2023

Molina Healthcare of Washington
Apple Health (Medicaid)

Preferred Drug List (Formulary)

MHW Part #1239-2309
MHW-9/25/2023
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MOLINA® HEALTHCARE

Molina Healthcare of Washington Medicaid Preferred Drug List (Formulary)

Introduction

We are pleased to provide the 2023 *Molina Healthcare of Washington Apple Health (Medicaid) 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

Non-Contracted Drugs (medications covered under the Apple Health Fee-for-Service program):

The following types of medications 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.

- Aducanumab-avwa (Aduhelm™)
- Afamelanotide (Scenesse®)
- Agalsidase Beta (Fabrazyme®)
- Alglucosidase Alfa (Lumizyme®)
- Allergeneic processed thymus tissue-agdc (Rethymic®)
- Vutrisiran (Amvuttra™)
- Alpelisib (Vijoice®)
- tauroursodeoxycholic acid/sodium phenylbutyrate (Relyvrio)
- Asfotase Alfa (Strensiq®)
- Avacopan (Tavneos™)
- Avalglucosidase Alfa (Nexviazyme™)
- Axicabtagene ciloleucel (Yescarta®)
- Berotralstat Hcl (Orladeyo™)
- Betibeglogene autotemcel (Zynteglo)
- Brexucabtagene autoleucel (Tecartus™)
- Burosumab-twza (Crysvita®)
- C1 Esterase Inhibitor (Human) (Berinert®)

- C1 Esterase Inhibitor (Human) (Cinryze®)
- C1 Esterase Inhibitor (Human) (Haegarda®)
- C1 Esterase Inhibitor (Recombinant) (Ruconest®)
- Casimersen (Amondys 45™)
- Cenegermin-bkbj (Oxervate™)
- Cerliponase alfa (Brineura™)
- Ciltacabtagene autoleucel (Carvykti™)
- Citrulline (Urea Cycle) (Citrulline Easy)
- Crizanlizumab (Adakveo®)
- Cysteamine Bitartrate (Cystagon®)
- Cysteamine Bitartrate (Procysbi®)
- Donislecel (Lantidra™)
- Ecallantide (Kalbitor®)
- Eculizumab (Soliris®)
- Edaravone (Radicava™)
- Elapegademase-lvlr (Revcovi™)
- Elosulfase Alfa (Vimizim®)
- Emapalumab (Gamifant™)
- Eteplirsen (Exondys51™)
- Evinacumab (Evkeeza™)
- Fosdenopterin (Nulibry™)
- Galsulfase (Naglazyme®)
- Givosiran (Givlaari™)
- Glycerol Phenylbutyrate (Ravicti®)
- Golodirsen (Vyondys 53™)
- Hemophiliac Products – Anti-hemophiliac blood factors VII, VIII, and IX, antiinhibitor, and biological products FDA approved with an indication for use in treatment of hemophilia or von Willebrand disease when distributed for administration in the Enrollee's home or other outpatient setting.
- Icatibant Acetate (Firazyr®)
- Icatibant Acetate
- Icatibant Acetate (Sajazir™)
- Idecabtagene vicleucel (Abecma®)
- Idursulfase (Elaprase®)
- Immune modulators and anti-viral medications to treat Hepatitis C. This exclusion does not apply to any other contracted service related to the diagnosis or treatment of Hepatitis C.
- Inebilizumab-cdon (Uplinza®)
- Inotersen (Tegsedi®)
- Interferon Gamma-1B (Actimmune®)
- Lanadelumab-flyo (Takhzyro®)
- Laronidase (Aldurazyme®)
- Levoketoconazole (Recorlev®)
- Lisocabtagene maraleucel (Breyanzi®)
- Lonafarnib (Zokinvy™)
- Lumasiran (Oxlumo™)
- Luspatercept (Reblozyl®)
- Lutetium Lu 177 dotatate (Lutathera®)

- Lutetium Lu 177 vipivotide tetraxetan (Pluvicto™)
- Maralixibat Chloride (Livmarli®)
- Metreleptin (Myalept®)
- Nitisinone
- Migalastat (Galafold®)
- Mitapivat sulfate (Pyrukynd®)
- Nitisinone (Nityr®)
- Nitisinone (Orfadin®)
- Nusinersen (Spinraza®)
- Odevixibat (Bylvay™)
- Onasemnogene abeparvovec-Xioi (Zolgensma®)
- Osilodrostat phosphate (Isturisa®)
- Patisiran (Onpattro®)
- Pegcetacoplan (Empaveli™)
- Pegvaliase-pqpz (Palynziq™)
- Plasminogen (Ryplazim®)
- Ravulizumab-cwvz (Ultomiris®)
- Risdiplam (Evrysdi™)
- Sapropterin (Kuvan®, Javygtor)
- Satralizumab-mwge (Enspryng™)
- Sebelipase Alfa (Kanuma®)
- Sodium Phenylbutyrate (Buphenyl®)
- Sodium Phenylbutyrate (Pheburane®)
- Sutimlimab (Enjaymo™)
- Tafamidis (Vyndamax®)
- Tafamidis meglumine (Vyndaqel®)
- Teprotumumab-trbw (Teppeza®)
- Tisagenlecleucel-t (Kymriah™)
- Triheptanoin (Dojolvi™)
- Valoctocogene roxaparvovec (Roctavian)
- Viltolarsen (Viltepso®)
- Vestronidase alfa (Mepsevii™)
- Voretigene neparvovec-rzyl (Luxturna™)
- Vosoritide (Voxzogo™)
- Pyrimethamine (Daraprim®)
- Pyrimethamine (Pyrimethamine)
- Teduglutide (RDNA) (Gattex®)
- Pegloticase (Krystexxa®)
- Eliglustat Tartrate (Cerdelga®)
- Imiglucerase (Cerezyme®)
- Taliglucerase Alfa (Elelyso®)
- Miglustat (Miglustat)
- Velaglucerase Alfa (Vpriv®)
- Miglustat (Zavesca®)
- Olipudase Alfa-RPCP (Xenpozyme™)
- Omaveloxolone (Skyclarys)
- Teplizumab (Tzield™)
- Efgartigimod Alfa-FCAB (Vyvgart®)

- Sipuleucel-T (Provenge®)
- Ibalizumab-Uiyk (Trogarzo™)
- Enfuvirtide (Fuzeon®)
- Zidovudine (Retrovir IV Infusion)
- Cabotegravir (Apretude)
- Cabotegravir & Rilpivirine (Cabenuva)
- Elivaldogene Autotemcel (Skysona)
- Lecanemab-irmb (Leqembi)
- Velmanase Alfa-tycv (Lamzede)
- Ganaxolone (Ztalmy)
- Tofersen (Qalsody)
- Trofinetide (Daybue)
- Caplacizumab-yhdp (Cablivi)
- Leniolisib Phosphate (Joenja)
- Lenacapavir (Sunlenca)
- Beremagene geperpavec (Vyjuvek)
- Pegunigalsidase Alfa (Elfabrio)
- Pegzilarginase (AEB1102)
- Etranacogene Dezaparvovec (AMT-061)
- Vamorolone (VBP15)
- Copper Histidinate (CUTX-101)
- OTL-200 (Atidarsagene autotemcel)
- OMS721 (Narsoplimab)
- Filsuvez
- ATA-129 (tabelecleucel®)
- ATB200 (cipaglucosidase alfa)
- Bardoxolone methyl
- Donanemab (Donanemab)
- Bulevirtide (Myrcludex B)
- Concizumab
- Delandistrogene Moxeparvovec (Elevidys)
- Exagamglogene autotemcel
- Lifileucel
- Nedosiran
- Palovarotene (Sohonos)
- Rozanolixizumab-noli (Rystiggo)
- Pozelimab-bbfg (Veopoz)

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

Drug	Under 3 years*	3-5 years*	6-12 years*	13-17 years*
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

Drug	0-4 years of age	5-8 years of age	9-11 years of age	12-17 years of age
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	

DRUG	amphet-amine / dextroam-phetamine	armodaf-inil / modafinil	atomoxe-tine	viloxazine	dexmeth-ylpheni-date	serdex-methyl-phenidate /dexmeth-ylpheni-date	lisdexam-fetamine	methyl-phenidate
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
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)	

SSRI	TeCA	NDRI	SNRI	SMM
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

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

Product	EA code	Criteria
Buprenorphine	85000000077	Buprenorphine monotherapy for pregnant clients
	85000000078	Buprenorphine monotherapy for non-pregnant clients while prior authorization is initiated. Limited to 32mg per day, seven (7) days at a time for up to fourteen (14) days every six (6) months. NOTE: Providers (prescribers or pharmacies) must initiate a prior authorization for further fills.
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	Client is in active cancer treatment, hospice care, palliative care, or other end-of-life care.
	85000000541	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

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Effective: 10/2023

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Drug	Status	Notes
***Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants* - Drugs For The Nervous System**		
Adhd Agent - Selective Alpha Adrenergic Agonists - Drugs For Attention Deficit Disorder**		
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG	Non Preferred	PA; NOTES (AGE*)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	Non Preferred	PA; NOTES (AGE*)
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Preferred	NOTES (AGE*)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Preferred	NOTES (AGE*)
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor - Drugs For Attention Deficit Disorder**		
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	Preferred	PA; QL (60 EA per 24 days); NOTES (AGE*)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Non Preferred	PA; NOTES (AGE*)
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Preferred	NOTES (AGE*)
Amphetamine Mixtures - Drugs For Attention Deficit Disorder**		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Non Preferred	PA; NOTES (AGE*)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Preferred	NOTES (AGE*)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Non Preferred	PA; NOTES (AGE*)

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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-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Preferred	NOTES (AGE*)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Preferred	NOTES (AGE*)
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	Non Preferred	PA
Amphetamines - Drugs For Attention Deficit Disorder**		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Non Preferred	PA; NOTES (AGE*)
DESOXYN ORAL TABLET 5 MG	Non Preferred	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	Non Preferred	PA; NOTES (AGE*)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	Non Preferred	PA; NOTES (AGE*)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	Non Preferred	PA; NOTES (AGE*)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	Non Preferred	PA; NOTES (AGE*)
EVEKEO ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; NOTES (AGE*)
PROCENTRA ORAL SOLUTION 5 MG/5ML	Non Preferred	PA; NOTES (AGE*)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Non Preferred	PA; NOTES (AGE*)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Preferred	NOTES (AGE*)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR	Non Preferred	PA

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Drug	Status	Notes
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Non Preferred	PA; NOTES (AGE*)
amphetamine sulfate oral tablet 10 mg, 5 mg	Non Preferred	PA; NOTES (AGE*)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Preferred	NOTES (AGE*)
dextroamphetamine sulfate oral solution 5 mg/5ml	Non Preferred	PA; NOTES (AGE*)
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Non Preferred	PA; NOTES (AGE*)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Preferred	NOTES (AGE*)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Preferred	NOTES (AGE*)
methamphetamine hcl oral tablet 5 mg	Non Preferred	PA
Analeptics - Drugs For The Nervous System**		
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	Preferred	NOTES (120 mL per lifetime)
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris) - Drugs For Sleep Disorder**		
SUNOSI ORAL TABLET 150 MG, 75 MG	Non Preferred	PA
Histamine H3-Receptor Antagonist/Inverse Agonists - Drugs For Sleep Disorder**		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Non Preferred	PA; SP
Stimulant Combinations - Drugs For Attention Deficit Disorder**		
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*)

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Drug	Status	Notes
Stimulants - Misc. - Drugs For Attention Deficit Disorder**		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non Preferred	PA; NOTES (AGE*)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	Preferred	NOTES (AGE*)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG	Non Preferred	PA; NOTES (AGE*)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	Non Preferred	PA; NOTES (AGE*)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	Preferred	NOTES (AGE*)
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; NOTES (AGE*)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Non Preferred	PA; NOTES (AGE*)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	Preferred	NOTES (AGE*)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	Non Preferred	PA; NOTES (AGE*); AGE (Min 18 Years)
PROVIGIL ORAL TABLET 100 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years)
PROVIGIL ORAL TABLET 200 MG	Non Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	Non Preferred	PA; NOTES (AGE*)

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Drug	Status	Notes
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Non Preferred	PA; NOTES (AGE*)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	Preferred	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	Non Preferred	PA; NOTES (AGE*)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	Non Preferred	PA; NOTES (AGE*)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Non Preferred	PA; NOTES (AGE*)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Preferred	PA; NOTES (AGE*); AGE (Min 18 Years)
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	NOTES (AGE*)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	NOTES (AGE*)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Preferred	NOTES (AGE*)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	Preferred	NOTES (AGE*)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Preferred	NOTES (AGE*)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg	Non Preferred	PA; NOTES (AGE*)
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; NOTES (AGE*)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	Preferred	NOTES (AGE*)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	Preferred	NOTES (AGE*)

AGE - Age Limit **AGE*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days
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Drug	Status	Notes
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	Preferred	NOTES (AGE*)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Preferred	NOTES (AGE*)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	Non Preferred	PA; NOTES (AGE*)
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	Non Preferred	PA; NOTES (AGE*)
modafinil oral tablet 100 mg	Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years)
modafinil oral tablet 200 mg	Preferred	PA; QL (2 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years)
***Allergenic Extracts/Biologicals Misc* - Biological Agents**		
Allergenic Extracts - Biological Agents**		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Preferred	PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Preferred	PA; SP
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Preferred	PA; SP
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Preferred	PA; SP
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	Preferred	PA; SP
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Preferred	PA; SP
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Preferred	PA; SP
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Preferred	PA; SP
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG	Preferred	PA; SP

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Drug	Status	Notes
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	Preferred	PA; SP
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Preferred	PA; SP
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Preferred	PA; SP
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Preferred	PA; SP
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Preferred	PA; SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Preferred	PA
Mixed Allergenic Extracts - Biological Agents**		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Preferred	PA
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR	Preferred	PA
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR	Preferred	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Preferred	PA
***Amebicides* - Drugs For Infections**		
Amebicides - Drugs For Parasites**		
SOLOSEC ORAL PACKET 2 GM	Preferred	PA
***Aminoglycosides* - Drugs For Infections**		
Aminoglycosides - Antibiotics**		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Non Preferred	PA
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	Preferred	PA; SP
HUMATIN ORAL CAPSULE 250 MG	Preferred	PA

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Drug	Status	Notes
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Preferred	PA; SP
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Non Preferred	PA; SP
TOBI PODHALER INHALATION CAPSULE 28 MG	Non Preferred	PA; SP
neomycin sulfate oral tablet 500 mg	Preferred	QL (24 EA per 1 day)
paromomycin sulfate oral capsule 250 mg	Preferred	
tobramycin inhalation nebulization solution 300 mg/4ml	Preferred	PA; SP
tobramycin inhalation nebulization solution 300 mg/5ml	Non Preferred	PA; SP
***Analgesics - Anti-Inflammatory* - Drugs For Pain And Fever**		
Antirheumatic - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs**		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Non Preferred	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Non Preferred	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Non Preferred	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Non Preferred	PA; SP
Antirheumatic Antimetabolites - Arthritis And Pain Drugs**		
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	Non Preferred	PA

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Drug	Status	Notes
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
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML	Non Preferred	PA; SP
Anti-Tnf-Alpha - Monoclonal Antibodies - Arthritis And Pain Drugs**		
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	Non Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	Non Preferred	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Non Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	Non Preferred	PA; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML, 20 MG/0.2ML	Non Preferred	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	Non Preferred	PA; SP
CYLTEZO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA

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Drug	Status	Notes
CYLTEZO SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA
CYLTEZO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA
HULIO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA
HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	Preferred	PA; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Preferred	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	Preferred	PA; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Preferred	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Preferred	PA; SP
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Preferred	PA; SP

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Drug	Status	Notes
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Preferred	PA; QL (2 EA per 22 days); SP
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Preferred	PA; SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Preferred	PA; QL (2 EA per 22 days); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Preferred	PA; SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Non Preferred	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Non Preferred	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Non Preferred	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML	Non Preferred	PA
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML	Non Preferred	PA
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Non Preferred	PA
IDACIO FOR CROHNS DISEASE/UC SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA
IDACIO FOR PLAQUE PSORIASIS SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA

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Drug	Status	Notes
IDACIO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Non Preferred	PA
IDACIO SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Non Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Non Preferred	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Non Preferred	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Non Preferred	PA; SP
YUFLYMA 1-PEN KIT SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non Preferred	PA
YUFLYMA 2-PEN KIT SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non Preferred	PA
YUFLYMA 2-SYRINGE KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non Preferred	PA
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	Non Preferred	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Non Preferred	PA
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML	Non Preferred	PA
adalimumab-aacf subcutaneous auto-injector kit 40 mg/0.8ml	Non Preferred	PA
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	Non Preferred	PA
adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml	Non Preferred	PA
adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml	Non Preferred	PA

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Drug	Status	Notes
adalimumab-adbm subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	Non Preferred	PA
adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml	Non Preferred	PA
adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	Non Preferred	PA
Cyclooxygenase 2 (Cox-2) Inhibitors - Arthritis And Pain Drugs**		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	Non Preferred	PA
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Non Preferred	PA
Gold Compounds - Arthritis And Pain Drugs**		
RIDAURA ORAL CAPSULE 3 MG	Preferred	
Interleukin-1 Blockers - Arthritis And Pain Drugs**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Non Preferred	PA; SP
Interleukin-1 Receptor Antagonist (Il-1Ra) - Arthritis And Pain Drugs**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Non Preferred	PA; SP
Interleukin-1Beta Blockers - Arthritis And Pain Drugs**		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Non Preferred	PA; SP
Interleukin-6 Receptor Inhibitors - Arthritis And Pain Drugs**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Non Preferred	PA; SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Non Preferred	PA; SP

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Drug	Status	Notes
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Non Preferred	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Non Preferred	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Non Preferred	PA; SP
Nonsteroidal Anti-Inflammatory Agent Combinations - Arthritis And Pain Drugs**		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG	Non Preferred	PA
DUEXIS ORAL TABLET 800-26.6 MG	Non Preferred	PA
INFLAMMACIN COMBINATION THERAPY PACK 75 & 0.025 MG-%	Non Preferred	PA
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & %	Non Preferred	PA
KETOROCAINE-L INJECTION KIT 30 & 1 MG/ML-%	Preferred	PA
KETOROCAINE-LM INJECTION KIT 30 & 0.25 & 1 MG/ML-%-%	Preferred	PA
NUDICLO TABPAK COMBINATION THERAPY PACK 75 & 0.025 MG-%	Non Preferred	PA
NUDROXIPAK COMBINATION THERAPY PACK 200 MG	Non Preferred	PA
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-%	Non Preferred	PA
READYSHARP ANESTH + KETOROLAC INJECTION KIT 15 & 0.5 & 1 MG/ML-%-%	Preferred	PA
TORONOVA II SUIK COMBINATION KIT 30 MG/ML	Preferred	PA
TORONOVA SUIK COMBINATION KIT 30 MG/ML	Preferred	PA
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG	Non Preferred	PA

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Drug	Status	Notes
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Non Preferred	PA
ibuprofen-famotidine oral tablet 800-26.6 mg	Non Preferred	PA
inavix combination therapy pack 75 & 0.025 mg-%	Non Preferred	PA
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	Non Preferred	PA
previdolrx plus analgesic combination therapy pack 75 & 0.025 mg-%	Non Preferred	PA
Nonsteroidal Anti-Inflammatory Agents (Nsaids) - Arthritis And Pain Drugs**		
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG	Preferred	QL (4 EA per 1 day)
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG	Preferred	QL (6 EA per 1 day)
ANAPROX DS ORAL TABLET 550 MG	Non Preferred	PA
CHILDRENS MEDI-PROFEN ORAL SUSPENSION 100 MG/5ML	Preferred	QL (160 ML per 1 day)
COXANTO ORAL CAPSULE 300 MG	Non Preferred	PA
DAYPRO ORAL TABLET 600 MG	Non Preferred	PA
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG	Non Preferred	PA; QL (3 EA per 1 day)
FELDENE ORAL CAPSULE 10 MG, 20 MG	Non Preferred	PA
HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML	Preferred	QL (160 ML per 1 day)
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Preferred	QL (4 EA per 1 day)
IBUPAK ORAL KIT 600 MG	Non Preferred	PA
INDOCIN ORAL SUSPENSION 25 MG/5ML	Non Preferred	PA
INDOCIN RECTAL SUPPOSITORY 50 MG	Preferred	
LODINE ORAL TABLET 400 MG	Non Preferred	PA
LOFENA ORAL TABLET 25 MG	Preferred	

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Drug	Status	Notes
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	Preferred	QL (4 EA per 1 day)
MEDI-PROFEN ORAL SUSPENSION 40 MG/ML	Preferred	QL (160 ML per 1 day)
MEDI-PROFEN ORAL TABLET 200 MG	Preferred	QL (4 EA per 1 day)
MEDIPROXEN ORAL TABLET 220 MG	Preferred	QL (3 EA per 1 day)
MOBIC ORAL TABLET 15 MG, 7.5 MG	Non Preferred	PA
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG	Preferred	QL (6 EA per 1 day)
MOTRIN IB ORAL TABLET 200 MG	Preferred	QL (4 EA per 1 day)
NALFON ORAL CAPSULE 400 MG	Non Preferred	PA
NALFON ORAL TABLET 600 MG	Non Preferred	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non Preferred	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML	Non Preferred	PA; QL (100 ML per 1 day)
NAPROSYN ORAL TABLET 500 MG	Non Preferred	PA; QL (3 EA per 1 day)
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG	Non Preferred	PA
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG	Non Preferred	PA
NUDROXIPAK E-400 COMBINATION KIT 400 MG	Non Preferred	PA
NUDROXIPAK I-800 COMBINATION KIT 800 MG	Non Preferred	PA
NUDROXIPAK M-15 COMBINATION KIT 15 MG	Non Preferred	PA
NUDROXIPAK N-500 COMBINATION KIT 500 MG	Non Preferred	PA
PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET 220 MG	Preferred	QL (3 EA per 1 day)
PROVIL ORAL TABLET 200 MG	Preferred	QL (4 EA per 1 day)
RELAFEN DS ORAL TABLET 1000 MG	Non Preferred	PA

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Drug	Status	Notes
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	Non Preferred	PA
WAL-PROFEN ORAL TABLET 200 MG	Preferred	QL (4 EA per 1 day)
ZIPSOR ORAL CAPSULE 25 MG	Non Preferred	PA
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	Non Preferred	PA
all day pain relief oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
all day relief oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
childrens ibuprofen 100 oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
childrens ibuprofen oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
cvs all day pain relief oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
cvs childrens ibuprofen oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
cvs ibuprofen childrens oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
cvs ibuprofen childrens oral tablet chewable 100 mg	Preferred	QL (6 EA per 1 day)
cvs ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	QL (160 ML per 1 day)
cvs ibuprofen junior strength oral tablet chewable 100 mg	Preferred	QL (6 EA per 1 day)
cvs ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
cvs naproxen sodium oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
dfs dr/ms/menth/cap pak combination kit 75 mg	Non Preferred	PA
diclofenac oral capsule 35 mg	Non Preferred	PA
diclofenac potassium oral capsule 25 mg	Non Preferred	PA
diclofenac potassium oral tablet 25 mg	Preferred	
diclofenac potassium oral tablet 50 mg	Preferred	QL (4 EA per 1 day)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Preferred	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg	Preferred	QL (3 EA per 1 day)

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Drug	Status	Notes
diclofenac sodium oral tablet delayed release 75 mg	Preferred	QL (2 EA per 1 day)
ec-naproxen oral tablet delayed release 375 mg, 500 mg	Preferred	QL (3 EA per 1 day)
eq all day pain relief oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
eq ibuprofen childrens oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
eq ibuprofen junior oral tablet chewable 100 mg	Preferred	QL (6 EA per 1 day)
eq ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
eq naproxen sodium oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
eql childrens ibuprofen oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
eql ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	QL (160 ML per 1 day)
eql ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
eql naproxen sodium oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	Non Preferred	PA
etodolac oral capsule 200 mg, 300 mg	Non Preferred	PA
etodolac oral tablet 400 mg, 500 mg	Non Preferred	PA
fenoprofen calcium oral capsule 200 mg, 400 mg	Non Preferred	PA
fenoprofen calcium oral tablet 600 mg	Non Preferred	PA
flurbiprofen oral tablet 100 mg, 50 mg	Preferred	QL (4 EA per 1 day)
ft ibuprofen childrens oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
ft ibuprofen oral tablet 200 mg	Preferred	
gnp childrens ibuprofen oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
gnp ibuprofen childrens oral tablet chewable 100 mg	Preferred	QL (6 EA per 1 day)
gnp ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	QL (160 ML per 1 day)
gnp ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
gnp naproxen sodium oral tablet 220 mg	Preferred	QL (3 EA per 1 day)

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Drug	Status	Notes
goodsense ibuprofen childrens oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
goodsense ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	QL (160 ML per 1 day)
goodsense ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
goodsense naproxen sodium oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
hm ibuprofen childrens oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
hm ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
hy-vee all day relief oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
ibu-200 oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
ibuprofen 100 junior strength oral tablet chewable 100 mg	Preferred	QL (6 EA per 1 day)
ibuprofen childrens oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	QL (160 ML per 1 day)
ibuprofen junior strength oral tablet chewable 100 mg	Preferred	QL (6 EA per 1 day)
ibuprofen oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Preferred	QL (4 EA per 1 day)
ibuprofen oral tablet chewable 100 mg	Preferred	QL (6 EA per 1 day)
indomethacin er oral capsule extended release 75 mg	Non Preferred	PA
indomethacin oral capsule 25 mg, 50 mg	Preferred	QL (4 EA per 1 day)
indomethacin rectal suppository 100 mg, 50 mg	Preferred	
infants ibuprofen oral suspension 50 mg/1.25ml	Preferred	QL (160 ML per 1 day)
ketoprofen er oral capsule extended release 24 hour 200 mg	Non Preferred	PA
ketoprofen oral capsule 25 mg, 50 mg	Non Preferred	PA
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	Preferred	PA
ketorolac tromethamine intramuscular solution 60 mg/2ml	Preferred	PA

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Drug	Status	Notes
ketorolac tromethamine nasal solution 15.75 mg/spray	Non Preferred	PA
ketorolac tromethamine oral tablet 10 mg	Preferred	QL (4 EA per 1 day)
kls ibuprofen ib oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
kls ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
meclofenamate sodium oral capsule 100 mg, 50 mg	Non Preferred	PA
mefenamic acid oral capsule 250 mg	Non Preferred	PA
meijer ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
meloxicam oral capsule 10 mg, 5 mg	Non Preferred	PA
meloxicam oral tablet 15 mg, 7.5 mg	Preferred	
mm ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
nabumetone oral tablet 500 mg, 750 mg	Preferred	QL (4 EA per 1 day)
naproxen dr oral tablet delayed release 500 mg	Preferred	QL (3 EA per 1 day)
naproxen oral suspension 125 mg/5ml	Non Preferred	PA; QL (100 ML per 1 day)
naproxen oral tablet 250 mg, 375 mg, 500 mg	Preferred	QL (3 EA per 1 day)
naproxen oral tablet delayed release 375 mg, 500 mg	Preferred	QL (3 EA per 1 day)
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	Non Preferred	PA
naproxen sodium oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
naproxen sodium oral tablet 275 mg, 550 mg	Non Preferred	PA
oxaprozin oral tablet 600 mg	Non Preferred	PA
piroxicam oral capsule 10 mg, 20 mg	Non Preferred	PA
px all day relief oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
px childrens profen ib oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
px ibuprofen junior strength oral tablet chewable 100 mg	Preferred	QL (6 EA per 1 day)
px ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
px infants profen ib oral suspension 50 mg/1.25ml	Preferred	QL (160 ML per 1 day)

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Drug	Status	Notes
qc childrens ibuprofen oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
qc ibuprofen ib oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
qc ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
qc naproxen sodium oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
ra ibuprofen childrens oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
ra ibuprofen infants oral suspension 50 mg/1.25ml	Preferred	QL (160 ML per 1 day)
ra ibuprofen junior strength oral tablet chewable 100 mg	Preferred	QL (6 EA per 1 day)
ra ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
ra naproxen sodium oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
ra pain relief ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
sb ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
sb infants ibuprofen oral suspension 50 mg/1.25ml	Preferred	QL (160 ML per 1 day)
sb naproxen sodium oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
sm childrens ibuprofen oral suspension 100 mg/5ml	Preferred	QL (160 ML per 1 day)
sm ibuprofen ib childrens oral tablet chewable 100 mg	Preferred	QL (6 EA per 1 day)
sm ibuprofen ib oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
sm ibuprofen jr oral tablet 100 mg	Preferred	QL (4 EA per 1 day)
sm ibuprofen oral tablet 200 mg	Preferred	QL (4 EA per 1 day)
sm infants ibuprofen oral suspension 50 mg/1.25ml	Preferred	QL (160 ML per 1 day)
sm naproxen sodium oral tablet 220 mg	Preferred	QL (3 EA per 1 day)
sulindac oral tablet 150 mg, 200 mg	Preferred	QL (3 EA per 1 day)
tolmetin sodium oral capsule 400 mg	Non Preferred	PA
tolmetin sodium oral tablet 600 mg	Non Preferred	PA

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Drug	Status	Notes
Nsaid-Dietary Management Combinations - Arthritis And Pain Drugs**		
PRASTERA ORAL KIT 200 & 400 MG	Non Preferred	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Arthritis And Pain Drugs**		
OTEZLA ORAL TABLET 30 MG	Non Preferred	PA; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Non Preferred	PA; SP
Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs**		
ARAVA ORAL TABLET 10 MG, 20 MG	Non Preferred	PA; QL (1 EA per 1 day)
leflunomide oral tablet 10 mg, 20 mg	Preferred	QL (1 EA per 1 day)
Selective Costimulation Modulators - Arthritis And Pain Drugs**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Non Preferred	PA; SP
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Non Preferred	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Non Preferred	PA; SP
Soluble Tumor Necrosis Factor Receptor Agents - Arthritis And Pain Drugs**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Non Preferred	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Preferred	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Preferred	PA; QL (4 ML per 22 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Preferred	PA; QL (4 ML per 22 days); SP

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Drug	Status	Notes
***Analgesics - Nonnarcotic* - Drugs For Pain And Fever**		
Analgesics Other - Arthritis And Pain Drugs**		
APHEN ORAL TABLET 325 MG	Preferred	QL (12 EA per 1 day)
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG	Preferred	QL (6 EA per 1 day)
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG	Preferred	QL (6 EA per 1 day)
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	Preferred	QL (34 EA per 1 day)
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	Preferred	QL (50 EA per 1 day)
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	Preferred	QL (12 EA per 1 day)
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML	Preferred	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	Preferred	QL (6 EA per 1 day)
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE 160 MG	Preferred	QL (6 EA per 1 day)
MIDOL ORAL TABLET EXTENDED RELEASE 650 MG	Preferred	QL (6 EA per 1 day)
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML	Preferred	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML	Preferred	

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Drug	Status	Notes
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML	Preferred	
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML	Preferred	
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML	Preferred	
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
PHARBETOL ORAL TABLET 325 MG	Preferred	QL (12 EA per 1 day)
PHARBETOL ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG	Preferred	QL (6 EA per 1 day)
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG	Preferred	QL (6 EA per 1 day)
TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE 160 MG	Preferred	QL (6 EA per 1 day)
TYLENOL CHILDRENS ORAL SUSPENSION 160 MG/5ML	Preferred	
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION 160 MG/5ML	Preferred	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML	Preferred	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML	Preferred	
TYLENOL ORAL TABLET 325 MG	Preferred	QL (12 EA per 1 day)
8 hour arthritis pain oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
8 hour arthritis pain reliever oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
8 hour pain reliever oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)

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

Drug	Status	Notes
8 hr arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
acetaminophen 8 hour oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
acetaminophen childrens oral solution 160 mg/5ml	Preferred	
acetaminophen childrens oral suspension 160 mg/5ml	Preferred	
acetaminophen childrens oral tablet chewable 160 mg	Preferred	QL (6 EA per 1 day)
acetaminophen er oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
acetaminophen extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
acetaminophen infants oral suspension 160 mg/5ml	Preferred	
acetaminophen junior strength oral tablet dispersible 160 mg	Preferred	QL (25 EA per 1 day)
acetaminophen oral liquid 160 mg/5ml	Preferred	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Preferred	
acetaminophen oral suspension 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml, 80 mg/2.5ml	Preferred	
acetaminophen oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
acetaminophen oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
acetaminophen oral tablet chewable 160 mg, 80 mg	Preferred	QL (6 EA per 1 day)
acetaminophen rapid tabs child oral tablet dispersible 80 mg	Preferred	QL (50 EA per 1 day)
acetaminophen rectal suppository 120 mg	Preferred	QL (34 EA per 1 day)
acetaminophen rectal suppository 650 mg	Preferred	QL (6 EA per 1 day)
apap childrens oral suspension 160 mg/5ml	Preferred	
arthritis pain apap oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)

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Drug	Status	Notes
arthritis pain reliever oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
betatemp childrens oral suspension 160 mg/5ml	Preferred	
childrens acetaminophen oral suspension 160 mg/5ml	Preferred	
childrens apap oral tablet chewable 80 mg	Preferred	QL (6 EA per 1 day)
childrens non-aspirin oral suspension 160 mg/5ml	Preferred	
childrens non-aspirin oral tablet chewable 80 mg	Preferred	QL (6 EA per 1 day)
childrens pain reliever oral tablet chewable 80 mg	Preferred	QL (6 EA per 1 day)
childrens silapap oral liquid 160 mg/5ml	Preferred	
cvs 8hr arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
cvs 8hr muscle aches & pain oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
cvs acetaminophen ex st oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
cvs acetaminophen oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
cvs arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
cvs childs non-aspirin oral tablet chewable 80 mg	Preferred	QL (6 EA per 1 day)
cvs fever reducing childrens rectal suppository 120 mg	Preferred	QL (34 EA per 1 day)
cvs infants pain relief drops oral suspension 160 mg/5ml	Preferred	
cvs non-aspirin childrens oral tablet chewable 80 mg	Preferred	QL (6 EA per 1 day)
cvs non-aspirin extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
cvs pain & fever childrens oral suspension 160 mg/5ml	Preferred	
cvs pain & fever infants oral suspension 160 mg/5ml	Preferred	
cvs pain relief childrens oral tablet chewable 160 mg	Preferred	QL (6 EA per 1 day)

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Drug	Status	Notes
cvs pain relief extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
cvs pain relief oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
cvs pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
cvs pain relief regular st oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
ed-apap oral liquid 160 mg/5ml	Preferred	
eq 8hr arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
eq acetaminophen oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
eq acetaminophen oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
eq arthritis pain oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
eq pain & fever childrens oral suspension 160 mg/5ml	Preferred	
eq pain & fever childrens oral tablet chewable 160 mg	Preferred	QL (6 EA per 1 day)
eq pain & fever infants oral suspension 160 mg/5ml	Preferred	
eq pain reliever ex st oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
eq pain reliever oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
eq pain reliever oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
eql acetaminophen childrens oral suspension 160 mg/5ml	Preferred	
eql acetaminophen ex st oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
eql acetaminophen oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
ft 8 hour pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
ft children's pain/fever oral tablet chewable 160 mg	Preferred	
ft pain relief adult extra st oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
ft pain relief oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
gnp 8 hour arthritis relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)

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Drug	Status	Notes
gnp 8 hour pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
gnp 8 hour pain reliever oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
gnp acetaminophen oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
gnp acetaminophen oral tablet chewable 160 mg	Preferred	QL (6 EA per 1 day)
gnp children's pain & fever oral suspension 160 mg/5ml	Preferred	
gnp infants pain/fever oral suspension 160 mg/5ml	Preferred	
gnp pain & fever childrens oral suspension 160 mg/5ml	Preferred	
gnp pain & fever infants oral suspension 160 mg/5ml	Preferred	
gnp pain relief extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
gnp pain relief oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
goodsense arthritis pain oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
goodsense pain & fever child oral suspension 160 mg/5ml	Preferred	
goodsense pain & fever infants oral suspension 160 mg/5ml	Preferred	
goodsense pain relief extra st oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
goodsense pain relief oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
hm acetaminophen childrens oral tablet chewable 160 mg	Preferred	QL (6 EA per 1 day)
hm arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
hm pain & fever childrens oral suspension 160 mg/5ml	Preferred	
hm pain relief extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
hm pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
hm pain reliever oral tablet 325 mg	Preferred	QL (12 EA per 1 day)

AGE - Age Limit **AGE*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days
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Drug	Status	Notes
infants pain & fever oral suspension 160 mg/5ml	Preferred	
kls acetaminophen ex st oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
liquid acetaminophen oral liquid 160 mg/5ml	Preferred	
liquid pain relief oral liquid 160 mg/5ml	Preferred	
mapap arthritis pain oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
mapap oral liquid 160 mg/5ml	Preferred	
mapap oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
mapap oral tablet chewable 80 mg	Preferred	QL (6 EA per 1 day)
meijer aspirin free oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
meijer aspirin free oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
meijer jr st aspirin free oral tablet chewable 160 mg	Preferred	QL (6 EA per 1 day)
mm arthritis pain oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
m-pap oral liquid 160 mg/5ml	Preferred	
non-aspirin extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
non-aspirin jr strength oral tablet chewable 160 mg	Preferred	QL (6 EA per 1 day)
non-aspirin oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
non-aspirin oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
non-aspirin pain relief oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
non-aspirin pain reliever oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
pain & fever childrens oral suspension 160 mg/5ml	Preferred	
pain & fever childrens oral tablet chewable 160 mg	Preferred	QL (6 EA per 1 day)
pain & fever infants oral suspension 160 mg/5ml	Preferred	
pain & fever kids oral suspension 160 mg/5ml	Preferred	
pain relief childrens oral suspension 160 mg/5ml	Preferred	
pain relief extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
pain relief regular strength oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
pain reliever extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)

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Drug	Status	Notes
pain reliever for adults oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
pain reliever oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
pain reliever/fever reducer rectal suppository 120 mg	Preferred	QL (34 EA per 1 day)
px arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
px childrens pain relief oral suspension 160 mg/5ml	Preferred	
px pain relief extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
qc 8 hour pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
qc acetaminophen 8 hours oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
qc acetaminophen 8hr arth pain oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
qc acetaminophen 8hr musc ache oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
qc acetaminophen infants oral suspension 160 mg/5ml	Preferred	
qc arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
qc non-aspirin 8 hour oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
qc non-aspirin childrens oral suspension 160 mg/5ml	Preferred	
qc non-aspirin childrens oral tablet chewable 160 mg	Preferred	QL (6 EA per 1 day)
qc non-aspirin extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
qc pain relief childrens oral suspension 160 mg/5ml	Preferred	
qc pain relief extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
qc pain relief infants oral suspension 160 mg/5ml	Preferred	
qc pain relief oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
ra 8 hour pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)

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Drug	Status	Notes
ra acetaminophen childrens oral tablet chewable 160 mg	Preferred	QL (6 EA per 1 day)
ra acetaminophen ex st oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
ra acetaminophen oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
ra arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
ra childrens fever/pain oral suspension 160 mg/5ml	Preferred	
ra fever reducer/pain reliever oral suspension 160 mg/5ml	Preferred	
ra pain relief acetaminophen oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
ra pain relief acetaminophen oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
sb arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
sb childrens non-aspirin oral tablet dispersible 80 mg	Preferred	QL (50 EA per 1 day)
sb non-aspirin extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
sb non-aspirin jr strength oral tablet dispersible 160 mg	Preferred	QL (25 EA per 1 day)
sb non-aspirin oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
sb non-aspirin oral tablet chewable 160 mg, 80 mg	Preferred	QL (6 EA per 1 day)
sb pain reliever childrens oral suspension 160 mg/5ml	Preferred	
sb pain reliever ex st oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
sm 8 hour pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
sm arthritis pain relief oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
sm arthritis pain reliever oral tablet extended release 650 mg	Preferred	QL (6 EA per 1 day)
sm pain & fever childrens oral suspension 160 mg/5ml	Preferred	
sm pain & fever infants oral suspension 160 mg/5ml	Preferred	

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Drug	Status	Notes
sm pain relief extra strength oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
sm pain relief oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
sm pain reliever childrens oral suspension 160 mg/5ml	Preferred	
sm pain reliever ex st oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
sm pain reliever oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
sm rapid melts junior oral tablet dispersible 160 mg	Preferred	QL (25 EA per 1 day)
tactinal oral tablet 325 mg	Preferred	QL (12 EA per 1 day)
Analgesics-Sedatives - Arthritis And Pain Drugs**		
ALLZITAL ORAL TABLET 25-325 MG	Non Preferred	PA
BAC ORAL TABLET 50-325-40 MG	Preferred	QL (6 EA per 1 day)
BUPAP ORAL TABLET 50-300 MG	Non Preferred	PA
ESGIC ORAL CAPSULE 50-325-40 MG	Non Preferred	PA
ESGIC ORAL TABLET 50-325-40 MG	Non Preferred	PA; QL (6 EA per 1 day)
FIORICET ORAL CAPSULE 50-300-40 MG	Non Preferred	PA
TENCON ORAL TABLET 50-325 MG	Non Preferred	PA
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Non Preferred	PA
butalbital-acetaminophen oral capsule 50-300 mg	Non Preferred	PA
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	Non Preferred	PA
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	Non Preferred	PA
butalbital-apap-caffeine oral tablet 50-325-40 mg	Preferred	QL (6 EA per 1 day)
butalbital-asa-caffeine oral capsule 50-325-40 mg	Non Preferred	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Non Preferred	PA
Salicylates - Arthritis And Pain Drugs**		
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG	Preferred	

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Drug	Status	Notes
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	Preferred	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Preferred	
BAYER ASPIRIN ORAL TABLET 325 MG	Preferred	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	Preferred	QL (12 EA per 1 day)
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	Preferred	QL (2 EA per 1 day)
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Preferred	
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG	Preferred	QL (12 EA per 1 day)
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Preferred	
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG	Preferred	QL (12 EA per 1 day)
ECPIRIN ORAL TABLET DELAYED RELEASE 325 MG	Preferred	QL (12 EA per 1 day)
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	Preferred	
MEDIQUE ASPIRIN ORAL TABLET 325 MG	Preferred	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Preferred	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Preferred	QL (2 EA per 1 day)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Preferred	
adult aspirin regimen oral tablet delayed release 81 mg	Preferred	
aspirin 81 oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
aspirin 81 oral tablet delayed release 81 mg	Preferred	
aspirin adult low dose oral tablet delayed release 81 mg	Preferred	

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Drug	Status	Notes
aspirin adult low strength oral tablet delayed release 81 mg	Preferred	
aspirin childrens oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
aspirin ec low dose oral tablet delayed release 81 mg	Preferred	
aspirin ec low strength oral tablet delayed release 81 mg	Preferred	
aspirin low dose oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
aspirin low dose oral tablet delayed release 81 mg	Preferred	
aspirin low strength oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
aspirin oral tablet 325 mg	Preferred	
aspirin oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
aspirin oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
aspirin oral tablet delayed release 81 mg	Preferred	
aspirin regimen oral tablet delayed release 81 mg	Preferred	
childrens aspirin oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
cvs aspirin adult low dose oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
cvs aspirin adult low strength oral tablet delayed release 81 mg	Preferred	
cvs aspirin ec oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
cvs aspirin ec oral tablet delayed release 81 mg	Preferred	
cvs aspirin low dose oral tablet delayed release 81 mg	Preferred	
cvs aspirin low strength oral tablet delayed release 81 mg	Preferred	
cvs aspirin oral tablet 325 mg	Preferred	
cvs genuine aspirin oral tablet 325 mg	Preferred	
diflunisal oral tablet 500 mg	Non Preferred	PA
eq aspirin adult low dose oral tablet delayed release 81 mg	Preferred	
eq aspirin low dose oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)

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Drug	Status	Notes
eq aspirin oral tablet 325 mg	Preferred	
eql aspirin ec oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
eql aspirin low dose oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
eql aspirin low dose oral tablet delayed release 81 mg	Preferred	
ft aspirin low dose oral tablet delayed release 81 mg	Preferred	
ft aspirin oral tablet 325 mg	Preferred	
ft enteric coated aspirin oral tablet delayed release 325 mg	Preferred	
genuine aspirin oral tablet 325 mg	Preferred	
gnp adult aspirin low strength oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
gnp aspirin low dose oral tablet delayed release 81 mg	Preferred	
gnp aspirin oral tablet 325 mg	Preferred	
gnp aspirin oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
gnp aspirin oral tablet delayed release 81 mg	Preferred	
goodsense aspirin adults oral tablet 325 mg	Preferred	
goodsense aspirin low dose oral tablet delayed release 81 mg	Preferred	
goodsense aspirin oral tablet 325 mg	Preferred	
goodsense aspirin oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
goodsense aspirin oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
h-e-b aspirin oral tablet delayed release 81 mg	Preferred	
hm adult aspirin oral tablet 325 mg	Preferred	
hm aspirin ec low dose oral tablet delayed release 81 mg	Preferred	
hm aspirin ec oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
hm aspirin oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
hm aspirin oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)

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Drug	Status	Notes
kls aspirin low dose oral tablet delayed release 81 mg	Preferred	
kp aspirin oral tablet delayed release 81 mg	Preferred	
meijer aspirin ec oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
mm aspirin oral tablet delayed release 81 mg	Preferred	
px aspirin oral tablet 325 mg	Preferred	
px aspirin oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
px enteric aspirin oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
px enteric aspirin oral tablet delayed release 81 mg	Preferred	
qc aspirin low dose oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
qc aspirin low dose oral tablet delayed release 81 mg	Preferred	
qc aspirin oral tablet 325 mg	Preferred	
qc aspirin oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
qc childrens aspirin oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
qc enteric aspirin oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
ra aspirin adult low dose oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
ra aspirin adult low strength oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
ra aspirin childrens oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
ra aspirin ec adult low st oral tablet delayed release 81 mg	Preferred	
ra aspirin ec oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
ra aspirin ec oral tablet delayed release 81 mg	Preferred	
ra aspirin oral tablet 325 mg	Preferred	
ra pain relief aspirin oral tablet 325 mg	Preferred	
salsalate oral tablet 500 mg, 750 mg	Non Preferred	PA
sb aspirin ec oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)

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Drug	Status	Notes
sb aspirin oral tablet 325 mg	Preferred	
sb childrens aspirin oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
sb low dose asa ec oral tablet delayed release 81 mg	Preferred	
sm aspirin adult low strength oral tablet delayed release 81 mg	Preferred	
sm aspirin ec low strength oral tablet delayed release 81 mg	Preferred	
sm aspirin ec oral tablet delayed release 325 mg	Preferred	QL (12 EA per 1 day)
sm aspirin low dose oral tablet chewable 81 mg	Preferred	QL (2 EA per 1 day)
sm aspirin low dose oral tablet delayed release 81 mg	Preferred	
sm aspirin oral tablet 325 mg	Preferred	
***Analgesics - Opioid* - Drugs For Pain And Fever**		
Codeine Combinations - Arthritis And Pain Drugs**		
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Preferred	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 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 - Arthritis And Pain Drugs**		
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)

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Drug	Status	Notes
Hydrocodone Combinations - Arthritis And Pain Drugs**		
LORTAB ORAL ELIXIR 10-300 MG/15ML	Non Preferred	PA
XODOL ORAL TABLET 5-300 MG	Non Preferred	PA; NOTES (MME)
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-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Preferred	NOTES (QL; EA; MME)
Opioid Agonists - Arthritis And Pain Drugs**		
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Non Preferred	PA; NOTES (MME)
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)
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)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	Non Preferred	PA
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Non Preferred	PA; QL (2 ML per 1 day); NOTES (EA;MME)
METHADOSE ORAL CONCENTRATE 10 MG/ML	Non Preferred	PA; QL (2 ML per 1 day); NOTES (EA; MME)
METHADOSE ORAL CONCENTRATE 5 MG/0.5ML	Non Preferred	PA; QL (2 EA per 1 day); NOTES (EA;MME)

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Drug	Status	Notes
METHADOSE ORAL TABLET SOLUBLE 40 MG	Non Preferred	PA; QL (0.5 EA per 1 day); NOTES (EA; MME)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML	Non Preferred	PA; QL (2 ML per 1 day); NOTES (EA; MME)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 30 MG, 60 MG	Non Preferred	PA; QL (3 EA per 1 day); NOTES (MME)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 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)
OXAYDO ORAL TABLET 5 MG, 7.5 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 15 MG, 30 MG, 5 MG	Non Preferred	PA; NOTES (MME)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Non Preferred	PA; NOTES (MME)
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)
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 100 mcg, 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; QL (0.34 EA per 1 day); NOTES (10 patches per month; EA; MME)
fentanyl transdermal patch 72 hour 37.5 mcg/hr	Non Preferred	PA; QL (0.34 EA per 1 day); NOTES (MME;10 patches per month)
fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr	Non Preferred	PA; QL (0.34 EA per 1 day); 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, 4 mg, 8 mg	Preferred	NOTES (QL; EA; MME)
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 injection solution 10 mg/ml	Non Preferred	PA; NOTES (MME)
methadone hcl intravenous solution prefilled syringe 10 mg/ml	Non Preferred	PA; NOTES (MME)
methadone hcl oral concentrate 10 mg/ml	Non Preferred	PA; QL (2 EA per 1 day); NOTES (EA; MME)
methadone hcl oral solution 10 mg/5ml	Non Preferred	PA; QL (10 ML per 1 day); NOTES (EA; MME)
methadone hcl oral solution 5 mg/5ml	Non Preferred	PA; QL (20 ML per 1 day); NOTES (EA; MME)

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Drug	Status	Notes
methadone hcl oral tablet 10 mg	Non Preferred	PA; QL (2 EA per 1 day); NOTES (EA; MME)
methadone hcl oral tablet 5 mg	Non Preferred	PA; QL (4 EA per 1 day); NOTES (EA; MME)
methadone hcl oral tablet soluble 40 mg	Non Preferred	PA; QL (0.5 EA per 1 day); NOTES (EA; MME)
methadone hcl-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%	Non Preferred	PA; NOTES (MME)
methadone hcl-sodium chloride intravenous solution prefilled syringe 1-0.9 mg/ml-%	Non Preferred	PA; NOTES (MME)
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	Non Preferred	PA; NOTES (MME)
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, 200 mg, 30 mg, 60 mg	Preferred	PA; QL (3 EA per 1 day); NOTES (EA; MME)
morphine sulfate er oral tablet extended release 15 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, 80 mg	Non Preferred	PA; NOTES (MME)
oxycodone hcl oral capsule 5 mg	Non Preferred	PA; NOTES (MME)
oxycodone hcl oral concentrate 10 mg/0.5ml, 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, 5 mg	Preferred	NOTES (QL; EA; MME)

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Drug	Status	Notes
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; QL (2 EA per 1 day); 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; QL (1 EA per 1 day); NOTES (MME); AGE (Min 21 Years)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Preferred	PA; QL (1 EA per 1 day); NOTES (QL; EA; MME); AGE (Min 21 Years)
tramadol hcl oral solution 5 mg/ml	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)
tramadol hcl oral tablet 100 mg	Non Preferred	PA; NOTES (MME); AGE (Min 21 Years)
tramadol hcl oral tablet 50 mg	Preferred	NOTES (QL, EA, MME); AGE (Min 21 Years)
Opioid Combinations - Arthritis And Pain Drugs**		
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	Preferred	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)
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)

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Drug	Status	Notes
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 - Arthritis And Pain Drugs**		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Non Preferred	PA; NOTES (MME)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML	Non Preferred	PA
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML	Non Preferred	PA
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	Preferred	QL (0.5 ML per 22 days); SP
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/1.5ML	Preferred	QL (1.5 ML per 22 days); SP
SUBOXONE SUBLINGUAL FILM 12-3 MG	Preferred	QL (2 EA per 1 day); NOTES (Max 32 mg / day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	Preferred	QL (16 EA per 1 day); NOTES (Max 32 mg / day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	Preferred	QL (8 EA per 1 day); NOTES (Max 32 mg / day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	Preferred	QL (4 EA per 1 day); NOTES (Max 32 mg / day)
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

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Drug	Status	Notes
buprenorphine hcl sublingual tablet sublingual 2 mg	Non Preferred	PA; QL (16 EA per 1 day); NOTES (EA)
buprenorphine hcl sublingual tablet sublingual 8 mg	Non Preferred	PA; QL (4 EA per 1 day); NOTES (EA)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	Non Preferred	PA; QL (2 EA per 1 day); NOTES (Max 32 mg / day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	Non Preferred	PA; QL (16 EA per 1 day); NOTES (Max 32 mg / day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	Non Preferred	PA; QL (8 EA per 1 day); NOTES (Max 32 mg / day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	Non Preferred	PA; QL (4 EA per 1 day); NOTES (Max 32 mg / day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Preferred	QL (16 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Preferred	QL (4 EA per 1 day)
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)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	Non Preferred	PA; NOTES (MME)
Tramadol Combinations - Arthritis And Pain Drugs**		
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* - Hormones**		
Anabolic Steroids - Drugs For Men**		
oxandrolone oral tablet 10 mg, 2.5 mg	Preferred	PA; NOTES (EA)
Androgens - Drugs For Men**		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	Preferred	PA; NOTES (EA)
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Non Preferred	PA

