	PA; Product subject to max fills per month
oxiavary external cream 4-0.1 %	Non Preferred	PA; Product subject to max fills per month
rumilo external cream 15-4 %	Non Preferred	PA; Product subject to max fills per month
saroxia external cream 4-0.05 %	Non Preferred	PA; Product subject to max fills per month
sirvana external gel 5-0.025 %	Non Preferred	PA; Product subject to max fills per month
sorixia external cream 4-0.05 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
sss 10-5 external cream 10-5 %	Non Preferred	PA; Product subject to max fills per month
sss 10-5 external foam 10-5 %	Non Preferred	PA; Product subject to max fills per month
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	Non Preferred	PA; Product subject to max fills per month
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %	Preferred	Product subject to max fills per month
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %, 9.8-4.8 %	Non Preferred	PA; Product subject to max fills per month
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	Non Preferred	PA; Product subject to max fills per month
sulfacetamide sodium-sulfur external pad 10-4 %, 9.8-4.8 %	Non Preferred	PA; Product subject to max fills per month
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %, 9-4.25 %	Non Preferred	PA; Product subject to max fills per month
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	Non Preferred	PA; Product subject to max fills per month
sulfacetamide-sulfur in urea external emulsion 10-5 %	Non Preferred	PA; Product subject to max fills per month
tardeoxia external cream 1-4-0.025 %	Non Preferred	PA; Product subject to max fills per month
tardimaxia external gel 2-5-0.025 %	Non Preferred	PA; Product subject to max fills per month
taroxia external cream 4-0.025 %	Non Preferred	PA; Product subject to max fills per month
taroxia external gel 4-0.025 %	Non Preferred	PA; Product subject to max fills per month
vardimaxia external gel 2-5-0.05 %	Non Preferred	PA; Product subject to max fills per month
varoxia external cream 4-0.05 %	Non Preferred	PA; Product subject to max fills per month
varoxia external gel 4-0.05 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
Acne Products**		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Non Preferred	PA; Product subject to max fills per month
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Non Preferred	PA; Product subject to max fills per month
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA; Product subject to max fills per month
AKLIEF EXTERNAL CREAM 0.005 %	Non Preferred	PA; Product subject to max fills per month
ALTRENO EXTERNAL LOTION 0.05 %	Non Preferred	PA; Product subject to max fills per month
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA; Product subject to max fills per month
ARAZLO EXTERNAL LOTION 0.045 %	Non Preferred	PA; Product subject to max fills per month
ATRALIN EXTERNAL GEL 0.05 %	Non Preferred	PA; AGE (Min 10 Years and Max 35 Years); Product subject to max fills per month
AVITA EXTERNAL CREAM 0.025 %	Non Preferred	PA; AGE (Min 10 Years and Max 35 Years); Product subject to max fills per month
AVITA EXTERNAL GEL 0.025 %	Preferred	Product subject to max fills per month
AZELEX EXTERNAL CREAM 20 %	Non Preferred	PA; Product subject to max fills per month
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA; Product subject to max fills per month
DIFFERIN EXTERNAL CREAM 0.1 %	Preferred	Product subject to max fills per month
DIFFERIN EXTERNAL GEL 0.1 %, 0.3 %	Preferred	Product subject to max fills per month
DIFFERIN EXTERNAL LOTION 0.1 %	Preferred	Product subject to max fills per month
EPSOLAY EXTERNAL CREAM 5 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
FABIOR EXTERNAL FOAM 0.1 %	Non Preferred	PA; Product subject to max fills per month
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %	Non Preferred	PA; AGE (Min 10 Years and Max 35 Years); Product subject to max fills per month
RETIN-A EXTERNAL GEL 0.01 %, 0.025 %	Preferred	AGE (Min 10 Years and Max 35 Years); Product subject to max fills per month
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %	Non Preferred	PA; Product subject to max fills per month
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 %	Non Preferred	PA; Product subject to max fills per month
WINLEVI EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA; Product subject to max fills per month
adapalene external cream 0.1 %	Preferred	Product subject to max fills per month
adapalene external gel 0.1 %, 0.3 %	Preferred	Product subject to max fills per month
adapalene external pad 0.1 %	Non Preferred	PA; Product subject to max fills per month
adapalene external solution 0.1 %	Non Preferred	PA; Product subject to max fills per month
cvs adapalene external gel 0.1 %	Preferred	Product subject to max fills per month
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	Preferred	PA; Product subject to max fills per month
tazarotene external foam 0.1 %	Preferred	Product subject to max fills per month
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Preferred	AGE (Min 10 Years and Max 35 Years); Product subject to max fills per month
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	Preferred	AGE (Min 10 Years and Max 35 Years); Product subject to max fills per month

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Drug	Status	Notes
tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %	Non Preferred	PA; Product subject to max fills per month
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	Non Preferred	PA; Product subject to max fills per month
Agents For External Genital And Perianal Warts**		
VEREGEN EXTERNAL OINTMENT 15 %	Non Preferred	PA; Product subject to max fills per month
Alopecia Agents - Janus Kinus (Jak) Inhibitors**		
LEQSELVI ORAL TABLET 8 MG	Non Preferred	PA; Product subject to max fills per month
LITFULO ORAL CAPSULE 50 MG	Non Preferred	PA; Product subject to max fills per month
Analgesics - Topical**		
NEURAPTINE EXTERNAL CREAM 10 %	Non Preferred	PA; Product subject to max fills per month
Antibiotic Mixtures Topical**		
cvs poly bacitracin external ointment 500-10000 unit/gm	Preferred	Product subject to max fills per month
double antibiotic external ointment 500-10000 unit/gm	Preferred	Product subject to max fills per month
hm double antibiotic external ointment 500-10000 unit/gm	Preferred	Product subject to max fills per month
idaran external ointment 1-2 %	Non Preferred	PA; Product subject to max fills per month
kp double antibiotic external ointment 500-10000 unit/gm	Preferred	Product subject to max fills per month
poly bacitracin external ointment 500-10000 unit/gm	Preferred	Product subject to max fills per month
ra double antibiotic external ointment 500-10000 unit/gm	Preferred	Product subject to max fills per month
wal-sporin external ointment 500-100000 unit/gm	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Antibiotic Steroid Combinations - Topical**		
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Non Preferred	PA; Product subject to max fills per month
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 %	Non Preferred	PA; Product subject to max fills per month
Antibiotics - Topical**		
ALTABAX EXTERNAL OINTMENT 1 %	Non Preferred	PA; Product subject to max fills per month
CENTANY AT EXTERNAL KIT 2 %	Non Preferred	PA; Product subject to max fills per month
CENTANY EXTERNAL OINTMENT 2 %	Non Preferred	PA; Product subject to max fills per month
XEPI EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
bacitracin external ointment 500 unit/gm	Preferred	Product subject to max fills per month
bacitracin zinc external ointment 500 unit/gm	Preferred	Product subject to max fills per month
bacitracin zinc-aloe external ointment 500 unit/gm	Preferred	Product subject to max fills per month
cvs bacitracin external ointment 500 unit/gm	Preferred	Product subject to max fills per month
cvs bacitracin zinc external ointment 500 unit/gm	Preferred	Product subject to max fills per month
eq bacitracin zinc external ointment 500 unit/gm	Preferred	Product subject to max fills per month
ft antibiotic external ointment 500 unit/gm	Preferred	Product subject to max fills per month
gentamicin sulfate external cream 0.1 %	Preferred	Product subject to max fills per month
gentamicin sulfate external ointment 0.1 %	Preferred	Product subject to max fills per month
gnp bacitracin zinc external ointment 500 unit/gm	Preferred	Product subject to max fills per month
hm bacitracin zinc external ointment 500 unit/gm	Preferred	Product subject to max fills per month

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Drug	Status	Notes
kp bacitracin zinc external ointment 500 unit/gm	Preferred	Product subject to max fills per month
mupirocin calcium external cream 2 %	Non Preferred	PA; Product subject to max fills per month
mupirocin external ointment 2 %	Preferred	Product subject to max fills per month
ra bacitracin zinc first aid external ointment 500 unit/gm	Preferred	Product subject to max fills per month
sm antibiotic external ointment 500 unit/gm	Preferred	Product subject to max fills per month
Antifungals - Topical Combinations**		
ALCORTIN A EXTERNAL GEL 1-2-1 %	Non Preferred	PA; Product subject to max fills per month
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 %	Non Preferred	PA; Product subject to max fills per month
EXODERM EXTERNAL LOTION 25-1 %	Non Preferred	PA; Product subject to max fills per month
QUINJA EXTERNAL GEL 1.25-1 %	Non Preferred	PA; Product subject to max fills per month
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	Non Preferred	PA; Product subject to max fills per month
VYTONE EXTERNAL CREAM 1-1.9 %	Non Preferred	PA; Product subject to max fills per month
clotrimazole-betamethasone external cream 1-0.05 %	Preferred	Product subject to max fills per month
clotrimazole-betamethasone external lotion 1-0.05 %	Non Preferred	PA; Product subject to max fills per month
corti-sav external cream 1-1 %	Non Preferred	PA; Product subject to max fills per month
dazinia external cream 1-2.5-2 %	Non Preferred	PA; Product subject to max fills per month
delibon external cream 2-2.5 %	Non Preferred	PA; Product subject to max fills per month
difmetioxrime external solution 4-2-1-4 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
fenovia external solution 4-2-1-4 %	Non Preferred	PA; Product subject to max fills per month
frivo external cream 1-4 %	Non Preferred	PA; Product subject to max fills per month
hydrocortisone-iodoquinol external cream 1-1 %	Non Preferred	PA; Product subject to max fills per month
imioxia external cream 1-4 %	Non Preferred	PA; Product subject to max fills per month
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	Non Preferred	PA; Product subject to max fills per month
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	Non Preferred	PA; Product subject to max fills per month
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	Non Preferred	PA; Product subject to max fills per month
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Preferred	Product subject to max fills per month
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Preferred	Product subject to max fills per month
pheodoyo external cream 1-2.5-2 %	Non Preferred	PA; Product subject to max fills per month
pheyo external cream 2.5-2 %	Non Preferred	PA; Product subject to max fills per month
Antifungals - Topical**		
CICLODAN EXTERNAL SOLUTION 8 %	Non Preferred	PA; Product subject to max fills per month
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Preferred	Product subject to max fills per month
LOPROX EXTERNAL CREAM 0.77 %	Non Preferred	PA; Product subject to max fills per month
LOPROX EXTERNAL KIT 0.77 %, 0.77 % (SUSP)	Non Preferred	PA; Product subject to max fills per month
LOPROX EXTERNAL SUSPENSION 0.77 %	Non Preferred	PA; Product subject to max fills per month
NAFTIN EXTERNAL GEL 2 %	Non Preferred	PA; Product subject to max fills per month

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NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Non Preferred	PA; Product subject to max fills per month
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Preferred	Product subject to max fills per month
ciclopirox external gel 0.77 %	Non Preferred	PA; Product subject to max fills per month
ciclopirox external shampoo 1 %	Preferred	Product subject to max fills per month
ciclopirox external solution 8 %	Non Preferred	PA; Product subject to max fills per month
ciclopirox olamine external cream 0.77 %	Preferred	Product subject to max fills per month
ciclopirox olamine external suspension 0.77 %	Preferred	Product subject to max fills per month
ciclopirox treatment external kit 8 %	Non Preferred	PA; Product subject to max fills per month
cvs athletes foot (tolnaftate) external cream 1 %	Preferred	Product subject to max fills per month
eq athletes foot (tolnaftate) external cream 1 %	Preferred	Product subject to max fills per month
gnp tolnaftate external cream 1 %	Preferred	Product subject to max fills per month
kp tolnaftate external cream 1 %	Preferred	Product subject to max fills per month
naftifine hcl external cream 1 %, 2 %	Non Preferred	PA; Product subject to max fills per month
naftifine hcl external gel 2 %	Non Preferred	PA; Product subject to max fills per month
nystatin external cream 100000 unit/gm	Preferred	Product subject to max fills per month
nystatin external ointment 100000 unit/gm	Preferred	Product subject to max fills per month
nystatin external powder 100000 unit/gm	Preferred	Product subject to max fills per month
qc antifungal (tolnaftate) external cream 1 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
ra foot care (tolnaftate) external cream 1 %	Preferred	Product subject to max fills per month
tolnaftate external cream 1 %	Preferred	Product subject to max fills per month
Anti-Inflammatory Agents - Topical**		
DICLOFONO EXTERNAL GEL 1.6 %	Non Preferred	PA; Product subject to max fills per month
FLECTOR EXTERNAL PATCH 1.3 %	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
FROTEK EXTERNAL CREAM 10 %	Non Preferred	PA; Product subject to max fills per month
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
LIXOFEN EXTERNAL KIT 1.5 %	Non Preferred	PA; Product subject to max fills per month
PENNSAID EXTERNAL SOLUTION 2 %	Non Preferred	PA; Product subject to max fills per month
VENNGEL ONE EXTERNAL KIT 1 %	Non Preferred	PA; Product subject to max fills per month
diclofenac epolamine external patch 1.3 %	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
diclofenac sodium external gel 1 %	Preferred	Product subject to max fills per month
diclofenac sodium external solution 1.5 %	Preferred	Product subject to max fills per month
diclofenac sodium external solution 2 %	Non Preferred	PA; Product subject to max fills per month
Anti-Inflammatory Combinations - Topical**		
DERMACINRX LEXITRAL PHARMAPAK EXTERNAL THERAPY PACK 1.5 & 0.025 %	Non Preferred	PA; Product subject to max fills per month
DICLOFEX DC EXTERNAL THERAPY PACK 1.5-0.025 %	Non Preferred	PA; Product subject to max fills per month
DICLOGEN EXTERNAL THERAPY PACK 1.5 & 4-10 %	Non Preferred	PA; Product subject to max fills per month

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DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 %	Non Preferred	PA; Product subject to max fills per month
DICLOTREX EXTERNAL THERAPY PACK 1.5 & 4-10 %	Non Preferred	PA; Product subject to max fills per month
FENOVAR EXTERNAL KIT 1.5-10-15 %	Non Preferred	PA; Product subject to max fills per month
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 %	Non Preferred	PA; Product subject to max fills per month
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 %	Non Preferred	PA; Product subject to max fills per month
PROFINAC EXTERNAL THERAPY PACK 1.5 %	Non Preferred	PA; Product subject to max fills per month
VAROPHEN EXTERNAL KIT 1.5-10-15 %	Non Preferred	PA; Product subject to max fills per month
XRYLIX EXTERNAL THERAPY PACK 1.5 %	Non Preferred	PA; Product subject to max fills per month
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 %	Non Preferred	PA; Product subject to max fills per month
capsfenac pak external therapy pack 1.5 & 0.025 %	Non Preferred	PA; Product subject to max fills per month
capsinac external therapy pack 0.025-1.5 %	Non Preferred	PA; Product subject to max fills per month
dicloheal-60 external therapy pack 1.5 & 0.025 %	Non Preferred	PA; Product subject to max fills per month
diclopr external kit 1 & 10-30 %	Non Preferred	PA; Product subject to max fills per month
diclovix external kit 1.5 & 2-2.5-4 %	Non Preferred	PA; Product subject to max fills per month
dimentho external therapy pack 1.5 & 10 %	Non Preferred	PA; Product subject to max fills per month
sure result dss premium pack external therapy pack 1.5 & 0.025 %	Non Preferred	PA; Product subject to max fills per month
ziclocin external therapy pack 1.5 & 0.025 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
Antineoplastic Alkylating Agents - Topical**		
VALCHLOR EXTERNAL GEL 0.016 %	Preferred	PA; Product subject to max fills per month
Antineoplastic Antimetabolites - Topical**		
CARAC EXTERNAL CREAM 0.5 %	Non Preferred	PA; Product subject to max fills per month
EFUDEX EXTERNAL CREAM 5 %	Non Preferred	PA; Product subject to max fills per month
FLUOROPLEX EXTERNAL CREAM 1 %	Preferred	PA; Product subject to max fills per month
TOLAK EXTERNAL CREAM 4 %	Preferred	PA; Product subject to max fills per month
fluorouracil external cream 0.5 %	Non Preferred	PA; Product subject to max fills per month
fluorouracil external cream 5 %	Preferred	Product subject to max fills per month
fluorouracil external solution 2 %, 5 %	Preferred	PA; Product subject to max fills per month
Antineoplastic Or Premalignant Lesion Agent - Comb**		
kazuri external gel 5-1-0.05 %	Non Preferred	PA; Product subject to max fills per month
kynara external gel 5-1-2 %	Non Preferred	PA; Product subject to max fills per month
quihoxaxia external gel 5-1-2 %	Non Preferred	PA; Product subject to max fills per month
quihoxvar external gel 5-1-0.05 %	Non Preferred	PA; Product subject to max fills per month
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**		
diclofenac sodium external gel 3 %	Preferred	PA; Product subject to max fills per month
Antineoplastic Retinoids - Topical**		
PANRETIN EXTERNAL GEL 0.1 %	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
Antipruritics - Topical**		
PRUDOXIN EXTERNAL CREAM 5 %	Non Preferred	PA; Product subject to max fills per month
ZONALON EXTERNAL CREAM 5 %	Non Preferred	PA; Product subject to max fills per month
doxepin hcl external cream 5 %	Non Preferred	PA; Product subject to max fills per month
Antipsoriatics - Systemic**		
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	Non Preferred	PA; Product subject to max fills per month
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	Non Preferred	PA; Product subject to max fills per month
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	Non Preferred	PA; Product subject to max fills per month
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Non Preferred	PA; SP; Product subject to max fills per month
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Non Preferred	PA; Product subject to max fills per month
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Preferred	PA; Product subject to max fills per month
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	Non Preferred	PA; SP; Product subject to max fills per month
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
SOTYKTU ORAL TABLET 6 MG	Non Preferred	PA; Product subject to max fills per month
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML	Non Preferred	PA; Product subject to max fills per month
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non Preferred	PA; Product subject to max fills per month
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Preferred	PA; Product subject to max fills per month
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Non Preferred	PA; Product subject to max fills per month
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Preferred	PA; Product subject to max fills per month
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Preferred	PA; Product subject to max fills per month
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Preferred	Product subject to max fills per month
methoxsalen rapid oral capsule 10 mg	Preferred	Product subject to max fills per month
ustekinumab subcutaneous solution 45 mg/0.5ml	Non Preferred	PA; SP; Product subject to max fills per month
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	Non Preferred	PA; SP; Product subject to max fills per month
ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	Non Preferred	PA; Product subject to max fills per month
Antipsoriatics**		
DRITHO-CREME HP EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
SORILUX EXTERNAL FOAM 0.005 %	Non Preferred	PA; Product subject to max fills per month
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %	Non Preferred	PA; Product subject to max fills per month
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Non Preferred	PA; Product subject to max fills per month
VECTICAL EXTERNAL OINTMENT 3 MCG/GM	Non Preferred	PA; Product subject to max fills per month
VTAMA EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
ZITHRANOL EXTERNAL SHAMPOO 1 %	Non Preferred	PA; Product subject to max fills per month
calcipotriene external cream 0.005 %	Preferred	Product subject to max fills per month

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calcipotriene external foam 0.005 %	Non Preferred	PA; Product subject to max fills per month
calcipotriene external ointment 0.005 %	Preferred	Product subject to max fills per month
calcipotriene external solution 0.005 %	Preferred	Product subject to max fills per month
calcitriol external ointment 3 mcg/gm	Non Preferred	PA; Product subject to max fills per month
tazarotene external cream 0.05 %, 0.1 %	Non Preferred	PA; Product subject to max fills per month
tazarotene external gel 0.05 %, 0.1 %	Non Preferred	PA; Product subject to max fills per month
Antiseborrheic Combinations**		
dafilor external shampoo 0.77-2 %	Non Preferred	PA; Product subject to max fills per month
dionaris external shampoo 0.77-0.05-3 %	Non Preferred	PA; Product subject to max fills per month
divendo external shampoo 0.77-0.05 %	Non Preferred	PA; Product subject to max fills per month
haxchlo external shampoo 0.77-0.05 %	Non Preferred	PA; Product subject to max fills per month
haxchlodrex external shampoo 0.77-0.05-3 %	Non Preferred	PA; Product subject to max fills per month
haxdrax external shampoo 0.77-2 %	Non Preferred	PA; Product subject to max fills per month
Antiseborrheic Products**		
OVACE PLUS WASH EXTERNAL GEL 10 %	Non Preferred	PA; Product subject to max fills per month
OVACE PLUS WASH EXTERNAL LIQUID 10 %	Non Preferred	PA; Product subject to max fills per month
OVACE WASH EXTERNAL LIQUID 10 %	Non Preferred	PA; Product subject to max fills per month
selenium sulfide external lotion 2.5 %	Preferred	Product subject to max fills per month
sodium sulfacetamide wash external liquid 10 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
sulfacetamide sodium (cleans) external gel 10 %	Preferred	Product subject to max fills per month
sulfacetamide sodium external liquid 10 %	Preferred	Product subject to max fills per month
Antiviral Topical Combinations**		
XERESE EXTERNAL CREAM 5-1 %	Non Preferred	PA; Product subject to max fills per month
Antivirals - Topical**		
DENAVIR EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
ZELSUVMI EXTERNAL GEL 10.3 %	Preferred	PA; Product subject to max fills per month
ZOVIRAX EXTERNAL CREAM 5 %	Non Preferred	PA; Product subject to max fills per month
ZOVIRAX EXTERNAL OINTMENT 5 %	Non Preferred	PA; Product subject to max fills per month
acyclovir external cream 5 %	Non Preferred	PA; Product subject to max fills per month
acyclovir external ointment 5 %	Non Preferred	PA; Product subject to max fills per month
penciclovir external cream 1 %	Non Preferred	PA; Product subject to max fills per month
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
OPZELURA EXTERNAL CREAM 1.5 %	Non Preferred	PA; Product subject to max fills per month
Atopic Dermatitis - Monoclonal Antibodies**		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Non Preferred	PA; SP; Product subject to max fills per month
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month

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Drug	Status	Notes
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Preferred	PA; Product subject to max fills per month
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Preferred	PA; SP; Product subject to max fills per month
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Non Preferred	PA; Product subject to max fills per month
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Non Preferred	PA; Product subject to max fills per month
Burn Products**		
SILVADENE EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
SSD EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Preferred	PA; Product subject to max fills per month
mafenide acetate external packet 5 %	Preferred	PA; Product subject to max fills per month
silver sulfadiazine external cream 1 %	Preferred	Product subject to max fills per month
Corticosteroids - Topical**		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 %	Non Preferred	PA; Product subject to max fills per month
ALA SCALP EXTERNAL LOTION 2 %	Non Preferred	PA; Product subject to max fills per month
APEXICON E EXTERNAL CREAM 0.05 %	Non Preferred	PA; Product subject to max fills per month
BESER EXTERNAL LOTION 0.05 %	Non Preferred	PA; Product subject to max fills per month
BRYHALI EXTERNAL LOTION 0.01 %	Non Preferred	PA; Product subject to max fills per month
CAPEX EXTERNAL SHAMPOO 0.01 %	Non Preferred	PA; Product subject to max fills per month

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CLOBEX EXTERNAL LOTION 0.05 %	Non Preferred	PA; Product subject to max fills per month
CLOBEX EXTERNAL SHAMPOO 0.05 %	Non Preferred	PA; Product subject to max fills per month
CLOBEX SPRAY EXTERNAL LIQUID 0.05 %	Non Preferred	PA; Product subject to max fills per month
CLODAN EXTERNAL SHAMPOO 0.05 %	Non Preferred	PA; Product subject to max fills per month
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 %	Non Preferred	PA; Product subject to max fills per month
CORDRAN EXTERNAL LOTION 0.05 %	Non Preferred	PA; Product subject to max fills per month
CORDRAN EXTERNAL OINTMENT 0.05 %	Non Preferred	PA; Product subject to max fills per month
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Non Preferred	PA; Product subject to max fills per month
CURAD HYDROCORTISONE EXTERNAL CREAM 1 %	Preferred	Product subject to max fills per month
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 %	Non Preferred	PA; Product subject to max fills per month
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 %	Non Preferred	PA; Product subject to max fills per month
DESOWEN EXTERNAL CREAM 0.05 %	Non Preferred	PA; Product subject to max fills per month
DIPROLENE EXTERNAL OINTMENT 0.05 %	Non Preferred	PA; Product subject to max fills per month
HALOG EXTERNAL CREAM 0.1 %	Non Preferred	PA; Product subject to max fills per month
HALOG EXTERNAL OINTMENT 0.1 %	Non Preferred	PA; Product subject to max fills per month
HALOG EXTERNAL SOLUTION 0.1 %	Non Preferred	PA; Product subject to max fills per month
IMPOYZ EXTERNAL CREAM 0.025 %	Non Preferred	PA; Product subject to max fills per month
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM	Non Preferred	PA; Product subject to max fills per month

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LOCOID EXTERNAL LOTION 0.1 %	Non Preferred	PA; Product subject to max fills per month
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	Non Preferred	PA; Product subject to max fills per month
LUXIQ EXTERNAL FOAM 0.12 %	Non Preferred	PA; Product subject to max fills per month
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 %	Preferred	Product subject to max fills per month
NUCORT EXTERNAL LOTION 2 %	Non Preferred	PA; Product subject to max fills per month
OLUX EXTERNAL FOAM 0.05 %	Non Preferred	PA; Product subject to max fills per month
OLUX-E EXTERNAL FOAM 0.05 %	Non Preferred	PA; Product subject to max fills per month
PANDEL EXTERNAL CREAM 0.1 %	Non Preferred	PA; Product subject to max fills per month
SERNIVO EXTERNAL EMULSION 0.05 %	Non Preferred	PA; Product subject to max fills per month
SYNALAR EXTERNAL CREAM 0.025 %	Non Preferred	PA; Product subject to max fills per month
SYNALAR EXTERNAL OINTMENT 0.025 %	Non Preferred	PA; Product subject to max fills per month
SYNALAR EXTERNAL SOLUTION 0.01 %	Non Preferred	PA; Product subject to max fills per month
TEXACORT EXTERNAL SOLUTION 2.5 %	Non Preferred	PA; Product subject to max fills per month
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	Non Preferred	PA; Product subject to max fills per month
TOPICORT EXTERNAL GEL 0.05 %	Non Preferred	PA; Product subject to max fills per month
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 %	Non Preferred	PA; Product subject to max fills per month
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	Non Preferred	PA; Product subject to max fills per month
TOVET EXTERNAL FOAM 0.05 %	Non Preferred	PA; Product subject to max fills per month

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TOVET EXTERNAL KIT 0.05 %	Non Preferred	PA; Product subject to max fills per month
TRIANEX EXTERNAL OINTMENT 0.05 %	Non Preferred	PA; Product subject to max fills per month
TRIDERM EXTERNAL CREAM 0.1 %, 0.5 %	Non Preferred	PA; Product subject to max fills per month
ULTRAVATE EXTERNAL LOTION 0.05 %	Non Preferred	PA; Product subject to max fills per month
VANOS EXTERNAL CREAM 0.1 %	Non Preferred	PA; Product subject to max fills per month
VERDESO EXTERNAL FOAM 0.05 %	Non Preferred	PA; Product subject to max fills per month
ala-cort external cream 1 %	Non Preferred	PA; Product subject to max fills per month
alclometasone dipropionate external cream 0.05 %	Non Preferred	PA; Product subject to max fills per month
alclometasone dipropionate external ointment 0.05 %	Non Preferred	PA; Product subject to max fills per month
amcinonide external cream 0.1 %	Non Preferred	PA; Product subject to max fills per month
amcinonide external ointment 0.1 %	Non Preferred	PA; Product subject to max fills per month
anti-itch maximum strength external cream 1 %	Preferred	Product subject to max fills per month
betamethasone dipropionate aug external cream 0.05 %	Non Preferred	PA; Product subject to max fills per month
betamethasone dipropionate aug external gel 0.05 %	Non Preferred	PA; Product subject to max fills per month
betamethasone dipropionate aug external lotion 0.05 %	Non Preferred	PA; Product subject to max fills per month
betamethasone dipropionate aug external ointment 0.05 %	Non Preferred	PA; Product subject to max fills per month
betamethasone dipropionate external cream 0.05 %	Non Preferred	PA; Product subject to max fills per month
betamethasone dipropionate external lotion 0.05 %	Preferred	Product subject to max fills per month