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Drug	Status	Notes
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	Non Preferred	PA
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	Non Preferred	PA; NOTES (EA)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	Non Preferred	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	Preferred	PA; NOTES (EA)
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	Non Preferred	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Non Preferred	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Non Preferred	PA
NATESTO NASAL GEL 5.5 MG/ACT	Non Preferred	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	Preferred	PA
TESTOPEL IMPLANT PELLET 75 MG	Non Preferred	PA
TLANDO ORAL CAPSULE 112.5 MG	Non Preferred	PA
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Non Preferred	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Non Preferred	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Non Preferred	PA; NOTES (EA)
danazol oral capsule 100 mg, 200 mg, 50 mg	Preferred	
methitest oral tablet 10 mg	Non Preferred	PA
methyltestosterone oral capsule 10 mg	Non Preferred	PA
testosterone cypionate injection solution 200 mg/ml	Non Preferred	PA; NOTES (EA)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Preferred	PA; NOTES (EA)

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Drug	Status	Notes
testosterone enanthate intramuscular solution 200 mg/ml	Non Preferred	PA; NOTES (EA)
testosterone implant pellet 100 mg, 200 mg, 25 mg, 50 mg	Non Preferred	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	Non Preferred	PA; NOTES (EA)
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	Preferred	PA; NOTES (EA)
testosterone transdermal solution 30 mg/act	Non Preferred	PA
***Anorectal And Related Products* - Rectal Preparations**		
Intrarectal Steroids - Rectal Preparations**		
CORTENEMA RECTAL ENEMA 100 MG/60ML	Non Preferred	PA
CORTIFOAM EXTERNAL FOAM 10 %	Non Preferred	PA
UCERIS RECTAL FOAM 2 MG/ACT	Non Preferred	PA
budesonide rectal foam 2 mg	Non Preferred	PA
hydrocortisone rectal enema 100 mg/60ml	Preferred	
Nitrate Vasodilating Agents - Rectal Preparations**		
RECTIV RECTAL OINTMENT 0.4 %	Preferred	PA
Rectal Anesthetic/Steroids - Rectal Preparations**		
ANA-LEX RECTAL KIT 2-2 %	Non Preferred	PA
LIDOCORT EXTERNAL CREAM 3-0.5 %	Preferred	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Non Preferred	PA
hydrocortisone ace-pramoxine external cream 1-1 %	Preferred	QL (30 GM per 24 days)
hydrocort-pramoxine (perianal) external cream 2.5-1 %	Preferred	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	Preferred	

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Drug	Status	Notes
lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %	Non Preferred	PA
lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %	Non Preferred	PA
Rectal Steroids - Rectal Preparations**		
ANUSOL-HC EXTERNAL CREAM 2.5 %	Non Preferred	PA
PROCTOCARE-HC EXTERNAL CREAM 2.5 %	Preferred	
PROCTOCORT EXTERNAL CREAM 1 %	Non Preferred	PA
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Preferred	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Preferred	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Preferred	
hydrocortisone (perianal) external cream 1 %, 2.5 %	Preferred	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Preferred	
***Antacids* - Drugs For The Stomach**		
Antacid Combinations - Drugs For Ulcers And Stomach Acid**		
mag-al oral liquid 200-200 mg/5ml	Preferred	
Antacids - Bicarbonate - Drugs For Ulcers And Stomach Acid**		
sodium bicarbonate oral powder	Non Preferred	PA
Antacids - Calcium Salts - Drugs For Ulcers And Stomach Acid**		
ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE 750 MG	Preferred	
ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG	Preferred	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	Preferred	

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Drug	Status	Notes
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG	Preferred	
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG	Preferred	
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG	Preferred	
antacid calcium oral tablet chewable 500 mg	Preferred	
antacid calcium rich oral tablet chewable 500 mg	Preferred	
antacid extra strength oral tablet chewable 750 mg	Preferred	
antacid maximum oral tablet chewable 1000 mg	Preferred	
antacid oral tablet chewable 500 mg, 750 mg	Preferred	
antacid regular strength oral tablet chewable 500 mg	Preferred	
antacid ultra strength oral tablet chewable 1000 mg	Preferred	
calcium antacid extra strength oral tablet chewable 750 mg	Preferred	
calcium antacid oral tablet chewable 500 mg	Preferred	
calcium carbonate antacid oral suspension 1250 mg/5ml	Preferred	QL (500 ML per 24 days)
calcium carbonate antacid oral tablet 648 mg	Preferred	QL (16 EA per 1 day)
calcium carbonate antacid oral tablet chewable 500 mg	Preferred	
cvs antacid extra strength oral tablet chewable 750 mg	Preferred	
cvs antacid kids oral tablet chewable 750 mg	Preferred	
cvs antacid maximum strength oral tablet chewable 1000 mg	Preferred	
cvs antacid ultra strength oral tablet chewable 1000 mg	Preferred	
cvs smooth antacid extra st oral tablet chewable 750 mg	Preferred	
eq antacid extra strength oral tablet chewable 750 mg	Preferred	

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Drug	Status	Notes
eq antacid oral tablet chewable 500 mg	Preferred	
eq antacid ultra strength oral tablet chewable 1000 mg	Preferred	
eql antacid oral tablet chewable 500 mg	Preferred	
eql antacid ultra strength oral tablet chewable 1000 mg	Preferred	
ft antacid extra strength oral tablet chewable 750 mg	Preferred	
ft antacid regular strength oral tablet chewable 500 mg	Preferred	
gnp antacid extra strength oral tablet chewable 750 mg	Preferred	
gnp antacid oral tablet chewable 500 mg	Preferred	
gnp antacid ultra strength oral tablet chewable 1000 mg	Preferred	
goodsense antacid oral tablet chewable 1000 mg, 500 mg, 750 mg	Preferred	
hm antacid extra strength oral tablet chewable 750 mg	Preferred	
hm antacid oral tablet chewable 500 mg	Preferred	
long lasting antacid oral tablet chewable 500 mg	Preferred	
px antacid extra strength oral tablet chewable 750 mg	Preferred	
px antacid maximum strength oral tablet chewable 1000 mg	Preferred	
px calcium antacid oral tablet chewable 500 mg	Preferred	
qc antacid extra strength oral tablet chewable 750 mg	Preferred	
qc antacid oral tablet chewable 500 mg	Preferred	
qc antacid ultra strength oral tablet chewable 1000 mg	Preferred	
ra antacid oral tablet chewable 500 mg	Preferred	
ra antacid ultra strength oral tablet chewable 1000 mg	Preferred	

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Drug	Status	Notes
sb antacid extra strength oral tablet chewable 750 mg	Preferred	
sb antacid oral tablet chewable 500 mg	Preferred	
sm antacid oral tablet chewable 500 mg	Preferred	
sm calcium antacid ex st oral tablet chewable 750 mg	Preferred	
sm calcium antacid oral tablet chewable 500 mg	Preferred	
sm smooth antacid ex st oral tablet chewable 750 mg	Preferred	
smooth antacid extra strength oral tablet chewable 750 mg	Preferred	
***Anthelmintics* - Drugs For Infections**		
Anthelmintics - Drugs For Parasites**		
BILTRICIDE ORAL TABLET 600 MG	Non Preferred	PA
EGATEN ORAL TABLET 250 MG	Preferred	
EMVERM ORAL TABLET CHEWABLE 100 MG	Non Preferred	PA
STROMECTOL ORAL TABLET 3 MG	Non Preferred	PA
albendazole oral tablet 200 mg	Preferred	QL (4 EA per 24 days)
albendazole tablet 200 mg oral	Non Preferred	PA; QL (4 EA per 24 days)
benznidazole oral tablet 100 mg, 12.5 mg	Non Preferred	PA
cvs pinworm treatment oral suspension 144 (50 base) mg/ml	Preferred	QL (60 ML per 24 days)
ivermectin oral tablet 3 mg	Non Preferred	PA
pin-away oral suspension 144 (50 base) mg/ml	Preferred	QL (60 ML per 24 days)
pinworm medicine oral suspension 144 (50 base) mg/ml	Preferred	QL (60 ML per 24 days)
praziquantel oral tablet 600 mg	Non Preferred	PA
reeses pinworm medicine oral suspension 144 (50 base) mg/ml	Preferred	QL (60 ML per 24 days)

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QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy

Drug	Status	Notes
***Antianginal Agents* - Drugs For The Heart**		
Antianginals-Other - Drugs For Angina**		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG	Non Preferred	PA
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	Non Preferred	PA
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Preferred	PA
Nitrates - Drugs For Angina**		
GONITRO SUBLINGUAL PACKET 400 MCG	Non Preferred	PA
ISORDIL TITRADOSE ORAL TABLET 40 MG	Non Preferred	PA
ISORDIL TITRADOSE ORAL TABLET 5 MG	Preferred	QL (4 EA per 1 day)
NITRO-BID TRANSDERMAL OINTMENT 2 %	Preferred	QL (2 GM per 1 day)
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; QL (1 EA per 1 day)
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Preferred	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	Non Preferred	PA
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY	Non Preferred	PA
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	Non Preferred	PA; QL (10 EA per 1 day)
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG	Preferred	QL (6 EA per 1 day)
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 9 MG	Preferred	QL (3 EA per 1 day)
isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg	Preferred	QL (4 EA per 1 day)
isosorbide dinitrate oral tablet 20 mg	Preferred	QL (6 EA per 1 day)

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Drug	Status	Notes
isosorbide dinitrate oral tablet 40 mg	Preferred	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Preferred	QL (2 EA per 1 day)
isosorbide mononitrate oral tablet 10 mg	Preferred	QL (3 EA per 1 day)
isosorbide mononitrate oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	Preferred	PA
nitroglycerin intravenous solution 5 mg/ml	Non Preferred	PA
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Preferred	QL (10 EA per 1 day)
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Preferred	QL (1 EA per 1 day)
nitroglycerin translingual solution 0.4 mg/spray	Non Preferred	PA
***Antianxiety Agents* - Drugs For The Nervous System**		
Antianxiety Agents - Misc. - Drugs For Anxiety**		
VISTARIL ORAL CAPSULE 25 MG, 50 MG	Non Preferred	PA
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Preferred	
droperidol injection solution 2.5 mg/ml	Preferred	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	Preferred	
hydroxyzine hcl oral syrup 10 mg/5ml	Preferred	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Preferred	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Preferred	
meprobamate oral tablet 200 mg, 400 mg	Non Preferred	PA
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain**		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Non Preferred	PA
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	Non Preferred	PA

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

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Drug	Status	Notes
lorazepam injection solution 2 mg/ml, 4 mg/ml	Preferred	
lorazepam oral concentrate 1 mg/0.5ml, 2 mg/ml	Preferred	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Non Preferred	PA
***Antiarrhythmics* - Drugs For The Heart**		
Antiarrhythmics Type I-A - Drugs For Abnormal Heart Rhythms**		
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Non Preferred	PA
NORPACE ORAL CAPSULE 100 MG	Non Preferred	PA
NORPACE ORAL CAPSULE 150 MG	Non Preferred	PA; QL (5 EA per 1 day)
disopyramide phosphate oral capsule 100 mg	Preferred	
disopyramide phosphate oral capsule 150 mg	Preferred	QL (5 EA per 1 day)
procainamide hcl injection solution 100 mg/ml, 500 mg/ml	Preferred	PA
quinidine gluconate er oral tablet extended release 324 mg	Preferred	QL (6 EA per 1 day)
quinidine sulfate oral tablet 200 mg, 300 mg	Non Preferred	PA
Antiarrhythmics Type I-B - Drugs For Abnormal Heart Rhythms**		
lidocaine hcl (cardiac) intravenous solution prefilled syringe 100 mg/10ml, 100 mg/5ml, 200 mg/10ml, 50 mg/5ml, 60 mg/3ml	Preferred	PA
lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml	Preferred	PA
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml	Preferred	PA
lidocaine in d5w intravenous solution 2-5 mg/ml-%, 4-5 mg/ml-%, 8-5 mg/ml-%	Preferred	PA
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Preferred	QL (6 EA per 1 day)

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Drug	Status	Notes
Antiarrhythmics Type I-C - Drugs For Abnormal Heart Rhythms**		
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	Non Preferred	PA
flecainide acetate oral tablet 100 mg	Preferred	QL (6 EA per 1 day)
flecainide acetate oral tablet 150 mg	Preferred	QL (3 EA per 1 day)
flecainide acetate oral tablet 50 mg	Preferred	QL (7 EA per 1 day)
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Preferred	
propafenone hcl oral tablet 150 mg	Preferred	QL (6 EA per 1 day)
propafenone hcl oral tablet 225 mg	Preferred	QL (3 EA per 1 day)
propafenone hcl oral tablet 300 mg	Preferred	
Antiarrhythmics Type Iii - Drugs For Abnormal Heart Rhythms**		
MULTAQ ORAL TABLET 400 MG	Non Preferred	PA
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-%	Preferred	PA
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Non Preferred	PA; QL (4 EA per 1 day)
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Non Preferred	PA
amiodarone hcl in dextrose intravenous solution 450-5 mg/250ml-%, 900-5 mg/500ml-%	Preferred	
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	Preferred	PA
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	Preferred	QL (4 EA per 1 day)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Preferred	

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Drug	Status	Notes
***Antiasthmatic And Bronchodilator Agents* - Drugs For The Lungs**		
5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd**		
ZYFLO ORAL TABLET 600 MG	Non Preferred	PA
zileuton er oral tablet extended release 12 hour 600 mg	Non Preferred	PA
Adrenergic Combinations - Drugs For Asthma/Copd**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Preferred	QL (2 EA per 1 day); NOTES (2 inhalations every 1 day); DS (90 DS)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Preferred	QL (36 GM per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Non Preferred	PA
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	Non Preferred	PA
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	Non Preferred	PA
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	Non Preferred	PA
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Non Preferred	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Preferred	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	Non Preferred	PA

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Drug	Status	Notes
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Non Preferred	PA
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Preferred	QL (30.9 GM per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Non Preferred	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Preferred	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT	Non Preferred	PA
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Preferred	QL (39 GM per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Preferred	QL (39 GM per 72 days); NOTES (3 inhalers every 3 months)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Preferred	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Preferred	QL (30.9 GM per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Non Preferred	PA
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Non Preferred	PA; QL (2 EA per 1 day); NOTES (2 inhalations every 1 day)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Preferred	QL (30.9 GM per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)

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Drug	Status	Notes
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non Preferred	PA
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Preferred	QL (36 GM per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Preferred	QL (2 EA per 1 day); NOTES (2 inhalations every 1 day); DS (90 DS)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Non Preferred	PA
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Preferred	QL (540 ML per 24 days); DS (90 DS)
Anti-Ige Monoclonal Antibodies - Drugs For Asthma/Copd**		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Preferred	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Preferred	PA; SP
Anti-Inflammatory Agents - Drugs For Asthma/Copd**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Preferred	QL (26 ML per 1 day); DS (90 DS)
Beta Adrenergics - Drugs For Asthma/Copd**		
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	Non Preferred	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	Non Preferred	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Non Preferred	PA

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Drug	Status	Notes
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Non Preferred	PA
PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Preferred	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Non Preferred	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Preferred	QL (2 EA per 1 day); NOTES (2 inhalations every 1 day); DS (90 DS)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Non Preferred	PA
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Non Preferred	PA
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	Non Preferred	PA
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	Non Preferred	PA
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	Non Preferred	PA
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Non Preferred	PA
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Preferred	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	Preferred	QL (540 ML per 24 days); DS (90 DS)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	Preferred	QL (150 ML per 24 days); DS (90 DS)
albuterol sulfate oral syrup 2 mg/5ml	Preferred	QL (150 ML per 1 day); DS (90 DS)

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Drug	Status	Notes
albuterol sulfate oral tablet 2 mg	Preferred	QL (16 EA per 1 day); DS (90 DS)
albuterol sulfate oral tablet 4 mg	Preferred	QL (8 EA per 1 day); DS (90 DS)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Non Preferred	PA
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	Non Preferred	PA
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
levalbuterol tartrate inhalation aerosol 45 mcg/act	Non Preferred	PA
terbutaline sulfate injection solution 1 mg/ml	Non Preferred	PA
terbutaline sulfate oral tablet 2.5 mg, 5 mg	Non Preferred	PA
Bronchodilators - Anticholinergics - Drugs For Asthma/Copd**		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Preferred	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Non Preferred	PA
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML	Non Preferred	PA
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML	Non Preferred	PA
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Preferred	QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Non Preferred	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Non Preferred	PA
YUPELRI INHALATION SOLUTION 175 MCG/3ML	Non Preferred	PA

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Drug	Status	Notes
ipratropium bromide inhalation solution 0.02 %	Preferred	QL (540 ML per 24 days); DS (90 DS)
tiotropium bromide monohydrate inhalation capsule 18 mcg	Preferred	QL (1 EA per 1 day)
Interleukin-5 Antagonists (Igg1 Kappa) - Drugs For Asthma/Copd**		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Preferred	PA; SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Preferred	PA; SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non Preferred	PA; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Non Preferred	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; SP
Interleukin-5 Antagonists (Igg4 Kappa) - Drugs For Asthma/Copd**		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	Preferred	PA; SP
Leukotriene Receptor Antagonists - Drugs For Asthma/Copd**		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Non Preferred	PA; QL (2 EA per 1 day)
SINGULAIR ORAL PACKET 4 MG	Non Preferred	PA; QL (1 EA per 1 day)
SINGULAIR ORAL TABLET 10 MG	Non Preferred	PA; QL (1 EA per 1 day)
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day)
montelukast sodium oral packet 4 mg	Preferred	QL (1 EA per 1 day)
montelukast sodium oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
montelukast sodium oral tablet chewable 4 mg, 5 mg	Preferred	QL (1 EA per 1 day)
zafirlukast oral tablet 10 mg, 20 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)

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Drug	Status	Notes
Selective Phosphodiesterase 4 (Pde4) Inhibitors - Drugs For Asthma/Copd**		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Non Preferred	PA
roflumilast oral tablet 250 mcg, 500 mcg	Preferred	PA
Steroid Inhalants - Drugs For Asthma/Copd**		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	Non Preferred	PA
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT	Non Preferred	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Non Preferred	PA
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Non Preferred	PA
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Non Preferred	PA
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Non Preferred	PA
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Non Preferred	PA
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Non Preferred	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	Preferred	QL (180 EA per 72 days); DS (90 DS)

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Drug	Status	Notes
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	Preferred	QL (36 GM per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	Preferred	QL (31.8 GM per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Preferred	QL (3 EA per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	Non Preferred	PA; QL (120 ML per 24 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Non Preferred	PA
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Preferred	QL (120 ML per 24 days); DS (90 DS)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	Preferred	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act	Preferred	QL (36 GM per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	Preferred	QL (31.8 GM per 72 days); NOTES (3 inhalers every 3 months); DS (90 DS)
Thymic Stromal Lymphopoietin (Tslp) Antagonists - Drugs For Asthma/Copd**		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Non Preferred	PA; SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Non Preferred	PA; SP
Xanthines - Drugs For Asthma/Copd**		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Non Preferred	PA

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Drug	Status	Notes
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Non Preferred	PA
aminophylline intravenous solution 25 mg/ml	Preferred	PA
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	Preferred	
theophylline er oral tablet extended release 12 hour 300 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
theophylline er oral tablet extended release 12 hour 450 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
theophylline er oral tablet extended release 24 hour 400 mg	Preferred	
theophylline er oral tablet extended release 24 hour 600 mg	Preferred	QL (3 EA per 1 day)
theophylline oral elixir 80 mg/15ml	Preferred	DS (90 DS)
theophylline oral solution 80 mg/15ml	Preferred	DS (90 DS)
***Anticoagulants* - Drugs For The Blood**		
Coumarin Anticoagulants - Drugs To Prevent Blood Clots**		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Preferred	QL (10 EA per 1 day)
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	QL (10 EA per 1 day)
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Preferred	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Preferred	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Non Preferred	PA
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Non Preferred	PA
XARELTO ORAL TABLET 10 MG, 20 MG	Preferred	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	Preferred	QL (2 EA per 1 day)

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Drug	Status	Notes
XARELTO ORAL TABLET 2.5 MG	Preferred	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Preferred	
Heparins And Heparinoid-Like Agents - Drugs To Prevent Blood Clots**		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 10 UNIT/ML, 100 UNIT/ML	Preferred	PA
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-%, 4000-0.9 unit/l-%, 500-0.9 ut/500ml-%, 5000-0.9 unit/l-%, 5000-0.9 ut/500ml-%	Preferred	PA
heparin (porcine) in nacl intravenous solution prefilled syringe 20-0.9 unt/20ml-%, 50-0.9 unt/50ml-%	Preferred	PA
heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml	Preferred	PA
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	Preferred	PA
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	Preferred	PA
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Preferred	PA
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	Preferred	PA
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml	Preferred	PA
hepmed combination kit 100&0.9&2.5-2.5 ut/ml&%	Preferred	PA

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Drug	Status	Notes
Low Molecular Weight Heparins - Drugs To Prevent Blood Clots**		
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	Non Preferred	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Non Preferred	PA
LOVENOX INJECTION SOLUTION 300 MG/3ML	Non Preferred	PA
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
enoxaparin sodium injection solution 300 mg/3ml	Preferred	
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	
Synthetic Heparinoid-Like Agents - Drugs To Prevent Blood Clots**		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	Non Preferred	PA
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
Thrombin Inhibitors - Selective Direct & Reversible - Drugs To Prevent Blood Clots**		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Preferred	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Non Preferred	PA
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	Preferred	

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Drug	Status	Notes
***Anticonvulsants* - Drugs For The Nervous System**		
Ampa Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain**		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Preferred	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Preferred	PA
Anticonvulsants - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain**		
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	Preferred	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	Preferred	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non Preferred	PA
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Non Preferred	PA
ONFI ORAL SUSPENSION 2.5 MG/ML	Non Preferred	PA
ONFI ORAL TABLET 10 MG, 20 MG	Non Preferred	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Non Preferred	PA
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Preferred	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	Preferred	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	Preferred	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Preferred	
clobazam oral suspension 2.5 mg/ml	Preferred	
clobazam oral tablet 10 mg, 20 mg	Preferred	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	

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Drug	Status	Notes
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Non Preferred	PA
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Preferred	
Anticonvulsants - Misc. - Drugs For Seizures /Personality Disorder/Nerve Pain**		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Non Preferred	PA
BANZEL ORAL SUSPENSION 40 MG/ML	Non Preferred	PA
BANZEL ORAL TABLET 200 MG, 400 MG	Non Preferred	PA
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	Preferred	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	Non Preferred	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Non Preferred	PA
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Preferred	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Non Preferred	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG	Non Preferred	PA; SP
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG	Non Preferred	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Non Preferred	PA; SP
EPITOL ORAL TABLET 200 MG	Preferred	
EPRONTIA ORAL SOLUTION 25 MG/ML	Non Preferred	PA
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML	Non Preferred	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Non Preferred	PA
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML	Non Preferred	PA
KEPPRA ORAL SOLUTION 100 MG/ML	Non Preferred	PA
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG	Non Preferred	PA

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Drug	Status	Notes
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	Non Preferred	PA
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
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Non Preferred	PA
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Non Preferred	PA
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
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Non Preferred	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Non Preferred	PA
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	Non Preferred	PA; QL (3 EA per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	Non Preferred	PA; QL (2 EA per 1 day)
LYRICA ORAL SOLUTION 20 MG/ML	Non Preferred	PA; QL (30 ML per 1 day)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	Non Preferred	PA
MYSOLINE ORAL TABLET 250 MG, 50 MG	Non Preferred	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Non Preferred	PA
NEURONTIN ORAL SOLUTION 250 MG/5ML	Non Preferred	PA

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

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Drug	Status	Notes
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	Non Preferred	PA
VIMPAT ORAL SOLUTION 10 MG/ML	Non Preferred	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non Preferred	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Non Preferred	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML	Non Preferred	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	Carve Out	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Preferred	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Preferred	
carbamazepine oral suspension 100 mg/5ml	Preferred	
carbamazepine oral tablet 200 mg	Preferred	
carbamazepine oral tablet chewable 100 mg	Preferred	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Preferred	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Preferred	
gabapentin oral tablet 25 mg, 50 mg	Non Preferred	PA
gabapentin oral tablet 600 mg, 800 mg	Preferred	
lacosamide intravenous solution 200 mg/20ml	Non Preferred	PA
lacosamide oral solution 10 mg/ml	Preferred	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Preferred	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Non Preferred	PA
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	Non Preferred	PA

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Drug	Status	Notes
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Preferred	
lamotrigine oral tablet chewable 25 mg, 5 mg	Non Preferred	PA
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	Non Preferred	PA
lamotrigine starter kit-blue oral kit 35 x 25 mg	Non Preferred	PA
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	Non Preferred	PA
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	Non Preferred	PA
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Preferred	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml	Preferred	PA
levetiracetam intravenous solution 500 mg/5ml	Preferred	PA
levetiracetam oral solution 100 mg/ml	Preferred	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Preferred	
oxcarbazepine oral suspension 300 mg/5ml	Preferred	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Preferred	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Preferred	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Preferred	QL (2 EA per 1 day)
pregabalin oral solution 20 mg/ml	Preferred	QL (30 ML per 1 day)
primidone oral tablet 125 mg, 250 mg, 50 mg	Preferred	
rufinamide oral suspension 40 mg/ml	Non Preferred	PA
rufinamide oral tablet 200 mg, 400 mg	Non Preferred	PA
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	Non Preferred	PA
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Non Preferred	PA
topiramate oral capsule sprinkle 15 mg, 25 mg	Preferred	

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Drug	Status	Notes
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Preferred	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Preferred	
Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain**		
FELBATOL ORAL SUSPENSION 600 MG/5ML	Preferred	PA
FELBATOL ORAL TABLET 400 MG, 600 MG	Preferred	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Non Preferred	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Non Preferred	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non Preferred	PA
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
felbamate oral suspension 600 mg/5ml	Preferred	PA
felbamate oral tablet 400 mg, 600 mg	Preferred	PA
Gaba Modulators - Drugs For Seizures /Personality Disorder/Nerve Pain**		
GABITRIL ORAL TABLET 12 MG, 16 MG	Preferred	PA; QL (10 EA per 1 day)
GABITRIL ORAL TABLET 2 MG	Preferred	PA; QL (28 EA per 1 day)
GABITRIL ORAL TABLET 4 MG	Preferred	PA; QL (14 EA per 1 day)
SABRIL ORAL PACKET 500 MG	Non Preferred	PA; QL (6 EA per 1 day)
SABRIL ORAL TABLET 500 MG	Non Preferred	PA; QL (6 EA per 1 day)
VIGADRONE ORAL PACKET 500 MG	Non Preferred	PA; QL (6 EA per 1 day)
VIGADRONE ORAL TABLET 500 MG	Non Preferred	PA
tiagabine hcl oral tablet 12 mg, 16 mg	Preferred	PA; QL (10 EA per 1 day)
tiagabine hcl oral tablet 2 mg	Preferred	PA; QL (28 EA per 1 day)
tiagabine hcl oral tablet 4 mg	Preferred	PA; QL (14 EA per 1 day)
vigabatrin oral packet 500 mg	Non Preferred	PA; QL (6 EA per 1 day)
vigabatrin oral tablet 500 mg	Non Preferred	PA; QL (6 EA per 1 day)

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Drug	Status	Notes
Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain**		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML	Non Preferred	PA
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Non Preferred	PA; QL (5 EA per 1 day)
DILANTIN ORAL CAPSULE 100 MG	Non Preferred	PA; QL (6 EA per 1 day)
DILANTIN ORAL CAPSULE 30 MG	Preferred	QL (6 EA per 1 day)
DILANTIN ORAL SUSPENSION 125 MG/5ML	Non Preferred	PA; QL (20 ML per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Preferred	QL (6 EA per 1 day)
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Preferred	QL (5 EA per 1 day)
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	Preferred	PA
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	Preferred	QL (20 ML per 1 day)
phenytoin oral tablet chewable 50 mg	Preferred	QL (5 EA per 1 day)
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Preferred	QL (6 EA per 1 day)
phenytoin sodium injection solution 50 mg/ml	Preferred	PA
Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain**		
CELONTIN ORAL CAPSULE 300 MG	Non Preferred	PA
ZARONTIN ORAL CAPSULE 250 MG	Non Preferred	PA; QL (6 EA per 1 day)
ZARONTIN ORAL SOLUTION 250 MG/5ML	Non Preferred	PA; QL (30 ML per 1 day)
ethosuximide oral capsule 250 mg	Preferred	QL (6 EA per 1 day)
ethosuximide oral solution 250 mg/5ml	Preferred	QL (30 ML per 1 day)
methsuximide oral capsule 300 mg	Non Preferred	PA

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Drug	Status	Notes
Valproic Acid - Drugs For Seizures /Personality Disorder/Nerve Pain**		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG	Non Preferred	PA; QL (10 EA per 1 day)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	Non Preferred	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	Non Preferred	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	Preferred	QL (10 EA per 1 day)
divalproex sodium er oral tablet extended release 24 hour 250 mg	Preferred	QL (10 EA per 1 day)
divalproex sodium er oral tablet extended release 24 hour 500 mg	Preferred	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Preferred	QL (10 EA per 1 day)
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Preferred	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Preferred	
valproic acid oral capsule 250 mg	Preferred	
valproic acid oral solution 250 mg/5ml	Preferred	QL (100 ML per 1 day)
***Antidepressants* - Drugs For The Nervous System**		
Alpha-2 Receptor Antagonists (Tetracyclics) - Drugs For Depression**		
REMERON ORAL TABLET 15 MG, 30 MG	Non Preferred	PA
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG	Non Preferred	PA
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Preferred	DS (90 DS)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Preferred	

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Drug	Status	Notes
Antidepressant - Miscellaneous Combinations - Drugs For Depression**		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Non Preferred	PA
Antidepressants - Misc. - Drugs For Depression**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	Non Preferred	PA
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Non Preferred	PA
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG	Non Preferred	PA
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	Non Preferred	PA
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Preferred	DS (90 DS)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Preferred	DS (90 DS)
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Non Preferred	PA
bupropion hcl oral tablet 100 mg, 75 mg	Preferred	DS (90 DS)
Gaba Receptor Modulator - Neuroactive Steroid - Drugs For Depression**		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Preferred	PA
Monoamine Oxidase Inhibitors (Maois) - Drugs For Depression**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Preferred	DS (90 DS)
MARPLAN ORAL TABLET 10 MG	Non Preferred	PA
NARDIL ORAL TABLET 15 MG	Non Preferred	PA

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Drug	Status	Notes
PARNATE ORAL TABLET 10 MG	Non Preferred	PA
phenelzine sulfate oral tablet 15 mg	Preferred	DS (90 DS)
tranylcypromine sulfate oral tablet 10 mg	Preferred	DS (90 DS)
Selective Serotonin Reuptake Inhibitors (Ssris) - Drugs For Depression**		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Non Preferred	PA
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Non Preferred	PA
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG	Non Preferred	PA
PAXIL ORAL SUSPENSION 10 MG/5ML	Non Preferred	PA
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Non Preferred	PA
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG	Non Preferred	PA
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	Non Preferred	PA
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Non Preferred	PA
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA
citalopram hydrobromide oral capsule 30 mg	Non Preferred	PA
citalopram hydrobromide oral solution 10 mg/5ml	Non Preferred	PA
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	Preferred	DS (90 DS)
escitalopram oxalate oral solution 5 mg/5ml	Non Preferred	PA
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Preferred	DS (90 DS)
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	Preferred	DS (90 DS)
fluoxetine hcl oral capsule delayed release 90 mg	Non Preferred	PA
fluoxetine hcl oral solution 20 mg/5ml	Preferred	

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Drug	Status	Notes
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	Non Preferred	PA
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	Non Preferred	PA
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Non Preferred	PA
paroxetine hcl oral suspension 10 mg/5ml	Non Preferred	PA
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Preferred	DS (90 DS)
sertraline hcl oral capsule 150 mg, 200 mg	Non Preferred	PA
sertraline hcl oral concentrate 20 mg/ml	Non Preferred	PA
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS)
Serotonin Modulators - Drugs For Depression**		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Non Preferred	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Non Preferred	PA
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Non Preferred	PA; QL (1 EA per 1 day)
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Non Preferred	PA
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Preferred	DS (90 DS)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Non Preferred	PA
Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression**		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG	Non Preferred	PA; NOTES (AGE*)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG	Non Preferred	PA

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Drug	Status	Notes
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Non Preferred	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Non Preferred	PA
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	Non Preferred	PA
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	Non Preferred	PA
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Non Preferred	PA
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Preferred	NOTES (AGE*); DS (90 DS)
duloxetine hcl oral capsule delayed release particles 40 mg	Non Preferred	PA; NOTES (AGE*)
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	Non Preferred	PA
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	Preferred	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	Non Preferred	PA
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Preferred	
Tricyclic Agents - Drugs For Depression**		
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Non Preferred	PA
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Non Preferred	PA
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Non Preferred	PA
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Preferred	DS (90 DS)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Preferred	DS (90 DS)

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Drug	Status	Notes
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Non Preferred	PA
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Preferred	DS (90 DS)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Preferred	DS (90 DS)
doxepin hcl oral concentrate 10 mg/ml	Preferred	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Preferred	DS (90 DS)
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Non Preferred	PA
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Preferred	DS (90 DS)
nortriptyline hcl oral solution 10 mg/5ml	Non Preferred	PA
protriptyline hcl oral tablet 10 mg, 5 mg	Non Preferred	PA
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Non Preferred	PA
***Antidiabetics* - Hormones**		
Alpha-Glucosidase Inhibitors - Drugs For Diabetes**		
acarbose oral tablet 100 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
acarbose oral tablet 25 mg, 50 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
miglitol oral tablet 100 mg, 25 mg, 50 mg	Non Preferred	PA
Antidiabetic - Allogeneic Cellular Therapy - Hormones**		
LANTIDRA INTRAVENOUS SUSPENSION	Carve Out	
Antidiabetic - Amylin Analogs - Drugs For Diabetes**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Preferred	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Preferred	PA

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Drug	Status	Notes
Antidiabetic-Anti-Cd3 Antibodies - Hormones**		
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML	Carve Out	
Biguanides - Drugs For Diabetes**		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	Non Preferred	PA
RIOMET ORAL SOLUTION 500 MG/5ML	Non Preferred	PA
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	Non Preferred	PA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	Non Preferred	PA
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
metformin hcl oral solution 500 mg/5ml	Non Preferred	PA
metformin hcl oral tablet 1000 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
metformin hcl oral tablet 500 mg	Preferred	QL (5 EA per 1 day); DS (90 DS)
metformin hcl oral tablet 625 mg	Non Preferred	PA
metformin hcl oral tablet 850 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
Diabetic Other - Drugs For Diabetes**		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Preferred	PA; QL (2 EA per 24 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Preferred	PA; QL (2 EA per 24 days)
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM	Preferred	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Preferred	
GLUCO TO GO ORAL TABLET CHEWABLE 4 GM	Preferred	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Non Preferred	PA

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Drug	Status	Notes
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Non Preferred	PA
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Non Preferred	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	Non Preferred	PA
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Preferred	
TRUEPLUS GLUCOSE ON THE GO ORAL TABLET CHEWABLE 4 GM	Preferred	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	Non Preferred	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	Non Preferred	PA
cvs glucose oral tablet chewable 4 gm	Preferred	
cvs soft glucose oral tablet chewable 4 gm	Preferred	
diazoxide oral suspension 50 mg/ml	Preferred	
glucagon emergency injection kit 1 mg	Preferred	
glucagon emergency injection solution reconstituted 1 mg/ml	Non Preferred	PA
glucose oral tablet chewable 4 gm	Preferred	
gnp glucose oral tablet chewable 4 gm	Preferred	
gnp quick dissolve glucose oral tablet chewable 4 gm	Preferred	
leader quick dissolve glucose oral tablet chewable 4 gm	Preferred	
sm glucose oral tablet chewable 4 gm	Preferred	
walgreens glucose oral tablet chewable 4 gm	Preferred	

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Drug	Status	Notes
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes**		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Preferred	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	Non Preferred	PA
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Preferred	
TRADJENTA ORAL TABLET 5 MG	Preferred	
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Non Preferred	PA
saxagliptin hcl oral tablet 2.5 mg, 5 mg	Preferred	
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations - Drugs For Diabetes**		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Preferred	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Preferred	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	Preferred	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Preferred	
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG	Non Preferred	PA
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	Preferred	
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Non Preferred	PA
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	Preferred	

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Drug	Status	Notes
Dopamine Receptor Agonists - Ergot Derivatives - Drugs For Diabetes**		
CYCLOSET ORAL TABLET 0.8 MG	Non Preferred	PA
Dpp-4 Inhibitor-Thiazolidinedione Combinations - Drugs For Diabetes**		
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	Non Preferred	PA
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Non Preferred	PA
Human Insulin - Drugs For Diabetes**		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens 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
APIDRA INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA
FIASP INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Non Preferred	PA
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Non Preferred	PA

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Drug	Status	Notes
HUMALOG INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Preferred	QL (30 ML per 24 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Preferred	QL (30 ML per 24 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Preferred	QL (30 ML per 24 days)
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Preferred	QL (30 ML per 24 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Preferred	QL (30 ML per 24 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Preferred	QL (30 ML per 24 days)

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Drug	Status	Notes
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	Non Preferred	PA; QL (30 ML per 24 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Preferred	QL (20 ML per 24 days); NOTES (1 vial per month)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Preferred	QL (18 ML per 24 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (3 vials per month)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 24 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Preferred	QL (30 ML per 24 days); NOTES (3 vials per month)
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Non Preferred	PA
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days)

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Drug	Status	Notes
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (3 vials per month)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (3 vials per month)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Preferred	QL (30 ML per 24 days); NOTES (3 vials per month)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Preferred	QL (30 ML per 24 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Preferred	QL (30 ML per 24 days)

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Drug	Status	Notes
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (3 vials per month)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non Preferred	PA; NOTES (YFGN)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Non Preferred	PA; NOTES (YFGN)
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non Preferred	PA; QL (30 ML per 24 days); NOTES (3 vials per month)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Non Preferred	PA
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Non Preferred	PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Non Preferred	PA
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non Preferred	PA
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	Non Preferred	PA; QL (30 ML per 24 days); NOTES (10 pens per month)
insulin aspart injection solution 100 unit/ml	Non Preferred	PA; QL (30 ML per 24 days); NOTES (3 vials per month)
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	Non Preferred	PA; QL (30 ML per 24 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	Preferred	QL (30 ML per 24 days)
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml	Non Preferred	PA
insulin degludec subcutaneous solution 100 unit/ml	Non Preferred	PA

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Drug	Status	Notes
insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
insulin glargine subcutaneous solution 100 unit/ml	Preferred	QL (30 ML per 24 days); NOTES (3 vials per month)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	Non Preferred	PA; NOTES (YFGN)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	Non Preferred	PA; NOTES (YFGN)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
insulin lispro injection solution 100 unit/ml	Preferred	QL (30 ML per 24 days)
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	Preferred	QL (30 ML per 24 days); NOTES (10 pens per month)
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists) - Drugs For Diabetes**		
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Non Preferred	PA
Incretin Mimetic Agents (Glp-1 Receptor Agonists) - Drugs For Diabetes**		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	Non Preferred	PA
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	Non Preferred	PA
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Preferred	QL (3.4 ML per 22 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Preferred	QL (2.4 ML per 24 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Preferred	QL (1.2 ML per 24 days)

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Drug	Status	Notes
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	Non Preferred	PA
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Non Preferred	PA
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Non Preferred	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Non Preferred	PA
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Non Preferred	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Preferred	QL (0.3 ML per 1 day); NOTES (9 mL every month)
Insulin-Incretin Mimetic Combinations - Drugs For Diabetes**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Non Preferred	PA
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Non Preferred	PA
Meglitinide Analogues - Drugs For Diabetes**		
nateglinide oral tablet 120 mg, 60 mg	Preferred	DS (90 DS)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	QL (6 EA per 1 day); DS (90 DS)
Progesterone Receptor Antagonists - Drugs For Diabetes**		
KORLYM ORAL TABLET 300 MG	Preferred	PA; SP

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Drug	Status	Notes
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb - Drugs For Diabetes**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	Non Preferred	PA
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations - Drugs For Diabetes**		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Non Preferred	PA
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Non Preferred	PA
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Non Preferred	PA
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors - Drugs For Diabetes**		
BRENZAVVY ORAL TABLET 20 MG	Non Preferred	PA
FARXIGA ORAL TABLET 10 MG, 5 MG	Preferred	
INVOKANA ORAL TABLET 100 MG, 300 MG	Preferred	
JARDIANCE ORAL TABLET 10 MG	Preferred	QL (2 EA per 1 day)
JARDIANCE ORAL TABLET 25 MG	Preferred	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Non Preferred	PA
bexagliflozin oral tablet 20 mg	Non Preferred	PA
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb - Drugs For Diabetes**		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Preferred	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Non Preferred	PA
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	Non Preferred	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Preferred	

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Drug	Status	Notes
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Non Preferred	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	Preferred	
Sulfonylurea-Biguanide Combinations - Drugs For Diabetes**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Preferred	DS (90 DS)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
glyburide-metformin oral tablet 5-500 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
Sulfonylureas - Drugs For Diabetes**		
AMARYL ORAL TABLET 1 MG	Non Preferred	PA; QL (3 EA per 1 day)
AMARYL ORAL TABLET 2 MG	Non Preferred	PA; QL (4 EA per 1 day)
AMARYL ORAL TABLET 4 MG	Non Preferred	PA; QL (2 EA per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; QL (2 EA per 1 day)
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	Non Preferred	PA; QL (4 EA per 1 day)
glimepiride oral tablet 1 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
glimepiride oral tablet 2 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
glimepiride oral tablet 4 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
glipizide oral tablet 10 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
glipizide oral tablet 2.5 mg	Non Preferred	PA
glipizide oral tablet 5 mg	Preferred	QL (8 EA per 1 day); DS (90 DS)
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)

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Drug	Status	Notes
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
Sulfonylurea-Thiazolidinedione Combinations - Drugs For Diabetes**		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Non Preferred	PA
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Non Preferred	PA
Thiazolidinedione-Biguanide Combinations - Drugs For Diabetes**		
ACTOPLUS MET ORAL TABLET 15-850 MG	Non Preferred	PA
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Non Preferred	PA
Thiazolidinediones - Drugs For Diabetes**		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Non Preferred	PA; QL (1 EA per 1 day)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
***Antidiarrheal/Probiotic Agents* - Drugs For The Stomach**		
Antidiarrheal - Chloride Channel Antagonists - Drugs For Diarrhea**		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Non Preferred	PA
Antidiarrheal/Probiotic Agents - Misc. - Drugs For Diarrhea**		
KAOPECTATE ORAL SUSPENSION 262 MG/15ML	Preferred	
KAOPECTATE ORAL TABLET 262 MG	Preferred	
SOOTHE ORAL SUSPENSION 262 MG/15ML, 525 MG/30ML	Preferred	
SOOTHE ORAL TABLET 262 MG	Preferred	
SOOTHE ORAL TABLET CHEWABLE 262 MG	Preferred	
bismatrol oral suspension 262 mg/15ml	Preferred	
bismatrol oral tablet chewable 262 mg	Preferred	

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Drug	Status	Notes
bismuth oral tablet chewable 262 mg	Preferred	
bismuth subsalicylate oral tablet chewable 262 mg	Preferred	
cvs anti-diarrheal oral suspension 262 mg/15ml	Preferred	
cvs stomach relief oral suspension 525 mg/30ml	Preferred	
cvs stomach relief oral tablet 262 mg	Preferred	
cvs stomach relief oral tablet chewable 262 mg	Preferred	
diarrhea oral suspension 262 mg/15ml	Preferred	
diotame instydose oral suspension 262 mg/15ml	Preferred	
eq pink-bismuth oral tablet chewable 262 mg	Preferred	
eq stomach relief oral suspension 262 mg/15ml	Preferred	
eql stomach relief oral suspension 262 mg/15ml	Preferred	
eql stomach relief oral tablet chewable 262 mg	Preferred	
ft stomach relief oral suspension 525 mg/30ml	Preferred	
ft stomach relief oral tablet chewable 262 mg	Preferred	
gnp pink bismuth oral tablet 262 mg	Preferred	
gnp pink bismuth oral tablet chewable 262 mg	Preferred	
gnp stomach relief oral suspension 525 mg/30ml	Preferred	
goodsense stomach relief oral suspension 525 mg/30ml	Preferred	
hm stomach relief oral suspension 525 mg/30ml	Preferred	
hm stomach relief oral tablet chewable 262 mg	Preferred	
medi-bismuth oral tablet chewable 262 mg	Preferred	
pink bismuth oral suspension 262 mg/15ml	Preferred	
px stomach relief oral suspension 262 mg/15ml	Preferred	
px stomach relief oral tablet chewable 262 mg	Preferred	
qc diarrhea relief oral suspension 262 mg/15ml	Preferred	
qc pink bismuth oral suspension 262 mg/15ml	Preferred	
qc pink bismuth oral tablet 262 mg	Preferred	
qc stomach relief oral suspension 525 mg/30ml	Preferred	
qc stomach relief oral tablet 262 mg	Preferred	
qc stomach relief oral tablet chewable 262 mg	Preferred	

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Drug	Status	Notes
ra stomach relief oral suspension 262 mg/15ml	Preferred	
sb bismuth oral tablet 262 mg	Preferred	
sm stomach relief oral suspension 262 mg/15ml, 525 mg/30ml	Preferred	
sm stomach relief oral tablet 262 mg	Preferred	
sm stomach relief oral tablet chewable 262 mg	Preferred	
stomach relief oral suspension 525 mg/30ml, 527 mg/30ml	Preferred	
stomach relief oral tablet 262 mg	Preferred	
stomach relief oral tablet chewable 262 mg	Preferred	
zelac oral capsule	Non Preferred	PA
Antidiarrheal/Probiotic Combinations - Drugs For Diarrhea**		
RESTORA RX ORAL CAPSULE 60-1.25 MG	Non Preferred	PA
Antiperistaltic Agents - Drugs For Diarrhea**		
LOMOTIL ORAL TABLET 2.5-0.025 MG	Non Preferred	PA; QL (8 EA per 1 day)
MOTOFEN ORAL TABLET 1-0.025 MG	Non Preferred	PA
anti-diarrheal oral tablet 2 mg	Preferred	
cvs anti-diarrheal oral tablet 2 mg	Preferred	
diamode oral tablet 2 mg	Preferred	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	Non Preferred	PA
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Non Preferred	PA; QL (8 EA per 1 day)
eq anti-diarrheal oral tablet 2 mg	Preferred	
eql anti-diarrheal oral tablet 2 mg	Preferred	
ft anti-diarrheal oral tablet 2 mg	Preferred	
gnp anti-diarrheal oral tablet 2 mg	Preferred	
loperamide hcl oral capsule 2 mg	Non Preferred	PA
loperamide hcl oral tablet 2 mg	Preferred	
meijer anti-diarrheal oral tablet 2 mg	Preferred	
opium oral tincture 10 mg/ml (1%)	Non Preferred	PA

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Drug	Status	Notes
px anti-diarrheal oral tablet 2 mg	Preferred	
qc anti-diarrheal oral tablet 2 mg	Preferred	
ra anti-diarrheal oral tablet 2 mg	Preferred	
sb anti-diarrhea oral tablet 2 mg	Preferred	
sm anti-diarrheal oral tablet 2 mg	Preferred	
***Antidotes And Specific Antagonists* - Drugs For Overdose Or Poisoning**		
Antidotes - Chelating Agents - Drugs For Overdose Or Poisoning**		
CHEMET ORAL CAPSULE 100 MG	Preferred	PA
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	Non Preferred	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Non Preferred	PA
FERRIPROX ORAL TABLET 1000 MG, 500 MG	Non Preferred	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	Non Preferred	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Non Preferred	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	Non Preferred	PA
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	Preferred	
deferasirox oral packet 180 mg, 360 mg, 90 mg	Preferred	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Preferred	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Preferred	
deferiprone oral tablet 1000 mg, 500 mg	Non Preferred	PA
pentetate calcium trisodium combination solution 200 mg/ml	Non Preferred	PA
pentetate zinc trisodium combination solution 200 mg/ml	Non Preferred	PA

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Drug	Status	Notes
Opioid Antagonists - Drugs For Overdose Or Poisoning**		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Preferred	
NARCAN NASAL LIQUID 4 MG/0.1ML	Non Preferred	PA
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Preferred	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Preferred	QL (0.036 EA per 1 day)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	Preferred	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Preferred	
naloxone hcl injection solution cartridge 0.4 mg/ml	Preferred	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	Preferred	
naloxone hcl nasal liquid 4 mg/0.1ml	Preferred	
naltrexone hcl oral tablet 50 mg	Preferred	
***Antiemetics* - Drugs For The Stomach**		
5-Ht3 Receptor Antagonists - Drugs For Vomiting And Nausea**		
ANZEMET ORAL TABLET 50 MG	Non Preferred	PA
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Non Preferred	PA
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML	Non Preferred	PA
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	Non Preferred	PA
granisetron hcl oral tablet 1 mg	Non Preferred	PA; QL (2 EA per 1 day)
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	Preferred	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	Preferred	
ondansetron hcl oral solution 4 mg/5ml	Preferred	QL (30 ML per 1 day)
ondansetron hcl oral tablet 24 mg	Preferred	

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Drug	Status	Notes
ondansetron hcl oral tablet 4 mg, 8 mg	Preferred	QL (90 EA per 24 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	Preferred	QL (90 EA per 24 days)
palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml	Non Preferred	PA
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	Non Preferred	PA
Antiemetic Combinations - Drugs For Vomiting And Nausea**		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML	Preferred	PA
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML	Preferred	PA
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG	Preferred	PA
AKYNZEO ORAL CAPSULE 300-0.5 MG	Non Preferred	PA
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	Non Preferred	PA
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	Preferred	PA
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	Preferred	PA
Antiemetics - Anticholinergic - Drugs For Vomiting And Nausea**		
ANTIVERT ORAL TABLET 50 MG	Preferred	
BONINE ORAL TABLET CHEWABLE 25 MG	Preferred	QL (4 EA per 1 day)
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG	Preferred	QL (4 EA per 1 day)
DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE 25 MG	Preferred	QL (4 EA per 1 day)
DRAMAMINE ORAL TABLET 25 MG	Preferred	QL (4 EA per 1 day)
MEDI-MECLIZINE ORAL TABLET 25 MG	Preferred	QL (4 EA per 1 day)

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Drug	Status	Notes
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	Non Preferred	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	Non Preferred	PA; QL (10 EA per 24 days)
cvs motion sickness ii oral tablet 25 mg	Preferred	QL (4 EA per 1 day)
cvs motion sickness less drows oral tablet 25 mg	Preferred	QL (4 EA per 1 day)
cvs motion sickness relief oral tablet chewable 25 mg	Preferred	QL (4 EA per 1 day)
dimenhydrinate injection solution 50 mg/ml	Non Preferred	PA
eql motion sickness relief oral tablet 25 mg	Preferred	QL (4 EA per 1 day)
ft motion sickness oral tablet 25 mg	Preferred	QL (4 EA per 1 day)
gnp motion sickness relief oral tablet 25 mg	Preferred	QL (4 EA per 1 day)
meclizine hcl oral tablet 12.5 mg, 25 mg	Preferred	QL (4 EA per 1 day)
meclizine hcl oral tablet 50 mg	Preferred	
meclizine hcl oral tablet chewable 25 mg	Preferred	QL (4 EA per 1 day)
meclizine hcl tablet chewable 25 mg oral (rx)	Non Preferred	PA; QL (4 EA per 1 day)
motion sickness relief oral tablet 25 mg	Preferred	QL (4 EA per 1 day)
motion sickness relief oral tablet chewable 25 mg	Preferred	QL (4 EA per 1 day)
motion-time oral tablet chewable 25 mg	Preferred	QL (4 EA per 1 day)
qc travel ease oral tablet chewable 25 mg	Preferred	QL (4 EA per 1 day)
ra motion sickness relief oral tablet chewable 25 mg	Preferred	QL (4 EA per 1 day)
scopolamine transdermal patch 72 hour 1 mg/3days	Preferred	QL (10 EA per 24 days)
sm motion sickness oral tablet 25 mg	Preferred	QL (4 EA per 1 day)
travel-ease oral tablet 25 mg	Preferred	QL (4 EA per 1 day)
trimethobenzamide hcl oral capsule 300 mg	Preferred	
Antiemetics - Miscellaneous - Drugs For Vomiting And Nausea**		
MARINOL ORAL CAPSULE 2.5 MG	Non Preferred	PA
SYNDROS ORAL SOLUTION 5 MG/ML	Non Preferred	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Non Preferred	PA