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betamethasone dipropionate external ointment 0.05 %	Non Preferred	PA; Product subject to max fills per month
betamethasone valerate external cream 0.1 %	Preferred	Product subject to max fills per month
betamethasone valerate external foam 0.12 %	Non Preferred	PA; Product subject to max fills per month
betamethasone valerate external lotion 0.1 %	Preferred	Product subject to max fills per month
betamethasone valerate external ointment 0.1 %	Preferred	Product subject to max fills per month
clobetasol propionate e external cream 0.05 %	Non Preferred	PA; Product subject to max fills per month
clobetasol propionate emulsion external foam 0.05 %	Non Preferred	PA; Product subject to max fills per month
clobetasol propionate external cream 0.025 %	Non Preferred	PA; Product subject to max fills per month
clobetasol propionate external cream 0.05 %	Preferred	Product subject to max fills per month
clobetasol propionate external foam 0.05 %	Non Preferred	PA; Product subject to max fills per month
clobetasol propionate external gel 0.05 %	Preferred	Product subject to max fills per month
clobetasol propionate external liquid 0.05 %	Non Preferred	PA; Product subject to max fills per month
clobetasol propionate external lotion 0.05 %	Non Preferred	PA; Product subject to max fills per month
clobetasol propionate external ointment 0.05 %	Preferred	Product subject to max fills per month
clobetasol propionate external shampoo 0.05 %	Non Preferred	PA; Product subject to max fills per month
clobetasol propionate external solution 0.05 %	Preferred	Product subject to max fills per month
clocortolone pivalate external cream 0.1 %	Non Preferred	PA; Product subject to max fills per month
cvs anti-itch maximum strength external cream 1 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
cvs cortisone intense healing external cream 1 %	Preferred	Product subject to max fills per month
cvs cortisone maximum strength external cream 1 %	Preferred	Product subject to max fills per month
cvs cortisone maximum strength external ointment 1 %	Preferred	Product subject to max fills per month
cvs hydrocortisone anti-itch external cream 1 %	Preferred	Product subject to max fills per month
desonide external cream 0.05 %	Preferred	Product subject to max fills per month
desonide external gel 0.05 %	Non Preferred	PA; Product subject to max fills per month
desonide external lotion 0.05 %	Non Preferred	PA; Product subject to max fills per month
desonide external ointment 0.05 %	Preferred	Product subject to max fills per month
desoximetasone external cream 0.05 %, 0.25 %	Non Preferred	PA; Product subject to max fills per month
desoximetasone external gel 0.05 %	Non Preferred	PA; Product subject to max fills per month
desoximetasone external liquid 0.25 %	Non Preferred	PA; Product subject to max fills per month
desoximetasone external ointment 0.05 %, 0.25 %	Non Preferred	PA; Product subject to max fills per month
diflorasone diacetate external cream 0.05 %	Non Preferred	PA; Product subject to max fills per month
diflorasone diacetate external ointment 0.05 %	Non Preferred	PA; Product subject to max fills per month
eq hydrocortisone max st external cream 1 %	Preferred	Product subject to max fills per month
eql anti-itch intensive heal external cream 1 %	Preferred	Product subject to max fills per month
eql anti-itch maximum strength external cream 1 %	Preferred	Product subject to max fills per month
eql anti-itch maximum strength external ointment 1 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
fluocinolone acetonide body external oil 0.01 %	Non Preferred	PA; Product subject to max fills per month
fluocinolone acetonide external cream 0.01 %, 0.025 %	Non Preferred	PA; Product subject to max fills per month
fluocinolone acetonide external ointment 0.025 %	Non Preferred	PA; Product subject to max fills per month
fluocinolone acetonide external solution 0.01 %	Non Preferred	PA; Product subject to max fills per month
fluocinolone acetonide scalp external oil 0.01 %	Non Preferred	PA; Product subject to max fills per month
fluocinonide emulsified base external cream 0.05 %	Non Preferred	PA; Product subject to max fills per month
fluocinonide external cream 0.05 %, 0.1 %	Non Preferred	PA; Product subject to max fills per month
fluocinonide external gel 0.05 %	Non Preferred	PA; Product subject to max fills per month
fluocinonide external ointment 0.05 %	Non Preferred	PA; Product subject to max fills per month
fluocinonide external solution 0.05 %	Non Preferred	PA; Product subject to max fills per month
flurandrenolide external lotion 0.05 %	Non Preferred	PA; Product subject to max fills per month
flurandrenolide external ointment 0.05 %	Non Preferred	PA; Product subject to max fills per month
fluticasone propionate external cream 0.05 %	Preferred	Product subject to max fills per month
fluticasone propionate external lotion 0.05 %	Non Preferred	PA; Product subject to max fills per month
fluticasone propionate external ointment 0.005 %	Preferred	Product subject to max fills per month
gnp hydrocortisone external cream 0.5 %	Preferred	Product subject to max fills per month
gnp hydrocortisone max st external ointment 1 %	Preferred	Product subject to max fills per month
gnp hydrocortisone plus external cream 1 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
gnp hydrocortisone/aloe external cream 1 %	Preferred	Product subject to max fills per month
halcinonide external cream 0.1 %	Non Preferred	PA; Product subject to max fills per month
halcinonide external solution 0.1 %	Non Preferred	PA; Product subject to max fills per month
halobetasol propionate external cream 0.05 %	Preferred	Product subject to max fills per month
halobetasol propionate external foam 0.05 %	Non Preferred	PA; Product subject to max fills per month
halobetasol propionate external ointment 0.05 %	Preferred	Product subject to max fills per month
hm hydrocortisone plus external cream 1 %	Preferred	Product subject to max fills per month
hm hydrocortisone-aloe max st external cream 1 %	Preferred	Product subject to max fills per month
hydrocortisone acetate external cream 1 %	Preferred	Product subject to max fills per month
hydrocortisone anti-itch external cream 1 %	Preferred	Product subject to max fills per month
hydrocortisone butyrate external cream 0.1 %	Non Preferred	PA; Product subject to max fills per month
hydrocortisone butyrate external lotion 0.1 %	Non Preferred	PA; Product subject to max fills per month
hydrocortisone butyrate external ointment 0.1 %	Non Preferred	PA; Product subject to max fills per month
hydrocortisone butyrate external solution 0.1 %	Non Preferred	PA; Product subject to max fills per month
hydrocortisone external cream 0.5 %, 1 %, 2.5 %	Preferred	Product subject to max fills per month
hydrocortisone external lotion 2 %, 2.5 %	Non Preferred	PA; Product subject to max fills per month
hydrocortisone external ointment 0.5 %, 1 %, 2.5 %	Preferred	Product subject to max fills per month
hydrocortisone external solution 2.5 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
hydrocortisone max st external cream 1 %	Preferred	Product subject to max fills per month
hydrocortisone max st/12 moist external cream 1 %	Preferred	Product subject to max fills per month
hydrocortisone valerate external cream 0.2 %	Non Preferred	PA; Product subject to max fills per month
hydrocortisone valerate external ointment 0.2 %	Non Preferred	PA; Product subject to max fills per month
hydrocortisone/aloe max str external cream 1 %	Preferred	Product subject to max fills per month
kp hydrocortisone external cream 1 %	Preferred	Product subject to max fills per month
kp hydrocortisone max st external ointment 1 %	Preferred	Product subject to max fills per month
mometasone furoate external cream 0.1 %	Preferred	Product subject to max fills per month
mometasone furoate external ointment 0.1 %	Preferred	Product subject to max fills per month
mometasone furoate external solution 0.1 %	Preferred	Product subject to max fills per month
prednicarbate external cream 0.1 %	Non Preferred	PA; Product subject to max fills per month
prednicarbate external ointment 0.1 %	Non Preferred	PA; Product subject to max fills per month
px hydrocream external cream 1 %	Preferred	Product subject to max fills per month
qc anti-itch intensive healing external cream 1 %	Preferred	Product subject to max fills per month
ra anti-itch maximum strength external cream 1 %	Preferred	Product subject to max fills per month
ra anti-itch maximum strength external ointment 1 %	Preferred	Product subject to max fills per month
ra hydrocortisone plus 12 external cream 1 %	Preferred	Product subject to max fills per month
ra hydrocortisone plus external cream 1 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
sm hydrocortisone max st external ointment 1 %	Preferred	Product subject to max fills per month
triamcinolone acetonide external aerosol solution 0.147 mg/gm	Non Preferred	PA; Product subject to max fills per month
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	Preferred	Product subject to max fills per month
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Preferred	Product subject to max fills per month
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	Preferred	Product subject to max fills per month
triamcinolone in absorbase external ointment 0.05 %	Preferred	Product subject to max fills per month
Emollient/Keratolytic Agents**		
urea external cream 40 %	Preferred	PA; Product subject to max fills per month
urea external lotion 40 %	Preferred	PA; Product subject to max fills per month
Emollients**		
ammonium lactate external cream 12 %	Preferred	PA; Product subject to max fills per month
ammonium lactate external lotion 12 %	Preferred	PA; Product subject to max fills per month
Enzymes - Topical**		
NEXOBRID EXTERNAL GEL 8.8 %	Non Preferred	PA; Product subject to max fills per month
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Non Preferred	PA; Product subject to max fills per month
Imidazole-Related Antifungals - Topical**		
CARRINGTON ANTIFUNGAL EXTERNAL CREAM 2 %	Preferred	Product subject to max fills per month
DERMAFUNGAL EXTERNAL OINTMENT 2 %	Preferred	Product subject to max fills per month
ECOZA EXTERNAL FOAM 1 %	Non Preferred	PA; Product subject to max fills per month
ERTACZO EXTERNAL CREAM 2 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
EXELDERM EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
EXELDERM EXTERNAL SOLUTION 1 %	Non Preferred	PA; Product subject to max fills per month
EXTINA EXTERNAL FOAM 2 %	Non Preferred	PA; Product subject to max fills per month
JUBLIA EXTERNAL SOLUTION 10 %	Non Preferred	PA; Product subject to max fills per month
KETODAN EXTERNAL FOAM 2 %	Non Preferred	PA; Product subject to max fills per month
KETODAN EXTERNAL KIT 2 %	Non Preferred	PA; Product subject to max fills per month
LUZU EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
MEDPURA ANTIFUNGAL EXTERNAL CREAM 2 %	Preferred	Product subject to max fills per month
MICOTRIN AC EXTERNAL CREAM 1 %	Preferred	Product subject to max fills per month
MYCOZYL AC EXTERNAL CREAM 1 %	Preferred	Product subject to max fills per month
OXISTAT EXTERNAL LOTION 1 %	Non Preferred	PA; Product subject to max fills per month
REMEDY ANTIFUNGAL EXTERNAL CREAM 2 %	Preferred	Product subject to max fills per month
SOOTHE & COOL INZO ANTIFUNGAL EXTERNAL CREAM 2 %	Preferred	Product subject to max fills per month
TRIMAZOLE EXTERNAL CREAM 1 %	Preferred	Product subject to max fills per month
XOLEGEL EXTERNAL GEL 2 %	Non Preferred	PA; Product subject to max fills per month
antifungal (clotrimazole) external cream 1 %	Preferred	Product subject to max fills per month
antifungal clotrimazole external cream 1 %	Preferred	Product subject to max fills per month
antifungal external cream 2 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
athletes foot (clotrimazole) external cream 1 %	Preferred	Product subject to max fills per month
athletes foot external solution 1 %	Preferred	Product subject to max fills per month
baza antifungal external cream 2 %	Preferred	Product subject to max fills per month
clotrimazole af external cream 1 %	Preferred	Product subject to max fills per month
clotrimazole anti-fungal external cream 1 %	Preferred	Product subject to max fills per month
clotrimazole external cream 1 %	Preferred	Product subject to max fills per month
clotrimazole external solution 1 %	Preferred	Product subject to max fills per month
cvs clotrimazole external cream 1 %	Preferred	Product subject to max fills per month
cvs clotrimazole external solution 1 %	Preferred	Product subject to max fills per month
cvs itch relief external cream 1 %	Preferred	Product subject to max fills per month
cvs ringworm external cream 1 %	Preferred	Product subject to max fills per month
econazole nitrate external cream 1 %	Non Preferred	PA; Product subject to max fills per month
eq antifungal external cream 1 %	Preferred	Product subject to max fills per month
eq athletes foot external cream 1 %	Preferred	Product subject to max fills per month
eq jock itch external cream 1 %	Preferred	Product subject to max fills per month
gnp athletes foot external cream 1 %	Preferred	Product subject to max fills per month
goodsense athletes foot external cream 1 %	Preferred	Product subject to max fills per month
jock itch external cream 1 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
jock itch relief external cream 1 %	Preferred	Product subject to max fills per month
ketoconazole external cream 2 %	Preferred	Product subject to max fills per month
ketoconazole external foam 2 %	Non Preferred	PA; Product subject to max fills per month
ketoconazole external shampoo 2 %	Preferred	Product subject to max fills per month
kp miconazole nitrate external cream 2 %	Preferred	Product subject to max fills per month
luliconazole external cream 1 %	Non Preferred	PA; Product subject to max fills per month
miconazole antifungal external cream 2 %	Preferred	Product subject to max fills per month
miconazole nitrate external cream 2 %	Preferred	Product subject to max fills per month
oxiconazole nitrate external cream 1 %	Non Preferred	PA; Product subject to max fills per month
px athletic foot external cream 1 %	Preferred	Product subject to max fills per month
ra athletes foot external cream 1 %	Preferred	Product subject to max fills per month
ra clotrimazole external cream 1 %	Preferred	Product subject to max fills per month
ra jock itch external cream 1 %	Preferred	Product subject to max fills per month
sm antifungal miconazole external cream 2 %	Preferred	Product subject to max fills per month
sulconazole nitrate external cream 1 %	Non Preferred	PA; Product subject to max fills per month
sulconazole nitrate external solution 1 %	Non Preferred	PA; Product subject to max fills per month
tm-clotrimazole external cream 1 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Immunomodulators Imidazoquinolinamines - Topical**		
ZYCLARA EXTERNAL CREAM 3.75 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
imiquimod external cream 3.75 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
imiquimod external cream 5 %	Preferred	DS (90 DS); Product subject to max fills per month
imiquimod pump external cream 3.75 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Interleukin-31 Receptor Antagonists - Systemic**		
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG	Non Preferred	PA; Product subject to max fills per month
Keratolytic/Antimitotic/Vesicant Agents**		
KERALYT EXTERNAL SHAMPOO 6 %	Non Preferred	PA; Product subject to max fills per month
SALVAX EXTERNAL FOAM 6 %	Non Preferred	PA; Product subject to max fills per month
SALYCIM EXTERNAL CREAM 6 %	Preferred	PA; Product subject to max fills per month
ULTRASAL-ER EXTERNAL SOLUTION 28.5 %	Non Preferred	PA; Product subject to max fills per month
VIRASAL EXTERNAL LIQUID 27.5 %	Non Preferred	PA; Product subject to max fills per month
XALIX EXTERNAL SOLUTION 28 %	Non Preferred	PA; Product subject to max fills per month
YCANTH EXTERNAL SOLUTION 0.7 %	Preferred	PA; Product subject to max fills per month
cantharidin external solution 0.7 %	Preferred	PA; Product subject to max fills per month
podofilox external solution 0.5 %	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
salicylic acid er external solution 28.5 %	Preferred	PA; Product subject to max fills per month
salicylic acid external cream 6 %	Preferred	PA; Product subject to max fills per month
salicylic acid external foam 6 %	Preferred	PA; Product subject to max fills per month
salicylic acid external liquid 27.5 %	Preferred	PA; Product subject to max fills per month
salicylic acid external lotion 6 %	Preferred	PA; Product subject to max fills per month
salicylic acid external ointment 3 %	Non Preferred	PA; Product subject to max fills per month
salicylic acid external shampoo 6 %	Preferred	PA; Product subject to max fills per month
salicylic acid external solution 26 %	Preferred	PA; Product subject to max fills per month
salicylic acid wart remover external liquid 27.5 %	Preferred	PA; Product subject to max fills per month
salicylic acid-cleanser external kit 6 % cream	Preferred	PA; Product subject to max fills per month
salimez external cream 6 %	Non Preferred	PA; Product subject to max fills per month
salimez forte external cream 10 %	Non Preferred	PA; Product subject to max fills per month
Local Anesthetics - Topical**		
ASTERO EXTERNAL GEL 4 %	Non Preferred	PA; Product subject to max fills per month
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	Non Preferred	PA; Product subject to max fills per month
LDO PLUS EXTERNAL GEL 4 %	Non Preferred	PA; Product subject to max fills per month
LIDOCAN EXTERNAL PATCH 5 %	Preferred	Product subject to max fills per month
LIDODERM EXTERNAL PATCH 5 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
LIDO-SORB EXTERNAL LOTION 3 %	Non Preferred	PA; Product subject to max fills per month
LIDOTRAL EXTERNAL CREAM 3.88 %	Non Preferred	PA; Product subject to max fills per month
LIDTOPIC EXTERNAL CREAM 7.5 %	Non Preferred	PA; Product subject to max fills per month
LIDTOPIC MAX EXTERNAL CREAM 10 %	Non Preferred	PA; Product subject to max fills per month
QUTENZA (2 PATCH) EXTERNAL KIT 8 %	Non Preferred	PA; Product subject to max fills per month
QUTENZA (4 PATCH) EXTERNAL KIT 8 %	Non Preferred	PA; Product subject to max fills per month
QUTENZA EXTERNAL KIT 8 %	Non Preferred	PA; Product subject to max fills per month
TRIDACAINE EXTERNAL PATCH 5 %	Preferred	Product subject to max fills per month
TRIDACAINE II EXTERNAL PATCH 5 %	Preferred	Product subject to max fills per month
TRIDACAINE III EXTERNAL PATCH 5 %	Preferred	Product subject to max fills per month
TRIDACAINE XL EXTERNAL PATCH 5 %	Preferred	Product subject to max fills per month
ZTLIDO EXTERNAL PATCH 1.8 %	Non Preferred	PA; Product subject to max fills per month
lidocaine external ointment 5 %	Preferred	Product subject to max fills per month
lidocaine external patch 5 %	Preferred	Product subject to max fills per month
lidocaine hcl external cream 3 %	Preferred	Product subject to max fills per month
lidocaine hcl external solution 4 %	Preferred	Product subject to max fills per month
lidocaine hcl urethral/mucosal external gel 2 %	Preferred	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
lidopin external cream 3 %, 3.25 %	Non Preferred	PA; Product subject to max fills per month
lidorx external gel 3 %	Non Preferred	PA; Product subject to max fills per month
zionodil external lotion 3 %	Non Preferred	PA; Product subject to max fills per month
Macrolide Immunosuppressants - Topical**		
ELIDEL EXTERNAL CREAM 1 %	Non Preferred	PA; NOTES (AGE*); AGE (Min 2 Years); Product subject to max fills per month
HYFTOR EXTERNAL GEL 0.2 %	Preferred	PA; Product subject to max fills per month
nuju external cream 0.1 %	Non Preferred	PA; Product subject to max fills per month
pimecrolimus external cream 1 %	Non Preferred	PA; NOTES (AGE*); AGE (Min 2 Years); Product subject to max fills per month
tacrolimus external ointment 0.03 %, 0.1 %	Preferred	PA; Product subject to max fills per month
veven external cream 0.1 %	Non Preferred	PA; Product subject to max fills per month
Melanocortin Receptor Agonists (Uv Protective)**		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Carve Out	
Microtubule Inhibitors - Topical**		
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Non Preferred	PA; Product subject to max fills per month
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Non Preferred	PA; Product subject to max fills per month
Misc. Dermatological Products**		
LEVICYN EXTERNAL GEL	Non Preferred	PA; Product subject to max fills per month
Misc. Topical**		
DRYSOL EXTERNAL SOLUTION 20 %	Preferred	

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Drug	Status	Notes
Oxaborole-Related Antifungals - Topical**		
tavaborole external solution 5 %	Non Preferred	PA; Product subject to max fills per month
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**		
EUCRISA EXTERNAL OINTMENT 2 %	Preferred	Product subject to max fills per month
ZORYVE EXTERNAL CREAM 0.15 %	Non Preferred	PA; Product subject to max fills per month
ZORYVE EXTERNAL CREAM 0.3 %	Non Preferred	PA
ZORYVE EXTERNAL FOAM 0.3 %	Non Preferred	PA
Photodynamic Therapy Agents - Topical**		
AMELUZ EXTERNAL GEL 10 %	Preferred	PA; Product subject to max fills per month
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %	Preferred	PA; Product subject to max fills per month
Rosacea Agents**		
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Non Preferred	PA; Product subject to max fills per month
FINACEA EXTERNAL FOAM 15 %	Non Preferred	PA; Product subject to max fills per month
METROCREAM EXTERNAL CREAM 0.75 %	Non Preferred	PA; Product subject to max fills per month
METROGEL EXTERNAL GEL 1 %	Non Preferred	PA; Product subject to max fills per month
METROLOTION EXTERNAL LOTION 0.75 %	Non Preferred	PA; Product subject to max fills per month
MIRVASO EXTERNAL GEL 0.33 %	Non Preferred	PA; Product subject to max fills per month
NORITATE EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG	Non Preferred	PA; Product subject to max fills per month
RHOFADE EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
ROSADAN EXTERNAL CREAM 0.75 %	Non Preferred	PA; Product subject to max fills per month
ROSADAN EXTERNAL GEL 0.75 %	Non Preferred	PA; Product subject to max fills per month
ROSADAN EXTERNAL KIT 0.75 % CREAM, 0.75 % GEL	Non Preferred	PA; Product subject to max fills per month
SOOLANTRA EXTERNAL CREAM 1 %	Non Preferred	PA; Product subject to max fills per month
ZILXI EXTERNAL FOAM 1.5 %	Non Preferred	PA; Product subject to max fills per month
azelaic acid external gel 15 %	Preferred	Product subject to max fills per month
brimonidine tartrate external gel 0.33 %	Non Preferred	PA; Product subject to max fills per month
doxycycline oral capsule delayed release 40 mg	Non Preferred	PA; Product subject to max fills per month
ivermectin external cream 1 %	Preferred	Product subject to max fills per month
metronidazole external cream 0.75 %	Preferred	Product subject to max fills per month
metronidazole external gel 0.75 %, 1 %	Preferred	Product subject to max fills per month
metronidazole external lotion 0.75 %	Preferred	Product subject to max fills per month
Rosacea Combinations**		
aveida external gel 1-1 %	Non Preferred	PA; Product subject to max fills per month
aveidaoxia external gel 1-1-4 %	Non Preferred	PA; Product subject to max fills per month
dazaveidaoxia external gel 0.25-1-1-4 %	Non Preferred	PA; Product subject to max fills per month
restimo external gel 1-1 %	Non Preferred	PA; Product subject to max fills per month
rositara external gel 1-1-4 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
rovis external gel 0.25-1-1-4 %	Non Preferred	PA; Product subject to max fills per month
Scabicide Combinations**		
RID EXTERNAL LIQUID 0.33-4 %	Preferred	Product subject to max fills per month
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 %	Preferred	Product subject to max fills per month
cvs lice killing external shampoo 0.33-4 %	Preferred	Product subject to max fills per month
eq lice killing max st external shampoo 0.33-4 %	Preferred	Product subject to max fills per month
ft lice killing max st external shampoo 0.33-4 %	Preferred	Product subject to max fills per month
gnp lice killing external shampoo 0.33-4 %	Preferred	Product subject to max fills per month
gnp lice treatment external shampoo 0.33-4 %	Preferred	Product subject to max fills per month
goodsense lice killing max str external shampoo 0.33-4 %	Preferred	Product subject to max fills per month
lice killing external shampoo 4-0.33 %	Preferred	Product subject to max fills per month
lice killing maximum strength external shampoo 0.33-4 %	Preferred	Product subject to max fills per month
lice killing shampoo max str external shampoo 0.33-4 %	Preferred	Product subject to max fills per month
ra lice maximum strength external shampoo 0.33-4 %	Preferred	Product subject to max fills per month
sm lice killing max strength external shampoo 0.33-4 %	Preferred	Product subject to max fills per month
Scabicides & Pediculicides**		
CROTAN EXTERNAL LOTION 10 %	Non Preferred	PA; Product subject to max fills per month
ELIMITE EXTERNAL CREAM 5 %	Non Preferred	PA; Product subject to max fills per month
NATROBA EXTERNAL SUSPENSION 0.9 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
NIX CREME RINSE EXTERNAL LIQUID 1 %	Preferred	Product subject to max fills per month
NIX LICE KILLING SPRAY LIQUID 0.25 %	Preferred	Product subject to max fills per month
OVIDE EXTERNAL LOTION 0.5 %	Non Preferred	PA; Product subject to max fills per month
PRURADIK EXTERNAL LOTION 10 %	Non Preferred	PA; Product subject to max fills per month
RID AEROSOL 0.5 %	Preferred	Product subject to max fills per month
bedding spray lice treatment aerosol 0.5 %	Preferred	Product subject to max fills per month
cvs lice treatment external liquid 1 %	Preferred	Product subject to max fills per month
cvs lice-bedbug-mite aerosol 0.5 %	Preferred	Product subject to max fills per month
ft lice-bedbug-mite aerosol 0.5 %	Preferred	Product subject to max fills per month
gnp lice treatment external liquid 1 %	Preferred	Product subject to max fills per month
goodsense lice killing external liquid 1 %	Preferred	Product subject to max fills per month
lice treatment external liquid 1 %	Preferred	Product subject to max fills per month
malathion external lotion 0.5 %	Non Preferred	PA; Product subject to max fills per month
permethrin external cream 5 %	Preferred	Product subject to max fills per month
sm bedding lice treatment aerosol 0.5 %	Preferred	Product subject to max fills per month
sm lice treatment external liquid 1 %	Preferred	Product subject to max fills per month
spinosad external suspension 0.9 %	Preferred	Product subject to max fills per month
stop lice aerosol 0.5 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Steroid-Local Anesthetic Combinations**		
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	Non Preferred	PA; Product subject to max fills per month
EPIFOAM EXTERNAL FOAM 1-1 %	Non Preferred	PA; Product subject to max fills per month
NOVACORT EXTERNAL GEL 1-2 %	Non Preferred	PA; Product subject to max fills per month
hydrocortisone ace-pramoxine external cream 2.5-1 %	Non Preferred	PA; Product subject to max fills per month
pramoxine-hc external cream 1-2.35 %	Non Preferred	PA; Product subject to max fills per month
Topical Anesthetic Combinations**		
APRIZIO PAK EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 %	Non Preferred	PA; Product subject to max fills per month
DERMACINRX PRIZOPAK EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 %	Non Preferred	PA; Product subject to max fills per month
ELEMAR PATCH EXTERNAL KIT 5-6 %	Non Preferred	PA; Product subject to max fills per month
LIDOPURE PATCH EXTERNAL KIT 5 %	Non Preferred	PA; Product subject to max fills per month
LIDOTOR EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 %	Non Preferred	PA; Product subject to max fills per month
PLIAGLIS EXTERNAL CREAM 7-7 %	Non Preferred	PA; Product subject to max fills per month
PRILO PATCH EXTERNAL KIT 2.5-2.5 & 5 %	Non Preferred	PA; Product subject to max fills per month
REAL HEAL-I EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
SKYADERM-LP EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
XYLIDERM EXTERNAL KIT 5 %	Non Preferred	PA; Product subject to max fills per month
ZILACAINE PATCH EXTERNAL THERAPY PACK 5 %	Non Preferred	PA; Product subject to max fills per month
agoneaze external kit 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
anodyne lpt external kit 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
dermalid external therapy pack 5 %	Non Preferred	PA; Product subject to max fills per month
emreal external kit 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
enznonuty external ointment 20-10-10 %	Non Preferred	PA; Product subject to max fills per month
l.e.t. (racepinephrine) external solution 4-0.05-0.5 %	Non Preferred	PA; Product subject to max fills per month
l.e.t. external gel 4-0.05-0.5 %	Non Preferred	PA; Product subject to max fills per month
lidocaine-prilocaine external cream 2.5-2.5 %	Preferred	Product subject to max fills per month
lidocaine-prilocaine external kit 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
lidocaine-tetracaine external cream 7-7 %	Non Preferred	PA; Product subject to max fills per month
lido-racepinephrine-tetracaine external gel 4-0.05-0.5 %	Non Preferred	PA; Product subject to max fills per month
lido-racepinephrine-tetracaine external solution 4-0.05-0.5 %	Non Preferred	PA; Product subject to max fills per month
nobela external ointment 20-10-10 %	Non Preferred	PA; Product subject to max fills per month
nolira external cream 23-7 %	Non Preferred	PA; Product subject to max fills per month
nynutey external cream 23-7 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
paingo kft external kit 2.5-2.5-10-30 %	Non Preferred	PA; Product subject to max fills per month
priloheal plus 30 external kit 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
prilovix external kit 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
prilovix lite plus external kit 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
prilovix plus external kit 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
prilovix ultralite plus external kit 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
valladerm-90 external kit 2.5-2.5 %	Non Preferred	PA; Product subject to max fills per month
wpr plus wound healing system external therapy pack 4 & 10-30 %	Non Preferred	PA; Product subject to max fills per month
Topical Anesthetic Gases**		
ethyl chloride external aerosol	Non Preferred	PA; Product subject to max fills per month
Topical Selective Retinoid X Receptor Agonists**		
TARGRETIN EXTERNAL GEL 1 %	Non Preferred	PA; Product subject to max fills per month
bexarotene external gel 1 %	Non Preferred	PA; Product subject to max fills per month
Topical Steroid Combinations**		
BESER EXTERNAL KIT 0.05 %	Non Preferred	PA; Product subject to max fills per month
CLODAN EXTERNAL KIT 0.05 %	Non Preferred	PA; Product subject to max fills per month
DUOBRII EXTERNAL LOTION 0.01-0.045 %	Non Preferred	PA; Product subject to max fills per month
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Non Preferred	PA; Product subject to max fills per month
FLUOPAR EXTERNAL KIT 0.1 & 5 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
SCALACORT DK EXTERNAL KIT 2 & 2-2 %	Non Preferred	PA; Product subject to max fills per month
SYNALAR (CREAM) EXTERNAL KIT 0.025 %	Non Preferred	PA; Product subject to max fills per month
SYNALAR (OINTMENT) EXTERNAL KIT 0.025 %	Non Preferred	PA; Product subject to max fills per month
SYNALAR TS EXTERNAL KIT 0.01 %	Non Preferred	PA; Product subject to max fills per month
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	Non Preferred	PA; Product subject to max fills per month
TRIASIL EXTERNAL THERAPY PACK 0.1 %	Non Preferred	PA; Product subject to max fills per month
WYNZORA EXTERNAL CREAM 0.005-0.064 %	Non Preferred	PA; Product subject to max fills per month
acioxia external gel 0.5-0.1 %	Non Preferred	PA; Product subject to max fills per month
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Preferred	Product subject to max fills per month
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Non Preferred	PA; Product subject to max fills per month
chlohux external shampoo 0.05-2 %	Preferred	PA; Product subject to max fills per month
chlooxia external cream 0.05-4 %	Non Preferred	PA; Product subject to max fills per month
chlooxia external ointment 0.05-4 %	Non Preferred	PA; Product subject to max fills per month
chlooxia external solution 0.05-4 %	Non Preferred	PA; Product subject to max fills per month
diochloy external solution 0.005-0.05 %	Non Preferred	PA; Product subject to max fills per month
divinix external cream 0.05-4 %	Non Preferred	PA; Product subject to max fills per month
divinix external ointment 0.05-4 %	Non Preferred	PA; Product subject to max fills per month
divinix external solution 0.05-4 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
fluovix external therapy pack 0.1 %	Non Preferred	PA; Product subject to max fills per month
fluovix plus external therapy pack 0.1 %	Non Preferred	PA; Product subject to max fills per month
ilexor external shampoo 0.05-2 %	Preferred	PA; Product subject to max fills per month
plenura external solution 0.005-0.05 %	Non Preferred	PA; Product subject to max fills per month
teliora external gel 0.1-0.5 %	Non Preferred	PA; Product subject to max fills per month
triadime external kit 0.1 & 5 %	Non Preferred	PA; Product subject to max fills per month
triadime-80 external kit 5-0.1 %	Non Preferred	PA; Product subject to max fills per month
triheal-80 external kit 0.1 & 5 %	Non Preferred	PA; Product subject to max fills per month
Type Ii 5-Alpha Reductase Inhibitors**		
PROPECIA ORAL TABLET 1 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
finasteride oral tablet 1 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Wound Dressings**		
FILSUVEZ EXTERNAL GEL 10 %	Carve Out	
Wound Treatment - Autologous Cellular Gene Therapy**		
ZEVASKYN EXTERNAL SHEET	Carve Out	
Wound Treatment - Gene Therapy**		
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML	Carve Out	
Diagnostic Products		
Diagnostic Tests**		
CHEMSTRIP K IN VITRO STRIP	Preferred	
KETOSTIX IN VITRO STRIP	Preferred	

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Drug	Status	Notes
RELION KETONE TEST IN VITRO STRIP	Preferred	
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO	Preferred	NOTES (Max of #100 / month for non-insulin users; Max of #200 / month for insulin users and pregnant members filling prenatal vitamins)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO	Preferred	NOTES (Max of #100 / month for non-insulin users; Max of #200 / month for insulin users and pregnant members filling prenatal vitamins)
ketone test in vitro strip	Preferred	
Infection Tests**		
ACCULA SARS-COV-2 IN VITRO KIT	Preferred	
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT	Preferred	
BINAXNOW COVID-19 AG CARD IN VITRO KIT	Preferred	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT	Preferred	
CARESTART COVID-19 HOME TEST IN VITRO KIT	Preferred	
CLEARDETECT COVID-19 AG HOME IN VITRO KIT	Preferred	
CLINITEST RAPID COVID-19 TEST IN VITRO KIT	Preferred	
COBAS LIAT SARS-COV-2 ASSAY IN VITRO KIT	Preferred	
COBAS LIAT SARS-COV-2 CONTROL IN VITRO KIT	Preferred	
DIATRUST COVID-19 HOME TEST IN VITRO KIT	Preferred	
DXTERITY COVID-19 HOME TEST IN VITRO KIT	Preferred	
EVERLYWELL COVID-19 HOME TEST IN VITRO KIT	Preferred	

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Drug	Status	Notes
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT	Preferred	
GENABIO COVID-19 RAPID TEST IN VITRO KIT	Preferred	
GOTOKNOW COVID-19 ANTIGEN RAPI IN VITRO KIT	Preferred	
ID NOW COVID-19 2.0 CONTROL IN VITRO KIT	Preferred	
ID NOW COVID-19 2.0 TEST IN VITRO KIT	Preferred	
ID NOW COVID-19 CONTROL IN VITRO KIT	Preferred	
ID NOW COVID-19 IN VITRO KIT	Preferred	
IHEALTH COVID-19 RAPID TEST IN VITRO KIT	Preferred	
INDICAID COVID-19 RAPID TEST IN VITRO KIT	Preferred	
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT	Preferred	
LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT	Preferred	
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT	Preferred	
LYRA DIRECT SARS-COV-2 ASSAY IN VITRO KIT	Preferred	
LYRA SARS-COV-2 ASSAY IN VITRO KIT	Preferred	
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT	Preferred	
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT	Preferred	
PILOT COVID-19 AT-HOME TEST IN VITRO KIT	Preferred	
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT	Preferred	
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT	Preferred	
QUICKVUE SARS ANTIGEN TEST IN VITRO KIT	Preferred	

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SIMPLICITY COVID-19 AT-HOME IN VITRO KIT	Preferred	
SOFIA SARS ANTIGEN FIA IN VITRO KIT	Preferred	
SOFIA2 SARS ANTIGEN FIA IN VITRO KIT	Preferred	
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT	Preferred	
XPERT XPRESS SARS-COV-2 IN VITRO KIT	Preferred	
advin covid-19 antigen test in vitro kit	Preferred	
covid-19 at home antigen test in vitro kit	Preferred	
covid-19 at-home test in vitro kit	Preferred	
covid-19 otc antigen 1-pack in vitro kit	Preferred	
covid-19 otc antigen 2-pack in vitro kit	Preferred	
cvs covid-19 at home test kit in vitro kit	Preferred	
ellume covid-19 home test in vitro kit	Preferred	
fastep covid-19 antigen test in vitro kit	Preferred	
Digestive Aids		
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Preferred	Product subject to max fills per month
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	Non Preferred	PA; Product subject to max fills per month
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	Non Preferred	PA; Product subject to max fills per month
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Non Preferred	PA; Product subject to max fills per month
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Preferred	Product subject to max fills per month
Diuretics		
Carbonic Anhydrase Inhibitors**		
KEVEYIS ORAL TABLET 50 MG	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
ORMALVI ORAL TABLET 50 MG	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
acetazolamide er oral capsule extended release 12 hour 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
acetazolamide oral tablet 125 mg, 250 mg	Preferred	DS (90 DS); Product subject to max fills per month
acetazolamide sodium injection solution reconstituted 500 mg	Preferred	PA; DS (90 DS); Product subject to max fills per month
dichlorphenamide oral tablet 50 mg	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
methazolamide oral tablet 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Diuretic Combinations**		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Preferred	DS (90 DS); Product subject to max fills per month
spironolactone-hctz oral tablet 25-25 mg	Preferred	DS (90 DS); Product subject to max fills per month
triamterene-hctz oral capsule 37.5-25 mg	Preferred	DS (90 DS); Product subject to max fills per month
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Loop Diuretics**		
EDECRIN ORAL TABLET 25 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
bumetanide injection solution 0.25 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	DS (90 DS); Product subject to max fills per month
ethacrynate sodium intravenous solution reconstituted 50 mg	Preferred	PA; DS (90 DS); Product subject to max fills per month
ethacrynic acid oral tablet 25 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
furosemide injection solution 10 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
furosemide oral solution 10 mg/ml, 8 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
furosemide oral tablet 20 mg, 40 mg, 80 mg	Preferred	DS (90 DS); Product subject to max fills per month
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Potassium Sparing Diuretics**		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
CAROSPIR ORAL SUSPENSION 25 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
amiloride hcl oral tablet 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
spironolactone oral suspension 25 mg/5ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
triamterene oral capsule 100 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Thiazides And Thiazide-Like Diuretics**		
DIURIL ORAL SUSPENSION 250 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
HEMICLOR ORAL TABLET 12.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Non Preferred	PA; DS (90 DS)
THALITONE ORAL TABLET 15 MG	Preferred	DS (90 DS); Product subject to max fills per month
chlorothiazide sodium intravenous solution reconstituted 500 mg	Preferred	PA; DS (90 DS); Product subject to max fills per month
chlorthalidone oral tablet 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
hydrochlorothiazide oral capsule 12.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
indapamide oral tablet 1.25 mg, 2.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Endocrine And Metabolic Agents - Misc.		
Abortifacient - Progesterone Receptor Antagonists**		
MIFEPREX ORAL TABLET 200 MG	Carve Out	
mifepristone oral tablet 200 mg	Carve Out	
Acid Sphingomyelinase Deficiency (Asmd) - Agents**		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG	Carve Out	
Adenosine Deaminase Scid Treatment - Agents**		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Carve Out	

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Drug	Status	Notes
Alpha-Mannosidosis Treatment - Agents**		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Carve Out	
Aromatic Amino Acid Decarboxylate Deficiency - Agents**		
KEBILIDI INJECTION SUSPENSION 280000000000 VG/0.5ML	Carve Out	
Atp-Sensitive Potassium Channel Activators**		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	Preferred	PA; Product subject to max fills per month
Bisphosphonates**		
ACTONEL ORAL TABLET 150 MG, 35 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
FOSAMAX ORAL TABLET 70 MG	Non Preferred	PA; NOTES (4 tabs per month); DS (90 DS); Product subject to max fills per month
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
alendronate sodium oral solution 70 mg/75ml	Preferred	DS (90 DS); Product subject to max fills per month
alendronate sodium oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
alendronate sodium oral tablet 35 mg, 70 mg	Preferred	NOTES (4 tabs per month); DS (90 DS); Product subject to max fills per month
ibandronate sodium intravenous solution 3 mg/3ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
ibandronate sodium oral tablet 150 mg	Preferred	NOTES (1 tab every month); DS (90 DS); Product subject to max fills per month
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
risedronate sodium oral tablet delayed release 35 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
zoledronic acid intravenous concentrate 4 mg/5ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
Calcimimetic Agents**		
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
Calcitonins**		
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Non Preferred	PA; QL (42 ML per 84 days); DS (90 DS); Product subject to max fills per month
calcitonin (salmon) injection solution 200 unit/ml	Preferred	PA; QL (42 ML per 84 days); DS (90 DS); Product subject to max fills per month
calcitonin (salmon) nasal solution 200 unit/act	Preferred	PA; QL (11.1 ML per 84 days); DS (90 DS); Product subject to max fills per month
Carnitine Replenisher - Agents**		
CARNITOR ORAL SOLUTION 1 GM/10ML	Non Preferred	PA; Product subject to max fills per month
CARNITOR ORAL TABLET 330 MG	Non Preferred	PA; Product subject to max fills per month
CARNITOR SF ORAL SOLUTION 1 GM/10ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
levocarnitine oral solution 1 gm/10ml	Preferred	Product subject to max fills per month
levocarnitine oral tablet 330 mg	Preferred	Product subject to max fills per month
levocarnitine sf oral solution 1 gm/10ml	Preferred	Product subject to max fills per month
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**		
XPHOZAH ORAL TABLET 20 MG, 30 MG	Preferred	PA; Product subject to max fills per month
Corticotropin**		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Preferred	PA; SP; Product subject to max fills per month
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Preferred	PA; SP; Product subject to max fills per month
ACTHAR INJECTION GEL 80 UNIT/ML	Preferred	PA; SP; Product subject to max fills per month
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	Preferred	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	Preferred	PA; SP; Product subject to max fills per month
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	Carve Out	
CRENESSITY ORAL CAPSULE 25 MG	Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
CRENESSITY ORAL SOLUTION 50 MG/ML	Carve Out	
Cortisol Synthesis Inhibitors**		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Carve Out	
RECORLEV ORAL TABLET 150 MG	Carve Out	
Dopamine Receptor Agonists**		
cabergoline oral tablet 0.5 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Fabry Disease - Agents**		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML	Carve Out	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Carve Out	
GALAFOLD ORAL CAPSULE 123 MG	Carve Out	
Gaa Deficiency Treatment - Agents**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Carve Out	
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Carve Out	
OPFOLDA ORAL CAPSULE 65 MG	Carve Out	
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG	Carve Out	
Gnrh/Lhrh Antagonists**		
ORILISSA ORAL TABLET 150 MG, 200 MG	Preferred	PA; Product subject to max fills per month
Growth Hormone Receptor Antagonists**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Preferred	PA; SP; Product subject to max fills per month
Growth Hormone Releasing Hormones (Ghrh)**		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Preferred	PA; Product subject to max fills per month
Growth Hormones**		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Preferred	PA; SP; Product subject to max fills per month
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Preferred	PA; Product subject to max fills per month
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	Non Preferred	PA; Product subject to max fills per month
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	Non Preferred	PA; Product subject to max fills per month
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Preferred	PA; SP; Product subject to max fills per month
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	Non Preferred	PA; SP; Product subject to max fills per month
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	Non Preferred	PA; SP; Product subject to max fills per month
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	Non Preferred	PA; SP; Product subject to max fills per month
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Non Preferred	PA; SP; Product subject to max fills per month
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Non Preferred	PA; SP; Product subject to max fills per month
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG	Non Preferred	PA; SP; Product subject to max fills per month
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Non Preferred	PA; SP; Product subject to max fills per month
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Non Preferred	PA; Product subject to max fills per month
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Non Preferred	PA; SP; Product subject to max fills per month
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	Non Preferred	PA; SP; Product subject to max fills per month
Hereditary Orotic Aciduria Treatment - Agents*		
XURIDEN ORAL PACKET 2 GM	Preferred	PA; Product subject to max fills per month
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Carve Out	

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Drug	Status	Notes
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Carve Out	
ORFADIN ORAL SUSPENSION 4 MG/ML	Carve Out	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Carve Out	
Homocystinuria Treatment - Agents**		
CYSTADANE ORAL POWDER	Non Preferred	PA; Product subject to max fills per month
betaine oral powder	Preferred	PA; Product subject to max fills per month
Hyperammonemia Treatment - Agents**		
CARBAGLU ORAL TABLET SOLUBLE 200 MG	Carve Out	
carglumic acid oral tablet soluble 200 mg	Carve Out	
Hyperparathyroid Treatment - Vitamin D Analogs**		
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcitriol oral solution 1 mcg/ml	Preferred	DS (90 DS); Product subject to max fills per month
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Preferred	PA; DS (90 DS); Product subject to max fills per month
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Preferred	PA; DS (90 DS); Product subject to max fills per month
Hypoparathyroid Treatment - Parathyroid Hormone Analogs**		
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	Preferred	PA; Product subject to max fills per month
Hypophosphatasia (Hpp) Agents**		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Carve Out	

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Drug	Status	Notes
Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)**		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Carve Out	
Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Preferred	PA; Product subject to max fills per month
Leptin Analogues**		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Carve Out	
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	Preferred	PA; NOTES (EA)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Preferred	PA; NOTES (EA)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	Preferred	PA; NOTES (EA)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Preferred	PA; Product subject to max fills per month
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Preferred	PA; NOTES (EA)
SYNAREL NASAL SOLUTION 2 MG/ML	Preferred	PA; Product subject to max fills per month
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG	Preferred	PA; NOTES (EA)
Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents**		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Carve Out	
Lysosomal Acid Lipase (Lal) Deficiency - Agents**		
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Carve Out	

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Drug	Status	Notes
Molybdenum Cofactor Deficiency (Mocd) - Agents**		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Carve Out	
Mucopolysaccharidosis I (Mps I) - Agents**		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	Carve Out	
Mucopolysaccharidosis Ii (Mps Ii) - Agents**		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Carve Out	
Mucopolysaccharidosis Iv (Mps Iv) - Agents**		
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	Carve Out	
Mucopolysaccharidosis Vi (Mps Vi) - Agents**		
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	Carve Out	
Mucopolysaccharidosis Vii (Mps Vii) - Agents**		
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML	Carve Out	
Natriuretic Peptides**		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Carve Out	
Neurokinin 3 (Nk3) Receptor Antagonists**		
VEOZAH ORAL TABLET 45 MG	Non Preferred	PA; Product subject to max fills per month
Non-Steroidal Mineralocorticoid Receptor Antagonists**		
KERENDIA ORAL TABLET 10 MG, 20 MG	Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Parathyroid Hormone And Derivatives**		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Non Preferred	PA; QL (2.4 ML per 28 days); Product subject to max fills per month
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Non Preferred	PA; QL (2.4 ML per 28 days); SP; Product subject to max fills per month
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Non Preferred	PA; QL (1.56 ML per 28 days); SP; Product subject to max fills per month
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 600 mcg/2.4ml	Non Preferred	PA; QL (2.4 ML per 28 days); SP; Product subject to max fills per month
teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml	Non Preferred	PA; QL (3 ML per 28 days); SP; Product subject to max fills per month
Phenylketonuria Treatment - Agents**		
JAVYGTOR ORAL PACKET 100 MG, 500 MG	Carve Out	
JAVYGTOR ORAL TABLET 100 MG	Carve Out	
KUVAN ORAL PACKET 100 MG, 500 MG	Carve Out	
KUVAN ORAL TABLET 100 MG	Carve Out	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	Carve Out	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Carve Out	
sapropterin dihydrochloride oral tablet 100 mg	Carve Out	
Rank Ligand (Rankl) Inhibitors**		
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Non Preferred	PA; QL (5.1 ML per 28 days); Product subject to max fills per month
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Preferred	PA; QL (1 ML per 168 days); Product subject to max fills per month
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Non Preferred	PA; QL (1 ML per 168 days); Product subject to max fills per month