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Drug	Status	Notes
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists - Drugs For Vomiting And Nausea**		
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML	Non Preferred	PA
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML	Non Preferred	PA
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Non Preferred	PA
EMEND ORAL CAPSULE 80 MG	Non Preferred	PA
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Non Preferred	PA
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG	Non Preferred	PA
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Non Preferred	PA
aprepitant oral 80 & 125 mg	Non Preferred	PA
aprepitant oral capsule 125 mg, 40 mg, 80 mg	Preferred	
aprepitant oral capsule 80 & 125 mg	Non Preferred	PA
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	Non Preferred	PA
***Antifungals* - Drugs For Infections**		
Antifungal - Glucan Synthesis Inhibitors (Echinocandins) - Drugs For Fungus**		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG	Non Preferred	PA
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Preferred	PA
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Non Preferred	PA
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	Preferred	PA
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	Preferred	PA

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Drug	Status	Notes
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	Preferred	PA
micafungin sodium solution reconstituted 100 mg intravenous	Non Preferred	PA
micafungin sodium solution reconstituted 50 mg intravenous	Non Preferred	PA
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids) - Antibiotics**		
BREXAFEMME ORAL TABLET 150 MG	Non Preferred	PA
Antifungals - Drugs For Fungus**		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Preferred	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	Non Preferred	PA
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Non Preferred	PA
amphotericin b intravenous solution reconstituted 50 mg	Preferred	PA
amphotericin b liposome intravenous suspension reconstituted 50 mg	Preferred	PA
flucytosine oral capsule 250 mg, 500 mg	Non Preferred	PA
griseofulvin microsize oral suspension 125 mg/5ml	Preferred	QL (40 ML per 1 day)
griseofulvin microsize oral tablet 500 mg	Non Preferred	PA
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Non Preferred	PA
nystatin oral tablet 500000 unit	Preferred	QL (8 EA per 1 day)
terbinafine hcl oral tablet 250 mg	Preferred	QL (1 EA per 1 day)
Imidazoles - Drugs For Fungus**		
ketoconazole oral tablet 200 mg	Non Preferred	PA
Tetrazoles - Drugs For Fungus**		
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Preferred	PA

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Drug	Status	Notes
Triazoles - Drugs For Fungus**		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	Preferred	PA
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Non Preferred	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML	Non Preferred	PA
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	Non Preferred	PA
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML	Non Preferred	PA
NOXAFIL ORAL PACKET 300 MG	Non Preferred	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML	Non Preferred	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	Non Preferred	PA
SPORANOX ORAL CAPSULE 100 MG	Non Preferred	PA
SPORANOX ORAL SOLUTION 10 MG/ML	Non Preferred	PA
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	Non Preferred	PA
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Non Preferred	PA
VFEND ORAL TABLET 200 MG, 50 MG	Non Preferred	PA
fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	Preferred	PA
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Preferred	
fluconazole oral tablet 100 mg, 150 mg, 200 mg	Preferred	
fluconazole oral tablet 50 mg	Preferred	QL (2 EA per 1 day)
itraconazole oral capsule 100 mg	Non Preferred	PA
itraconazole oral solution 10 mg/ml	Non Preferred	PA
posaconazole intravenous solution 300 mg/16.7ml	Preferred	PA
posaconazole oral suspension 40 mg/ml	Non Preferred	PA

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Drug	Status	Notes
posaconazole oral tablet delayed release 100 mg	Non Preferred	PA
tolsura oral capsule 65 mg	Non Preferred	PA
voriconazole intravenous solution reconstituted 200 mg	Preferred	PA
voriconazole oral suspension reconstituted 40 mg/ml	Non Preferred	PA
voriconazole oral tablet 200 mg, 50 mg	Non Preferred	PA
***Antihistamines* - Drugs For The Lungs**		
Antihistamines - Alkylamines - Drugs For Allergies**		
RYCLORA ORAL SOLUTION 2 MG/5ML	Non Preferred	PA
WAL-FINATE ORAL TABLET 4 MG	Preferred	
aller-chlor oral tablet 4 mg	Preferred	
allergy oral tablet 4 mg	Preferred	
allergy relief oral tablet 4 mg	Preferred	
chlorhist oral tablet 4 mg	Preferred	
chlorphen oral tablet 4 mg	Preferred	
chlorpheniramine maleate oral tablet 4 mg	Preferred	
cvs allergy relief oral tablet 4 mg	Preferred	
eq chlortabs oral tablet 4 mg	Preferred	
eql allergy oral tablet 4 mg	Preferred	
ft allergy relief oral tablet 4 mg	Preferred	
gnp allergy relief oral tablet 4 mg	Preferred	
goodsense allergy relief oral tablet 4 mg	Preferred	
hm allergy relief oral tablet 4 mg	Preferred	
pharbechlor oral tablet 4 mg	Preferred	
qc allergy relief oral tablet 4 mg	Preferred	
qc chlor-pheniramine oral tablet 4 mg	Preferred	
ra allergy relief oral tablet 4 mg	Preferred	
ra chlorpheniramine maleate oral tablet 4 mg	Preferred	
sb chlorpheniramine oral tablet 4 mg	Preferred	
sm allergy 4 hour oral tablet 4 mg	Preferred	

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Drug	Status	Notes
Antihistamines - Ethanolamines - Drugs For Allergies**		
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG	Preferred	QL (6 EA per 1 day)
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	Preferred	QL (6 EA per 1 day)
BANOPHEN ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day)
BANOPHEN ORAL TABLET 25 MG	Preferred	QL (6 EA per 1 day)
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	Non Preferred	PA
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	Non Preferred	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	Non Preferred	PA
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day)
MEDI-PHEDRYL ORAL CAPSULE 25 MG	Preferred	QL (6 EA per 1 day)
MM ALLER-BEN ORAL TABLET 25 MG	Preferred	QL (6 EA per 1 day)
NARAMIN ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day)
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day)
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day)
RYVENT ORAL TABLET 6 MG	Non Preferred	PA
TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day)
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day)
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG	Preferred	QL (6 EA per 1 day)
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	Preferred	QL (80 ML per 1 day)

AGE - Age Limit **AGE*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days
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Drug	Status	Notes
WAL-DRYL ALLERGY ORAL TABLET 25 MG	Preferred	QL (6 EA per 1 day)
aler-cap oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
alertab oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
allergy childrens oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
allergy oral capsule 25 mg	Preferred	
allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
allergy relief oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
allergy relief oral liquid 25 mg/10ml	Preferred	QL (80 ML per 1 day)
allergy relief oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
anti-hist allergy oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
carbinoxamine maleate oral solution 4 mg/5ml	Non Preferred	PA
carbinoxamine maleate oral tablet 4 mg, 6 mg	Non Preferred	PA
clemastine fumarate oral syrup 0.67 mg/5ml	Non Preferred	PA
clemastine fumarate oral tablet 2.68 mg	Non Preferred	PA
complete allergy medicine oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
complete allergy medicine oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
complete allergy relief oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
cvs allergy oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
cvs allergy relief adult oral liquid 50 mg/20ml	Preferred	QL (80 ML per 1 day)
cvs allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
cvs allergy relief oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
cvs allergy relief oral liquid 25 mg/10ml	Preferred	QL (80 ML per 1 day)
cvs allergy relief oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
cvs childrens allergy oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
diphen oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
diphenhist oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
diphenhydramine hcl injection solution 50 mg/ml	Preferred	PA
diphenhydramine hcl oral capsule 25 mg, 50 mg	Preferred	QL (6 EA per 1 day)

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Drug	Status	Notes
diphenhydramine hcl oral elixir 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
diphenhydramine hcl oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
diphenhydramine hcl oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
eq allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
eq allergy relief oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
eq allergy relief oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
eql allergy oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
eql allergy relief oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
eql childrens allergy oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
ft allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
ft allergy relief oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
ft allergy relief oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
geri-dryl oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
geri-dryl oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
gnp allergy oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
gnp allergy oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
gnp allergy relief max st oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
gnp allergy relief oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
gnp allergy relief oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
gnp childrens allergy oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
goodsense allergy relief oral capsule 25 mg	Preferred	
h-e-b childrens allergy oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
hm allergy relief oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
hm allergy relief oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
kls allergy medicine oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
kp diphenhydramine hcl oral capsule 50 mg	Preferred	QL (6 EA per 1 day)
liquid allergy relief oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
m-dryl oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
meijer antihistamine allergy oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
pharbedryl oral capsule 25 mg, 50 mg	Preferred	QL (6 EA per 1 day)

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Drug	Status	Notes
px allergy oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
px allergy oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
px allergy oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
qc allergy childrens oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
qc allergy relief oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
qc allergy relief oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
qc complete allergy medicine oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
ra allergy medication oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
ra allergy medication oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
ra allergy medication oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
ra allergy oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
ra allergy oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
ra allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
ra allergy relief oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
ra complete allergy oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
sb allergy medicine oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
sb allergy medicine oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
sb allergy oral capsule 25 mg	Preferred	QL (6 EA per 1 day)
siladryl allergy oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
sm allergy relief childrens oral liquid 12.5 mg/5ml	Preferred	QL (80 ML per 1 day)
sm allergy relief oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
total allergy oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
Antihistamines - Non-Sedating - Drugs For Allergies**		
CLARINEX ORAL TABLET 5 MG	Non Preferred	PA
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML	Preferred	QL (10 ML per 1 day)
KLS ALLERCLEAR ORAL TABLET 10 MG	Preferred	QL (1 EA per 1 day)
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML	Preferred	QL (10 ML per 1 day)

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Drug	Status	Notes
KLS ALLER-TEC ORAL TABLET 10 MG	Preferred	QL (1 EA per 1 day)
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML	Preferred	QL (10 ML per 1 day)
WAL-ITIN ORAL SOLUTION 5 MG/5ML	Preferred	QL (10 ML per 1 day)
WAL-ITIN ORAL TABLET 10 MG	Preferred	QL (1 EA per 1 day)
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML	Preferred	QL (10 ML per 1 day)
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML	Preferred	QL (10 ML per 1 day)
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML	Preferred	QL (10 ML per 1 day)
WAL-ZYR ORAL SOLUTION 5 MG/5ML	Preferred	QL (10 ML per 1 day)
WAL-ZYR ORAL TABLET 10 MG	Preferred	QL (1 EA per 1 day)
all day allergy childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
all-day allergy childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
allergy (cetirizine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy 24hour indoor/outdoor oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
allergy rel child (loratadine) oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
allergy relief (cetirizine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy relief (loratadine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy relief 24-hr oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy relief cetirizine oral tablet 10 mg, 5 mg	Preferred	QL (1 EA per 1 day)
allergy relief childrens 24-hr oral solution 1 mg/ml	Preferred	QL (10 ML per 1 day)
allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml	Preferred	QL (10 ML per 1 day)
allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
allergy relief/indoor/outdoor oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
cetirizine hcl allergy child oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)

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Drug	Status	Notes
cetirizine hcl childrens alrgy oral solution 1 mg/ml	Preferred	QL (10 ML per 1 day)
cetirizine hcl childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	Preferred	QL (10 ML per 1 day)
cetirizine hcl oral tablet 10 mg, 5 mg	Preferred	QL (1 EA per 1 day)
childrens 24 hour allergy oral solution 1 mg/ml	Preferred	QL (10 ML per 1 day)
childrens loratadine oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
cvs allerg rel child (lorat) oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
cvs allergy childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
cvs allergy relief childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
cvs allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
cvs allergy relief(cetirizine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
cvs indoor/outdoor allergy rlf oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
desloratadine oral tablet 5 mg	Non Preferred	PA
desloratadine oral tablet dispersible 2.5 mg, 5 mg	Non Preferred	PA
eq allerg relief child (cetir) oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
eq allerg relief child (lorat) oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
eq allergy childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
eq allergy relief (cetirizine) oral solution 1 mg/ml	Preferred	QL (10 ML per 1 day)
eq allergy relief (cetirizine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
eq allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
eq loratadine oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
eql all day allergy childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
eql all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
eql allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
ft all day allergy 24 hour oral tablet 10 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
ft all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
ft all day allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
ft allergy childrens oral solution 5 mg/5ml	Preferred	
ft allergy relief childrens oral solution 5 mg/5ml	Preferred	
gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	Preferred	QL (10 ML per 1 day)
gnp all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
gnp loratadine childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
gnp loratadine oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
gnp loratadine oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
goodsense all day allergy oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
goodsense all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
goodsense allergy relief child oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
goodsense allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
hm all day allergy childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
hm all day allergy oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
hm all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
hm allergy relief (cetirizine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
hm cetirizine hcl oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
hm loratadine childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
hm loratadine oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Non Preferred	PA
levocetirizine dihydrochloride oral tablet 5 mg	Non Preferred	PA
loradamed oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
loratadine childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
loratadine oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
loratadine oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
meijer allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
meijer loratadine oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)

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Drug	Status	Notes
px allergy relief cetirizine oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
px allergy relief loratadine oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
px childrens allergy oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
qc all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
qc allergy relief childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
qc allergy relief childrens oral syrup 1 mg/ml	Preferred	QL (10 ML per 1 day)
qc cetirizine allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
qc childrens allergy oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
qc loratadine allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
ra allergy relief (cetirizine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
ra allergy relief (loratadine) oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
ra allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml	Preferred	QL (10 ML per 1 day)
ra allergy relief childrens oral syrup 5 mg/5ml	Preferred	QL (10 ML per 1 day)
ra loratadine oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
ra loratadine oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
sb allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
sb cetirizine hcl childrens oral solution 1 mg/ml	Preferred	QL (10 ML per 1 day)
sb loratadine allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
sb loratadine oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
sb loratadine oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
sm all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	Preferred	QL (10 ML per 1 day)
sm all day allergy oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
sm all day allergy relief oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
sm allergy childrens oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
sm childrens loratadine oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
sm loratadine oral solution 5 mg/5ml	Preferred	QL (10 ML per 1 day)
sm loratadine oral tablet 10 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
Antihistamines - Phenothiazines - Drugs For Allergies**		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Non Preferred	PA
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Preferred	QL (8 EA per 1 day); AGE (Min 2 Years)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Non Preferred	PA; QL (6 EA per 1 day); AGE (Min 2 Years)
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	Non Preferred	PA
promethazine hcl oral solution 6.25 mg/5ml	Preferred	QL (100 ML per 1 day); AGE (Min 2 Years)
promethazine hcl oral syrup 6.25 mg/5ml	Preferred	QL (100 ML per 1 day); AGE (Min 2 Years)
promethazine hcl oral tablet 12.5 mg, 50 mg	Preferred	QL (2 EA per 1 day); AGE (Min 2 Years)
promethazine hcl oral tablet 25 mg	Preferred	QL (6 EA per 1 day); AGE (Min 2 Years)
promethazine hcl rectal suppository 12.5 mg, 25 mg	Preferred	QL (8 EA per 1 day); AGE (Min 2 Years)
Antihistamines - Piperidines - Drugs For Allergies**		
cyproheptadine hcl oral syrup 2 mg/5ml	Preferred	QL (20 ML per 1 day)
cyproheptadine hcl oral tablet 4 mg	Preferred	QL (6 EA per 1 day)
Antihistamines W/ Corticosteroids - Drugs For Allergies**		
CLOBETEX COMBINATION THERAPY PACK 5 & 0.05 MG & %	Preferred	PA
***Antihyperlipidemics* - Drugs For The Heart**		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb - Drugs For Cholesterol**		
NEXLIZET ORAL TABLET 180-10 MG	Non Preferred	PA
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors - Drugs For Cholesterol**		
NEXLETOL ORAL TABLET 180 MG	Preferred	PA

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Drug	Status	Notes
Angiopoietin-Like Protein 3 (Angptl3) Inhibitors - Drugs For Cholesterol**		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML	Carve Out	
Antihyperlipidemics - Misc. - Drugs For Cholesterol**		
LOVAZA ORAL CAPSULE 1 GM	Non Preferred	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	Non Preferred	PA
icosapent ethyl oral capsule 0.5 gm, 1 gm	Non Preferred	PA
omega-3-acid ethyl esters oral capsule 1 gm	Non Preferred	PA
Antihyperlipidemics Misc. Combinations - Drugs For Cholesterol**		
sure result o3d3 system oral kit 1 & 1000 gm & unit	Non Preferred	PA
Bile Acid Sequestrants - Drugs For Cholesterol**		
COLESTID FLAVORED ORAL GRANULES 5 GM	Non Preferred	PA
COLESTID FLAVORED ORAL PACKET 5 GM	Non Preferred	PA
COLESTID ORAL GRANULES 5 GM	Non Preferred	PA
COLESTID ORAL PACKET 5 GM	Non Preferred	PA
COLESTID ORAL TABLET 1 GM	Non Preferred	PA; QL (16 EA per 1 day)
PREVALITE ORAL PACKET 4 GM	Preferred	QL (48 EA per 1 day); DS (90 DS)
PREVALITE ORAL POWDER 4 GM/DOSE	Preferred	QL (24 GM per 1 day); DS (90 DS)
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE	Non Preferred	PA; QL (24 GM per 1 day)
QUESTRAN ORAL PACKET 4 GM	Non Preferred	PA; QL (48 EA per 1 day)
QUESTRAN ORAL POWDER 4 GM/DOSE	Non Preferred	PA; QL (48 GM per 1 day)
WELCHOL ORAL PACKET 3.75 GM	Non Preferred	PA
WELCHOL ORAL TABLET 625 MG	Non Preferred	PA

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Drug	Status	Notes
cholestyramine light oral packet 4 gm	Preferred	QL (48 EA per 1 day); DS (90 DS)
cholestyramine light oral powder 4 gm/dose	Preferred	QL (24 GM per 1 day); DS (90 DS)
cholestyramine oral packet 4 gm	Preferred	QL (48 EA per 1 day); DS (90 DS)
cholestyramine oral powder 4 gm/dose	Preferred	QL (48 GM per 1 day); DS (90 DS)
colesevelam hcl oral packet 3.75 gm	Non Preferred	PA
colesevelam hcl oral tablet 625 mg	Non Preferred	PA
colestipol hcl oral granules 5 gm	Non Preferred	PA
colestipol hcl oral packet 5 gm	Non Preferred	PA
colestipol hcl oral tablet 1 gm	Preferred	QL (16 EA per 1 day); DS (90 DS)
Fibric Acid Derivatives - Drugs For Cholesterol**		
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Non Preferred	PA
FIBRICOR ORAL TABLET 105 MG, 35 MG	Non Preferred	PA
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Non Preferred	PA
LOPID ORAL TABLET 600 MG	Non Preferred	PA; QL (4 EA per 1 day)
TRICOR ORAL TABLET 145 MG	Non Preferred	PA
TRICOR ORAL TABLET 48 MG	Non Preferred	PA; QL (1 EA per 1 day)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	Non Preferred	PA
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 30 mg, 43 mg, 67 mg, 90 mg	Non Preferred	PA
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	Non Preferred	PA
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg	Preferred	DS (90 DS)
fenofibrate oral tablet 48 mg, 54 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)

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Drug	Status	Notes
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Non Preferred	PA
fenofibric acid oral tablet 105 mg, 35 mg	Non Preferred	PA
gemfibrozil oral tablet 600 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
Hmg Coa Reductase Inhibitors - Drugs For Cholesterol**		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	Non Preferred	PA
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Non Preferred	PA
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	Non Preferred	PA; QL (2 EA per 1 day)
CRESTOR ORAL TABLET 40 MG	Non Preferred	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Non Preferred	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	Non Preferred	PA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG	Non Preferred	PA; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 80 MG	Non Preferred	PA
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Non Preferred	PA
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Non Preferred	PA; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Non Preferred	PA
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
atorvastatin calcium oral tablet 80 mg	Preferred	DS (90 DS)
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	Preferred	PA
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Non Preferred	PA
fluvastatin sodium oral capsule 20 mg, 40 mg	Non Preferred	PA
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)

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Drug	Status	Notes
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	Non Preferred	PA
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
rosuvastatin calcium oral tablet 40 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb - Drugs For Cholesterol**		
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Non Preferred	PA
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	Non Preferred	PA
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	Non Preferred	PA
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Non Preferred	PA
Intestinal Cholesterol Absorption Inhibitors - Drugs For Cholesterol**		
ZETIA ORAL TABLET 10 MG	Non Preferred	PA; QL (1 EA per 1 day)
ezetimibe oral tablet 10 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
Microsomal Triglyceride Transfer Protein Inhibitors - Drugs For Cholesterol**		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Preferred	PA; SP
Nicotinic Acid Derivatives - Drugs For Cholesterol**		
NIACOR ORAL TABLET 500 MG	Non Preferred	PA
niacin (antihyperlipidemic) oral tablet 500 mg	Preferred	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Preferred	DS (90 DS)

AGE - Age Limit **AGE*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days
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Drug	Status	Notes
Pcsk9 Inhibitors - Drugs For Cholesterol**		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Non Preferred	PA
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Preferred	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Preferred	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Preferred	PA
Small Interfering Rna (Sirna) Pcsk9 Inhibitors - Drugs For Cholesterol**		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Non Preferred	PA
***Antihypertensives* - Drugs For The Heart**		
Ace Inhibitor & Calcium Channel Blocker Combinations - Drugs For High Blood Pressure**		
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non Preferred	PA; QL (2 EA per 1 day)
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Non Preferred	PA
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	Preferred	PA; QL (2 EA per 1 day)
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	Preferred	PA; QL (3 EA per 1 day)
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Non Preferred	PA
Ace Inhibitors & Thiazide/Thiazide-Like - Drugs For High Blood Pressure**		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non Preferred	PA

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Drug	Status	Notes
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non Preferred	PA
VASERETIC ORAL TABLET 10-25 MG	Non Preferred	PA
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non Preferred	PA; QL (2 EA per 1 day)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Preferred	DS (90 DS)
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Non Preferred	PA
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Preferred	DS (90 DS)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Preferred	DS (90 DS)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	Preferred	DS (90 DS)
Ace Inhibitors - Drugs For High Blood Pressure**		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Non Preferred	PA
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day)
EPANED ORAL SOLUTION 1 MG/ML	Non Preferred	PA
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non Preferred	PA
MAVIK ORAL TABLET 4 MG	Non Preferred	PA
QBRELIS ORAL SOLUTION 1 MG/ML	Non Preferred	PA
VASOTEC ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day)
VASOTEC ORAL TABLET 2.5 MG	Non Preferred	PA
VASOTEC ORAL TABLET 20 MG	Non Preferred	PA; QL (2 EA per 1 day)
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day)

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Drug	Status	Notes
ZESTRIL ORAL TABLET 30 MG, 40 MG	Non Preferred	PA; QL (2 EA per 1 day)
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	DS (90 DS)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Preferred	DS (90 DS)
enalapril maleate oral solution 1 mg/ml	Non Preferred	PA
enalapril maleate oral tablet 10 mg, 5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
enalapril maleate oral tablet 2.5 mg	Preferred	DS (90 DS)
enalapril maleate oral tablet 20 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
enalaprilat intravenous injectable 1.25 mg/ml	Preferred	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
lisinopril oral tablet 30 mg, 40 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
moexipril hcl oral tablet 15 mg, 7.5 mg	Non Preferred	PA
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Non Preferred	PA
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Non Preferred	PA
Agents For Pheochromocytoma - Drugs For High Blood Pressure**		
DEMSER ORAL CAPSULE 250 MG	Non Preferred	PA
DIBENZYLINE ORAL CAPSULE 10 MG	Non Preferred	PA
metyrosine oral capsule 250 mg	Non Preferred	PA
phenoxybenzamine hcl oral capsule 10 mg	Preferred	DS (90 DS)
phentolamine mesylate injection solution reconstituted 5 mg	Preferred	

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Drug	Status	Notes
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb - Drugs For High Blood Pressure**		
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non Preferred	PA
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Non Preferred	PA
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Preferred	PA
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Non Preferred	PA
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Non Preferred	PA
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like - Drugs For High Blood Pressure**		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	Non Preferred	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Non Preferred	PA
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non Preferred	PA
DIOVAN HCT ORAL TABLET 160-12.5 MG	Non Preferred	PA; QL (2 EA per 1 day)
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG	Non Preferred	PA
DIOVAN HCT ORAL TABLET 80-12.5 MG	Non Preferred	PA; QL (3 EA per 1 day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non Preferred	PA
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Non Preferred	PA; QL (1 EA per 1 day)
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Non Preferred	PA
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Non Preferred	PA

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QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy

Drug	Status	Notes
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Preferred	DS (90 DS)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Preferred	DS (90 DS)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Non Preferred	PA
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	Preferred	DS (90 DS)
valsartan-hydrochlorothiazide oral tablet 80-12.5 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
Angiotensin Ii Receptor Antagonists - Drugs For High Blood Pressure**		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	Non Preferred	PA
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	Non Preferred	PA; QL (1 EA per 1 day)
BENICAR ORAL TABLET 20 MG, 40 MG	Non Preferred	PA; QL (1 EA per 1 day)
BENICAR ORAL TABLET 5 MG	Non Preferred	PA; QL (2 EA per 1 day)
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA; QL (1 EA per 1 day)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	Non Preferred	PA; QL (2 EA per 1 day)
DIOVAN ORAL TABLET 320 MG	Non Preferred	PA; QL (1 EA per 1 day)
EDARBI ORAL TABLET 40 MG, 80 MG	Non Preferred	PA
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	Non Preferred	PA
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Non Preferred	PA
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)

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Drug	Status	Notes
olmesartan medoxomil oral tablet 20 mg, 40 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
olmesartan medoxomil oral tablet 5 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Non Preferred	PA
valsartan oral solution 4 mg/ml	Non Preferred	PA
valsartan oral tablet 160 mg, 40 mg, 80 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
valsartan oral tablet 320 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides - Drugs For High Blood Pressure**		
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	Non Preferred	PA
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non Preferred	PA
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
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
Antiadrenergics - Centrally Acting - Drugs For High Blood Pressure**		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR	Preferred	DS (90 DS)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR	Preferred	DS (90 DS)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR	Preferred	DS (90 DS)
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	Non Preferred	PA; NOTES (AGE*)
clonidine hcl er oral tablet extended release 24 hour 0.17 mg	Non Preferred	PA; NOTES (AGE*)
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Preferred	NOTES (AGE*); DS (90 DS)

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Drug	Status	Notes
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Preferred	NOTES (AGE*); DS (90 DS)
guanfacine hcl oral tablet 1 mg, 2 mg	Preferred	NOTES (AGE*); DS (90 DS)
methyldopa oral tablet 250 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
methyldopa oral tablet 500 mg	Preferred	QL (6 EA per 1 day); DS (90 DS)
Antiadrenergics - Peripherally Acting - Drugs For High Blood Pressure**		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	Non Preferred	PA; QL (1 EA per 1 day)
CARDURA ORAL TABLET 8 MG	Non Preferred	PA; QL (2 EA per 1 day)
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	Non Preferred	PA
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
doxazosin mesylate oral tablet 8 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Preferred	DS (90 DS)
terazosin hcl oral capsule 1 mg, 5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
terazosin hcl oral capsule 10 mg, 2 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
Antihypertensives - Misc. - Drugs For High Blood Pressure**		
VECAMYL ORAL TABLET 2.5 MG	Non Preferred	PA
Beta Blocker & Diuretic Combinations - Drugs For High Blood Pressure**		
TENORETIC 100 ORAL TABLET 100-25 MG	Non Preferred	PA; QL (1 EA per 1 day)
TENORETIC 50 ORAL TABLET 50-25 MG	Non Preferred	PA; QL (2 EA per 1 day)
ZIAC ORAL TABLET 10-6.25 MG	Non Preferred	PA; QL (4 EA per 1 day)
ZIAC ORAL TABLET 2.5-6.25 MG, 5-6.25 MG	Non Preferred	PA; QL (3 EA per 1 day)
atenolol-chlorthalidone oral tablet 100-25 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
atenolol-chlorthalidone oral tablet 50-25 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)

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Drug	Status	Notes
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Preferred	DS (90 DS)
Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb - Drugs For High Blood Pressure**		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	Non Preferred	PA
Direct Renin Inhibitors - Drugs For High Blood Pressure**		
TEKTURNA ORAL TABLET 150 MG, 300 MG	Non Preferred	PA
aliskiren fumarate oral tablet 150 mg, 300 mg	Non Preferred	PA
Selective Aldosterone Receptor Antagonists (Saras) - Drugs For High Blood Pressure**		
INSPRA ORAL TABLET 25 MG, 50 MG	Non Preferred	PA
eplerenone oral tablet 25 mg, 50 mg	Preferred	DS (90 DS)
Vasodilators - Drugs For High Blood Pressure**		
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	Preferred	PA
hydralazine hcl injection solution 20 mg/ml	Preferred	PA
hydralazine hcl oral tablet 10 mg	Preferred	QL (10 EA per 1 day); DS (90 DS)
hydralazine hcl oral tablet 100 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
hydralazine hcl oral tablet 25 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
hydralazine hcl oral tablet 50 mg	Preferred	QL (8 EA per 1 day); DS (90 DS)
minoxidil oral tablet 10 mg, 2.5 mg	Preferred	QL (5 EA per 1 day); DS (90 DS)
nitroprusside sodium intravenous solution 25 mg/ml	Preferred	PA
sodium nitroprusside intravenous solution 25 mg/ml, 50 mg/2ml	Preferred	PA

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Drug	Status	Notes
***Anti-Infective Agents - Misc.* - Drugs For Infections**		
Anti-Infective Agents - Misc. - Drugs For Infections**		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	Non Preferred	PA
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Non Preferred	PA
FLAGYL ORAL CAPSULE 375 MG	Non Preferred	PA
IMPAVIDO ORAL CAPSULE 50 MG	Non Preferred	PA
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Non Preferred	PA
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Non Preferred	PA
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	Preferred	PA
XIFAXAN ORAL TABLET 200 MG, 550 MG	Preferred	PA
metronidazole oral capsule 375 mg	Preferred	
metronidazole oral tablet 250 mg	Preferred	QL (8 EA per 1 day)
metronidazole oral tablet 500 mg	Preferred	QL (4 EA per 1 day)
pentamidine isethionate inhalation solution reconstituted 300 mg	Preferred	PA
tinidazole oral tablet 250 mg, 500 mg	Preferred	
trimethoprim oral tablet 100 mg	Preferred	QL (6 EA per 1 day)
Anti-Infective Misc. - Combinations - Antibiotics**		
BACTRIM DS ORAL TABLET 800-160 MG	Non Preferred	PA; QL (4 EA per 1 day)
BACTRIM ORAL TABLET 400-80 MG	Non Preferred	PA; QL (4 EA per 1 day)
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Preferred	QL (40 ML per 1 day)
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	Preferred	PA

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Drug	Status	Notes
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Preferred	QL (40 ML per 1 day)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Preferred	QL (4 EA per 1 day)
Antiprotozoal Agents - Drugs For Parasites**		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Non Preferred	PA
ALINIA ORAL TABLET 500 MG	Non Preferred	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Preferred	PA
MEPRON ORAL SUSPENSION 750 MG/5ML	Non Preferred	PA
atovaquone oral suspension 750 mg/5ml	Preferred	
nitazoxanide oral tablet 500 mg	Non Preferred	PA
***Beta-Lactamase Inhibitor - Combinations** - Drugs For Infections**		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED 1-1 GM	Preferred	PA
Glycopeptides - Antibiotics**		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	Preferred	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	Non Preferred	PA
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML	Non Preferred	PA
vancomycin hcl oral capsule 125 mg, 250 mg	Preferred	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	Preferred	
Leprostatics - Antibiotics**		
dapsone oral tablet 100 mg	Preferred	QL (3 EA per 1 day)
dapsone oral tablet 25 mg	Preferred	QL (4 EA per 1 day)
Lincosamides - Antibiotics**		
CLEOCIN ORAL CAPSULE 150 MG	Non Preferred	PA; QL (8 EA per 1 day)
CLEOCIN ORAL CAPSULE 300 MG, 75 MG	Non Preferred	PA

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Drug	Status	Notes
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML	Non Preferred	PA
LINCOCIN INJECTION SOLUTION 300 MG/ML	Preferred	PA
clindamycin hcl oral capsule 150 mg	Preferred	QL (8 EA per 1 day)
clindamycin hcl oral capsule 300 mg, 75 mg	Preferred	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Preferred	
lincomycin hcl injection solution 300 mg/ml	Preferred	PA
Monobactams - Antibiotics**		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Preferred	PA; SP
Oxazolidinones - Antibiotics**		
SIVEXTRO ORAL TABLET 200 MG	Non Preferred	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Non Preferred	PA
ZYVOX ORAL TABLET 600 MG	Non Preferred	PA
linezolid oral suspension reconstituted 100 mg/5ml	Non Preferred	PA
linezolid oral tablet 600 mg	Preferred	
Pleuromutilins - Antibiotics**		
XENLETA INTRAVENOUS SOLUTION 150 MG/15ML	Preferred	PA
XENLETA ORAL TABLET 600 MG	Preferred	PA
Urinary Anti-Infectives - Antibiotics**		
HIPREX ORAL TABLET 1 GM	Non Preferred	PA; QL (2 EA per 1 day)
MACROBID ORAL CAPSULE 100 MG	Non Preferred	PA; QL (2 EA per 1 day)
MACRODANTIN ORAL CAPSULE 100 MG	Non Preferred	PA; QL (4 EA per 1 day)
MACRODANTIN ORAL CAPSULE 25 MG	Non Preferred	PA
MACRODANTIN ORAL CAPSULE 50 MG	Non Preferred	PA; QL (2 EA per 1 day)
fosfomycin tromethamine oral packet 3 gm	Non Preferred	PA
methenamine hippurate oral tablet 1 gm	Preferred	QL (2 EA per 1 day)

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Drug	Status	Notes
methenamine mandelate oral tablet 0.5 gm	Preferred	QL (8 EA per 1 day)
methenamine mandelate oral tablet 1 gm	Preferred	QL (4 EA per 1 day)
nitrofurantoin macrocrystal oral capsule 100 mg	Preferred	QL (4 EA per 1 day)
nitrofurantoin macrocrystal oral capsule 25 mg	Non Preferred	PA
nitrofurantoin macrocrystal oral capsule 50 mg	Preferred	QL (2 EA per 1 day)
nitrofurantoin monohyd macro oral capsule 100 mg	Preferred	QL (2 EA per 1 day)
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/5ml	Non Preferred	PA
Urinary Antiseptic-Antispasmodic &/Or Analgesics - Drugs For Infections**		
HYOPHEN ORAL TABLET 81.6 MG	Non Preferred	PA
PHOSPHASAL ORAL TABLET 81.6 MG	Non Preferred	PA
URETRON D/S ORAL TABLET 81.6 MG	Non Preferred	PA
URIBEL ORAL CAPSULE 118 MG	Non Preferred	PA
URIBEL ORAL TABLET 81.6 MG	Non Preferred	PA
URIMAR-T ORAL CAPSULE 120 MG	Non Preferred	PA
URIMAR-T ORAL TABLET 120 MG	Non Preferred	PA
UROGESIC-BLUE ORAL TABLET 81.6 MG	Non Preferred	PA
USTELL ORAL CAPSULE 120 MG	Non Preferred	PA
UTIRA-C ORAL TABLET 81.6 MG	Non Preferred	PA
VILAMIT MB ORAL CAPSULE 118 MG	Non Preferred	PA
VILEVEV MB ORAL TABLET 81 MG	Non Preferred	PA
me/naphos/mb/hyo1 oral tablet 81.6 mg	Non Preferred	PA
urin ds oral tablet 81.6 mg	Non Preferred	PA
urneva oral capsule 120 mg	Non Preferred	PA
uro-458 oral tablet 81 mg	Non Preferred	PA
uro-mp oral capsule 118 mg	Non Preferred	PA
uro-sp oral capsule 118 mg	Non Preferred	PA

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Drug	Status	Notes
***Antimalarials* - Drugs For Infections**		
Antimalarial Combinations - Drugs For Parasites**		
COARTEM ORAL TABLET 20-120 MG	Preferred	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG	Non Preferred	PA
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Preferred	
pyrimethamine-leucovorin oral capsule 12.5-2.5 mg, 25-10 mg, 25-5 mg, 50-10 mg, 50-20 mg, 50-25 mg, 75-25 mg	Non Preferred	PA
Antimalarials - Drugs For Parasites**		
ARAKODA ORAL TABLET 100 MG	Non Preferred	PA
DARAPRIM ORAL TABLET 25 MG	Carve Out	
KRINTAFEL ORAL TABLET 150 MG	Non Preferred	PA
PLAQUENIL ORAL TABLET 200 MG	Non Preferred	PA; QL (3 EA per 1 day)
QUALAQUIN ORAL CAPSULE 324 MG	Non Preferred	PA; QL (30 EA per 24 days)
chloroquine phosphate oral tablet 250 mg	Preferred	QL (10 EA per 2 days)
chloroquine phosphate oral tablet 500 mg	Preferred	QL (5 EA per 2 days)
hydroxychloroquine sulfate oral tablet 100 mg	Preferred	QL (6 EA per 1 day)
hydroxychloroquine sulfate oral tablet 200 mg	Preferred	QL (3 EA per 1 day)
hydroxychloroquine sulfate oral tablet 300 mg	Preferred	QL (2 EA per 1 day)
hydroxychloroquine sulfate oral tablet 400 mg	Preferred	QL (1.5 EA per 1 day)
mefloquine hcl oral tablet 250 mg	Preferred	QL (4 EA per 1 day)
primaquine phosphate oral tablet 26.3 (15 base) mg	Preferred	QL (4 EA per 1 day)
pyrimethamine oral tablet 25 mg	Carve Out	
quinine sulfate oral capsule 324 mg	Preferred	QL (30 EA per 24 days)

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Drug	Status	Notes
***Antimyasthenic/Cholinergic Agents* - Drugs For Nerves And Muscles**		
Antimyasthenic/Cholinergic Agents - Drugs For Nerves And Muscles**		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	Preferred	PA
FIRDAPSE ORAL TABLET 10 MG	Non Preferred	PA; SP
MESTINON ORAL SOLUTION 60 MG/5ML	Preferred	PA
MESTINON ORAL TABLET 60 MG	Non Preferred	PA; QL (6 EA per 1 day)
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	Non Preferred	PA; QL (6 EA per 1 day)
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	Preferred	PA
neostigmine methylsulfate intravenous solution 10 mg/10ml, 3 mg/3ml, 5 mg/10ml, 5 mg/5ml	Preferred	PA
neostigmine methylsulfate intravenous solution prefilled syringe 2 mg/2ml, 3 mg/3ml, 4 mg/4ml, 5 mg/5ml	Preferred	PA
pyridostigmine bromide er oral tablet extended release 180 mg	Preferred	QL (6 EA per 1 day)
pyridostigmine bromide oral solution 60 mg/5ml	Preferred	PA
pyridostigmine bromide oral tablet 30 mg	Preferred	
pyridostigmine bromide oral tablet 60 mg	Preferred	QL (6 EA per 1 day)
***Antimycobacterial Agents* - Drugs For Infections**		
Antimycobacterial Agents - Antibiotics**		
MYAMBUTOL ORAL TABLET 400 MG	Non Preferred	PA; QL (5 EA per 1 day)
MYCOBUTIN ORAL CAPSULE 150 MG	Non Preferred	PA
PRIFTIN ORAL TABLET 150 MG	Preferred	QL (32 EA per 24 days)
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML	Non Preferred	PA
SIRTURO ORAL TABLET 100 MG, 20 MG	Preferred	
TRECATOR ORAL TABLET 250 MG	Preferred	

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Drug	Status	Notes
cycloserine oral capsule 250 mg	Preferred	
ethambutol hcl oral tablet 100 mg, 400 mg	Preferred	QL (5 EA per 1 day)
isoniazid oral syrup 50 mg/5ml	Preferred	QL (30 ML per 1 day)
isoniazid oral tablet 100 mg	Preferred	QL (6 EA per 1 day)
isoniazid oral tablet 300 mg	Preferred	QL (3 EA per 1 day)
pretomanid oral tablet 200 mg	Preferred	
pyrazinamide oral tablet 500 mg	Preferred	QL (6 EA per 1 day)
rifabutin oral capsule 150 mg	Preferred	
rifampin oral capsule 150 mg	Preferred	QL (8 EA per 1 day)
rifampin oral capsule 300 mg	Preferred	QL (4 EA per 1 day)
***Antineoplastics And Adjunctive Therapies* - Drugs For Cancer**		
Alkylating Agents - Drugs For Cancer**		
MYLERAN ORAL TABLET 2 MG	Preferred	PA
Androgen Biosynthesis Inhibitors - Drugs For Cancer**		
YONSA ORAL TABLET 125 MG	Non Preferred	PA; SP
ZYTIGA ORAL TABLET 250 MG	Non Preferred	PA; QL (4 EA per 1 day); SP
ZYTIGA ORAL TABLET 500 MG	Non Preferred	PA; SP
abiraterone acetate oral tablet 250 mg	Preferred	PA; QL (4 EA per 1 day); SP
abiraterone acetate oral tablet 500 mg	Non Preferred	PA; SP
Antiadrenals - Drugs For Cancer**		
LYSODREN ORAL TABLET 500 MG	Preferred	PA; SP
Antiandrogens - Drugs For Cancer**		
CASODEX ORAL TABLET 50 MG	Non Preferred	PA; QL (3 EA per 1 day)
ERLEADA ORAL TABLET 240 MG	Preferred	PA; SP
ERLEADA ORAL TABLET 60 MG	Preferred	PA; QL (4 EA per 1 day); SP
EULEXIN ORAL CAPSULE 125 MG	Preferred	QL (6 EA per 1 day)
NILANDRON ORAL TABLET 150 MG	Non Preferred	PA
NUBEQA ORAL TABLET 300 MG	Preferred	PA; QL (4 EA per 1 day); SP
XTANDI ORAL CAPSULE 40 MG	Preferred	PA; QL (4 EA per 1 day); SP
XTANDI ORAL TABLET 40 MG	Preferred	PA; QL (4 EA per 1 day); SP

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Drug	Status	Notes
XTANDI ORAL TABLET 80 MG	Preferred	PA; QL (2 EA per 1 day); SP
bicalutamide oral tablet 50 mg	Preferred	QL (3 EA per 1 day)
flutamide oral capsule 125 mg	Preferred	QL (6 EA per 1 day)
nilutamide oral tablet 150 mg	Preferred	PA
Antiestrogens - Drugs For Cancer**		
FARESTON ORAL TABLET 60 MG	Non Preferred	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Non Preferred	PA
tamoxifen citrate oral tablet 10 mg, 20 mg	Preferred	QL (2 EA per 1 day)
toremifene citrate oral tablet 60 mg	Non Preferred	PA
Antimetabolites - Drugs For Cancer**		
JYLAMVO ORAL SOLUTION 2 MG/ML	Non Preferred	PA
ONUREG ORAL TABLET 200 MG, 300 MG	Preferred	PA; SP
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Preferred	PA
TABLOID ORAL TABLET 40 MG	Preferred	QL (7 EA per 1 day)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Preferred	
XATMEP ORAL SOLUTION 2.5 MG/ML	Preferred	
XELODA ORAL TABLET 150 MG, 500 MG	Non Preferred	PA; SP
capecitabine oral tablet 150 mg, 500 mg	Preferred	PA; SP
mercaptopurine oral tablet 50 mg	Preferred	QL (4 EA per 1 day)
methotrexate oral tablet 2.5 mg	Preferred	QL (24 EA per 1 day)
methotrexate sodium (pf) injection solution 1 gm/40ml, 50 mg/2ml	Preferred	QL (10 ML per 24 days)
methotrexate sodium (pf) injection solution 250 mg/10ml	Preferred	QL (10 ML per 24 days); NOTES (1 vial per month)
methotrexate sodium injection solution 1000 mg/40ml, 50 mg/2ml	Preferred	QL (10 ML per 24 days)
methotrexate sodium injection solution 250 mg/10ml	Preferred	QL (10 ML per 24 days); NOTES (1 vial per month)
methotrexate sodium injection solution reconstituted 1 gm	Preferred	

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Drug	Status	Notes
methotrexate sodium oral tablet 2.5 mg	Preferred	QL (24 EA per 1 day)
Antineoplastic - Akt Inhibitors - Drugs For Cancer**		
TRUQAP ORAL TABLET 160 MG, 200 MG	Preferred	PA
Antineoplastic - Alk Inhibitors - Drugs For Cancer**		
ALECENSA ORAL CAPSULE 150 MG	Preferred	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Preferred	PA; SP
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Preferred	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Preferred	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Preferred	PA; SP
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	Preferred	PA
ZYKADIA ORAL TABLET 150 MG	Preferred	PA; SP
Antineoplastic - Anti-Her2 Agents - Drugs For Cancer**		
TUKYSA ORAL TABLET 150 MG, 50 MG	Preferred	PA; SP
Antineoplastic - Autologous Cellular Immunotherapy - Drugs For Cancer**		
ABECMA INTRAVENOUS SUSPENSION 460000000 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	

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Drug	Status	Notes
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS, 200000000 CELLS	Carve Out	
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS	Carve Out	
Antineoplastic - Bcl-2 Inhibitors - Drugs For Cancer**		
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Preferred	PA; QL (4 EA per 1 day); SP
VENCLEXTA ORAL TABLET 100 MG	Preferred	PA; QL (6 EA per 1 day); SP
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Preferred	PA; QL (1.5 EA per 1 day); SP
Antineoplastic - Bcr-Abl Kinase Inhibitors - Drugs For Cancer**		
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Preferred	PA; SP
GLEEVEC ORAL TABLET 100 MG, 400 MG	Non Preferred	PA; SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	Preferred	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	Preferred	PA; SP
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Preferred	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Preferred	PA; QL (1 EA per 1 day); SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Preferred	PA; SP
imatinib mesylate oral tablet 100 mg, 400 mg	Preferred	PA; SP
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer**		
BRAFTOVI ORAL CAPSULE 75 MG	Preferred	PA; QL (6 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Preferred	PA; QL (4 EA per 1 day); SP
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Preferred	PA
ZELBORAF ORAL TABLET 240 MG	Preferred	PA; QL (8 EA per 1 day); SP

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Drug	Status	Notes
Antineoplastic - Btk Inhibitors - Drugs For Cancer**		
BRUKINSA ORAL CAPSULE 80 MG	Preferred	PA; SP
CALQUENCE ORAL CAPSULE 100 MG	Preferred	PA
CALQUENCE ORAL TABLET 100 MG	Preferred	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Preferred	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Non Preferred	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Preferred	PA; SP
IMBRUVICA ORAL TABLET 560 MG	Preferred	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Preferred	PA; SP
Antineoplastic - Egfr Inhibitors - Drugs For Cancer**		
EXKIVITY ORAL CAPSULE 40 MG	Preferred	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Preferred	PA; SP
IRESSA ORAL TABLET 250 MG	Non Preferred	PA; SP
TAGRISSO ORAL TABLET 40 MG	Preferred	PA; QL (2 EA per 1 day); SP
TAGRISSO ORAL TABLET 80 MG	Preferred	PA; QL (1 EA per 1 day); SP
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Non Preferred	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Preferred	PA; SP
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	Preferred	PA; SP
gefitinib oral tablet 250 mg	Preferred	PA; SP
Antineoplastic - Fgfr Kinase Inhibitors - Drugs For Cancer**		
BALVERSA ORAL TABLET 3 MG	Preferred	PA; QL (3 EA per 1 day); SP
BALVERSA ORAL TABLET 4 MG	Preferred	PA; QL (2 EA per 1 day); SP
BALVERSA ORAL TABLET 5 MG	Preferred	PA; QL (1 EA per 1 day); SP

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Drug	Status	Notes
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Preferred	PA; SP
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Preferred	PA; SP
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Preferred	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Preferred	PA; SP
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	Preferred	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	Preferred	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	Preferred	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	Preferred	PA
Antineoplastic - Gamma Secretase Inhibitors - Drugs For Cancer**		
OGSIVEO ORAL TABLET 50 MG	Preferred	PA
Antineoplastic - Gene Therapy Agents - Drugs For Cancer**		
adstiladrin intravesical suspension 300000000000 vp/ml	Carve Out	
Antineoplastic - Hedgehog Pathway Inhibitors - Drugs For Cancer**		
DAURISMO ORAL TABLET 100 MG	Preferred	PA; QL (1 EA per 1 day); SP
DAURISMO ORAL TABLET 25 MG	Preferred	PA; QL (2 EA per 1 day); SP
ERIVEDGE ORAL CAPSULE 150 MG	Preferred	PA; QL (1 EA per 1 day); SP
ODOMZO ORAL CAPSULE 200 MG	Preferred	PA; QL (1 EA per 1 day); SP
Antineoplastic - Hif-2-Alpha Inhibitors - Drugs For Cancer**		
WELIREG ORAL TABLET 40 MG	Preferred	PA; SP
Antineoplastic - Histone Deacetylase Inhibitors - Drugs For Cancer**		
ZOLINZA ORAL CAPSULE 100 MG	Preferred	PA; QL (4 EA per 1 day); SP

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Drug	Status	Notes
Antineoplastic - Hormonal And Related Agent Combinations - Drugs For Cancer**		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Preferred	PA
leuprolide acetate-bupivacaine intramuscular solution 25-5 mg/ml	Preferred	PA
Antineoplastic - Immunomodulators - Drugs For Cancer**		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Preferred	PA; SP
Antineoplastic - Kras Inhibitors - Drugs For Cancer**		
KRAZATI ORAL TABLET 200 MG	Preferred	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Preferred	PA; SP
Antineoplastic - Mek Inhibitors - Drugs For Cancer**		
COTELLIC ORAL TABLET 20 MG	Preferred	PA; SP
KOSELUGO ORAL CAPSULE 10 MG	Preferred	PA; QL (8 EA per 1 day); SP
KOSELUGO ORAL CAPSULE 25 MG	Preferred	PA; QL (4 EA per 1 day); SP
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Preferred	PA
MEKINIST ORAL TABLET 0.5 MG	Preferred	PA; QL (3 EA per 1 day); SP
MEKINIST ORAL TABLET 2 MG	Preferred	PA; QL (1 EA per 1 day); SP
MEKTOVI ORAL TABLET 15 MG	Preferred	PA; QL (6 EA per 1 day)
Antineoplastic - Met Inhibitors - Drugs For Cancer**		
TABRECTA ORAL TABLET 150 MG, 200 MG	Preferred	PA; SP
TEPMETKO ORAL TABLET 225 MG	Preferred	PA; QL (2 EA per 1 day)
Antineoplastic - Methyltransferase Inhibitors - Drugs For Cancer**		
TAZVERIK ORAL TABLET 200 MG	Preferred	PA; SP

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Drug	Status	Notes
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer**		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Non Preferred	PA; SP
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non Preferred	PA; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Preferred	PA; SP
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	Preferred	PA; SP
Antineoplastic - Multikinase Inhibitors - Drugs For Cancer**		
CABOMETYX ORAL TABLET 20 MG	Preferred	PA; QL (3 EA per 1 day); SP
CABOMETYX ORAL TABLET 40 MG, 60 MG	Preferred	PA; QL (1 EA per 1 day); SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	Preferred	PA; SP
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Preferred	PA; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Preferred	PA; SP
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Preferred	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Preferred	PA; SP
NERLYNX ORAL TABLET 40 MG	Preferred	PA; SP
NEXAVAR ORAL TABLET 200 MG	Preferred	PA; QL (4 EA per 1 day); SP
QINLOCK ORAL TABLET 50 MG	Preferred	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Preferred	PA; SP
STIVARGA ORAL TABLET 40 MG	Preferred	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Preferred	PA; QL (1 EA per 1 day); SP
TURALIO ORAL CAPSULE 125 MG, 200 MG	Preferred	PA
TYKERB ORAL TABLET 250 MG	Preferred	PA; QL (6 EA per 1 day); SP

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Drug	Status	Notes
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Preferred	PA
VOTRIENT ORAL TABLET 200 MG	Preferred	PA; SP
XOSPATA ORAL TABLET 40 MG	Preferred	PA; SP
lapatinib ditosylate oral tablet 250 mg	Preferred	PA; QL (6 EA per 1 day); SP
pazopanib hcl oral tablet 200 mg	Preferred	PA
sorafenib tosylate oral tablet 200 mg	Preferred	PA; QL (4 EA per 1 day); SP
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Preferred	PA; QL (1 EA per 1 day); SP
Antineoplastic - Pdgfr-Alpha Inhibitors - Drugs For Cancer**		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Preferred	PA; SP
Antineoplastic - Proteasome Inhibitors - Drugs For Cancer**		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Preferred	PA; SP
Antineoplastic - Ret Inhibitors - Drugs For Cancer**		
GAVRETO ORAL CAPSULE 100 MG	Preferred	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Preferred	PA; SP
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors - Drugs For Cancer**		
AUGTYRO ORAL CAPSULE 40 MG	Preferred	PA
ROZLYTREK ORAL CAPSULE 100 MG	Preferred	PA; QL (1 EA per 1 day); SP
ROZLYTREK ORAL CAPSULE 200 MG	Preferred	PA; QL (3 EA per 1 day); SP
ROZLYTREK ORAL PACKET 50 MG	Preferred	PA
VITRAKVI ORAL CAPSULE 100 MG	Preferred	PA; QL (2 EA per 1 day); SP
VITRAKVI ORAL CAPSULE 25 MG	Preferred	PA; QL (6 EA per 1 day); SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Preferred	PA; SP