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Drug	Status	Notes
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Preferred	PA; QL (5.1 ML per 28 days); Product subject to max fills per month
Sclerostin Inhibitors**		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	Non Preferred	PA; QL (2.34 ML per 28 days); SP; Product subject to max fills per month
Selective Estrogen Receptor Modulators (Serms)**		
EVISTA ORAL TABLET 60 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
OSPHENA ORAL TABLET 60 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
raloxifene hcl oral tablet 60 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Selective Vasopressin V2-Receptor Antagonists**		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Carve Out	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Carve Out	
SAMSCA ORAL TABLET 15 MG, 30 MG	Carve Out	
tolvaptan oral tablet 15 mg, 30 mg	Carve Out	
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Somatostatic Agents**		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Preferred	PA; Product subject to max fills per month
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Non Preferred	PA; SP; Product subject to max fills per month
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	Non Preferred	PA; SP; Product subject to max fills per month

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Drug	Status	Notes
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Preferred	PA; Product subject to max fills per month
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Preferred	PA; Product subject to max fills per month
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Preferred	PA; SP; Product subject to max fills per month
lanreotide acetate subcutaneous solution 120 mg/0.5ml	Preferred	PA; SP; Product subject to max fills per month
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Preferred	PA; SP; Product subject to max fills per month
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	Preferred	PA; SP; Product subject to max fills per month
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Preferred	PA; SP; Product subject to max fills per month
Tripeptidyl Peptidase 1 Deficiency Treatment - Agents**		
BRINEURA KIT 2 X 150 MG/5ML	Carve Out	
Urea Cycle Disorder - Agents**		
BUPHENYL ORAL POWDER 3 GM/TSP	Carve Out	
BUPHENYL ORAL TABLET 500 MG	Carve Out	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM	Carve Out	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM	Carve Out	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	Carve Out	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	Carve Out	
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	Carve Out	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	Carve Out	

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Drug	Status	Notes
PHEBURANE ORAL PELLET 483 MG/GM	Carve Out	
RAVICTI ORAL LIQUID 1.1 GM/ML	Carve Out	
citrulline easy oral tablet extended release 1 gm	Carve Out	
sodium phenylbutyrate oral powder 3 gm/tsp	Carve Out	
sodium phenylbutyrate oral tablet 500 mg	Carve Out	
Vasopressin**		
DDAVP INJECTION SOLUTION 4 MCG/ML	Non Preferred	PA; Product subject to max fills per month
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Non Preferred	PA; Product subject to max fills per month
DDAVP PF INJECTION SOLUTION 4 MCG/ML	Non Preferred	PA; Product subject to max fills per month
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	Non Preferred	PA; Product subject to max fills per month
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED 0.85 MG	Preferred	PA; Product subject to max fills per month
desmopressin acetate injection solution 4 mcg/ml	Preferred	PA; Product subject to max fills per month
desmopressin acetate nasal solution 1.5 mg/ml	Non Preferred	PA; Product subject to max fills per month
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	Preferred	Product subject to max fills per month
desmopressin acetate pf injection solution 4 mcg/ml	Preferred	PA; Product subject to max fills per month
desmopressin acetate spray nasal solution 0.01 %	Preferred	Product subject to max fills per month
X-Linked Hypophosphatemia (Xlh) Treatment - Agents**		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Carve Out	
Estrogens		
Estrogen & Androgen**		
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	Preferred	DS (90 DS); Product subject to max fills per month
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	Preferred	DS (90 DS); Product subject to max fills per month
est estrogens-methyltest oral tablet 1.25-2.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Estrogen & Progestin**		
ACTIVELLA ORAL TABLET 1-0.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
AMABELZ ORAL TABLET 0.5-0.1 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Preferred	DS (90 DS); Product subject to max fills per month
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	Preferred	DS (90 DS); Product subject to max fills per month
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Preferred	DS (90 DS); Product subject to max fills per month
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
JINTELI ORAL TABLET 1-5 MG-MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
MIMVEY ORAL TABLET 1-0.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PREMPHASE ORAL TABLET 0.625-5 MG	Preferred	DS (90 DS); Product subject to max fills per month
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Preferred	DS (90 DS); Product subject to max fills per month
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Estrogen-Progestin-Gnrh Antagonist**		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Preferred	PA; Product subject to max fills per month
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Preferred	PA; Product subject to max fills per month
Estrogens**		
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Non Preferred	PA; QL (12 EA per 84 days); DS (90 DS); Product subject to max fills per month
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	Non Preferred	PA; Product subject to max fills per month
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Preferred	Product subject to max fills per month
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Preferred	QL (24 EA per 84 days); DS (90 DS); Product subject to max fills per month
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Preferred	QL (24 EA per 84 days); DS (90 DS); Product subject to max fills per month
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Preferred	DS (90 DS); Product subject to max fills per month
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Preferred	QL (24 EA per 84 days); DS (90 DS); Product subject to max fills per month
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	Non Preferred	PA; Product subject to max fills per month
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Preferred	DS (90 DS); Product subject to max fills per month
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Preferred	QL (24 EA per 84 days); DS (90 DS); Product subject to max fills per month
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	DS (90 DS); Product subject to max fills per month
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
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	Preferred	QL (24 EA per 84 days); DS (90 DS); Product subject to max fills per month
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Preferred	QL (12 EA per 84 days); DS (90 DS); Product subject to max fills per month
estradiol valerate intramuscular oil 10 mg/ml	Non Preferred	PA; Product subject to max fills per month
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	Preferred	Product subject to max fills per month
Estrogen-Selective Estrogen Receptor Modulator Comb**		
DUAVEE ORAL TABLET 0.45-20 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Fluoroquinolones		
Fluoroquinolones**		
BAXDELA ORAL TABLET 450 MG	Non Preferred	PA; Product subject to max fills per month
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	Preferred	AGE (Max 12 Years); Product subject to max fills per month

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Drug	Status	Notes
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	Preferred	Product subject to max fills per month
CIPRO ORAL TABLET 250 MG, 500 MG	Non Preferred	PA; Product subject to max fills per month
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Preferred	Product subject to max fills per month
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	Preferred	Product subject to max fills per month
levofloxacin oral solution 25 mg/ml	Non Preferred	PA; Product subject to max fills per month
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Preferred	Product subject to max fills per month
moxifloxacin hcl oral tablet 400 mg	Non Preferred	PA; Product subject to max fills per month
ofloxacin oral tablet 300 mg, 400 mg	Non Preferred	PA; Product subject to max fills per month
Gastrointestinal Agents - Misc.		
5-Ht4 Receptor Agonists**		
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
prucalopride succinate oral tablet 1 mg, 2 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Antiflatulents**		
BICARSIM FORTE ORAL TABLET 125 MG	Preferred	Product subject to max fills per month
MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	Preferred	Product subject to max fills per month
cvs gas relief extra strength oral capsule 125 mg	Preferred	Product subject to max fills per month
cvs gas relief extra strength oral tablet chewable 125 mg	Preferred	Product subject to max fills per month
cvs gas relief infants oral suspension 20 mg/0.3ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
cvs gas relief oral tablet chewable 80 mg	Preferred	Product subject to max fills per month
drxchoice gas relief oral tablet chewable 80 mg	Preferred	Product subject to max fills per month
eq gas relief extra strength oral tablet chewable 125 mg	Preferred	Product subject to max fills per month
eq gas relief oral capsule 125 mg	Preferred	Product subject to max fills per month
eql gas relief oral capsule 125 mg	Preferred	Product subject to max fills per month
gas relief extra strength oral capsule 125 mg	Preferred	Product subject to max fills per month
gas relief extra strength oral tablet chewable 125 mg	Preferred	Product subject to max fills per month
gas relief infants oral suspension 20 mg/0.3ml, 40 mg/0.6ml, 80 mg/1.2ml	Preferred	Product subject to max fills per month
gas relief oral liquid 40 mg/0.6ml	Preferred	Product subject to max fills per month
gas relief oral suspension 20 mg/0.3ml	Preferred	Product subject to max fills per month
gas relief oral tablet chewable 80 mg	Preferred	Product subject to max fills per month
gnp gas relief extra strength oral tablet chewable 125 mg	Preferred	Product subject to max fills per month
gnp gas relief oral tablet chewable 80 mg	Preferred	Product subject to max fills per month
gnp infant gas relief oral suspension 20 mg/0.3ml	Preferred	Product subject to max fills per month
goodsense gas relief extra st oral capsule 125 mg	Preferred	Product subject to max fills per month
heartland gas relief oral tablet chewable 80 mg	Preferred	Product subject to max fills per month
hm gas relief oral tablet chewable 125 mg, 80 mg	Preferred	Product subject to max fills per month
infants gas relief oral suspension 20 mg/0.3ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
px gas relief extra strength oral capsule 125 mg	Preferred	Product subject to max fills per month
px gas relief infants oral suspension 20 mg/0.3ml	Preferred	Product subject to max fills per month
ra gas relief extra strength oral tablet chewable 125 mg	Preferred	Product subject to max fills per month
ra gas relief oral capsule 125 mg	Preferred	Product subject to max fills per month
simethicone drops infants oral suspension 20 mg/0.3ml	Preferred	Product subject to max fills per month
simethicone oral capsule 125 mg	Preferred	Product subject to max fills per month
simethicone oral tablet chewable 125 mg, 80 mg	Preferred	Product subject to max fills per month
teeny tummy gas relief drops oral suspension 20 mg/0.3ml	Preferred	Product subject to max fills per month
Bile Acid Synthesis Disorder Agents**		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Carve Out	
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**		
TRULANCE ORAL TABLET 3 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Farnesoid X Receptor (Fxr) Agonists**		
OCALIVA ORAL TABLET 10 MG, 5 MG	Carve Out	
Gallstone Solubilizing Agents**		
CHENODAL ORAL TABLET 250 MG	Carve Out	
CTEXLI ORAL TABLET 250 MG	Carve Out	
RELTONE ORAL CAPSULE 200 MG, 400 MG	Carve Out	
URSO FORTE ORAL TABLET 500 MG	Carve Out	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML	Carve Out	
ursodiol oral capsule 200 mg, 300 mg, 400 mg	Carve Out	
ursodiol oral tablet 250 mg, 500 mg	Carve Out	

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Drug	Status	Notes
Gastrointestinal Antiallergy Agents**		
GASTROCROM ORAL CONCENTRATE 100 MG/5ML	Non Preferred	PA; Product subject to max fills per month
cromolyn sodium oral concentrate 100 mg/5ml	Non Preferred	PA; Product subject to max fills per month
Gastrointestinal Chloride Channel Activators**		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
lubiprostone oral capsule 24 mcg, 8 mcg	Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Gastrointestinal Stimulants**		
GIMOTI NASAL SOLUTION 15 MG/ACT	Non Preferred	PA; Product subject to max fills per month
REGLAN ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; Product subject to max fills per month
metoclopramide hcl injection solution 5 mg/ml	Non Preferred	PA; Product subject to max fills per month
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Preferred	Product subject to max fills per month
metoclopramide hcl oral tablet 10 mg, 5 mg	Preferred	Product subject to max fills per month
Glucagon-Like Peptide-2 (Glp-2) Analogs**		
GATTEX SUBCUTANEOUS KIT 5 MG	Carve Out	
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists**		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Preferred	PA; Product subject to max fills per month
Ibs Agent - 5-Ht4 Receptor Partial Agonists**		
ZELNORM ORAL TABLET 6 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Ibs Agent - Mu-Opioid Receptor Agonists**		
VIBERZI ORAL TABLET 100 MG, 75 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**		
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
alosetron hcl oral tablet 0.5 mg, 1 mg	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**		
IBSRELA ORAL TABLET 50 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Ileal Bile Acid Transporter (Ibat) Inhibitors**		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Carve Out	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Carve Out	
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Carve Out	
Inflammatory Bowel Agents**		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	Non Preferred	PA; QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG	Non Preferred	PA; QL (8 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
AZULFIDINE ORAL TABLET 500 MG	Non Preferred	PA; QL (8 EA per 1 day); DS (90 DS); Product subject to max fills per month
CANASA RECTAL SUPPOSITORY 1000 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
COLAZAL ORAL CAPSULE 750 MG	Non Preferred	PA; QL (9 EA per 1 day); DS (90 DS); Product subject to max fills per month
DIPENTUM ORAL CAPSULE 250 MG	Preferred	QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	Non Preferred	PA; QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Preferred	QL (8 EA per 1 day); DS (90 DS); Product subject to max fills per month
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	Non Preferred	PA; QL (8 EA per 1 day); DS (90 DS); Product subject to max fills per month
ROWASA RECTAL KIT 4 GM	Non Preferred	PA; QL (60 EA per 1 day); DS (90 DS); Product subject to max fills per month
SFROWASA RECTAL ENEMA 4 GM/60ML	Non Preferred	PA; QL (60 ML per 1 day); DS (90 DS); Product subject to max fills per month
balsalazide disodium oral capsule 750 mg	Preferred	QL (9 EA per 1 day); DS (90 DS); Product subject to max fills per month
mesalamine er oral capsule extended release 24 hour 0.375 gm	Preferred	QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
mesalamine er oral capsule extended release 500 mg	Preferred	QL (8 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
mesalamine oral capsule delayed release 400 mg	Preferred	QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
mesalamine oral tablet delayed release 1.2 gm	Preferred	QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
mesalamine oral tablet delayed release 800 mg	Non Preferred	PA; QL (6 EA per 1 day); DS (90 DS); Product subject to max fills per month
mesalamine rectal enema 4 gm	Non Preferred	PA; QL (60 ML per 1 day); DS (90 DS); Product subject to max fills per month
mesalamine rectal suppository 1000 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
mesalamine-cleanser rectal kit 4 gm	Non Preferred	PA; QL (60 EA per 1 day); DS (90 DS); Product subject to max fills per month
sulfasalazine oral tablet 500 mg	Preferred	QL (8 EA per 1 day); DS (90 DS); Product subject to max fills per month
sulfasalazine oral tablet delayed release 500 mg	Preferred	QL (8 EA per 1 day); DS (90 DS); Product subject to max fills per month
Integrin Receptor Antagonists**		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Non Preferred	PA; SP; Product subject to max fills per month
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Non Preferred	PA; Product subject to max fills per month
Interleukin Antagonists**		
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML	Non Preferred	PA; Product subject to max fills per month
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non Preferred	PA; Product subject to max fills per month
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML	Non Preferred	PA; Product subject to max fills per month
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML	Non Preferred	PA; Product subject to max fills per month
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	Preferred	PA; Product subject to max fills per month
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Non Preferred	PA; SP; Product subject to max fills per month
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Non Preferred	PA; SP; Product subject to max fills per month
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Non Preferred	PA; SP; Product subject to max fills per month
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	Preferred	PA; Product subject to max fills per month
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Non Preferred	PA; SP; Product subject to max fills per month
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Non Preferred	PA; SP; Product subject to max fills per month
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Non Preferred	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Non Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Non Preferred	PA; SP
WEZLANA INTRAVENOUS SOLUTION 130 MG/26ML	Non Preferred	PA; Product subject to max fills per month
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Preferred	PA; Product subject to max fills per month
ustekinumab intravenous solution 130 mg/26ml	Non Preferred	PA; SP; Product subject to max fills per month
Intestinal Acidifiers**		
enulose oral solution 10 gm/15ml	Non Preferred	PA; Product subject to max fills per month
generlac oral solution 10 gm/15ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
lactulose encephalopathy oral solution 10 gm/15ml	Preferred	Product subject to max fills per month
Live Fecal Microbiota (Human)*		
VOWST ORAL CAPSULE	Preferred	Product subject to max fills per month
Peripheral Opioid Receptor Antagonists**		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
RELISTOR ORAL TABLET 150 MG	Non Preferred	PA; QL (3 EA per 1 day); DS (90 DS); Product subject to max fills per month
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	Non Preferred	PA; QL (0.6 ML per 1 day); DS (90 DS); Product subject to max fills per month
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	Non Preferred	PA; QL (0.4 ML per 1 day); DS (90 DS); Product subject to max fills per month
SYMPROIC ORAL TABLET 0.2 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Peroxisome Proliferator-Activated Receptor Agonists**		
IQIRVO ORAL TABLET 80 MG	Carve Out	
LIVDELZI ORAL CAPSULE 10 MG	Carve Out	
Phosphate Binder Agents**		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	Non Preferred	PA; Product subject to max fills per month
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Non Preferred	PA; Product subject to max fills per month
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Non Preferred	PA; Product subject to max fills per month
RENVELA ORAL PACKET 0.8 GM, 2.4 GM	Non Preferred	PA; Product subject to max fills per month
RENVELA ORAL TABLET 800 MG	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
VELPHORO ORAL TABLET CHEWABLE 500 MG	Non Preferred	PA; Product subject to max fills per month
calcium acetate (phos binder) oral capsule 667 mg	Preferred	Product subject to max fills per month
calcium acetate (phos binder) oral tablet 667 mg	Preferred	Product subject to max fills per month
calcium acetate oral tablet 667 mg	Preferred	Product subject to max fills per month
ferric citrate oral tablet 1 gm 210 mg(fe)	Non Preferred	PA; Product subject to max fills per month
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Non Preferred	PA; Product subject to max fills per month
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Non Preferred	PA; Product subject to max fills per month
sevelamer carbonate oral tablet 800 mg	Preferred	Product subject to max fills per month
sevelamer hcl oral tablet 400 mg, 800 mg	Preferred	Product subject to max fills per month
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)**		
VELSIPITY ORAL TABLET 2 MG	Non Preferred	PA; Product subject to max fills per month
Tryptophan Hydroxylase Inhibitors**		
XERMELO ORAL TABLET 250 MG	Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
Tumor Necrosis Factor Alpha Blockers**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; SP; Product subject to max fills per month
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Non Preferred	PA; Product subject to max fills per month
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non Preferred	PA; SP; Product subject to max fills per month
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Non Preferred	PA; Product subject to max fills per month
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; SP; Product subject to max fills per month

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Drug	Status	Notes
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; SP; Product subject to max fills per month
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; SP; Product subject to max fills per month
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
infliximab intravenous solution reconstituted 100 mg	Non Preferred	PA; SP; Product subject to max fills per month
Genitourinary Agents - Miscellaneous		
5-Alpha Reductase Inhibitors**		
AVODART ORAL CAPSULE 0.5 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
PROSCAR ORAL TABLET 5 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
dutasteride oral capsule 0.5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
finasteride oral tablet 5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Alpha 1-Adrenoceptor Antagonists**		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
FLOMAX ORAL CAPSULE 0.4 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
silodosin oral capsule 4 mg, 8 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
tamsulosin hcl oral capsule 0.4 mg	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Citrates**		
ORACIT ORAL SOLUTION 490-640 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG)	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
oral citrate oral solution 490-640 mg/5ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Preferred	DS (90 DS); Product subject to max fills per month
potassium citrate-citric acid oral solution 1100-334 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
tricitrates oral solution 550-500-334 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
Cystinosis Agents**		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Carve Out	

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Drug	Status	Notes
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Carve Out	
PROCYSBI ORAL PACKET 300 MG, 75 MG	Carve Out	
Genitourinary Irrigants**		
acetic acid irrigation solution 0.25 %	Preferred	
sodium chloride irrigation solution 0.9 %	Preferred	
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag**		
FILSPARI ORAL TABLET 200 MG, 400 MG	Carve Out	
Igan Agents - Endothelin Receptor Antagonist**		
VANRAFIA ORAL TABLET 0.75 MG	Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Interstitial Cystitis Agents**		
ELMIRON ORAL CAPSULE 100 MG	Preferred	PA; Product subject to max fills per month
RIMSO-50 INTRAVESICAL SOLUTION 50 %	Preferred	PA; Product subject to max fills per month
Phosphates**		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Preferred	Product subject to max fills per month
Prostatic Hypertrophy Agent Combinations**		
ENTADFI ORAL CAPSULE 5-5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
JALYN ORAL CAPSULE 0.5-0.4 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Small Interfering Ribonucleic Acid Agents (Sirna)**		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	Carve Out	

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Drug	Status	Notes
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Carve Out	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Carve Out	
Urinary Analgesics**		
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
phenazopyridine hcl oral tablet 100 mg, 200 mg	Preferred	DS (90 DS); Product subject to max fills per month
Urinary Stone Agents**		
LITHOSTAT ORAL TABLET 250 MG	Preferred	PA; QL (6 EA per 1 day); Product subject to max fills per month
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	Preferred	PA; QL (8 EA per 1 day); Product subject to max fills per month
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
THIOLA ORAL TABLET 100 MG	Non Preferred	PA; QL (8 EA per 1 day); Product subject to max fills per month
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG	Preferred	PA; QL (8 EA per 1 day); Product subject to max fills per month
VENXXIVA ORAL TABLET DELAYED RELEASE 300 MG	Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
tiopronin oral tablet 100 mg	Preferred	PA; QL (8 EA per 1 day); Product subject to max fills per month
tiopronin oral tablet delayed release 100 mg	Preferred	PA; QL (8 EA per 1 day); Product subject to max fills per month
tiopronin oral tablet delayed release 300 mg	Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Gout Agents		
Gout Agent Combinations**		
colchicine-probenecid oral tablet 0.5-500 mg	Preferred	DS (90 DS); Product subject to max fills per month
Gout Agents**		
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
COLCRYS ORAL TABLET 0.6 MG	Non Preferred	PA; QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
GLOPERBA ORAL SOLUTION 0.6 MG/5ML	Non Preferred	PA; QL (20 ML per 1 day); DS (90 DS); Product subject to max fills per month
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Carve Out	
MITIGARE ORAL CAPSULE 0.6 MG	Non Preferred	PA; QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
ULORIC ORAL TABLET 40 MG, 80 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
ZYLOPRIM ORAL TABLET 100 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
allopurinol oral tablet 100 mg, 300 mg	Preferred	DS (90 DS); Product subject to max fills per month
allopurinol oral tablet 200 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
allopurinol sodium intravenous solution reconstituted 500 mg	Preferred	PA; DS (90 DS); Product subject to max fills per month
colchicine oral capsule 0.6 mg	Non Preferred	PA; QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
colchicine oral tablet 0.6 mg	Preferred	QL (4 EA per 1 day); DS (90 DS); Product subject to max fills per month
febuxostat oral tablet 40 mg, 80 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Uricosurics**		
probenecid oral tablet 500 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Hematological Agents - Misc.		
Agents For Congenital Thrombotic Thrombocytopenic Purpura		
adzynma intravenous kit 1500 unit, 500 unit	Carve Out	
Aminolevulinate Synthase 1-Directed Sirna**		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Carve Out	
Antihemophilic Products - Antithrombin-Directed Sirna**		
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML	Carve Out	
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Carve Out	
Antihemophilic Products - Gene Therapy Agents**		
BEQVEZ INTRAVENOUS SUSPENSION THERAPY PACK 4 X 1 ML, 5 X 1 ML, 6 X 1 ML, 7 X 1 ML	Carve Out	
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML	Carve Out	
ROCTAVIAN INTRAVENOUS SUSPENSION 20000000000000 VG/ML	Carve Out	

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Drug	Status	Notes
Antihemophilic Products - Monoclonal Antibodies**		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	Carve Out	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Carve Out	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Carve Out	
Antihemophilic Products**		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Carve Out	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Carve Out	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Carve Out	
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Carve Out	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Carve Out	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Carve Out	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Carve Out	
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Carve Out	

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Drug	Status	Notes
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Carve Out	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Carve Out	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Carve Out	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Carve Out	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Carve Out	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Carve Out	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	Carve Out	
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 3000 UNIT, 500 UNIT	Carve Out	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Carve Out	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Carve Out	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Carve Out	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Carve Out	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Carve Out	
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT	Carve Out	

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Drug	Status	Notes
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Carve Out	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Carve Out	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Carve Out	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Carve Out	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Carve Out	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Carve Out	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Carve Out	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Carve Out	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Carve Out	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Carve Out	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Carve Out	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Carve Out	

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Drug	Status	Notes
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Carve Out	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	Carve Out	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT, 2500 UNIT	Carve Out	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Carve Out	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Carve Out	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Carve Out	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Carve Out	
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	Carve Out	
obizur intravenous solution reconstituted 500 unit	Carve Out	
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	Carve Out	
Anti-Von Willebrand Factor Agents**		
CABLIVI INJECTION KIT 11 MG	Carve Out	
Bradykinin B2 Receptor Antagonists**		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Carve Out	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Carve Out	
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	Carve Out	
C1 Esterase Inhibitors**		
BERINERT INTRAVENOUS KIT 500 UNIT	Carve Out	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Carve Out	

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Drug	Status	Notes
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	Carve Out	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	Carve Out	
Complement C1 Inhibitors**		
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML	Carve Out	
Complement C3 Inhibitors**		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Carve Out	
Complement C5 Inhibitors**		
BKEMV INTRAVENOUS SOLUTION 300 MG/30ML	Carve Out	
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30ML	Carve Out	
PIASKY INJECTION SOLUTION 340 MG/2ML	Carve Out	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Carve Out	
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/30ML, 300 MG/3ML	Carve Out	
VEOPOZ INJECTION SOLUTION 400 MG/2ML	Carve Out	
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	Carve Out	
Complement C5a Receptor Inhibitors**		
TAVNEOS ORAL CAPSULE 10 MG	Carve Out	
Complement Factor B Inhibitors**		
FABHALTA ORAL CAPSULE 200 MG	Carve Out	
Complement Factor D Inhibitors**		
VOYDEYA ORAL TABLET 100 MG	Carve Out	
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG	Carve Out	

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Drug	Status	Notes
Direct-Acting P2y12 Inhibitors**		
BRILINTA ORAL TABLET 60 MG, 90 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
ticagrelor oral tablet 60 mg, 90 mg	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
Hematorheologic Agents**		
pentoxifylline er oral tablet extended release 400 mg	Preferred	Product subject to max fills per month
Phosphodiesterase Iii Inhibitors**		
cilostazol oral tablet 100 mg, 50 mg	Preferred	Product subject to max fills per month
Plasma Factor Xiia Inhibitors - Monoclonal Antibodies**		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	Carve Out	
Plasma Kallikrein Inhibitors - Monoclonal Antibodies**		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Carve Out	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Carve Out	
Plasma Kallikrein Inhibitors**		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	Carve Out	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Carve Out	
Plasma Proteins**		
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG	Carve Out	
Platelet Aggregation Inhibitor Combinations**		
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
aspirin-omeprazole oral tablet delayed release 81-40 mg	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Platelet Aggregation Inhibitors**		
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
dipyridamole oral tablet 25 mg, 75 mg	Preferred	QL (4 EA per 1 day); Product subject to max fills per month
dipyridamole oral tablet 50 mg	Preferred	QL (8 EA per 1 day); Product subject to max fills per month
Protease-Activated Receptor-1 (Par-1) Antagonists**		
ZONTIVITY ORAL TABLET 2.08 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Pyruvate Kinase Activators**		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Carve Out	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Carve Out	
Quinazoline Agents**		
AGRYLIN ORAL CAPSULE 0.5 MG	Non Preferred	PA; QL (10 EA per 1 day); Product subject to max fills per month
anagrelide hcl oral capsule 0.5 mg, 1 mg	Preferred	QL (10 EA per 1 day); Product subject to max fills per month
Spleen Tyrosine Kinase (Syk) Inhibitors**		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Thienopyridine Derivatives**		
EFFIENT ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; Product subject to max fills per month
PLAVIX ORAL TABLET 75 MG	Non Preferred	PA; Product subject to max fills per month
clopidogrel bisulfate oral tablet 300 mg	Preferred	QL (4 EA per 30 days); Product subject to max fills per month

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Drug	Status	Notes
clopidogrel bisulfate oral tablet 75 mg	Preferred	Product subject to max fills per month
prasugrel hcl oral tablet 10 mg, 5 mg	Preferred	Product subject to max fills per month
Hematopoietic Agents		
Agents For Gaucher Disease**		
CERDELGA ORAL CAPSULE 84 MG	Carve Out	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Carve Out	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	Carve Out	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Carve Out	
YARGESA ORAL CAPSULE 100 MG	Carve Out	
ZAVESCA ORAL CAPSULE 100 MG	Carve Out	
miglustat oral capsule 100 mg	Carve Out	
Agents For Sickle Cell Disease - Autologous Gene Therapy**		
CASGEVY INTRAVENOUS SUSPENSION	Carve Out	
LYFGENIA INTRAVENOUS SUSPENSION	Carve Out	
Amino Acids**		
ENDARI ORAL PACKET 5 GM	Preferred	PA; DS (90 DS); Product subject to max fills per month
l-glutamine oral packet 5 gm	Preferred	PA; DS (90 DS); Product subject to max fills per month
Cobalamins**		
DODEX INJECTION SOLUTION 1000 MCG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
cyanocobalamin injection solution 1000 mcg/ml	Preferred	DS (90 DS); Product subject to max fills per month
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
methylcobalamin injection solution reconstituted 10000 mcg	Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
physicians ez use b-12 injection kit 1000 mcg/ml	Preferred	DS (90 DS); Product subject to max fills per month
Cxcr4 Receptor Antagonist**		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG	Preferred	PA; Product subject to max fills per month
XOLREMDI ORAL CAPSULE 100 MG	Carve Out	
Cytotoxic Agents**		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Preferred	DS (90 DS); Product subject to max fills per month
SIKLOS ORAL TABLET 100 MG, 1000 MG	Preferred	PA; DS (90 DS); Product subject to max fills per month
XROMI ORAL SOLUTION 100 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Erythroid Maturation Agents**		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	Carve Out	
Erythropoiesis-Stimulating Agents (Esas)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Preferred	PA; Product subject to max fills per month
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Preferred	PA; Product subject to max fills per month
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Non Preferred	PA; Product subject to max fills per month
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Non Preferred	PA; Product subject to max fills per month

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PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Non Preferred	PA; Product subject to max fills per month
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Preferred	PA; Product subject to max fills per month
Folic Acid/Folates**		
FA-8 ORAL CAPSULE 0.8 MG	Preferred	DS (90 DS); Product subject to max fills per month
cvs folic acid oral tablet 800 mcg	Preferred	DS (90 DS); Product subject to max fills per month
folic acid injection solution 5 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
folic acid oral capsule 0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
folic acid oral tablet 1 mg, 800 mcg	Preferred	DS (90 DS); Product subject to max fills per month
ft folic acid oral tablet 800 mcg	Preferred	DS (90 DS); Product subject to max fills per month
kp folic acid oral tablet 1 mg, 800 mcg	Preferred	DS (90 DS); Product subject to max fills per month
ra folic acid oral tablet 800 mcg	Preferred	DS (90 DS); Product subject to max fills per month
true folic acid oral tablet 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
Granulocyte Colony-Stimulating Factors (G-Csf)**		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Preferred	PA; Product subject to max fills per month

AGE - Age Limit **AGE*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days
MME -Max Morphine Equivalent of 120 mg **OTC** - Over the counter **PA** - Prior Authorization
QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy
AHE*- Drug is carved out to Fee for Service for Apple Health Expansion

Drug	Status	Notes
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Preferred	PA; Product subject to max fills per month
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Preferred	PA; Product subject to max fills per month
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Preferred	PA; Product subject to max fills per month
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Non Preferred	PA; Product subject to max fills per month
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Non Preferred	PA; Product subject to max fills per month
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Non Preferred	PA; Product subject to max fills per month
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Non Preferred	PA; Product subject to max fills per month
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	Non Preferred	PA; Product subject to max fills per month
Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)**		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Non Preferred	PA; Product subject to max fills per month
Hematopoietic Autologous Cellular Gene Therapy*		
ZYNTEGLO INTRAVENOUS SUSPENSION	Carve Out	
Hemoglobin S (Hbs) Polymerization Inhibitors**		
OXBRYTA ORAL TABLET 300 MG	Preferred	PA; DS (90 DS); SP; Product subject to max fills per month
OXBRYTA ORAL TABLET 500 MG	Preferred	PA; QL (3 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
OXBRYTA ORAL TABLET SOLUBLE 300 MG	Preferred	PA; QL (3 EA per 1 day); DS (90 DS); SP; Product subject to max fills per month
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors**		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Preferred	PA; Product subject to max fills per month
VAFSEO ORAL TABLET 150 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
VAFSEO ORAL TABLET 300 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Iron Combinations**		
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
HEMATOGEN ORAL CAPSULE	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
ICAR-C ORAL TABLET 100-250 MG	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
TRICON ORAL CAPSULE	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
fe c tab oral tablet 100-250 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
gentle iron oral capsule 28-60-0.008-0.4 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
hematinic plus vit/minerals oral tablet 106-1 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
iron 100/c oral tablet 100-250 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
iron-vitamin c oral tablet 100-250 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
purevit dualfe plus oral capsule 162-115.2-1 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
se-tan plus oral capsule 162-115.2-1 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
trigels-f forte oral capsule 460-60-0.01-1 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
Iron**		
ACCRUFER ORAL CAPSULE 30 MG	Non Preferred	PA; NOTES (EA); DS (90 DS); Product subject to max fills per month
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
FEOSOL ORAL TABLET 200 (65 FE) MG	Preferred	DS (90 DS); Product subject to max fills per month
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML	Preferred	PA; Product subject to max fills per month
FERATE ORAL TABLET 240 (27 FE) MG	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
FEROSUL ORAL TABLET 325 (65 FE) MG	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML	Preferred	PA; Product subject to max fills per month
INFED INJECTION SOLUTION 50 MG/ML	Preferred	PA; Product subject to max fills per month
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML	Preferred	PA; Product subject to max fills per month
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML	Preferred	PA; Product subject to max fills per month
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	Preferred	PA; Product subject to max fills per month
cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
eql iron supplement therapy oral tablet 325 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 75 (15 fe) mg/ml	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
ferrous sulfate oral solution 300 (60 fe) mg/5ml, 325 (65 fe) mg/5ml	Preferred	
ferrous sulfate oral tablet 325 (65 fe) mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
ferrous sulfate oral tablet delayed release 325 (65 fe) mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
ferumoxytol intravenous solution 510 mg/17ml	Preferred	PA; Product subject to max fills per month
fe-vite iron oral solution 75 (15 fe) mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
ft iron oral tablet 325 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp iron oral tablet 200 (65 fe) mg	Preferred	DS (90 DS); Product subject to max fills per month
iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
iron 27 oral tablet 240 (27 fe) mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
iron high-potency oral tablet 325 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
iron infant & toddler oral solution 75 (15 fe) mg/ml	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
iron infant/toddler oral solution 75 (15 fe) mg/ml	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
kp ferrous gluconate oral tablet 324 (37.5 fe) mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
kp ferrous sulfate oral tablet 325 (65 fe) mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	Preferred	PA; Product subject to max fills per month
pc pediatric iron drops oral solution 75 (15 fe) mg/ml	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
ra iron oral tablet 325 (65 fe) mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
sv iron oral tablet 325 (65 fe) mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
true ferrous sulfate oral tablet delayed release 324 mg	Preferred	NOTES (EA); DS (90 DS); Product subject to max fills per month
Selectin Blockers**		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	Carve Out	
Thrombopoietin (Tpo) Receptor Agonists**		
ALVAIZ ORAL TABLET 18 MG, 9 MG	Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
ALVAIZ ORAL TABLET 36 MG, 54 MG	Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
DOPTELET ORAL TABLET 20 MG	Non Preferred	PA; QL (3 EA per 1 day); SP; Product subject to max fills per month
MULPLETA ORAL TABLET 3 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month

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Drug	Status	Notes
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG	Non Preferred	PA; SP; Product subject to max fills per month
PROMACTA ORAL PACKET 12.5 MG, 25 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
PROMACTA ORAL TABLET 12.5 MG, 25 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
PROMACTA ORAL TABLET 50 MG, 75 MG	Non Preferred	PA; QL (2 EA per 1 day); SP; Product subject to max fills per month
eltrombopag olamine oral packet 12.5 mg, 25 mg	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
eltrombopag olamine oral tablet 12.5 mg, 25 mg	Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
eltrombopag olamine oral tablet 50 mg, 75 mg	Preferred	PA; QL (2 EA per 1 day); SP; Product subject to max fills per month
Hemostatics		
Hemostatics - Systemic**		
AMICAR ORAL SOLUTION 0.25 GM/ML	Non Preferred	PA; Product subject to max fills per month
AMICAR ORAL TABLET 1000 MG, 500 MG	Non Preferred	PA; Product subject to max fills per month
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	Preferred	PA; Product subject to max fills per month
aminocaproic acid intravenous solution 250 mg/ml	Preferred	PA; Product subject to max fills per month
aminocaproic acid oral solution 0.25 gm/ml	Preferred	Product subject to max fills per month
aminocaproic acid oral tablet 1000 mg, 500 mg	Preferred	Product subject to max fills per month
tranexamic acid intravenous solution 1000 mg/10ml	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
tranexamic acid oral tablet 650 mg	Preferred	Product subject to max fills per month
tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%	Preferred	PA; Product subject to max fills per month
Hypnotics/Sedatives/Sleep Disorder Agents		
Barbiturate Hypnotics**		
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	Preferred	PA; DS (90 DS); Product subject to max fills per month
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Preferred	PA; Product subject to max fills per month
pentobarbital sodium injection solution 50 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	Preferred	DS (90 DS); Product subject to max fills per month
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Preferred	DS (90 DS); Product subject to max fills per month
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
Benzodiazepine Hypnotics**		
DORAL ORAL TABLET 15 MG	Non Preferred	PA; Product subject to max fills per month
HALCION ORAL TABLET 0.25 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
estazolam oral tablet 1 mg, 2 mg	Non Preferred	PA; NOTES (AGE*); Product subject to max fills per month
flurazepam hcl oral capsule 15 mg, 30 mg	Non Preferred	PA; Product subject to max fills per month
midazolam hcl (pf) +rfid injection solution 2 mg/2ml	Preferred	Product subject to max fills per month
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	Preferred	Product subject to max fills per month
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
midazolam hcl intravenous solution 150 mg/30ml	Preferred	Product subject to max fills per month
midazolam hcl intravenous solution prefilled syringe 150 mg/30ml	Preferred	Product subject to max fills per month
midazolam hcl oral syrup 2 mg/ml	Non Preferred	PA; Product subject to max fills per month
quazepam oral tablet 15 mg	Non Preferred	PA; Product subject to max fills per month
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Preferred	NOTES (AGE*); Product subject to max fills per month
triazolam oral tablet 0.125 mg, 0.25 mg	Preferred	NOTES (AGE*); Product subject to max fills per month
Hypnotics - Tricyclic Agents**		
SILENOR ORAL TABLET 3 MG, 6 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
doxepin hcl oral tablet 3 mg, 6 mg	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
Non-Benzodiazepine - Gaba-Receptor Modulators**		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
AMBIEN ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
zaleplon oral capsule 10 mg, 5 mg	Non Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); Product subject to max fills per month

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Drug	Status	Notes
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Preferred	QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
zolpidem tartrate oral capsule 7.5 mg	Non Preferred	PA; Product subject to max fills per month
zolpidem tartrate oral tablet 10 mg, 5 mg	Preferred	QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
Orexin Receptor Antagonists**		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
DAYVIGO ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); Product subject to max fills per month
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Selective Alpha2-Adrenoreceptor Agonist Sedatives**		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Preferred	PA; DS (90 DS); Product subject to max fills per month
Selective Melatonin Receptor Agonists**		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Non Preferred	PA; QL (6 ML per 1 day); Product subject to max fills per month
HETLIOZ ORAL CAPSULE 20 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
ROZEREM ORAL TABLET 8 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years); Product subject to max fills per month
ramelteon oral tablet 8 mg	Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years); Product subject to max fills per month

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Drug	Status	Notes
tasimelteon oral capsule 20 mg	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Laxatives		
Bowel Evacuant Combinations**		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	Non Preferred	PA; Product subject to max fills per month
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Preferred	Product subject to max fills per month
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Preferred	Product subject to max fills per month
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Preferred	Product subject to max fills per month
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	Preferred	Product subject to max fills per month
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	Non Preferred	PA; Product subject to max fills per month
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	Non Preferred	PA; Product subject to max fills per month
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM	Non Preferred	PA; Product subject to max fills per month
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	Non Preferred	PA; Product subject to max fills per month
SUTAB ORAL TABLET 1479-225-188 MG	Non Preferred	PA; Product subject to max fills per month
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Non Preferred	PA; Product subject to max fills per month
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Preferred	Product subject to max fills per month
peg-3350/electrolytes oral solution reconstituted 236 gm	Preferred	Product subject to max fills per month
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	Non Preferred	PA; Product subject to max fills per month
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
Bulk Laxatives**		
EVAC ORAL POWDER	Preferred	Product subject to max fills per month
REGULOID ORAL POWDER 28.3 %, 43 %, 51.7 %, 57.6 %	Preferred	Product subject to max fills per month
WAL-MUCIL ORAL POWDER 28.3 %, 43 %, 58.6 %	Preferred	Product subject to max fills per month
cvs daily fiber oral packet 58.6 %	Preferred	Product subject to max fills per month
cvs daily fiber oral powder 51.7 %	Preferred	Product subject to max fills per month
cvs natural daily fiber oral powder 43 %, 51.7 %, 58.6 %	Preferred	Product subject to max fills per month
cvs natural fiber supplement oral powder 100 %	Preferred	Product subject to max fills per month
daily fiber oral packet 51.7 %	Preferred	Product subject to max fills per month
daily fiber oral powder 43 %, 51.7 %	Preferred	Product subject to max fills per month
eq daily fiber oral powder 25 %	Preferred	Product subject to max fills per month
eql fiber therapy oral powder 43 %	Preferred	Product subject to max fills per month
eql smooth texture fiber oral powder 51.7 %	Preferred	Product subject to max fills per month
fiber oral powder 28.3 %	Preferred	Product subject to max fills per month
geri-mucil oral powder 25 %, 51.7 %	Preferred	Product subject to max fills per month
gnp fiber oral powder 43 %	Preferred	Product subject to max fills per month
gnp natural fiber oral powder 28.3 %	Preferred	Product subject to max fills per month
natural psyllium seed oral powder 100 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
qc psyllium fiber oral powder 43 %	Preferred	Product subject to max fills per month
ra multihealth fiber oral powder 43 %, 58.6 %	Preferred	Product subject to max fills per month
Laxatives - Miscellaneous**		
CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	Product subject to max fills per month
CVS PURELAX ORAL POWDER 17 GM/SCOOP	Preferred	Product subject to max fills per month
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	Product subject to max fills per month
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	Product subject to max fills per month
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	Product subject to max fills per month
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	Product subject to max fills per month
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	Product subject to max fills per month
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP	Preferred	Product subject to max fills per month
KRISTALOSE ORAL PACKET 10 GM, 20 GM	Non Preferred	PA; Product subject to max fills per month
SMOOTH LAX ORAL POWDER 17 GM/SCOOP	Preferred	Product subject to max fills per month
constulose oral solution 10 gm/15ml	Non Preferred	PA; Product subject to max fills per month
cvs glycerin adult rectal suppository 2 gm, 2.1 gm	Preferred	Product subject to max fills per month
cvs glycerin child rectal suppository 1 gm	Preferred	Product subject to max fills per month
gavilax oral packet 4.25 gm	Preferred	Product subject to max fills per month
gavilax oral powder 17 gm/scoop	Preferred	Product subject to max fills per month

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Drug	Status	Notes
gentlelax oral powder 17 gm/scoop	Preferred	Product subject to max fills per month
glycerin (adult) rectal suppository 2 gm, 2.1 gm	Preferred	Product subject to max fills per month
glycerin (child) rectal suppository 1.2 gm	Preferred	Product subject to max fills per month
glycerin (infants & children) rectal suppository 1 gm, 1.2 gm	Preferred	Product subject to max fills per month
glycerin adult rectal suppository 2 gm	Preferred	Product subject to max fills per month
glycerin childrens rectal suppository 1 gm, 1.2 gm	Preferred	Product subject to max fills per month
gnp glycerin (adult) rectal suppository 2.1 gm	Preferred	Product subject to max fills per month
gnp glycerin child rectal suppository 1.2 gm	Preferred	Product subject to max fills per month
lactulose oral packet 10 gm, 20 gm	Preferred	Product subject to max fills per month
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Preferred	Product subject to max fills per month
peg 3350 oral powder 17 gm/scoop	Preferred	Product subject to max fills per month
polyethylene glycol 3350 oral packet 4 gm, 4.25 gm	Preferred	Product subject to max fills per month
polyethylene glycol 3350 oral powder 17 gm/scoop	Preferred	Product subject to max fills per month
qc glycerin rectal suppository 2.1 gm	Preferred	Product subject to max fills per month
qc natura-lax oral powder 17 gm/scoop	Preferred	Product subject to max fills per month
ra glycerin adult rectal suppository 80.7 %	Preferred	Product subject to max fills per month
ra glycerin child rectal suppository 80.7 %	Preferred	Product subject to max fills per month
ra laxative oral powder 17 gm/scoop	Preferred	Product subject to max fills per month

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Drug	Status	Notes
true laxative oral powder 17 gm/scoop	Preferred	Product subject to max fills per month
Saline Laxative Mixtures**		
PURE & GENTLE ENEMA RECTAL ENEMA	Preferred	Product subject to max fills per month
WE CARE ENEMA RECTAL ENEMA 7-19 GM/118ML	Preferred	Product subject to max fills per month
cvs enema disposable rectal enema 7-19 gm/118ml	Preferred	Product subject to max fills per month
cvs enema ready-to-use rectal enema 7-19 gm/118ml	Preferred	Product subject to max fills per month
enema disposable rectal enema	Preferred	Product subject to max fills per month
enema pediatric rectal enema 3.5-9.5 gm/59ml	Preferred	Product subject to max fills per month
enema ready-to-use rectal enema 7-19 gm/118ml	Preferred	Product subject to max fills per month
enema rectal enema , 7-19 gm/118ml	Preferred	Product subject to max fills per month
goodsense enema rectal enema 7-19 gm/118ml	Preferred	Product subject to max fills per month
hm enema rectal enema 7-19 gm/118ml	Preferred	Product subject to max fills per month
qc enema rectal enema 16-6 gm/133ml	Preferred	Product subject to max fills per month
ra enema rectal enema 7-19 gm/118ml	Preferred	Product subject to max fills per month
Saline Laxatives**		
CITROMA ORAL SOLUTION 1.745 GM/30ML	Preferred	Product subject to max fills per month
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML	Preferred	Product subject to max fills per month
cvs citrate of magnesia oral solution	Preferred	Product subject to max fills per month
cvs magnesium citrate oral solution 1.745 gm/30ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
cvs milk of magnesia oral suspension 1200 mg/15ml	Preferred	Product subject to max fills per month
eq magnesium citrate oral solution 1.745 gm/30ml	Preferred	Product subject to max fills per month
ft magnesium citrate oral solution 1.745 gm/30ml	Preferred	Product subject to max fills per month
ft milk of magnesia oral suspension 1200 mg/15ml	Preferred	Product subject to max fills per month
gentle laxative oral suspension 1200 mg/15ml	Preferred	Product subject to max fills per month
gnp magnesium citrate oral solution 1.745 gm/30ml	Preferred	Product subject to max fills per month
gnp milk of magnesia oral suspension 1200 mg/15ml	Preferred	Product subject to max fills per month
goodsense magnesium citrate oral solution 1.745 gm/30ml	Preferred	Product subject to max fills per month
goodsense milk of magnesia oral suspension 1200 mg/15ml	Preferred	Product subject to max fills per month
hm milk of magnesia oral suspension 1200 mg/15ml	Preferred	Product subject to max fills per month
magnesium citrate oral solution 1.745 gm/30ml	Preferred	Product subject to max fills per month
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %	Preferred	Product subject to max fills per month
px milk of magnesia oral suspension 1200 mg/15ml	Preferred	Product subject to max fills per month
qc milk of magnesia oral suspension 400 mg/5ml	Preferred	Product subject to max fills per month
ra milk of magnesia oral suspension 400 mg/5ml	Preferred	Product subject to max fills per month
sm milk of magnesia oral suspension 1200 mg/15ml	Preferred	Product subject to max fills per month
Stimulant Laxatives**		
EVAC-U-GEN ORAL TABLET 8.6 MG	Preferred	Product subject to max fills per month

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Drug	Status	Notes
ONELAX RECTAL SUPPOSITORY 10 MG	Preferred	Product subject to max fills per month
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML	Preferred	Product subject to max fills per month
bisacodyl ec oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
bisacodyl laxative rectal suppository 10 mg	Preferred	Product subject to max fills per month
bisacodyl oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
bisacodyl rectal suppository 10 mg	Preferred	Product subject to max fills per month
chocolated laxative oral tablet chewable 15 mg	Preferred	Product subject to max fills per month
cvs bisacodyl oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
cvs chocolate laxative pieces oral tablet chewable 15 mg	Preferred	Product subject to max fills per month
cvs gentle laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
cvs gentle laxative rectal suppository 10 mg	Preferred	Product subject to max fills per month
cvs gentle laxative womens oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
cvs laxative pills max st oral tablet 25 mg	Preferred	Product subject to max fills per month
cvs senna oral capsule 8.6 mg	Preferred	Product subject to max fills per month
cvs senna oral tablet 8.6 mg	Preferred	Product subject to max fills per month
eq gentle laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
eq natural laxative oral tablet 8.6 mg	Preferred	Product subject to max fills per month
eq vegetable laxative oral tablet 8.6 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
eql gentle laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
eql laxative oral tablet chewable 15 mg	Preferred	Product subject to max fills per month
gentle laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
gentle laxative rectal suppository 10 mg	Preferred	Product subject to max fills per month
geri-kot oral tablet 8.6 mg	Preferred	Product subject to max fills per month
gnp gentle laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
gnp gentle laxative rectal suppository 10 mg	Preferred	Product subject to max fills per month
gnp senna lax oral tablet 8.6 mg	Preferred	Product subject to max fills per month
gnp womens gentle laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
goodsense bisacodyl laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
goodsense senna laxative oral tablet 8.6 mg	Preferred	Product subject to max fills per month
hm gentle laxative rectal suppository 10 mg	Preferred	Product subject to max fills per month
hm laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
kp bisacodyl oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
kp senna oral tablet 8.6 mg	Preferred	Product subject to max fills per month
laxative max str oral tablet 25 mg	Preferred	Product subject to max fills per month
laxative pills oral tablet 15 mg, 25 mg	Preferred	Product subject to max fills per month
laxative rectal suppository 10 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
laxative regular strength oral tablet 15 mg	Preferred	Product subject to max fills per month
natural senna laxative oral tablet 8.6 mg	Preferred	Product subject to max fills per month
px laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
qc chocolated laxative oral tablet chewable 15 mg	Preferred	Product subject to max fills per month
qc gentle laxative rectal suppository 10 mg	Preferred	Product subject to max fills per month
qc vegetable laxative oral tablet 8.6 mg	Preferred	Product subject to max fills per month
ra fast relief laxative rectal suppository 10 mg	Preferred	Product subject to max fills per month
ra laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
ra womens laxative oral tablet delayed release 5 mg	Preferred	Product subject to max fills per month
senna laxative oral tablet 8.6 mg	Preferred	Product subject to max fills per month
senna oral capsule 8.6 mg	Preferred	Product subject to max fills per month
senna oral liquid 8.8 mg/5ml	Preferred	Product subject to max fills per month
senna oral syrup 8.8 mg/5ml	Preferred	Product subject to max fills per month
senna oral tablet 8.6 mg	Preferred	Product subject to max fills per month
senna-lax oral tablet 8.6 mg	Preferred	Product subject to max fills per month
senna-tabs oral tablet 8.6 mg	Preferred	Product subject to max fills per month
senna-time oral tablet 8.6 mg	Preferred	Product subject to max fills per month
sennosides oral tablet 8.6 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Surfactant Laxatives**		
DOK ORAL TABLET 100 MG	Preferred	Product subject to max fills per month
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	Preferred	Product subject to max fills per month
HEALTHY MAMA MOVE IT ALONG ORAL TABLET 100 MG	Preferred	Product subject to max fills per month
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML	Preferred	Product subject to max fills per month
PROLAXA ORAL CAPSULE 250 MG	Preferred	Product subject to max fills per month
PROMOLAXIN ORAL TABLET 100 MG	Preferred	Product subject to max fills per month
cvs mini enema rectal enema 20-283 mg	Preferred	Product subject to max fills per month
cvs stool softener oral capsule 100 mg, 240 mg, 250 mg, 50 mg	Preferred	Product subject to max fills per month
docusate calcium oral capsule 240 mg	Preferred	Product subject to max fills per month
docusate sodium oral capsule 100 mg, 250 mg	Preferred	Product subject to max fills per month
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml	Preferred	Product subject to max fills per month
docusate sodium oral tablet 100 mg	Preferred	Product subject to max fills per month
dss oral capsule 100 mg, 250 mg	Preferred	Product subject to max fills per month
easy-lax oral capsule 100 mg	Preferred	Product subject to max fills per month
eq stool softener oral capsule 100 mg	Preferred	Product subject to max fills per month
eql stool softener oral capsule 100 mg	Preferred	Product subject to max fills per month
ft stool softener oral capsule 250 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
gnp stool softener oral capsule 100 mg, 240 mg, 250 mg	Preferred	Product subject to max fills per month
goodsense stool softener oral capsule 100 mg	Preferred	Product subject to max fills per month
hm stool softener oral capsule 100 mg, 250 mg	Preferred	Product subject to max fills per month
kls stool softener oral capsule 100 mg	Preferred	Product subject to max fills per month
laxa basic oral capsule 100 mg	Preferred	Product subject to max fills per month
px docusate sodium oral capsule 100 mg	Preferred	Product subject to max fills per month
qc stool softener oral capsule 100 mg	Preferred	Product subject to max fills per month
ra col-rite oral capsule 100 mg, 250 mg	Preferred	Product subject to max fills per month
ra stool softener oral capsule 100 mg	Preferred	Product subject to max fills per month
stool softener oral capsule 100 mg, 240 mg, 250 mg	Preferred	Product subject to max fills per month
stool softener oral tablet 100 mg	Preferred	Product subject to max fills per month
Macrolides		
Azithromycin**		
ZITHROMAX ORAL PACKET 1 GM	Non Preferred	PA; Product subject to max fills per month
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	Non Preferred	PA; Product subject to max fills per month
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Non Preferred	PA; Product subject to max fills per month
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	Non Preferred	PA; Product subject to max fills per month
ZITHROMAX Z-PAK ORAL TABLET 250 MG	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
azithromycin oral packet 1 gm	Preferred	Product subject to max fills per month
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Preferred	Product subject to max fills per month
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Preferred	Product subject to max fills per month
Clarithromycin**		
clarithromycin er oral tablet extended release 24 hour 500 mg	Non Preferred	PA; Product subject to max fills per month
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	Product subject to max fills per month
clarithromycin oral tablet 250 mg, 500 mg	Preferred	Product subject to max fills per month
Erythromycins**		
E.E.S. 400 ORAL TABLET 400 MG	Preferred	Product subject to max fills per month
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	Non Preferred	PA; Product subject to max fills per month
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	Non Preferred	PA; Product subject to max fills per month
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	Non Preferred	PA; Product subject to max fills per month
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	Preferred	Product subject to max fills per month
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Non Preferred	PA; Product subject to max fills per month
erythromycin base oral capsule delayed release particles 250 mg	Preferred	Product subject to max fills per month
erythromycin base oral tablet 250 mg, 500 mg	Non Preferred	PA; Product subject to max fills per month
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	Preferred	Product subject to max fills per month
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Preferred	Product subject to max fills per month
erythromycin ethylsuccinate oral tablet 400 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Preferred	Product subject to max fills per month
Fidaxomicin**		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Preferred	Product subject to max fills per month
DIFICID ORAL TABLET 200 MG	Preferred	Product subject to max fills per month
Medical Devices And Supplies		
Applicators,Cotton Balls,Etc**		
BD SWAB SINGLE USE REGULAR PAD	Preferred	
COMFORT TOUCH ALCOHOL PREP PAD 70 %	Preferred	
CURITY ALCOHOL PREPS PAD 70 %	Preferred	
DROPSAFE ALCOHOL PREP PAD 70 %	Preferred	
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	Preferred	
ULTICARE ALCOHOL SWABS PAD	Preferred	
WEBCOL ALCOHOL PREP LARGE PAD 70 %	Preferred	
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	Preferred	
alcohol prep pad , 70 %	Preferred	
alcohol swabs pad	Preferred	
cvs prep pad 70 %	Preferred	
eql alcohol swabs pad 70 %	Preferred	
gnp alcohol swabs pad 70 %	Preferred	
h-e-b incontrol alcohol pad	Preferred	
hm sterile alcohol prep pad	Preferred	
pure comfort alcohol prep pad	Preferred	
qc alcohol swabs pad 70 %	Preferred	
ra alcohol swabs pad 70 %	Preferred	
reality swabs pad	Preferred	
saps health alcohol prep pad	Preferred	
sb alcohol prep pad 70 %	Preferred	

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Drug	Status	Notes
sm alcohol prep pad 70 %	Preferred	
sure comfort alcohol prep pad 70 %	Preferred	
true comfort pro alcohol prep pad 70 %	Preferred	
ultilet alcohol swabs pad	Preferred	
zevrx sterile alcohol prep pad pad 70 %	Preferred	
Cervical Caps**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Preferred	Product subject to max fills per month
Condoms - Female**		
FC2 FEMALE CONDOM	Preferred	DS (90 DS); Product subject to max fills per month
Condoms - Male**		
DUREX EXTRA SENSITIVE THIN	Preferred	DS (90 DS); Product subject to max fills per month
DUREX EXTRA SENSITIVE THIN DEVICE	Preferred	DS (90 DS); Product subject to max fills per month
DUREX REALFEEL DEVICE	Preferred	DS (90 DS); Product subject to max fills per month
DUREX TROPICAL	Preferred	DS (90 DS); Product subject to max fills per month
FANTASY LUBRICATED	Preferred	DS (90 DS); Product subject to max fills per month
FANTASY LUBRICATED/SPERMICIDE	Preferred	DS (90 DS); Product subject to max fills per month
KAMELEON LUBRICATED	Preferred	DS (90 DS); Product subject to max fills per month
KIMONO COLORS DEVICE	Preferred	DS (90 DS); Product subject to max fills per month
KIMONO MAXX-LARGE FLARE	Preferred	DS (90 DS); Product subject to max fills per month
KIMONO SPECIAL DEVICE	Preferred	DS (90 DS); Product subject to max fills per month
REALITY LATEX CONDOMS	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
REALITY LATEX/ULTRA TEXTURED DEVICE	Preferred	DS (90 DS); Product subject to max fills per month
REALITY LATEX/ULTRA THIN DEVICE	Preferred	DS (90 DS); Product subject to max fills per month
TROJAN ENZ	Preferred	DS (90 DS); Product subject to max fills per month
TROJAN MAGNUM	Preferred	DS (90 DS); Product subject to max fills per month
TROJAN ULTRA RIBBED LUBRICATED DEVICE	Preferred	DS (90 DS); Product subject to max fills per month
TROJAN ULTRA THIN	Preferred	DS (90 DS); Product subject to max fills per month
TROJAN ULTRA THIN/SPERMICIDAL	Preferred	DS (90 DS); Product subject to max fills per month
TROJAN-ENZ LUBRICATED	Preferred	DS (90 DS); Product subject to max fills per month
TROJAN-ENZ/SPERMICIDAL	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX COLOR CONDOMS + LUBE	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX LUB/RIBBED/STUDDED	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX LUB/SPERMICIDE EX ST	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX LUB/SPERMICIDE XL	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX LUBRICATED	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX LUBRICATED EX LARGE	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX LUBRICATED EXTRA ST	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX LUBRICATED/SPERMICIDE	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX NATURAL CONDOMS + LUBE	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
TRUSTEX NON-LUBRICATED	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX RIA LUB/SPERMICIDE	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX RIA LUBRICATED	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX RIA NON-LUBRICATED	Preferred	DS (90 DS); Product subject to max fills per month
TRUSTEX-NONOXYNOL-9/RIB/STUD	Preferred	DS (90 DS); Product subject to max fills per month
aimsco lubricated	Preferred	DS (90 DS); Product subject to max fills per month
condoms	Preferred	
kimono	Preferred	DS (90 DS); Product subject to max fills per month
kimono micro thin	Preferred	DS (90 DS); Product subject to max fills per month
kimono micro thin plus	Preferred	DS (90 DS); Product subject to max fills per month
kimono plus	Preferred	DS (90 DS); Product subject to max fills per month
kimono ps	Preferred	DS (90 DS); Product subject to max fills per month
kimono ps plus	Preferred	DS (90 DS); Product subject to max fills per month
kimono sensation	Preferred	DS (90 DS); Product subject to max fills per month
kimono sensation plus	Preferred	DS (90 DS); Product subject to max fills per month
maxx	Preferred	DS (90 DS); Product subject to max fills per month
maxx plus	Preferred	DS (90 DS); Product subject to max fills per month
true cover device	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Diaphragms**		
CAYA VAGINAL DIAPHRAGM	Preferred	Product subject to max fills per month
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Preferred	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Preferred	Product subject to max fills per month
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Preferred	Product subject to max fills per month
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Preferred	Product subject to max fills per month
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Preferred	Product subject to max fills per month
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Preferred	Product subject to max fills per month
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Preferred	Product subject to max fills per month
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Preferred	Product subject to max fills per month
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Preferred	Product subject to max fills per month
Glucose Monitoring Test Supplies**		
ACCU-CHEK FASTCLIX LANCETS	Preferred	
ACCU-CHEK SOFTCLIX LANCETS	Preferred	
ADVOCATE LANCETS 30G	Preferred	
AGAMATRIX ULTRA-THIN LANCETS	Preferred	
AIMSCO TWIST LANCETS 33G	Preferred	
AUTO-LANCET	Preferred	
AUTO-LANCET MINI	Preferred	
AUTOLET LANCING DEVICE	Preferred	
AUTOLET MINI	Preferred	
AUTOLET PLUS	Preferred	
BD LANCET ULTRAFINE 30G	Preferred	
BD LANCET ULTRAFINE 33G	Preferred	

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Drug	Status	Notes
CARDIOCOM LANCING DEVICE	Preferred	
CARESENS LANCETS	Preferred	
CARETOUCH LANCING/EJECTOR	Preferred	
CARETOUCH SAFETY LANCETS	Preferred	
CARETOUCH SAFETY LANCETS 26G	Preferred	
CARETOUCH TWIST LANCETS 28G	Preferred	
CARETOUCH TWIST LANCETS 30G	Preferred	
CARETOUCH TWIST MC LANCETS 30G	Preferred	
CLEANLET LANCETS 28G	Preferred	
CLEVER CHEK LANCETS	Preferred	
COMFORT TOUCH LANCETS 31G	Preferred	
COMFORT TOUCH PLUS LANCETS 28G	Preferred	
COMFORT TOUCH PLUS LANCETS 30G	Preferred	
DEXCOM G6 RECEIVER DEVICE	Preferred	PA
DEXCOM G6 SENSOR	Preferred	PA
DEXCOM G6 TRANSMITTER	Preferred	PA
DIATHRIVE LANCET ULTRA THIN 30	Preferred	
DIATHRIVE LANCETS	Preferred	
DIATHRIVE LANCING DEVICE	Preferred	
DROPLET LANCETS ULTRA THIN 30G	Preferred	
DROPLET LANCING DEVICE	Preferred	
DROPLET PERSONAL LANCETS 30G	Preferred	
DRUG MART LANCING DEVICE	Preferred	
EASY TOUCH LANCETS 21G	Preferred	
EASY TOUCH LANCETS 23G	Preferred	
EASY TOUCH LANCETS 26G	Preferred	
EASY TOUCH LANCETS 28G	Preferred	
EASY TOUCH LANCETS 30G/TWIST	Preferred	
EASY TOUCH LANCETS 32G	Preferred	
EASY TOUCH LANCETS 33G/TWIST	Preferred	
EMBRACE PRESSURE ACTIVATED 21G	Preferred	
EMBRACE PRESSURE ACTIVATED 28G	Preferred	

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Drug	Status	Notes
E-Z JECT LANCET MICRO-THIN 33G	Preferred	
E-Z JECT LANCET SUPER THIN 30G	Preferred	
E-Z JECT LANCETS	Preferred	
E-Z JECT LANCETS 21G	Preferred	
E-Z JECT LANCETS THIN 26G	Preferred	
EZ-LETS LANCETS 21G	Preferred	
EZ-LETS LANCETS 26G	Preferred	
EZ-LETS LANCETS 28G	Preferred	
EZ-LETS LANCETS 30G	Preferred	
FORA LANCETS	Preferred	
FORA LANCING DEVICE	Preferred	
FREESTYLE LIBRE 14 DAY SENSOR	Preferred	PA
FREESTYLE LIBRE 2 READER DEVICE	Preferred	PA
FREESTYLE LIBRE 2 SENSOR	Preferred	PA
FREESTYLE LIBRE 3 PLUS SENSOR	Preferred	PA
FREESTYLE LIBRE 3 READER DEVICE	Preferred	PA
FREESTYLE LIBRE 3 SENSOR	Preferred	PA
FREESTYLE LIBRE READER DEVICE	Preferred	PA
GENTEEL BUTTERFLY TOUCH LANCET	Preferred	
GENTLE-LET GP LANCETS	Preferred	
GENTLE-LET LANCETS	Preferred	
GLUCOCOM LANCETS 28G	Preferred	
GLUCOCOM LANCETS 30G	Preferred	
GLUCOCOM LANCETS 33G	Preferred	
GNP LANCING SYSTEM DEVICE	Preferred	
GOJJI STERILE LANCETS	Preferred	
HEALTH CARE LANCING DEVICE	Preferred	
HY-VEE LANCETS	Preferred	
KROGER HEALTHPRO LANCET 26G	Preferred	
LANCETS ULTRA THIN	Preferred	
LANZO	Preferred	
MEDLANCE PLUS EXTRA 21G	Preferred	

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Drug	Status	Notes
MEDLANCE PLUS LANCETS	Preferred	
MEDLANCE PLUS LITE 25G	Preferred	
MEDLANCE PLUS SPECIAL 0.8MM	Preferred	
MEDLANCE PLUS SUPERLITE 30G	Preferred	
MEDLANCE PLUS UNIVERSAL 21G	Preferred	
MEIJER LANCETS THIN	Preferred	
MEIJER LANCETS UNIVERSAL 21G	Preferred	
MEIJER LANCETS UNIVERSAL 30G	Preferred	
MEIJER LANCETS UNIVERSAL 33G	Preferred	
MEIJER SUPER THIN LANCETS	Preferred	
MICROLET LANCETS	Preferred	
MONOLET LANCETS	Preferred	
MONOLET OPD LANCETS	Preferred	
MYGLUCOHEALTH LANCETS 30G	Preferred	
NOVA SUREFLEX LANCETS	Preferred	
NOVA SUREFLEX LANCING DEVICE	Preferred	
ONETOUCH DELICA PLUS LANCET30G	Preferred	
ONETOUCH DELICA PLUS LANCET33G	Preferred	
ONETOUCH DELICA SAFETY LANCING	Preferred	
PERFECT LANCETS 28G	Preferred	
PERFECT LANCETS 30G	Preferred	
PHARMACIST CHOICE LANCETS	Preferred	
PHARMACY COUNTER LANCETS	Preferred	
PRODIGY LANCING DEVICE	Preferred	
PRODIGY SAFETY LANCETS 26G	Preferred	
PRODIGY TWIST TOP LANCETS 28G	Preferred	
PSS SELECT GP LANCETS	Preferred	
PSS SELECT SAFETY LANCETS	Preferred	
RA E-ZJECT LANCETS 28G	Preferred	
RA E-ZJECT LANCETS THIN 26G	Preferred	
RA E-ZJECT LANCETS THIN 28G	Preferred	
RA E-ZJECT LANCETS ULTRA THIN	Preferred	

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Drug	Status	Notes
RELION LANCET DEVICES 30G	Preferred	
RELION LANCETS	Preferred	
RELION LANCETS MICRO-THIN 33G	Preferred	
RELION LANCETS THIN 26G	Preferred	
RELION LANCETS ULTRA-THIN 30G	Preferred	
RELION LANCING DEVICE	Preferred	
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	Preferred	
RELION ULTRA THIN LANCETS 30G	Preferred	
RELION ULTRA THIN PLUS LANCETS	Preferred	
RIGHTEST GD500 LANCING DEVICE	Preferred	
RIGHTEST GL300 LANCETS	Preferred	
SAFE-T-LANCE	Preferred	
SHOPKO AUTOLET LANCING DEVICE	Preferred	
SM TRUEDRAW LANCING DEVICE	Preferred	
SMART SENSE COLOR LANCETS 33G	Preferred	
SMART SENSE STANDARD LANCETS	Preferred	
SMART SENSE SUPER THIN LANCETS	Preferred	
SMART SENSE THIN LANCETS 26G	Preferred	
SOLUS V2 LANCING DEVICE	Preferred	
SOLUS V2 TWIST LANCETS 30G	Preferred	
STERILANCE TL	Preferred	
SURELITE LANCETS	Preferred	
THINLETS GP LANCETS	Preferred	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	Preferred	
TRUE METRIX METER KIT W/DEVICE	Preferred	
TRUEDRAW LANCING DEVICE	Preferred	
TRUEPLUS LANCETS 26G	Preferred	
TRUEPLUS LANCETS 28G	Preferred	
TRUEPLUS LANCETS 30G	Preferred	
TRUEPLUS LANCETS 33G	Preferred	

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Drug	Status	Notes
ULTI-LANCE AUTOMATIC	Preferred	
ULTILET CLASSIC LANCETS	Preferred	
ULTILET LANCETS	Preferred	
ULTRA-THIN II LANCETS	Preferred	
UNILET COMFORTOUCH LANCET	Preferred	
UNILET EXCELITE	Preferred	
UNILET EXCELITE II	Preferred	
UNILET G.P. LANCET	Preferred	
UNILET G.P. SUPERLITE LANCET	Preferred	
UNILET GP 28 ULTRA THIN	Preferred	
UNILET LANCET	Preferred	
UNILET MICRO-THIN 33G	Preferred	
UNILET SUPERLITE LANCET	Preferred	
UNILET SUPER-THIN 30G	Preferred	
UNILET ULTRA-THIN 28G	Preferred	
UNIVERSAL 1 LANCETS THIN 26G	Preferred	
UNIVERSAL 1 LANCETS THIN 33G	Preferred	
UNIVERSAL 1 LANCETS ULTRA THIN	Preferred	
VIVAGUARD LANCETS	Preferred	
VIVAGUARD LANCING DEVICE	Preferred	
WALGREENS LANCETS	Preferred	
WALGREENS THIN LANCETS	Preferred	
WALGREENS ULTRA THIN LANCETS	Preferred	
1st tier unilet comfortouch	Preferred	
acti-lance 28g	Preferred	
acti-lance lite lancets 28g	Preferred	
acti-lance special lancets 17g	Preferred	
acti-lance universal 23g	Preferred	
adjustable lancing device	Preferred	
aimsco twist lancets 32g	Preferred	
aurora lancet super thin 30g	Preferred	
aurora lancet thin 23g	Preferred	

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Drug	Status	Notes
careone lancet thin 23g	Preferred	
comfort assured lancets 28g	Preferred	
comfort assured lancets 33g	Preferred	
comfort lancets	Preferred	
cvs lancets 21g	Preferred	
cvs lancets micro thin 33g	Preferred	
cvs lancets original	Preferred	
cvs lancets thin 26g	Preferred	
cvs lancets ultra thin 30g	Preferred	
cvs lancets ultra-thin 30g	Preferred	
cvs lancing device	Preferred	
cvs ultra thin lancets	Preferred	
drug mart lancets thin 26g	Preferred	
eql color lancets 21g	Preferred	
eql color lancets micro 33g	Preferred	
eql super thin lancets 30g	Preferred	
eql thin lancets 26g	Preferred	
gnp lancets 21g	Preferred	
gnp lancets thin 26g	Preferred	
gnp sterile lancets 28g	Preferred	
gnp sterile lancets 30g	Preferred	
gnp sterile lancets 33g	Preferred	
goodsense lancets 26g univ	Preferred	
goodsense lancets 30g univ	Preferred	
goodsense lancets 33g univ	Preferred	
goodsense lancing device	Preferred	
healthy accents unilet lancets	Preferred	
h-e-b incontrol lancets 28g	Preferred	
h-e-b incontrol lancets 30g	Preferred	
h-e-b incontrol lancets 33g	Preferred	
hy-vee thin lancets	Preferred	
kinney lancets	Preferred	

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Drug	Status	Notes
kinney thin lancets	Preferred	
kroger lancets	Preferred	
kroger lancets micro thin 33g	Preferred	
kroger lancets super thin	Preferred	
kroger lancets thin	Preferred	
kroger lancing device	Preferred	
lancet device	Preferred	
lancets	Preferred	
lancets 30g	Preferred	
lancets 33g	Preferred	
lancets micro thin 33g	Preferred	
lancets thin	Preferred	
lancing device	Preferred	
live better lancet ultra thin	Preferred	
longs lancets standard	Preferred	
longs lancets thin	Preferred	
longs lancets ultra thin	Preferred	
medichoice safety lancet norm	Preferred	
mini lancing device	Preferred	
mpd safety lancet 21g	Preferred	
mpd safety lancet 23g	Preferred	
mpd safety lancet 28g	Preferred	
mpd safety lancet 30g	Preferred	
pc lancets super thin 30g	Preferred	
pip lancets 28g	Preferred	
pip lancets 30g	Preferred	
preferred plus lancets colored	Preferred	
preferred plus lancets thin	Preferred	
pure comfort lancets 30g	Preferred	
px lancets microthin 33g	Preferred	
px lancets ultra thin	Preferred	
qc advanced lancing device	Preferred	

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Drug	Status	Notes
qc lancets super thin 30g	Preferred	
qc lancets ultra thin	Preferred	
qc unilet lancets 28g	Preferred	
qc unilet lancets micro thin	Preferred	
reality lancets	Preferred	
reality trigger lancets	Preferred	
safety lancet 30g/pressure act	Preferred	
saps health plus lancets	Preferred	
saps twist top lancets	Preferred	
sb lancets thin	Preferred	
sb lancets ultra thin	Preferred	
sm lancets 33g	Preferred	
sure comfort lancets 28g	Preferred	
sure comfort lancing pen	Preferred	
tgt lancet micro thin 33g	Preferred	
tgt lancet thin 26g	Preferred	
tgt lancet ultra thin 30g	Preferred	
tgt lancing device	Preferred	
topcare lancets micro-thin 33g	Preferred	
true comfort twist top lancets	Preferred	
ultra thin lancets 31g	Preferred	
value plus lancet standard 21g	Preferred	
value plus lancets super thin	Preferred	
value plus lancing device	Preferred	
valumark lancet ultra thin 28g	Preferred	
walgreens lancets micro thin	Preferred	
walgreens lancets super thin	Preferred	
zevrx twist top lancets 30g	Preferred	
Medical Waste Disposal Systems**		
BD PHLEBOTOMY SHARPS COLLECTOR	Preferred	
BD SHARPS COLLECTOR	Preferred	
BD SHARPS DISPOSAL BY MAIL	Preferred	