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Drug	Status	Notes
Antineoplastic - Xpo1 Inhibitors - Drugs For Cancer**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Preferred	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Preferred	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Preferred	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Preferred	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Preferred	PA; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Preferred	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Preferred	PA; SP
Antineoplastic Combinations - Drugs For Cancer**		
INQOVI ORAL TABLET 35-100 MG	Preferred	PA; SP
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Preferred	PA; SP
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Preferred	PA; SP
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Preferred	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Preferred	PA; SP
Antineoplastic Radiopharmaceuticals - Drugs For Cancer**		
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML	Carve Out	
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML	Carve Out	

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Drug	Status	Notes
Antineoplastics Misc. - Drugs For Cancer**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Carve Out	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Preferred	PA; SP
HYDREA ORAL CAPSULE 500 MG	Non Preferred	PA; QL (24 EA per 1 day)
MATULANE ORAL CAPSULE 50 MG	Non Preferred	PA; SP
hydroxyurea oral capsule 500 mg	Preferred	QL (24 EA per 1 day)
Aromatase Inhibitors - Drugs For Cancer**		
ARIMIDEX ORAL TABLET 1 MG	Non Preferred	PA
AROMASIN ORAL TABLET 25 MG	Non Preferred	PA
FEMARA ORAL TABLET 2.5 MG	Non Preferred	PA; QL (1 EA per 1 day)
anastrozole oral tablet 1 mg	Preferred	
exemestane oral tablet 25 mg	Preferred	
letrozole oral tablet 2.5 mg	Preferred	QL (1 EA per 1 day)
Cyclin-Dependent Kinases (Cdk) Inhibitors - Drugs For Cancer**		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Preferred	PA; QL (1 EA per 1 day); SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Preferred	PA; QL (1 EA per 1 day); SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Preferred	PA; SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Preferred	PA; SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Preferred	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Preferred	PA; QL (2 EA per 1 day); SP
Estrogens-Antineoplastic - Drugs For Cancer**		
EMCYT ORAL CAPSULE 140 MG	Preferred	PA

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Drug	Status	Notes
Folic Acid Antagonists Rescue Agents - Drugs For Cancer**		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	Preferred	
leucovorin calcium oral tablet 5 mg	Preferred	QL (8 EA per 1 day)
Gonadotropin Releasing Hormone (Gnrh) Antagonists - Drugs For Cancer**		
ORGOVYX ORAL TABLET 120 MG	Preferred	PA; SP
Imidazotetrazines - Drugs For Cancer**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Preferred	PA; SP
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors - Drugs For Cancer**		
REZLIDHIA ORAL CAPSULE 150 MG	Preferred	PA; SP
TIBSOVO ORAL TABLET 250 MG	Preferred	PA; QL (2 EA per 1 day); SP
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors - Drugs For Cancer**		
IDHIFA ORAL TABLET 100 MG, 50 MG	Preferred	PA; QL (1 EA per 1 day); SP
Janus Associated Kinase (Jak) Inhibitors - Drugs For Cancer**		
INREBIC ORAL CAPSULE 100 MG	Preferred	PA; QL (4 EA per 1 day); SP
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Preferred	PA; QL (2 EA per 1 day); SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Preferred	PA
VONJO ORAL CAPSULE 100 MG	Preferred	PA; SP
Lhrh Analogs - Drugs For Cancer**		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	Preferred	PA; SP
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)

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Drug	Status	Notes
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)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	Preferred	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Preferred	PA; NOTES (EA); SP
leuprolide acetate (3 month) intramuscular injectable 22.5 mg	Preferred	PA
leuprolide acetate injection kit 1 mg/0.2ml	Preferred	PA; NOTES (EA)
Mitotic Inhibitors - Drugs For Cancer**		
etoposide oral capsule 50 mg	Preferred	PA
Nitrogen Mustards And Related Analogues - Drugs For Cancer**		
ALKERAN ORAL TABLET 2 MG	Non Preferred	PA
LEUKERAN ORAL TABLET 2 MG	Preferred	PA; QL (8 EA per 1 day)
cyclophosphamide oral capsule 25 mg, 50 mg	Preferred	QL (16 EA per 1 day); SP
cyclophosphamide oral tablet 25 mg, 50 mg	Preferred	
melphalan oral tablet 2 mg	Preferred	
Nitrosoureas - Drugs For Cancer**		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Preferred	PA
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer**		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Preferred	PA; QL (2 EA per 1 day); SP
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Preferred	PA; QL (1 EA per 1 day); SP

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Drug	Status	Notes
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Preferred	PA; QL (2 EA per 1 day); SP
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Preferred	PA; QL (2 EA per 1 day); SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Preferred	PA; QL (2 EA per 1 day); SP
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer**		
LYNPARZA ORAL TABLET 100 MG, 150 MG	Preferred	PA; QL (4 EA per 1 day); SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Preferred	PA; QL (4 EA per 1 day); SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	Preferred	PA
TALZENNA ORAL CAPSULE 0.25 MG	Preferred	PA; QL (3 EA per 1 day); SP
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	Preferred	PA; SP
TALZENNA ORAL CAPSULE 1 MG	Preferred	PA; QL (1 EA per 1 day); SP
ZEJULA ORAL CAPSULE 100 MG	Preferred	PA; QL (3 EA per 1 day); SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Preferred	PA
Progestins-Antineoplastic - Drugs For Cancer**		
hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml	Preferred	PA
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Preferred	QL (40 ML per 1 day)
megestrol acetate oral tablet 20 mg	Preferred	QL (40 EA per 1 day)
megestrol acetate oral tablet 40 mg	Preferred	QL (20 EA per 1 day)
Retinoids - Drugs For Cancer**		
tretinoin oral capsule 10 mg	Preferred	PA
Selective Estrogen Receptor Degraders - Drugs For Cancer**		
ORSERDU ORAL TABLET 345 MG, 86 MG	Preferred	PA; SP

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Drug	Status	Notes
Selective Retinoid X Receptor Agonists - Drugs For Cancer**		
TARGRETIN ORAL CAPSULE 75 MG	Non Preferred	PA; SP
bexarotene oral capsule 75 mg	Preferred	PA; SP
Topoisomerase I Inhibitors - Drugs For Cancer**		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Preferred	PA; SP
Urinary Tract Protective Agents - Drugs For Cancer**		
MESNEX ORAL TABLET 400 MG	Preferred	
Vascular Endothelial Growth Factor (Vegf) Inhibitors - Drugs For Cancer**		
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Preferred	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Preferred	PA; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Preferred	PA; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Preferred	PA; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Preferred	PA; SP
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Preferred	PA; SP
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Preferred	PA; SP
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Preferred	PA; SP
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Preferred	PA; SP
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Preferred	PA; SP

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Drug	Status	Notes
***Antiparkinson And Related Therapy Agents* - Drugs For The Nervous System**		
Adenosine Receptor Antagonist - Drugs For Parkinson**		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Preferred	PA
Antiparkinson Anticholinergics - Drugs For Parkinson**		
benztropine mesylate injection solution 1 mg/ml	Preferred	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	
trihexyphenidyl hcl oral solution 0.4 mg/ml	Preferred	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Preferred	
Antiparkinson Dopaminergics - Drugs For Parkinson**		
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	Non Preferred	PA; SP
INBRIJA INHALATION CAPSULE 42 MG	Non Preferred	PA; SP
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG	Non Preferred	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	Non Preferred	PA
PARLODEL ORAL CAPSULE 5 MG	Non Preferred	PA
PARLODEL ORAL TABLET 2.5 MG	Non Preferred	PA
amantadine hcl oral capsule 100 mg	Preferred	
amantadine hcl oral solution 50 mg/5ml	Preferred	
amantadine hcl oral tablet 100 mg	Non Preferred	PA
bromocriptine mesylate oral capsule 5 mg	Non Preferred	PA
bromocriptine mesylate oral tablet 2.5 mg	Non Preferred	PA
Antiparkinson Monoamine Oxidase Inhibitors - Drugs For Parkinson**		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Non Preferred	PA
XADAGO ORAL TABLET 100 MG, 50 MG	Non Preferred	PA

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Drug	Status	Notes
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Non Preferred	PA
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Non Preferred	PA
selegiline hcl oral capsule 5 mg	Preferred	
selegiline hcl oral tablet 5 mg	Preferred	
Central/Peripheral Comt Inhibitors - Drugs For Parkinson**		
TASMAR ORAL TABLET 100 MG	Non Preferred	PA
tolcapone oral tablet 100 mg	Non Preferred	PA
Decarboxylase Inhibitors - Drugs For Parkinson**		
LODOSYN ORAL TABLET 25 MG	Non Preferred	PA
carbidopa oral tablet 25 mg	Preferred	
Levodopa Combinations - Drugs For Parkinson**		
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Non Preferred	PA; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Non Preferred	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Non Preferred	PA
STALEVO 100 ORAL TABLET 25-100-200 MG	Non Preferred	PA
STALEVO 125 ORAL TABLET 31.25-125-200 MG	Non Preferred	PA
STALEVO 150 ORAL TABLET 37.5-150-200 MG	Non Preferred	PA
STALEVO 200 ORAL TABLET 50-200-200 MG	Non Preferred	PA
STALEVO 50 ORAL TABLET 12.5-50-200 MG	Non Preferred	PA
STALEVO 75 ORAL TABLET 18.75-75-200 MG	Non Preferred	PA

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Drug	Status	Notes
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Preferred	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Preferred	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Non Preferred	PA
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
Nonergoline Dopamine Receptor Agonists - Drugs For Parkinson**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Non Preferred	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Non Preferred	PA; SP
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25	Non Preferred	PA; SP
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	Non Preferred	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Non Preferred	PA
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	Non Preferred	PA; SP
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
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Preferred	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Non Preferred	PA

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Drug	Status	Notes
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Preferred	
Peripheral Comt Inhibitors - Drugs For Parkinson**		
COMTAN ORAL TABLET 200 MG	Non Preferred	PA; QL (8 EA per 1 day)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Non Preferred	PA
entacapone oral tablet 200 mg	Preferred	QL (8 EA per 1 day)
***Antipsychotics/Antimanic Agents* - Drugs For The Nervous System**		
Antimanic Agents - Drugs For Severe Mental Disorders**		
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Non Preferred	PA
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Preferred	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Preferred	
lithium carbonate oral tablet 300 mg	Preferred	
lithium oral solution 8 meq/5ml	Preferred	
Antipsychotics - Misc. - Drugs For Severe Mental Disorders**		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	Non Preferred	PA
CAPLYTA ORAL CAPSULE 42 MG	Non Preferred	PA; NOTES (AGE*)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Preferred	PA
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Preferred	NOTES (AGE*)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Non Preferred	PA; NOTES (AGE*)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Non Preferred	PA; NOTES (AGE*)
NUPLAZID ORAL CAPSULE 34 MG	Preferred	PA; SP

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Drug	Status	Notes
NUPLAZID ORAL TABLET 10 MG	Preferred	PA; SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Preferred	PA; NOTES (AGE*); AGE (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Preferred	PA; NOTES (AGE*)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Preferred	NOTES (AGE*)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Preferred	NOTES (AGE*); DS (90 DS)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	Preferred	NOTES (AGE*)
Benzisoxazoles - Drugs For Severe Mental Disorders**		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Non Preferred	PA; NOTES (AGE*)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Non Preferred	PA; NOTES (AGE*)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Preferred	PA; NOTES (AGE*)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG	Non Preferred	PA; NOTES (AGE*)
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*)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	Preferred	QL (0.88 ML per 67 days); NOTES (AGE*)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	Preferred	QL (1.4 ML per 67 days); NOTES (AGE*)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	Preferred	QL (1.8 ML per 67 days); NOTES (AGE*)

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Drug	Status	Notes
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	Preferred	QL (2.7 ML per 67 days); NOTES (AGE*)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Non Preferred	PA; NOTES (AGE*)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	Preferred	NOTES (AGE*)
RISPERDAL ORAL SOLUTION 1 MG/ML	Non Preferred	PA; NOTES (AGE*)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non Preferred	PA; NOTES (AGE*)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Preferred	NOTES (AGE*)
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*)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Non Preferred	PA; NOTES (AGE*)
risperidone er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	Preferred	
risperidone oral solution 1 mg/ml	Preferred	NOTES (AGE*); DS (90 DS)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Preferred	NOTES (AGE*)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Preferred	NOTES (AGE*); DS (90 DS)
Butyrophenones - Drugs For Severe Mental Disorders**		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	Non Preferred	PA; NOTES (AGE*)
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Preferred	NOTES (AGE*)

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Drug	Status	Notes
haloperidol lactate injection solution 5 mg/ml	Preferred	NOTES (AGE*)
haloperidol lactate oral concentrate 2 mg/ml	Preferred	NOTES (AGE*)
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Preferred	NOTES (AGE*); DS (90 DS)
Dibenzodiazepines - Drugs For Severe Mental Disorders**		
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA; NOTES (AGE*)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Non Preferred	PA; NOTES (AGE*)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Preferred	NOTES (AGE*); DS (90 DS)
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Non Preferred	PA; NOTES (AGE*)
Dibenzo-Oxepino Pyrroles - Drugs For Severe Mental Disorders**		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; NOTES (AGE*)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Non Preferred	PA; NOTES (AGE*)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Non Preferred	PA; NOTES (AGE*)
Dibenzothiazepines - Drugs For Severe Mental Disorders**		
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Non Preferred	PA; NOTES (AGE*)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Non Preferred	PA; NOTES (AGE*)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Preferred	NOTES (AGE*)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Preferred	NOTES (AGE*)

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Drug	Status	Notes
quetiapine fumarate oral tablet 150 mg	Non Preferred	PA; NOTES (AGE*)
Dibenzoxazepines - Drugs For Severe Mental Disorders**		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	Non Preferred	PA
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Preferred	DS (90 DS)
Dihydroindolones - Drugs For Severe Mental Disorders**		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	Preferred	DS (90 DS)
Phenothiazines - Drugs For Severe Mental Disorders**		
COMPRO RECTAL SUPPOSITORY 25 MG	Non Preferred	PA
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	Preferred	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Non Preferred	PA
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Preferred	DS (90 DS)
fluphenazine decanoate injection solution 25 mg/ml	Preferred	
fluphenazine hcl injection solution 2.5 mg/ml	Preferred	
fluphenazine hcl oral concentrate 5 mg/ml	Preferred	
fluphenazine hcl oral elixir 2.5 mg/5ml	Preferred	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Preferred	DS (90 DS)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Preferred	NOTES (AGE*); DS (90 DS)
prochlorperazine edisylate injection solution 10 mg/2ml	Preferred	PA
prochlorperazine maleate oral tablet 10 mg, 5 mg	Preferred	
prochlorperazine rectal suppository 25 mg	Non Preferred	PA
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS)

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Drug	Status	Notes
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Preferred	DS (90 DS)
Quinolinone Derivatives - Drugs For Severe Mental Disorders**		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	Non Preferred	PA; NOTES (AGE*)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Preferred	NOTES (AGE*)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Preferred	NOTES (AGE*)
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*)
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*)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non Preferred	PA; NOTES (AGE*)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Non Preferred	PA; NOTES (AGE*)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	Preferred	QL (4 ML per 44 days); NOTES (AGE*)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML	Preferred	NOTES (AGE*)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	Preferred	QL (3.2 ML per 24 days); NOTES (AGE*)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non Preferred	NOTES (AGE*)
aripiprazole oral solution 1 mg/ml	Non Preferred	PA; NOTES (AGE*)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Preferred	NOTES (AGE*); DS (90 DS)
aripiprazole oral tablet dispersible 10 mg, 15 mg	Non Preferred	PA; NOTES (AGE*)

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Drug	Status	Notes
Thienbenzodiazepines - Drugs For Severe Mental Disorders**		
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG	Non Preferred	PA; NOTES (AGE*)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Non Preferred	PA; NOTES (AGE*)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	Non Preferred	PA; NOTES (AGE*)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	Non Preferred	PA; NOTES (AGE*)
olanzapine intramuscular solution reconstituted 10 mg	Preferred	NOTES (AGE*)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Preferred	NOTES (AGE*); DS (90 DS)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	Preferred	NOTES (AGE*)
Thioxanthenes - Drugs For Severe Mental Disorders**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Preferred	DS (90 DS)
***Antivirals* - Drugs For Infections**		
Antiretroviral Combinations - Drugs For Viral Infections**		
ATRIPLA ORAL TABLET 600-200-300 MG	Preferred	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Preferred	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	Preferred	QL (1 EA per 1 day)
COMBIVIR ORAL TABLET 150-300 MG	Non Preferred	PA; QL (2 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	Preferred	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Preferred	QL (1 EA per 1 day)

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

Drug	Status	Notes
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Preferred	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	Preferred	QL (1 EA per 1 day)
EPZICOM ORAL TABLET 600-300 MG	Non Preferred	PA; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Preferred	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Preferred	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	Preferred	QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML	Preferred	QL (16 ML per 1 day)
KALETRA ORAL TABLET 100-25 MG	Preferred	QL (12 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	Preferred	QL (6 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Preferred	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG	Preferred	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Preferred	QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	Non Preferred	PA; QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	Non Preferred	PA; QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	Preferred	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	Preferred	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	Preferred	QL (6 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG	Preferred	QL (2 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Non Preferred	PA; QL (1 EA per 1 day)
abacavir sulfate-lamivudine oral tablet 600-300 mg	Preferred	QL (1 EA per 1 day)
cabenuva intramuscular suspension extended release 400 & 600 mg/2ml, 600 & 900 mg/3ml	Carve Out	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Preferred	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Preferred	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Preferred	QL (2 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5ml	Preferred	QL (16 ML per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Preferred	QL (12 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Preferred	QL (6 EA per 1 day)
Antiretrovirals - Capsid Inhibitors - Drugs For Viral Infections**		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Preferred	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Carve Out	
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor) - Drugs For Viral Infections**		
SELZENTRY ORAL SOLUTION 20 MG/ML	Preferred	
SELZENTRY ORAL TABLET 150 MG, 300 MG	Preferred	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 75 MG	Preferred	
maraviroc oral tablet 150 mg, 300 mg	Preferred	QL (2 EA per 1 day)
Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor - Drugs For Viral Infections**		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	Carve Out	
Antiretrovirals - Fusion Inhibitors - Drugs For Viral Infections**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Carve Out	
Antiretrovirals - Gp120-Directed Attachment Inhibitor - Drugs For Viral Infections**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Preferred	

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Drug	Status	Notes
Antiretrovirals - Integrase Inhibitors - Drugs For Viral Infections**		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	Carve Out	
ISENTRESS HD ORAL TABLET 600 MG	Preferred	
ISENTRESS ORAL PACKET 100 MG	Preferred	
ISENTRESS ORAL TABLET 400 MG	Preferred	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Preferred	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Preferred	
TIVICAY ORAL TABLET 10 MG, 25 MG	Preferred	
TIVICAY ORAL TABLET 50 MG	Preferred	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Preferred	
vocabria oral tablet 30 mg	Preferred	
Antiretrovirals - Protease Inhibitors - Drugs For Viral Infections**		
APTIVUS ORAL CAPSULE 250 MG	Preferred	
LEXIVA ORAL SUSPENSION 50 MG/ML	Preferred	
LEXIVA ORAL TABLET 700 MG	Non Preferred	PA; QL (4 EA per 1 day)
NORVIR ORAL PACKET 100 MG	Preferred	
NORVIR ORAL SOLUTION 80 MG/ML	Preferred	
NORVIR ORAL TABLET 100 MG	Non Preferred	PA; QL (12 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Preferred	QL (8 ML per 1 day)
PREZISTA ORAL TABLET 150 MG, 75 MG	Preferred	
PREZISTA ORAL TABLET 600 MG	Non Preferred	PA; QL (2 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	Non Preferred	PA; QL (1 EA per 1 day)
REYATAZ ORAL CAPSULE 200 MG	Non Preferred	PA; QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG	Non Preferred	PA; QL (1 EA per 1 day)
REYATAZ ORAL PACKET 50 MG	Preferred	

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Drug	Status	Notes
VIRACEPT ORAL TABLET 250 MG	Preferred	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	Preferred	QL (4 EA per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	Preferred	QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg	Preferred	QL (1 EA per 1 day)
darunavir oral tablet 600 mg	Preferred	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	Preferred	QL (1 EA per 1 day)
fosamprenavir calcium oral tablet 700 mg	Preferred	QL (4 EA per 1 day)
ritonavir oral tablet 100 mg	Preferred	QL (12 EA per 1 day)
Antiretrovirals - Rti-Non-Nucleoside Analogues - Drugs For Viral Infections**		
EDURANT ORAL TABLET 25 MG	Preferred	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG	Preferred	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	Preferred	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Preferred	
PIFELTRO ORAL TABLET 100 MG	Preferred	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	Non Preferred	PA
SUSTIVA ORAL TABLET 600 MG	Non Preferred	PA; QL (1 EA per 1 day)
efavirenz oral capsule 200 mg	Preferred	QL (3 EA per 1 day)
efavirenz oral capsule 50 mg	Preferred	QL (12 EA per 1 day)
efavirenz oral tablet 600 mg	Preferred	QL (1 EA per 1 day)
etravirine oral tablet 100 mg	Preferred	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Preferred	QL (2 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 100 mg	Preferred	
nevirapine er oral tablet extended release 24 hour 400 mg	Preferred	QL (2 EA per 1 day)
nevirapine oral suspension 50 mg/5ml	Preferred	QL (40 ML per 1 day)
nevirapine oral tablet 200 mg	Preferred	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Purines - Drugs For Viral Infections**		
ZIAGEN ORAL SOLUTION 20 MG/ML	Non Preferred	PA; QL (30 ML per 1 day)
ZIAGEN ORAL TABLET 300 MG	Non Preferred	PA; QL (2 EA per 1 day)

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Drug	Status	Notes
abacavir sulfate oral solution 20 mg/ml	Preferred	QL (30 ML per 1 day)
abacavir sulfate oral tablet 300 mg	Preferred	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines - Drugs For Viral Infections**		
EMTRIVA ORAL CAPSULE 200 MG	Preferred	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Preferred	QL (24 ML per 1 day)
EPIVIR ORAL SOLUTION 10 MG/ML	Non Preferred	PA; QL (30 ML per 1 day)
EPIVIR ORAL TABLET 150 MG	Non Preferred	PA; QL (2 EA per 1 day)
EPIVIR ORAL TABLET 300 MG	Non Preferred	PA; QL (1 EA per 1 day)
emtricitabine oral capsule 200 mg	Preferred	QL (1 EA per 1 day)
lamivudine oral solution 10 mg/ml	Preferred	QL (30 ML per 1 day)
lamivudine oral tablet 150 mg	Preferred	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Preferred	QL (1 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines - Drugs For Viral Infections**		
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Carve Out	
RETROVIR ORAL CAPSULE 100 MG	Non Preferred	PA; QL (6 EA per 1 day)
RETROVIR ORAL SYRUP 50 MG/5ML	Non Preferred	PA; QL (60 ML per 1 day)
stavudine oral capsule 15 mg	Preferred	
stavudine oral capsule 20 mg, 30 mg, 40 mg	Preferred	QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
zidovudine oral syrup 50 mg/5ml	Preferred	QL (60 ML per 1 day)
zidovudine oral tablet 300 mg	Preferred	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleotide Analogues - Drugs For Viral Infections**		
VIREAD ORAL POWDER 40 MG/GM	Preferred	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Preferred	QL (1 EA per 1 day)
VIREAD ORAL TABLET 300 MG	Non Preferred	PA; QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
Antiretrovirals Adjuvants - Drugs For Viral Infections**		
TYBOST ORAL TABLET 150 MG	Preferred	QL (1 EA per 1 day)
Antiviral Combinations - Drugs For Infections**		
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Preferred	
acyclovix combination therapy pack 200-10 mg-%	Non Preferred	PA
Cmv Agents - Drugs For Viral Infections**		
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	Preferred	PA
LIVTENCITY ORAL TABLET 200 MG	Non Preferred	PA; SP
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	Preferred	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Preferred	PA
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML	Non Preferred	PA
VALCYTE ORAL TABLET 450 MG	Non Preferred	PA; QL (4 EA per 1 day)
cidofovir intravenous solution 75 mg/ml	Preferred	PA
foscarnet sodium intravenous solution 6000 mg/250ml	Preferred	PA
ganciclovir intravenous solution 500 mg/250ml	Preferred	PA
ganciclovir sodium intravenous solution 500 mg/10ml	Non Preferred	PA
ganciclovir sodium intravenous solution reconstituted 500 mg	Preferred	PA
valganciclovir hcl oral solution reconstituted 50 mg/ml	Preferred	
valganciclovir hcl oral tablet 450 mg	Preferred	QL (4 EA per 1 day)

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Drug	Status	Notes
Hepatitis B Agents - Drugs For Viral Infections**		
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Non Preferred	PA
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	Non Preferred	PA; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	Non Preferred	PA
EPIVIR HBV ORAL TABLET 100 MG	Preferred	QL (3 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Non Preferred	PA
adefovir dipivoxil oral tablet 10 mg	Non Preferred	PA; QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	Preferred	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	Preferred	QL (3 EA per 1 day)
Hepatitis C Agent - Combinations - Drugs For Viral Infections**		
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 - Drugs For Viral Infections**		
DAKLINZA ORAL TABLET 30 MG, 60 MG	Carve Out	

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Drug	Status	Notes
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Non Preferred	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Non Preferred	PA; SP
SOVALDI ORAL PACKET 150 MG, 200 MG	Carve Out	
SOVALDI ORAL TABLET 200 MG, 400 MG	Carve Out	
ribavirin oral capsule 200 mg	Preferred	SP
ribavirin oral tablet 200 mg	Preferred	SP
Herpes Agents - Purine Analogues - Drugs For Viral Infections**		
SITAVIG BUCCAL TABLET 50 MG	Non Preferred	PA
VALTREX ORAL TABLET 1 GM, 500 MG	Non Preferred	PA; QL (8 EA per 1 day)
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	Non Preferred	PA
acyclovir oral capsule 200 mg	Preferred	QL (5 EA per 1 day)
acyclovir oral suspension 200 mg/5ml	Preferred	QL (25 ML per 1 day)
acyclovir oral tablet 400 mg, 800 mg	Preferred	QL (5 EA per 1 day)
acyclovir sodium intravenous solution 50 mg/ml	Preferred	PA
valacyclovir hcl oral tablet 1 gm, 500 mg	Preferred	QL (8 EA per 1 day)
Herpes Agents - Thymidine Analogues - Drugs For Viral Infections**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Preferred	QL (3 EA per 1 day)
Influenza Agents - Drugs For Viral Infections**		
rimantadine hcl oral tablet 100 mg	Preferred	QL (2 EA per 1 day)
Misc. Antivirals - Drugs For Viral Infections**		
LAGEVRIO ORAL CAPSULE 200 MG	Preferred	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Preferred	
TEMBEXA ORAL TABLET 100 MG	Preferred	

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Drug	Status	Notes
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Preferred	
remdesivir intravenous solution reconstituted 100 mg	Preferred	
Neuraminidase Inhibitors - Drugs For Viral Infections**		
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML	Preferred	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Non Preferred	PA
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	Non Preferred	PA; QL (2 EA per 1 day); NOTES (Max Days Supply = 10)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	Non Preferred	PA; QL (25 ML per 1 day); NOTES (Max Days Supply = 10); AGE (Max 12 Years)
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Preferred	QL (2 EA per 1 day); NOTES (Max Days Supply = 10)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Preferred	QL (25 ML per 1 day); NOTES (Max Days Supply = 10); AGE (Max 12 Years)
Pa Endonuclease Inhibitors - Drugs For Viral Infections**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Non Preferred	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Non Preferred	PA
Rsv Agents - Nucleoside Analogues - Drugs For Viral Infections**		
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM	Non Preferred	PA
ribavirin inhalation solution reconstituted 6 gm	Preferred	PA

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Drug	Status	Notes
***Beta Blockers* - Drugs For The Heart**		
Alpha-Beta Blockers - Drugs For High Blood Pressure**		
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG	Non Preferred	PA; QL (2 EA per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Non Preferred	PA
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Non Preferred	PA; QL (2 EA per 1 day)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg	Non Preferred	PA; QL (2 EA per 1 day)
carvedilol phosphate er oral capsule extended release 24 hour 80 mg	Non Preferred	PA
labetalol hcl intravenous solution 5 mg/ml	Preferred	PA
labetalol hcl intravenous solution prefilled syringe 10 mg/2ml, 20 mg/4ml	Preferred	PA
labetalol hcl oral tablet 100 mg, 200 mg	Preferred	QL (6 EA per 1 day); DS (90 DS)
labetalol hcl oral tablet 300 mg	Preferred	QL (8 EA per 1 day); DS (90 DS)
labetalol hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-%, 200-0.72 mg/200ml-%, 300-0.72 mg/300ml-%	Preferred	PA
Beta Blockers Cardio-Selective - Drugs For High Blood Pressure**		
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Non Preferred	PA
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	Non Preferred	PA
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	Non Preferred	PA
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML	Non Preferred	PA

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Drug	Status	Notes
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML	Non Preferred	PA
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non Preferred	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Non Preferred	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non Preferred	PA; QL (3 EA per 1 day)
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA; QL (2 EA per 1 day)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG	Non Preferred	PA; QL (3 EA per 1 day)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	Non Preferred	PA; QL (2 EA per 1 day)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	Non Preferred	PA; QL (4 EA per 1 day)
acebutolol hcl oral capsule 200 mg, 400 mg	Preferred	QL (16 EA per 1 day); DS (90 DS)
atenolol oral tablet 100 mg, 25 mg, 50 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
betaxolol hcl oral tablet 10 mg, 20 mg	Preferred	DS (90 DS)
bisoprolol fumarate oral tablet 10 mg, 5 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
esmolol hcl intravenous solution 100 mg/10ml, 2000 mg/100ml, 2500 mg/250ml	Preferred	PA
esmolol hcl intravenous solution prefilled syringe 100 mg/10ml	Preferred	PA
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	Preferred	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
metoprolol succinate er oral tablet extended release 24 hour 200 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
metoprolol succinate er oral tablet extended release 24 hour 50 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)

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Drug	Status	Notes
metoprolol tartrate intravenous solution 5 mg/5ml	Preferred	PA
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
metoprolol tartrate oral tablet 37.5 mg	Preferred	DS (90 DS)
metoprolol tartrate oral tablet 75 mg	Preferred	QL (6 EA per 1 day); DS (90 DS)
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Non Preferred	PA
Beta Blockers Non-Selective - Drugs For High Blood Pressure**		
BETAPACE AF ORAL TABLET 120 MG, 80 MG	Non Preferred	PA; QL (2 EA per 1 day)
BETAPACE AF ORAL TABLET 160 MG	Non Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non Preferred	PA; QL (2 EA per 1 day)
CORGARD ORAL TABLET 20 MG, 40 MG	Non Preferred	PA; QL (3 EA per 1 day)
CORGARD ORAL TABLET 80 MG	Non Preferred	PA
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 60 MG	Non Preferred	PA; QL (3 EA per 1 day)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	Non Preferred	PA; QL (2 EA per 1 day)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Non Preferred	PA; QL (4 EA per 1 day)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	Non Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	Non Preferred	PA
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Preferred	QL (2 EA per 1 day); DS (90 DS)
SOTYLIZE ORAL SOLUTION 5 MG/ML	Non Preferred	PA

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Drug	Status	Notes
nadolol oral tablet 20 mg, 40 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
nadolol oral tablet 80 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
pindolol oral tablet 10 mg, 5 mg	Non Preferred	PA
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
propranolol hcl er oral capsule extended release 24 hour 160 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
propranolol hcl er oral capsule extended release 24 hour 80 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
propranolol hcl intravenous solution 1 mg/ml	Preferred	PA
propranolol hcl oral solution 20 mg/5ml	Preferred	QL (20 ML per 1 day)
propranolol hcl oral solution 40 mg/5ml	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Preferred	QL (6 EA per 1 day); DS (90 DS)
sotalol hcl (af) oral tablet 120 mg, 80 mg	Preferred	QL (2 EA per 1 day)
sotalol hcl (af) oral tablet 160 mg	Preferred	
sotalol hcl intravenous solution 150 mg/10ml	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Non Preferred	PA
***Calcium Channel Blockers* - Drugs For The Heart**		
Calcium Channel Blockers - Drugs For High Blood Pressure**		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Non Preferred	PA
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	Non Preferred	PA; QL (2 EA per 1 day)
CALAN SR ORAL TABLET EXTENDED RELEASE 240 MG	Non Preferred	PA; QL (3 EA per 1 day)
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	Preferred	PA

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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

Drug	Status	Notes
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG	Non Preferred	PA; QL (1 EA per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Non Preferred	PA; QL (2 EA per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non Preferred	PA
CARDIZEM ORAL TABLET 120 MG, 60 MG	Non Preferred	PA; QL (4 EA per 1 day)
CARDIZEM ORAL TABLET 30 MG	Non Preferred	PA; QL (2 EA per 1 day)
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non Preferred	PA; QL (1 EA per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Preferred	QL (1 EA per 1 day); DS (90 DS)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Non Preferred	PA; QL (2 EA per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG	Non Preferred	PA; QL (1 EA per 1 day)
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	Preferred	PA
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non Preferred	PA
KATERZIA ORAL SUSPENSION 1 MG/ML	Non Preferred	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non Preferred	PA
NORLIQVA ORAL SOLUTION 1 MG/ML	Non Preferred	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day)
NYMALIZE ORAL SOLUTION 6 MG/ML	Non Preferred	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	Non Preferred	PA; QL (1 EA per 1 day)

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Drug	Status	Notes
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG	Non Preferred	PA; QL (2 EA per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	Non Preferred	PA
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Non Preferred	PA; QL (2 EA per 1 day)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Preferred	QL (2 EA per 1 day); DS (90 DS)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 420 MG	Preferred	QL (1 EA per 1 day); DS (90 DS)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Non Preferred	PA; QL (2 EA per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 420 MG	Non Preferred	PA; QL (1 EA per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	Non Preferred	PA
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Non Preferred	PA
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)

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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

Drug	Status	Notes
diltiazem hcl er oral capsule extended release 12 hour 120 mg	Preferred	QL (2 EA per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Non Preferred	PA
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	Preferred	PA
diltiazem hcl intravenous solution reconstituted 100 mg	Preferred	PA
diltiazem hcl oral tablet 120 mg, 60 mg, 90 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
diltiazem hcl oral tablet 30 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
felodipine er oral tablet extended release 24 hour 10 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
isradipine oral capsule 2.5 mg, 5 mg	Non Preferred	PA
levamlodipine maleate oral tablet 2.5 mg, 5 mg	Non Preferred	PA
nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%	Preferred	PA
nicardipine hcl in nacl intravenous solution prefilled syringe 1-0.9 mg/10ml-%	Preferred	PA
nicardipine hcl intravenous solution 2.5 mg/ml	Preferred	PA
nicardipine hcl oral capsule 20 mg, 30 mg	Non Preferred	PA
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)
nifedipine er oral tablet extended release 24 hour 90 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	Preferred	QL (1 EA per 1 day); DS (90 DS)

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Drug	Status	Notes
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
nifedipine oral capsule 10 mg, 20 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
nimodipine oral capsule 30 mg	Non Preferred	PA
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
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
verapamil hcl er oral tablet extended release 120 mg, 240 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
verapamil hcl er oral tablet extended release 180 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
verapamil hcl intravenous solution 2.5 mg/ml	Preferred	PA
verapamil hcl oral tablet 120 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
verapamil hcl oral tablet 40 mg, 80 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
***Cardiotonics* - Drugs For The Heart**		
Cardiac Glycosides - Drugs For The Heart**		
DIGITEK ORAL TABLET 125 MCG, 250 MCG	Preferred	QL (1 EA per 1 day)
DIGOX ORAL TABLET 125 MCG, 250 MCG	Preferred	QL (1 EA per 1 day)
LANOXIN INJECTION SOLUTION 0.25 MG/ML	Non Preferred	PA
LANOXIN ORAL TABLET 125 MCG, 250 MCG	Non Preferred	PA; QL (1 EA per 1 day)
LANOXIN ORAL TABLET 62.5 MCG	Non Preferred	PA
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	Non Preferred	PA
digoxin injection solution 0.25 mg/ml	Preferred	
digoxin oral solution 0.05 mg/ml	Preferred	
digoxin oral tablet 125 mcg, 250 mcg	Preferred	QL (1 EA per 1 day)
digoxin oral tablet 62.5 mcg	Non Preferred	PA

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Drug	Status	Notes
Inotropes - Drugs For Serious Allergic Reaction**		
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	Preferred	PA
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	Preferred	PA
***Cardiovascular Agents - Misc.* - Drugs For The Heart**		
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb - Drugs For Cholesterol**		
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
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
Cardiac Myosin Inhibitors - Drugs For The Heart**		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Preferred	PA
Cardiovascular Anti-Inflammatory/Immune Modulators - Drugs For The Heart**		
LODOCO ORAL TABLET 0.5 MG	Preferred	
***Cardiovascular Sglt2 Inhibitors** - Drugs For The Heart**		
INPEFA ORAL TABLET 200 MG, 400 MG	Non Preferred	PA
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb - Drugs For High Blood Pressure**		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Preferred	
Nitrate & Vasodilator Combinations - Drugs For High Blood Pressure**		
BIDIL ORAL TABLET 20-37.5 MG	Non Preferred	PA

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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

Drug	Status	Notes
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	Non Preferred	PA
Prostaglandin Vasodilators - Drugs For High Blood Pressure**		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Non Preferred	PA; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Non Preferred	PA; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	Non Preferred	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Non Preferred	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG	Preferred	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Preferred	PA; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG	Preferred	PA; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML	Preferred	PA; SP
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	Preferred	PA; SP
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	Preferred	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	Preferred	PA; SP

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QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy

Drug	Status	Notes
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc) - Drugs For High Blood Pressure**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Preferred	PA; SP
Pulmonary Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure**		
LETAIRIS ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; QL (1 EA per 1 day); SP
OPSUMIT ORAL TABLET 10 MG	Non Preferred	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Non Preferred	PA; QL (2 EA per 1 day); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG	Preferred	PA; SP
ambrisentan oral tablet 10 mg, 5 mg	Preferred	PA; QL (1 EA per 1 day); SP
bosentan oral tablet 125 mg, 62.5 mg	Preferred	PA; QL (2 EA per 1 day); SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors - Drugs For High Blood Pressure**		
ADCIRCA ORAL TABLET 20 MG	Non Preferred	PA; QL (2 EA per 1 day); SP
ALYQ ORAL TABLET 20 MG	Preferred	PA; QL (2 EA per 1 day); SP
LIQREV ORAL SUSPENSION 10 MG/ML	Non Preferred	PA
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Non Preferred	PA; SP
REVATIO ORAL TABLET 20 MG	Non Preferred	PA; SP
TADLIQ ORAL SUSPENSION 20 MG/5ML	Non Preferred	PA; SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	Non Preferred	PA; SP
sildenafil citrate oral tablet 20 mg	Preferred	PA; SP
tadalafil (pah) oral tablet 20 mg	Preferred	PA; QL (2 EA per 1 day); SP
Pulmonary Hypertension - Prostacyclin Receptor Agonist - Drugs For High Blood Pressure**		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	Non Preferred	PA; SP

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QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy

Drug	Status	Notes
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Non Preferred	PA; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Non Preferred	PA; SP
Selective Cgmp Phosphodiesterase Type 5 Inhibitors - Drugs For The Heart**		
CIALIS ORAL TABLET 5 MG	Non Preferred	PA
tadalafil oral tablet 5 mg	Non Preferred	PA
***Sinus Node Inhibitors** - Drugs For High Blood Pressure**		
CORLANOR ORAL SOLUTION 5 MG/5ML	Non Preferred	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Preferred	PA
Transthyretin Stabilizers - Drugs For The Heart**		
VYNDAMAX ORAL CAPSULE 61 MG	Carve Out	
VYNDAQEL ORAL CAPSULE 20 MG	Carve Out	
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc) - Drugs For Angina**		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Preferred	PA
***Cephalosporins* - Drugs For Infections**		
Cephalosporins - 1St Generation - Antibiotics**		
cefadroxil oral capsule 500 mg	Preferred	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Preferred	
cefadroxil oral tablet 1 gm	Preferred	
cefazolin in sodium chloride intravenous solution 2-0.9 gm/100ml-%, 3-0.9 gm/100ml-%	Preferred	PA
cefazolin sodium injection solution prefilled syringe 3 gm/30ml	Preferred	PA

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Drug	Status	Notes
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 300 gm, 500 mg	Preferred	PA
cefazolin sodium intravenous solution prefilled syringe 1 gm/10ml, 2 gm/20ml	Preferred	PA
cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm	Preferred	PA
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 2-5 gm/100ml-%	Preferred	PA
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	Preferred	PA
cephalexin oral capsule 250 mg	Preferred	QL (6 EA per 1 day)
cephalexin oral capsule 500 mg	Preferred	QL (8 EA per 1 day)
cephalexin oral capsule 750 mg	Preferred	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	
cephalexin oral tablet 250 mg, 500 mg	Non Preferred	PA
Cephalosporins - 2Nd Generation - Antibiotics**		
cefaclor er oral tablet extended release 12 hour 500 mg	Non Preferred	PA
cefaclor oral capsule 250 mg	Preferred	QL (6 EA per 1 day)
cefaclor oral capsule 500 mg	Preferred	QL (4 EA per 1 day)
cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml	Non Preferred	PA; QL (40 ML per 1 day)
cefaclor oral suspension reconstituted 250 mg/5ml	Non Preferred	PA; QL (60 ML per 1 day)
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	Preferred	PA
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Preferred	PA
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)	Preferred	PA

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Drug	Status	Notes
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	
cefprozil oral tablet 250 mg	Preferred	QL (4 EA per 1 day)
cefprozil oral tablet 500 mg	Preferred	QL (2 EA per 1 day)
cefuroxime axetil oral tablet 250 mg, 500 mg	Preferred	QL (2 EA per 1 day)
cefuroxime sodium injection solution reconstituted 750 mg	Preferred	PA
cefuroxime sodium intravenous solution reconstituted 1.5 gm	Preferred	PA
Cephalosporins - 3Rd Generation - Antibiotics**		
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Preferred	PA
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML	Preferred	PA
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	Preferred	PA
cefdinir oral capsule 300 mg	Preferred	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	
cefixime oral capsule 400 mg	Preferred	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Non Preferred	PA
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	Preferred	PA
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml	Non Preferred	PA; QL (40 ML per 1 day)
cefpodoxime proxetil oral suspension reconstituted 50 mg/5ml	Non Preferred	PA
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Non Preferred	PA; QL (2 EA per 1 day)
ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	Preferred	PA
ceftazidime injection solution reconstituted 1 gm, 6 gm	Preferred	PA

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Drug	Status	Notes
ceftazidime intravenous solution reconstituted 2 gm	Preferred	PA
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml	Preferred	PA
ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg	Preferred	PA
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Preferred	PA
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	Preferred	PA
Cephalosporins - 4Th Generation - Antibiotics**		
cefepime hcl injection solution reconstituted 1 gm	Preferred	PA
cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml	Preferred	PA
cefepime hcl intravenous solution reconstituted 100 gm, 2 gm	Preferred	PA
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	Preferred	PA
Cephalosporins - Siderophores - Antibiotics**		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	Preferred	PA
Chemicals		
Liquids**		
glycerin liquid	Preferred	
glycerine liquid	Preferred	
glycerol formal liquid	Preferred	

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Drug	Status	Notes
***Contraceptives* - Drugs For Women**		
Biphasic Contraceptives - Oral - Birth Control Pills**		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Preferred	NOTES (EA)
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA)
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Preferred	NOTES (EA)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Preferred	NOTES (EA)
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	Preferred	NOTES (EA)
Combination Contraceptives - Oral - Birth Control Pills**		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
APRI ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
AUBRA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)

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Drug	Status	Notes
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA)
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
AVIANE ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
AYUNA ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	Preferred	NOTES (EA)
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Preferred	NOTES (EA)
BEYAZ ORAL TABLET 3-0.02-0.451 MG	Preferred	NOTES (EA)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	NOTES (EA)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
CHATEAL ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Preferred	NOTES (EA)
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
CYRED ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA)
DELYLA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
ELINEST ORAL TABLET 0.3-30 MG-MCG	Preferred	NOTES (EA)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)

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

Drug	Status	Notes
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA)
FALMINA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA)
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	NOTES (EA)
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	NOTES (EA)
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA)
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
JASMIEL ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA)
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	Preferred	NOTES (EA)
JULEBER ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA)

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Drug	Status	Notes
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Preferred	NOTES (EA)
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA)
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	Preferred	NOTES (EA)
KURVELO ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Preferred	NOTES (EA)
LESSINA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
LORYNA ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Preferred	NOTES (EA)

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Drug	Status	Notes
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA)
LUTERA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
MERZEE ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	NOTES (EA)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	NOTES (EA)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Preferred	NOTES (EA)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
MILI ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Preferred	NOTES (EA)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA)
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Preferred	NOTES (EA)
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA)
NEXTSTELLIS ORAL TABLET 3-14.2 MG	Preferred	NOTES (EA)
NIKKI ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Preferred	NOTES (EA)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA)
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA)
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA)

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Drug	Status	Notes
NYMYO ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA)
OCELLA ORAL TABLET 3-0.03 MG	Preferred	NOTES (EA)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
PHILITH ORAL TABLET 0.4-35 MG-MCG	Preferred	NOTES (EA)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG	Preferred	NOTES (EA)
SOLIA ORAL TABLET 0.15-30 MG-MCG	Preferred	NOTES (EA)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA)
SRONYX ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
SYEDA ORAL TABLET 3-0.03 MG	Preferred	NOTES (EA)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Preferred	NOTES (EA)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Preferred	NOTES (EA)
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	NOTES (EA)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24)	Preferred	NOTES (EA)
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Preferred	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Preferred	NOTES (EA)
TYDEMY ORAL TABLET 3-0.03-0.451 MG	Preferred	NOTES (EA)
VESTURA ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA)
VIENVA ORAL TABLET 0.1-20 MG-MCG	Preferred	NOTES (EA)
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Preferred	NOTES (EA)

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Drug	Status	Notes
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Preferred	NOTES (EA)
WERA ORAL TABLET 0.5-35 MG-MCG	Preferred	NOTES (EA)
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Preferred	NOTES (EA)
YASMIN 28 ORAL TABLET 3-0.03 MG	Preferred	NOTES (EA)
YAZ ORAL TABLET 3-0.02 MG	Preferred	NOTES (EA)
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preferred	NOTES (EA)
ZUMANDIMINE ORAL TABLET 3-0.03 MG	Preferred	NOTES (EA)
alyacen 1/35 oral tablet 1-35 mg-mcg	Preferred	NOTES (EA)
briellyn oral tablet 0.4-35 mg-mcg	Preferred	NOTES (EA)
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	Preferred	NOTES (EA)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	Preferred	NOTES (EA)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Preferred	NOTES (EA)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Preferred	NOTES (EA)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	Preferred	NOTES (EA)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	Preferred	NOTES (EA)
marlissa oral tablet 0.15-30 mg-mcg	Preferred	NOTES (EA)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	Preferred	NOTES (EA)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	NOTES (EA)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	Preferred	NOTES (EA)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	NOTES (EA)

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Drug	Status	Notes
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	Preferred	NOTES (EA)
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Preferred	NOTES (EA)
Combination Contraceptives - Transdermal - Birth Control Pills**		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	Preferred	NOTES (EA)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Preferred	NOTES (EA)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Preferred	NOTES (EA)
Combination Contraceptives - Vaginal - Birth Control Pills**		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Preferred	NOTES (EA)
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Preferred	NOTES (EA)
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	Preferred	NOTES (EA)
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	Preferred	NOTES (EA)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	Preferred	NOTES (EA)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	Preferred	NOTES (EA)
Continuous Contraceptives - Oral - Birth Control Pills**		
AMETHYST ORAL TABLET 90-20 MCG	Preferred	NOTES (EA)
DOLISHALE ORAL TABLET 90-20 MCG	Preferred	NOTES (EA)
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Preferred	NOTES (EA)

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Drug	Status	Notes
Copper Contraceptives - Iud - Birth Control Pills**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Preferred	
Emergency Contraceptives - Birth Control Pills**		
AFTERA ORAL TABLET 1.5 MG	Preferred	
AFTERPILL ORAL TABLET 1.5 MG	Preferred	
CURAE ORAL TABLET 1.5 MG	Preferred	
ECONTRA EZ ORAL TABLET 1.5 MG	Preferred	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Preferred	
ELLA ORAL TABLET 30 MG	Preferred	
HER STYLE ORAL TABLET 1.5 MG	Preferred	
MY CHOICE ORAL TABLET 1.5 MG	Preferred	
MY WAY ORAL TABLET 1.5 MG	Preferred	
NEW DAY ORAL TABLET 1.5 MG	Preferred	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Preferred	
OPTION 2 ORAL TABLET 1.5 MG	Preferred	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Preferred	
REACT ORAL TABLET 1.5 MG	Preferred	
TAKE ACTION ORAL TABLET 1.5 MG	Preferred	
levonorgestrel oral tablet 1.5 mg	Preferred	
Extended-Cycle Contraceptives - Oral - Birth Control Pills**		
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA)
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA)
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Preferred	NOTES (EA)

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

Drug	Status	Notes
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA)
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA)
FAYOSIM ORAL TABLET 42-21-21-7 DAYS	Preferred	NOTES (EA)
ICLEVIA ORAL TABLET 0.15-0.03 MG	Preferred	NOTES (EA)
INTROVALE ORAL TABLET 0.15-0.03 MG	Preferred	NOTES (EA)
JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA)
JOLESSA ORAL TABLET 0.15-0.03 MG	Preferred	NOTES (EA)
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Preferred	NOTES (EA)
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	Preferred	NOTES (EA)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	Preferred	NOTES (EA)
RIVELSA ORAL TABLET 42-21-21-7 DAYS	Preferred	NOTES (EA)
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA)
SETLAKIN ORAL TABLET 0.15-0.03 MG	Preferred	NOTES (EA)
SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG	Preferred	NOTES (EA)
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	Preferred	NOTES (EA)
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)
Four Phase Contraceptives - Oral - Birth Control Pills**		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Preferred	NOTES (EA)
Progestin Contraceptives - Implants - Birth Control Pills**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Preferred	

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Drug	Status	Notes
Progestin Contraceptives - Injectable - Birth Control Pills**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Preferred	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	Preferred	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Preferred	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Preferred	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Preferred	
Progestin Contraceptives - Iud - Birth Control Pills**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Preferred	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Preferred	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Preferred	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Preferred	
Progestin Contraceptives - Oral - Birth Control Pills**		
CAMILA ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
DEBLITANE ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
ERRIN ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
HEATHER ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
INCASSIA ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
JENCYCLA ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
LYLEQ ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
LYZA ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
NORA-BE ORAL TABLET 0.35 MG	Preferred	NOTES (EA)

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Drug	Status	Notes
NORLYDA ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
NORLYROC ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
SHAROBEL ORAL TABLET 0.35 MG	Preferred	NOTES (EA)
SLYND ORAL TABLET 4 MG	Preferred	NOTES (EA)
norethindrone oral tablet 0.35 mg	Preferred	NOTES (EA)
Triphasic Contraceptives - Oral - Birth Control Pills**		
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Preferred	NOTES (EA)
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	NOTES (EA)
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	Preferred	NOTES (EA)
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Preferred	NOTES (EA)
LEVONEST ORAL TABLET 50-30/75-40/125-30 MCG	Preferred	NOTES (EA)
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	NOTES (EA)
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	NOTES (EA)
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA)
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Preferred	NOTES (EA)
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Preferred	NOTES (EA)
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA)
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Preferred	NOTES (EA)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA)

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Drug	Status	Notes
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA)
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA)
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA)
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	Preferred	NOTES (EA)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Preferred	NOTES (EA)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Preferred	NOTES (EA)
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Preferred	NOTES (EA)
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Preferred	NOTES (EA)
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Preferred	NOTES (EA)
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	Preferred	NOTES (EA)
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)

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Drug	Status	Notes
***Corticosteroids* - Hormones**		
Glucocorticosteroids - Drugs For Inflammation**		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Non Preferred	PA; SP
CORTEF ORAL TABLET 10 MG	Non Preferred	PA; QL (12 EA per 1 day)
CORTEF ORAL TABLET 20 MG	Non Preferred	PA; QL (6 EA per 1 day)
CORTEF ORAL TABLET 5 MG	Non Preferred	PA; QL (24 EA per 1 day)
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Preferred	PA
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	Non Preferred	PA
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Preferred	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Preferred	PA
DOUBLEDEX INJECTION KIT 10 MG/ML	Preferred	PA
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	Non Preferred	PA
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Non Preferred	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Non Preferred	PA; SP
HEMADY ORAL TABLET 20 MG	Non Preferred	PA
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	Non Preferred	PA
KENALOG INJECTION SUSPENSION 10 MG/ML	Preferred	PA
KENALOG INJECTION SUSPENSION 40 MG/ML	Non Preferred	PA
KENALOG-40 INJECTION SUSPENSION 40 MG/ML	Non Preferred	PA
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Preferred	PA