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Drug	Status	Notes
COMPLETE NEEDLE COLLECTION SYS	Preferred	
MONOJECT SHARPS CONTAINER	Preferred	
ULTILET SHARPS CONTAINER 1QT	Preferred	
ULTILET SHARPS CONTAINER 2QT	Preferred	
VERIFINE SHARPS CONTAINER	Preferred	
bd sharps container home	Preferred	
cvs needle collection/disposal	Preferred	
easy comfort sharps container	Preferred	
sharps collector	Preferred	
sharps container	Preferred	
sharps disposal by mail system	Preferred	
Misc. Devices**		
LMA MAD NASAL	Preferred	
mucosal atomization device	Preferred	
Nebulizers**		
AEROECLIPSE II NEBULIZER	Preferred	
AIRS DISPOSABLE NEBULIZER	Preferred	
CLEVER CHOICE NEBULIZER	Preferred	
CLEVER CHOICE WHIS AIR PED NEB	Preferred	
CLEVER CHOICE WHISPER AIRE NEB	Preferred	
CLEVER CHOICE WHISPER AIRE PED	Preferred	
COMP AIR COMPRESSOR NEBULIZER	Preferred	
COMP A-I-R NEBULIZER	Preferred	
COMPMIST COMPRESSOR NEBULIZER	Preferred	
FLYP NEBULIZER	Preferred	
HOMENEB WITH SIDESTREAM	Preferred	
INNOSPIRE ELEGANCE NEBULIZER	Preferred	
INNOSPIRE GO PORTABLE MESH NEB	Preferred	
LUMINEB II PISTON NEBULIZER	Preferred	
MABIS COMPXP NEBULIZER	Preferred	
MABIS COSMOCOMP NEBULIZER	Preferred	
MARGO MOO COMPRESSOR NEBULIZER	Preferred	

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Drug	Status	Notes
MICROAIR VIBRATING MESH NEBUL	Preferred	
MICRONEB	Preferred	
MINI COMPRESSOR	Preferred	
MINIBREEZE ULTRASONIC NEBULIZE	Preferred	
PARI ALTERA NEBULIZER SYSTEM	Preferred	
PARI BABY DEVICE	Preferred	
PARI ERAPID NEBULIZER SYSTEM	Preferred	
PARI LC PLUS	Preferred	
PARI LC PLUS NEBULIZER	Preferred	
PARI LC PLUS VIOS PRO NEB	Preferred	
PARI LC SPRINT NEBULIZER SET	Preferred	
PARI LC STAR	Preferred	
PARI PRONEB MAX LC PLUS	Preferred	
PARI PRONEB MAX LC SPRINT	Preferred	
PARI SINUS AEROSOL SYSTEM	Preferred	
PARI TREK S W/12V DC ADAPTOR DEVICE	Preferred	
PARI VIOS PRO LC PLUS SYSTEM	Preferred	
PARI VIOS PRO LC SPRINT SYSTEM	Preferred	
PHILLIPS WILLIS THE WHALE NEB	Preferred	
PROCARE COMPRESSOR NEBULIZER	Preferred	
PRODIGY MINI-MIST NEBULIZIER	Preferred	
PULMONEB LT	Preferred	
SIDESTREAM NEBULIZER-REUSABLE	Preferred	
SIDESTREAM PLUS NEBULIZER	Preferred	
VIOS AEROSOL DELIVERY SYSTEM	Preferred	
VIOS LC PLUS	Preferred	
VIOS LC PLUS DELUXE	Preferred	
VIOS LC PLUS PEDIATRIC	Preferred	
VIOS LC SPRINT PEDIATRIC	Preferred	
aeriva concentrator nebulizer	Preferred	
aura portaneb	Preferred	
bentley the bear ped nebulizer	Preferred	

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Drug	Status	Notes
captain eagle ped nebulizer	Preferred	
compressor nebulizer	Preferred	
compressor/nebulizer	Preferred	
easy air compressor nebulizer	Preferred	
easy neb	Preferred	
elite compressor nebulizer	Preferred	
medneb nebuliz-reuse-disp kit	Preferred	
medneb nebuliz-reuse-disp-bag	Preferred	
medneb neb-with dispo neb kit	Preferred	
neb-rite4	Preferred	
nebulizer	Preferred	
nebulizer ped frog kit	Preferred	
nebulizer system all-in-one	Preferred	
pediatric compressor nebulizer	Preferred	
portable compressor nebulizer	Preferred	
pure air mini nebulizer	Preferred	
smart neb compressor nebulizer	Preferred	
soothe neb mesh nebulizer	Preferred	
sootheneb compressor nebulizer	Preferred	
sparky the dog ped nebulizer	Preferred	
ultrasonic mini nebulizer	Preferred	
Needles & Syringes**		
BARDIA BULB IRRIGATION SYRINGE 60 ML	Preferred	
BARDIA PISTON IRRIGATION SYR 60 ML	Preferred	
BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML	Preferred	
BD ALLERGY SYRINGE 28G X 1/2" 1 ML	Preferred	
BD BLUNT FILL NEEDLE 18G X 1-1/2"	Preferred	
BD CONTROL SYRING LUER-LOK 10 ML	Preferred	
BD DISP NEEDLE 23G X 1"	Preferred	

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Drug	Status	Notes
BD DISP NEEDLES 16G X 1-1/2" , 18G X 1-1/2" , 19G X 1" , 20G X 1" , 20G X 1-1/2" , 21G X 1-1/2" , 22G X 1-1/2" , 25G X 7/8" , 27G X 1/2" , 30G X 1/2"	Preferred	
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2"	Preferred	
BD ECLIPSE NEEDLE 21G X 1" , 21G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	Preferred	
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2"	Preferred	
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML	Preferred	
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML	Preferred	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Preferred	
BD FILTER NEEDLE/5 MICRON	Preferred	
BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 21G X 1" , 21G X 2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1-1/2" , 26G X 1/2"	Preferred	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Preferred	
BD INTEGRA SYRINGE 25G X 1" 3 ML	Preferred	
BD LUER-LOK SYRINGE 10 ML , 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1" 5 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 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, 26G X 5/8" 3 ML	Preferred	
BD PLASTIPAK SYRINGE 21G X 1" 3 ML, 3 ML	Preferred	
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" , 27G X 1-1/2"	Preferred	

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Drug	Status	Notes
BD SAFETYGLIDE NEEDLE 21G X 1" , 25G X 5/8"	Preferred	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" , 22G X 1-1/2" , 23G X 1"	Preferred	
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	Preferred	
BD SYRINGE DUAL CANNULA 10 ML	Preferred	
BD SYRINGE LUER SLIP TIP 5 ML	Preferred	
BD SYRINGE LUER-LOK 1 ML , 20 ML , 3 ML , 30 ML , 5 ML	Preferred	
BD SYRINGE SLIP TIP 1 ML , 10 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 26G X 5/8" 1 ML, 3 ML	Preferred	
BD TB SYRINGE 26G X 3/8" 1 ML	Preferred	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	Preferred	
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML, 20G 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	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" , 25G X 5/8" , 27G X 1-1/2"	Preferred	
CARETOUCH LUER LOCK 1 ML , 10 ML , 23G X 1" 3 ML, 3 ML , 5 ML	Preferred	
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	Preferred	
CARETOUCH LUER SLIP 1 ML , 10 ML , 5 ML	Preferred	
EASY GLIDE LUER LOCK SYRINGE 1 ML , 10 ML , 20 ML , 3 ML , 30 ML , 5 ML	Preferred	
EASY TOUCH ALLERGY SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML	Preferred	

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Drug	Status	Notes
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 22G X 3/4" , 23G X 1" , 23G X 1-1/2" , 23G X 5/8" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" , 26G X 1/2" , 27G X 1" , 27G X 1/2" , 28G X 1/2" , 29G X 1/2" , 30G X 1/2" , 30G X 5/16" , 31G X 5/16"	Preferred	
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML, 18G X 1" 3 ML, 18G X 1" 5 ML, 18G X 1-1/2" 3 ML, 18G X 1.5" 10 ML, 19G X 1" 3 ML, 19G X 1.5" 3 ML, 25G X 1" 10 ML, 25G X 1" 5 ML, 25G X 5/8" 5 ML	Preferred	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1" , 16G X 1-1/2" , 18G X 1.25" , 19G X 1" , 19G X 1-1/2" , 23G X 1-1/4" , 23G X 3/4" , 24G X 1" , 24G X 1.25" , 26G X 3/8" , 26G X 5/8" , 27G X 1-1/4" , 30G X 1" , 30G X 1/2" , 31G X 5/16" , 32G X 5/16"	Preferred	
EASY TOUCH SYRINGE BARREL 1 ML , 10 ML , 20 ML , 3 ML , 5 ML , 60 ML	Preferred	
EASY TOUCH SYRINGE BARREL 10ML	Preferred	
EASY TOUCH SYRINGE BARREL 1ML	Preferred	
EASY TOUCH SYRINGE BARREL 3ML	Preferred	
EASY TOUCH SYRINGE BARREL 5ML	Preferred	
EASY TOUCH TB FLIPLOCK SYRINGE 26G X 5/8" 1 ML, 28G X 1/2" 1 ML	Preferred	
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML	Preferred	
EASYPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	Preferred	
EASYPOINT NEEDLE/SYRINGE 18G X 1" 3 ML, 18G X 1-1/2" 3 ML	Preferred	
LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML, 3 ML	Preferred	

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Drug	Status	Notes
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML	Preferred	
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML	Preferred	
MONOJECT ALLERGIST TRAY KIT 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Preferred	
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" , 21G X 1"	Preferred	
MONOJECT BLUNTIP SYR/CANNULA 3 ML , 6 ML	Preferred	
MONOJECT CONTROL SYRINGE 12 ML	Preferred	
MONOJECT FILTER ASPIRATOR	Preferred	
MONOJECT HYPODERMIC NEEDLE 14G X 1" , 14G X 1-1/2" , 14G X 2" , 16G X 1" , 16G X 1-1/2" , 16G X 3/4" , 16G X 5/8" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 21G X 2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/2" , 25G X 1-1/4" , 25G X 2" , 25G X 5/8" , 26G X 1-1/2" , 26G X 1/2" , 27G X 1-1/2" , 27G X 1-1/4" , 27G X 1/2" , 30G X 3/4"	Preferred	
MONOJECT INTRODUCER NEEDLE 18G X 1-1/4"	Preferred	
MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 25G X 5/8" 1 ML	Preferred	
MONOJECT PHARMACY TRAY 1 ML , 12 ML , 20 ML , 3 ML , 35 ML , 6 ML , 60 ML	Preferred	
MONOJECT PISTON SYRINGE 140 ML	Preferred	
MONOJECT SOFTPACK/CATHTIP 35 ML	Preferred	

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Drug	Status	Notes
MONOJECT SOFTPACK/LLOCK 20 ML , 35 ML , 60 ML	Preferred	
MONOJECT SOFTPACK/LTIP 20 ML	Preferred	
MONOJECT SOFTPACK/RG LOCK 35 ML	Preferred	
MONOJECT SOFTPACK/RG LUER 60 ML	Preferred	
MONOJECT SYRINGE 12 ML , 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 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 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 3 ML , 6 ML	Preferred	
MONOJECT SYRINGE CATH TIP 35 ML , 60 ML	Preferred	
MONOJECT SYRINGE ECC LUER 20 ML , 35 ML	Preferred	
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	Preferred	
MONOJECT SYRINGE LUER LOCK 20 ML , 35 ML , 6 ML , 60 ML	Preferred	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML , 60 ML	Preferred	
MONOJECT SYRINGE PHARMACY TRAY 1 ML	Preferred	
MONOJECT SYRINGE REG LUER 12 ML , 20 ML , 3 ML , 35 ML , 6 ML	Preferred	
MONOJECT SYRINGE REGULAR TIP 20 ML , 3 ML , 6 ML , 60 ML	Preferred	
MONOJECT SYRINGE TOOMEY TYPE 60 ML	Preferred	
MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 28G X 1/2" 0.5 ML	Preferred	
NORM-JECT LUER LOCK SYRINGE 10 ML , 20 ML	Preferred	
NORM-JECT LUER SLIP SYRINGE 1 ML	Preferred	

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Drug	Status	Notes
PATIENT SAFE SYRINGE 10 ML , 20 ML , 3 ML , 30 ML , 5 ML , 60 ML	Preferred	
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 21G X 1-1/2" , 22G X 1" , 25G X 1-1/2" , 26G X 1/2" , 27G X 1/2"	Preferred	
SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 25G X 1-1/2" 1 ML, 25G X 5/8" 3 ML, 27G X 1/2" 1 ML	Preferred	
TECHLITE PEN NEEDLES 29G X 10MM	Preferred	
TECHLITE PEN NEEDLES 29G X 12MM	Preferred	
TECHLITE PEN NEEDLES 31G X 5 MM	Preferred	
TECHLITE PEN NEEDLES 31G X 8 MM	Preferred	
TECHLITE PEN NEEDLES 32G X 4 MM	Preferred	
TECHLITE PEN NEEDLES 32G X 6 MM	Preferred	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Preferred	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	Preferred	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	Preferred	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	Preferred	
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	Preferred	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Preferred	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	Preferred	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	Preferred	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	Preferred	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	Preferred	

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Drug	Status	Notes
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	Preferred	
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	Preferred	
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	Preferred	
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	Preferred	
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	Preferred	
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	Preferred	
ULTICARE SYRINGE 22G X 1-1/2" 1 ML, 22G X 1-1/2" 3 ML	Preferred	
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 1 ML	Preferred	
ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML	Preferred	
VANISHPOINT ALLERGY TRAY KIT 27G X 1/2" 1 ML	Preferred	
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML, 22G X 1-1/2" 5 ML	Preferred	
VANISHPOINT SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML	Preferred	
VANISHPOINT TUBERCULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML	Preferred	
YALE DISP NEEDLES 21G X 1-1/4"	Preferred	
caretouch catheter tip syringe 60 ml	Preferred	
crono syringe 19g x 1-1/2" 10 ml, 19g x 1-1/2" 20 ml	Preferred	
easy glide cath tip syringe 60 ml	Preferred	

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Drug	Status	Notes
hypodermic needle 18g x 1" , 20g x 1-1/2" , 21g x 1" , 21g x 1-1/2" , 22g x 1-1/2" , 26g x 1/2" , 27g x 1-1/2" , 27g x 1/2"	Preferred	
poly hub needle 18g x 1" , 18g x 1-1/2" , 21g x 1" , 21g 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" , 25g x 5/8" , 27g x 1-1/4" , 27g x 1/2" , 30g x 1/2"	Preferred	
syringe disposable 10 ml	Preferred	
syringe eccentric tip 10 ml	Preferred	
syringe luer lock 10 ml , 20 ml , 20g x 1" 10 ml, 20g x 1" 5 ml, 20g x 1-1/2" 10 ml, 20g x 1-1/2" 5 ml, 21g x 1" 10 ml, 21g x 1" 5 ml, 22g x 1" 10 ml, 22g x 1" 3 ml, 22g x 1-1/2" 10 ml, 30 ml , 60 ml	Preferred	
syringe luer slip 1 ml , 25g x 5/8" 1 ml, 26g x 3/8" 1 ml, 3 ml , 35 ml , 60 ml	Preferred	
syringe/hypodermic safety 18g x 1" 12 ml	Preferred	
techlite insulin syringe 29g x 1/2" 0.3 ml	Preferred	
techlite insulin syringe 29g x 1/2" 0.5 ml	Preferred	
techlite insulin syringe 29g x 1/2" 1 ml	Preferred	
techlite insulin syringe 30g x 1/2" 0.5 ml	Preferred	
techlite insulin syringe 30g x 1/2" 1 ml	Preferred	
techlite insulin syringe 30g x 5/16" 0.3 ml	Preferred	
techlite insulin syringe 30g x 5/16" 0.5 ml	Preferred	
techlite insulin syringe 31g x 15/64" 0.3 ml	Preferred	
techlite insulin syringe 31g x 15/64" 0.5 ml	Preferred	
techlite insulin syringe 31g x 15/64" 1 ml	Preferred	
techlite insulin syringe 31g x 5/16" 0.3 ml	Preferred	
techlite insulin syringe 31g x 5/16" 0.5 ml	Preferred	
techlite insulin syringe 31g x 5/16" 1 ml	Preferred	
toomey syringe 70 ml	Preferred	
Peak Flow Meters**		
AIRZONE PEAK FLOW METER DEVICE	Preferred	
ASSESS PEAK FLOW METER DEVICE	Preferred	

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Drug	Status	Notes
CLEVER CHOICE PEAK FLOW METER DEVICE	Preferred	
MICROLIFE DIGITAL PEAK FLOW DEVICE	Preferred	
MINI WRIGHT PEAK FLOW METER DEVICE	Preferred	
PEAK AIR PEAK FLOW METER DEVICE	Preferred	
PERSONAL BEST FULL RANGE DEVICE	Preferred	
PIKO 1 DEVICE	Preferred	
POCKET PEAK FLOW METER DEVICE	Preferred	
POCKETPEAK PEAK FLOW METER DEVICE	Preferred	
TRUZONE PEAK FLOW METER DEVICE	Preferred	
breathe ease peak flow meter device	Preferred	
lung perform peak flow meter device	Preferred	
peak a-i-r flow meter device	Preferred	
peak flow meter universal rang device	Preferred	
pure comfort flow meter adult device	Preferred	
pure comfort flow meter child device	Preferred	
Respiratory Therapy Supplies**		
ACE AEROSOL CLOUD ENHANCER	Preferred	
ACTIVITY POUCH	Preferred	
AEROTRACH PLUS	Preferred	
AIRS PEDIATRIC AEROSOL MASK	Preferred	
ALL FLOW 1000 PFT FILTER	Preferred	
BUBBLES THE FISH II PEDI MASK	Preferred	
CARETOUCH 2 CPAP HOSE HANGER	Preferred	
CARETOUCH CPAP & BIPAP HOSE	Preferred	
CARETOUCH CPAP MASK WIPES	Preferred	
CARETOUCH CPAP PRE-WASH SOLN	Preferred	
CARETOUCH CPAP TUBE BRUSH	Preferred	
CARETOUCH UNIVERSL CPAP FILTER	Preferred	
EASY FLOW 300 MM HOSE	Preferred	
EASY FLOW 400 MM HOSE	Preferred	
EASY FLOW AIR NOZZLE	Preferred	

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Drug	Status	Notes
EASY FLOW HEPA FILTER	Preferred	
EBASE CONTROLLER KIT	Preferred	
FLYP HYPERSONIQ CARTRIDGE	Preferred	
HUDSON RCI AEROSOL MASK ADULT	Preferred	
MINIELITE FILTER REPLACEMENTS	Preferred	
PARI ALTERA NEBULIZER HANDSET	Preferred	
PARI BABY CONVERSION KIT	Preferred	
PARI ERAPID NEBULIZER HANDSET	Preferred	
PARI EXPIRATORY FILTER SET DEVICE	Preferred	
PARI MASK SET	Preferred	
PARI SMARTMASK BABY/ELBOW	Preferred	
PARI SOFT PLASTIC ADULT MASK	Preferred	
PARI SOFT PLASTIC PED MASK	Preferred	
PFLEX	Preferred	
PRONEB ULTRA FILTER SET	Preferred	
SIDESTREAM ADULT FACE MASK	Preferred	
SIDESTREAM PEDIATRIC FACE MASK	Preferred	
SIDESTREAM PLS ADULT FACE MASK	Preferred	
THRESHOLD IMT	Preferred	
WINDMILL TRAINER	Preferred	
adult aerosol mask	Preferred	
adult mask large	Preferred	
breathe ease neb mask/child	Preferred	
breathe ease neb mask/infant	Preferred	
co monitor replacement pieces	Preferred	
filter air pp	Preferred	
full kit nebulizer set	Preferred	
nebulizer air tube/plugs	Preferred	
nebulizer mask adult	Preferred	
nebulizer mask child	Preferred	
nose clip	Preferred	
pediatric mouthpiece	Preferred	

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Drug	Status	Notes
pharmacist choice mask wipes	Preferred	
pillow mask/adult	Preferred	
pillow mask/child	Preferred	
pillow mask/pediatric	Preferred	
replacement air filter	Preferred	
replacement filters	Preferred	
silicone mask/adult	Preferred	
silicone mask/infant	Preferred	
silicone mask/pediatric	Preferred	
sootheneb nbl 100 child mask	Preferred	
sootheneb nbl 100 med cup	Preferred	
sootheneb nbl 100 mesh cap	Preferred	
tubing/wing tip	Preferred	
Spacer/Aerosol-Holding Chambers & Supplies**		
AEROCHAMBER MINI CHAMBER DEVICE	Preferred	
AEROCHAMBER MV	Preferred	
AEROCHAMBER PLUS FLO-VU MEDIUM	Preferred	
AEROCHAMBER W/FLOWSIGNAL	Preferred	
AEROCHAMBER Z-STAT PLUS CHAMBR	Preferred	
AEROVENT PLUS DEVICE	Preferred	
CLEVER CHOICE HOLDING CHAMBER DEVICE	Preferred	
COMPACT SPACE CHAMBER DEVICE	Preferred	
COMPACT SPACE CHAMBER/LG MASK DEVICE	Preferred	
COMPACT SPACE CHAMBER/MED MASK DEVICE	Preferred	
COMPACT SPACE CHAMBER/SM MASK DEVICE	Preferred	
EASIVENT	Preferred	
EASIVENT MASK LARGE	Preferred	
EASIVENT MASK MEDIUM	Preferred	

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Drug	Status	Notes
EASIVENT MASK SMALL	Preferred	
FLEXICHAMBER DEVICE	Preferred	
INSPIRACHAMBER/LARGE DEVICE	Preferred	
INSPIRACHAMBER/MEDIUM DEVICE	Preferred	
INSPIRACHAMBER/MOUTHPIECE DEVICE	Preferred	
INSPIRACHAMBER/SMALL DEVICE	Preferred	
INSPIREASE	Preferred	
MICROCHAMBER DEVICE	Preferred	
MICROSPACER	Preferred	
OPTICHAMBER DIAMOND-SM MASK	Preferred	
PARI VORTEX ADULT MASK	Preferred	
POCKET CHAMBER DEVICE	Preferred	
POCKET SPACER DEVICE	Preferred	
RITEFLO DEVICE	Preferred	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	Preferred	
VORTEX VALVED HOLDING CHAMBER DEVICE	Preferred	
breathe comfort chamber/adult device	Preferred	
breathe comfort chamber/child device	Preferred	
breathe ease large device	Preferred	
breathe ease medium device	Preferred	
breathe ease small device	Preferred	
eq space chamber anti-static device	Preferred	
eq space chamber anti-static l device	Preferred	
eq space chamber anti-static m device	Preferred	
eq space chamber anti-static s device	Preferred	
pro comfort spacer adult	Preferred	
pro comfort spacer child	Preferred	
pro comfort spacer infant device	Preferred	
procare spacer/adult mask device	Preferred	
procare spacer/child mask device	Preferred	

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Drug	Status	Notes
pure comfort spacer chamber device	Preferred	
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Non Preferred	PA; QL (18 EA per 28 days); NOTES (EA); Product subject to max fills per month
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (EA); Product subject to max fills per month
UBRELVY ORAL TABLET 100 MG, 50 MG	Preferred	PA; QL (16 EA per 84 days); NOTES (EA); Product subject to max fills per month
ZAVZPRET NASAL SOLUTION 10 MG/ACT	Non Preferred	PA; QL (8 EA per 28 days); NOTES (EA); Product subject to max fills per month
Cgrp Receptor Antagonists - Monocolonal Antibodies**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Preferred	PA; QL (1 ML per 28 days); NOTES (EA); Product subject to max fills per month
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Preferred	PA; QL (4.5 ML per 84 days); NOTES (EA); Product subject to max fills per month
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Preferred	PA; QL (4.5 ML per 84 days); NOTES (EA); Product subject to max fills per month
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non Preferred	PA; QL (3 ML per 28 days); NOTES (EA); Product subject to max fills per month
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Preferred	PA; QL (2 ML per 28 days); NOTES (EA); Product subject to max fills per month
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Preferred	PA; QL (2 ML per 28 days); NOTES (EA); Product subject to max fills per month

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Drug	Status	Notes
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Non Preferred	PA; QL (3 ML per 84 days); NOTES (EA); Product subject to max fills per month
Ergot Combinations**		
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Preferred	QL (20 EA per 28 days); Product subject to max fills per month
ergotamine-caffeine oral tablet 1-100 mg	Preferred	QL (40 EA per 28 days); Product subject to max fills per month
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors**		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Preferred	PA; Product subject to max fills per month
Migraine Products - Nsaids**		
CAMBIA ORAL PACKET 50 MG	Preferred	PA; Product subject to max fills per month
diclofenac potassium(migraine) oral packet 50 mg	Preferred	PA; Product subject to max fills per month
Migraine Products**		
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	Preferred	QL (20 EA per 28 days); Product subject to max fills per month
MIGRANAL NASAL SOLUTION 4 MG/ML	Non Preferred	PA; QL (8 ML per 28 days); Product subject to max fills per month
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT	Non Preferred	PA
dihydroergotamine mesylate injection solution 1 mg/ml	Preferred	PA; QL (24 ML per 28 days); Product subject to max fills per month
dihydroergotamine mesylate nasal solution 4 mg/ml	Preferred	PA; QL (8 ML per 28 days); Product subject to max fills per month
Selective Serotonin Agonist-Nsaid Combinations**		
TREXIMET ORAL TABLET 85-500 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month

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Drug	Status	Notes
sumatriptan-naproxen sodium oral tablet 85-500 mg	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Selective Serotonin Agonists 5-Ht(1)**		
FROVA ORAL TABLET 2.5 MG	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	Non Preferred	PA; QL (1.5 ML per 1 day); Product subject to max fills per month
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	Non Preferred	PA; QL (1 ML per 1 day); Product subject to max fills per month
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Non Preferred	PA; QL (1.5 ML per 1 day); Product subject to max fills per month
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Non Preferred	PA; QL (1 ML per 1 day); Product subject to max fills per month
MAXALT ORAL TABLET 10 MG	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
RELPAX ORAL TABLET 20 MG, 40 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
TOSYMRA NASAL SOLUTION 10 MG/ACT	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML	Non Preferred	PA; QL (2 ML per 1 day); Product subject to max fills per month
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Non Preferred	PA; QL (12 EA per 30 days); Product subject to max fills per month

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Drug	Status	Notes
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
frovatriptan succinate oral tablet 2.5 mg	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
naratriptan hcl oral tablet 1 mg, 2.5 mg	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
rizatriptan benzoate oral tablet 10 mg	Preferred	QL (3 EA per 1 day); Product subject to max fills per month
rizatriptan benzoate oral tablet 5 mg	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
rizatriptan benzoate oral tablet dispersible 10 mg	Preferred	QL (3 EA per 1 day); Product subject to max fills per month
rizatriptan benzoate oral tablet dispersible 5 mg	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
sumatriptan nasal solution 20 mg/act, 5 mg/act	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	Non Preferred	PA; QL (1.5 ML per 1 day); Product subject to max fills per month
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	Non Preferred	PA; QL (1 ML per 1 day); Product subject to max fills per month
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Preferred	QL (1 ML per 1 day); Product subject to max fills per month
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	Non Preferred	PA; QL (1.5 ML per 1 day); Product subject to max fills per month
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	Non Preferred	PA; QL (1 ML per 1 day); Product subject to max fills per month
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	Non Preferred	PA; Product subject to max fills per month
zolmitriptan nasal solution 2.5 mg, 5 mg	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month

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Drug	Status	Notes
zolmitriptan oral tablet 2.5 mg, 5 mg	Preferred	QL (12 EA per 30 days); Product subject to max fills per month
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Selective Serotonin Agonists 5-Ht(1F)**		
REYVOW ORAL TABLET 100 MG, 50 MG	Non Preferred	PA; QL (8 EA per 30 days); Product subject to max fills per month
Minerals & Electrolytes		
Calcium Combinations**		
CAL-QUICK ORAL LIQUID 500-10 MG-MCG/5ML	Preferred	DS (90 DS); Product subject to max fills per month
ONE VITE CALCIUM + D3 ORAL TABLET 600-10 MG-MCG	Preferred	DS (90 DS); Product subject to max fills per month
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	Preferred	DS (90 DS); Product subject to max fills per month
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	Preferred	DS (90 DS); Product subject to max fills per month
RA HI CAL ORAL TABLET 500-5 MG-MCG	Preferred	DS (90 DS); Product subject to max fills per month
calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 500/d oral tablet 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 500+d high potency oral tablet 500-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 600 + d oral tablet 600-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 600 +d high potency oral tablet 600-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 600/vitamin d oral tablet 600-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 600+d high potency oral tablet 600-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 600+d plus minerals oral tablet chewable 600-400 mg-unit	Preferred	DS (90 DS); Product subject to max fills per month
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium carbonate-vitamin d oral tablet 600-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium plus vitamin d oral tablet 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit	Preferred	DS (90 DS); Product subject to max fills per month
calcium+d3 oral tablet 500-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
eq calcium 500+d oral tablet 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
ft calcium + vitamin d3 oral tablet 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
oyster shell calcium 500 + d oral tablet 500-3.125 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
oyster shell calcium 500+d oral tablet chewable 500-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
oyster shell calcium plus d oral tablet 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
oyster shell calcium w/d oral tablet 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
oyster shell calcium/d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
super calcium 600 + d 400 oral tablet 600-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	Preferred	DS (90 DS); Product subject to max fills per month
Calcium**		
calcium 600 high potency oral tablet 600 mg	Preferred	DS (90 DS); Product subject to max fills per month
calcium 600 oral tablet 1500 (600 ca) mg	Preferred	DS (90 DS); Product subject to max fills per month
calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg	Preferred	DS (90 DS); Product subject to max fills per month
calcium carbonate oral tablet chewable 1250 (500 ca) mg	Preferred	DS (90 DS); Product subject to max fills per month
calcium high potency oral tablet 1500 (600 ca) mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs calcium oral tablet 600 mg	Preferred	DS (90 DS); Product subject to max fills per month
ft calcium oral tablet 600 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp calcium oral tablet 1500 (600 ca) mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
oyster calcium oral tablet 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
oyster shell calcium oral tablet 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
pure calcium carbonate oral tablet 1500 (600 ca) mg	Preferred	DS (90 DS); Product subject to max fills per month
ra calcium 600 oral tablet 1500 (600 ca) mg	Preferred	DS (90 DS); Product subject to max fills per month
super calcium oral tablet 1500 (600 ca) mg	Preferred	DS (90 DS); Product subject to max fills per month
true oyster shell calcium oral tablet 1250 (500 ca) mg	Preferred	DS (90 DS); Product subject to max fills per month
Fluoride**		
SOLUVITA ORAL SOLUTION 0.5 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Preferred	DS (90 DS); Product subject to max fills per month
Phosphate**		
K-PHOS ORAL TABLET 500 MG	Preferred	Product subject to max fills per month
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Preferred	Product subject to max fills per month
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Preferred	Product subject to max fills per month
phosphorous oral tablet 155-852-130 mg	Preferred	Product subject to max fills per month
wes-phos 250 neutral oral tablet 155-852-130 mg	Preferred	Product subject to max fills per month
Potassium Combinations**		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Preferred	DS (90 DS); Product subject to max fills per month
Potassium**		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Preferred	DS (90 DS); Product subject to max fills per month
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Preferred	DS (90 DS); Product subject to max fills per month
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Preferred	DS (90 DS); Product subject to max fills per month
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KLOR-CON ORAL PACKET 20 MEQ	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
POKONZA ORAL PACKET 10 MEQ	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
potassium acetate intravenous solution 2 meq/ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	Preferred	DS (90 DS); Product subject to max fills per month
potassium chloride er oral capsule extended release 10 meq, 8 meq	Preferred	DS (90 DS); Product subject to max fills per month
potassium chloride er oral tablet extended release 10 meq, 15 meq, 8 meq	Preferred	DS (90 DS); Product subject to max fills per month
potassium chloride er oral tablet extended release 20 meq	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
potassium chloride intravenous solution prefilled syringe 100 meq/50ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
potassium chloride oral packet 20 meq	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
potassium chloride oral solution 10 %, 20 meq/15ml (10%)	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
potassium chloride oral solution 40 meq/15ml (20%)	Preferred	PA; DS (90 DS); Product subject to max fills per month
Zinc**		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Preferred	PA; Product subject to max fills per month
WILZIN ORAL CAPSULE 25 MG	Preferred	PA; Product subject to max fills per month
Miscellaneous Therapeutic Classes		
Activated Phosphoinositide 3-Kinase Delta Syndrome Agent**		
JOENJA ORAL TABLET 70 MG	Carve Out	
Allogeneic Thymus Tissue**		
RETHYMIC INTRAMUSCULAR IMPLANT	Carve Out	
Antileprotics**		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Preferred	PA; QL (2 EA per 1 day); SP; Product subject to max fills per month
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Preferred	PA; Product subject to max fills per month
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Preferred	PA; Product subject to max fills per month
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Preferred	PA; Product subject to max fills per month
Chelating Agents**		
CUPRIMINE ORAL CAPSULE 250 MG	Non Preferred	PA; Product subject to max fills per month
CUVRIOR ORAL TABLET 300 MG	Non Preferred	PA; Product subject to max fills per month
DEPEN TITRATABS ORAL TABLET 250 MG	Non Preferred	PA; Product subject to max fills per month
SYPRINE ORAL CAPSULE 250 MG	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
penicillamine oral capsule 250 mg	Preferred	PA; Product subject to max fills per month
penicillamine oral tablet 250 mg	Preferred	PA; Product subject to max fills per month
trientine hcl oral capsule 250 mg, 500 mg	Preferred	PA; Product subject to max fills per month
Colony Stimulating Factor-1 Receptor (Csf-1R) Antibodies*		
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML	Carve Out	
Cyclosporine Analogs**		
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Carve Out	
GENGRAF ORAL SOLUTION 100 MG/ML	Carve Out	
LUPKYNIS ORAL CAPSULE 7.9 MG	Non Preferred	PA; QL (6 EA per 1 day); Product subject to max fills per month
NEORAL ORAL CAPSULE 100 MG, 25 MG	Carve Out	
NEORAL ORAL SOLUTION 100 MG/ML	Carve Out	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Carve Out	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Carve Out	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Carve Out	
cyclosporine modified oral solution 100 mg/ml	Carve Out	
cyclosporine oral capsule 100 mg, 25 mg	Carve Out	
Farnesyltransferase Inhibitors**		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Carve Out	
Immunomodulators - Allogeneic Cellular Immunotherapy*		
RYONCIL <12.5KG INTRAVENOUS KIT 1 X 3.8 ML	Carve Out	
RYONCIL 12.5KG TO <25KG INTRAVENOUS KIT 2 X 3.8 ML	Carve Out	
RYONCIL 25KG TO <37.5KG INTRAVENOUS KIT 3 X 3.8 ML	Carve Out	

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Drug	Status	Notes
RYONCIL 37.5KG TO <50KG INTRAVENOUS KIT 4 X 3.8 ML	Carve Out	
RYONCIL 50KG TO <62.5KG INTRAVENOUS KIT 5 X 3.8 ML	Carve Out	
RYONCIL 62.5KG TO <75KG INTRAVENOUS KIT 6 X 3.8 ML	Carve Out	
RYONCIL 75KG TO <87.5KG INTRAVENOUS KIT 7 X 3.8 ML	Carve Out	
RYONCIL 87.5KG TO <100KG INTRAVENOUS KIT 8 X 3.8 ML	Carve Out	
Immunomodulators - Combinations**		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML	Carve Out	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Preferred	PA; Product subject to max fills per month
Immunomodulators For Myelodysplastic Syndromes**		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
Inosine Monophosphate Dehydrogenase Inhibitors**		
CELLCEPT ORAL CAPSULE 250 MG	Carve Out	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	Carve Out	
CELLCEPT ORAL TABLET 500 MG	Carve Out	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	Carve Out	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Carve Out	
mycophenolate mofetil oral capsule 250 mg	Carve Out	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	Carve Out	

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Drug	Status	Notes
mycophenolate mofetil oral tablet 500 mg	Carve Out	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Carve Out	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	Carve Out	
Irrigation Solutions**		
sterile water for irrigation irrigation solution	Preferred	
Macrolide Immunosuppressants**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Carve Out	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	Carve Out	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Carve Out	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Carve Out	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Carve Out	
RAPAMUNE ORAL SOLUTION 1 MG/ML	Carve Out	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Carve Out	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Carve Out	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Carve Out	
sirolimus oral solution 1 mg/ml	Carve Out	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Carve Out	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Carve Out	
Monoclonal Antibodies**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Carve Out	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	Carve Out	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	Carve Out	