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Drug	Status	Notes
MAS CARE-PAK INJECTION KIT 10 MG/ML	Preferred	PA
MEDROL ORAL TABLET 16 MG	Non Preferred	PA; QL (4 EA per 1 day)
MEDROL ORAL TABLET 2 MG, 8 MG	Non Preferred	PA
MEDROL ORAL TABLET 4 MG	Non Preferred	PA; QL (12 EA per 1 day)
MEDROL ORAL TABLET THERAPY PACK 4 MG	Non Preferred	PA; QL (12 EA per 1 day)
MILLIPRED ORAL TABLET 5 MG	Non Preferred	PA
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	Non Preferred	PA
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	Non Preferred	PA
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML	Non Preferred	PA
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Preferred	
PRO-C-DURE 5 INJECTION KIT 2 X 40 MG/ML	Preferred	PA
PRO-C-DURE 6 INJECTION KIT 3 X 40 MG/ML	Preferred	PA
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG	Non Preferred	PA
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	Preferred	PA
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG	Non Preferred	PA
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	Non Preferred	PA
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	Non Preferred	PA
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21)	Non Preferred	PA

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Drug	Status	Notes
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	Non Preferred	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	Preferred	PA
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	Preferred	QL (1 EA per 1 day)
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG	Non Preferred	PA
betamethasone sodium phosphate injection solution 12 mg/2ml, 6 mg/ml	Preferred	PA
budesonide er oral tablet extended release 24 hour 9 mg	Preferred	QL (1 EA per 1 day)
budesonide oral capsule delayed release particles 3 mg	Preferred	
cortisone acetate oral tablet 25 mg	Preferred	
dexabliss oral tablet therapy pack 1.5 mg (39)	Non Preferred	PA
dexamethasone (la) injection suspension 16 mg/ml, 8 mg/ml	Preferred	PA
dexamethasone oral elixir 0.5 mg/5ml	Preferred	QL (60 ML per 1 day)
dexamethasone oral solution 0.5 mg/5ml	Preferred	PA
dexamethasone oral tablet 0.5 mg	Preferred	QL (12 EA per 1 day)
dexamethasone oral tablet 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Preferred	QL (10 EA per 1 day)
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	Non Preferred	PA
dexamethasone sod phos-nacl intravenous solution 6-0.9 mg/25ml-%	Preferred	PA
dexamethasone sod phosphate pf injection solution 10 mg/ml	Preferred	PA
dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml	Preferred	PA
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	Preferred	PA

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Drug	Status	Notes
hydrocortisone oral tablet 10 mg	Preferred	QL (12 EA per 1 day)
hydrocortisone oral tablet 20 mg	Preferred	QL (6 EA per 1 day)
hydrocortisone oral tablet 5 mg	Preferred	QL (24 EA per 1 day)
methylprednisolone acetate injection suspension 40 mg/ml, 50 mg/ml, 80 mg/ml	Preferred	PA
methylprednisolone oral tablet 16 mg	Preferred	QL (4 EA per 1 day)
methylprednisolone oral tablet 32 mg, 4 mg	Preferred	QL (12 EA per 1 day)
methylprednisolone oral tablet 8 mg	Preferred	
methylprednisolone oral tablet therapy pack 4 mg	Preferred	QL (12 EA per 1 day)
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	Preferred	
p-care k40 injection kit 40 mg/ml	Preferred	PA
p-care k80 injection kit 2 x 40 mg/ml	Preferred	PA
pod-care 100k injection kit 40 mg/ml	Preferred	PA
prednisolone oral solution 15 mg/5ml	Preferred	QL (60 ML per 1 day)
prednisolone oral tablet 5 mg	Non Preferred	PA
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	Preferred	
prednisolone sodium phosphate oral solution 15 mg/5ml	Preferred	QL (50 ML per 1 day)
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	Preferred	
prednisone oral solution 5 mg/5ml	Non Preferred	PA; QL (60 ML per 1 day)
prednisone oral tablet 1 mg	Preferred	QL (10 EA per 1 day)
prednisone oral tablet 10 mg	Preferred	QL (9 EA per 1 day)
prednisone oral tablet 2.5 mg	Preferred	QL (8 EA per 1 day)
prednisone oral tablet 20 mg	Preferred	QL (6 EA per 1 day)
prednisone oral tablet 5 mg	Preferred	QL (16 EA per 1 day)
prednisone oral tablet 50 mg	Preferred	QL (3 EA per 1 day)

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Drug	Status	Notes
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Preferred	
topidex injection kit 10 mg/ml	Preferred	PA
triamcinolone acetonide injection suspension 40 mg/ml	Preferred	
triamcinolone acetonide injection suspension 50 mg/ml	Preferred	PA
triamcinolone diacetate injection suspension 40 mg/ml, 80 mg/ml	Preferred	PA
Mineralocorticoids - Drugs For Inflammation**		
fludrocortisone acetate oral tablet 0.1 mg	Preferred	QL (5 EA per 1 day)
Steroid Combinations - Drugs For Inflammation**		
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML	Non Preferred	PA
CONTRAST ALLERGY PREMED PACK ORAL KIT 3 X 50 MG & 1 X 50 MG	Non Preferred	PA
betamethasone combo injection suspension 6 (3-3) mg/ml	Non Preferred	PA
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	Preferred	PA
***Cough/Cold/Allergy* - Drugs For The Lungs**		
Antitussive - Nonnarcotic - Drugs For Allergies**		
WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP 15 MG/5ML	Preferred	
cvs tussin maximum strength oral syrup 15 mg/5ml	Preferred	
daytime cough oral liquid 15 mg/15ml	Preferred	
eql tussin cough long-acting oral syrup 15 mg/5ml	Preferred	
gnp tussin cough long acting oral syrup 15 mg/5ml	Preferred	
px tussin max oral syrup 15 mg/5ml	Preferred	

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Drug	Status	Notes
sm cough relief oral syrup 15 mg/5ml	Preferred	
tussin cough oral syrup 15 mg/5ml	Preferred	
Antitussive-Expectorant - Drugs For Cough And Cold**		
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML	Preferred	QL (240 ML per 24 days)
GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID 10-100 MG/5ML	Preferred	QL (240 ML per 24 days)
GILTUSS COUGH & CHEST ORAL LIQUID 20-200 MG/10ML	Preferred	QL (240 ML per 24 days)
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID 10-100 MG/5ML	Preferred	QL (240 ML per 24 days)
GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID 20-200 MG/10ML	Preferred	QL (240 ML per 24 days)
GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID 10-100 MG/5ML	Preferred	QL (240 ML per 24 days)
MAX TUSSIN DM COUGH&CHEST CONG ORAL LIQUID 20-200 MG/10ML	Preferred	QL (240 ML per 24 days)
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML	Preferred	QL (240 ML per 24 days)
ROBAFEN DM COUGH CLEAR ORAL SYRUP 100-10 MG/5ML	Preferred	QL (240 ML per 24 days)
SAFE TUSSIN DM ORAL LIQUID 100-10 MG/5ML	Preferred	QL (240 ML per 24 days)
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML	Preferred	QL (240 ML per 24 days)
SORBUGEN NR ORAL LIQUID 15-150 MG/7.5ML	Preferred	QL (240 ML per 24 days)
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML	Preferred	QL (240 ML per 24 days)
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML	Preferred	QL (240 ML per 24 days)
altarussin dm oral syrup 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
biocotron oral liquid 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)

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Drug	Status	Notes
chest congestion relief dm oral syrup 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
cvs tussin dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml, 200-20 mg/10ml	Preferred	QL (240 ML per 24 days)
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
diabetic siltussin-dm oral liquid 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
eq tussin dm cough/chest oral syrup 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
geri-tussin dm oral liquid 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
geri-tussin dm oral syrup 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
gnp tussin dm cough oral liquid 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
guaiasorb dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml	Preferred	QL (240 ML per 24 days)
guaicon dms oral syrup 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
guaifenesin-dm oral liquid 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
guaifenesin-dm oral syrup 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
maxi-tuss g oral liquid 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
medi-tussin dm oral syrup 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
px tussin dm oral liquid 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml	Preferred	QL (240 ML per 24 days)
q-tussin dm oral syrup 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
ra tussin cough dm sugar free oral syrup 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
ra tussin cough oral liquid 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
ra tussin dm oral liquid 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
robafen dm clear oral syrup 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)

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Drug	Status	Notes
siltussin dm das oral liquid 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
siltussin-dm alcohol free oral syrup 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
sm tussin cough/chest congest oral liquid 20-200 mg/10ml	Preferred	QL (240 ML per 24 days)
sm tussin cough/chest congest oral syrup 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
sm tussin dm oral syrup 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
sorbutuss nr oral liquid 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
tusnel diabetic oral liquid 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
tussin cough+chest cong dm sf oral liquid 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
tussin cough+chest congest dm oral liquid 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
tussin dm cough + chest oral liquid 10-100 mg/5ml	Preferred	QL (240 ML per 24 days)
tussin dm oral liquid 10-100 mg/5ml, 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
tussin dm oral syrup 10-100 mg/5ml, 100-10 mg/5ml	Preferred	QL (240 ML per 24 days)
Decongestant & Antihistamine - Drugs For Cough And Cold**		
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day)
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day)
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Non Preferred	PA
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day)
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	Preferred	QL (1 EA per 1 day)
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day)
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	Preferred	QL (1 EA per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day)
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	Preferred	QL (2 EA per 1 day)
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
all day allergy d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
allergy d-12 oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
allergy rel d12 (cetirizine) oral tablet extended release 12 hour 5-120 mg	Preferred	
allergy relief d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
allergy relief d oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
allergy relief d12 oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
allergy relief-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
allergy relief-d oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
cvs allergy relief d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
eq allergy & congestion relief oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
eq allergy relief oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
eql allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
ft all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	
ft allergy relief-d oral tablet extended release 24 hour 10-240 mg	Preferred	
gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
px allergy relief d (loratid) oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
px allergy relief d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
px allergy relief d oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
qc loratadine-d oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
ra allergy relf & nasal decong oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
ra allergy rlf/nasal decongest oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
ra allergy/congestion relief-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
ra cetiri-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
ra lorata-d oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
sb allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
sm all day allergy-d oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg	Preferred	QL (2 EA per 1 day)
sm lorata-dine d oral tablet extended release 24 hour 10-240 mg	Preferred	QL (1 EA per 1 day)
Expectorants - Drugs For Cough And Cold**		
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
DIABETIC TUSSIN CHEST/CONGEST ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML	Preferred	AGE (Min 4 Years)
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML	Preferred	AGE (Min 4 Years)
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML	Preferred	AGE (Min 4 Years)
TUSNEL-EX ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML	Preferred	AGE (Min 4 Years)
altarussin oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
chest congestion childrens oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
chest congestion relief child oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
chest congestion relief oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
cvs tussin adult chest congest oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
eql tussin mucus/chest congest oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
ft tussin adult oral liquid 200 mg/10ml	Preferred	AGE (Min 4 Years)
geri-tussin oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)

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Drug	Status	Notes
geri-tussin oral syrup 100 mg/5ml	Preferred	AGE (Min 4 Years)
gnp tussin mucus & chest cong oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
guaifenesin oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
mucus & chest congestion oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
mucus relief chest congestion oral liquid 400 mg/20ml	Preferred	AGE (Min 4 Years)
mucus+chest congestion oral liquid 200 mg/10ml	Preferred	AGE (Min 4 Years)
px tussin oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
qc medifin mucus relief child oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
qc mucus relief childrens oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
qc tussin expectorant adult oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
qc tussin mucus/congestion oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
ra tussin chest congestion oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
ra tussin oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
sb cough control oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
scot-tussin expectorant oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
siltussin sa oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
sm mucus relief childrens oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
sm tussin mucus+chest congest oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
tussin mucus & chest congest oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
tussin mucus+chest congest sf oral liquid 200 mg/10ml	Preferred	AGE (Min 4 Years)
tussin mucus+chest congestion oral liquid 100 mg/5ml	Preferred	AGE (Min 4 Years)
Misc. Respiratory Inhalants - Drugs For Allergies**		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 %	Non Preferred	PA

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Drug	Status	Notes
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Preferred	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	Non Preferred	PA
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	Preferred	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	Preferred	
Mucolytics - Drugs For The Lungs**		
acetylcysteine inhalation solution 10 %	Preferred	
acetylcysteine inhalation solution 20 %	Preferred	QL (120 ML per 1 day)
***Dermatologicals* - Drugs For The Skin**		
Acne Antibiotics - Drugs For The Skin**		
ACZONE EXTERNAL GEL 5 %, 7.5 %	Non Preferred	PA
AMZEEQ EXTERNAL FOAM 4 %	Non Preferred	PA
CLEOCIN-T EXTERNAL LOTION 1 %	Non Preferred	PA; QL (60 ML per 24 days)
CLINDACIN ETZ EXTERNAL SWAB 1 %	Non Preferred	PA; QL (60 EA per 24 days)
CLINDACIN EXTERNAL FOAM 1 %	Non Preferred	PA
CLINDACIN-P EXTERNAL SWAB 1 %	Non Preferred	PA; QL (60 EA per 24 days)
CLINDAGEL EXTERNAL GEL 1 %	Non Preferred	PA; QL (60 ML per 24 days)
ERYGEL EXTERNAL GEL 2 %	Non Preferred	PA
EVOCLIN EXTERNAL FOAM 1 %	Non Preferred	PA
KLARON EXTERNAL LOTION 10 %	Non Preferred	PA
clindamycin phosphate external foam 1 %	Non Preferred	PA
clindamycin phosphate external gel 1 %	Non Preferred	PA; QL (60 GM per 24 days)
clindamycin phosphate external lotion 1 %	Non Preferred	PA; QL (60 ML per 24 days)
clindamycin phosphate external solution 1 %	Preferred	QL (60 ML per 24 days)
clindamycin phosphate external swab 1 %	Non Preferred	PA; QL (60 EA per 24 days)
dapsone external gel 5 %, 7.5 %	Non Preferred	PA
ery external pad 2 %	Non Preferred	PA
erythromycin external gel 2 %	Non Preferred	PA
erythromycin external solution 2 %	Preferred	QL (120 ML per 24 days)

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Drug	Status	Notes
sulfacetamide sodium (acne) external lotion 10 %	Non Preferred	PA
Acne Combinations - Drugs For The Skin**		
ACANYA EXTERNAL GEL 1.2-2.5 %	Non Preferred	PA; QL (50 GM per 24 days)
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	Preferred	QL (340.2 GM per 24 days)
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	Non Preferred	PA; QL (227 GM per 24 days)
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 %	Non Preferred	PA
AVAR-E GREEN EXTERNAL CREAM 10-5 %	Non Preferred	PA
AVAR-E LS EXTERNAL CREAM 10-2 %	Non Preferred	PA
BENZAMYCIN EXTERNAL GEL 5-3 %	Non Preferred	PA
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Non Preferred	PA
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 %	Non Preferred	PA
EPIDUO EXTERNAL GEL 0.1-2.5 %	Non Preferred	PA; QL (45 GM per 24 days)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	Non Preferred	PA
NEUAC EXTERNAL GEL 1.2-5 %	Preferred	QL (45 GM per 24 days)
ONEXTON EXTERNAL GEL 1.2-3.75 %	Non Preferred	PA
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 %	Non Preferred	PA
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %	Non Preferred	PA
PLEXION EXTERNAL CREAM 9.8-4.8 %	Non Preferred	PA
PLEXION EXTERNAL LOTION 9.8-4.8 %	Non Preferred	PA
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Non Preferred	PA
SUMADAN WASH EXTERNAL LIQUID 9-4.5 %	Non Preferred	PA
SUMAXIN EXTERNAL PAD 10-4 %	Non Preferred	PA
TWYNEO EXTERNAL CREAM 0.1-3 %	Non Preferred	PA

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Drug	Status	Notes
VELTIN EXTERNAL GEL 1.2-0.025 %	Non Preferred	PA
ZIANA EXTERNAL GEL 1.2-0.025 %	Non Preferred	PA
ZMA CLEAR EXTERNAL SUSPENSION 9-4.5 %	Non Preferred	PA
acioxiay external cream 15-4 %	Non Preferred	PA
adainzde external gel 0.3-2.5-1 %	Non Preferred	PA
adainzoxia external gel 0.3-2.5-4 %	Non Preferred	PA
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Preferred	QL (45 GM per 24 days)
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Non Preferred	PA
benzoyl peroxide-erythromycin external gel 5-3 %	Preferred	
bp 10-1 external emulsion 10-1 %	Non Preferred	PA
bp cleansing wash external emulsion 10-4 %	Non Preferred	PA
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Non Preferred	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Preferred	QL (45 GM per 24 days)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	Preferred	QL (50 GM per 24 days)
clindamycin-tretinoin external gel 1.2-0.025 %	Non Preferred	PA
clindavix external kit 1 & 1.8-2 %	Non Preferred	PA
deoxia external gel 1-4 %	Non Preferred	PA
deoxia external lotion 1-4 %	Non Preferred	PA
deoxiademtar external gel 1-4-2-0.025 %	Non Preferred	PA
diadimaxia external gel 6-2-5 %	Non Preferred	PA
diaoxia external gel 6-4 %	Non Preferred	PA
diasdimaxia external gel 8.5-2-5 %	Non Preferred	PA
diasoxia external gel 8.5-4 %	Non Preferred	PA
dimoxia external gel 4-5 %	Non Preferred	PA
draxace lotion cleanser external suspension 2-8 %	Non Preferred	PA

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Drug	Status	Notes
draxacey external suspension 2-8 %	Non Preferred	PA
drixece external suspension 5-10 %	Non Preferred	PA
ethoxia external cream 4-0.05 %	Non Preferred	PA
inzdeoxia external gel 2.5-1-4 %	Non Preferred	PA
ithoxia external cream 4-0.1 %	Non Preferred	PA
onzdeoxia external gel 1-5-4 %	Non Preferred	PA
oxiatar external cream 4-0.025 %	Non Preferred	PA
oxiavar external cream 4-0.05 %	Non Preferred	PA
oxiavarry external cream 4-0.05 %	Non Preferred	PA
saroxia external cream 4-0.05 %	Non Preferred	PA
sss 10-5 external cream 10-5 %	Non Preferred	PA
sss 10-5 external foam 10-5 %	Non Preferred	PA
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	Non Preferred	PA
sulfacetamide sodium-sulfur external liquid 10-2 %	Preferred	QL (227 GM per 24 days)
sulfacetamide sodium-sulfur external liquid 10-5 %	Preferred	QL (340.2 GM per 24 days)
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %, 9.8-4.8 %	Non Preferred	PA
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	Non Preferred	PA
sulfacetamide sodium-sulfur external pad 10-4 %, 9.8-4.8 %	Non Preferred	PA
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %, 9-4.25 %	Non Preferred	PA
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	Non Preferred	PA
sulfacetamide-sulfur in urea external emulsion 10-5 %	Non Preferred	PA
sulfamez wash external emulsion 10-1 %	Non Preferred	PA
tardimaxia external gel 2-5-0.025 %	Non Preferred	PA
taroxia external cream 4-0.025 %	Non Preferred	PA

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Drug	Status	Notes
taroxia external gel 4-0.025 %	Non Preferred	PA
vardimaxia external gel 2-5-0.05 %	Non Preferred	PA
varoxia external cream 4-0.05 %	Non Preferred	PA
varoxia external gel 4-0.05 %	Non Preferred	PA
Acne Products - Drugs For The Skin**		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Non Preferred	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Non Preferred	PA
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA
AKLIEF EXTERNAL CREAM 0.005 %	Non Preferred	PA
ALTRENO EXTERNAL LOTION 0.05 %	Non Preferred	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Preferred	PA
ARAZLO EXTERNAL LOTION 0.045 %	Non Preferred	PA
ATRALIN EXTERNAL GEL 0.05 %	Non Preferred	PA; QL (45 GM per 24 days); AGE (Min 10 Years and Max 35 Years)
AVITA EXTERNAL CREAM 0.025 %	Preferred	QL (45 GM per 24 days); AGE (Min 10 Years and Max 35 Years)
AVITA EXTERNAL GEL 0.025 %	Preferred	QL (45 GM per 24 days); AGE (Min 10 Years and Max 35 Years)
AZELEX EXTERNAL CREAM 20 %	Non Preferred	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA
DIFFERIN EXTERNAL CREAM 0.1 %	Preferred	
DIFFERIN EXTERNAL GEL 0.1 %, 0.3 %	Preferred	QL (45 GM per 24 days)
DIFFERIN EXTERNAL LOTION 0.1 %	Preferred	
FABIOR EXTERNAL FOAM 0.1 %	Non Preferred	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA

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Drug	Status	Notes
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %	Non Preferred	PA; QL (45 GM per 24 days); AGE (Min 10 Years and Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 %	Preferred	QL (45 GM per 24 days); AGE (Min 10 Years and Max 35 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %	Non Preferred	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 %	Non Preferred	PA
WINLEVI EXTERNAL CREAM 1 %	Non Preferred	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Preferred	PA
adapalene external cream 0.1 %	Preferred	
adapalene external gel 0.1 %, 0.3 %	Preferred	QL (45 GM per 24 days)
adapalene external pad 0.1 %	Non Preferred	PA
adapalene external solution 0.1 %	Non Preferred	PA
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	Preferred	PA
tazarotene external foam 0.1 %	Non Preferred	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Preferred	QL (45 GM per 24 days); AGE (Min 10 Years and Max 35 Years)
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	Preferred	QL (45 GM per 24 days); AGE (Min 10 Years and Max 35 Years)
tretinoin microsphere external gel 0.04 %, 0.1 %	Non Preferred	PA
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	Non Preferred	PA
Agents For External Genital And Perianal Warts - Drugs For The Skin**		
VEREGEN EXTERNAL OINTMENT 15 %	Non Preferred	PA
Alopecia Agents - Janus Kinus (Jak) Inhibitors - Drugs For The Skin**		
LITFULO ORAL CAPSULE 50 MG	Non Preferred	PA

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Drug	Status	Notes
Analgesic Combinations - Topical - Drugs For The Skin**		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 %	Non Preferred	PA
Analgesics - Topical - Drugs For The Skin**		
NEURAPTINE EXTERNAL CREAM 10 %	Non Preferred	PA
enovarx-baclofen external cream 1 %	Non Preferred	PA
enovarx-tramadol external cream 5 %	Non Preferred	PA
Antibiotic Mixtures Topical - Drugs For The Skin**		
NEOSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM	Preferred	
bacitracin-polymyxin b external ointment 500-10000 unit/gm	Preferred	
cvs poly bacitracin external ointment 500-10000 unit/gm	Preferred	
double antibiotic external ointment 500-10000 unit/gm	Preferred	
hm double antibiotic external ointment 500-10000 unit/gm	Preferred	
poly bacitracin external ointment 500-10000 unit/gm	Preferred	
ra double antibiotic external ointment 500-10000 unit/gm	Preferred	
sm double antibiotic external ointment 500-10000 unit/gm	Preferred	
wal-sporin external ointment 500-100000 unit/gm	Preferred	
Antibiotic Steroid Combinations - Topical - Drugs For The Skin**		
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Non Preferred	PA
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 %	Non Preferred	PA

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Drug	Status	Notes
Antibiotics - Topical - Drugs For The Skin**		
ALTABAX EXTERNAL OINTMENT 1 %	Non Preferred	PA
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	Preferred	QL (10 GM per 1 day)
CENTANY AT EXTERNAL KIT 2 %	Non Preferred	PA
CENTANY EXTERNAL OINTMENT 2 %	Non Preferred	PA
XEPI EXTERNAL CREAM 1 %	Non Preferred	PA
antibiotic external ointment 500 unit/gm	Preferred	QL (10 GM per 1 day)
bacitracin external ointment 500 unit/gm	Preferred	QL (10 EA per 1 day)
bacitracin zinc external ointment 500 unit/gm	Preferred	
bacitracin zinc-aloe external ointment 500 unit/gm	Preferred	
cvs bacitracin external ointment 500 unit/gm	Preferred	
cvs bacitracin zinc external ointment 500 unit/gm	Preferred	
eq bacitracin zinc external ointment 500 unit/gm	Preferred	
eql bacitracin zinc external ointment 500 unit/gm	Preferred	
gentamicin sulfate external cream 0.1 %	Preferred	
gentamicin sulfate external ointment 0.1 %	Preferred	QL (30 GM per 24 days)
gnp bacitracin zinc external ointment 500 unit/gm	Preferred	
hm bacitracin zinc external ointment 500 unit/gm	Preferred	
mupirocin calcium external cream 2 %	Non Preferred	PA
mupirocin external ointment 2 %	Preferred	QL (44 GM per 24 days)
qc bacitracin external ointment 500 unit/gm	Preferred	QL (10 GM per 1 day)
ra bacitracin external ointment 500 unit/gm	Preferred	
ra bacitracin zinc first aid external ointment 500 unit/gm	Preferred	
sb bacitracin external ointment 500 unit/gm	Preferred	QL (10 GM per 1 day)
sm antibiotic external ointment 500 unit/gm	Preferred	

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Drug	Status	Notes
Antifungals - Topical Combinations - Drugs For The Skin**		
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 %	Non Preferred	PA
EXODERM EXTERNAL LOTION 25-1 %	Non Preferred	PA
ONYCHO-MED EXTERNAL KIT 2-250 %-MG	Non Preferred	PA
RECURA EXTERNAL CREAM	Non Preferred	PA
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	Non Preferred	PA
VYTONE EXTERNAL CREAM 1-1.9 %	Non Preferred	PA
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 %	Non Preferred	PA
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 %	Non Preferred	PA
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 %	Non Preferred	PA
ZOLPAK EXTERNAL KIT 1 %	Non Preferred	PA
clotrimazole-betamethasone external cream 1-0.05 %	Preferred	
clotrimazole-betamethasone external lotion 1-0.05 %	Non Preferred	PA
difmetioxrime external solution 4-2-1-4 %	Non Preferred	PA
fungimez external solution	Non Preferred	PA
imioxia external cream 1-4 %	Non Preferred	PA
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	Non Preferred	PA
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	Non Preferred	PA
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Preferred	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Preferred	
pedizolpak external therapy pack 2 & 2 %	Non Preferred	PA

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Drug	Status	Notes
pheodoyo external cream 1-2.5-2 %	Non Preferred	PA
pheyo external cream 2.5-2 %	Non Preferred	PA
Antifungals - Topical - Drugs For The Skin**		
CICLODAN EXTERNAL SOLUTION 8 %	Non Preferred	PA
LOPROX EXTERNAL CREAM 0.77 %	Non Preferred	PA
LOPROX EXTERNAL KIT 0.77 %, 0.77 % (SUSP)	Non Preferred	PA
LOPROX EXTERNAL SHAMPOO 1 %	Non Preferred	PA
LOPROX EXTERNAL SUSPENSION 0.77 %	Non Preferred	PA
MENTAX EXTERNAL CREAM 1 %	Non Preferred	PA
NAFTIN EXTERNAL GEL 1 %, 2 %	Non Preferred	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Preferred	QL (30 GM per 24 days)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Preferred	QL (30 GM per 24 days)
antifungal (tolnaftate) external cream 1 %	Preferred	
ciclopirox external gel 0.77 %	Non Preferred	PA
ciclopirox external shampoo 1 %	Preferred	
ciclopirox external solution 8 %	Non Preferred	PA
ciclopirox olamine external cream 0.77 %	Preferred	QL (20 GM per 1 day)
ciclopirox olamine external suspension 0.77 %	Preferred	
ciclopirox treatment external kit 8 %	Non Preferred	PA
cvs athletes foot (tolnaftate) external cream 1 %	Preferred	
eq athletes foot (tolnaftate) external cream 1 %	Preferred	
ft antifungal external cream 1 %	Preferred	
fungi-guard external cream 1 %	Preferred	
gnp tolnaftate external cream 1 %	Preferred	
naftifine hcl external cream 1 %, 2 %	Non Preferred	PA
naftifine hcl external gel 2 %	Non Preferred	PA
nystatin external cream 100000 unit/gm	Preferred	QL (90 GM per 24 days)

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Drug	Status	Notes
nystatin external ointment 100000 unit/gm	Preferred	QL (90 GM per 24 days)
nystatin external powder 100000 unit/gm	Preferred	QL (30 GM per 24 days)
qc antifungal (tolnaftate) external cream 1 %	Preferred	
qc tolnaftate external cream 1 %	Preferred	
ra foot care (tolnaftate) external cream 1 %	Preferred	
sb anti-fungal external cream 1 %	Preferred	
sm antifungal tolnaftate external cream 1 %	Preferred	
tolnaftate antifungal external cream 1 %	Preferred	
tolnaftate external cream 1 %	Preferred	
Anti-Inflammatory Agents - Topical - Drugs For The Skin**		
DICLOFONO EXTERNAL GEL 1.6 %	Non Preferred	PA
FLECTOR EXTERNAL PATCH 1.3 %	Non Preferred	PA
FROTEK EXTERNAL CREAM 10 %	Non Preferred	PA
KETOPHENE RAPIDPAQ EXTERNAL CREAM 20 %	Non Preferred	PA
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Non Preferred	PA
PENNSAID EXTERNAL SOLUTION 2 %	Non Preferred	PA
VOLTAREN EXTERNAL GEL 1 %	Non Preferred	PA; QL (32 GM per 1 day)
diclofenac epolamine external patch 1.3 %	Non Preferred	PA
diclofenac sodium external gel 1 %	Preferred	QL (32 GM per 1 day)
diclofenac sodium external solution 1.5 %	Preferred	QL (300 ML per 24 days)
diclofenac sodium external solution 2 %	Non Preferred	PA
enovarx-diclofenac sodium external cream 2.5 %	Non Preferred	PA
enovarx-ibuprofen external cream 10 %	Non Preferred	PA
enovarx-naproxen external cream 10 %	Non Preferred	PA
napro external cream 15 %	Non Preferred	PA
Anti-Inflammatory Combinations - Topical - Drugs For The Skin**		
DERMACINRX LEXITRAL PHARMAPAK EXTERNAL THERAPY PACK 1.5 & 0.025 %	Non Preferred	PA

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Drug	Status	Notes
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 %	Non Preferred	PA
DICLOTREX EXTERNAL THERAPY PACK 1.5 & 4-10 %	Non Preferred	PA
DICLOTREX II EXTERNAL THERAPY PACK 1.5 & 4-10 %	Non Preferred	PA
FENOVAR EXTERNAL KIT 1.5-10-15 %	Non Preferred	PA
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 %	Non Preferred	PA
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 %	Non Preferred	PA
LEXITRAL PHARMAPAK II EXTERNAL THERAPY PACK 1.5 & 0.025 %	Non Preferred	PA
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 %	Non Preferred	PA
NUDICLO SOLUPAK EXTERNAL THERAPY PACK 1.5 & 0.025 %	Non Preferred	PA
PROFINAC EXTERNAL THERAPY PACK 1.5 %	Non Preferred	PA
VAROPHEN EXTERNAL KIT 1.5-10-15 %	Non Preferred	PA
XRYLIX EXTERNAL THERAPY PACK 1.5 %	Non Preferred	PA
XRYLIX II EXTERNAL THERAPY PACK 1.5 %	Non Preferred	PA
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 %	Non Preferred	PA
capsinac external therapy pack 0.025-1.5 %	Non Preferred	PA
dfs/ms/menth/cap pak external kit 1.5&25-6-0.025 %	Non Preferred	PA
diclopr external kit 1 & 10-30 %	Non Preferred	PA
diclostream external therapy pack 1.5-10 %	Non Preferred	PA
diclovix external kit 1.5 & 2-2.5-4 %	Non Preferred	PA
diclovix m external therapy pack 1.5-8 %	Non Preferred	PA
dimentho external therapy pack 1.5 & 10 %	Non Preferred	PA

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Drug	Status	Notes
dual complex formula 1 kit external cream	Non Preferred	PA
fbl kit external cream 15-4-5 %	Non Preferred	PA
pennsaicin external therapy pack 1.5 & 0.025 %	Non Preferred	PA
sure result dss premium pack external therapy pack 1.5 & 0.025 %	Non Preferred	PA
triple complex formula 3 kit external cream 20-2-10 %	Non Preferred	PA
vp fc kit external cream	Non Preferred	PA
vp gkl kit external cream 20-2-10 %	Non Preferred	PA
ziclocin external therapy pack 1.5 & 0.025 %	Non Preferred	PA
Antineoplastic Alkylating Agents - Topical - Drugs For The Skin**		
VALCHLOR EXTERNAL GEL 0.016 %	Preferred	PA
Antineoplastic Antimetabolites - Topical - Drugs For The Skin**		
CARAC EXTERNAL CREAM 0.5 %	Non Preferred	PA
EFUDEX EXTERNAL CREAM 5 %	Non Preferred	PA
TOLAK EXTERNAL CREAM 4 %	Preferred	PA
fluorouracil external cream 0.5 %	Non Preferred	PA
fluorouracil external cream 5 %	Preferred	
fluorouracil external solution 2 %, 5 %	Preferred	PA
Antineoplastic Or Premalignant Lesion Agent - Comb - Drugs For The Skin**		
ORMECA COMBINATION KIT 3 & 46-0.4-1.1 % & MG	Preferred	PA
quihoxaxia external gel 5-1-2 %	Non Preferred	PA
quihoxvar external gel 5-1-0.05 %	Non Preferred	PA
solaravix external therapy pack 3 %	Preferred	PA
Antineoplastic Or Premalignant Lesions - Topical Nsaid's - Drugs For The Skin**		
diclofenac sodium external gel 3 %	Preferred	PA

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Drug	Status	Notes
Antineoplastic Retinoids - Topical - Drugs For The Skin**		
PANRETIN EXTERNAL GEL 0.1 %	Preferred	PA
Antipruritics - Topical - Drugs For The Skin**		
PRUDOXIN EXTERNAL CREAM 5 %	Non Preferred	PA
ZONALON EXTERNAL CREAM 5 %	Non Preferred	PA
doxepin hcl external cream 5 %	Preferred	PA
Antipsoriatic Combinations - Drugs For The Skin**		
NUDERMRXPAK 120 EXTERNAL THERAPY PACK 0.005-5 %	Non Preferred	PA
NUDERMRXPAK 60 EXTERNAL THERAPY PACK 0.005-5 %	Non Preferred	PA
Antipsoriatics - Systemic - Drugs For The Skin**		
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Non Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Non Preferred	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non Preferred	PA; SP
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	Non Preferred	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non Preferred	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non Preferred	PA; SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Non Preferred	PA; SP

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Drug	Status	Notes
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Non Preferred	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non Preferred	PA; SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	Non Preferred	PA; SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non Preferred	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non Preferred	PA; SP
SOTYKTU ORAL TABLET 6 MG	Non Preferred	PA; SP
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML	Preferred	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Non Preferred	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Non Preferred	PA; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Non Preferred	PA; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Non Preferred	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Non Preferred	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non Preferred	PA; SP
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Preferred	
methoxsalen rapid oral capsule 10 mg	Non Preferred	PA
Antipsoriatics - Drugs For The Skin**		
CALCITRENE EXTERNAL OINTMENT 0.005 %	Preferred	
SORILUX EXTERNAL FOAM 0.005 %	Non Preferred	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %	Non Preferred	PA

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Drug	Status	Notes
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Non Preferred	PA
VECTICAL EXTERNAL OINTMENT 3 MCG/GM	Non Preferred	PA
VTAMA EXTERNAL CREAM 1 %	Non Preferred	PA
ZITHRANOL EXTERNAL SHAMPOO 1 %	Non Preferred	PA
ZORYVE EXTERNAL CREAM 0.3 %	Non Preferred	PA
calcipotriene external cream 0.005 %	Preferred	QL (60 GM per 24 days)
calcipotriene external foam 0.005 %	Non Preferred	PA
calcipotriene external ointment 0.005 %	Preferred	
calcipotriene external solution 0.005 %	Preferred	
calcitriol external ointment 3 mcg/gm	Non Preferred	PA
tazarotene external cream 0.1 %	Non Preferred	PA
tazarotene external gel 0.05 %, 0.1 %	Non Preferred	PA
Antiseborrheic Combinations - Drugs For The Skin**		
haxchlo external shampoo 0.77-0.05 %	Non Preferred	PA
haxchlodrex external shampoo 0.77-0.05-3 %	Non Preferred	PA
haxdrax external shampoo 0.77-2 %	Non Preferred	PA
Antiseborrheic Products - Drugs For The Skin**		
selenium sulfide external lotion 2.5 %	Preferred	
sodium sulfacetamide wash external liquid 10 %	Preferred	
sulfacetamide sodium external liquid 10 %	Preferred	
Antiviral Topical Combinations - Drugs For The Skin**		
XERESE EXTERNAL CREAM 5-1 %	Non Preferred	PA
Antivirals - Topical - Drugs For The Skin**		
DENAVIR EXTERNAL CREAM 1 %	Non Preferred	PA
ZOVIRAX EXTERNAL CREAM 5 %	Non Preferred	PA
ZOVIRAX EXTERNAL OINTMENT 5 %	Non Preferred	PA
acyclovir external cream 5 %	Non Preferred	PA
acyclovir external ointment 5 %	Non Preferred	PA

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Drug	Status	Notes
penciclovir external cream 1 %	Non Preferred	PA
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors - Drugs For The Skin**		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Preferred	PA
OPZELURA EXTERNAL CREAM 1.5 %	Preferred	PA
Atopic Dermatitis - Monoclonal Antibodies - Drugs For The Skin**		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non Preferred	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Preferred	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	Preferred	PA; SP
Burn Products - Drugs For The Skin**		
SILVADENE EXTERNAL CREAM 1 %	Non Preferred	PA
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM 1 %	Preferred	
SSD EXTERNAL CREAM 1 %	Preferred	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Preferred	PA
SULFAMYLON EXTERNAL PACKET 5 %	Non Preferred	PA
THERMAZENE EXTERNAL CREAM 1 %	Preferred	
mafenide acetate external packet 5 %	Preferred	PA
silver sulfadiazine external cream 1 %	Preferred	
Corticosteroids - Topical - Drugs For The Skin**		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 %	Non Preferred	PA
ALA SCALP EXTERNAL LOTION 2 %	Non Preferred	PA
APEXICON E EXTERNAL CREAM 0.05 %	Non Preferred	PA
AQUANIL HC EXTERNAL LOTION 1 %	Non Preferred	PA

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Drug	Status	Notes
AQUAPHOR ITCH RELIEF CHILDREN EXTERNAL OINTMENT 1 %	Preferred	
AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT 1 %	Preferred	
AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM 1 %	Preferred	
BRYHALI EXTERNAL LOTION 0.01 %	Non Preferred	PA
CAPEX EXTERNAL SHAMPOO 0.01 %	Non Preferred	PA
CLOBEX EXTERNAL LOTION 0.05 %	Non Preferred	PA
CLOBEX EXTERNAL SHAMPOO 0.05 %	Non Preferred	PA
CLOBEX SPRAY EXTERNAL LIQUID 0.05 %	Non Preferred	PA
CLODAN EXTERNAL SHAMPOO 0.05 %	Non Preferred	PA
CLODERM EXTERNAL CREAM 0.1 %	Non Preferred	PA
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 %	Non Preferred	PA
CORDRAN EXTERNAL LOTION 0.05 %	Non Preferred	PA
CORDRAN EXTERNAL OINTMENT 0.05 %	Non Preferred	PA
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Non Preferred	PA
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 %	Non Preferred	PA
CORTIZONE-10 ECZEMA EXTERNAL LOTION 1 %	Non Preferred	PA
CORTIZONE-10 EXTERNAL OINTMENT 1 %	Preferred	
CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM 1 %	Preferred	
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION 1 %	Non Preferred	PA
CORTIZONE-10 INTENSVE MOISTURE EXTERNAL CREAM 1 %	Preferred	
CORTIZONE-10 OVERNIGHT EXTERNAL CREAM 1 %	Preferred	

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Drug	Status	Notes
CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM 1 %	Preferred	
CORTIZONE-10 PSORIASIS EXTERNAL LOTION 1 %	Non Preferred	PA
CORTIZONE-10 SENSITIVE SKIN EXTERNAL CREAM 1 %	Preferred	
CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM 1 %	Preferred	
CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM 1 %	Preferred	
CORTIZONE-10 WATER RESISTANT EXTERNAL OINTMENT 1 %	Preferred	
DERMAREST ECZEMA EXTERNAL LOTION 1 %	Non Preferred	PA
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 %	Non Preferred	PA
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 %	Non Preferred	PA
DESOWEN EXTERNAL CREAM 0.05 %	Non Preferred	PA; QL (60 GM per 24 days)
DESRX EXTERNAL GEL 0.05 %	Non Preferred	PA
DIPROLENE EXTERNAL OINTMENT 0.05 %	Non Preferred	PA
GYNECORT 10 EXTERNAL CREAM 1 %	Preferred	
HALOG EXTERNAL CREAM 0.1 %	Non Preferred	PA
HALOG EXTERNAL OINTMENT 0.1 %	Non Preferred	PA
HALOG EXTERNAL SOLUTION 0.1 %	Non Preferred	PA
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%)	Non Preferred	PA
IMPOYZ EXTERNAL CREAM 0.025 %	Preferred	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM	Non Preferred	PA
LANACORT 10 EXTERNAL CREAM 1 %	Preferred	
LEXETTE EXTERNAL FOAM 0.05 %	Non Preferred	PA
LOCOID EXTERNAL LOTION 0.1 %	Non Preferred	PA

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Drug	Status	Notes
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	Non Preferred	PA
LUXIQ EXTERNAL FOAM 0.12 %	Non Preferred	PA
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 %	Preferred	
NUCORT EXTERNAL LOTION 2 %	Non Preferred	PA
OLUX EXTERNAL FOAM 0.05 %	Non Preferred	PA
OLUX-E EXTERNAL FOAM 0.05 %	Non Preferred	PA
PANDEL EXTERNAL CREAM 0.1 %	Non Preferred	PA
PREPARATION H EXTERNAL CREAM 1 %	Preferred	
SARNOL-HC EXTERNAL LOTION 1 %	Non Preferred	PA
SERNIVO EXTERNAL EMULSION 0.05 %	Non Preferred	PA
SYNALAR EXTERNAL CREAM 0.025 %	Non Preferred	PA
SYNALAR EXTERNAL OINTMENT 0.025 %	Non Preferred	PA
SYNALAR EXTERNAL SOLUTION 0.01 %	Non Preferred	PA
TASOPROL EXTERNAL KIT 0.05 %	Non Preferred	PA
TEXACORT EXTERNAL SOLUTION 2.5 %	Non Preferred	PA
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	Non Preferred	PA
TOPICORT EXTERNAL GEL 0.05 %	Non Preferred	PA
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 %	Non Preferred	PA
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	Non Preferred	PA
TOVET EXTERNAL FOAM 0.05 %	Non Preferred	PA
TOVET EXTERNAL KIT 0.05 %	Non Preferred	PA
TRIANEX EXTERNAL OINTMENT 0.05 %	Non Preferred	PA
TRIDERM EXTERNAL CREAM 0.5 %	Preferred	
TRIDESILON EXTERNAL CREAM 0.05 %	Non Preferred	PA; QL (60 GM per 24 days)
TRITOCIN EXTERNAL OINTMENT 0.05 %	Preferred	

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Drug	Status	Notes
ULTRAVATE EXTERNAL LOTION 0.05 %	Non Preferred	PA
VAGISIL EXTERNAL CREAM 1 %	Preferred	
VANOS EXTERNAL CREAM 0.1 %	Non Preferred	PA
VERDESO EXTERNAL FOAM 0.05 %	Non Preferred	PA
ala-cort external cream 1 %	Preferred	
alclometasone dipropionate external cream 0.05 %	Non Preferred	PA
alclometasone dipropionate external ointment 0.05 %	Non Preferred	PA
amcinonide external lotion 0.1 %	Non Preferred	PA
amcinonide external ointment 0.1 %	Non Preferred	PA
anti-itch maximum strength external cream 1 %	Preferred	
beta hc external lotion 1 %	Non Preferred	PA
betamethasone dipropionate aug external cream 0.05 %	Non Preferred	PA
betamethasone dipropionate aug external gel 0.05 %	Non Preferred	PA
betamethasone dipropionate aug external lotion 0.05 %	Non Preferred	PA
betamethasone dipropionate aug external ointment 0.05 %	Non Preferred	PA
betamethasone dipropionate external cream 0.05 %	Non Preferred	PA
betamethasone dipropionate external lotion 0.05 %	Preferred	
betamethasone dipropionate external ointment 0.05 %	Non Preferred	PA
betamethasone valerate external cream 0.1 %	Preferred	
betamethasone valerate external foam 0.12 %	Non Preferred	PA
betamethasone valerate external lotion 0.1 %	Preferred	QL (60 ML per 24 days)
betamethasone valerate external ointment 0.1 %	Preferred	
clobetasol prop emollient base external cream 0.05 %	Non Preferred	PA
clobetasol propionate e external cream 0.05 %	Non Preferred	PA

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Drug	Status	Notes
clobetasol propionate emulsion external foam 0.05 %	Non Preferred	PA
clobetasol propionate external cream 0.05 %	Preferred	
clobetasol propionate external foam 0.05 %	Non Preferred	PA
clobetasol propionate external gel 0.05 %	Preferred	
clobetasol propionate external liquid 0.05 %	Non Preferred	PA
clobetasol propionate external lotion 0.05 %	Non Preferred	PA
clobetasol propionate external ointment 0.05 %	Preferred	
clobetasol propionate external shampoo 0.05 %	Non Preferred	PA
clobetasol propionate external solution 0.05 %	Preferred	
clocortolone pivalate external cream 0.1 %	Non Preferred	PA
cvs anti-itch maximum strength external cream 1 %	Preferred	
cvs cortisone intense healing external cream 1 %	Preferred	
cvs cortisone maximum strength external cream 1 %	Preferred	
cvs cortisone maximum strength external lotion 1 %	Non Preferred	PA
cvs cortisone maximum strength external ointment 1 %	Preferred	
cvs hydrocortisone anti-itch external cream 0.5 %, 1 %	Preferred	
desonide external cream 0.05 %	Preferred	QL (60 GM per 24 days)
desonide external gel 0.05 %	Non Preferred	PA
desonide external lotion 0.05 %	Non Preferred	PA
desonide external ointment 0.05 %	Preferred	
desoximetasone external cream 0.05 %, 0.25 %	Non Preferred	PA
desoximetasone external gel 0.05 %	Non Preferred	PA
desoximetasone external liquid 0.25 %	Non Preferred	PA
desoximetasone external ointment 0.05 %, 0.25 %	Non Preferred	PA
diflorasone diacetate external cream 0.05 %	Non Preferred	PA
diflorasone diacetate external ointment 0.05 %	Non Preferred	PA

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Drug	Status	Notes
eq hydrocortisone external cream 1 %	Preferred	
eq hydrocortisone max st external cream 1 %	Preferred	
eql anti-itch intensive heal external cream 1 %	Preferred	
eql anti-itch maximum strength external cream 1 %	Preferred	
eql anti-itch maximum strength external ointment 1 %	Preferred	
fluocinolone acetonide body external oil 0.01 %	Non Preferred	PA
fluocinolone acetonide external cream 0.01 %, 0.025 %	Non Preferred	PA
fluocinolone acetonide external ointment 0.025 %	Non Preferred	PA
fluocinolone acetonide external solution 0.01 %	Non Preferred	PA
fluocinolone acetonide scalp external oil 0.01 %	Non Preferred	PA
fluocinonide emulsified base external cream 0.05 %	Non Preferred	PA
fluocinonide external cream 0.05 %, 0.1 %	Non Preferred	PA
fluocinonide external gel 0.05 %	Non Preferred	PA
fluocinonide external ointment 0.05 %	Non Preferred	PA
fluocinonide external solution 0.05 %	Non Preferred	PA
flurandrenolide external cream 0.05 %	Non Preferred	PA
flurandrenolide external lotion 0.05 %	Non Preferred	PA
fluticasone propionate external cream 0.05 %	Preferred	
fluticasone propionate external lotion 0.05 %	Non Preferred	PA
fluticasone propionate external ointment 0.005 %	Preferred	
gnp hydrocortisone external cream 0.5 %	Preferred	
gnp hydrocortisone max st external ointment 1 %	Preferred	
gnp hydrocortisone plus external cream 1 %	Preferred	
goodsense anti-itch max str external cream 1 %	Preferred	
goodsense anti-itch maximum st external ointment 1 %	Preferred	

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Drug	Status	Notes
halcinonide external cream 0.1 %	Non Preferred	PA
halobetasol propionate external cream 0.05 %	Preferred	
halobetasol propionate external foam 0.05 %	Non Preferred	PA
halobetasol propionate external ointment 0.05 %	Preferred	
hydrocort lotion complete kit external kit 2 %	Non Preferred	PA
hydrocortisone acetate external cream 1 %	Preferred	
hydrocortisone anti-itch external cream 1 %	Preferred	
hydrocortisone butyr lipo base external cream 0.1 %	Non Preferred	PA
hydrocortisone butyrate external cream 0.1 %	Non Preferred	PA
hydrocortisone butyrate external lotion 0.1 %	Non Preferred	PA
hydrocortisone butyrate external ointment 0.1 %	Non Preferred	PA
hydrocortisone butyrate external solution 0.1 %	Non Preferred	PA
hydrocortisone external cream 0.5 %, 1 %	Preferred	
hydrocortisone external cream 2.5 %	Preferred	QL (60 GM per 24 days)
hydrocortisone external lotion 1 %, 2.5 %	Non Preferred	PA
hydrocortisone external ointment 0.5 %, 1 %	Preferred	
hydrocortisone external ointment 2.5 %	Preferred	QL (60 GM per 24 days)
hydrocortisone max st external cream 1 %	Preferred	
hydrocortisone max st external ointment 1 %	Preferred	
hydrocortisone max st/12 moist external cream 1 %	Preferred	
hydrocortisone plus external cream 1 %	Preferred	
hydrocortisone ultra-moisture external cream 1 %	Preferred	
hydrocortisone valerate external cream 0.2 %	Non Preferred	PA
hydrocortisone valerate external ointment 0.2 %	Non Preferred	PA
hydrocortisone/aloe max str external cream 1 %	Preferred	
instacort 5 external cream 0.5 %	Preferred	
meijer hydrocortisone external cream 1 %	Preferred	
mometasone furoate external cream 0.1 %	Preferred	QL (60 GM per 24 days)
mometasone furoate external ointment 0.1 %	Preferred	QL (60 GM per 24 days)

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Drug	Status	Notes
mometasone furoate external solution 0.1 %	Preferred	
prednicarbate external ointment 0.1 %	Non Preferred	PA
px hydrocream external cream 1 %	Preferred	
qc hydrocortisone max st external cream 1 %	Preferred	
ra anti-itch maximum strength external cream 1 %	Preferred	
ra anti-itch maximum strength external ointment 1 %	Preferred	
ra hydrocortisone plus 12 external cream 1 %	Preferred	
sb hydrocortisone external cream 1 %	Preferred	
sb hydrocortisone max st external ointment 1 %	Preferred	
sm hydrocortisone external cream 0.5 %, 1 %	Preferred	
sm hydrocortisone external ointment 0.5 %	Preferred	
sm hydrocortisone max st external ointment 1 %	Preferred	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	Non Preferred	PA
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	Preferred	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Preferred	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	Preferred	
triamcinolone in absorbase external ointment 0.05 %	Preferred	
Emollient/Keratolytic Agents - Drugs For The Skin**		
CEROVEL EXTERNAL LOTION 40 %	Preferred	QL (240 ML per 24 days)
urea external cream 40 %	Preferred	PA; QL (85 GM per 24 days)
urea external lotion 40 %	Preferred	QL (240 GM per 24 days)
uremez-40 external cream 40 %	Non Preferred	PA; QL (85 GM per 24 days)
Emollients - Drugs For The Skin**		
ammonium lactate external cream 12 %	Preferred	PA; QL (280 GM per 24 days)
ammonium lactate external lotion 12 %	Preferred	PA; QL (225 GM per 24 days)

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Drug	Status	Notes
lactic acid external lotion 10 %	Preferred	PA
Enzymes - Topical - Drugs For The Skin**		
NEXOBRID EXTERNAL GEL 8.8 %	Non Preferred	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Non Preferred	PA
Imidazole-Related Antifungals - Topical - Drugs For The Skin**		
CAVILON EXTERNAL CREAM 2 %	Preferred	QL (150 GM per 24 days)
DESENEX EXTERNAL CREAM 1 %	Preferred	
ECOZA EXTERNAL FOAM 1 %	Non Preferred	PA
ERTACZO EXTERNAL CREAM 2 %	Non Preferred	PA
EXELDERM EXTERNAL CREAM 1 %	Non Preferred	PA
EXELDERM EXTERNAL SOLUTION 1 %	Non Preferred	PA
EXTINA EXTERNAL FOAM 2 %	Non Preferred	PA
JUBLIA EXTERNAL SOLUTION 10 %	Non Preferred	PA
KETODAN EXTERNAL FOAM 2 %	Non Preferred	PA
KETODAN EXTERNAL KIT 2 %	Non Preferred	PA
LUZU EXTERNAL CREAM 1 %	Non Preferred	PA
MICATIN EXTERNAL CREAM 2 %	Non Preferred	PA; QL (150 GM per 24 days)
MICOTRIN AC EXTERNAL CREAM 1 %	Preferred	
OXISTAT EXTERNAL CREAM 1 %	Non Preferred	PA
OXISTAT EXTERNAL LOTION 1 %	Non Preferred	PA
TINEACIDE EXTERNAL CREAM 2 %	Preferred	QL (150 GM per 24 days)
XOLEGEL EXTERNAL GEL 2 %	Non Preferred	PA
antifungal (clotrimazole) external cream 1 %	Preferred	
antifungal clotrimazole external cream 1 %	Preferred	
anti-fungal external cream 1 %	Preferred	
antifungal external cream 2 %	Preferred	QL (150 GM per 24 days)
athletes foot (clotrimazole) external cream 1 %	Preferred	
baza antifungal external cream 2 %	Preferred	QL (150 GM per 24 days)
clotrimazole af external cream 1 %	Preferred	
clotrimazole anti-fungal external cream 1 %	Preferred	

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Drug	Status	Notes
clotrimazole athletes foot external cream 1 %	Preferred	
clotrimazole external cream 1 %	Preferred	
clotrimazole external solution 1 %	Preferred	
cvs clotrimazole external cream 1 %	Preferred	
cvs clotrimazole external solution 1 %	Preferred	
cvs itch relief external cream 1 %	Preferred	
cvs ringworm external cream 1 %	Preferred	
econazole nitrate external cream 1 %	Non Preferred	PA
eq antifungal external cream 1 %	Preferred	
eq athletes foot external cream 1 %	Preferred	
eq jock itch external cream 1 %	Preferred	
eql athletes foot external cream 1 %	Preferred	
ft antifungal external cream 2 %	Preferred	QL (150 GM per 24 days)
ft athletes foot (clotrimaz) external cream 1 %	Preferred	
gnp athletes foot external cream 1 %	Preferred	
goodsense athletes foot external cream 1 %	Preferred	
jock itch external cream 1 %	Preferred	
jock itch relief external cream 1 %	Preferred	
ketoconazole external cream 2 %	Preferred	QL (60 GM per 24 days)
ketoconazole external foam 2 %	Non Preferred	PA
ketoconazole external shampoo 2 %	Preferred	QL (120 ML per 24 days)
luliconazole external cream 1 %	Non Preferred	PA
micaderm external cream 2 %	Preferred	QL (150 GM per 24 days)
miconazole antifungal external cream 2 %	Preferred	QL (150 GM per 24 days)
miconazole nitrate external cream 2 %	Preferred	QL (150 GM per 24 days)
oxiconazole nitrate external cream 1 %	Non Preferred	PA
pro-ex antifungal external cream 1 %	Preferred	
px athletic foot external cream 1 %	Preferred	
qc clotrimazole external cream 1 %	Preferred	
ra athletes foot external cream 1 %	Preferred	
ra clotrimazole external cream 1 %	Preferred	

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Drug	Status	Notes
ra jock itch external cream 1 %	Preferred	
sb clotrimazole foot external cream 1 %	Preferred	
sm antifungal clotrimazole external cream 1 %	Preferred	
sm antifungal miconazole external cream 2 %	Preferred	QL (150 GM per 24 days)
sulconazole nitrate external cream 1 %	Non Preferred	PA
sulconazole nitrate external solution 1 %	Non Preferred	PA
tm-clotrimazole external cream 1 %	Preferred	
Immunomodulators Imidazoquinolinamines - Topical - Drugs For The Skin**		
ZYCLARA EXTERNAL CREAM 3.75 %	Non Preferred	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 %	Non Preferred	PA
imiquimod external cream 3.75 %	Non Preferred	PA
imiquimod external cream 5 %	Preferred	QL (24 EA per 24 days)
imiquimod pump external cream 3.75 %	Non Preferred	PA
Immunosuppressive Agents - Topical Combinations - Drugs For The Skin**		
oxianujo external ointment 4-0.1 %	Non Preferred	PA
Keratolytic/Antimitotic Agents - Drugs For The Skin**		
KERALYT EXTERNAL SHAMPOO 6 %	Preferred	QL (177 ML per 24 days)
SALYCIM EXTERNAL CREAM 6 %	Preferred	
YCANTH EXTERNAL SOLUTION 0.7 %	Preferred	PA
cantharidin external solution 0.7 %	Preferred	PA
podofilox external gel 0.5 %	Preferred	
podofilox external solution 0.5 %	Preferred	QL (3.5 ML per 24 days)
salicylic acid external foam 6 %	Preferred	QL (200 GM per 24 days)
salicylic acid external shampoo 6 %	Preferred	QL (177 ML per 24 days)
salimez external cream 6 %	Preferred	QL (454 GM per 24 days)
Local Anesthetics - Topical - Drugs For The Skin**		
7T LIDO EXTERNAL GEL 2 %	Non Preferred	PA

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Drug	Status	Notes
ANACAINE EXTERNAL OINTMENT 10 %	Non Preferred	PA
ASTERO EXTERNAL GEL 4 %	Non Preferred	PA
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	Preferred	
LDO PLUS EXTERNAL GEL 4 %	Non Preferred	PA
LIDOCAN EXTERNAL PATCH 5 %	Preferred	QL (3 EA per 1 day)
LIDOCAN II EXTERNAL PATCH 5 %	Preferred	
LIDOCAN III EXTERNAL PATCH 5 %	Preferred	
LIDODERM EXTERNAL PATCH 5 %	Non Preferred	PA; QL (3 EA per 1 day)
LIDO-SORB EXTERNAL LOTION 3 %	Preferred	
LIDOTRAL EXTERNAL CREAM 3.88 %	Non Preferred	PA
LIDOTRAN EXTERNAL CREAM 3.88 %	Non Preferred	PA
LIDTOPIC MAX EXTERNAL CREAM 10 %	Non Preferred	PA
LYDEXA EXTERNAL CREAM 4.12 %	Non Preferred	PA
QUTENZA (2 PATCH) EXTERNAL KIT 8 %	Non Preferred	PA; SP
QUTENZA (4 PATCH) EXTERNAL KIT 8 %	Non Preferred	PA; SP
QUTENZA EXTERNAL KIT 8 %	Non Preferred	PA; SP
ZTLIDO EXTERNAL PATCH 1.8 %	Non Preferred	PA
eha external lotion 4 %	Non Preferred	PA
enovarx-lidocaine hcl external cream 10 %, 5 %	Non Preferred	PA
gen7t external lotion 3.5 %	Non Preferred	PA
lidocaine external ointment 5 %	Preferred	QL (50 GM per 24 days)
lidocaine external patch 5 %	Preferred	QL (3 EA per 1 day)
lidocaine hcl external cream 3 %	Preferred	
lidocaine hcl external cream 4.12 %	Non Preferred	PA
lidocaine hcl external lotion 3 %	Preferred	
lidocaine hcl external solution 4 %	Preferred	
lidocaine hcl urethral/mucosal external gel 2 %	Preferred	

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Drug	Status	Notes
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	Preferred	
lidopin external cream 3 %	Preferred	
lidopin external cream 3.25 %	Non Preferred	PA
lidorx external gel 3 %	Non Preferred	PA
premium lidocaine external ointment 5 %	Preferred	QL (50 GM per 24 days)
zionodil 100 external lotion 3 %	Preferred	
zionodil external lotion 3 %	Preferred	
Macrolide Immunosuppressants - Topical - Drugs For The Skin**		
ELIDEL EXTERNAL CREAM 1 %	Non Preferred	PA; QL (30 GM per 22 days); AGE (Min 2 Years)
HYFTOR EXTERNAL GEL 0.2 %	Preferred	PA
nuju external cream 0.1 %	Non Preferred	PA
pimecrolimus external cream 1 %	Non Preferred	PA; QL (30 GM per 22 days); AGE (Min 2 Years)
tacrolimus external ointment 0.03 %, 0.1 %	Preferred	PA
Melanocortin Receptor Agonists (Uv Protective) - Drugs For The Skin**		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Carve Out	
Microtubule Inhibitors - Topical - Drugs For The Skin**		
KLISYRI EXTERNAL OINTMENT 1 %	Non Preferred	PA
Misc. Topical - Drugs For The Skin**		
DRYSOL EXTERNAL SOLUTION 20 %	Preferred	
Oxaborole-Related Antifungals - Topical - Drugs For The Skin**		
KERYDIN EXTERNAL SOLUTION 5 %	Non Preferred	PA
tavaborole external solution 5 %	Non Preferred	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Topical - Drugs For The Skin**		
EUCRISA EXTERNAL OINTMENT 2 %	Preferred	

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Drug	Status	Notes
Photodynamic Therapy Agents - Topical - Drugs For The Skin**		
AMELUZ EXTERNAL GEL 10 %	Preferred	PA
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %	Preferred	PA
Rosacea Agents - Drugs For The Skin**		
FINACEA EXTERNAL FOAM 15 %	Preferred	
FINACEA EXTERNAL GEL 15 %	Preferred	
METROCREAM EXTERNAL CREAM 0.75 %	Non Preferred	PA
METROGEL EXTERNAL GEL 1 %	Non Preferred	PA
METROLOTION EXTERNAL LOTION 0.75 %	Non Preferred	PA
MIRVASO EXTERNAL GEL 0.33 %	Non Preferred	PA
NORITATE EXTERNAL CREAM 1 %	Non Preferred	PA
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG	Non Preferred	PA
RHOFADE EXTERNAL CREAM 1 %	Non Preferred	PA
ROSADAN EXTERNAL CREAM 0.75 %	Preferred	
ROSADAN EXTERNAL GEL 0.75 %	Preferred	
ROSADAN EXTERNAL KIT 0.75 % CREAM, 0.75 % GEL	Non Preferred	PA
SOOLANTRA EXTERNAL CREAM 1 %	Non Preferred	PA
ZILXI EXTERNAL FOAM 1.5 %	Non Preferred	PA
azelaic acid external gel 15 %	Preferred	
brimonidine tartrate external gel 0.33 %	Non Preferred	PA
doxycycline oral capsule delayed release 40 mg	Non Preferred	PA
ivermectin external cream 1 %	Non Preferred	PA
metronidazole external cream 0.75 %	Preferred	
metronidazole external gel 0.75 %, 1 %	Preferred	
metronidazole external lotion 0.75 %	Preferred	

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Drug	Status	Notes
Rosacea Combinations - Drugs For The Skin**		
aveidaoxia external gel 1-1-4 %	Non Preferred	PA
Scabicide Combinations - Drugs For The Skin**		
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 %	Preferred	
cvs lice killing external shampoo 0.33-4 %	Preferred	
eq lice killing max st external shampoo 0.33-4 %	Preferred	
eql lice killing max st external shampoo 0.33-4 %	Preferred	
gnp lice treatment external shampoo 0.33-4 %	Preferred	
lice killing external shampoo 0.33-4 %, 4-0.33 %	Preferred	
lice killing maximum strength external shampoo 0.33-4 %	Preferred	
ra lice maximum strength external shampoo 0.33-4 %	Preferred	
sb lice killing max st external shampoo 0.33-4 %	Preferred	
sb lice treatment external liquid 0.3-3 %	Preferred	
sm lice killing max strength external shampoo 0.33-4 %	Preferred	
Scabicides & Pediculicides - Drugs For The Skin**		
CROTAN EXTERNAL LOTION 10 %	Non Preferred	PA
NATROBA EXTERNAL SUSPENSION 0.9 %	Preferred	
NIX CREME RINSE EXTERNAL LIQUID 1 %	Preferred	
NIX LICE KILLING SPRAY LIQUID 0.25 %	Preferred	
OVIDE EXTERNAL LOTION 0.5 %	Non Preferred	PA
cvs lice treatment external liquid 1 %	Preferred	
gnp lice treatment external liquid 1 %	Preferred	
goodsense lice killing external liquid 1 %	Preferred	

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Drug	Status	Notes
ivermectin external lotion 0.5 %	Non Preferred	PA
lice treatment creme rinse external liquid 1 %	Preferred	
lice treatment external liquid 1 %	Preferred	
lice treatment external lotion 1 %	Preferred	
lindane external shampoo 1 %	Non Preferred	PA
malathion external lotion 0.5 %	Non Preferred	PA
permethrin external cream 5 %	Preferred	QL (120 GM per 24 days)
ra lice treatment external lotion 1 %	Preferred	
sb lice treatment external liquid 1 %	Preferred	
sm lice treatment external lotion 1 %	Preferred	
spinosad external suspension 0.9 %	Preferred	
sulfurated lime external solution	Non Preferred	PA
Steroid-Local Anesthetic Combinations - Drugs For The Skin**		
EPIFOAM EXTERNAL FOAM 1-1 %	Non Preferred	PA
RADIAURA EXTERNAL CREAM 3-0.5 %	Non Preferred	PA
hydrocortisone ace-pramoxine external cream 2.5-1 %	Non Preferred	PA
lidocaine-hydrocortisone ace external cream 1-1 %	Non Preferred	PA
Topical Anesthetic Combinations - Drugs For The Skin**		
1ST MEDX-PATCH/ LIDOCAINE EXTERNAL PATCH 4-0.0375-5-20 %	Non Preferred	PA
ACCUCAINE COMBINATION KIT 1 %	Non Preferred	PA
APRIZIO PAK EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA
CADIRAMD EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 %	Non Preferred	PA
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 %	Non Preferred	PA
GEN7T PLUS EXTERNAL PATCH 3.5-7 %	Non Preferred	PA
L.E.T. EXTERNAL GEL 4-0.05-0.5 %	Non Preferred	PA

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Drug	Status	Notes
LIDO BDK EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA
LIDOPURE PATCH EXTERNAL KIT 5 %	Non Preferred	PA
LIDOTHOL EXTERNAL GEL 4.5-5 %	Non Preferred	PA
LIDOTHOL EXTERNAL PATCH 4.5-5 %	Non Preferred	PA
LIDOTOR EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 %	Non Preferred	PA
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 %	Non Preferred	PA
PLIAGLIS EXTERNAL CREAM 7-7 %	Non Preferred	PA
PRILO PATCH EXTERNAL KIT 2.5-2.5 & 5 %	Non Preferred	PA
RELADOR PAK EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA
RELADOR PAK PLUS EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA
SKYADERM-LP EXTERNAL KIT 2.5-2.5 %	Non Preferred	PA
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %	Non Preferred	PA
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 %	Non Preferred	PA
SYNERA EXTERNAL PATCH 70-70 MG	Non Preferred	PA
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 %	Non Preferred	PA
XYLIDERM EXTERNAL KIT 5 %	Non Preferred	PA
agoneaze external kit 2.5-2.5 %	Non Preferred	PA
anodyne lpt external kit 2.5-2.5 %	Non Preferred	PA
dermalid external therapy pack 5 %	Non Preferred	PA
emreal external kit 2.5-2.5 %	Non Preferred	PA
enznonuty external ointment 20-10-10 %	Non Preferred	PA
gen7t plus external lotion 3.5-7 %	Non Preferred	PA
l.e.t. external solution 4-0.05-0.5 %	Non Preferred	PA
levatio external patch 0.03-5 %	Non Preferred	PA
lidocaine-prilocaine external cream 2.5-2.5 %	Preferred	QL (60 GM per 24 days)

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Drug	Status	Notes
lidocaine-prilocaine external kit 2.5-2.5 %	Non Preferred	PA
lido-epinephrine-tetracaine external solution 4-0.05-0.5 %	Non Preferred	PA
lidostream external kit 5 & 10 %	Non Preferred	PA
paingo kft external kit 2.5-2.5-10-30 %	Non Preferred	PA
prepiv supply combination kit 2.5-2.5 & 0.9 %	Non Preferred	PA
prilovix external kit 2.5-2.5 %	Non Preferred	PA
prilovix lite external kit 2.5-2.5 %	Non Preferred	PA
prilovix lite plus external kit 2.5-2.5 %	Non Preferred	PA
prilovix plus external kit 2.5-2.5 %	Non Preferred	PA
prilovix ultralite external kit 2.5-2.5 %	Non Preferred	PA
prilovix ultralite plus external kit 2.5-2.5 %	Non Preferred	PA
prilovixil external kit 2.5-2.5 %	Non Preferred	PA
wpr plus wound healing system external therapy pack 4 & 10-30 %	Non Preferred	PA
zeruvia external patch 4-1 %	Non Preferred	PA
Topical Anesthetic Gases - Drugs For The Skin**		
CRYODOSE TA EXTERNAL AEROSOL	Non Preferred	PA
GEBAUERS PAIN EASE EXTERNAL AEROSOL	Non Preferred	PA
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	Non Preferred	PA
ethyl chloride external aerosol	Non Preferred	PA
Topical Selective Retinoid X Receptor Agonists - Drugs For The Skin**		
TARGRETIN EXTERNAL GEL 1 %	Non Preferred	PA; SP
bexarotene external gel 1 %	Preferred	PA; SP
Topical Steroid Combinations - Drugs For The Skin**		
CLODAN EXTERNAL KIT 0.05 %	Non Preferred	PA
DUOBRII EXTERNAL LOTION 0.01-0.045 %	Non Preferred	PA

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Drug	Status	Notes
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Non Preferred	PA
FLUOPAR EXTERNAL KIT 0.1 & 5 %	Non Preferred	PA
MOMETACURE EXTERNAL THERAPY PACK 0.1 & 5 %	Non Preferred	PA
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 %	Non Preferred	PA
QUINIXIL EXTERNAL THERAPY PACK 0.1 & 5 %	Non Preferred	PA
SCALACORT DK EXTERNAL KIT 2 & 2-2 %	Non Preferred	PA
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION)	Non Preferred	PA
SILA III EXTERNAL THERAPY PACK 0.1 %	Non Preferred	PA
SYNALAR (CREAM) EXTERNAL KIT 0.025 %	Non Preferred	PA
SYNALAR (OINTMENT) EXTERNAL KIT 0.025 %	Non Preferred	PA
SYNALAR TS EXTERNAL KIT 0.01 %	Non Preferred	PA
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	Non Preferred	PA
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	Non Preferred	PA
TRIASIL EXTERNAL THERAPY PACK 0.1 %	Non Preferred	PA
TRIVIX EXTERNAL KIT 0.1 & 5 %	Non Preferred	PA
WYNZORA EXTERNAL CREAM 0.005-0.064 %	Non Preferred	PA
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Preferred	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Non Preferred	PA
chlohux external shampoo 0.05-2 %	Non Preferred	PA
chlooxia external cream 0.05-4 %	Non Preferred	PA

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Drug	Status	Notes
chlooxia external ointment 0.05-4 %	Non Preferred	PA
chlooxia external solution 0.05-4 %	Non Preferred	PA
clobetavix external kit 0.05 %	Non Preferred	PA
diochloy external solution 0.005-0.05 %	Non Preferred	PA
fluovix external therapy pack 0.1 %	Non Preferred	PA
fluovix plus external therapy pack 0.1 %	Non Preferred	PA
oxiachlo external solution 0.05-4 %	Non Preferred	PA
sanadermrx skin repair external kit 0.1 & 5 %	Non Preferred	PA
tetoxia external cream 0.01-4 %	Non Preferred	PA
triadime external kit 0.1 & 5 %	Non Preferred	PA
Wound Care - Growth Factor Agents - Drugs For The Skin**		
REGRANEX EXTERNAL GEL 0.01 %	Preferred	PA
Wound Treatment - Gene Therapy - Drugs For The Skin**		
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML	Carve Out	
Diagnostic Products		
Diagnostic Tests**		
CHEMSTRIP K IN VITRO STRIP	Preferred	
KETOSTIX IN VITRO STRIP	Preferred	
RELION KETONE TEST IN VITRO STRIP	Preferred	
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO	Preferred	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	

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Drug	Status	Notes
Infection Tests**		
ACCULA SARS-COV-2 IN VITRO KIT	Preferred	QL (2 EA per 24 days)
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT	Preferred	QL (2 EA per 24 days)
BINAXNOW COVID-19 AG CARD IN VITRO KIT	Preferred	QL (2 EA per 24 days)
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
CARESTART COVID-19 HOME TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
CLEARDETECT COVID-19 AG HOME IN VITRO KIT	Preferred	QL (2 EA per 24 days)
CLINITEST RAPID COVID-19 TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
COBAS LIAT SARS-COV-2 ASSAY IN VITRO KIT	Preferred	QL (2 EA per 24 days)
COBAS LIAT SARS-COV-2 CONTROL IN VITRO KIT	Preferred	QL (2 EA per 24 days)
DIATRUST COVID-19 HOME TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
DXTERITY COVID-19 HOME TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
EVERLYWELL COVID-19 HOME TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
GENABIO COVID-19 RAPID TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
ID NOW COVID-19 2.0 CONTROL IN VITRO KIT	Preferred	QL (2 EA per 24 days)
ID NOW COVID-19 2.0 TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
ID NOW COVID-19 CONTROL IN VITRO KIT	Preferred	QL (2 EA per 24 days)
ID NOW COVID-19 IN VITRO KIT	Preferred	QL (2 EA per 24 days)

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Drug	Status	Notes
IHEALTH COVID-19 RAPID TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
INDICAID COVID-19 RAPID TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT	Preferred	QL (2 EA per 24 days)
LYRA DIRECT SARS-COV-2 ASSAY IN VITRO KIT	Preferred	QL (2 EA per 24 days)
LYRA SARS-COV-2 ASSAY IN VITRO KIT	Preferred	QL (2 EA per 24 days)
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
PILOT COVID-19 AT-HOME TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
QUICKVUE SARS ANTIGEN TEST IN VITRO KIT	Preferred	QL (2 EA per 24 days)
RAPID RESPONSE COVID-19 IN VITRO KIT	Preferred	QL (1 EA per 292 days)
SIMPLICITY COVID-19 AT-HOME IN VITRO KIT	Preferred	QL (2 EA per 24 days)
SOFIA SARS ANTIGEN FIA IN VITRO KIT	Preferred	QL (2 EA per 24 days)
SOFIA2 SARS ANTIGEN FIA IN VITRO KIT	Preferred	QL (2 EA per 24 days)
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT	Preferred	QL (2 EA per 24 days)

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Drug	Status	Notes
XPERT XPRESS SARS-COV-2 IN VITRO KIT	Preferred	QL (2 EA per 24 days)
covid-19 at-home test in vitro kit	Preferred	QL (2 EA per 24 days)
covid-19 otc antigen 1-pack in vitro kit	Preferred	QL (2 EA per 24 days)
covid-19 otc antigen 2-pack in vitro kit	Preferred	QL (2 EA per 24 days)
covid-19 specimen collection kit	Preferred	QL (2 EA per 24 days)
covid-19 testing by pharmacist kit	Preferred	QL (2 EA per 24 days)
cvs covid-19 at home test kit in vitro kit	Preferred	QL (2 EA per 24 days)
ellume covid-19 home test in vitro kit	Preferred	QL (2 EA per 24 days)
***Digestive Aids* - Drugs For The Stomach**		
Digestive Enzymes - Drugs For The Stomach**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 6000-19000 UNIT	Preferred	QL (6 EA per 1 day)
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT	Preferred	
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
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	Non Preferred	PA
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	Non Preferred	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Preferred	

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Drug	Status	Notes
***Diuretics* - Drugs For The Heart**		
Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure**		
KEVEYIS ORAL TABLET 50 MG	Non Preferred	PA; SP
acetazolamide er oral capsule extended release 12 hour 500 mg	Preferred	QL (4 EA per 1 day)
acetazolamide oral tablet 125 mg, 250 mg	Preferred	QL (4 EA per 1 day)
acetazolamide sodium injection solution reconstituted 500 mg	Preferred	PA
dichlorphenamide oral tablet 50 mg	Non Preferred	PA; SP
methazolamide oral tablet 25 mg, 50 mg	Preferred	QL (6 EA per 1 day); DS (90 DS)
Diuretic Combinations - Drugs For High Blood Pressure**		
ALDACTAZIDE ORAL TABLET 25-25 MG	Non Preferred	PA; QL (3 EA per 1 day)
MAXZIDE ORAL TABLET 75-50 MG	Non Preferred	PA; QL (4 EA per 1 day)
MAXZIDE-25 ORAL TABLET 37.5-25 MG	Non Preferred	PA; QL (4 EA per 1 day)
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
spironolactone-hctz oral tablet 25-25 mg	Preferred	QL (3 EA per 1 day); DS (90 DS)
triamterene-hctz oral capsule 37.5-25 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
Loop Diuretics - Drugs For High Blood Pressure**		
BUMEX ORAL TABLET 0.5 MG	Non Preferred	PA; QL (2 EA per 1 day)
EDECRIN ORAL TABLET 25 MG	Non Preferred	PA
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	Non Preferred	PA
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Non Preferred	PA; QL (6 EA per 1 day)
SOAANZ ORAL TABLET 20 MG	Non Preferred	PA; QL (4 EA per 1 day)
SOAANZ ORAL TABLET 40 MG, 60 MG	Non Preferred	PA
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Non Preferred	PA

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Drug	Status	Notes
bumetanide injection solution 0.25 mg/ml	Preferred	PA
bumetanide oral tablet 0.5 mg, 1 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
bumetanide oral tablet 2 mg	Preferred	QL (5 EA per 1 day); DS (90 DS)
ethacrynate sodium intravenous solution reconstituted 50 mg	Preferred	PA
ethacrynic acid oral tablet 25 mg	Non Preferred	PA
furosemide injection solution 10 mg/ml	Preferred	PA
furosemide oral solution 10 mg/ml, 8 mg/ml	Preferred	DS (90 DS)
furosemide oral tablet 20 mg, 40 mg, 80 mg	Preferred	QL (6 EA per 1 day); DS (90 DS)
torsemide oral tablet 10 mg, 20 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
torsemide oral tablet 100 mg, 5 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
Potassium Sparing Diuretics - Drugs For High Blood Pressure**		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA
CAROSPIR ORAL SUSPENSION 25 MG/5ML	Non Preferred	PA
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Non Preferred	PA
amiloride hcl oral tablet 5 mg	Preferred	DS (90 DS)
spironolactone oral suspension 25 mg/5ml	Non Preferred	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Preferred	DS (90 DS)
triamterene oral capsule 100 mg, 50 mg	Non Preferred	PA
Thiazides And Thiazide-Like Diuretics - Drugs For High Blood Pressure**		
DIURIL ORAL SUSPENSION 250 MG/5ML	Non Preferred	PA
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Non Preferred	PA
THALITONE ORAL TABLET 15 MG	Preferred	
chlorothiazide sodium intravenous solution reconstituted 500 mg	Preferred	PA
chlorthalidone oral tablet 25 mg, 50 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
hydrochlorothiazide oral capsule 12.5 mg	Preferred	QL (2 EA per 1 day)

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Drug	Status	Notes
hydrochlorothiazide oral tablet 12.5 mg, 25 mg	Preferred	QL (8 EA per 1 day); DS (90 DS)
hydrochlorothiazide oral tablet 50 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
indapamide oral tablet 1.25 mg, 2.5 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
metolazone oral tablet 10 mg	Preferred	QL (2 EA per 1 day); DS (90 DS)
metolazone oral tablet 2.5 mg, 5 mg	Preferred	QL (4 EA per 1 day); DS (90 DS)
***Endocrine And Metabolic Agents - Misc.* - Hormones**		
Abortifacient - Progesterone Receptor Antagonists - Drugs For Women**		
MIFEPREX ORAL TABLET 200 MG	Non Preferred	PA
mifepristone oral tablet 200 mg	Preferred	
Acid Sphingomyelinase Deficiency (Asmd) - Agents - Drugs For Menopause And Bone Loss**		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG	Carve Out	
Adenosine Deaminase Scid Treatment - Agents - Drugs For Menopause And Bone Loss**		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Carve Out	
Alpha-Mannosidosis Treatment - Agents - Drugs For Menopause And Bone Loss**		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Carve Out	
Bisphosphonates - Drugs For Menopause And Bone Loss**		
ACTONEL ORAL TABLET 150 MG, 35 MG	Non Preferred	PA
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	Non Preferred	PA
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	Non Preferred	PA
FOSAMAX ORAL TABLET 70 MG	Non Preferred	PA; QL (0.143 EA per 1 day); NOTES (4 tabs per month)

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Drug	Status	Notes
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Non Preferred	PA
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML	Non Preferred	PA
alendronate sodium oral solution 70 mg/75ml	Preferred	
alendronate sodium oral tablet 10 mg	Preferred	QL (1 EA per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	Preferred	QL (0.143 EA per 1 day); NOTES (4 tabs per month)
alendronate sodium oral tablet 5 mg	Preferred	QL (8 EA per 1 day)
ibandronate sodium intravenous solution 3 mg/3ml	Non Preferred	PA
ibandronate sodium oral tablet 150 mg	Preferred	QL (0.036 EA per 1 day); NOTES (1 tab every month)
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	Non Preferred	PA
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	Non Preferred	PA
risedronate sodium oral tablet delayed release 35 mg	Non Preferred	PA
zoledronic acid intravenous concentrate 4 mg/5ml	Preferred	PA
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	Preferred	PA
Calcimimetic Agents - Drugs For Menopause And Bone Loss**		
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Preferred	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Preferred	
Calcitonins - Drugs For Menopause And Bone Loss**		
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Non Preferred	PA
calcitonin (salmon) injection solution 200 unit/ml	Preferred	PA
calcitonin (salmon) nasal solution 200 unit/act	Preferred	QL (1 ML per 1 day)

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Drug	Status	Notes
Carnitine Replenisher - Agents - Drugs For Menopause And Bone Loss**		
CARNITOR ORAL SOLUTION 1 GM/10ML	Non Preferred	PA; QL (60 ML per 1 day)
CARNITOR ORAL TABLET 330 MG	Non Preferred	PA; QL (18 EA per 1 day)
CARNITOR SF ORAL SOLUTION 1 GM/10ML	Non Preferred	PA; QL (60 ML per 1 day)
levocarnitine oral solution 1 gm/10ml	Preferred	QL (60 ML per 1 day)
levocarnitine oral tablet 330 mg	Preferred	QL (18 EA per 1 day)
levocarnitine sf oral solution 1 gm/10ml	Preferred	QL (60 ML per 1 day)
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor - Drugs For Menopause And Bone Loss**		
XPHOZAH ORAL TABLET 20 MG, 30 MG	Preferred	PA
Corticotropin - Hormones**		
ACTHAR INJECTION GEL 80 UNIT/ML	Preferred	PA; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML	Preferred	PA; SP
Cortisol Synthesis Inhibitors - Hormones**		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Carve Out	
RECORLEV ORAL TABLET 150 MG	Carve Out	
Dopamine Receptor Agonists - Drugs For Women**		
cabergoline oral tablet 0.5 mg	Preferred	QL (0.57 EA per 1 day)
Fabry Disease - Agents - Drugs For Menopause And Bone Loss**		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML	Carve Out	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Carve Out	
GALAFOLD ORAL CAPSULE 123 MG	Carve Out	

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Drug	Status	Notes
Gaa Deficiency Treatment - Agents - Drugs For Menopause And Bone Loss**		
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 - Drugs For Women**		
ORILISSA ORAL TABLET 150 MG, 200 MG	Preferred	PA
Growth Hormone Receptor Antagonists - Drugs For Growth**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Preferred	PA; SP
Growth Hormone Releasing Hormones (Ghrh) - Drugs For Growth**		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Preferred	PA; SP
Growth Hormones - Drugs For Growth**		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Preferred	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Preferred	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	Non Preferred	PA; SP
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	Non Preferred	PA

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QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy

Drug	Status	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Preferred	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	Non Preferred	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	Non Preferred	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	Non Preferred	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Non Preferred	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Non Preferred	PA; SP
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG	Non Preferred	PA; SP
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG	Non Preferred	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Non Preferred	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Non Preferred	PA; SP
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Non Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	Non Preferred	PA; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	Non Preferred	PA; SP

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Drug	Status	Notes
***Hereditary Orotic Aciduria Treatment - Agents** - Drugs For Menopause And Bone Loss**		
XURIDEN ORAL PACKET 2 GM	Preferred	PA; SP
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents - Drugs For Menopause And Bone Loss**		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Carve Out	
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 - Drugs For Menopause And Bone Loss**		
CYSTADANE ORAL POWDER	Non Preferred	PA; SP
betaine oral powder	Preferred	PA; SP
Hyperammonemia Treatment - Agents - Drugs For Menopause And Bone Loss**		
CARBAGLU ORAL TABLET SOLUBLE 200 MG	Non Preferred	PA; SP
carglumic acid oral tablet soluble 200 mg	Preferred	PA; SP
Hyperparathyroid Treatment - Vitamin D Analogs - Drugs For Menopause And Bone Loss**		
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Non Preferred	PA
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	Non Preferred	PA; QL (4 EA per 1 day)
ROCALTROL ORAL SOLUTION 1 MCG/ML	Non Preferred	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Non Preferred	PA
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Preferred	QL (4 EA per 1 day)
calcitriol oral solution 1 mcg/ml	Preferred	

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Drug	Status	Notes
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Non Preferred	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Non Preferred	PA
Hypophosphatasia (Hpp) Agents - Drugs For Menopause And Bone Loss**		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Carve Out	
Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R) - Drugs For Thyroid**		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Carve Out	
Insulin-Like Growth Factors (Somatomedins) - Hormones**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Preferred	PA; SP
Leptin Analogues - Hormones**		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Carve Out	
Lhrh/Gnrh Agonist Analog Pituitary Suppressants - Drugs For Women**		
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
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Preferred	PA; NOTES (EA); SP
SYNAREL NASAL SOLUTION 2 MG/ML	Preferred	PA; QL (32 ML per 22 days); SP

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Drug	Status	Notes
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG	Non Preferred	PA; NOTES (EA); SP
Lysosomal Acid Lipase (Lal) Deficiency - Agents - Drugs For Menopause And Bone Loss**		
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Carve Out	
Molybdenum Cofactor Deficiency (Mocd) - Agents - Drugs For Menopause And Bone Loss**		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Carve Out	
Mucopolysaccharidosis I (Mps I) - Agents - Drugs For Menopause And Bone Loss**		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	Carve Out	
Mucopolysaccharidosis Ii (Mps Ii) - Agents - Drugs For Menopause And Bone Loss**		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Carve Out	
Mucopolysaccharidosis Iv (Mps Iv) - Agents - Drugs For Menopause And Bone Loss**		
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	Carve Out	
Mucopolysaccharidosis Vi (Mps Vi) - Agents - Drugs For Menopause And Bone Loss**		
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	Carve Out	
Mucopolysaccharidosis Vii (Mps Vii) - Agents - Drugs For Menopause And Bone Loss**		
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML	Carve Out	

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Drug	Status	Notes
Natriuretic Peptides - Drugs For Menopause And Bone Loss**		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Carve Out	
Neurokinin 3 (Nk3) Receptor Antagonists - Hormones**		
VEOZAH ORAL TABLET 45 MG	Preferred	PA
Non-Steroidal Mineralocorticoid Receptor Antagonists - Hormones**		
KERENDIA ORAL TABLET 10 MG, 20 MG	Preferred	PA
Parathyroid Hormone And Derivatives - Drugs For Menopause And Bone Loss**		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Non Preferred	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Non Preferred	PA; SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	Preferred	PA
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	Preferred	PA; SP
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	Preferred	PA
Phenylketonuria Treatment - Agents - Drugs For Menopause And Bone Loss**		
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	

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Drug	Status	Notes
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Carve Out	
sapropterin dihydrochloride oral tablet 100 mg	Carve Out	
Rank Ligand (Rankl) Inhibitors - Drugs For Menopause And Bone Loss**		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Preferred	PA; SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Preferred	PA; SP
Sclerostin Inhibitors - Drugs For Menopause And Bone Loss**		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	Non Preferred	PA; SP
Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss**		
EVISTA ORAL TABLET 60 MG	Non Preferred	PA; QL (1 EA per 1 day)
OSPHENA ORAL TABLET 60 MG	Non Preferred	PA
raloxifene hcl oral tablet 60 mg	Preferred	QL (1 EA per 1 day)
Selective Vasopressin V2-Receptor Antagonists - Hormones**		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Preferred	PA; SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Preferred	PA; SP
SAMSCA ORAL TABLET 15 MG	Non Preferred	PA; SP
SAMSCA ORAL TABLET 30 MG	Preferred	PA; SP
tolvaptan oral tablet 15 mg, 30 mg	Preferred	PA; SP
Somatostatic Agents - Drugs For Growth**		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Preferred	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Non Preferred	PA; SP

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Drug	Status	Notes
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	Non Preferred	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Non Preferred	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Preferred	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Preferred	PA; SP
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Preferred	PA; SP
Tripeptidyl Peptidase 1 Deficiency Treatment - Agents - Drugs For Menopause And Bone Loss**		
BRINEURA KIT 2 X 150 MG/5ML	Carve Out	
Urea Cycle Disorder - Agents - Drugs For Menopause And Bone Loss**		
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	
PHEBURANE ORAL PELLET 483 MG/GM	Carve Out	

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Drug	Status	Notes
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 - Hormones**		
DDAVP INJECTION SOLUTION 4 MCG/ML	Non Preferred	PA
DDAVP ORAL TABLET 0.1 MG	Non Preferred	PA; QL (4 EA per 1 day)
DDAVP ORAL TABLET 0.2 MG	Non Preferred	PA; QL (5 EA per 1 day)
DDAVP PF INJECTION SOLUTION 4 MCG/ML	Non Preferred	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	Non Preferred	PA
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED 0.85 MG	Preferred	PA
desmopressin ace spray refrig nasal solution 0.01 %	Preferred	
desmopressin acetate injection solution 4 mcg/ml	Preferred	PA
desmopressin acetate nasal solution 1.5 mg/ml	Non Preferred	PA; SP
desmopressin acetate oral tablet 0.1 mg	Preferred	QL (4 EA per 1 day)
desmopressin acetate oral tablet 0.2 mg	Preferred	QL (5 EA per 1 day)
desmopressin acetate pf injection solution 4 mcg/ml	Preferred	PA
desmopressin acetate spray nasal solution 0.01 %	Preferred	
X-Linked Hypophosphatemia (Xlh) Treatment - Agents - Drugs For Menopause And Bone Loss**		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Carve Out	
***Estrogens* - Hormones**		
Estrogen & Androgen - Drugs For Women**		
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	Preferred	

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Drug	Status	Notes
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	Preferred	
est estrogens-methyltest oral tablet 1.25-2.5 mg	Preferred	
Estrogen & Progestin - Drugs For Women**		
ACTIVELLA ORAL TABLET 1-0.5 MG	Non Preferred	PA
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Preferred	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Preferred	
BIJUVA ORAL CAPSULE 0.5-100 MG	Preferred	PA
BIJUVA ORAL CAPSULE 1-100 MG	Non Preferred	PA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	Preferred	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Preferred	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Preferred	
JINTELI ORAL TABLET 1-5 MG-MCG	Preferred	
MIMVEY ORAL TABLET 1-0.5 MG	Preferred	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	Non Preferred	PA
PREMPHASE ORAL TABLET 0.625-5 MG	Preferred	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Preferred	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Preferred	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Preferred	
Estrogen-Progestin-Gnrh Antagonist - Drugs For Woman**		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Preferred	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Preferred	PA

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Drug	Status	Notes
Estrogens - Drugs For Women**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Non Preferred	PA
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
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	Non Preferred	PA
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Preferred	
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
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	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Non Preferred	PA
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non Preferred	PA
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	Non Preferred	PA
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Non Preferred	PA
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	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Preferred	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Non Preferred	PA

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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	Non Preferred	PA
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	Non Preferred	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Preferred	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Non Preferred	PA
ec-rx estradiol transdermal cream 0.4 %, 0.6 %	Non Preferred	PA
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	
estradiol 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
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	
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	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Preferred	
Estrogen-Selective Estrogen Receptor Modulator Comb - Drugs For Women**		
DUAVEE ORAL TABLET 0.45-20 MG	Preferred	PA
***Fluoroquinolones* - Drugs For Infections**		
Fluoroquinolones - Antibiotics**		
BAXDELA ORAL TABLET 450 MG	Non Preferred	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	Preferred	QL (20 ML per 1 day); AGE (Max 12 Years)
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	Preferred	QL (12 ML per 1 day)

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Drug	Status	Notes
CIPRO ORAL TABLET 250 MG, 500 MG	Non Preferred	PA; QL (2 EA per 1 day)
LEVAQUIN ORAL TABLET 250 MG, 750 MG	Non Preferred	PA
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Preferred	QL (2 EA per 1 day)
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%)	Preferred	QL (20 EA per 1 day)
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	Preferred	QL (12 ML per 1 day)
levofloxacin oral solution 25 mg/ml	Non Preferred	PA
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Preferred	
moxifloxacin hcl oral tablet 400 mg	Non Preferred	PA
ofloxacin oral tablet 300 mg, 400 mg	Non Preferred	PA
***Gastrointestinal Agents - Misc.* - Drugs For The Stomach**		
5-Ht4 Receptor Agonists - Drugs For The Stomach**		
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Non Preferred	PA
Antiflatulents - Drugs For The Stomach**		
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	Preferred	
LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION 20 MG/0.3ML	Preferred	
LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	Preferred	
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML	Preferred	
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	Preferred	
PHAZYME ORAL TABLET CHEWABLE 125 MG	Preferred	
cvs gas relief extra strength oral tablet chewable 125 mg	Preferred	
cvs gas relief infants oral suspension 20 mg/0.3ml	Preferred	

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Drug	Status	Notes
cvs gas relief oral tablet chewable 80 mg	Preferred	
cvs infants gas relief oral suspension 20 mg/0.3ml	Preferred	
drxchoice gas relief oral tablet chewable 80 mg	Preferred	
eq gas relief extra strength oral capsule 125 mg	Preferred	
eq gas relief extra strength oral tablet chewable 125 mg	Preferred	
eq gas relief oral capsule 125 mg	Preferred	
eq infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml	Preferred	
eql gas gone oral tablet chewable 125 mg	Preferred	
eql gas relief oral capsule 125 mg	Preferred	
eql infants gas relief oral suspension 20 mg/0.3ml	Preferred	
ft gas relief extra strength oral capsule 125 mg	Preferred	
ft gas relief extra strength oral tablet chewable 125 mg	Preferred	
ft gas relief infants oral suspension 20 mg/0.3ml	Preferred	
ft gas relief oral tablet chewable 80 mg	Preferred	
gas relief extra strength oral capsule 125 mg	Preferred	
gas relief extra strength oral tablet chewable 125 mg	Preferred	
gas relief infants oral suspension 20 mg/0.3ml, 40 mg/0.6ml	Preferred	
gas relief oral tablet chewable 80 mg	Preferred	
gnp gas relief extra strength oral capsule 125 mg	Preferred	
gnp gas relief extra strength oral tablet chewable 125 mg	Preferred	
gnp gas relief oral tablet chewable 80 mg	Preferred	
gnp infant gas relief oral suspension 20 mg/0.3ml	Preferred	
goodsense gas relief oral tablet chewable 125 mg	Preferred	
heartland gas relief oral tablet chewable 80 mg	Preferred	

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Drug	Status	Notes
hm gas relief infants drops oral suspension 20 mg/0.3ml	Preferred	
hm gas relief oral tablet chewable 80 mg	Preferred	
infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml	Preferred	
px gas relief extra strength oral capsule 125 mg	Preferred	
px gas relief infants oral suspension 20 mg/0.3ml	Preferred	
qc gas relief extra strength oral capsule 125 mg	Preferred	
qc gas relief extra strength oral tablet chewable 125 mg	Preferred	
qc gas relief infants oral suspension 20 mg/0.3ml	Preferred	
qc gas relief oral tablet chewable 80 mg	Preferred	
ra gas relief extra strength oral tablet chewable 125 mg	Preferred	
ra gas relief oral capsule 125 mg	Preferred	
ra gas relief oral tablet chewable 80 mg	Preferred	
sb gas relief oral suspension 40 mg/0.6ml	Preferred	
sb gas relief oral tablet chewable 125 mg	Preferred	
simeped oral suspension 40 mg/0.6ml	Preferred	
simethicone drops infants oral suspension 20 mg/0.3ml	Preferred	
simethicone extra strength oral capsule 125 mg	Preferred	
simethicone oral capsule 125 mg	Preferred	
simethicone oral suspension 40 mg/0.6ml	Preferred	
simethicone oral tablet chewable 125 mg, 80 mg	Preferred	
sm gas relief extra strength oral capsule 125 mg	Preferred	
sm gas relief infants drops oral suspension 40 mg/0.6ml	Preferred	
sm gas relief infants oral suspension 20 mg/0.3ml	Preferred	
sm gas relief oral tablet chewable 125 mg, 80 mg	Preferred	
teeny tummy gas relief drops oral suspension 20 mg/0.3ml	Preferred	

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Drug	Status	Notes
Bile Acid Synthesis Disorder Agents - Drugs For The Stomach**		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Non Preferred	PA; SP
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Constipation**		
TRULANCE ORAL TABLET 3 MG	Non Preferred	PA
Farnesoid X Receptor (Fxr) Agonists - Drugs For The Stomach**		
OCALIVA ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; SP
Gallstone Solubilizing Agents - Drugs For The Stomach**		
CHENODAL ORAL TABLET 250 MG	Non Preferred	PA; SP
RELTONE ORAL CAPSULE 200 MG, 400 MG	Non Preferred	PA
URSO 250 ORAL TABLET 250 MG	Non Preferred	PA; QL (12 EA per 1 day)
URSO FORTE ORAL TABLET 500 MG	Non Preferred	PA; QL (6 EA per 1 day)
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML	Non Preferred	PA
ursodiol oral capsule 200 mg, 400 mg	Non Preferred	PA
ursodiol oral capsule 300 mg	Preferred	QL (10 EA per 1 day)
ursodiol oral tablet 250 mg	Preferred	QL (12 EA per 1 day)
ursodiol oral tablet 500 mg	Preferred	QL (6 EA per 1 day)
Gastrointestinal Antiallergy Agents - Drugs For The Stomach**		
GASTROCROM ORAL CONCENTRATE 100 MG/5ML	Non Preferred	PA; QL (1200 ML per 24 days)
cromolyn sodium oral concentrate 100 mg/5ml	Non Preferred	PA; QL (1200 ML per 24 days)
Gastrointestinal Chloride Channel Activators - Drugs For Irritable Bowel Syndrome**		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Preferred	PA
lubiprostone oral capsule 24 mcg, 8 mcg	Preferred	PA

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Drug	Status	Notes
Gastrointestinal Stimulants - Drugs For The Stomach**		
GIMOTI NASAL SOLUTION 15 MG/ACT	Non Preferred	PA
REGLAN ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; QL (6 EA per 1 day)
metoclopramide hcl injection solution 5 mg/ml	Non Preferred	PA
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Preferred	
metoclopramide hcl oral tablet 10 mg, 5 mg	Preferred	QL (6 EA per 1 day)
metoclopramide hcl oral tablet dispersible 5 mg	Preferred	
Glucagon-Like Peptide-2 (Glp-2) Analogs - Drugs For The Stomach**		
GATTEX SUBCUTANEOUS KIT 5 MG	Carve Out	
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Constipation**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Preferred	PA
Ibs Agent - Mu-Opioid Receptor Agonists - Drugs For Irritable Bowel Syndrome**		
VIBERZI ORAL TABLET 100 MG, 75 MG	Non Preferred	PA
Ibs Agent - Selective 5-Ht3 Receptor Antagonists - Drugs For Irritable Bowel Syndrome**		
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	Non Preferred	PA
alosetron hcl oral tablet 0.5 mg, 1 mg	Non Preferred	PA
Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor - Drugs For Irritable Bowel Syndrome**		
IBSRELA ORAL TABLET 50 MG	Non Preferred	PA
Ileal Bile Acid Transporter (Ibat) Inhibitors - Drugs For The Stomach**		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Carve Out	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Carve Out	

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Drug	Status	Notes
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Carve Out	
Inflammatory Bowel Agents - Drugs For Inflammatory Bowel Disease**		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	Preferred	QL (4 EA per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	Non Preferred	PA
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG	Non Preferred	PA; QL (8 EA per 1 day)
AZULFIDINE ORAL TABLET 500 MG	Non Preferred	PA; QL (10 EA per 1 day)
CANASA RECTAL SUPPOSITORY 1000 MG	Preferred	QL (2 EA per 1 day)
COLAZAL ORAL CAPSULE 750 MG	Non Preferred	PA
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	Preferred	
DIPENTUM ORAL CAPSULE 250 MG	Non Preferred	PA
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	Preferred	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Preferred	QL (16 EA per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	Preferred	QL (8 EA per 1 day)
ROWASA RECTAL KIT 4 GM	Non Preferred	PA
SFROWASA RECTAL ENEMA 4 GM/60ML	Non Preferred	PA
balsalazide disodium oral capsule 750 mg	Preferred	
mesalamine er oral capsule extended release 24 hour 0.375 gm	Preferred	QL (4 EA per 1 day)
mesalamine er oral capsule extended release 500 mg	Preferred	QL (8 EA per 1 day)
mesalamine oral capsule delayed release 400 mg	Preferred	
mesalamine oral tablet delayed release 1.2 gm	Preferred	
mesalamine oral tablet delayed release 800 mg	Non Preferred	PA
mesalamine rectal enema 4 gm	Preferred	QL (60 ML per 1 day)

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Drug	Status	Notes
mesalamine rectal suppository 1000 mg	Preferred	QL (2 EA per 1 day)
mesalamine-cleanser rectal kit 4 gm	Non Preferred	PA
sulfasalazine oral tablet 500 mg	Preferred	QL (10 EA per 1 day)
sulfasalazine oral tablet delayed release 500 mg	Preferred	QL (8 EA per 1 day)
Integrin Receptor Antagonists - Drugs For Inflammatory Bowel Disease**		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Non Preferred	PA; SP
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML	Non Preferred	PA
Interleukin Antagonists - Drugs For Inflammatory Bowel Disease**		
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML	Non Preferred	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non Preferred	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Non Preferred	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Non Preferred	PA; SP
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Non Preferred	PA; SP
Intestinal Acidifiers - Drugs For The Stomach**		
enulose oral solution 10 gm/15ml	Preferred	QL (180 ML per 1 day)
generlac oral solution 10 gm/15ml	Preferred	QL (180 ML per 1 day)
lactulose encephalopathy oral solution 10 gm/15ml	Preferred	QL (180 ML per 1 day)
***Live Fecal Microbiota (Human)** - Drugs For The Stomach**		
VOWST ORAL CAPSULE	Preferred	
Peripheral Opioid Receptor Antagonists - Drugs For The Stomach**		
ENTEREG ORAL CAPSULE 12 MG	Non Preferred	PA

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Drug	Status	Notes
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Preferred	PA
RELISTOR ORAL TABLET 150 MG	Non Preferred	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Non Preferred	PA
SYMPROIC ORAL TABLET 0.2 MG	Non Preferred	PA
alvimopan oral capsule 12 mg	Non Preferred	PA
Phosphate Binder Agents - Drugs For The Stomach**		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	Non Preferred	PA
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Non Preferred	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Non Preferred	PA
PHOSLYRA ORAL SOLUTION 667 MG/5ML	Preferred	
RENAGEL ORAL TABLET 800 MG	Non Preferred	PA
RENVELA ORAL PACKET 0.8 GM, 2.4 GM	Non Preferred	PA
RENVELA ORAL TABLET 800 MG	Non Preferred	PA
VELPHORO ORAL TABLET CHEWABLE 500 MG	Non Preferred	PA
calcium acetate (phos binder) oral capsule 667 mg	Preferred	
calcium acetate (phos binder) oral tablet 667 mg	Non Preferred	PA
calcium acetate oral tablet 667 mg	Non Preferred	PA
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Non Preferred	PA
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Non Preferred	PA
sevelamer carbonate oral tablet 800 mg	Preferred	
sevelamer hcl oral tablet 400 mg, 800 mg	Non Preferred	PA