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Drug	Status	Notes
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML	Carve Out	
Neonatal Fc Receptor (Fcrn) Antagonists**		
IMAAVY INTRAVENOUS SOLUTION 1200 MG/6.5ML	Carve Out	
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML, 560 MG/4ML, 840 MG/6ML	Carve Out	
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML	Carve Out	
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**		
VIJOICE ORAL PACKET 50 MG	Carve Out	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Carve Out	
Potassium Removing Agents**		
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Preferred	Product subject to max fills per month
LOKELMA ORAL PACKET 10 GM	Preferred	QL (3 EA per 1 day); Product subject to max fills per month
LOKELMA ORAL PACKET 5 GM	Preferred	QL (1 EA per 1 day); Product subject to max fills per month
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Preferred	Product subject to max fills per month
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Preferred	Product subject to max fills per month
VELTASSA ORAL PACKET 1 GM	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
sodium polystyrene sulfonate oral powder	Preferred	Product subject to max fills per month
Purine Analogs**		
AZASAN ORAL TABLET 100 MG, 75 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
IMURAN ORAL TABLET 50 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
azathioprine oral tablet 100 mg, 75 mg	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
azathioprine oral tablet 50 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
azathioprine sodium injection solution reconstituted 100 mg	Preferred	PA; DS (90 DS); Product subject to max fills per month
Rock Inhibitors**		
REZUROCK ORAL TABLET 200 MG	Carve Out	
Selective T-Cell Costimulation Blockers**		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Carve Out	
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral - Combinations**		
ORAJEL 2X TOOTHACHE & GUM MOUTH/THROAT GEL 20-0.26 %	Preferred	Product subject to max fills per month
ORAJEL 2X TOOTHACHE RINSE MOUTH/THROAT LIQUID 0.27-0.15 %	Preferred	Product subject to max fills per month
cvs toothache relief mouth/throat gel 20-0.26 %	Preferred	Product subject to max fills per month
gumsol mouth/throat liquid 5-0.1 %	Preferred	Product subject to max fills per month
Anesthetics Topical Oral**		
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL 20 %	Preferred	Product subject to max fills per month
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT LIQUID 20 %	Preferred	Product subject to max fills per month
ANBESOL MOUTH/THROAT LIQUID 10 %	Preferred	Product subject to max fills per month
BENZODENT MOUTH/THROAT CREAM 20 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
CANKERMELTS MOUTH/THROAT DISK 15 MG	Preferred	Product subject to max fills per month
DENTEK INSTANT PAIN RELIEF ADV MOUTH/THROAT LIQUID 20 %	Preferred	Product subject to max fills per month
HURRICAINE MOUTH/THROAT AEROSOL 20 %	Preferred	Product subject to max fills per month
HURRICAINE MOUTH/THROAT GEL 20 %	Non Preferred	PA; Product subject to max fills per month
HURRICAINE MOUTH/THROAT SOLUTION 20 %	Non Preferred	PA; Product subject to max fills per month
HURRICAINE ONE MOUTH/THROAT SOLUTION 20 %	Non Preferred	PA; Product subject to max fills per month
HURRICANE SNAP-N-GO MOUTH/THROAT SWAB 20 %	Preferred	Product subject to max fills per month
LOLLICAINE MOUTH/THROAT GEL 20 %	Preferred	Product subject to max fills per month
ORAMAGIC PLUS MOUTH/THROAT SUSPENSION RECONSTITUTED 10 %	Preferred	Product subject to max fills per month
ZILACTIN-B MOUTH/THROAT GEL 10 %	Preferred	Product subject to max fills per month
cvs oral anesthetic max str mouth/throat gel 20 %	Preferred	Product subject to max fills per month
cvs oral pain reliever max st mouth/throat paste 20 %	Preferred	Product subject to max fills per month
cvs oral pain reliever mouth/throat cream 20 %	Preferred	Product subject to max fills per month
goodsense oral pain relief mouth/throat gel 20 %	Preferred	Product subject to max fills per month
instant oral pain relief max mouth/throat gel 20 %	Preferred	Product subject to max fills per month
intense toothache pain relief mouth/throat gel 20 %	Preferred	Product subject to max fills per month
lidocaine hcl mouth/throat solution 4 %	Non Preferred	PA; Product subject to max fills per month
lidocaine viscous hcl mouth/throat solution 2 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
oral analgesic max st mouth/throat gel 20 %	Preferred	Product subject to max fills per month
oral analgesic max st mouth/throat liquid 20 %	Preferred	Product subject to max fills per month
oral anesthetic mouth/throat paste 20 %	Preferred	Product subject to max fills per month
ra mouth pain anesthetic mouth/throat liquid 20 %	Preferred	Product subject to max fills per month
Anti-Infectives - Throat**		
GLY-OXIDE MOUTH/THROAT SOLUTION 10 %	Preferred	Product subject to max fills per month
ORAJEL MOUTH SORES RINSE MOUTH/THROAT SOLUTION 1.5 %	Preferred	Product subject to max fills per month
ORAVIG BUCCAL TABLET 50 MG	Non Preferred	PA; Product subject to max fills per month
PEROXYL EXTERNAL SOLUTION 1.5-6 %	Non Preferred	PA; Product subject to max fills per month
clotrimazole mouth/throat troche 10 mg	Preferred	Product subject to max fills per month
cvs peroxide sore mouth cleans mouth/throat solution 1.5 %	Preferred	Product subject to max fills per month
nystatin mouth/throat suspension 100000 unit/ml	Preferred	Product subject to max fills per month
Antiseptic Combinations - Mouth/Throat**		
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	Preferred	Product subject to max fills per month
Antiseptics - Mouth/Throat**		
PAROEX MOUTH/THROAT SOLUTION 0.12 %	Non Preferred	PA; Product subject to max fills per month
PERIDEX MOUTH/THROAT SOLUTION 0.12 %	Non Preferred	PA; Product subject to max fills per month
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Non Preferred	PA; Product subject to max fills per month
ST-37 MOUTH/THROAT LIQUID	Preferred	Product subject to max fills per month

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Drug	Status	Notes
chlorhexidine gluconate mouth/throat solution 0.12 %	Preferred	Product subject to max fills per month
Dental Products - Combinations**		
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 %	Preferred	Product subject to max fills per month
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 %	Preferred	Product subject to max fills per month
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	Non Preferred	PA; Product subject to max fills per month
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	Non Preferred	PA; Product subject to max fills per month
denta 5000 plus sensitive dental gel 1.1-5 %	Preferred	Product subject to max fills per month
fraiche 5000 previ dental gel 1.1-3 %	Preferred	Product subject to max fills per month
fraiche 5000 sensitive dental gel 1.1-4.5 %	Preferred	Product subject to max fills per month
sod fluoride-potassium nitrate dental gel 1.1-5 %	Preferred	Product subject to max fills per month
sodium fluoride 5000 enamel dental gel 1.1-5 %	Preferred	Product subject to max fills per month
sodium fluoride 5000 sensitive dental gel 1.1-5 %	Preferred	Product subject to max fills per month
Dry Mouth Agents And Artificial Saliva**		
AQUORAL MOUTH/THROAT SOLUTION	Preferred	Product subject to max fills per month
BIOTENE DRY MOUTH MOIST SPRAY MOUTH/THROAT SOLUTION	Preferred	Product subject to max fills per month
BIOTENE DRY MOUTH MOISTURIZING MOUTH/THROAT SOLUTION	Preferred	Product subject to max fills per month
BIOTENE ORALBALANCE DRY MOUTH MOUTH/THROAT GEL	Preferred	Product subject to max fills per month
CAPHOSOL MOUTH/THROAT SOLUTION	Preferred	Product subject to max fills per month
MOI-STIR MOUTH/THROAT SOLUTION	Preferred	Product subject to max fills per month

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Drug	Status	Notes
MOUTH KOTE MOUTH/THROAT SOLUTION	Preferred	Product subject to max fills per month
MUCOSITISRX MOUTH/THROAT PACKET	Non Preferred	PA; Product subject to max fills per month
NUMOISYN MOUTH/THROAT LOZENGE	Non Preferred	PA; Product subject to max fills per month
SALESE/XYLITOL MOUTH/THROAT LOZENGE	Preferred	Product subject to max fills per month
SALIVAMAX MOUTH/THROAT PACKET	Non Preferred	PA; Product subject to max fills per month
THERABREATH DRY MOUTH MOUTH/THROAT LOZENGE	Preferred	Product subject to max fills per month
XYLIGEL MOUTH/THROAT GEL 17 %	Preferred	Product subject to max fills per month
cvs dry mouth mouth/throat solution	Preferred	Product subject to max fills per month
oral relief spray mouth/throat solution	Preferred	Product subject to max fills per month
Fluoride Dental Products**		
CLINPRO 5000 DENTAL PASTE 1.1 %	Preferred	Product subject to max fills per month
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Non Preferred	PA; Product subject to max fills per month
DENTAGEL DENTAL GEL 1.1 %	Preferred	Product subject to max fills per month
FLUORIDEX DENTAL PASTE 1.1 %	Preferred	Product subject to max fills per month
FLUORIMAX 5000 DENTAL PASTE 1.1 %	Preferred	Product subject to max fills per month
GEL-KAM DENTAL GEL 0.4 %	Non Preferred	PA; Product subject to max fills per month
JUST RIGHT 5000 DENTAL GEL 1.1 %	Preferred	Product subject to max fills per month
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
PERIOMED MOUTH/THROAT CONCENTRATE 0.63 %	Preferred	Product subject to max fills per month
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Non Preferred	PA; Product subject to max fills per month
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	Non Preferred	PA; Product subject to max fills per month
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 %	Non Preferred	PA; Product subject to max fills per month
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	Non Preferred	PA; Product subject to max fills per month
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Non Preferred	PA; Product subject to max fills per month
PREVIDENT DENTAL GEL 1.1 %	Non Preferred	PA; Product subject to max fills per month
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	Non Preferred	PA; Product subject to max fills per month
fraiche 5000 dental dental gel 1.1 %	Preferred	Product subject to max fills per month
sf 5000 plus dental cream 1.1 %	Non Preferred	PA; Product subject to max fills per month
sf dental gel 1.1 %	Non Preferred	PA; Product subject to max fills per month
sodium fluoride 5000 plus dental cream 1.1 %	Non Preferred	PA; Product subject to max fills per month
sodium fluoride 5000 ppm dental cream 1.1 %	Preferred	Product subject to max fills per month
sodium fluoride 5000 ppm dental gel 1.1 %	Non Preferred	PA; Product subject to max fills per month
sodium fluoride 5000 ppm dental paste 1.1 %	Preferred	Product subject to max fills per month
sodium fluoride dental cream 1.1 %	Preferred	Product subject to max fills per month
sodium fluoride dental gel 1.1 %	Preferred	Product subject to max fills per month
sodium fluoride mouth/throat solution 0.2 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Lozenges**		
DENTIVA MOUTH/THROAT LOZENGE	Preferred	Product subject to max fills per month
SALESE MOUTH/THROAT LOZENGE	Preferred	Product subject to max fills per month
Mouthwashes**		
BIOTENE DRY MOUTH MOUTH/THROAT LIQUID	Preferred	Product subject to max fills per month
gnp dry mouth mouthwash mouth/throat liquid	Preferred	Product subject to max fills per month
Periodontal Anti-Infectives**		
ARESTIN DENTAL 1 MG	Preferred	Product subject to max fills per month
Protectants - Mouth/Throat**		
GELCLAIR MOUTH/THROAT GEL	Preferred	Product subject to max fills per month
MUGARD MOUTH/THROAT LIQUID	Preferred	Product subject to max fills per month
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED	Preferred	Product subject to max fills per month
ORAPEUTIC MOUTH/THROAT GEL	Preferred	Product subject to max fills per month
PROTHELIAL MOUTH/THROAT PASTE 10 %	Preferred	Product subject to max fills per month
cold sore treatment external liquid	Preferred	Product subject to max fills per month
lip-guard external ointment	Preferred	Product subject to max fills per month
l-lysine external ointment	Preferred	Product subject to max fills per month
Saliva Stimulants**		
EVOXAC ORAL CAPSULE 30 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
SALAGEN ORAL TABLET 5 MG, 7.5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
cevimeline hcl oral capsule 30 mg	Preferred	DS (90 DS); Product subject to max fills per month
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Steroids - Mouth/Throat/Dental**		
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Non Preferred	PA; Product subject to max fills per month
ORALONE MOUTH/THROAT PASTE 0.1 %	Non Preferred	PA; Product subject to max fills per month
triamcinolone acetonide mouth/throat paste 0.1 %	Preferred	Product subject to max fills per month
Throat Products - Misc.**		
ENTERTAINERS SECRET THROAT MOUTH/THROAT LIQUID	Preferred	Product subject to max fills per month
lemon-glycerin mouth/throat swab	Preferred	Product subject to max fills per month
Multivitamins		
B-Complex W/ C & Folic Acid**		
DEXIFOL ORAL TABLET 5 MG	Preferred	DS (90 DS); Product subject to max fills per month
DIALYVITE 800 ORAL TABLET 0.8 MG	Preferred	DS (90 DS); Product subject to max fills per month
DIALYVITE 800 ORAL WAFER 0.8 MG	Preferred	DS (90 DS); Product subject to max fills per month
DIALYVITE ORAL TABLET	Preferred	DS (90 DS); Product subject to max fills per month
MYNEPHRON ORAL CAPSULE 1 MG	Preferred	DS (90 DS); Product subject to max fills per month
NEPHRONEX ORAL LIQUID 0.9 MG/5ML	Preferred	DS (90 DS); Product subject to max fills per month
NEPHRO-VITE ORAL TABLET 0.8 MG	Preferred	DS (90 DS); Product subject to max fills per month
RENAL ORAL CAPSULE 1 MG	Preferred	DS (90 DS); Product subject to max fills per month
folbee plus oral tablet	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
folika-bc oral tablet 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
full spectrum b/vitamin c oral tablet 0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
hylavite oral tablet	Preferred	DS (90 DS); Product subject to max fills per month
nephro vitamins oral tablet 0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
renal vitamin oral tablet 0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
renal-vite oral tablet 0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
rena-vite oral tablet	Preferred	DS (90 DS); Product subject to max fills per month
reno caps oral capsule 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
tm-vite rx oral tablet 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
triphrocaps oral capsule 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
tronvite oral tablet 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
virt-caps oral capsule 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
vitasure oral tablet 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
wescaps oral capsule 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
xvite oral tablet 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
B-Complex W/ C-Biotin-D & Folic Acid**		
DIALYVITE 800 PLUS D ORAL WAFER 800 MCG	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
B-Complex W/ C-Biotin-E-Minerals & Folic Acid**		
DIALYVITE 5000 ORAL TABLET 5 MG	Preferred	DS (90 DS); Product subject to max fills per month
B-Complex W/ C-Biotin-Fe & Folic Acid**		
DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG	Preferred	DS (90 DS); Product subject to max fills per month
B-Complex W/ C-Zn & Folic Acid**		
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG	Preferred	DS (90 DS); Product subject to max fills per month
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	Preferred	DS (90 DS); Product subject to max fills per month
DIALYVITE/ZINC ORAL TABLET	Preferred	DS (90 DS); Product subject to max fills per month
B-Complex W/ Lysine-Min-Fe & Folic Acid**		
NUTRIVIT ORAL LIQUID	Preferred	DS (90 DS); Product subject to max fills per month
Multiple Vitamins W/ Minerals**		
RENAPLEX ORAL TABLET	Preferred	DS (90 DS); Product subject to max fills per month
RENAPLEX-D ORAL TABLET	Preferred	DS (90 DS); Product subject to max fills per month
dialyvite 800/ultra d oral tablet	Preferred	DS (90 DS); Product subject to max fills per month
Ped Multi Vitamins W/Fl & Fe**		
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
Ped Multiple Vitamins W/ Minerals**		
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
FLINTSTONES + EXTRA IRON ORAL TABLET CHEWABLE	Preferred	DS (90 DS); Product subject to max fills per month
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE	Preferred	DS (90 DS); Product subject to max fills per month
FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE	Preferred	DS (90 DS); Product subject to max fills per month
FLINTSTONES-IMMUNITY SUPPORT ORAL TABLET CHEWABLE	Preferred	DS (90 DS); Product subject to max fills per month
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	Preferred	DS (90 DS); Product subject to max fills per month
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	Preferred	DS (90 DS); Product subject to max fills per month
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	Preferred	DS (90 DS); Product subject to max fills per month
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	Preferred	DS (90 DS); Product subject to max fills per month
cvs gummy dinos oral tablet chewable	Preferred	DS (90 DS); Product subject to max fills per month
cvs gummy multivitamin kids oral tablet chewable	Preferred	DS (90 DS); Product subject to max fills per month
multivit-min gummies childrens oral tablet chewable	Preferred	DS (90 DS); Product subject to max fills per month
vitachew multiple vitamin oral tablet chewable	Preferred	DS (90 DS); Product subject to max fills per month
Ped Mv W/ Fluoride**		
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	Preferred	DS (90 DS); Product subject to max fills per month
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 1 MG	Preferred	DS (90 DS); Product subject to max fills per month
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 1 MG	Preferred	DS (90 DS); Product subject to max fills per month
SOLUVITA WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
multivitamin/fluoride oral suspension 0.25 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
Ped Mv W/ Iron**		
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML, 11 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	Preferred	DS (90 DS); Product subject to max fills per month
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 18 MG	Preferred	DS (90 DS); Product subject to max fills per month
FLINTSTONES PLUS EXTRA IRON ORAL TABLET CHEWABLE 18 MG	Preferred	DS (90 DS); Product subject to max fills per month
FLINTSTONES W/IRON ORAL TABLET CHEWABLE 18 MG	Preferred	DS (90 DS); Product subject to max fills per month
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
childrens multivitamin/iron oral tablet chewable 15 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs chewable childrens vitamin oral tablet chewable 18 mg	Preferred	DS (90 DS); Product subject to max fills per month
eq complete multivitamin child oral tablet chewable 18 mg	Preferred	DS (90 DS); Product subject to max fills per month
multiple vitamins-iron oral tablet chewable 15 mg	Preferred	DS (90 DS); Product subject to max fills per month
multivitamin drops/iron oral solution 11 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
multivitamin infant & toddler oral solution 11 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
multivitamins plus iron child oral tablet chewable 18 mg	Preferred	DS (90 DS); Product subject to max fills per month
pc pediatric poly-vita/fe drop oral solution 10 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
poly-vita/iron oral solution 10 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
poly-vite/iron oral solution 11 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
ra vitamins complete childrens oral tablet chewable 18 mg	Preferred	DS (90 DS); Product subject to max fills per month
Ped Vitamins Acd W/ Fluoride**		
SOLUVITA ACD WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML	Preferred	DS (90 DS); Product subject to max fills per month
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
Pediatric Multiple Vitamins**		
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION	Preferred	DS (90 DS); Product subject to max fills per month
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE	Preferred	DS (90 DS); Product subject to max fills per month
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	Preferred	PA; DS (90 DS); Product subject to max fills per month
POLY-VI-SOL ORAL SOLUTION	Preferred	DS (90 DS); Product subject to max fills per month
VITALIPID N INFANT INTRAVENOUS EMULSION	Preferred	PA; Product subject to max fills per month
VITLIPID N INFANT INTRAVENOUS EMULSION	Preferred	PA; Product subject to max fills per month
animal chews oral tablet chewable	Preferred	DS (90 DS); Product subject to max fills per month
childrens chewable multi vits oral tablet chewable	Preferred	DS (90 DS); Product subject to max fills per month
gnp little ones childrens oral tablet chewable	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
multivitamin infant & toddler oral solution	Preferred	DS (90 DS); Product subject to max fills per month
pc pediatric poly-vitamin drop oral solution	Preferred	DS (90 DS); Product subject to max fills per month
poly-vita oral solution	Preferred	DS (90 DS); Product subject to max fills per month
poly-vite pediatric oral solution	Preferred	DS (90 DS); Product subject to max fills per month
Pediatric Vitamins A & D W/ C**		
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10	Preferred	DS (90 DS); Product subject to max fills per month
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	Preferred	DS (90 DS); Product subject to max fills per month
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
Prenatal Mv & Min W/Fe-Fa**		
NEONATAL PLUS ORAL TABLET 27-1 MG	Preferred	DS (90 DS); Product subject to max fills per month
NIVA-PLUS ORAL TABLET 27-1 MG	Preferred	DS (90 DS); Product subject to max fills per month
PRENATABS RX ORAL TABLET 29-1 MG	Preferred	DS (90 DS); Product subject to max fills per month
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG	Preferred	DS (90 DS); Product subject to max fills per month
TRINATE ORAL TABLET	Preferred	DS (90 DS); Product subject to max fills per month
classic prenatal oral tablet 28-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
completenate oral tablet chewable 29-1 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
cvs prenatal oral tablet 27-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
ft prenatal oral tablet 28-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp prenatal oral tablet 28-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
goodsense prenatal vitamins oral tablet 28-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
kp prenatal multivitamins oral tablet 28-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
m-natal plus oral tablet 27-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
multi prenatal oral tablet 27-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
neonatal complete oral tablet 29-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
neo-vital rx oral tablet 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatabs fa oral tablet 29-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatal (w/iron & fa) oral tablet 27-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatal 19 oral tablet	Preferred	DS (90 DS); Product subject to max fills per month
prenatal 19 oral tablet chewable , 29-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatal one daily oral tablet 27-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatal plus iron oral tablet 29-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatal plus vitamin/mineral oral tablet 27-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatal vitamin and mineral oral tablet 28-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
prenatal vitamin oral tablet 27-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatal vitamin plus low iron oral tablet 27-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatal vitamins oral tablet 28-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
prenatal/iron oral tablet , 28-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra prenatal oral tablet 28-0.8 mg	Preferred	DS (90 DS); Product subject to max fills per month
se-natal 19 oral tablet 29-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
se-natal 19 oral tablet chewable 29-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
thrivite rx oral tablet 29-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
trinatal rx 1 oral tablet 60-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
westab plus oral tablet 27-1 mg	Preferred	DS (90 DS); Product subject to max fills per month
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**		
complete natal dha oral 29-1-200 & 200 mg	Preferred	DS (90 DS); Product subject to max fills per month
wesnatal dha complete oral 29-1-200 & 200 mg	Preferred	DS (90 DS); Product subject to max fills per month
Prenatal Mv & Min W/Fe-Fa-Dha**		
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	Preferred	DS (90 DS); Product subject to max fills per month
Vitamins W/ Lipotropics**		
ultra b-100 complex oral tablet	Preferred	DS (90 DS); Product subject to max fills per month
Musculoskeletal Therapy Agents		
Central Muscle Relaxants**		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month

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Drug	Status	Notes
FEXMID ORAL TABLET 7.5 MG	Non Preferred	PA; Product subject to max fills per month
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	Non Preferred	PA; QL (16 ML per 1 day); Product subject to max fills per month
LORZONE ORAL TABLET 375 MG, 750 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG	Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
OZOBAX DS ORAL SOLUTION 10 MG/5ML	Non Preferred	PA; Product subject to max fills per month
OZOBAX ORAL SOLUTION 5 MG/5ML	Non Preferred	PA; QL (80 ML per 1 day); Product subject to max fills per month
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	Non Preferred	PA; Product subject to max fills per month
SOMA ORAL TABLET 250 MG, 350 MG	Non Preferred	PA; QL (21 EA per 90 days); Product subject to max fills per month
TANLOR ORAL TABLET 1000 MG	Non Preferred	PA; Product subject to max fills per month
VANADOM ORAL TABLET 350 MG	Non Preferred	PA; QL (21 EA per 90 days); Product subject to max fills per month
ZANAFLEX ORAL CAPSULE 2 MG	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
ZANAFLEX ORAL CAPSULE 4 MG	Non Preferred	PA; QL (9 EA per 1 day); Product subject to max fills per month
ZANAFLEX ORAL CAPSULE 6 MG	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
ZANAFLEX ORAL TABLET 4 MG	Non Preferred	PA; QL (9 EA per 1 day); Product subject to max fills per month
baclofen oral solution 10 mg/5ml	Non Preferred	PA; Product subject to max fills per month
baclofen oral solution 5 mg/5ml	Non Preferred	PA; QL (80 ML per 1 day); Product subject to max fills per month

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Drug	Status	Notes
baclofen oral suspension 25 mg/5ml	Preferred	PA; QL (16 ML per 1 day); Product subject to max fills per month
baclofen oral tablet 10 mg, 20 mg, 5 mg	Preferred	QL (4 EA per 1 day); Product subject to max fills per month
baclofen oral tablet 15 mg	Non Preferred	PA; Product subject to max fills per month
carisoprodol oral tablet 250 mg, 350 mg	Non Preferred	PA; QL (21 EA per 90 days); Product subject to max fills per month
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
chlorzoxazone oral tablet 500 mg	Non Preferred	PA; Product subject to max fills per month
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Preferred	QL (3 EA per 1 day); Product subject to max fills per month
cyclobenzaprine hcl oral tablet 7.5 mg	Non Preferred	PA; Product subject to max fills per month
metaxalone oral tablet 400 mg	Preferred	QL (3 EA per 1 day); Product subject to max fills per month
metaxalone oral tablet 640 mg	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
metaxalone oral tablet 800 mg	Preferred	QL (4 EA per 1 day); Product subject to max fills per month
methocarbamol injection solution 1000 mg/10ml	Non Preferred	PA; Product subject to max fills per month
methocarbamol oral tablet 1000 mg	Non Preferred	PA; Product subject to max fills per month
methocarbamol oral tablet 500 mg	Preferred	QL (8 EA per 1 day); Product subject to max fills per month
methocarbamol oral tablet 750 mg	Preferred	QL (6 EA per 1 day); Product subject to max fills per month
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month

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Drug	Status	Notes
orphenadrine citrate injection solution 30 mg/ml	Non Preferred	PA; Product subject to max fills per month
tizanidine hcl oral capsule 2 mg	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
tizanidine hcl oral capsule 4 mg	Non Preferred	PA; QL (9 EA per 1 day); Product subject to max fills per month
tizanidine hcl oral capsule 6 mg	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
tizanidine hcl oral tablet 2 mg	Preferred	QL (4 EA per 1 day); Product subject to max fills per month
tizanidine hcl oral tablet 4 mg	Preferred	QL (9 EA per 1 day); Product subject to max fills per month
Direct Muscle Relaxants**		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	Preferred	PA; Product subject to max fills per month
DANTRIUM ORAL CAPSULE 25 MG	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
REVONTO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	Preferred	PA; Product subject to max fills per month
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG	Preferred	PA; Product subject to max fills per month
dantrolene sodium intravenous solution reconstituted 20 mg	Preferred	PA; Product subject to max fills per month
dantrolene sodium oral capsule 100 mg	Non Preferred	PA; QL (4 EA per 1 day); Product subject to max fills per month
dantrolene sodium oral capsule 25 mg, 50 mg	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
Muscle Relaxant Combinations**		
NORGESIC ORAL TABLET 25-385-30 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
norgesic forte oral tablet 50-770-60 mg	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month

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Drug	Status	Notes
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
Muscle Relaxant-Liniments Combinations**		
NOPIOID-LMC KIT COMBINATION THERAPY PACK 7.5 & 4-4 MG & %	Non Preferred	PA; Product subject to max fills per month
Retinoic Acid Receptor Gamma Selective Agonists**		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Carve Out	
Nasal Agents - Systemic And Topical		
Antihistamine-Steroid**		
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	Non Preferred	PA; QL (23 GM per 30 days); Product subject to max fills per month
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT	Non Preferred	PA; QL (29 GM per 30 days); Product subject to max fills per month
azelastine-fluticasone nasal suspension 137-50 mcg/act	Non Preferred	PA; QL (23 GM per 30 days); Product subject to max fills per month
Nasal Agents - Misc.**		
AYR SALINE NASAL DROPS NASAL SOLUTION 0.65 %	Preferred	Product subject to max fills per month
BABY AYR SALINE NASAL SOLUTION 0.65 %	Preferred	Product subject to max fills per month
altamist spray nasal solution 0.65 %	Preferred	Product subject to max fills per month
cvs saline nasal spray nasal solution 0.65 %	Preferred	Product subject to max fills per month
deep sea nasal spray nasal solution 0.65 %	Preferred	Product subject to max fills per month
eq saline nasal spray nasal solution 0.65 %	Preferred	Product subject to max fills per month
eql saline nasal spray nasal solution 0.65 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
ft saline nasal spray nasal solution	Preferred	Product subject to max fills per month
gnp nasal moisturizing nasal solution 0.65 %	Preferred	Product subject to max fills per month
nasal moisturizing spray nasal solution 0.65 %	Preferred	Product subject to max fills per month
px saline nasal spray nasal solution 0.65 %	Preferred	Product subject to max fills per month
ra saline nasal spray nasal solution 0.65 %	Preferred	Product subject to max fills per month
saline mist spray nasal solution 0.65 %	Preferred	Product subject to max fills per month
saline nasal spray nasal solution 0.65 %	Preferred	Product subject to max fills per month
sm nasal spray saline nasal solution 0.65 %	Preferred	Product subject to max fills per month
true nasal moisturizing nasal solution 0.65 %	Preferred	Product subject to max fills per month
Nasal Agents Misc. - Combinations**		
DERMACINRX TICANASE PAK NASAL THERAPY PACK 50-2.7 MCG/ACT-%	Non Preferred	PA; Product subject to max fills per month
LITTLE REMEDIES FOR NOSES NASAL SOLUTION	Preferred	Product subject to max fills per month
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %, 0.06 %	Preferred	Product subject to max fills per month
Nasal Antihistamines**		
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	Preferred	QL (60 ML per 30 days); Product subject to max fills per month
olopatadine hcl nasal solution 0.6 %	Non Preferred	PA; QL (31 GM per 30 days); Product subject to max fills per month
Nasal Steroids**		
KLS ALLER-CORT NASAL AEROSOL 55 MCG/ACT	Preferred	NOTES (1 bottle per month); Product subject to max fills per month

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Drug	Status	Notes
KLS ALLER-FLO NASAL SUSPENSION 50 MCG/ACT	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
NASONEX 24HR NASAL SUSPENSION 50 MCG/ACT	Non Preferred	PA; Product subject to max fills per month
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Non Preferred	PA; Product subject to max fills per month
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Non Preferred	PA; Product subject to max fills per month
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Non Preferred	PA; Product subject to max fills per month
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Non Preferred	PA; Product subject to max fills per month
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	Non Preferred	PA; Product subject to max fills per month
allergy nasal spray nasal suspension 50 mcg/act	Non Preferred	PA; Product subject to max fills per month
allergy relief nasal suspension 50 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
allergy spray 24 hour nasal suspension 50 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
budesonide nasal suspension 32 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
cvs budesonide nasal suspension 32 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
cvs fluticasone propionate nasal suspension 50 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
cvs nasal allergy spray nasal aerosol 55 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month

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Drug	Status	Notes
eq allergy relief nasal suspension 50 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
eq budesonide nasal nasal suspension 32 mcg/act	Preferred	Product subject to max fills per month
eq nasal allergy nasal aerosol 55 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
flunisolide nasal solution 25 mcg/act (0.025%)	Non Preferred	PA; Product subject to max fills per month
fluticasone propionate nasal suspension 50 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
gnp 24 hour nasal allergy nasal aerosol 55 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
gnp budesonide nasal spray nasal suspension 32 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
gnp fluticasone propionate nasal suspension 50 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
goodsense 24-hr allergy nasal nasal suspension 50 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
goodsense nasal allergy spray nasal aerosol 55 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
hm 24 hour nasal allergy nasal aerosol 55 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
mometasone furoate nasal suspension 50 mcg/act	Non Preferred	PA; Product subject to max fills per month
nasal allergy 24 hour nasal aerosol 55 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month

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Drug	Status	Notes
ra budesonide nasal suspension 32 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
ra nasal allergy nasal aerosol 55 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
triamcinolone acetonide nasal aerosol 55 mcg/act	Preferred	NOTES (1 bottle per month); Product subject to max fills per month
Systemic Decongestants**		
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	Preferred	Product subject to max fills per month
SUDOGEST ORAL TABLET 30 MG, 60 MG	Preferred	Product subject to max fills per month
WAL-PHED D ORAL TABLET 30 MG	Preferred	Product subject to max fills per month
WAL-PHED PE ORAL TABLET 10 MG	Preferred	Product subject to max fills per month
cvs nasal decongestant oral tablet 30 mg	Preferred	Product subject to max fills per month
cvs nasal decongestant pe oral tablet 10 mg	Preferred	Product subject to max fills per month
cvs sinus pe decongestant oral tablet 10 mg	Preferred	Product subject to max fills per month
eql nasal decongestant oral tablet 30 mg	Preferred	Product subject to max fills per month
gnp nasal decongestant oral tablet 30 mg	Preferred	Product subject to max fills per month
gnp nasal decongestant pe oral tablet 10 mg	Preferred	Product subject to max fills per month
hm nasal decongestant oral tablet 30 mg	Preferred	Product subject to max fills per month
kp pseudoephedrine hcl oral tablet 30 mg, 60 mg	Preferred	Product subject to max fills per month
meijer nasal decongestant oral tablet 30 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
nasal decongestant d oral tablet 30 mg	Preferred	Product subject to max fills per month
nasal decongestant oral tablet 30 mg	Preferred	Product subject to max fills per month
nasal decongestant pe max st oral tablet 10 mg	Preferred	Product subject to max fills per month
nasal decongestant pe oral tablet 10 mg	Preferred	Product subject to max fills per month
non-pseudo sinus decongestant oral tablet 10 mg	Preferred	Product subject to max fills per month
pseudoephedrine hcl oral tablet 30 mg, 60 mg	Preferred	Product subject to max fills per month
px nasal decongestant oral tablet 30 mg	Preferred	Product subject to max fills per month
px nasal decongestant pe oral tablet 10 mg	Preferred	Product subject to max fills per month
qc nasal decongestant pe oral tablet 30 mg	Preferred	Product subject to max fills per month
ra nasal decongestant pe oral tablet 10 mg	Preferred	Product subject to max fills per month
ra suphedrine oral tablet 30 mg	Preferred	Product subject to max fills per month
Neuromuscular Agents		
Als Agent Combinations**		
RELYVRIO ORAL PACKET 3-1 GM	Carve Out	
Als Agents - Antisense Oligonucleotides**		
QALSODY INTRATHECAL SOLUTION 100 MG/15ML	Carve Out	
Als Agents - Miscellaneous**		
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	Carve Out	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Carve Out	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Carve Out	

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Drug	Status	Notes
edaravone intravenous solution 30 mg/100ml, 60 mg/100ml	Carve Out	
Benzathiazoles**		
EXSERVAN ORAL FILM 50 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
RILUTEK ORAL TABLET 50 MG	Non Preferred	PA; QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Non Preferred	PA; QL (20 ML per 1 day); DS (90 DS); Product subject to max fills per month
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Non Preferred	PA; QL (20 ML per 1 day); DS (90 DS); Product subject to max fills per month
riluzole oral tablet 50 mg	Preferred	QL (2 EA per 1 day); DS (90 DS); Product subject to max fills per month
Friedrich's Ataxia Agents - Nrf2 Pathway Activators**		
SKYCLARYS ORAL CAPSULE 50 MG	Carve Out	
Muscular Dystrophy - Gene Therapy Agents**		
ELEVIDYS 10.0-10.4 KG INTRAVENOUS KIT 10 X 10 ML	Carve Out	
ELEVIDYS 10.5-11.4 KG INTRAVENOUS KIT 11 X 10 ML	Carve Out	
ELEVIDYS 11.5-12.4 KG INTRAVENOUS KIT 12 X 10 ML	Carve Out	
ELEVIDYS 12.5-13.4 KG INTRAVENOUS KIT 13 X 10 ML	Carve Out	
ELEVIDYS 13.5-14.4 KG INTRAVENOUS KIT 14 X 10 ML	Carve Out	
ELEVIDYS 14.5-15.4 KG INTRAVENOUS KIT 15 X 10 ML	Carve Out	

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Drug	Status	Notes
ELEVIDYS 15.5-16.4 KG INTRAVENOUS KIT 16 X 10 ML	Carve Out	
ELEVIDYS 16.5-17.4 KG INTRAVENOUS KIT 17 X 10 ML	Carve Out	
ELEVIDYS 17.5-18.4 KG INTRAVENOUS KIT 18 X 10 ML	Carve Out	
ELEVIDYS 18.5-19.4 KG INTRAVENOUS KIT 19 X 10 ML	Carve Out	
ELEVIDYS 19.5-20.4 KG INTRAVENOUS KIT 20 X 10 ML	Carve Out	
ELEVIDYS 20.5-21.4 KG INTRAVENOUS KIT 21 X 10 ML	Carve Out	
ELEVIDYS 21.5-22.4 KG INTRAVENOUS KIT 22 X 10 ML	Carve Out	
ELEVIDYS 22.5-23.4 KG INTRAVENOUS KIT 23 X 10 ML	Carve Out	
ELEVIDYS 23.5-24.4 KG INTRAVENOUS KIT 24 X 10 ML	Carve Out	
ELEVIDYS 24.5-25.4 KG INTRAVENOUS KIT 25 X 10 ML	Carve Out	
ELEVIDYS 25.5-26.4 KG INTRAVENOUS KIT 26 X 10 ML	Carve Out	
ELEVIDYS 26.5-27.4 KG INTRAVENOUS KIT 27 X 10 ML	Carve Out	
ELEVIDYS 27.5-28.4 KG INTRAVENOUS KIT 28 X 10 ML	Carve Out	
ELEVIDYS 28.5-29.4 KG INTRAVENOUS KIT 29 X 10 ML	Carve Out	
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML	Carve Out	
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML	Carve Out	
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML	Carve Out	
amondys 45 intravenous solution 100 mg/2ml	Carve Out	

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Drug	Status	Notes
Muscular Dystrophy - Histone Deacetylase Inhibitors*		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Carve Out	
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs**		
DAYBUE ORAL SOLUTION 200 MG/ML	Carve Out	
Spinal Muscular Atrophy-Antisense Oligonucleotides**		
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML	Carve Out	
Spinal Muscular Atrophy-Gene Therapy Agents**		
ZOLGENSMA 20.6-21.0 KG INTRAVENOUS KIT 14X8.3 ML	Carve Out	
ZOLGENSMA 10.1-10.5 KG INTRAVENOUS KIT 7X8.3 ML	Carve Out	
ZOLGENSMA 10.6-11.0 KG INTRAVENOUS KIT 2X5.5ML & 6X8.3ML	Carve Out	
ZOLGENSMA 11.1-11.5 KG INTRAVENOUS KIT 1X5.5ML & 7X8.3ML	Carve Out	
ZOLGENSMA 11.6-12.0 KG INTRAVENOUS KIT 8X8.3 ML	Carve Out	
ZOLGENSMA 12.1-12.5 KG INTRAVENOUS KIT 2X5.5ML & 7X8.3ML	Carve Out	
ZOLGENSMA 12.6-13.0 KG INTRAVENOUS KIT 1X5.5ML & 8X8.3ML	Carve Out	
ZOLGENSMA 13.1-13.5 KG INTRAVENOUS KIT 9X8.3 ML	Carve Out	
ZOLGENSMA 13.6-14.0 KG INTRAVENOUS KIT 2X5.5ML & 8X8.3ML	Carve Out	
ZOLGENSMA 14.1-14.5 KG INTRAVENOUS KIT 1X5.5ML & 9X8.3ML	Carve Out	
ZOLGENSMA 14.6-15.0 KG INTRAVENOUS KIT 10X8.3 ML	Carve Out	
ZOLGENSMA 15.1-15.5 KG INTRAVENOUS KIT 2X5.5ML & 9X8.3ML	Carve Out	

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Drug	Status	Notes
ZOLGENSMA 15.6-16.0 KG INTRAVENOUS KIT 1X5.5ML & 10X8.3ML	Carve Out	
ZOLGENSMA 16.1-16.5 KG INTRAVENOUS KIT 11X8.3 ML	Carve Out	
ZOLGENSMA 16.6-17.0 KG INTRAVENOUS KIT 2X5.5ML & 10X8.3ML	Carve Out	
ZOLGENSMA 17.1-17.5 KG INTRAVENOUS KIT 1X5.5ML & 11X8.3ML	Carve Out	
ZOLGENSMA 17.6-18.0 KG INTRAVENOUS KIT 12X8.3 ML	Carve Out	
ZOLGENSMA 18.1-18.5 KG INTRAVENOUS KIT 2X5.5ML & 11X8.3ML	Carve Out	
ZOLGENSMA 18.6-19.0 KG INTRAVENOUS KIT 1X5.5ML & 12X8.3ML	Carve Out	
ZOLGENSMA 19.1-19.5 KG INTRAVENOUS KIT 13X8.3 ML	Carve Out	
ZOLGENSMA 19.6-20.0 KG INTRAVENOUS KIT 2X5.5ML & 12X8.3ML	Carve Out	
ZOLGENSMA 2.6-3.0 KG INTRAVENOUS KIT 2X8.3 ML	Carve Out	
ZOLGENSMA 20.1-20.5 KG INTRAVENOUS KIT 1X5.5ML & 13X8.3ML	Carve Out	
ZOLGENSMA 3.1-3.5 KG INTRAVENOUS KIT 2X5.5ML & 1X8.3ML	Carve Out	
ZOLGENSMA 3.6-4.0 KG INTRAVENOUS KIT 1X5.5ML & 2X8.3ML	Carve Out	
ZOLGENSMA 4.1-4.5 KG INTRAVENOUS KIT 3X8.3 ML	Carve Out	
ZOLGENSMA 4.6-5.0 KG INTRAVENOUS KIT 2X5.5ML & 2X8.3ML	Carve Out	
ZOLGENSMA 5.1-5.5 KG INTRAVENOUS KIT 1X5.5ML & 3X8.3ML	Carve Out	
ZOLGENSMA 5.6-6.0 KG INTRAVENOUS KIT 4X8.3 ML	Carve Out	
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT 2X5.5ML & 3X8.3ML	Carve Out	

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Drug	Status	Notes
ZOLGENSMA 6.6-7.0 KG INTRAVENOUS KIT 1X5.5ML & 4X8.3ML	Carve Out	
ZOLGENSMA 7.1-7.5 KG INTRAVENOUS KIT 5X8.3 ML	Carve Out	
ZOLGENSMA 7.6-8.0 KG INTRAVENOUS KIT 2X5.5ML & 4X8.3ML	Carve Out	
ZOLGENSMA 8.1-8.5 KG INTRAVENOUS KIT 1X5.5ML & 5X8.3ML	Carve Out	
ZOLGENSMA 8.6-9.0 KG INTRAVENOUS KIT 6X8.3 ML	Carve Out	
ZOLGENSMA 9.1-9.5 KG INTRAVENOUS KIT 2X5.5ML & 5X8.3ML	Carve Out	
ZOLGENSMA 9.6-10.0 KG INTRAVENOUS KIT 1X5.5ML & 6X8.3ML	Carve Out	
Spinal Muscular Atrophy-Smn2 Splicing Modifiers**		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Carve Out	
EVRYSDI ORAL TABLET 5 MG	Preferred	PA; Product subject to max fills per month
Nutrients		
Carbohydrates**		
cvs glucose shot oral liquid	Preferred	DS (90 DS); Product subject to max fills per month
gluco shot oral liquid	Preferred	DS (90 DS); Product subject to max fills per month
Lipids**		
DOJOLVI ORAL LIQUID 100 %	Carve Out	
Ophthalmic Agents		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Preferred	DS (90 DS); Product subject to max fills per month
brimonidine-dorzolamide ophthalmic solution 0.1-2 %, 0.15-2 %	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Artificial Tear And Lubricant Combinations**		
EQ RESTORE PM OPHTHALMIC OINTMENT	Preferred	Product subject to max fills per month
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT	Preferred	Product subject to max fills per month
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	Preferred	Product subject to max fills per month
RETAINE PM OPHTHALMIC OINTMENT	Preferred	Product subject to max fills per month
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT	Preferred	Product subject to max fills per month
STYE OPHTHALMIC OINTMENT 31.9-57.7 %	Preferred	Product subject to max fills per month
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT	Preferred	Product subject to max fills per month
artificial eye ophthalmic ointment 83-15 %	Preferred	Product subject to max fills per month
artificial tears ophthalmic solution 0.1-0.3 %, 0.5-0.6 %, 1-0.3 %, 5-6 mg/ml	Preferred	Product subject to max fills per month
artificial tears pf ophthalmic solution 0.1-0.3 %	Preferred	Product subject to max fills per month
cvs artificial tears ophthalmic solution 1-0.3 %	Preferred	Product subject to max fills per month
cvs dry eye relief ophthalmic solution 0.2-0.2-1 %	Preferred	Product subject to max fills per month
cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %	Preferred	Product subject to max fills per month
cvs eye lubricant nighttime ophthalmic ointment 3-94 %	Preferred	Product subject to max fills per month
cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month
cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month
cvs lubricant eye drops ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
cvs natural tears pf ophthalmic solution 0.1-0.3 %	Preferred	Product subject to max fills per month
cvs nighttime dry-eye relief ophthalmic ointment	Preferred	Product subject to max fills per month
dry eye relief drops ophthalmic solution 0.2-0.2-1 %	Preferred	Product subject to max fills per month
eq artificial tears ophthalmic solution 1-0.3 %	Preferred	Product subject to max fills per month
eq lubricant eye drops ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month
eye lubricant ophthalmic ointment	Preferred	Product subject to max fills per month
for sty relief ophthalmic ointment 31.9-57.7 %	Preferred	Product subject to max fills per month
gnp artificial tears ophthalmic solution 5-6 mg/ml	Preferred	Product subject to max fills per month
gnp eye drops long lasting ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month
gnp eye drops ophthalmic solution 0.2-0.2-1 %	Preferred	Product subject to max fills per month
gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %	Preferred	Product subject to max fills per month
goodsense artificial tears ophthalmic solution 0.5-0.6 %	Preferred	Product subject to max fills per month
goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month
hm dry eye relief ophthalmic solution 0.2-0.2-1 %	Preferred	Product subject to max fills per month
hm lubricating tears ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month
lubricant drops/dual-action ophthalmic solution 0.5-0.9 %	Preferred	Product subject to max fills per month
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month
lubricant eye drops ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
lubricant eye fast acting ophthalmic ointment	Preferred	Product subject to max fills per month
lubricant eye nighttime ophthalmic ointment	Preferred	Product subject to max fills per month
lubricant eye ophthalmic ointment	Preferred	Product subject to max fills per month
lubricant pm ophthalmic ointment	Preferred	Product subject to max fills per month
lubricating eye drops ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month
lubrifresh p.m. ophthalmic ointment	Preferred	Product subject to max fills per month
px artificial tears ophthalmic solution 5-6 mg/ml	Preferred	Product subject to max fills per month
qc artificial tears ophthalmic solution 5-6 mg/ml	Preferred	Product subject to max fills per month
ra artificial tears ophthalmic solution 1-0.3 %	Preferred	Product subject to max fills per month
ra lubricant eye ophthalmic solution 0.4-0.3 %, 1-0.3 %	Preferred	Product subject to max fills per month
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month
ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %	Preferred	Product subject to max fills per month
Artificial Tear Inserts**		
LACRISERT OPHTHALMIC INSERT 5 MG	Non Preferred	PA; Product subject to max fills per month
Artificial Tear Solutions**		
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	Preferred	Product subject to max fills per month
artificial tears ophthalmic solution	Preferred	Product subject to max fills per month
Artificial Tears And Lubricants**		
EYES ALIVE OPHTHALMIC SOLUTION 0.5 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
RETAINE CMC OPHTHALMIC SOLUTION 0.5 %	Preferred	Product subject to max fills per month
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 %	Preferred	Product subject to max fills per month
artificial tears ophthalmic solution 1.4 %	Preferred	Product subject to max fills per month
carboxymethylcellulose sod pf ophthalmic gel 1 %	Preferred	Product subject to max fills per month
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
carboxymethylcellulose sodium ophthalmic gel 1 %	Preferred	Product subject to max fills per month
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
cvs lubricant eye drops (pf) ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
cvs lubricant eye drops ophthalmic solution 0.25 %, 0.6 %	Preferred	Product subject to max fills per month
eq restore plus lubricant eye ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
gnp lubricant eye drops (pf) ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
goodsense lubricating eye drop ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
lubricant eye drop ophthalmic solution 0.6 %	Preferred	Product subject to max fills per month
lubricant eye drops ophthalmic solution 0.5 %, 0.6 %	Preferred	Product subject to max fills per month
lubricant eye drops pf ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
lubricating tears eye drops ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
moisturizing lubricant eye ophthalmic solution 0.25 %	Preferred	Product subject to max fills per month
polyvinyl alcohol ophthalmic solution 1.4 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
qc lubricant eye drops ophthalmic solution 0.6 %	Preferred	Product subject to max fills per month
sentia ophthalmic solution 0.6 %	Preferred	Product subject to max fills per month
ventiva tears ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
Beta-Blockers - Ophthalmic Combinations**		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Preferred	DS (90 DS); Product subject to max fills per month
COSOPT OPHTHALMIC SOLUTION 2-0.5 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Preferred	DS (90 DS); Product subject to max fills per month
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Preferred	DS (90 DS); Product subject to max fills per month
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Preferred	DS (90 DS); Product subject to max fills per month
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.15-2 %	Preferred	DS (90 DS); Product subject to max fills per month
Beta-Blockers - Ophthalmic**		
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ISTALOL OPHTHALMIC SOLUTION 0.5 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Preferred	DS (90 DS); Product subject to max fills per month
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Preferred	DS (90 DS); Product subject to max fills per month
betaxolol hcl ophthalmic solution 0.5 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
carteolol hcl ophthalmic solution 1 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
levobunolol hcl ophthalmic solution 0.5 %	Preferred	DS (90 DS); Product subject to max fills per month
timolol hemihydrate ophthalmic solution 0.5 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
timolol maleate (once-daily) ophthalmic solution 0.5 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Preferred	DS (90 DS); Product subject to max fills per month
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Preferred	DS (90 DS); Product subject to max fills per month
timolol maleate pf ophthalmic solution 0.25 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
timolol maleate pf ophthalmic solution 0.5 %	Preferred	DS (90 DS); Product subject to max fills per month
Cholinergic Agonists**		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Preferred	PA; Product subject to max fills per month
Cycloplegic Mydriatic Combinations**		
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Non Preferred	PA; Product subject to max fills per month
tropicamide-cyclopentolate-pe ophthalmic solution 1-1-2.5 %	Non Preferred	PA; Product subject to max fills per month
tropicamide-phenylephrine ophthalmic solution 1-2.5 %	Preferred	PA; Product subject to max fills per month
tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-10-0.5 %, 1-1-2.5-0.5 %	Non Preferred	PA; Product subject to max fills per month
tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe 1-1-10-0.5 %, 1-1-2.5-0.5 %	Non Preferred	PA; Product subject to max fills per month
tropic-proparaca-pe-ketorolac ophthalmic solution 1-0.5-2.5-0.5 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
Cycloplegic Mydriatics**		
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 %	Non Preferred	PA; Product subject to max fills per month
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Non Preferred	PA; Product subject to max fills per month
MYDRIACYL OPHTHALMIC SOLUTION 1 %	Non Preferred	PA; Product subject to max fills per month
atropine sulfate ophthalmic ointment 1 %	Preferred	Product subject to max fills per month
atropine sulfate ophthalmic solution 0.01 %, 1 %	Preferred	Product subject to max fills per month
cyclopentolate hcl ophthalmic solution 1 %	Preferred	PA; Product subject to max fills per month
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Preferred	PA; Product subject to max fills per month
tropicamide ophthalmic solution 0.5 %	Preferred	PA; Product subject to max fills per month
tropicamide ophthalmic solution 1 %	Preferred	Product subject to max fills per month
Gonioscopic Solutions**		
GONIOTAIRE OPHTHALMIC SOLUTION 2.5 %	Preferred	Product subject to max fills per month
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**		
XIIDRA OPHTHALMIC SOLUTION 5 %	Non Preferred	PA; QL (2 EA per 1 day); NOTES (EA); Product subject to max fills per month
Miotics - Cholinesterase Inhibitors**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Miotics - Direct Acting**		
QLOSI OPHTHALMIC SOLUTION 0.4 %	Preferred	PA; Product subject to max fills per month
VUITY OPHTHALMIC SOLUTION 1.25 %	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Preferred	DS (90 DS); Product subject to max fills per month
Ophthalmic Antiallergic**		
BEPREVE OPHTHALMIC SOLUTION 1.5 %	Non Preferred	PA; Product subject to max fills per month
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	Non Preferred	PA; Product subject to max fills per month
azelastine hcl ophthalmic solution 0.05 %	Non Preferred	PA; Product subject to max fills per month
bepotastine besilate ophthalmic solution 1.5 %	Non Preferred	PA; Product subject to max fills per month
cvs allergy eye drops ophthalmic solution 0.035 %	Preferred	Product subject to max fills per month
cvs eye itch relief ophthalmic solution 0.035 %	Preferred	Product subject to max fills per month
epinastine hcl ophthalmic solution 0.05 %	Non Preferred	PA; Product subject to max fills per month
eye itch relief ophthalmic solution 0.035 %	Preferred	Product subject to max fills per month
ketotifen fumarate ophthalmic solution 0.035 %	Preferred	Product subject to max fills per month
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	Non Preferred	PA; Product subject to max fills per month
ra eye itch relief ophthalmic solution 0.035 %	Preferred	Product subject to max fills per month
Ophthalmic Antibiotics**		
AZASITE OPHTHALMIC SOLUTION 1 %	Non Preferred	PA; Product subject to max fills per month
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Non Preferred	PA; Product subject to max fills per month
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Non Preferred	PA; Product subject to max fills per month
MITOSOL OPHTHALMIC KIT 0.2 MG	Non Preferred	PA; Product subject to max fills per month
OCUFLOX OPHTHALMIC SOLUTION 0.3 %	Non Preferred	PA; Product subject to max fills per month

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TOBREX OPHTHALMIC OINTMENT 0.3 %	Non Preferred	PA; Product subject to max fills per month
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	Non Preferred	PA; Product subject to max fills per month
bacitracin ophthalmic ointment 500 unit/gm	Non Preferred	PA; Product subject to max fills per month
ciprofloxacin hcl ophthalmic solution 0.3 %	Preferred	Product subject to max fills per month
erythromycin ophthalmic ointment 5 mg/gm	Preferred	Product subject to max fills per month
gatifloxacin ophthalmic solution 0.5 %	Non Preferred	PA; Product subject to max fills per month
gentamicin sulfate ophthalmic solution 0.3 %	Preferred	Product subject to max fills per month
levofloxacin ophthalmic solution 0.5 %, 1.5 %	Non Preferred	PA; Product subject to max fills per month
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
moxifloxacin hcl ophthalmic solution 0.5 %	Preferred	Product subject to max fills per month
ofloxacin ophthalmic solution 0.3 %	Preferred	Product subject to max fills per month
tobramycin ophthalmic solution 0.3 %	Preferred	Product subject to max fills per month
Ophthalmic Antifungal**		
NATACYN OPHTHALMIC SUSPENSION 5 %	Preferred	Product subject to max fills per month
Ophthalmic Anti-Infective Combinations**		
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Non Preferred	PA; Product subject to max fills per month
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	Non Preferred	PA; Product subject to max fills per month
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Non Preferred	PA; Product subject to max fills per month
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Non Preferred	PA; Product subject to max fills per month
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Preferred	Product subject to max fills per month
Ophthalmic Antivirals**		
ZIRGAN OPHTHALMIC GEL 0.15 %	Preferred	Product subject to max fills per month
trifluridine ophthalmic solution 1 %	Preferred	Product subject to max fills per month
Ophthalmic Carbonic Anhydrase Inhibitors**		
AZOPT OPHTHALMIC SUSPENSION 1 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
brinzolamide ophthalmic suspension 1 %	Preferred	DS (90 DS); Product subject to max fills per month
dorzolamide hcl ophthalmic solution 2 %	Preferred	DS (90 DS); Product subject to max fills per month
Ophthalmic Ectoparasiticide*		
XDEMVY OPHTHALMIC SOLUTION 0.25 %	Preferred	Product subject to max fills per month
Ophthalmic Gene Therapy**		
ENCELTO INTRAVITREAL IMPLANT 200000 CELLS	Carve Out	
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML	Carve Out	
Ophthalmic Immunomodulators**		
CEQUA OPHTHALMIC SOLUTION 0.09 %	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 %	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Preferred	NOTES (EA); Product subject to max fills per month
RESTASIS OPHTHALMIC EMULSION 0.05 %	Preferred	NOTES (EA); Product subject to max fills per month
VERKAZIA OPHTHALMIC EMULSION 0.1 %	Non Preferred	PA; NOTES (EA); Product subject to max fills per month

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Drug	Status	Notes
VEVYE OPHTHALMIC SOLUTION 0.1 %	Non Preferred	PA; NOTES (EA); Product subject to max fills per month
cyclosporine ophthalmic emulsion 0.05 %	Preferred	NOTES (EA); Product subject to max fills per month
Ophthalmic Kinase Inhibitors - Combinations**		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Preferred	DS (90 DS); Product subject to max fills per month
Ophthalmic Local Anesthetics**		
AKTEN OPHTHALMIC GEL 3.5 %	Non Preferred	PA; Product subject to max fills per month
ALCAINE OPHTHALMIC SOLUTION 0.5 %	Non Preferred	PA; Product subject to max fills per month
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	Preferred	PA; Product subject to max fills per month
proparacaine hcl ophthalmic solution 0.5 %	Preferred	PA; Product subject to max fills per month
tetracaine hcl ophthalmic solution 0.5 %	Preferred	PA; Product subject to max fills per month
Ophthalmic Nerve Growth Factors**		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Carve Out	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	Non Preferred	PA; Product subject to max fills per month
ACULAR OPHTHALMIC SOLUTION 0.5 %	Non Preferred	PA; Product subject to max fills per month
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	Non Preferred	PA; Product subject to max fills per month
BROMSITE OPHTHALMIC SOLUTION 0.075 %	Non Preferred	PA; Product subject to max fills per month
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Preferred	Product subject to max fills per month
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
PROLENSA OPHTHALMIC SOLUTION 0.07 %	Non Preferred	PA; Product subject to max fills per month
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Non Preferred	PA; Product subject to max fills per month
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	Non Preferred	PA; Product subject to max fills per month
diclofenac sodium ophthalmic solution 0.1 %	Preferred	Product subject to max fills per month
flurbiprofen sodium ophthalmic solution 0.03 %	Preferred	Product subject to max fills per month
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Preferred	Product subject to max fills per month
Ophthalmic Rho Kinase Inhibitors**		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Preferred	DS (90 DS); Product subject to max fills per month
Ophthalmic Selective Alpha Adrenergic Agonists**		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 %	Preferred	DS (90 DS); Product subject to max fills per month
IOPIDINE OPHTHALMIC SOLUTION 1 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
apraclonidine hcl ophthalmic solution 0.5 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	Preferred	DS (90 DS); Product subject to max fills per month
Ophthalmic Steroid Combinations**		
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1	Non Preferred	PA; Product subject to max fills per month
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	Non Preferred	PA; Product subject to max fills per month
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Non Preferred	PA; Product subject to max fills per month
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Preferred	Product subject to max fills per month
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Non Preferred	PA; Product subject to max fills per month
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Non Preferred	PA; Product subject to max fills per month
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Preferred	Product subject to max fills per month
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	Preferred	Product subject to max fills per month
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Preferred	Product subject to max fills per month
prednisol ace-moxiflox-bromfen ophthalmic suspension 1-0.5-0.075 %	Non Preferred	PA; Product subject to max fills per month
prednisolone acetate-nepafenac ophthalmic suspension 1-0.1 %	Non Preferred	PA; Product subject to max fills per month
prednisolone acet-moxifloxacin ophthalmic suspension 1-0.5 %	Non Preferred	PA; Product subject to max fills per month
prednisolone-bromfenac ophthalmic solution 1-0.075 %	Non Preferred	PA; Product subject to max fills per month
prednisolone-bromfenac ophthalmic suspension 1-0.075 %	Non Preferred	PA; Product subject to max fills per month
prednisolone-moxifloxacin ophthalmic solution 1-0.5 %	Non Preferred	PA; Product subject to max fills per month
prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %	Non Preferred	PA; Product subject to max fills per month
prednisolon-moxiflox-ketorolac ophthalmic solution 1-0.5-0.5 %	Non Preferred	PA; Product subject to max fills per month
prednisolon-moxiflox-nepafenac ophthalmic suspension 1-0.5-0.1 %	Non Preferred	PA; Product subject to max fills per month
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Preferred	Product subject to max fills per month
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Preferred	Product subject to max fills per month
Ophthalmic Steroids**		
ALREX OPHTHALMIC SUSPENSION 0.2 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
DUREZOL OPHTHALMIC EMULSION 0.05 %	Non Preferred	PA; Product subject to max fills per month
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Non Preferred	PA; Product subject to max fills per month
FLAREX OPHTHALMIC SUSPENSION 0.1 %	Non Preferred	PA; Product subject to max fills per month
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	Non Preferred	PA; Product subject to max fills per month
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 %	Non Preferred	PA; Product subject to max fills per month
INVELTYS OPHTHALMIC SUSPENSION 1 %	Non Preferred	PA; Product subject to max fills per month
LOTEMAX OPHTHALMIC GEL 0.5 %	Non Preferred	PA; Product subject to max fills per month
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Non Preferred	PA; Product subject to max fills per month
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	Non Preferred	PA; Product subject to max fills per month
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Non Preferred	PA; Product subject to max fills per month
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Non Preferred	PA; Product subject to max fills per month
PRED FORTE OPHTHALMIC SUSPENSION 1 %	Non Preferred	PA; Product subject to max fills per month
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	Non Preferred	PA; Product subject to max fills per month
clobetasol propionate ophthalmic suspension 0.05 %	Non Preferred	PA; Product subject to max fills per month
dexamethasone sodium phosphate ophthalmic solution 0.1 %	Preferred	Product subject to max fills per month
difluprednate ophthalmic emulsion 0.05 %	Preferred	Product subject to max fills per month
fluorometholone ophthalmic suspension 0.1 %	Preferred	Product subject to max fills per month
loteprednol etabonate ophthalmic gel 0.5 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	Non Preferred	PA; Product subject to max fills per month
prednisolone acetate ophthalmic suspension 1 %	Preferred	Product subject to max fills per month
prednisolone acetate p-f ophthalmic suspension 1 %	Preferred	Product subject to max fills per month
prednisolone acetate suspension 1 % ophthalmic	Non Preferred	PA; Product subject to max fills per month
prednisolone sodium phosphate ophthalmic solution 1 %	Non Preferred	PA; Product subject to max fills per month
Ophthalmic Sulfonamides**		
sulfacetamide sodium ophthalmic ointment 10 %	Non Preferred	PA; Product subject to max fills per month
sulfacetamide sodium ophthalmic solution 10 %	Preferred	Product subject to max fills per month
Ophthalmics - Blepharoptosis Agents*		
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Preferred	PA; Product subject to max fills per month
Ophthalmics - Cystinosis Agents*		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Carve Out	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Carve Out	
Ophthalmics Misc. - Other**		
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Non Preferred	PA; Product subject to max fills per month
chondroitin sulfate ophthalmic solution 0.25 %	Non Preferred	PA; Product subject to max fills per month
Prostaglandins - Ophthalmic**		
IYUZEH OPHTHALMIC SOLUTION 0.005 %	Preferred	DS (90 DS); Product subject to max fills per month
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
XALATAN OPHTHALMIC SOLUTION 0.005 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
XELPROS OPHTHALMIC EMULSION 0.005 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
bimatoprost ophthalmic solution 0.03 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
latanoprost ophthalmic solution 0.005 %	Preferred	DS (90 DS); Product subject to max fills per month
tafluprost (pf) ophthalmic solution 0.0015 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
travoprost (bak free) ophthalmic solution 0.004 %	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Otic Agents		
Otic Agents - Miscellaneous**		
AURO DRI SWIMMERS EARS OTIC LIQUID 95 %	Preferred	Product subject to max fills per month
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 %	Preferred	Product subject to max fills per month
DEBROX KIDS OTIC LIQUID 95-5 %	Preferred	Product subject to max fills per month
DEBROX OTIC SOLUTION 6.5 %	Preferred	Product subject to max fills per month
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 %	Preferred	Product subject to max fills per month
MURINE EAR OTIC SOLUTION 6.5 %	Preferred	Product subject to max fills per month
SWIM EAR OTIC LIQUID 95 %	Preferred	Product subject to max fills per month
acetic acid otic solution 2 %	Preferred	Product subject to max fills per month
cvs ear drops otic solution 6.5 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
cvs ear wax removal system otic solution 6.5 %	Preferred	Product subject to max fills per month
cvs earwax removal kit otic solution 6.5 %	Preferred	Product subject to max fills per month
cvs swimmers ear drops otic liquid 95 %	Preferred	Product subject to max fills per month
ear drops for swimmers otic liquid 95-5 %	Preferred	Product subject to max fills per month
ear drops otic solution 6.5 %	Preferred	Product subject to max fills per month
ear wax drops otic solution 6.5 %	Preferred	Product subject to max fills per month
ear wax removal drops otic solution 6.5 %	Preferred	Product subject to max fills per month
ear wax removal kit otic solution 6.5 %	Preferred	Product subject to max fills per month
earwax removal aid otic solution 6.5 %	Preferred	Product subject to max fills per month
earwax removal kit otic solution 6.5 %	Preferred	Product subject to max fills per month
earwax removal otic solution 6.5 %	Preferred	Product subject to max fills per month
eq ear wax removal aid otic solution 6.5 %	Preferred	Product subject to max fills per month
eq earwax removal aid otic solution 6.5 %	Preferred	Product subject to max fills per month
ft earwax removal otic solution 6.5 %	Preferred	Product subject to max fills per month
gnp ear drops otic solution 6.5 %	Preferred	Product subject to max fills per month
gnp earwax removal drops otic solution 6.5 %	Preferred	Product subject to max fills per month
gnp earwax removal kit otic solution 6.5 %	Preferred	Product subject to max fills per month
goodsense ear wax kit otic solution 6.5 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
hm earwax removal kit otic solution 6.5 %	Preferred	Product subject to max fills per month
hm earwax removal otic solution 6.5 %	Preferred	Product subject to max fills per month
ra ear drops otic solution 6.5 %	Preferred	Product subject to max fills per month
ra ear drying agent otic liquid 95-5 %	Preferred	Product subject to max fills per month
swimmers ear drops otic liquid 95 %	Preferred	Product subject to max fills per month
Otic Anti-Infectives**		
CETRAXAL OTIC SOLUTION 0.2 %	Non Preferred	PA; Product subject to max fills per month
ciprofloxacin hcl otic solution 0.2 %	Non Preferred	PA; Product subject to max fills per month
ofloxacin otic solution 0.3 %	Preferred	Product subject to max fills per month
Otic Steroid-Anti-Infective Combinations**		
CIPRO HC OTIC SUSPENSION 0.2-1 %	Preferred	Product subject to max fills per month
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Non Preferred	PA; Product subject to max fills per month
OTOVEL OTIC SOLUTION 0.3-0.025 %	Non Preferred	PA; Product subject to max fills per month
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Preferred	Product subject to max fills per month
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	Non Preferred	PA; Product subject to max fills per month
neomycin-polymyxin-hc otic solution 1 %	Preferred	Product subject to max fills per month
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Preferred	Product subject to max fills per month
Otic Steroids**		
DERMOTIC OTIC OIL 0.01 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
FLAC OTIC OIL 0.01 %	Preferred	Product subject to max fills per month
fluocinolone acetonide otic oil 0.01 %	Preferred	Product subject to max fills per month
hydrocortisone-acetic acid otic solution 1-2 %	Preferred	Product subject to max fills per month
Oxytocics		
Oxytocics**		
methylergonovine maleate oral tablet 0.2 mg	Preferred	Product subject to max fills per month
Passive Immunizing And Treatment Agents		
Antiviral Monoclonal Antibodies**		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Preferred	PA; SP; AGE (Max 1 Years)
Penicillins		
Aminopenicillins**		
amoxicillin oral capsule 250 mg, 500 mg	Preferred	Product subject to max fills per month
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Preferred	Product subject to max fills per month
amoxicillin oral tablet 500 mg, 875 mg	Preferred	Product subject to max fills per month
amoxicillin oral tablet chewable 125 mg, 250 mg	Preferred	Product subject to max fills per month
ampicillin oral capsule 500 mg	Preferred	Product subject to max fills per month
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	Preferred	PA; Product subject to max fills per month
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Preferred	PA; Product subject to max fills per month
Natural Penicillins**		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	Preferred	PA; Product subject to max fills per month
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	Preferred	PA; Product subject to max fills per month
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	Non Preferred	PA; Product subject to max fills per month
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	Preferred	PA; Product subject to max fills per month
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	Preferred	PA; Product subject to max fills per month
penicillin g sodium injection solution reconstituted 5000000 unit	Preferred	PA; Product subject to max fills per month
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	Product subject to max fills per month
penicillin v potassium oral tablet 250 mg, 500 mg	Preferred	Product subject to max fills per month
Penicillin Combinations**		
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML	Non Preferred	PA; Product subject to max fills per month
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Preferred	Product subject to max fills per month
AUGMENTIN ORAL TABLET 500-125 MG	Non Preferred	PA; Product subject to max fills per month
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	Preferred	PA; Product subject to max fills per month
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	Preferred	PA; Product subject to max fills per month
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	Non Preferred	PA; Product subject to max fills per month
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	Preferred	PA; Product subject to max fills per month
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	Non Preferred	PA; Product subject to max fills per month
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Preferred	Product subject to max fills per month
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Preferred	Product subject to max fills per month
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	Non Preferred	PA; Product subject to max fills per month
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	Preferred	PA; Product subject to max fills per month
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	Preferred	PA; Product subject to max fills per month
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	Preferred	PA; Product subject to max fills per month
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	Preferred	Product subject to max fills per month
Pharmaceutical Adjuvants		
Parenteral Vehicles**		
sterile water for injection injection solution	Preferred	
Progestins		
Progestins**		
GALLIFREY ORAL TABLET 5 MG	Preferred	DS (90 DS); Product subject to max fills per month
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
megestrol acetate oral suspension 625 mg/5ml	Preferred	Product subject to max fills per month
norethindrone acetate oral tablet 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
progesterone intramuscular oil 50 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
progesterone oral capsule 100 mg, 200 mg	Preferred	DS (90 DS); Product subject to max fills per month
Psychotherapeutic And Neurological Agents - Misc.		
Agents For Opioid Withdrawal**		
LUCEMYRA ORAL TABLET 0.18 MG	Non Preferred	PA; Product subject to max fills per month
lofexidine hcl oral tablet 0.18 mg	Non Preferred	PA; Product subject to max fills per month
Alcohol Deterrents**		
acamprosate calcium oral tablet delayed release 333 mg	Preferred	DS (90 DS); Product subject to max fills per month
disulfiram oral tablet 250 mg, 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
Alzheimer's Treatment - Anti-Amyloid Antibodies**		
ADUHELM INTRAVENOUS SOLUTION 170 MG/1.7ML, 300 MG/3ML	Carve Out	
KISUNLA INTRAVENOUS SOLUTION 350 MG/20ML	Carve Out	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	Carve Out	
Anti-Cataplectic Agents**		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month

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QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy
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Drug	Status	Notes
XYREM ORAL SOLUTION 500 MG/ML	Non Preferred	PA; QL (18 ML per 1 day); Product subject to max fills per month
sodium oxybate oral solution 500 mg/ml	Non Preferred	PA; QL (18 ML per 1 day); Product subject to max fills per month
Anti-Cataplectic Combinations**		
XYWAV ORAL SOLUTION 500 MG/ML	Non Preferred	PA; QL (18 ML per 1 day); Product subject to max fills per month
Antidementia Agent Combinations**		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 28-10 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Antisense Oligonucleotide (Aso) Inhibitor Agents**		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Carve Out	
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	Carve Out	
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Cald - Autologous Cellular Gene Therapy Agents**		
SKYSONA INTRAVENOUS SUSPENSION	Carve Out	
Cholinomimetics - Ache Inhibitors**		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
donepezil hcl oral tablet 10 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
donepezil hcl oral tablet 23 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
donepezil hcl oral tablet dispersible 10 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
galantamine hydrobromide oral solution 4 mg/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
Fibromyalgia Agent - Snris**		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Mld - Autologous Cellular Gene Therapy Agents**		
LENMELDY INTRAVENOUS SUSPENSION	Carve Out	
Movement Disorder Drug Therapy**		
AUSTEDO ORAL TABLET 12 MG	Preferred	QL (4 EA per 1 day); Product subject to max fills per month
AUSTEDO ORAL TABLET 6 MG, 9 MG	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Preferred	QL (1 EA per 1 day); Product subject to max fills per month

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Drug	Status	Notes
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Preferred	QL (28 EA Max Qty Per Fill Retail); Product subject to max fills per month
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	Preferred	Product subject to max fills per month
INGREZZA ORAL CAPSULE 60 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
INGREZZA ORAL CAPSULE 80 MG	Non Preferred	PA; Product subject to max fills per month
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Non Preferred	PA; Product subject to max fills per month
XENAZINE ORAL TABLET 12.5 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
XENAZINE ORAL TABLET 25 MG	Non Preferred	PA; QL (8 EA per 1 day); Product subject to max fills per month
tetrabenazine oral tablet 12.5 mg	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
tetrabenazine oral tablet 25 mg	Preferred	QL (8 EA per 1 day); Product subject to max fills per month
Ms Agents - Pyrimidine Synthesis Inhibitors**		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Non Preferred	PA; Product subject to max fills per month
teriflunomide oral tablet 14 mg, 7 mg	Preferred	Product subject to max fills per month
Multiple Sclerosis Agents - Antimetabolites**		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP; Product subject to max fills per month
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP; Product subject to max fills per month
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP; Product subject to max fills per month

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Drug	Status	Notes
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP; Product subject to max fills per month
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP; Product subject to max fills per month
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP; Product subject to max fills per month
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP; Product subject to max fills per month
Multiple Sclerosis Agents - Combinations**		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	Non Preferred	PA; QL (23 ML per 180 days); SP; Product subject to max fills per month
Multiple Sclerosis Agents - Interferons**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Preferred	SP; Product subject to max fills per month
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Preferred	SP; Product subject to max fills per month
BETASERON SUBCUTANEOUS KIT 0.3 MG	Preferred	SP; Product subject to max fills per month
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Non Preferred	PA; Product subject to max fills per month
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Non Preferred	PA; Product subject to max fills per month
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month

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Drug	Status	Notes
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Non Preferred	PA; SP; Product subject to max fills per month
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Non Preferred	PA; SP; Product subject to max fills per month
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Non Preferred	PA; SP; Product subject to max fills per month
Multiple Sclerosis Agents - Monoclonal Antibodies**		
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML	Non Preferred	PA; Product subject to max fills per month
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Preferred	Product subject to max fills per month
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	Non Preferred	PA; SP; Product subject to max fills per month
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Non Preferred	PA; SP; Product subject to max fills per month
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Non Preferred	PA; SP; Product subject to max fills per month
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	Non Preferred	PA; QL (4 EA per 1 day); SP; Product subject to max fills per month
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	Non Preferred	PA; QL (2 EA per 1 day); SP; Product subject to max fills per month
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Non Preferred	PA; QL (4 EA per 1 day); SP; Product subject to max fills per month
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Preferred	QL (2 EA per 1 day); SP; Product subject to max fills per month