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Drug	Status	Notes
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi) - Drugs For Irritable Bowel Syndrome**		
VELSIPITY ORAL TABLET 2 MG	Non Preferred	PA
Tryptophan Hydroxylase Inhibitors - Drugs For Diarrhea**		
XERMELO ORAL TABLET 250 MG	Preferred	PA; SP
Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	Non Preferred	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non Preferred	PA; SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	Non Preferred	PA; SP
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Non Preferred	PA; SP
infliximab intravenous solution reconstituted 100 mg	Non Preferred	PA; SP
***Genitourinary Agents - Miscellaneous* - Drugs For The Urinary System**		
5-Alpha Reductase Inhibitors - Drugs For The Prostate**		
AVODART ORAL CAPSULE 0.5 MG	Non Preferred	PA
PROSCAR ORAL TABLET 5 MG	Non Preferred	PA; QL (1 EA per 1 day)
dutasteride oral capsule 0.5 mg	Preferred	
finasteride oral tablet 5 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
Alpha 1-Adrenoceptor Antagonists - Drugs For The Prostate**		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Non Preferred	PA
FLOMAX ORAL CAPSULE 0.4 MG	Non Preferred	PA; QL (2 EA per 1 day)
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Non Preferred	PA
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	Non Preferred	PA; QL (1 EA per 1 day)
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Preferred	QL (1 EA per 1 day)
silodosin oral capsule 4 mg, 8 mg	Non Preferred	PA
tamsulosin hcl oral capsule 0.4 mg	Preferred	QL (2 EA per 1 day)
Citrates - Drugs For Infections**		
ORACIT ORAL SOLUTION 490-640 MG/5ML	Non Preferred	PA
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG)	Non Preferred	PA; QL (10 EA per 1 day)
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)	Non Preferred	PA; QL (6 EA per 1 day)
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	Non Preferred	PA; QL (20 EA per 1 day)
cytra k crystals oral packet 3300-1002 mg	Preferred	QL (4 EA per 1 day)
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	Preferred	QL (4 ML per 1 day)
potassium citrate er oral tablet extended release 10 meq (1080 mg)	Preferred	QL (10 EA per 1 day)
potassium citrate er oral tablet extended release 15 meq (1620 mg)	Preferred	QL (6 EA per 1 day)
potassium citrate er oral tablet extended release 5 meq (540 mg)	Preferred	QL (20 EA per 1 day)
potassium citrate-citric acid oral solution 1100-334 mg/5ml	Preferred	
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml	Preferred	QL (120 ML per 1 day)

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Drug	Status	Notes
tricitrates oral solution 550-500-334 mg/5ml	Preferred	QL (4 ML per 1 day)
Cystinosis Agents - Drugs For The Urinary System**		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Carve Out	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Carve Out	
PROCYSBI ORAL PACKET 300 MG, 75 MG	Carve Out	
Genitourinary Irrigants - Drugs For The Urinary System**		
acetic acid irrigation solution 0.25 %	Preferred	
sodium chloride irrigation solution 0.9 %	Preferred	
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag - Drugs For The Urinary System**		
FILSPARI ORAL TABLET 200 MG, 400 MG	Preferred	PA
Interstitial Cystitis Agents - Drugs For The Urinary System**		
ELMIRON ORAL CAPSULE 100 MG	Preferred	PA
RIMSO-50 INTRAVESICAL SOLUTION 50 %	Preferred	PA
pentosan polysulfate sodium oral capsule delayed release 150 mg, 200 mg	Preferred	PA
Phosphates - Drugs For Infections**		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Preferred	
Prostatic Hypertrophy Agent Combinations - Drugs For The Prostate**		
ENTADFI ORAL CAPSULE 5-5 MG	Non Preferred	PA
JALYN ORAL CAPSULE 0.5-0.4 MG	Non Preferred	PA
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Non Preferred	PA

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Drug	Status	Notes
Small Interfering Ribonucleic Acid Agents (Sirna) - Drugs For The Urinary System**		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	Carve Out	
Urinary Analgesics - Drugs For Infections**		
PHENAZO ORAL TABLET 200 MG	Preferred	QL (3 EA per 1 day)
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Non Preferred	PA; QL (3 EA per 1 day)
phenazopyridine hcl oral tablet 100 mg, 200 mg	Preferred	QL (3 EA per 1 day)
Urinary Stone Agents - Drugs For The Urinary System**		
LITHOSTAT ORAL TABLET 250 MG	Preferred	PA
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Preferred	PA
THIOLA ORAL TABLET 100 MG	Non Preferred	PA
tiopronin oral tablet 100 mg	Preferred	PA
***Gout Agents* - Drugs For Pain And Fever**		
Gout Agent Combinations - Gout Drugs**		
colchicine-probenecid oral tablet 0.5-500 mg	Preferred	QL (3 EA per 1 day)
Gout Agents - Gout Drugs**		
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Preferred	PA
COLCRYS ORAL TABLET 0.6 MG	Non Preferred	PA
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Carve Out	
MITIGARE ORAL CAPSULE 0.6 MG	Non Preferred	PA; QL (3 EA per 1 day)
ULORIC ORAL TABLET 40 MG, 80 MG	Non Preferred	PA
ZYLOPRIM ORAL TABLET 100 MG	Non Preferred	PA; QL (6 EA per 1 day)
ZYLOPRIM ORAL TABLET 300 MG	Non Preferred	PA; QL (4 EA per 1 day)
allopurinol oral tablet 100 mg	Preferred	QL (6 EA per 1 day)
allopurinol oral tablet 200 mg	Non Preferred	PA
allopurinol oral tablet 300 mg	Preferred	QL (4 EA per 1 day)

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Drug	Status	Notes
allopurinol sodium intravenous solution reconstituted 500 mg	Preferred	PA
colchicine oral capsule 0.6 mg	Non Preferred	PA; QL (3 EA per 1 day)
colchicine oral tablet 0.6 mg	Preferred	
febuxostat oral tablet 40 mg, 80 mg	Non Preferred	PA
Uricosurics - Gout Drugs**		
probenecid oral tablet 500 mg	Preferred	QL (3 EA per 1 day)
***Hematological Agents - Misc.* - Drugs For The Blood**		
Aminolevulinate Synthase 1-Directed Sirna - Drugs For The Blood**		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Carve Out	
Antihemophilic Products - Gene Therapy Agents - Drugs To Prevent Bleeding**		
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	
Antihemophilic Products - Monoclonal Antibodies - Drugs For The Blood**		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	Carve Out	

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Drug	Status	Notes
Antihemophilic Products - Drugs To Prevent Bleeding**		
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, 750 UNIT	Carve Out	
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	

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Drug	Status	Notes
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, 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, 500 UNIT	Carve Out	
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT	Carve Out	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Carve Out	

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Drug	Status	Notes
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	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Carve Out	

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Drug	Status	Notes
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 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 - Drugs For The Blood**		
CABLIVI INJECTION KIT 11 MG	Carve Out	
Bradykinin B2 Receptor Antagonists - Drugs For The Blood**		
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 - Drugs For The Blood**		
BERINERT INTRAVENOUS KIT 500 UNIT	Carve Out	

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Drug	Status	Notes
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Carve Out	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	Carve Out	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	Carve Out	
Complement C1 Inhibitors - Drugs For The Blood**		
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML	Carve Out	
Complement C3 Inhibitors - Drugs For The Blood**		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Carve Out	
Complement C5 Inhibitors - Drugs For The Blood**		
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	
Complement C5a Receptor Inhibitors - Drugs For The Blood**		
TAVNEOS ORAL CAPSULE 10 MG	Carve Out	
Complement Factor B Inhibitors - Drugs For The Blood**		
FABHALTA ORAL CAPSULE 200 MG	Carve Out	
Direct-Acting P2y12 Inhibitors - Drugs For The Blood**		
BRILINTA ORAL TABLET 60 MG, 90 MG	Preferred	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Non Preferred	PA

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Drug	Status	Notes
Hematorheologic Agents - Drugs For The Blood**		
pentoxifylline er oral tablet extended release 400 mg	Preferred	QL (4 EA per 1 day)
Hemin - Drugs For The Blood**		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	Preferred	PA
Human Protein C - Drugs For The Blood**		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Preferred	PA; SP
Phosphodiesterase Iii Inhibitors - Drugs For The Blood**		
cilostazol oral tablet 100 mg, 50 mg	Preferred	
Plasma Kallikrein Inhibitors - Monoclonal Antibodies - Drugs For The Blood**		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Carve Out	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Carve Out	
Plasma Kallikrein Inhibitors - Drugs For The Blood**		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	Carve Out	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Carve Out	
Plasma Proteins - Drugs For The Blood**		
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG	Carve Out	
Platelet Aggregation Inhibitor Combinations - Drugs For The Blood**		
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	Non Preferred	PA
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Preferred	

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Drug	Status	Notes
Platelet Aggregation Inhibitors - Drugs For The Blood**		
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG	Non Preferred	PA
dipyridamole oral tablet 25 mg	Preferred	QL (10 EA per 1 day)
dipyridamole oral tablet 50 mg	Preferred	QL (8 EA per 1 day)
dipyridamole oral tablet 75 mg	Preferred	QL (4 EA per 1 day)
Protamine - Drugs For The Blood**		
protamine sulfate intravenous solution 10 mg/ml	Preferred	PA
Protease-Activated Receptor-1 (Par-1) Antagonists - Drugs For The Blood**		
ZONTIVITY ORAL TABLET 2.08 MG	Non Preferred	PA
Pyruvate Kinase Activators - Drugs For The Blood**		
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 - Drugs For The Blood**		
AGRYLIN ORAL CAPSULE 0.5 MG	Non Preferred	PA
anagrelide hcl oral capsule 0.5 mg, 1 mg	Preferred	
Spleen Tyrosine Kinase (Syk) Inhibitors - Drugs For The Blood**		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Non Preferred	PA; SP
Thienopyridine Derivatives - Drugs For The Blood**		
EFFIENT ORAL TABLET 10 MG, 5 MG	Non Preferred	PA
PLAVIX ORAL TABLET 75 MG	Non Preferred	PA; QL (1 EA per 1 day)
clopidogrel bisulfate oral tablet 300 mg	Preferred	QL (2 EA per 1 day)
clopidogrel bisulfate oral tablet 75 mg	Preferred	QL (1 EA per 1 day)
prasugrel hcl oral tablet 10 mg, 5 mg	Preferred	

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Drug	Status	Notes
Tissue Plasminogen Activators - Drugs For The Blood**		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Preferred	PA
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG	Preferred	PA
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	Non Preferred	PA
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	Non Preferred	PA
TNKASE INTRAVENOUS KIT 50 MG	Preferred	PA
***Hematopoietic Agents* - Drugs For Nutrition**		
Agents For Gaucher Disease - Drugs For Nutrition**		
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 - Drugs For Nutrition**		
CASGEVY INTRAVENOUS SUSPENSION	Carve Out	
LYFGENIA INTRAVENOUS SUSPENSION	Carve Out	
Amino Acids - Drugs For Nutrition**		
ENDARI ORAL PACKET 5 GM	Preferred	PA; SP
Cobalamin Combinations - Drugs For Nutrition**		
lipo-b intramuscular solution	Preferred	PA

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Drug	Status	Notes
Cobalamins - Drugs For Nutrition**		
DODEX INJECTION SOLUTION 1000 MCG/ML	Preferred	
cyanocobalamin injection solution 1000 mcg/ml, 2000 mcg/ml	Preferred	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	Preferred	PA
methylcobalamin injection solution 150 mg/30ml, 30 mg/30ml, 300 mg/30ml	Preferred	PA
methylcobalamin injection solution reconstituted 10000 mcg, 50000 mcg	Preferred	PA
physicians ez use b-12 injection kit 1000 mcg/ml	Preferred	PA
vitamin deficiency system-b12 injection kit 1000 mcg/ml	Preferred	PA
Cxcr4 Receptor Antagonist - Drugs For Nutrition**		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG	Preferred	PA
Cytotoxic Agents - Drugs For Nutrition**		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Preferred	
SIKLOS ORAL TABLET 100 MG, 1000 MG	Preferred	PA; SP
Erythroid Maturation Agents - Drugs For Nutrition**		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	Carve Out	
Erythropoiesis-Stimulating Agents (Esas) - Drugs For Nutrition**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Preferred	PA

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Drug	Status	Notes
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
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Non Preferred	PA
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
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Non Preferred	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Preferred	PA
Folic Acid/Folates - Drugs For Nutrition**		
FA-8 ORAL CAPSULE 0.8 MG	Preferred	
cvs folic acid oral tablet 800 mcg	Preferred	QL (5 EA per 1 day)
folic acid injection solution 5 mg/ml	Preferred	PA
folic acid oral capsule 0.8 mg	Preferred	
folic acid oral tablet 1 mg, 800 mcg	Preferred	QL (5 EA per 1 day)
kp folic acid oral tablet 1 mg, 800 mcg	Preferred	QL (5 EA per 1 day)
qc folic acid oral tablet 800 mcg	Preferred	QL (5 EA per 1 day)
ra folic acid oral tablet 800 mcg	Preferred	QL (5 EA per 1 day)
Granulocyte Colony-Stimulating Factors (G-Csf) - Drugs For Nutrition**		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA

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Drug	Status	Notes
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Preferred	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Preferred	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	Non Preferred	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Preferred	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Preferred	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Non Preferred	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Non Preferred	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML	Non Preferred	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML	Non Preferred	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	Non Preferred	PA

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Drug	Status	Notes
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Non Preferred	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Non Preferred	PA
releuko injection solution 480 mcg/1.6ml	Non Preferred	PA
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	Non Preferred	PA
Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf) - Drugs For Nutrition**		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Non Preferred	PA
***Hematopoietic Autologous Cellular Gene Therapy** - Drugs For Nutrition**		
ZYNTEGLO INTRAVENOUS SUSPENSION	Carve Out	
Hemoglobin S (Hbs) Polymerization Inhibitors - Drugs For Nutrition**		
OXBRYTA ORAL TABLET 300 MG, 500 MG	Non Preferred	PA; SP
OXBRYTA ORAL TABLET SOLUBLE 300 MG	Non Preferred	PA; SP
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors - Drugs For Nutrition**		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Preferred	PA
Iron Combinations - Drugs For Nutrition**		
ABATRON AF ORAL TABLET 150-1 MG	Preferred	QL (1 EA per 1 day)
FERREX 150 FORTE ORAL CAPSULE 150-0.025-1 MG	Preferred	
FERROCITE PLUS ORAL TABLET 106-1 MG	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	Preferred	QL (1 EA per 1 day)
HEMATOGEN ORAL CAPSULE	Preferred	
HEMATRON-AF ORAL TABLET 150-1 MG	Preferred	
HEMAX EZY-DOSE ORAL TABLET 150-1 MG	Preferred	
HEMAX ORAL TABLET 150-1 MG	Preferred	QL (1 EA per 1 day)
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Preferred	
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	Preferred	QL (1 EA per 1 day)
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG	Preferred	QL (1 EA per 1 day)
TRICON ORAL CAPSULE	Preferred	QL (2 EA per 1 day)
fe c tab oral tablet 100-250 mg	Preferred	QL (1 EA per 1 day)
fe c tab plus oral tablet 100-250-0.025-1 mg	Preferred	QL (1 EA per 1 day)
ferocon oral capsule	Preferred	QL (2 EA per 1 day)
ferotrinsic oral capsule	Preferred	QL (2 EA per 1 day)
foltrin oral capsule	Preferred	QL (2 EA per 1 day)
gentle iron oral capsule 28-60-0.008-0.4 mg	Preferred	
hematinic plus vit/minerals oral tablet 106-1 mg	Preferred	QL (1 EA per 1 day)
iron 100 plus oral tablet 100-250-0.025-1 mg	Preferred	QL (1 EA per 1 day)
iron 100/c oral tablet 100-250 mg	Preferred	QL (1 EA per 1 day)
iron complex oral capsule	Preferred	
iron-vitamin c oral tablet 100-250 mg	Preferred	QL (1 EA per 1 day)
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	Preferred	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	Preferred	
purevit dualfe plus oral capsule 162-115.2-1 mg	Preferred	QL (1 EA per 1 day)
se-tan plus oral capsule 162-115.2-1 mg	Preferred	QL (1 EA per 1 day)
trigels-f forte oral capsule 460-60-0.01-1 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
Iron - Drugs For Nutrition**		
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	Preferred	
FEROSUL ORAL TABLET 325 (65 FE) MG	Preferred	QL (3 EA per 1 day)
GOODSENSE IRON ORAL TABLET 325 MG	Preferred	QL (3 EA per 1 day)
INFED INJECTION SOLUTION 50 MG/ML	Preferred	PA
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML	Preferred	PA
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML	Preferred	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	Preferred	PA
cvs iron oral tablet 325 (65 fe) mg	Preferred	QL (3 EA per 1 day)
eql iron supplement therapy oral tablet 325 mg	Preferred	QL (3 EA per 1 day)
fe tabs oral tablet delayed release 325 (65 fe) mg	Preferred	
ferrous gluconate oral tablet 324 (37.5 fe) mg	Preferred	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	Preferred	QL (35 ML per 1 day)
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	Preferred	
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml	Preferred	
ferrous sulfate oral syrup 300 (60 fe) mg/5ml	Preferred	
ferrous sulfate oral tablet 325 (65 fe) mg	Preferred	QL (3 EA per 1 day)
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg	Preferred	
fe-vite iron oral solution 75 (15 fe) mg/ml	Preferred	
iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml	Preferred	
iron (ferrous sulfate) oral tablet 325 (65 fe) mg	Preferred	QL (3 EA per 1 day)
iron high-potency oral tablet 325 mg	Preferred	QL (3 EA per 1 day)

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Drug	Status	Notes
iron infant & toddler oral solution 75 (15 fe) mg/ml	Preferred	
iron infant/toddler oral solution 75 (15 fe) mg/ml	Preferred	
iron oral tablet 325 (65 fe) mg	Preferred	QL (3 EA per 1 day)
iron supplement childrens oral solution 75 (15 fe) mg/ml	Preferred	
iron supplement oral elixir 220 (44 fe) mg/5ml	Preferred	QL (35 ML per 1 day)
iron supplement oral solution 220 (44 fe) mg/5ml	Preferred	
kp ferrous gluconate oral tablet 324 (37.5 fe) mg	Preferred	
kp ferrous sulfate oral tablet 325 (65 fe) mg	Preferred	QL (3 EA per 1 day)
meijer ferrous sulfate oral tablet 325 (65 fe) mg	Preferred	QL (3 EA per 1 day)
nat-rul iron oral tablet 325 mg	Preferred	QL (3 EA per 1 day)
pc pediatric iron drops oral solution 75 (15 fe) mg/ml	Preferred	
qc ferrous sulfate oral tablet 325 (65 fe) mg	Preferred	QL (3 EA per 1 day)
ra iron oral tablet 325 (65 fe) mg	Preferred	QL (3 EA per 1 day)
sm iron oral tablet 325 (65 fe) mg	Preferred	QL (3 EA per 1 day)
sv iron oral tablet 325 (65 fe) mg	Preferred	QL (3 EA per 1 day)
Selectin Blockers - Drugs For Nutrition**		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	Carve Out	
Thrombopoietin (Tpo) Receptor Agonists - Drugs For Nutrition**		
DOPTELET ORAL TABLET 20 MG	Non Preferred	PA; SP
MULPLETA ORAL TABLET 3 MG	Non Preferred	PA; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG	Non Preferred	PA; SP
PROMACTA ORAL PACKET 12.5 MG, 25 MG	Non Preferred	PA; SP

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Drug	Status	Notes
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Preferred	PA; SP
***Hemostatics* - Drugs For The Blood**		
Hemostatics - Systemic - Drugs To Prevent Bleeding**		
AMICAR ORAL SOLUTION 0.25 GM/ML	Non Preferred	PA
AMICAR ORAL TABLET 1000 MG, 500 MG	Non Preferred	PA
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	Preferred	PA
LYSTEDA ORAL TABLET 650 MG	Non Preferred	PA
aminocaproic acid intravenous solution 250 mg/ml	Preferred	PA
aminocaproic acid oral solution 0.25 gm/ml	Preferred	
aminocaproic acid oral tablet 1000 mg, 500 mg	Preferred	
tranexamic acid intravenous solution 1000 mg/10ml	Preferred	PA
tranexamic acid oral tablet 650 mg	Preferred	
tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%	Preferred	PA
***Hypnotics/Sedatives/Sleep Disorder Agents* - Drugs For The Nervous System**		
Barbiturate Hypnotics - Drugs For Insomnia**		
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	Preferred	PA
NEMBUTAL INJECTION SOLUTION 50 MG/ML	Preferred	PA
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Preferred	PA
pentobarbital sodium injection solution 50 mg/ml	Preferred	PA
phenobarbital oral elixir 20 mg/5ml	Preferred	QL (50 ML per 1 day)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg	Preferred	QL (2 EA per 1 day)

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Drug	Status	Notes
phenobarbital oral tablet 64.8 mg	Preferred	QL (3 EA per 1 day)
Benzodiazepine Hypnotics - Drugs For Seizures /Personality Disorder/Nerve Pain**		
DORAL ORAL TABLET 15 MG	Non Preferred	PA
HALCION ORAL TABLET 0.25 MG	Non Preferred	PA; NOTES (AGE*)
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Non Preferred	PA
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Non Preferred	PA; NOTES (AGE*)
estazolam oral tablet 1 mg, 2 mg	Non Preferred	PA; NOTES (AGE*)
flurazepam hcl oral capsule 15 mg, 30 mg	Non Preferred	PA
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	Preferred	
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	
midazolam hcl intravenous solution 150 mg/30ml	Preferred	
midazolam hcl oral syrup 2 mg/ml	Non Preferred	PA
midazolam hcl-sodium chloride intravenous solution prefilled syringe 2-0.9 mg/2ml-%, 30-0.9 mg/30ml-%, 5-0.9 mg/5ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%, 60-0.9 mg/30ml-%	Non Preferred	PA
quazepam oral tablet 15 mg	Non Preferred	PA
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Preferred	NOTES (AGE*)
triazolam oral tablet 0.125 mg, 0.25 mg	Preferred	NOTES (AGE*)
Hypnotics - Tricyclic Agents - Drugs For Insomnia**		
SILENOR ORAL TABLET 3 MG, 6 MG	Non Preferred	PA; NOTES (AGE*)
doxepin hcl oral tablet 3 mg, 6 mg	Non Preferred	PA; NOTES (AGE*)
Non-Benzodiazepine - Gaba-Receptor Modulators - Drugs For Insomnia**		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG	Non Preferred	PA

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Drug	Status	Notes
AMBIEN ORAL TABLET 10 MG, 5 MG	Non Preferred	PA
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Non Preferred	PA; NOTES (AGE*)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	Non Preferred	PA; NOTES (AGE*)
ZOLPIMIST ORAL SOLUTION 5 MG/ACT	Non Preferred	PA
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Non Preferred	PA; NOTES (AGE*)
zaleplon oral capsule 10 mg, 5 mg	Non Preferred	PA; NOTES (AGE*)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Preferred	NOTES (AGE*)
zolpidem tartrate oral capsule 7.5 mg	Non Preferred	PA
zolpidem tartrate oral tablet 10 mg, 5 mg	Preferred	NOTES (AGE*)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	Non Preferred	PA; NOTES (AGE*)
Orexin Receptor Antagonists - Drugs For Insomnia**		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Non Preferred	PA; NOTES (AGE*)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Non Preferred	PA; NOTES (AGE*)
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Non Preferred	PA
Selective Alpha2-Adrenoreceptor Agonist Sedatives - Drugs For Insomnia**		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Preferred	PA
Selective Melatonin Receptor Agonists - Drugs For Insomnia**		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Non Preferred	PA
HETLIOZ ORAL CAPSULE 20 MG	Non Preferred	PA; SP
ROZEREM ORAL TABLET 8 MG	Non Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years)
ramelteon oral tablet 8 mg	Preferred	PA; QL (1 EA per 1 day); NOTES (AGE*); AGE (Min 18 Years)

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Drug	Status	Notes
tasimelteon oral capsule 20 mg	Non Preferred	PA; SP
***Laxatives* - Drugs For The Stomach**		
Bowel Evacuant Combinations - Drugs To Prevent Constipation**		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	Non Preferred	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Preferred	QL (4000 ML per 1 day)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Preferred	QL (4000 ML per 1 day)
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	Non Preferred	PA; QL (4000 ML per 1 day)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	Non Preferred	PA
PEG-PREP ORAL KIT 5-210 MG-GM	Non Preferred	PA
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	Non Preferred	PA
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM	Non Preferred	PA
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	Non Preferred	PA
SUTAB ORAL TABLET 1479-225-188 MG	Non Preferred	PA
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Non Preferred	PA
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Preferred	QL (4000 ML per 1 day)
peg-3350/electrolytes oral solution reconstituted 236 gm	Preferred	QL (4000 ML per 1 day)
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	Non Preferred	PA
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	Non Preferred	PA

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Drug	Status	Notes
Bulk Laxatives - Drugs To Prevent Constipation**		
KONSYL DAILY PSYLLIUM FIBER ORAL POWDER 25 %	Preferred	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %	Preferred	
ONELAX FIBER THERAPY ORAL POWDER 25 %	Preferred	
REGULOID ORAL POWDER 28.3 %, 43 %, 48.57 %, 51.7 %	Preferred	
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 43 %, 48.57 %, 51.7 %, 58.6 %	Preferred	
cvs natural daily fiber oral powder 48.57 %, 58.6 %	Preferred	
cvs natural fiber supplement oral powder 100 %	Preferred	
daily fiber oral powder 43 %, 51.7 %	Preferred	
eq daily fiber oral powder 25 %, 51.7 %	Preferred	
eql natural fiber oral powder 28.3 %, 58.6 %	Preferred	
eql smooth texture fiber oral powder 51.7 %	Preferred	
fiber oral powder 28.3 %	Preferred	
ft fiber oral powder 25 %, 43 %, 51.7 %	Preferred	
geri-mucil oral powder 25 %, 51.7 %	Preferred	
gnp fiber oral powder 43 %	Preferred	
gnp natural fiber oral powder 28.3 %	Preferred	
goodsense psyllium fiber oral powder 51.7 %	Preferred	
hm fiber powder oral powder 25 %, 43 %	Preferred	
konsyl daily fiber oral powder 28.3 %	Preferred	
natural fiber laxative oral powder 28.3 %, 58.6 %	Preferred	
natural fiber oral powder 58.6 %	Preferred	
natural fiber therapy oral powder 30 %	Preferred	
natural psyllium seed oral powder 100 %	Preferred	
psyldex oral powder 30 %	Preferred	

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Drug	Status	Notes
qc fiber therapy oral powder 25 %, 51.7 %	Preferred	
qc natural vegetable oral powder 95 %	Preferred	
qc psyllium fiber oral powder 43 %	Preferred	
ra multihealth fiber oral powder 48.57 %, 58.6 %	Preferred	
sb fib lax orange oral powder 30 %, 33 %	Preferred	
sb natural fiber laxative oral powder 49 %	Preferred	
sm fiber powder oral powder 25 %	Preferred	
Laxatives - Miscellaneous - Drugs To Prevent Constipation**		
AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM	Preferred	
CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	
CVS PURELAX ORAL POWDER 17 GM/SCOOP	Preferred	
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	
GIALAX ORAL KIT	Non Preferred	PA
GLYCOLAX ORAL POWDER 17 GM/SCOOP	Preferred	
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP	Preferred	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	Non Preferred	PA
MM CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	

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Drug	Status	Notes
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	Preferred	
SMOOTH LAX ORAL POWDER 17 GM/SCOOP	Preferred	
constulose oral solution 10 gm/15ml	Preferred	QL (180 ML per 1 day)
cvs glycerin adult rectal suppository 2 gm, 2.1 gm	Preferred	
cvs glycerin child rectal suppository 1 gm	Preferred	
ft clearlax oral powder 17 gm/scoop	Preferred	
gavilax oral powder 17 gm/scoop	Preferred	
gentlelax oral powder 17 gm/scoop	Preferred	
glycerin (adult) rectal suppository 2 gm, 2.1 gm	Preferred	
glycerin (child) rectal suppository 1.2 gm	Preferred	
glycerin (infants & children) rectal suppository 1 gm, 1.2 gm	Preferred	
glycerin (pediatric) rectal suppository 1.2 gm	Preferred	
glycerin adult rectal suppository 2 gm	Preferred	
glycerin childrens rectal suppository 1 gm	Preferred	
gnp glycerin (adult) rectal suppository 2.1 gm	Preferred	
gnp glycerin child rectal suppository 1.2 gm	Preferred	
lactulose oral packet 10 gm	Non Preferred	PA
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Preferred	QL (180 ML per 1 day)
peg 3350 oral powder 17 gm/scoop	Preferred	
polyethylene glycol 3350 oral powder 17 gm/scoop	Preferred	
px glycerin rectal suppository 2.1 gm	Preferred	
qc natura-lax oral powder 17 gm/scoop	Preferred	
ra glycerin adult rectal suppository 80.7 %	Preferred	
ra glycerin child rectal suppository 80.7 %	Preferred	
ra laxative oral powder 17 gm/scoop	Preferred	
sb glycerin adult rectal suppository 2.1 gm	Preferred	
sb glycerin pediatric rectal suppository 1.2 gm	Preferred	

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Drug	Status	Notes
sb polyethylene glycol 3350 oral powder 17 gm/scoop	Preferred	
sm glycerin pediatric rectal suppository 1.2 gm, 80.7 %	Preferred	
Lubricant Laxatives - Drugs To Prevent Constipation**		
mineral oil heavy oral oil	Non Preferred	PA
Saline Laxative Mixtures - Drugs To Prevent Constipation**		
OSMOPREP ORAL TABLET 1.102-0.398 GM	Non Preferred	PA
cvs enema disposable rectal enema 19-7 gm/118ml	Preferred	
cvs enema ready-to-use rectal enema 7-19 gm/118ml	Preferred	
enema disposable rectal enema	Preferred	
enema pediatric rectal enema 3.5-9.5 gm/59ml	Preferred	
enema ready-to-use rectal enema 7-19 gm/118ml	Preferred	
enema rectal enema , 7-19 gm/118ml	Preferred	
eq enema rectal enema 19-7 gm/118ml	Preferred	
eql ready-to-use enema rectal enema , 7-19 gm/118ml	Preferred	
goodsense enema rectal enema 19-7 gm/118ml, 7-19 gm/118ml	Preferred	
hm enema rectal enema 7-19 gm/118ml	Preferred	
qc enema rectal enema 16-6 gm/133ml	Preferred	
ra enema rectal enema 7-19 gm/118ml	Preferred	
ra saline enema rectal enema 19-7 gm/118ml	Preferred	
sm enema rectal enema , 7-19 gm/118ml	Preferred	
Saline Laxatives - Drugs To Prevent Constipation**		
CITROMA ORAL SOLUTION 1.745 GM/30ML	Preferred	

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Drug	Status	Notes
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	Preferred	
DULCOLAX ORAL SUSPENSION 1200 MG/15ML	Preferred	
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML	Preferred	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML	Preferred	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	Preferred	
citrate of magnesia oral solution	Preferred	
cvs magnesium citrate oral solution 1.745 gm/30ml	Preferred	
cvs milk of magnesia oral suspension 1200 mg/15ml, 400 mg/5ml	Preferred	
eq magnesium citrate oral solution 1.745 gm/30ml	Preferred	
eql milk of magnesia oral suspension 1200 mg/15ml, 400 mg/5ml	Preferred	
ft magnesium citrate oral solution 1.745 gm/30ml	Preferred	
ft milk of magnesia oral suspension 1200 mg/15ml	Preferred	
gnp magnesium citrate oral solution 1.745 gm/30ml	Preferred	
gnp milk of magnesia oral suspension 1200 mg/15ml	Preferred	
goodsense magnesium citrate oral solution 1.745 gm/30ml	Preferred	
goodsense milk of magnesia oral suspension 1200 mg/15ml	Preferred	
hm magnesium citrate oral solution 1.745 gm/30ml	Preferred	
hm milk of magnesia oral suspension 1200 mg/15ml	Preferred	

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Drug	Status	Notes
magnesium citrate oral solution 1.745 gm/30ml	Preferred	
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %	Preferred	
px milk of magnesia oral suspension 1200 mg/15ml	Preferred	
qc magnesium citrate oral solution 1.745 gm/30ml	Preferred	
qc milk of magnesia oral suspension 400 mg/5ml	Preferred	
ra magnesium citrate oral solution 1.745 gm/30ml	Preferred	
ra milk of magnesia oral suspension 400 mg/5ml	Preferred	
sb magnesium citrate oral solution 1.745 gm/30ml	Preferred	
sb milk of magnesia oral suspension 400 mg/5ml	Preferred	
sm magnesium citrate oral solution 1.745 gm/30ml	Preferred	
sm milk of magnesia oral suspension 1200 mg/15ml	Preferred	
Stimulant Laxatives - Drugs To Prevent Constipation**		
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG	Preferred	QL (3 EA per 1 day)
EVAC-U-GEN ORAL TABLET 8.6 MG	Preferred	
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG	Preferred	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	Preferred	QL (3 EA per 1 day)
FEENAMINT ORAL TABLET DELAYED RELEASE 5 MG	Preferred	QL (3 EA per 1 day)
MEDI-LAX ORAL TABLET 15 MG	Preferred	
ONELAX RECTAL SUPPOSITORY 10 MG	Preferred	QL (1 EA per 1 day)
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML	Preferred	
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG	Preferred	

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Drug	Status	Notes
SENNA SMOOTH ORAL TABLET 15 MG	Preferred	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG	Preferred	
SENOKOT ORAL TABLET 8.6 MG	Preferred	
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	Preferred	QL (1 EA per 1 day)
bisacodyl ec oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
bisacodyl laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
bisacodyl oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
bisacodyl rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
cvs c-lax laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
cvs gentle laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
cvs gentle laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
cvs gentle laxative womens oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
cvs laxative pills max st oral tablet 25 mg	Preferred	
cvs senna oral tablet 8.6 mg	Preferred	
cvs senna-extra oral tablet 17.2 mg	Preferred	
eq gentle laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
eq laxative maximum strength oral tablet 25 mg	Preferred	
eq natural laxative oral tablet 8.6 mg	Preferred	
eq natural vegetable laxative oral tablet 8.6 mg	Preferred	
eq vegetable laxative oral tablet 8.6 mg	Preferred	
eql gentle laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
eql laxative maximum strength oral tablet 25 mg	Preferred	
eql laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
eql senna laxative oral tablet 8.6 mg	Preferred	
ft gentle laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
ft laxative oral tablet delayed release 5 mg	Preferred	

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Drug	Status	Notes
ft senna laxatives oral tablet 8.6 mg	Preferred	
gentle laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
gentle laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
geri-kot oral tablet 8.6 mg	Preferred	
gnp gentle laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
gnp gentle laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
gnp senna lax oral tablet 8.6 mg	Preferred	
gnp womens gentle laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
goodsense bisacodyl ec oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
goodsense bisacodyl laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
goodsense laxative pills oral tablet 25 mg	Preferred	
goodsense senna laxative oral tablet 8.6 mg	Preferred	
goodsense womens laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
hm gentle laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
hm laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
hm senna oral tablet 8.6 mg	Preferred	
kp bisacodyl oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
kp senna oral tablet 8.6 mg	Preferred	
laxative max str oral tablet 25 mg	Preferred	
laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
laxative pills oral tablet 15 mg	Preferred	
laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
laxative regular strength oral tablet 15 mg	Preferred	
medi-natural oral tablet 8.6 mg	Preferred	
natural senna laxative oral tablet 8.6 mg	Preferred	
px laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
px vegetable laxative oral tablet 8.6 mg	Preferred	

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Drug	Status	Notes
qc gentle laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
qc gentle laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
qc gentle laxative womens oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
qc laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
qc senna oral tablet 8.6 mg	Preferred	
qc vegetable laxative oral tablet 8.6 mg	Preferred	
ra fast relief laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
ra laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
ra womens laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
sb bisacodyl laxative ec oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
sb gentle lax-women oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
sb laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
sb senna-lax oral tablet 8.6 mg	Preferred	
senexon oral liquid 8.8 mg/5ml	Preferred	
senna lax oral tablet 8.6 mg	Preferred	
senna laxative oral tablet 8.6 mg	Preferred	
senna oral liquid 8.8 mg/5ml	Preferred	
senna oral syrup 8.8 mg/5ml	Preferred	
senna oral tablet 8.6 mg	Preferred	
senna-lax oral tablet 8.6 mg	Preferred	
senna-tabs oral tablet 8.6 mg	Preferred	
senna-time oral tablet 8.6 mg	Preferred	
sennazon oral syrup 8.8 mg/5ml	Preferred	
sennosides oral tablet 8.6 mg	Preferred	
sm gentle laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
sm laxative rectal suppository 10 mg	Preferred	QL (1 EA per 1 day)
sm senna laxative oral tablet 8.6 mg	Preferred	

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Drug	Status	Notes
womans laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
womens laxative oral tablet delayed release 5 mg	Preferred	QL (3 EA per 1 day)
Surfactant Laxatives - Drugs To Prevent Constipation**		
CORRECTOL EXTRA GENTLE ORAL CAPSULE 100 MG	Preferred	QL (6 EA per 1 day)
DOCU LIQUID ORAL LIQUID 100 MG/10ML	Preferred	
DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG	Preferred	
DOK ORAL CAPSULE 100 MG	Preferred	QL (6 EA per 1 day)
DOK ORAL TABLET 100 MG	Preferred	
DQZATE ORAL CAPSULE 100 MG	Preferred	QL (6 EA per 1 day)
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG	Preferred	QL (6 EA per 1 day)
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG	Preferred	QL (6 EA per 1 day)
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	Preferred	
HEALTHY MAMA MOVE IT ALONG ORAL TABLET 100 MG	Preferred	
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML	Preferred	
PHILLIPS STOOL SOFTENER ORAL CAPSULE 100 MG	Preferred	QL (6 EA per 1 day)
PROMOLAXIN ORAL TABLET 100 MG	Preferred	
SURFAK ORAL CAPSULE 240 MG	Preferred	QL (2 EA per 1 day)
cvs mini enema kids rectal enema 100 mg/5ml	Preferred	
cvs mini enema rectal enema 20-283 mg	Preferred	
cvs stool softener oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
cvs stool softener oral capsule 240 mg	Preferred	QL (2 EA per 1 day)
docqlace oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
docu oral liquid 50 mg/5ml	Preferred	

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Drug	Status	Notes
docuprene oral tablet 100 mg	Preferred	
docusate calcium oral capsule 240 mg	Preferred	QL (2 EA per 1 day)
docusate sodium oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
docusate sodium oral liquid 100 mg/10ml, 150 mg/15ml, 50 mg/5ml	Preferred	
docusate sodium oral syrup 60 mg/15ml	Preferred	
docusate sodium oral tablet 100 mg	Preferred	
dss oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
easy-lax oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
eq stool softener oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
eql stool softener oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
ft stool softener oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
ft stool softener oral tablet 100 mg	Preferred	
gnp stool softener ex st oral capsule 250 mg	Preferred	QL (6 EA per 1 day)
gnp stool softener oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
gnp stool softener oral capsule 240 mg	Preferred	QL (2 EA per 1 day)
goodsense stool softener oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
hm stool softener oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
kls stool softener oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
mm stool softener laxative oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
px docusate sodium oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
qc docusate calcium oral capsule 240 mg	Preferred	QL (2 EA per 1 day)
qc stool softener oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
ra col-rite oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
ra stool softener oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
sb docusate sodium oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
sb stool softener oral capsule 240 mg	Preferred	QL (2 EA per 1 day)
silace oral liquid 150 mg/15ml	Preferred	
sm docusate calcium oral capsule 240 mg	Preferred	QL (2 EA per 1 day)
sm stool softener oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
sm stool softener oral tablet 100 mg	Preferred	

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Drug	Status	Notes
stool softener laxative oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
stool softener oral capsule 100 mg, 250 mg	Preferred	QL (6 EA per 1 day)
stool softener oral capsule 240 mg	Preferred	QL (2 EA per 1 day)
stool softener oral liquid 50 mg/5ml	Preferred	
stool softener oral tablet 100 mg	Preferred	
***Macrolides* - Drugs For Infections**		
Azithromycin - Antibiotics**		
ZITHROMAX ORAL PACKET 1 GM	Non Preferred	PA; QL (2 EA per 24 days)
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	Non Preferred	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Non Preferred	PA; QL (13 EA per 24 days)
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	Non Preferred	PA; QL (13 EA per 24 days)
ZITHROMAX Z-PAK ORAL TABLET 250 MG	Non Preferred	PA; QL (13 EA per 24 days)
azithromycin oral packet 1 gm	Preferred	PA; QL (2 EA per 24 days)
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Preferred	
azithromycin oral tablet 250 mg, 500 mg	Preferred	QL (13 EA per 24 days)
azithromycin oral tablet 600 mg	Preferred	QL (2 EA per 1 day)
Clarithromycin - Antibiotics**		
clarithromycin er oral tablet extended release 24 hour 500 mg	Non Preferred	PA
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	
clarithromycin oral tablet 250 mg, 500 mg	Preferred	
Erythromycins - Antibiotics**		
E.E.S. 400 ORAL TABLET 400 MG	Non Preferred	PA; QL (6 EA per 1 day)
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	Non Preferred	PA
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	Non Preferred	PA

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Drug	Status	Notes
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	Non Preferred	PA; QL (30 ML per 1 day)
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG	Preferred	QL (8 EA per 1 day)
ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG	Preferred	QL (6 EA per 1 day)
ERY-TAB ORAL TABLET DELAYED RELEASE 500 MG	Preferred	QL (4 EA per 1 day)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Non Preferred	PA
erythromycin base oral capsule delayed release particles 250 mg	Preferred	QL (8 EA per 1 day)
erythromycin base oral tablet 250 mg, 500 mg	Non Preferred	PA
erythromycin base oral tablet delayed release 250 mg	Preferred	QL (8 EA per 1 day)
erythromycin base oral tablet delayed release 333 mg	Preferred	QL (6 EA per 1 day)
erythromycin base oral tablet delayed release 500 mg	Preferred	QL (4 EA per 1 day)
erythromycin base tablet delayed release 333 mg oral	Preferred	QL (6 EA per 1 day)
erythromycin base tablet delayed release 500 mg oral	Preferred	QL (4 EA per 1 day)
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	Preferred	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	Non Preferred	PA; QL (30 ML per 1 day)
erythromycin ethylsuccinate oral tablet 400 mg	Preferred	QL (6 EA per 1 day)
erythromycin oral tablet delayed release 250 mg	Preferred	QL (8 EA per 1 day)
erythromycin oral tablet delayed release 333 mg	Preferred	QL (6 EA per 1 day)
erythromycin oral tablet delayed release 500 mg	Preferred	QL (4 EA per 1 day)
erythromycin stearate oral tablet 250 mg	Non Preferred	PA
erythromycin tablet delayed release 250 mg oral	Preferred	QL (8 EA per 1 day)
erythromycin tablet delayed release 500 mg oral	Preferred	QL (4 EA per 1 day)

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Drug	Status	Notes
Fidaxomicin - Antibiotics**		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Non Preferred	PA
DIFICID ORAL TABLET 200 MG	Non Preferred	PA
***Medical Devices And Supplies* - Medical Supplies And Durable Medical Equipment**		
Applicators,Cotton Balls,Etc - Medical Supplies And Durable Medical Equipment**		
BD SWAB SINGLE USE REGULAR PAD	Preferred	QL (200 EA per 24 days)
COMFORT TOUCH ALCOHOL PREP PAD 70 %	Preferred	QL (200 EA per 24 days)
CURITY ALCOHOL PREPS PAD 70 %	Preferred	QL (200 EA per 24 days)
DROPSAFE ALCOHOL PREP PAD 70 %	Preferred	QL (200 EA per 24 days)
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	Preferred	QL (200 EA per 24 days)
ULTICARE ALCOHOL SWABS PAD	Preferred	QL (200 EA per 24 days)
WEBCOL ALCOHOL PREP LARGE PAD 70 %	Preferred	QL (200 EA per 24 days)
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	Preferred	QL (200 EA per 24 days)
alcohol prep pad , 70 %	Preferred	QL (200 EA per 24 days)
alcohol swabs pad	Preferred	QL (200 EA per 24 days)
cvs prep pad 70 %	Preferred	QL (200 EA per 24 days)
eql alcohol swabs pad 70 %	Preferred	QL (200 EA per 24 days)
gnp alcohol swabs pad 70 %	Preferred	QL (200 EA per 24 days)
h-e-b incontrol alcohol pad	Preferred	QL (200 EA per 24 days)
hm sterile alcohol prep pad	Preferred	QL (200 EA per 24 days)
pure comfort alcohol prep pad	Preferred	QL (200 EA per 24 days)
qc alcohol swabs pad 70 %	Preferred	QL (200 EA per 24 days)
ra alcohol swabs pad 70 %	Preferred	QL (200 EA per 24 days)
reality swabs pad	Preferred	QL (200 EA per 24 days)
saps health alcohol prep pad	Preferred	QL (200 EA per 24 days)
sb alcohol prep pad 70 %	Preferred	QL (200 EA per 24 days)

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Drug	Status	Notes
sm alcohol prep pad 70 %	Preferred	QL (200 EA per 24 days)
sure comfort alcohol prep pad 70 %	Preferred	QL (200 EA per 24 days)
true comfort pro alcohol prep pad 70 %	Preferred	QL (200 EA per 24 days)
ultilet alcohol swabs pad	Preferred	QL (200 EA per 24 days)
zevrx sterile alcohol prep pad pad 70 %	Preferred	QL (200 EA per 24 days)
Cervical Caps - Medical Supplies And Durable Medical Equipment**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Preferred	
Condoms - Female - Medical Supplies And Durable Medical Equipment**		
FC2 FEMALE CONDOM	Preferred	
Condoms - Male - Medical Supplies And Durable Medical Equipment**		
DUREX EXTRA SENSITIVE THIN DEVICE	Preferred	
DUREX REALFEEL DEVICE	Preferred	
FANTASY LUBRICATED	Preferred	
FANTASY LUBRICATED/SPERMICIDE	Preferred	
KAMELEON LUBRICATED	Preferred	
KIMONO COLORS DEVICE	Preferred	
KIMONO SPECIAL DEVICE	Preferred	
K-Y ME & YOU EXTRA LUBRICATED DEVICE	Preferred	
K-Y ME & YOU INTENSE DEVICE	Preferred	
REALITY LATEX CONDOMS	Preferred	
REALITY LATEX/ULTRA TEXTURED DEVICE	Preferred	
REALITY LATEX/ULTRA THIN DEVICE	Preferred	
TRUSTEX COLOR CONDOMS + LUBE	Preferred	
TRUSTEX LUB/RIBBED/STUDDED	Preferred	
TRUSTEX LUB/SPERMICIDE EX ST	Preferred	
TRUSTEX LUB/SPERMICIDE XL	Preferred	

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Drug	Status	Notes
TRUSTEX LUBRICATED	Preferred	
TRUSTEX LUBRICATED EX LARGE	Preferred	
TRUSTEX LUBRICATED EXTRA ST	Preferred	
TRUSTEX LUBRICATED/SPERMICIDE	Preferred	
TRUSTEX NATURAL CONDOMS + LUBE	Preferred	
TRUSTEX NON-LUBRICATED	Preferred	
TRUSTEX RIA LUB/SPERMICIDE	Preferred	
TRUSTEX RIA LUBRICATED	Preferred	
TRUSTEX RIA NON-LUBRICATED	Preferred	
TRUSTEX-NONOXYNOL-9/RIB/STUD	Preferred	
aimsco lubricated	Preferred	
condoms	Preferred	
kimono	Preferred	
kimono micro thin	Preferred	
kimono micro thin plus	Preferred	
kimono plus	Preferred	
kimono ps	Preferred	
kimono ps plus	Preferred	
kimono sensation	Preferred	
kimono sensation plus	Preferred	
maxx	Preferred	
maxx plus	Preferred	
Diaphragms - Medical Supplies And Durable Medical Equipment**		
CAYA VAGINAL DIAPHRAGM	Preferred	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Preferred	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Preferred	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Preferred	

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Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Preferred	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Preferred	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Preferred	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Preferred	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Preferred	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Preferred	
Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment**		
ACCU-CHEK FASTCLIX LANCETS	Preferred	
ACCU-CHEK SOFTCLIX LANCETS	Preferred	
ADVOCATE LANCETS 30G	Preferred	
AGAMATRIX ULTRA-THIN LANCETS	Preferred	
AIMSCO TWIST LANCETS 33G	Preferred	
BD LANCET ULTRAFINE 30G	Preferred	
BD LANCET ULTRAFINE 33G	Preferred	
CARESENS LANCETS	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	

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Drug	Status	Notes
DEXCOM G6 RECEIVER DEVICE	Preferred	PA; QL (1 EA per 292 days)
DEXCOM G6 SENSOR	Preferred	PA; QL (3 EA per 24 days)
DEXCOM G6 TRANSMITTER	Preferred	PA; QL (1 EA per 72 days)
DEXCOM G7 RECEIVER DEVICE	Preferred	PA; QL (1 EA per 292 days)
DEXCOM G7 SENSOR	Preferred	PA; QL (3 EA per 24 days)
DIATHRIVE LANCET ULTRA THIN 30	Preferred	
DIATHRIVE LANCETS	Preferred	
DROPLET LANCETS ULTRA THIN 30G	Preferred	
DROPLET PERSONAL LANCETS 30G	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	
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	
FREESTYLE LIBRE 14 DAY READER DEVICE	Preferred	PA; QL (1 EA per 292 days)
FREESTYLE LIBRE 14 DAY SENSOR	Preferred	PA; QL (2 EA per 24 days)

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Drug	Status	Notes
FREESTYLE LIBRE 2 READER DEVICE	Preferred	PA; QL (1 EA per 292 days)
FREESTYLE LIBRE 2 SENSOR	Preferred	PA; QL (2 EA per 24 days)
FREESTYLE LIBRE 3 SENSOR	Preferred	PA; QL (2 EA per 24 days)
FREESTYLE LIBRE READER DEVICE	Preferred	PA; QL (1 EA per 292 days)
GENTEEL BUTTERFLY TOUCH LANCET	Preferred	
GENTLE-LET GP LANCETS	Preferred	
GENTLE-LET LANCETS	Preferred	
GLUCOCOM LANCETS 28G	Preferred	
GLUCOCOM LANCETS 30G	Preferred	
GLUCOCOM LANCETS 33G	Preferred	
GOJJI STERILE LANCETS	Preferred	
HY-VEE LANCETS	Preferred	
KROGER HEALTHPRO LANCET 26G	Preferred	
LANCETS ULTRA THIN	Preferred	
LITETOUCH LANCETS	Preferred	
MEDLANCE PLUS EXTRA 21G	Preferred	
MEDLANCE PLUS LANCETS	Preferred	
MEDLANCE PLUS LITE 25G	Preferred	
MEDLANCE PLUS SPECIAL 0.8MM	Preferred	
MEDLANCE PLUS SUPERLITE 30G	Preferred	
MEDLANCE PLUS UNIVERSAL 21G	Preferred	
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	

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Drug	Status	Notes
NOVA SUREFLEX LANCETS	Preferred	
ONETOUCH DELICA PLUS LANCET30G	Preferred	
ONETOUCH DELICA PLUS LANCET33G	Preferred	
PERFECT LANCETS 28G	Preferred	
PERFECT LANCETS 30G	Preferred	
PHARMACIST CHOICE LANCETS	Preferred	
PHARMACY COUNTER LANCETS	Preferred	
PRODIGY SAFETY LANCETS 26G	Preferred	
PRODIGY TWIST TOP LANCETS 28G	Preferred	
PSS SELECT GP LANCETS	Preferred	
PSS SELECT SAFETY LANCETS	Preferred	
RA E-ZJECT LANCETS 28G	Preferred	
RA E-ZJECT LANCETS THIN 26G	Preferred	
RA E-ZJECT LANCETS THIN 28G	Preferred	
RA E-ZJECT LANCETS ULTRA THIN	Preferred	
READYLANCE SAFETY LANCETS	Preferred	
RELION LANCETS MICRO-THIN 33G	Preferred	
RELION LANCETS THIN 26G	Preferred	
RELION LANCETS ULTRA-THIN 30G	Preferred	
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	Preferred	PA; NOTES (1/ year; Pharmacy: see instructions on claim)
RELION ULTRA THIN LANCETS 30G	Preferred	
RELION ULTRA THIN PLUS LANCETS	Preferred	
RIGHTEST GL300 LANCETS	Preferred	
SAFE-T-LANCE	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 TWIST LANCETS 30G	Preferred	
STERILANCE TL	Preferred	

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Drug	Status	Notes
SURELITE LANCETS	Preferred	
THINLETS GP LANCETS	Preferred	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	Preferred	PA; NOTES (1/ year; Pharmacy: see instructions on claim)
TRUE METRIX METER KIT W/DEVICE	Preferred	PA; NOTES (1/ year; Pharmacy: see instructions on claim)
TRUEPLUS LANCETS 26G	Preferred	
TRUEPLUS LANCETS 28G	Preferred	
TRUEPLUS LANCETS 30G	Preferred	
TRUEPLUS LANCETS 33G	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	
WALGREENS LANCETS	Preferred	
WALGREENS THIN LANCETS	Preferred	
WALGREENS ULTRA THIN LANCETS	Preferred	
1st tier unilet comfortouch	Preferred	