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Drug	Status	Notes
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Preferred	QL (2 EA per 1 day); Product subject to max fills per month
Multiple Sclerosis Agents - Potassium Channel Blockers**		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	Non Preferred	PA; QL (2 EA per 1 day); SP; Product subject to max fills per month
dalfampridine er oral tablet extended release 12 hour 10 mg	Non Preferred	PA; QL (2 EA per 1 day); SP; Product subject to max fills per month
Multiple Sclerosis Agents**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Preferred	SP; Product subject to max fills per month
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Non Preferred	PA; SP; Product subject to max fills per month
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	Non Preferred	PA; SP; Product subject to max fills per month
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Preferred	NOTES (AGE*); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents**		
GRALISE ORAL 300 (9) & 600(24) MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
GRALISE ORAL TABLET 300 MG, 600 MG	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
gabapentin (once-daily) oral tablet 300 mg, 600 mg	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	Non Preferred	PA; QL (3 EA per 1 day); Product subject to max fills per month
pregabalin er oral tablet extended release 24 hour 330 mg	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris**		
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Pseudobulbar Affect Agent Combinations**		
NUEDEXTA ORAL CAPSULE 20-10 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Psychotherapeutic And Neurological Agents - Misc.**		
AQNEURSA ORAL PACKET 1 GM	Carve Out	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Carve Out	
ergoloid mesylates oral tablet 1 mg	Preferred	QL (3 EA per 1 day); Product subject to max fills per month
pimozide oral tablet 1 mg, 2 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Restless Leg Syndrome (Rls) Agents**		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Non Preferred	PA; QL (2 EA per 1 day); Product subject to max fills per month
Small Interfering Ribonucleic Acid (Sirna) Agents**		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Carve Out	
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	Carve Out	
Smoking Deterrents**		
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
KLS QUIT2 MOUTH/THROAT GUM 2 MG	Preferred	DS (90 DS); Product subject to max fills per month
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	Preferred	DS (90 DS); Product subject to max fills per month
KLS QUIT4 MOUTH/THROAT GUM 4 MG	Preferred	DS (90 DS); Product subject to max fills per month
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	Preferred	DS (90 DS); Product subject to max fills per month
NICOTROL NS NASAL SOLUTION 10 MG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
apo-varenicline oral tablet 0.5 mg, 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs nicotine mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs nicotine mouth/throat lozenge 2 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
eq nicotine mouth/throat gum 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
eq nicotine mouth/throat lozenge 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
ft nicotine mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
ft nicotine mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp nicotine mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
goodsense nicotine mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
nicotine mini mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
nicotine polacrilex mini mouth/throat lozenge 2 mg	Preferred	DS (90 DS); Product subject to max fills per month
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
px stop smoking aid mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra nicotine gum mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra nicotine mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra nicotine transdermal patch 24 hour 21 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
sm nicotine mouth/throat gum 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
sm nicotine mouth/throat lozenge 2 mg	Preferred	DS (90 DS); Product subject to max fills per month
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	DS (90 DS); Product subject to max fills per month
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	Preferred	DS (90 DS); Product subject to max fills per month
varenicline tartrate oral tablet 0.5 mg, 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
varenicline tartrate(continue) oral tablet 1 mg	Preferred	DS (90 DS); Product subject to max fills per month
Sphingosine 1-Phosphate (S1p) Receptor Modulators**		
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
MAYZENT ORAL TABLET 1 MG	Non Preferred	PA; QL (1 EA per 1 day); Product subject to max fills per month
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	Non Preferred	PA; QL (12 EA per 5 days); SP; Product subject to max fills per month
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	Non Preferred	PA; QL (7 EA per 4 days); Product subject to max fills per month
PONVORY ORAL TABLET 20 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month

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Drug	Status	Notes
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	Preferred	PA; Product subject to max fills per month
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Non Preferred	PA; SP; Product subject to max fills per month
ZEPOSIA ORAL CAPSULE 0.92 MG	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	Non Preferred	PA; Product subject to max fills per month
fingolimod hcl oral capsule 0.5 mg	Non Preferred	PA; QL (1 EA per 1 day); SP; Product subject to max fills per month
Thienbenzodiazepines & Opioid Antagonists**		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Preferred	PA; DS (90 DS); Product subject to max fills per month
Thienbenzodiazepines & Ssris**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Non Preferred	PA; NOTES (AGE*); DS (90 DS); Product subject to max fills per month
Vasomotor Symptom Agents - Ssris**		
paroxetine mesylate oral capsule 7.5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Respiratory Agents - Misc.		
Alpha-Proteinase Inhibitor (Human)**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Preferred	PA; SP; Product subject to max fills per month
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	Preferred	PA; SP; Product subject to max fills per month
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Preferred	PA; Product subject to max fills per month
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	Preferred	PA; SP; Product subject to max fills per month

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Drug	Status	Notes
Cftr Potentiators**		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Carve Out	
KALYDECO ORAL TABLET 150 MG	Carve Out	
Cystic Fibrosis Agent - Combinations**		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Carve Out	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Carve Out	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Carve Out	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Carve Out	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Carve Out	
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Carve Out	
Cystic Fibrosis Agents - Miscellaneous**		
BRONCHITOL INHALATION CAPSULE 40 MG	Carve Out	
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Carve Out	
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Carve Out	
Pulmonary Fibrosis Agents - Kinase Inhibitors**		
OFEV ORAL CAPSULE 100 MG, 150 MG	Preferred	PA; QL (2 EA per 1 day); NOTES (EA); SP; Product subject to max fills per month
Pulmonary Fibrosis Agents**		
ESBRIET ORAL CAPSULE 267 MG	Non Preferred	PA; QL (9 EA per 1 day); NOTES (EA); Product subject to max fills per month

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Drug	Status	Notes
ESBRIET ORAL TABLET 267 MG	Non Preferred	PA; QL (9 EA per 1 day); NOTES (EA); Product subject to max fills per month
ESBRIET ORAL TABLET 801 MG	Non Preferred	PA; QL (3 EA per 1 day); NOTES (EA); Product subject to max fills per month
pirfenidone oral capsule 267 mg	Preferred	PA; QL (9 EA per 1 day); NOTES (EA); Product subject to max fills per month
pirfenidone oral tablet 267 mg	Preferred	PA; QL (9 EA per 1 day); NOTES (EA); Product subject to max fills per month
pirfenidone oral tablet 534 mg, 801 mg	Preferred	PA; QL (3 EA per 1 day); NOTES (EA); Product subject to max fills per month
Sulfonamides		
Sulfonamides**		
sulfadiazine oral tablet 500 mg	Preferred	Product subject to max fills per month
Tetracyclines		
Aminomethylcyclines**		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Preferred	PA; Product subject to max fills per month
NUZYRA ORAL TABLET 150 MG	Non Preferred	PA; Product subject to max fills per month
Fluorocyclines**		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Preferred	PA; Product subject to max fills per month
Glycylcyclines**		
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Non Preferred	PA; Product subject to max fills per month
tigecycline intravenous solution reconstituted 50 mg	Preferred	PA; Product subject to max fills per month
Tetracycline Combinations**		
AVIDOXY DK COMBINATION KIT 100 MG	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4%	Non Preferred	PA; Product subject to max fills per month
Tetracyclines**		
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	Non Preferred	PA; Product subject to max fills per month
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 80 MG	Non Preferred	PA; Product subject to max fills per month
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; Product subject to max fills per month
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Preferred	PA; Product subject to max fills per month
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	Non Preferred	PA; Product subject to max fills per month
MORGIDOX COMBINATION KIT 1 X 100 MG, 2 X 100 MG	Non Preferred	PA; Product subject to max fills per month
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Non Preferred	PA; Product subject to max fills per month
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	Non Preferred	PA; Product subject to max fills per month
TARGADOX ORAL TABLET 50 MG	Non Preferred	PA; Product subject to max fills per month
VIBRAMYCIN ORAL CAPSULE 100 MG	Non Preferred	PA; Product subject to max fills per month
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Non Preferred	PA; Product subject to max fills per month
avidoxy oral tablet 100 mg	Non Preferred	PA; Product subject to max fills per month
demeclocycline hcl oral tablet 150 mg, 300 mg	Non Preferred	PA; Product subject to max fills per month
doxycycline hyclate intravenous solution reconstituted 100 mg	Preferred	PA; Product subject to max fills per month
doxycycline hyclate oral capsule 100 mg, 50 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	Preferred	Product subject to max fills per month
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg	Non Preferred	PA; Product subject to max fills per month
doxycycline monohydrate oral capsule 100 mg, 50 mg	Preferred	Product subject to max fills per month
doxycycline monohydrate oral capsule 150 mg, 75 mg	Non Preferred	PA; Product subject to max fills per month
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Non Preferred	PA; Product subject to max fills per month
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Preferred	Product subject to max fills per month
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	Non Preferred	PA; Product subject to max fills per month
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Non Preferred	PA; Product subject to max fills per month
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Preferred	Product subject to max fills per month
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	Non Preferred	PA; Product subject to max fills per month
tetracycline hcl oral capsule 250 mg, 500 mg	Non Preferred	PA; Product subject to max fills per month
tetracycline hcl oral tablet 250 mg, 500 mg	Non Preferred	PA; Product subject to max fills per month
Thyroid Agents		
Antithyroid Agents**		
methimazole oral tablet 10 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
propylthiouracil oral tablet 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Thyroid Hormones**		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Preferred	DS (90 DS); Product subject to max fills per month
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ERMEZA ORAL SOLUTION 150 MCG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
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	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Preferred	DS (90 DS); Product subject to max fills per month
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Preferred	DS (90 DS); Product subject to max fills per month
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
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	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml	Preferred	PA; Product subject to max fills per month
levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg	Preferred	PA; Product subject to max fills per month
levothyroxine sodium oral capsule 112 mcg, 150 mcg, 88 mcg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Preferred	DS (90 DS); Product subject to max fills per month
liothyronine sodium intravenous solution 10 mcg/ml	Preferred	PA; Product subject to max fills per month
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Preferred	DS (90 DS); Product subject to max fills per month
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Preferred	DS (90 DS); Product subject to max fills per month
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Preferred	DS (90 DS); Product subject to max fills per month
Ulcer Drugs/Antispasmodics/Anticholinergics		
Anticholinergic Combinations**		
LIBRAX ORAL CAPSULE 5-2.5 MG	Non Preferred	PA; Product subject to max fills per month
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML	Non Preferred	PA; Product subject to max fills per month
PHENOHYTRO ORAL TABLET 16.2 MG	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Non Preferred	PA; Product subject to max fills per month
phenobarbital-belladonna alk oral elixir 16.2 mg/5ml	Preferred	Product subject to max fills per month
phenobarbital-belladonna alk oral tablet 16.2 mg	Preferred	Product subject to max fills per month
Antispasmodics**		
dicyclomine hcl oral capsule 10 mg	Preferred	Product subject to max fills per month
dicyclomine hcl oral solution 10 mg/5ml, 20 mg/10ml	Preferred	Product subject to max fills per month
dicyclomine hcl oral tablet 20 mg	Preferred	Product subject to max fills per month
Belladonna Alkaloids**		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	Non Preferred	PA; Product subject to max fills per month
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Non Preferred	PA; Product subject to max fills per month
LEVSIN ORAL TABLET 0.125 MG	Non Preferred	PA; Product subject to max fills per month
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	Non Preferred	PA; Product subject to max fills per month
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Non Preferred	PA; Product subject to max fills per month
SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG	Non Preferred	PA; Product subject to max fills per month
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Non Preferred	PA; Product subject to max fills per month
ed-spaz oral tablet dispersible 0.125 mg	Non Preferred	PA; Product subject to max fills per month
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Preferred	Product subject to max fills per month
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Preferred	Product subject to max fills per month
hyoscyamine sulfate oral solution 0.125 mg/ml	Preferred	Product subject to max fills per month

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Drug	Status	Notes
hyoscyamine sulfate oral tablet 0.125 mg	Preferred	Product subject to max fills per month
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Preferred	Product subject to max fills per month
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Preferred	Product subject to max fills per month
oscimin oral tablet 0.125 mg	Non Preferred	PA; Product subject to max fills per month
oscimin sublingual tablet sublingual 0.125 mg	Non Preferred	PA; Product subject to max fills per month
H-2 Antagonists**		
MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET 20 MG	Preferred	DS (90 DS); Product subject to max fills per month
PEPCID ORAL TABLET 20 MG, 40 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
acid controller max st oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
acid controller oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
acid reducer maximum strength oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
acid reducer oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
cimetidine hcl oral solution 300 mg/5ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
cvs acid controller max st oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs acid controller oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
eq acid reducer oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
eq famotidine max st oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
eql heartburn prevention oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
famotidine (pf) intravenous solution 20 mg/2ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
famotidine maximum strength oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
famotidine oral suspension reconstituted 40 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
famotidine oral tablet 10 mg, 20 mg, 40 mg	Preferred	DS (90 DS); Product subject to max fills per month
famotidine orig st oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
gnp acid reducer max st oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp acid reducer oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
heartburn relief max st oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
heartburn relief oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
kls acid controller max st oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
nizatidine oral capsule 150 mg, 300 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
px acid reducer max st oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
px acid reducer oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
qc famotidine acid reducer oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra acid reducer max st oral tablet 20 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
ra acid reducer oral tablet 10 mg	Preferred	DS (90 DS); Product subject to max fills per month
Misc. Anti-Ulcer**		
CARAFATE ORAL SUSPENSION 1 GM/10ML	Non Preferred	PA; Product subject to max fills per month
CARAFATE ORAL TABLET 1 GM	Non Preferred	PA; Product subject to max fills per month
sucralfate oral suspension 1 gm/10ml	Preferred	Product subject to max fills per month
sucralfate oral tablet 1 gm	Preferred	Product subject to max fills per month
Ppi - Potassium-Competitive Acid Blockers (P-Cab)**		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
Proton Pump Inhibitor-Antacid Combinations**		
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML	Non Preferred	PA; QL (60 ML per 365 days); Product subject to max fills per month
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
ZEGERID ORAL PACKET 20-1680 MG	Non Preferred	PA; QL (60 EA per 365 days)
ZEGERID ORAL PACKET 40-1680 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
ZEGERID OTC ORAL CAPSULE 20-1100 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
cvs omeprazole-sod bicarbonate oral capsule 20-1100 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
goodsense omep/sod bicarb oral capsule 20-1100 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month

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Drug	Status	Notes
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
omeprazole-sodium bicarbonate oral packet 20-1680 mg	Non Preferred	PA; QL (60 EA per 365 days)
omeprazole-sodium bicarbonate oral packet 40-1680 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
Proton Pump Inhibitors**		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG	Non Preferred	PA; QL (60 EA per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	Non Preferred	PA; QL (60 EA per 365 days)

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Drug	Status	Notes
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
PROTONIX ORAL PACKET 40 MG	Non Preferred	PA; QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG	Non Preferred	PA; QL (60 EA per 365 days)
cvs esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
cvs omeprazole oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
eq omeprazole oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
eql omeprazole oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	Non Preferred	PA
esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
esomeprazole magnesium oral capsule delayed release 40 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
esomeprazole magnesium oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days); Product subject to max fills per month
esomeprazole sodium intravenous solution reconstituted 40 mg	Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
ft omeprazole oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days)
gnp esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)

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Drug	Status	Notes
gnp omeprazole oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (EA; Max 60 DS every 365 days)
hm esomeprazole magnesium dr oral capsule delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
kls esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
kls omeprazole oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days)
lansoprazole oral capsule delayed release 15 mg, 30 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
omeprazole oral capsule delayed release 10 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
omeprazole oral capsule delayed release 20 mg, 40 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
omeprazole oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (EA; Max 60 DS every 365 days)
pantoprazole sodium intravenous solution reconstituted 40 mg	Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
pantoprazole sodium oral packet 40 mg	Preferred	PA; QL (60 EA per 365 days)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Preferred	QL (60 EA per 365 days); NOTES (EA; Max 60 DS every 365 days)
pantoprazole sodium-nacl intravenous solution 40-0.9 mg/100ml-%, 80-0.9 mg/100ml-%	Preferred	PA; QL (60 ML per 365 days); Product subject to max fills per month
pantoprazole sodium-nacl intravenous solution 40-0.9 mg/50ml-%	Preferred	PA; Product subject to max fills per month
px omeprazole oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
qc esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)

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Drug	Status	Notes
ra esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
ra omeprazole oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
rabeprazole sodium oral capsule sprinkle 10 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
rabeprazole sodium oral tablet delayed release 20 mg	Non Preferred	PA; QL (60 EA per 365 days); Product subject to max fills per month
sm esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (Max 60 DS every 365 days)
sm omeprazole oral tablet delayed release 20 mg	Preferred	QL (60 EA per 365 days); NOTES (EA; Max 60 DS every 365 days)
Quaternary Anticholinergics**		
CUVPOSA ORAL SOLUTION 1 MG/5ML	Non Preferred	PA; Product subject to max fills per month
DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG	Non Preferred	PA; Product subject to max fills per month
GLYCATE ORAL TABLET 1.5 MG	Non Preferred	PA; Product subject to max fills per month
ROBINUL ORAL TABLET 1 MG	Non Preferred	PA; Product subject to max fills per month
ROBINUL-FORTE ORAL TABLET 2 MG	Non Preferred	PA; Product subject to max fills per month
glycopyrrolate oral solution 1 mg/5ml	Preferred	Product subject to max fills per month
glycopyrrolate oral tablet 1 mg, 2 mg	Preferred	Product subject to max fills per month
glycopyrrolate oral tablet 1.5 mg	Non Preferred	PA; Product subject to max fills per month
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Preferred	Product subject to max fills per month

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Drug	Status	Notes
Ulcer Anti-Infective W/ Bismuth Combinations**		
PYLERA ORAL CAPSULE 140-125-125 MG	Non Preferred	PA; Product subject to max fills per month
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	Non Preferred	PA; Product subject to max fills per month
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Non Preferred	PA; Product subject to max fills per month
Ulcer Anti-Infective W/ Proton Pump Inhibitors**		
OMECLAMOX-PAK ORAL 500-500-20 MG	Non Preferred	PA; Product subject to max fills per month
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Non Preferred	PA; Product subject to max fills per month
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	Non Preferred	PA; Product subject to max fills per month
Ulcer Anti-Infective-Pcab Combinations**		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Non Preferred	PA; Product subject to max fills per month
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	Non Preferred	PA; Product subject to max fills per month
Ulcer Drugs - Prostaglandins**		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Non Preferred	PA; Product subject to max fills per month
misoprostol oral tablet 100 mcg, 200 mcg	Preferred	Product subject to max fills per month
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
DETROL ORAL TABLET 1 MG, 2 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Non Preferred	PA; QL (24 EA per 84 days); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
VESICARE LS ORAL SUSPENSION 5 MG/5ML	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
VESICARE ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Preferred	DS (90 DS); Product subject to max fills per month
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
oxybutynin chloride oral solution 5 mg/5ml	Preferred	DS (90 DS); Product subject to max fills per month
oxybutynin chloride oral tablet 2.5 mg, 5 mg	Preferred	DS (90 DS); Product subject to max fills per month
solifenacin succinate oral tablet 10 mg, 5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Preferred	DS (90 DS); Product subject to max fills per month
tolterodine tartrate oral tablet 1 mg, 2 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
trospium chloride er oral capsule extended release 24 hour 60 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
trospium chloride oral tablet 20 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
GEMTESA ORAL TABLET 75 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Non Preferred	PA; QL (10 ML per 1 day); DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Non Preferred	PA; QL (1 EA per 1 day); DS (90 DS); Product subject to max fills per month
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Urinary Antispasmodics - Direct Muscle Relaxants**		
flavoxate hcl oral tablet 100 mg	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
Vaccines		
Bacterial Vaccines**		
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	AGE (Min 19 Years)
BIOTHRAX INTRAMUSCULAR SUSPENSION	Preferred	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (Max 1 fill per lifetime); AGE (Min 19 Years)
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	Preferred	AGE (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION	Preferred	AGE (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Preferred	AGE (Min 19 Years)
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Preferred	AGE (Min 19 Years)
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	Preferred	NOTES (AGE (Min 19); 2 fills max); AGE (Min 19 Years)
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	Preferred	NOTES (AGE (Min 19); 2 fills max); AGE (Min 19 Years)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Preferred	NOTES (AGE (Min 19); 2 fills max); AGE (Min 19 Years)

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Drug	Status	Notes
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Preferred	NOTES (AGE (Min 19); 1 fill max); AGE (Min 19 Years)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	AGE (Min 19 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	Preferred	AGE (Min 2 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Preferred	AGE (Min 2 Years)
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Preferred	AGE (Min 2 Years)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (AGE (Min 19)); AGE (Min 19 Years)
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Preferred	AGE (Min 6 Years)
Viral Vaccine Combinations**		
M-M-R II INJECTION SOLUTION RECONSTITUTED	Preferred	NOTES (AGE (Min 19)); AGE (Min 19 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Preferred	NOTES (AGE (Min 19); 3 fills / lifetime); AGE (Min 19 Years)
Viral Vaccines**		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Preferred	NOTES (1 fill/lifetime); AGE (Min 19 Years); Product subject to max fills per month
AFLURIA INTRAMUSCULAR SUSPENSION	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 19 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Preferred	AGE (Min 60 Years); Product subject to max fills per month

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Drug	Status	Notes
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	Preferred	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	Preferred	NOTES (AGE (Min 19); 3 fills / lifetime); AGE (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML	Preferred	NOTES (AGE (Min 19); 3 fills / lifetime); AGE (Min 19 Years)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (1 fill / 180 days); AGE (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 19 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 19 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 19 Years)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 19 Years)

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Drug	Status	Notes
FLUMIST NASAL LIQUID	Preferred	NOTES (max 1 fill/180 days); AGE (Min 19 Years and Max 49 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (1 fill per 180 days); AGE (Min 65 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	Preferred	NOTES (AGE (Min 65); 1 fill / 180 days); AGE (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (1 fill per 180 days); AGE (Min 19 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 19 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 19 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	Preferred	NOTES (Max 3 fills per lifetime); AGE (Min 19 Years and Max 26 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (Max 3 fills per lifetime); AGE (Min 19 Years and Max 26 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Preferred	NOTES (AGE (Min 19); 2 fills / lifetime); AGE (Min 19 Years)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	Preferred	NOTES (AGE (Min 19); 2 fills / lifetime); AGE (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Preferred	NOTES (AGE (Min 19); 3 fills / lifetime); AGE (Min 19 Years)
IPOL INJECTION INJECTABLE	Preferred	AGE (Min 19 Years)
IXIARO INTRAMUSCULAR SUSPENSION	Preferred	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	Preferred	NOTES (AGE (Min 19))

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Drug	Status	Notes
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	Preferred	AGE (Min 19 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	Preferred	AGE (Min 19 Years)
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Preferred	AGE (Min 60 Years); Product subject to max fills per month
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Preferred	NOTES (AGE (Min 19); 3 fills / lifetime); AGE (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Preferred	NOTES (AGE (Min 50); 2 fills / lifetime); AGE (Min 19 Years)
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML	Preferred	AGE (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	Preferred	AGE (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Preferred	AGE (Min 19 Years)
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	Preferred	AGE (Min 1 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Preferred	NOTES (AGE (Min 19); 2 fills / lifetime); AGE (Min 19 Years)
YF-VAX SUBCUTANEOUS INJECTABLE	Preferred	
astrazeneca covid-19 vaccine intramuscular suspension 0.5 ml	Preferred	AGE (Min 19 Years)
janssen covid-19 vaccine intramuscular suspension 0.5 ml	Preferred	AGE (Min 19 Years)
moderna covid-19 bival 6m-5y intramuscular suspension 10 mcg/0.2ml	Preferred	AGE (Min 19 Years)
moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml	Preferred	AGE (Min 19 Years)
moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml	Preferred	AGE (Min 19 Years)

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Drug	Status	Notes
moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml	Preferred	AGE (Min 19 Years)
moderna covid-19 vacc 6-11y intramuscular suspension 50 mcg/0.5ml	Preferred	AGE (Min 19 Years)
moderna covid-19 vacc 6m-5y intramuscular suspension 25 mcg/0.25ml	Preferred	AGE (Min 19 Years)
moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml	Preferred	AGE (Min 19 Years)
novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml	Preferred	AGE (Min 19 Years)
novavax covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml	Preferred	AGE (Min 19 Years)
pfizer covid-19 bival 6mo-4yr intramuscular suspension 3 mcg/0.2ml	Preferred	AGE (Min 19 Years)
pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml	Preferred	AGE (Min 19 Years)
pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml	Preferred	AGE (Min 19 Years)
pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml	Preferred	AGE (Min 19 Years)
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml, 3 mcg/0.3ml	Preferred	AGE (Min 19 Years)
pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml	Preferred	AGE (Min 19 Years)
pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml	Preferred	AGE (Min 19 Years)
sanofi covid-19 vac (booster) intramuscular emulsion 5 mcg/0.5ml	Preferred	AGE (Min 19 Years)
stamaril injection suspension reconstituted	Preferred	
Vaginal And Related Products		
Imidazole-Related Antifungals**		
GYNAZOLE-1 VAGINAL CREAM 2 %	Non Preferred	PA; Product subject to max fills per month
MONISTAT 3 VAGINAL CREAM 4 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM)	Preferred	Product subject to max fills per month
MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 %	Preferred	Product subject to max fills per month
7 day vaginal vaginal cream 2 %	Preferred	Product subject to max fills per month
clotrimazole 3 vaginal cream 2 %	Preferred	Product subject to max fills per month
clotrimazole vaginal cream 1 %	Preferred	Product subject to max fills per month
clotrimazole-7 vaginal cream 1 %	Preferred	Product subject to max fills per month
cvs clotrimazole 3 vaginal cream 2 %	Preferred	Product subject to max fills per month
cvs miconazole 7 vaginal cream 2 %	Preferred	Product subject to max fills per month
eq miconazole 7 day treatment vaginal cream 2 %	Preferred	Product subject to max fills per month
ft clotrimazole 3 vaginal cream 2 %	Preferred	Product subject to max fills per month
ft clotrimazole vaginal cream 1 %	Preferred	Product subject to max fills per month
ft miconazole 7 vaginal cream 2 %	Preferred	Product subject to max fills per month
gnp clotrimazole 3 vaginal cream 2 %	Preferred	Product subject to max fills per month
gnp miconazole 7 vaginal cream 2 %	Preferred	Product subject to max fills per month
miconazole 3 vaginal suppository 200 mg	Preferred	Product subject to max fills per month
miconazole 7 vaginal cream 2 %	Preferred	Product subject to max fills per month
miconazole nitrate vaginal cream 2 %	Preferred	Product subject to max fills per month
qc clotrimazole vaginal cream 1 %	Preferred	Product subject to max fills per month

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Drug	Status	Notes
qc miconazole 7 vaginal cream 2 %	Preferred	Product subject to max fills per month
ra clotrimazole 7 vaginal cream 1 %	Preferred	Product subject to max fills per month
ra miconazole 7 vaginal cream 2 %	Preferred	Product subject to max fills per month
sm clotrimazole vaginal vaginal cream 1 %	Preferred	Product subject to max fills per month
sm miconazole 7 vaginal cream 2 %	Preferred	Product subject to max fills per month
terconazole vaginal cream 0.4 %, 0.8 %	Preferred	Product subject to max fills per month
terconazole vaginal suppository 80 mg	Non Preferred	PA; Product subject to max fills per month
Miscellaneous Vaginal Products**		
INTRAROSA VAGINAL INSERT 6.5 MG	Preferred	PA; Product subject to max fills per month
Spermicides**		
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Preferred	DS (90 DS); Product subject to max fills per month
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Preferred	DS (90 DS); Product subject to max fills per month
Vaginal Anti-Infectives**		
CLEOCIN VAGINAL CREAM 2 %	Non Preferred	PA; Product subject to max fills per month
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Preferred	Product subject to max fills per month
CLINDESSE VAGINAL CREAM 2 %	Non Preferred	PA; Product subject to max fills per month
NUVESSA VAGINAL GEL 1.3 %	Non Preferred	PA; Product subject to max fills per month
VANDAZOLE VAGINAL GEL 0.75 %	Non Preferred	PA; Product subject to max fills per month
XACIATO VAGINAL GEL 2 %	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
clindamycin phosphate vaginal cream 2 %	Preferred	Product subject to max fills per month
metronidazole vaginal gel 0.75 %	Preferred	Product subject to max fills per month
Vaginal Contraceptive Ph Modulator - Combinations**		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Preferred	PA; DS (90 DS); Product subject to max fills per month
Vaginal Corticosteroids**		
MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM 1 %	Preferred	Product subject to max fills per month
Vaginal Estrogens**		
ESTRACE VAGINAL CREAM 0.1 MG/GM	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
ESTRING VAGINAL RING 7.5 MCG/24HR	Preferred	DS (90 DS); Product subject to max fills per month
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
PREMARIN VAGINAL CREAM 0.625 MG/GM	Preferred	DS (90 DS); Product subject to max fills per month
VAGIFEM VAGINAL TABLET 10 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
YUVAFEM VAGINAL TABLET 10 MCG	Non Preferred	PA; DS (90 DS); Product subject to max fills per month
estradiol vaginal cream 0.1 mg/gm	Preferred	DS (90 DS); Product subject to max fills per month
estradiol vaginal tablet 10 mcg	Preferred	DS (90 DS); Product subject to max fills per month
Vaginal Progestins**		
CRINONE VAGINAL GEL 4 %, 8 %	Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
ENDOMETRIN VAGINAL INSERT 100 MG	Preferred	PA; Product subject to max fills per month
Vasopressors		
Anaphylaxis Therapy Agents**		
ADRENALIN INJECTION SOLUTION 1 MG/ML	Non Preferred	PA; Product subject to max fills per month
ADYPHREN AMP II INJECTION KIT 1 MG/ML	Non Preferred	PA; Product subject to max fills per month
ADYPHREN AMP INJECTION KIT 1 MG/ML	Non Preferred	PA; Product subject to max fills per month
ADYPHREN II INJECTION KIT 1 MG/ML	Non Preferred	PA; Product subject to max fills per month
ADYPHREN INJECTION KIT 1 MG/ML	Non Preferred	PA; Product subject to max fills per month
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	Non Preferred	PA; Product subject to max fills per month
EPINEPHRINESNAP INJECTION KIT 1 MG/ML	Non Preferred	PA; Product subject to max fills per month
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	Non Preferred	PA; Product subject to max fills per month
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	Non Preferred	PA; Product subject to max fills per month
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	Preferred	Product subject to max fills per month
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	Preferred	Product subject to max fills per month
NEFFY NASAL SOLUTION 2 MG/0.1ML	Preferred	PA; Product subject to max fills per month
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	Preferred	Product subject to max fills per month
epinephrine injection solution auto-injector 0.15 mg/0.3ml	Non Preferred	PA; Product subject to max fills per month

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Drug	Status	Notes
Neurogenic Orthostatic Hypotension (Noh) - Agents**		
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Non Preferred	PA; QL (6 EA per 1 day); Product subject to max fills per month
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Non Preferred	PA; QL (6 EA per 1 day); Product subject to max fills per month
Vasopressors**		
epinephrine injection solution 1 mg/ml	Preferred	Product subject to max fills per month
epinephrine intravenous solution 1 mg/10ml	Preferred	PA; Product subject to max fills per month
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	QL (3 EA per 1 day); DS (90 DS); Product subject to max fills per month
Vitamins		
Vitamin B-1**		
CYTO B1 ORAL POWDER	Preferred	DS (90 DS); Product subject to max fills per month
b1 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
b-1 oral tablet 100 mg, 250 mg	Preferred	DS (90 DS); Product subject to max fills per month
benfotiamine oral capsule 150 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs b-1 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
ft vitamin b-1 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp vitamin b-1 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra vitamin b-1 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	Preferred	PA; DS (90 DS); Product subject to max fills per month
thiamine hcl oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
thiamine hcl-nacl intravenous solution 500-0.9 mg/100ml-%	Preferred	PA; DS (90 DS); Product subject to max fills per month
thiamine mononitrate oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
true vitamin b1 oral tablet 100 mg, 250 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
vitamin b1 oral liquid 25 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
vitamin b1 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Vitamin B-3**		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG	Preferred	DS (90 DS); Product subject to max fills per month
ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG	Preferred	DS (90 DS); Product subject to max fills per month
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG	Preferred	DS (90 DS); Product subject to max fills per month
kp niacin oral tablet 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
niacin er oral capsule extended release 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
niacin er oral tablet extended release 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
niacin oral tablet 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
niacinamide er oral tablet extended release 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
niacinamide oral tablet 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra niacin oral tablet 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra no flush niacin oral tablet 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
true vitamin b3 oral tablet 100 mg	Preferred	DS (90 DS)

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Drug	Status	Notes
true vitamin b3 oral tablet 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
Vitamin B-6**		
b6 natural oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
b-6 oral tablet 100 mg, 250 mg, 50 mg, 500 mg	Preferred	DS (90 DS); Product subject to max fills per month
cvs b6 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
eql b-6 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
ft vitamin b-6 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
gnp vitamin b-6 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
kp vitamin b-6 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
pyridoxine hcl injection solution 100 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
pyridoxine hcl oral tablet 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
ra vitamin b-6 oral tablet 100 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
sm vitamin b6 oral tablet 100 mg	Preferred	DS (90 DS); Product subject to max fills per month
true vitamin b6 oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
vitamin b6 oral liquid 12.5 mg/ml	Preferred	DS (90 DS); Product subject to max fills per month
vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
vitamin b6 oral tablet 100 mg, 250 mg, 50 mg	Preferred	DS (90 DS); Product subject to max fills per month
Vitamin D**		
BABY DDROPS ORAL LIQUID 10 MCG /0.028ML	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	Preferred	DS (90 DS); Product subject to max fills per month
D3-50 ORAL CAPSULE 1.25 MG (50000 UT)	Preferred	DS (90 DS); Product subject to max fills per month
DDROPS ORAL LIQUID 50 MCG /0.028ML	Preferred	DS (90 DS); Product subject to max fills per month
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	Preferred	DS (90 DS); Product subject to max fills per month
DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT)	Preferred	DS (90 DS); Product subject to max fills per month
D-VI-SOL ORAL LIQUID 10 MCG/ML	Preferred	DS (90 DS); Product subject to max fills per month
IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT)	Preferred	DS (90 DS); Product subject to max fills per month
OPTIMAL D3 M ORAL CAPSULE 350 MCG (14000 UT)	Preferred	DS (90 DS); Product subject to max fills per month
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT)	Preferred	DS (90 DS); Product subject to max fills per month
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT)	Preferred	DS (90 DS); Product subject to max fills per month
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT)	Preferred	DS (90 DS); Product subject to max fills per month
VITAMIN D3 IMMUNE HEALTH ORAL LIQUID 25 MCG/10ML	Preferred	DS (90 DS); Product subject to max fills per month
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	Preferred	DS (90 DS); Product subject to max fills per month
aqueous vitamin d oral liquid 10 mcg/ml	Preferred	DS (90 DS); Product subject to max fills per month
baby super daily d3 oral liquid 10 mcg /0.028ml	Preferred	DS (90 DS); Product subject to max fills per month
baby vitamin d3 oral liquid 10 mcg /0.028ml	Preferred	DS (90 DS); Product subject to max fills per month
cholecalciferol oral tablet 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 2000 unit, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
cvs vitamin d3 oral capsule 250 mcg (10000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d 1000 oral capsule 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d 10000 oral capsule 250 mcg (10000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d 5000 oral capsule 125 mcg (5000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d-1000 extra strength oral tablet 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d2000 ultra strength oral capsule 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d3 baby drops oral liquid 10 mcg /0.025ml	Preferred	DS (90 DS); Product subject to max fills per month
d3 extra strength oral capsule 125 mcg (5000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d3 high potency oral tablet 10 mcg (400 unit)	Preferred	DS (90 DS); Product subject to max fills per month
d3 max st oral capsule 250 mcg (10000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d3 maximum strength oral capsule 125 mcg (5000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d3 oral tablet 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d3 super strength oral capsule 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d3-1000 oral capsule 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d3-1000 oral tablet 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
d-3-5 oral capsule 125 mcg (5000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
d-400 oral tablet 10 mcg (400 unit)	Preferred	DS (90 DS); Product subject to max fills per month
d-5000 oral tablet 125 mcg (5000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
delta d3 oral tablet 10 mcg (400 unit)	Preferred	DS (90 DS); Product subject to max fills per month
d-vite pediatric oral liquid 10 mcg/ml	Preferred	DS (90 DS); Product subject to max fills per month
eql vitamin d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
ergocalciferol oral capsule 1.25 mg (50000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
ergocalciferol oral solution 200 mcg/ml	Preferred	DS (90 DS); Product subject to max fills per month
ft vitamin d3 oral capsule 25 mcg, 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
ft vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg	Preferred	DS (90 DS); Product subject to max fills per month
ft vitamin d3 rapid release oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
gnp d 1000 oral capsule 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
gnp d3 oral capsule 250 mcg (10000 ut), 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
gnp vitamin d oral tablet 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
gnp vitamin d super strength oral tablet 125 mcg (5000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
gnp vitamin d3 oral tablet 10 mcg (400 unit)	Preferred	DS (90 DS); Product subject to max fills per month

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Drug	Status	Notes
natural vitamin d-3 oral tablet 125 mcg (5000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
pharmacist choice d-vitamin oral liquid 400 unit/ml	Preferred	DS (90 DS); Product subject to max fills per month
qc vitamin d3 oral tablet 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
ra vitamin d-3 oral tablet 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
sm vitamin d3 oral capsule 50 mcg, 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
sm vitamin d3 oral tablet 125 mcg (5000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
super daily d3 oral liquid 50 mcg /0.028ml	Preferred	DS (90 DS); Product subject to max fills per month
true vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg, 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
true vitamin d3 oral tablet 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50 mcg (2000 ut), 50000 unit	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d high potency oral capsule 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d infant oral liquid 10 mcg/ml	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d oral capsule 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month

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vitamin d oral liquid 10 mcg/ml	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d2 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
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)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d-3 oral capsule 25 mcg (1000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d3 oral liquid 10 mcg/2ml, 10 mcg/ml, 125 mcg/0.5ml, 125 mcg/ml, 30 mcg/15ml	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d3 super strength oral capsule 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d3 super strength oral tablet 50 mcg (2000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d3 ultra potency oral tablet 1250 mcg	Preferred	DS (90 DS); Product subject to max fills per month
vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)	Preferred	DS (90 DS); Product subject to max fills per month
Vitamin K**		
phytonadione oral tablet 5 mg	Preferred	

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