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Drug	Status	Notes
acti-lance 28g	Preferred	
acti-lance lite lancets 28g	Preferred	
acti-lance special lancets 17g	Preferred	
acti-lance universal 23g	Preferred	
aimsco twist lancets 32g	Preferred	
aurora lancet super thin 30g	Preferred	
aurora lancet thin 23g	Preferred	
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 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	

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Drug	Status	Notes
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	
kinney thin lancets	Preferred	
kroger lancets	Preferred	
kroger lancets micro thin 33g	Preferred	
kroger lancets super thin	Preferred	
kroger lancets thin	Preferred	
lancets	Preferred	
lancets 30g	Preferred	
lancets 33g	Preferred	
lancets micro thin 33g	Preferred	
lancets thin	Preferred	
lite touch lancets	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	
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	

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Drug	Status	Notes
pure comfort lancets 30g	Preferred	
px lancets microthin 33g	Preferred	
px lancets ultra thin	Preferred	
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	
tgt lancet micro thin 33g	Preferred	
tgt lancet thin 26g	Preferred	
tgt lancet ultra thin 30g	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	
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 - Medical Supplies And Durable Medical Equipment**		
bd sharps container home	Preferred	QL (1 EA per 24 days)

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Drug	Status	Notes
cvs needle collection/disposal	Preferred	QL (1 EA per 24 days)
Misc. Devices - Medical Supplies And Durable Medical Equipment**		
LMA MAD NASAL	Preferred	
mucosal atomization device	Preferred	
Nebulizers - Medical Supplies And Durable Medical Equipment**		
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	
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	

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Drug	Status	Notes
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	
captain eagle ped nebulizer	Preferred	
compressor nebulizer	Preferred	
compressor/nebulizer	Preferred	
easy air compressor nebulizer	Preferred	
easy neb	Preferred	

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Drug	Status	Notes
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 - Medical Supplies And Durable Medical Equipment**		
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	
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	

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Drug	Status	Notes
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	
BD SAFETYGLIDE NEEDLE 21G X 1" , 25G X 5/8"	Preferred	

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Drug	Status	Notes
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 10ML	Preferred	
EASY TOUCH SYRINGE BARREL 1ML	Preferred	
EASY TOUCH SYRINGE BARREL 20 ML , 60 ML	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	

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Drug	Status	Notes
NORM-JECT LUER LOCK SYRINGE 10 ML , 20 ML	Preferred	
NORM-JECT LUER SLIP SYRINGE 1 ML	Preferred	
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	

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Drug	Status	Notes
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	Preferred	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	Preferred	
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	

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Drug	Status	Notes
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	
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	

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Drug	Status	Notes
Peak Flow Meters - Medical Supplies And Durable Medical Equipment**		
AIRZONE PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 292 days)
ASSESS PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 292 days)
CLEVER CHOICE PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 292 days)
MICROLIFE DIGITAL PEAK FLOW DEVICE	Preferred	QL (1 EA per 292 days)
MINI WRIGHT PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 292 days)
PEAK AIR PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 292 days)
PERSONAL BEST FULL RANGE DEVICE	Preferred	QL (1 EA per 292 days)
PIKO 1 DEVICE	Preferred	QL (1 EA per 292 days)
POCKET PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 292 days)
POCKETPEAK PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 292 days)
TRUZONE PEAK FLOW METER DEVICE	Preferred	QL (1 EA per 292 days)
breathe ease peak flow meter device	Preferred	QL (1 EA per 292 days)
lung perform peak flow meter device	Preferred	QL (1 EA per 292 days)
peak a-i-r flow meter device	Preferred	QL (1 EA per 292 days)
peak flow meter universal rang device	Preferred	QL (1 EA per 292 days)
pure comfort flow meter adult device	Preferred	QL (1 EA per 292 days)
pure comfort flow meter child device	Preferred	QL (1 EA per 292 days)
Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment**		
ACE AEROSOL CLOUD ENHANCER	Preferred	QL (1 EA per 292 days)
ACTIVITY POUCH	Preferred	QL (1 EA per 292 days)
AEROTRACH PLUS	Preferred	QL (1 EA per 292 days)
AIRS PEDIATRIC AEROSOL MASK	Preferred	QL (1 EA per 292 days)
ALL FLOW 1000 PFT FILTER	Preferred	QL (1 EA per 292 days)
BUBBLES THE FISH II PEDI MASK	Preferred	QL (1 EA per 292 days)
CARETOUCH 2 CPAP HOSE HANGER	Preferred	QL (1 EA per 292 days)
CARETOUCH CPAP & BIPAP HOSE	Preferred	QL (1 EA per 292 days)

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Drug	Status	Notes
CARETOUCH CPAP MASK WIPES	Preferred	QL (1 EA per 292 days)
CARETOUCH CPAP PRE-WASH SOLN	Preferred	QL (1 ML per 292 days)
CARETOUCH CPAP TUBE BRUSH	Preferred	QL (1 EA per 292 days)
CARETOUCH UNIVERSL CPAP FILTER	Preferred	QL (1 EA per 292 days)
EASY FLOW 300 MM HOSE	Preferred	QL (1 EA per 292 days)
EASY FLOW 400 MM HOSE	Preferred	QL (1 EA per 292 days)
EASY FLOW AIR NOZZLE	Preferred	QL (1 EA per 292 days)
EASY FLOW HEPA FILTER	Preferred	QL (1 EA per 292 days)
EBASE CONTROLLER KIT	Preferred	QL (1 EA per 292 days)
FLYP HYPERSONIQ CARTRIDGE	Preferred	QL (1 EA per 292 days)
HUDSON RCI AEROSOL MASK ADULT	Preferred	QL (1 EA per 292 days)
MINIELITE FILTER REPLACEMENTS	Preferred	QL (1 EA per 292 days)
PARI ALTERA NEBULIZER HANDSET	Preferred	QL (1 EA per 292 days)
PARI BABY CONVERSION KIT	Preferred	QL (1 EA per 292 days)
PARI ERAPID NEBULIZER HANDSET	Preferred	QL (1 EA per 292 days)
PARI EXPIRATORY FILTER SET DEVICE	Preferred	QL (1 EA per 292 days)
PARI MASK SET	Preferred	QL (1 EA per 292 days)
PARI SMARTMASK BABY/ELBOW	Preferred	QL (1 EA per 292 days)
PARI SOFT PLASTIC ADULT MASK	Preferred	QL (1 EA per 292 days)
PARI SOFT PLASTIC PED MASK	Preferred	QL (1 EA per 292 days)
PFLEX	Preferred	QL (1 EA per 292 days)
PRONEB ULTRA FILTER SET	Preferred	QL (1 EA per 292 days)
SIDESTREAM ADULT FACE MASK	Preferred	QL (1 EA per 292 days)
SIDESTREAM PEDIATRIC FACE MASK	Preferred	QL (1 EA per 292 days)
SIDESTREAM PLS ADULT FACE MASK	Preferred	QL (1 EA per 292 days)
THRESHOLD IMT	Preferred	QL (1 EA per 292 days)
WINDMILL TRAINER	Preferred	QL (1 EA per 292 days)
adult aerosol mask	Preferred	QL (1 EA per 292 days)
adult mask large	Preferred	QL (1 EA per 292 days)
breathe ease neb mask/child	Preferred	QL (1 EA per 292 days)

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Drug	Status	Notes
breathe ease neb mask/infant	Preferred	QL (1 EA per 292 days)
co monitor replacement pieces	Preferred	QL (1 EA per 292 days)
filter air pp	Preferred	QL (1 EA per 292 days)
full kit nebulizer set	Preferred	QL (1 EA per 292 days)
nebulizer air tube/plugs	Preferred	QL (1 EA per 292 days)
nebulizer mask adult	Preferred	QL (1 EA per 292 days)
nebulizer mask child	Preferred	QL (1 EA per 292 days)
nose clip	Preferred	QL (1 EA per 292 days)
pediatric mouthpiece	Preferred	QL (1 EA per 292 days)
pharmacist choice mask wipes	Preferred	QL (1 EA per 292 days)
pillow mask/adult	Preferred	QL (1 EA per 292 days)
pillow mask/child	Preferred	QL (1 EA per 292 days)
pillow mask/pediatric	Preferred	QL (1 EA per 292 days)
replacement air filter	Preferred	QL (1 EA per 292 days)
replacement filters	Preferred	QL (1 EA per 292 days)
silicone mask/adult	Preferred	QL (1 EA per 292 days)
silicone mask/infant	Preferred	QL (1 EA per 292 days)
silicone mask/pediatric	Preferred	QL (1 EA per 292 days)
sootheneb nbl 100 child mask	Preferred	QL (1 EA per 292 days)
sootheneb nbl 100 med cup	Preferred	QL (1 EA per 292 days)
sootheneb nbl 100 mesh cap	Preferred	QL (1 EA per 292 days)
tubing/wing tip	Preferred	QL (1 EA per 292 days)
Spacer/Aerosol-Holding Chambers & Supplies - Medical Supplies And Durable Medical Equipment**		
AEROCHAMBER MINI CHAMBER DEVICE	Preferred	QL (2 EA per 292 days)
AEROCHAMBER MV	Preferred	QL (2 EA per 292 days)
AEROCHAMBER PLUS FLO-VU	Preferred	QL (2 EA per 292 days)
AEROCHAMBER PLUS FLO-VU LARGE	Preferred	QL (2 EA per 292 days)
AEROCHAMBER PLUS FLO-VU MEDIUM	Preferred	QL (2 EA per 292 days)

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Drug	Status	Notes
AEROCHAMBER PLUS FLO-VU SMALL	Preferred	QL (2 EA per 292 days)
AEROCHAMBER PLUS FLO-VU W/MASK	Preferred	QL (2 EA per 292 days)
AEROCHAMBER W/FLOWSIGNAL	Preferred	QL (2 EA per 292 days)
AEROCHAMBER Z-STAT PLUS CHAMBR	Preferred	QL (2 EA per 292 days)
AEROVENT PLUS DEVICE	Preferred	QL (2 EA per 292 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE	Preferred	QL (2 EA per 292 days)
COMPACT SPACE CHAMBER DEVICE	Preferred	QL (2 EA per 292 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE	Preferred	QL (2 EA per 292 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE	Preferred	QL (2 EA per 292 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE	Preferred	QL (2 EA per 292 days)
EASIVENT	Preferred	QL (2 EA per 292 days)
EASIVENT MASK LARGE	Preferred	QL (2 EA per 292 days)
EASIVENT MASK MEDIUM	Preferred	QL (2 EA per 292 days)
EASIVENT MASK SMALL	Preferred	QL (2 EA per 292 days)
FLEXICHAMBER DEVICE	Preferred	QL (2 EA per 292 days)
INSPIRACHAMBER/LARGE DEVICE	Preferred	QL (2 EA per 292 days)
INSPIRACHAMBER/MEDIUM DEVICE	Preferred	QL (2 EA per 292 days)
INSPIRACHAMBER/MOUTHPIECE DEVICE	Preferred	QL (2 EA per 292 days)
INSPIRACHAMBER/SMALL DEVICE	Preferred	QL (2 EA per 292 days)
INSPIREASE	Preferred	QL (2 EA per 292 days)
MICROCHAMBER DEVICE	Preferred	QL (2 EA per 292 days)
MICROSPACER	Preferred	QL (2 EA per 292 days)
OPTICHAMBER DIAMOND-SM MASK	Preferred	QL (2 EA per 292 days)
PARI VORTEX ADULT MASK	Preferred	QL (1 EA per 292 days)
POCKET CHAMBER DEVICE	Preferred	QL (2 EA per 292 days)
POCKET SPACER DEVICE	Preferred	QL (2 EA per 292 days)

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Drug	Status	Notes
RITEFLO DEVICE	Preferred	QL (2 EA per 292 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	Preferred	
VORTEX VALVED HOLDING CHAMBER DEVICE	Preferred	QL (2 EA per 292 days)
breathe comfort chamber/adult device	Preferred	QL (2 EA per 292 days)
breathe comfort chamber/child device	Preferred	QL (2 EA per 292 days)
breathe ease large device	Preferred	QL (2 EA per 292 days)
breathe ease medium device	Preferred	QL (2 EA per 292 days)
breathe ease small device	Preferred	QL (2 EA per 292 days)
eq space chamber anti-static device	Preferred	QL (2 EA per 292 days)
eq space chamber anti-static l device	Preferred	QL (2 EA per 292 days)
eq space chamber anti-static m device	Preferred	QL (2 EA per 292 days)
eq space chamber anti-static s device	Preferred	QL (2 EA per 292 days)
pro comfort spacer adult	Preferred	QL (2 EA per 292 days)
pro comfort spacer child	Preferred	QL (2 EA per 292 days)
pro comfort spacer infant device	Preferred	QL (2 EA per 292 days)
procare spacer/adult mask device	Preferred	QL (2 EA per 292 days)
procare spacer/child mask device	Preferred	QL (2 EA per 292 days)
pure comfort spacer chamber device	Preferred	QL (2 EA per 292 days)
***Migraine Products* - Drugs For The Nervous System**		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp) - Drugs For Migraine Headaches**		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Non Preferred	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Non Preferred	PA
UBRELVY ORAL TABLET 100 MG, 50 MG	Preferred	PA
ZAVZPRET NASAL SOLUTION 10 MG/ACT	Non Preferred	PA

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Drug	Status	Notes
Cgrp Receptor Antagonists - Monocolonal Antibodies - Drugs For Migraine Headaches**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Preferred	PA
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Preferred	PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Preferred	PA
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Preferred	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Preferred	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Preferred	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Non Preferred	PA; SP
Ergot Combinations - Drugs For Migraine Headaches**		
CAFERGOT ORAL TABLET 1-100 MG	Non Preferred	PA; QL (6 EA per 1 day)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Preferred	
ergotamine-caffeine oral tablet 1-100 mg	Preferred	QL (6 EA per 1 day)
Migraine Combinations - Drugs For Migraine Headaches**		
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & %	Non Preferred	PA
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors - Drugs For Migraine Headaches**		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Preferred	PA
Migraine Products - Nsaids - Drugs For Migraine Headaches**		
CAMBIA ORAL PACKET 50 MG	Preferred	PA

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Drug	Status	Notes
diclofenac potassium(migraine) oral packet 50 mg	Preferred	PA
Migraine Products - Drugs For Migraine Headaches**		
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	Preferred	
MIGRANAL NASAL SOLUTION 4 MG/ML	Non Preferred	PA
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT	Non Preferred	PA
dihydroergotamine mesylate injection solution 1 mg/ml	Preferred	PA
dihydroergotamine mesylate nasal solution 4 mg/ml	Preferred	PA
Selective Serotonin Agonist-Nsaid Combinations - Drugs For Migraine Headaches**		
TREXIMET ORAL TABLET 85-500 MG	Non Preferred	PA
sumatriptan-naproxen sodium oral tablet 85-500 mg	Non Preferred	PA
Selective Serotonin Agonists 5-Ht(1) - Drugs For Migraine Headaches**		
FROVA ORAL TABLET 2.5 MG	Non Preferred	PA
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	Preferred	QL (12 EA per 24 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	Non Preferred	PA; QL (12 EA per 24 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML	Non Preferred	PA; QL (4 ML per 24 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML	Non Preferred	PA; QL (4 ML per 24 days)
MAXALT ORAL TABLET 10 MG	Non Preferred	PA; QL (12 EA per 24 days)

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Drug	Status	Notes
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	Non Preferred	PA; QL (12 EA per 24 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC	Non Preferred	PA
RELPAX ORAL TABLET 20 MG, 40 MG	Non Preferred	PA
TOSYMRA NASAL SOLUTION 10 MG/ACT	Non Preferred	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML	Non Preferred	PA
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG	Non Preferred	PA
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Non Preferred	PA
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Non Preferred	PA
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Non Preferred	PA
frovatriptan succinate oral tablet 2.5 mg	Non Preferred	PA
naratriptan hcl oral tablet 1 mg, 2.5 mg	Preferred	QL (12 EA per 24 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Preferred	QL (12 EA per 24 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Preferred	QL (12 EA per 24 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	Preferred	QL (12 EA per 24 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Preferred	QL (12 EA per 24 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	Non Preferred	PA; QL (4 ML per 24 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Preferred	QL (4 ML per 24 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Non Preferred	PA; QL (4 ML per 24 days)
zolmitriptan nasal solution 2.5 mg, 5 mg	Non Preferred	PA
zolmitriptan oral tablet 2.5 mg, 5 mg	Non Preferred	PA
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Non Preferred	PA

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Drug	Status	Notes
Selective Serotonin Agonists 5-Ht(1F) - Drugs For Migraine Headaches**		
REYVOW ORAL TABLET 100 MG, 50 MG	Non Preferred	PA
***Minerals & Electrolytes* - Drugs For Nutrition**		
Calcium Combinations - Drugs For Nutrition**		
CAL-QUICK ORAL LIQUID 500-10 MG-MCG/5ML	Preferred	PA
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	Preferred	
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	Preferred	
RA HI CAL ORAL TABLET 500-5 MG-MCG	Preferred	
calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg	Preferred	
calcium 500 + d oral tablet 500-5 mg-mcg	Preferred	
calcium 500 + d3 oral tablet 500-5 mg-mcg	Preferred	
calcium 500/d oral tablet 500-5 mg-mcg	Preferred	
calcium 500+d high potency oral tablet 500-10 mg-mcg	Preferred	
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Preferred	
calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Preferred	
calcium 600 + d oral tablet 600-5 mg-mcg	Preferred	
calcium 600 +d high potency oral tablet 600-10 mg-mcg	Preferred	
calcium 600/vitamin d oral tablet 600-10 mg-mcg	Preferred	
calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg	Preferred	PA
calcium 600+d high potency oral tablet 600-10 mg-mcg	Preferred	

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Drug	Status	Notes
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Preferred	
calcium 600+d plus minerals oral tablet chewable 600-400 mg-unit	Preferred	
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Preferred	
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg	Preferred	
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	Preferred	
calcium carbonate-vitamin d oral tablet 600-5 mg-mcg	Preferred	
calcium creamies oral tablet chewable 600-10 mg-mcg	Preferred	PA
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	Preferred	
calcium plus vitamin d oral tablet 500-5 mg-mcg	Preferred	
calcium+d3 oral tablet 500-10 mg-mcg	Preferred	
calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit	Preferred	
eq calcium 500+d oral tablet 500-5 mg-mcg	Preferred	
eql calcium/vitamin d oral tablet 600-10 mg-mcg	Preferred	
kp calcium 600+d oral tablet 600-10 mg-mcg	Preferred	
oyster calcium/d3 oral tablet 500-5 mg-mcg	Preferred	
oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Preferred	
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	Preferred	
oyster shell calcium 500+d oral tablet chewable 500-10 mg-mcg	Preferred	
oyster shell calcium oral tablet 500-10 mg-mcg	Preferred	
oyster shell calcium plus d oral tablet 500-5 mg-mcg	Preferred	

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Drug	Status	Notes
oyster shell calcium w/d oral tablet 500-5 mg-mcg	Preferred	
oyster shell calcium/d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Preferred	
oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	Preferred	
oyster shell calcium/vit d oral tablet 500-5 mg-mcg	Preferred	
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg	Preferred	
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg	Preferred	
px calcium&d oral tablet 600-10 mg-mcg	Preferred	
qc calcium 500mg-d3 oral tablet 500-5 mg-mcg	Preferred	
ra calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit	Preferred	
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	Preferred	
ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Preferred	
ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg	Preferred	
sb calcium + d oral tablet 600-5 mg-mcg	Preferred	
sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg	Preferred	
sm calcium 600/vitamin d oral tablet 600-10 mg-mcg	Preferred	
sm calcium/vitamin d oral tablet 500-5 mg-mcg	Preferred	
sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg	Preferred	
sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg	Preferred	
sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg	Preferred	

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Drug	Status	Notes
super calcium 600 + d 400 oral tablet 600-10 mg-mcg	Preferred	
super calcium 600 + d3 oral tablet 600-10 mg-mcg	Preferred	
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	Preferred	
Calcium - Drugs For Nutrition**		
calcium 600 high potency oral tablet 600 mg	Preferred	
calcium 600 oral tablet 1500 (600 ca) mg, 600 mg	Preferred	
calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg	Preferred	
calcium carbonate oral tablet chewable 1250 (500 ca) mg	Preferred	QL (2 EA per 1 day)
calcium high potency oral tablet 1500 (600 ca) mg	Preferred	
calcium oral tablet 500 mg	Preferred	
calcium oyster shell oral tablet 1250 (500 ca) mg, 500 mg	Preferred	
cvs calcium carbonate oral tablet 1250 (500 ca) mg	Preferred	
cvs calcium oral tablet 600 mg	Preferred	
gnp calcium oral tablet 1500 (600 ca) mg	Preferred	
hm calcium oral tablet 1500 (600 ca) mg	Preferred	
oyster calcium oral tablet 500 mg	Preferred	
oyster shell calcium oral tablet 500 mg	Preferred	
pure calcium carbonate oral tablet 1500 (600 ca) mg	Preferred	
qc calcium fast dissolution oral tablet 1500 (600 ca) mg	Preferred	
ra calcium 600 oral tablet 1500 (600 ca) mg	Preferred	
ra calcium high potency oral tablet 600 mg	Preferred	
ra calcium oral tablet 500 mg	Preferred	
sb oyster shell calcium oral tablet 500 mg	Preferred	

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Drug	Status	Notes
super calcium oral tablet 1500 (600 ca) mg	Preferred	
Fluoride - Drugs For Nutrition**		
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	Preferred	QL (2 ML per 1 day)
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	Preferred	QL (1 EA per 1 day)
fluoritab oral solution 0.275 (0.125 f) mg/drop	Preferred	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Preferred	QL (50 ML per 24 days)
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	Preferred	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Preferred	QL (1 EA per 1 day)
Phosphate - Drugs For Nutrition**		
K-PHOS ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	Non Preferred	PA; QL (8 EA per 1 day)
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Preferred	QL (8 EA per 1 day)
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Preferred	QL (8 EA per 1 day)
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Preferred	QL (8 EA per 1 day)
phosphorous oral tablet 155-852-130 mg	Preferred	QL (8 EA per 1 day)
wes-phos 250 neutral oral tablet 155-852-130 mg	Preferred	
Potassium Combinations - Drugs For Nutrition**		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Preferred	
Potassium - Drugs For Nutrition**		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	Non Preferred	PA; QL (4 EA per 1 day)
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Preferred	QL (4 EA per 1 day)

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Drug	Status	Notes
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Preferred	QL (4 EA per 1 day)
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Preferred	QL (6 EA per 1 day)
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Preferred	QL (5 EA per 1 day)
KLOR-CON ORAL PACKET 20 MEQ	Non Preferred	PA
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Preferred	QL (4 EA per 1 day)
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	Non Preferred	PA; QL (4 EA per 1 day)
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ	Non Preferred	PA; QL (4 EA per 1 day)
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	Non Preferred	PA; QL (4 EA per 1 day)
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	Non Preferred	PA
POKONZA ORAL PACKET 10 MEQ	Non Preferred	PA
potassium acetate intravenous solution 2 meq/ml	Preferred	PA
potassium chloride crys er oral tablet extended release 10 meq	Preferred	QL (4 EA per 1 day)
potassium chloride crys er oral tablet extended release 15 meq	Preferred	QL (6 EA per 1 day)
potassium chloride crys er oral tablet extended release 20 meq	Preferred	QL (5 EA per 1 day)
potassium chloride er oral capsule extended release 10 meq, 8 meq	Preferred	QL (4 EA per 1 day)
potassium chloride er oral tablet extended release 10 meq, 8 meq	Preferred	QL (4 EA per 1 day)
potassium chloride er oral tablet extended release 15 meq	Preferred	
potassium chloride er oral tablet extended release 20 meq	Non Preferred	PA

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Drug	Status	Notes
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	Preferred	PA
potassium chloride intravenous solution prefilled syringe 100 meq/50ml	Preferred	PA
potassium chloride oral packet 20 meq	Non Preferred	PA
potassium chloride oral solution 10 %, 20 meq/15ml (10%)	Preferred	
potassium chloride oral solution 40 meq/15ml (20%)	Preferred	PA
***Miscellaneous Therapeutic Classes* - Vitamins And Minerals**		
Activated Phosphoinositide 3-Kinase Delta Syndrome Agent - Vitamins And Minerals**		
JOENJA ORAL TABLET 70 MG	Carve Out	
Allogeneic Thymus Tissue - Vitamins And Minerals**		
RETHYMIC INTRAMUSCULAR IMPLANT	Carve Out	
Antileprotics - Vitamins And Minerals**		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Preferred	PA; SP
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors - Vitamins And Minerals**		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Preferred	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Preferred	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Preferred	PA; SP
Chelating Agents - Vitamins And Minerals**		
CUPRIMINE ORAL CAPSULE 250 MG	Non Preferred	PA
CUVRIOR ORAL TABLET 300 MG	Non Preferred	PA

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Drug	Status	Notes
DEPEN TITRATABS ORAL TABLET 250 MG	Preferred	PA
SYPRINE ORAL CAPSULE 250 MG	Non Preferred	PA
penicillamine oral capsule 250 mg	Preferred	PA
penicillamine oral tablet 250 mg	Preferred	PA
trientine hcl oral capsule 250 mg, 500 mg	Preferred	PA
Cyclosporine Analogs - Vitamins And Minerals**		
GENGRAF ORAL CAPSULE 100 MG	Preferred	QL (10 EA per 1 day)
GENGRAF ORAL CAPSULE 25 MG	Preferred	QL (15 EA per 1 day)
GENGRAF ORAL SOLUTION 100 MG/ML	Preferred	QL (10 ML per 1 day)
LUPKYNIS ORAL CAPSULE 7.9 MG	Non Preferred	PA
NEORAL ORAL CAPSULE 100 MG	Non Preferred	PA; QL (10 EA per 1 day)
NEORAL ORAL CAPSULE 25 MG	Non Preferred	PA; QL (15 EA per 1 day)
NEORAL ORAL SOLUTION 100 MG/ML	Non Preferred	PA; QL (10 ML per 1 day)
SANDIMMUNE ORAL CAPSULE 100 MG	Non Preferred	PA; QL (5 EA per 1 day)
SANDIMMUNE ORAL CAPSULE 25 MG	Non Preferred	PA; QL (16 EA per 1 day)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Non Preferred	PA
cyclosporine modified oral capsule 100 mg	Preferred	QL (10 EA per 1 day)
cyclosporine modified oral capsule 25 mg	Preferred	QL (15 EA per 1 day)
cyclosporine modified oral capsule 50 mg	Non Preferred	PA
cyclosporine modified oral solution 100 mg/ml	Preferred	QL (10 ML per 1 day)
cyclosporine oral capsule 100 mg	Preferred	QL (5 EA per 1 day)
cyclosporine oral capsule 25 mg	Preferred	QL (16 EA per 1 day)
Farnesyltransferase Inhibitors - Vitamins And Minerals**		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Carve Out	
Immunomodulators - Combinations - Vitamins And Minerals**		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML	Carve Out	

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Drug	Status	Notes
Immunomodulators For Myelodysplastic Syndromes - Vitamins And Minerals**		
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
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
Inosine Monophosphate Dehydrogenase Inhibitors - Vitamins And Minerals**		
CELLCEPT ORAL CAPSULE 250 MG	Non Preferred	PA; QL (12 EA per 1 day)
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	Preferred	
CELLCEPT ORAL TABLET 500 MG	Non Preferred	PA; QL (8 EA per 1 day)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	Non Preferred	PA
mycophenolate mofetil oral capsule 250 mg	Preferred	QL (12 EA per 1 day)
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	Preferred	
mycophenolate mofetil oral tablet 500 mg	Preferred	QL (8 EA per 1 day)
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Non Preferred	PA
Irrigation Solutions - Vitamins And Minerals**		
sterile water for irrigation irrigation solution	Preferred	
Macrolide Immunosuppressants - Vitamins And Minerals**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Non Preferred	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	Non Preferred	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Preferred	PA
PROGRAF ORAL CAPSULE 0.5 MG	Non Preferred	PA; QL (2 EA per 1 day)
PROGRAF ORAL CAPSULE 1 MG	Non Preferred	PA; QL (14 EA per 1 day)

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Drug	Status	Notes
PROGRAF ORAL CAPSULE 5 MG	Non Preferred	PA
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Non Preferred	PA
RAPAMUNE ORAL SOLUTION 1 MG/ML	Preferred	PA
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Preferred	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Non Preferred	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Non Preferred	PA
sirolimus oral solution 1 mg/ml	Preferred	PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Preferred	
tacrolimus oral capsule 0.5 mg	Preferred	QL (2 EA per 1 day)
tacrolimus oral capsule 1 mg	Preferred	QL (14 EA per 1 day)
tacrolimus oral capsule 5 mg	Preferred	
Monoclonal Antibodies - Vitamins And Minerals**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Carve Out	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	Carve Out	
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML	Carve Out	
Neonatal Fc Receptor (Fcrn) Antagonists - Vitamins And Minerals**		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML	Carve Out	
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML	Carve Out	
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib - Vitamins And Minerals**		
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Carve Out	

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Drug	Status	Notes
Potassium Removing Agents - Vitamins And Minerals**		
LOKELMA ORAL PACKET 10 GM, 5 GM	Preferred	
SPS ORAL SUSPENSION 15 GM/60ML	Preferred	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Non Preferred	PA
sodium polystyrene sulfonate oral powder	Preferred	
Purine Analogs - Vitamins And Minerals**		
AZASAN ORAL TABLET 100 MG, 75 MG	Non Preferred	PA
IMURAN ORAL TABLET 50 MG	Non Preferred	PA; QL (8 EA per 1 day)
azathioprine oral tablet 100 mg, 75 mg	Non Preferred	PA
azathioprine oral tablet 50 mg	Preferred	QL (8 EA per 1 day)
Rock Inhibitors - Vitamins And Minerals**		
REZUROCK ORAL TABLET 200 MG	Preferred	PA; SP
***Mouth/Throat/Dental Agents* - Drugs For The Mouth And Throat**		
Anesthetics Topical Oral - Drugs For The Mouth And Throat**		
lidocaine viscous hcl mouth/throat solution 2 %	Preferred	
Anti-Infectives - Throat - Drugs For The Mouth And Throat**		
clotrimazole mouth/throat troche 10 mg	Preferred	QL (5 EA per 1 day)
nystatin mouth/throat suspension 100000 unit/ml	Preferred	QL (120 ML per 1 day)
Antiseptics - Mouth/Throat - Drugs For The Mouth And Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	Preferred	
Dry Mouth Agents And Artificial Saliva - Drugs For The Mouth And Throat**		
AQUORAL MOUTH/THROAT SOLUTION	Preferred	
BIOTENE DRY MOUTH MOISTURIZING MOUTH/THROAT SOLUTION	Preferred	
BOCASAL MOUTH/THROAT PACKET	Non Preferred	PA

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Drug	Status	Notes
CAPHOSOL MOUTH/THROAT SOLUTION	Preferred	
MOI-STIR MOUTH/THROAT SOLUTION	Preferred	
MOUTH KOTE MOUTH/THROAT SOLUTION	Preferred	
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION	Preferred	
MUCOSITISRX MOUTH/THROAT PACKET	Non Preferred	PA
NEUTRASAL MOUTH/THROAT PACKET	Non Preferred	PA
NUMOISYN MOUTH/THROAT LIQUID	Preferred	
NUMOISYN MOUTH/THROAT LOZENGE	Non Preferred	PA
SALIVAMAX MOUTH/THROAT PACKET	Non Preferred	PA
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION	Preferred	
cvs dry mouth mouth/throat solution	Preferred	
eql dry mouth oral rinse mouth/throat solution	Preferred	
oral relief spray mouth/throat solution	Preferred	
ra dry mouth mouth/throat solution	Preferred	
Fluoride Dental Products - Drugs For The Mouth And Throat**		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Preferred	
DENTAGEL DENTAL GEL 1.1 %	Preferred	
sf 5000 plus dental cream 1.1 %	Preferred	
sf dental gel 1.1 %	Preferred	
sodium fluoride 5000 plus dental cream 1.1 %	Preferred	
sodium fluoride 5000 ppm dental cream 1.1 %	Preferred	
sodium fluoride dental gel 1.1 %	Preferred	
Saliva Stimulants - Drugs For The Mouth And Throat**		
EVOXAC ORAL CAPSULE 30 MG	Non Preferred	PA

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Drug	Status	Notes
SALAGEN ORAL TABLET 5 MG, 7.5 MG	Non Preferred	PA
cevimeline hcl oral capsule 30 mg	Preferred	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Preferred	
Steroids - Mouth/Throat/Dental - Drugs For The Mouth And Throat**		
ORALONE MOUTH/THROAT PASTE 0.1 %	Preferred	
triamcinolone acetonide mouth/throat paste 0.1 %	Preferred	
***Multivitamins* - Drugs For Nutrition**		
B-Complex W/ C & Folic Acid - Drugs For Nutrition**		
DEXIFOL ORAL TABLET 5 MG	Preferred	
DIALYVITE ORAL TABLET	Preferred	
GENICIN VITA-S ORAL TABLET 1 MG	Preferred	
MYNEPHRON ORAL CAPSULE 1 MG	Preferred	QL (2 EA per 1 day)
NEPHRONEX ORAL TABLET	Preferred	
RENAL ORAL CAPSULE 1 MG	Preferred	QL (2 EA per 1 day)
activite oral tablet 1 mg	Preferred	
b-plex oral tablet	Preferred	
folbee plus oral tablet	Preferred	
hylavite oral tablet	Preferred	
reno caps oral capsule 1 mg	Preferred	QL (2 EA per 1 day)
tm-vite rx oral tablet 1 mg	Preferred	
triphrocaps oral capsule 1 mg	Preferred	QL (2 EA per 1 day)
tronvite oral tablet 1 mg	Preferred	
virt-caps oral capsule 1 mg	Preferred	QL (2 EA per 1 day)
vitasure oral tablet 1 mg	Preferred	
vp-vite rx oral tablet 1 mg	Preferred	
wescaps oral capsule 1 mg	Preferred	QL (2 EA per 1 day)
xvite oral tablet 1 mg	Preferred	

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Drug	Status	Notes
Ped Multi Vitamins W/Fl & Fe - Drugs For Nutrition**		
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	Preferred	QL (2 ML per 1 day)
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	Preferred	QL (2 ML per 1 day)
multivitamin/fluoride/iron oral solution 0.25-10 mg/ml	Preferred	QL (2 ML per 1 day)
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Preferred	QL (2 ML per 1 day)
Ped Multiple Vitamins W/ Minerals - Drugs For Nutrition**		
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE	Preferred	
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE	Preferred	
FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE	Preferred	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	Preferred	
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	Preferred	
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	Preferred	
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	Preferred	
SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE	Preferred	
SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE	Preferred	
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE	Preferred	
childrens gummies oral tablet chewable	Preferred	
cvs gummy dinos oral tablet chewable	Preferred	

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Drug	Status	Notes
cvs gummy multivitamin kids oral tablet chewable	Preferred	
eq multivitamin gummies oral tablet chewable	Preferred	
eq multivitamins gummy child oral tablet chewable	Preferred	
eql gummies childrens oral tablet chewable	Preferred	
multivit-min gummies childrens oral tablet chewable	Preferred	
vitachew multiple vitamin oral tablet chewable	Preferred	
Ped Mv W/ Fluoride - Drugs For Nutrition**		
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 1 MG	Preferred	QL (1 EA per 1 day)
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 1 MG	Preferred	QL (1 EA per 1 day)
multivitamin w/fluoride oral tablet chewable 0.25 mg, 1 mg	Preferred	QL (1 EA per 1 day)
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Preferred	QL (2 ML per 1 day)
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Preferred	QL (2 ML per 1 day)
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Preferred	QL (1 EA per 1 day)
poly-vitamin/fluoride oral solution 0.5 mg/ml	Preferred	QL (2 ML per 1 day)
Ped Mv W/ Iron - Drugs For Nutrition**		
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML	Preferred	QL (2 EA per 1 day)
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	Preferred	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 10 MG, 18 MG	Preferred	
FLINTSTONES PLUS EXTRA IRON ORAL TABLET CHEWABLE 18 MG	Preferred	
FLINTSTONES W/IRON ORAL TABLET CHEWABLE 18 MG	Preferred	

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Drug	Status	Notes
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG	Preferred	
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	Preferred	QL (2 ML per 1 day)
PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE 18 MG	Preferred	
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG	Preferred	
bite-a-mins/iron oral tablet chewable 15 mg	Preferred	
childrens animal shapes oral tablet chewable 18 mg	Preferred	
childrens multivitamin/iron oral tablet chewable 15 mg	Preferred	
cvs chewable childrens vitamin oral tablet chewable 18 mg	Preferred	
cvs childrens complete oral tablet chewable 18 mg	Preferred	
eq complete multivitamin child oral tablet chewable 18 mg	Preferred	
eql child multivit/minerals oral tablet chewable 18 mg	Preferred	
fruity chews/iron oral tablet chewable	Preferred	
gnp childrens chewables/iron oral tablet chewable 15 mg	Preferred	
multiple vitamins-iron oral tablet chewable 15 mg	Preferred	
multivitamin drops/iron oral solution 11 mg/ml	Preferred	QL (2 ML per 1 day)
multivitamin infant & toddler oral solution 11 mg/ml	Preferred	QL (2 ML per 1 day)
pc pediatric poly-vita/fe drop oral solution 10 mg/ml	Preferred	QL (2 ML per 1 day)
poly-vita/iron oral solution 10 mg/ml	Preferred	QL (2 ML per 1 day)
poly-vitamin/iron oral solution 10 mg/ml	Preferred	QL (2 ML per 1 day)
poly-vite/iron oral solution 11 mg/ml	Preferred	QL (2 ML per 1 day)
qc childrens complete oral tablet chewable 18 mg	Preferred	

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Drug	Status	Notes
qc childrens vitamins/iron oral tablet chewable 15 mg	Preferred	
ra vitamins complete childrens oral tablet chewable 18 mg	Preferred	
sm animal shapes complete oral tablet chewable 18 mg	Preferred	
Ped Vitamins Acd W/ Fluoride - Drugs For Nutrition**		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	Preferred	QL (2 ML per 1 day)
tri-vitamin/fluoride oral solution 0.25 mg/ml	Preferred	QL (2 ML per 1 day)
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Preferred	QL (2 ML per 1 day)
vitamins acd-fluoride oral solution 0.25 mg/ml	Preferred	QL (2 ML per 1 day)
Pediatric Multiple Vitamins - Drugs For Nutrition**		
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION	Preferred	QL (2 ML per 1 day)
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	Preferred	PA
POLY-VI-SOL ORAL SOLUTION	Preferred	QL (2 EA per 1 day)
VITALIPID N INFANT INTRAVENOUS EMULSION	Preferred	PA
VITLIPID N INFANT INTRAVENOUS EMULSION	Preferred	PA
multivitamin infant & toddler oral solution	Preferred	QL (2 ML per 1 day)
poly-vita oral solution	Preferred	QL (2 ML per 1 day)
poly-vite pediatric oral solution	Preferred	QL (2 ML per 1 day)
Pediatric Vitamins A & D W/ C - Drugs For Nutrition**		
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10	Preferred	
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	Preferred	
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	Preferred	QL (2 ML per 1 day)

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Drug	Status	Notes
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	Preferred	QL (2 ML per 1 day)
vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml	Preferred	
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	Preferred	
Prenatal Mv & Min W/Fe-Fa - Drugs For Nutrition**		
CO-NATAL FA ORAL TABLET	Preferred	QL (1 EA per 1 day)
NATALVIT ORAL TABLET	Preferred	QL (1 EA per 1 day)
NEONATAL PLUS ORAL TABLET 27-1 MG	Preferred	QL (1 EA per 1 day)
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG	Preferred	QL (1 EA per 1 day)
NIVA-PLUS ORAL TABLET 27-1 MG	Preferred	QL (1 EA per 1 day)
PRENATRYL ORAL TABLET 27-1 MG	Preferred	QL (1 EA per 1 day)
RIGHT STEP PRENATAL ORAL TABLET 27-0.8 MG	Preferred	QL (1 EA per 1 day)
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG	Preferred	QL (1 EA per 1 day)
TRINATE ORAL TABLET	Preferred	QL (1 EA per 1 day)
VINATE ONE ORAL TABLET 60-1 MG	Preferred	QL (1 EA per 1 day)
VITATHELY WITH GINGER ORAL TABLET 27-1 MG	Preferred	QL (1 EA per 1 day)
classic prenatal oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
completenate oral tablet chewable 29-1 mg	Preferred	QL (1 EA per 1 day)
cvs prenatal oral tablet 27-0.8 mg	Preferred	QL (1 EA per 1 day)
eql prenatal formula oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
gnp prenatal oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
kp prenatal multivitamins oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
masonatal oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
m-natal plus oral tablet 27-1 mg	Preferred	QL (1 EA per 1 day)
multi prenatal oral tablet 27-0.8 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
neonatal complete oral tablet 27-1 mg, 29-1 mg	Preferred	QL (1 EA per 1 day)
neonatal prenatal oral tablet 27-0.8 mg	Preferred	QL (1 EA per 1 day)
one vite womens oral tablet 27-0.8 mg	Preferred	QL (1 EA per 1 day)
one vite womens plus oral tablet 27-1 mg	Preferred	QL (1 EA per 1 day)
pnv prenatal plus multivitamin oral tablet 27-1 mg	Preferred	QL (1 EA per 1 day)
prenatal 19 oral tablet 29-1 mg	Preferred	QL (1 EA per 1 day)
prenatal 19 oral tablet chewable , 29-1 mg	Preferred	QL (1 EA per 1 day)
prenatal one daily oral tablet 27-0.8 mg	Preferred	QL (1 EA per 1 day)
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	Preferred	QL (1 EA per 1 day)
prenatal plus oral tablet 27-1 mg	Preferred	QL (1 EA per 1 day)
prenatal plus vitamin/mineral oral tablet 27-1 mg	Preferred	QL (1 EA per 1 day)
prenatal vitamin and mineral oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
prenatal vitamin oral tablet 27-0.8 mg	Preferred	QL (1 EA per 1 day)
prenatal vitamin plus low iron oral tablet 27-1 mg	Preferred	QL (1 EA per 1 day)
prenatal vitamins oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
prenatal/iron oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
px prenatal multivitamins oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
qc prenatal oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
ra prenatal formula oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
ra prenatal oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
se-natal 19 oral tablet 29-1 mg	Preferred	QL (1 EA per 1 day)
se-natal 19 oral tablet chewable 29-1 mg	Preferred	QL (1 EA per 1 day)
sm prenatal vitamins oral tablet 28-0.8 mg	Preferred	QL (1 EA per 1 day)
thrivite rx oral tablet 29-1 mg	Preferred	QL (1 EA per 1 day)
trinatal rx 1 oral tablet 60-1 mg	Preferred	QL (1 EA per 1 day)
westab plus oral tablet 27-1 mg	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil - Drugs For Nutrition**		
complete natal dha oral 29-1-200 & 200 mg	Preferred	QL (2 EA per 1 day)
wesnatal dha complete oral 29-1-200 & 200 mg	Preferred	QL (2 EA per 1 day)
Prenatal Mv & Min W/Fe-Fa-Dha - Drugs For Nutrition**		
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	Preferred	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	Preferred	
***Musculoskeletal Therapy Agents* - Drugs For Muscles, Ligaments, Tendons, And Bones**		
Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones**		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	Non Preferred	PA
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM 5 %	Non Preferred	PA
FEXMID ORAL TABLET 7.5 MG	Non Preferred	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	Non Preferred	PA
LORZONE ORAL TABLET 375 MG, 750 MG	Non Preferred	PA
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG	Non Preferred	PA
OZOBAX DS ORAL SOLUTION 10 MG/5ML	Non Preferred	PA
OZOBAX ORAL SOLUTION 5 MG/5ML	Non Preferred	PA
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	Non Preferred	PA
SOMA ORAL TABLET 250 MG, 350 MG	Non Preferred	PA
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML	Non Preferred	PA
TABRADOL RAPIDPAQ ORAL SUSPENSION 1 MG/ML	Non Preferred	PA

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Drug	Status	Notes
VANADOM ORAL TABLET 350 MG	Non Preferred	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Non Preferred	PA
ZANAFLEX ORAL TABLET 4 MG	Non Preferred	PA; QL (9 EA per 1 day)
baclofen oral solution 10 mg/5ml, 5 mg/5ml	Non Preferred	PA
baclofen oral suspension 25 mg/5ml	Preferred	PA
baclofen oral tablet 10 mg	Preferred	QL (3 EA per 1 day)
baclofen oral tablet 20 mg	Preferred	QL (4 EA per 1 day)
baclofen oral tablet 5 mg	Preferred	
carisoprodol oral tablet 250 mg, 350 mg	Non Preferred	PA
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	Non Preferred	PA
cyclo transdermal cream 20 mg/gm	Non Preferred	PA
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	Non Preferred	PA
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Preferred	QL (3 EA per 1 day)
cyclobenzaprine hcl oral tablet 7.5 mg	Non Preferred	PA
enovarx-cyclobenzaprine hcl transdermal cream 20 mg/gm	Non Preferred	PA
metaxalone oral tablet 400 mg, 800 mg	Preferred	
methocarbamol injection solution 1000 mg/10ml	Non Preferred	PA
methocarbamol oral tablet 1000 mg	Non Preferred	PA
methocarbamol oral tablet 500 mg	Preferred	QL (6 EA per 1 day)
methocarbamol oral tablet 750 mg	Preferred	QL (10 EA per 1 day)
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Non Preferred	PA
orphenadrine citrate injection solution 30 mg/ml	Non Preferred	PA
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	Non Preferred	PA
tizanidine hcl oral tablet 2 mg	Preferred	QL (3 EA per 1 day)
tizanidine hcl oral tablet 4 mg	Preferred	QL (9 EA per 1 day)

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Drug	Status	Notes
Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones**		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	Preferred	PA
DANTRIUM ORAL CAPSULE 25 MG	Non Preferred	PA
REVONTO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	Preferred	PA
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG	Preferred	PA
dantrolene sodium intravenous solution reconstituted 20 mg	Preferred	PA
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Non Preferred	PA
Muscle Relaxant Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones**		
METAXALL CP COMBINATION KIT 800 & 0.025 MG & %	Non Preferred	PA
NORGESIC ORAL TABLET 25-385-30 MG	Non Preferred	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Non Preferred	PA
norgesic forte oral tablet 50-770-60 mg	Non Preferred	PA
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	Non Preferred	PA
Retinoic Acid Receptor Gamma Selective Agonists - Drugs For Muscles, Ligaments, Tendons, And Bones**		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Carve Out	
***Nasal Agents - Systemic And Topical* - Drugs For The Nose**		
Antihistamine-Steroid - Allergy**		
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	Non Preferred	PA
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT	Non Preferred	PA

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Drug	Status	Notes
azelastine-fluticasone nasal suspension 137-50 mcg/act	Non Preferred	PA
Nasal Agents - Misc. - Allergy**		
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 %	Preferred	
AYR NASAL SOLUTION 0.65 %	Preferred	
BABY AYR SALINE NASAL SOLUTION 0.65 %	Preferred	
NASAL MOIST NASAL SOLUTION 0.65 %	Preferred	
OCEAN FOR KIDS NASAL SOLUTION 0.65 %	Preferred	
altamist spray nasal solution 0.65 %	Preferred	
cvs saline nasal spray nasal solution 0.65 %	Preferred	
deep sea nasal spray nasal solution 0.65 %	Preferred	
eq saline nasal spray nasal solution 0.65 %	Preferred	
eql saline nasal spray nasal solution 0.65 %	Preferred	
gnp nasal moisturizing nasal solution 0.65 %	Preferred	
hm saline nasal spray nasal solution 0.65 %	Preferred	
meijer saline nasal spray nasal solution 0.65 %	Preferred	
nasal moisturizing spray nasal solution 0.65 %	Preferred	
px saline nasal spray nasal solution 0.65 %	Preferred	
qc saline nasal relief nasal solution 0.65 %	Preferred	
qc saline nasal spray nasal solution 0.65 %	Preferred	
ra saline nasal spray nasal solution 0.65 %	Preferred	
saline mist spray nasal solution 0.65 %	Preferred	
saline nasal spray nasal solution 0.65 %	Preferred	
sb saline nose nasal solution 0.65 %	Preferred	
sm nasal spray saline nasal solution 0.65 %	Preferred	
sodium chloride nasal solution 0.65 %	Preferred	
Nasal Anticholinergics - Allergy**		
ipratropium bromide nasal solution 0.03 %, 0.06 %	Preferred	

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Drug	Status	Notes
Nasal Antihistamines - Allergy**		
PATANASE NASAL SOLUTION 0.6 %	Non Preferred	PA
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	Preferred	QL (30 ML per 24 days); NOTES (1 bottle per month)
olopatadine hcl nasal solution 0.6 %	Non Preferred	PA
Nasal Steroids - Allergy**		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	Non Preferred	PA
CLARISPRAY NASAL SUSPENSION 50 MCG/ACT	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
KLS ALLER-CORT NASAL AEROSOL 55 MCG/ACT	Preferred	QL (16.9 ML per 24 days); NOTES (1 bottle per month)
KLS ALLER-FLO NASAL SUSPENSION 50 MCG/ACT	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Non Preferred	PA
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Non Preferred	PA
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Non Preferred	PA
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Non Preferred	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	Non Preferred	PA
allergy relief nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
allergy spray 24 hour nasal aerosol 55 mcg/act	Preferred	QL (16.9 ML per 24 days); NOTES (1 bottle per month)
allergy spray 24 hour nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
budesonide nasal suspension 32 mcg/act	Preferred	QL (8.43 ML per 24 days); NOTES (1 bottle per month)
cvs budesonide nasal suspension 32 mcg/act	Preferred	QL (8.43 ML per 24 days); NOTES (1 bottle per month)

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Drug	Status	Notes
cvs fluticasone propionate nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
cvs nasal allergy spray nasal aerosol 55 mcg/act	Preferred	QL (16.9 ML per 24 days); NOTES (1 bottle per month)
eq allergy relief nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
eq budesonide nasal nasal suspension 32 mcg/act	Preferred	QL (8.43 ML per 24 days); NOTES (1 bottle per month)
eq nasal allergy nasal aerosol 55 mcg/act	Preferred	QL (16.9 ML per 24 days); NOTES (1 bottle per month)
eql fluticasone childrens nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
eql fluticasone propionate nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
flunisolide nasal solution 25 mcg/act (0.025%)	Non Preferred	PA
fluticasone propionate nasal suspension 50 mcg/act	Preferred	QL (19 GM per 24 days); NOTES (1 bottle per month)
gnp 24 hour nasal allergy nasal aerosol 55 mcg/act	Preferred	QL (16.9 ML per 24 days); NOTES (1 bottle per month)
gnp budesonide nasal spray nasal suspension 32 mcg/act	Preferred	QL (8.43 ML per 24 days); NOTES (1 bottle per month)
gnp fluticasone propionate nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
goodsense 24-hr allergy nasal nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
goodsense nasal allergy spray nasal aerosol 55 mcg/act	Preferred	QL (16.9 ML per 24 days); NOTES (1 bottle per month)
hm 24 hour nasal allergy nasal aerosol 55 mcg/act	Preferred	QL (16.9 ML per 24 days); NOTES (1 bottle per month)
hm allergy relief nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
mometasone furoate nasal suspension 50 mcg/act	Non Preferred	PA
nasal allergy 24 hour nasal aerosol 55 mcg/act	Preferred	QL (16.9 ML per 24 days); NOTES (1 bottle per month)

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Drug	Status	Notes
qc allergy relief nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
ra budesonide nasal suspension 32 mcg/act	Preferred	QL (8.43 ML per 24 days); NOTES (1 bottle per month)
ra nasal allergy nasal aerosol 55 mcg/act	Preferred	QL (16.9 ML per 24 days); NOTES (1 bottle per month)
sm allergy relief nasal suspension 50 mcg/act	Preferred	QL (19 ML per 24 days); NOTES (1 bottle per month)
triamcinolone acetonide nasal aerosol 55 mcg/act	Preferred	QL (16.9 ML per 24 days); NOTES (1 bottle per month)
Systemic Decongestants - Allergy**		
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML	Preferred	
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	Preferred	QL (8 EA per 1 day)
SUDOGEST ORAL TABLET 30 MG	Preferred	QL (8 EA per 1 day)
SUDOGEST ORAL TABLET 60 MG	Preferred	QL (6 EA per 1 day)
SUDOGEST PE ORAL TABLET 10 MG	Preferred	
WAL-PHED D ORAL TABLET 30 MG	Preferred	QL (8 EA per 1 day)
WAL-PHED PE ORAL TABLET 10 MG	Preferred	
cvs nasal decongestant oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
cvs nasal decongestant pe oral tablet 10 mg	Preferred	
cvs sinus pe decongestant oral tablet 10 mg	Preferred	
decongestant oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
eql nasal decongestant oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
eql nasal decongestant pe oral tablet 10 mg	Preferred	
ft nasal decongestant max str oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
ft nasal decongestant pe oral tablet 10 mg	Preferred	
gnp nasal decongestant oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
gnp nasal decongestant pe oral tablet 10 mg	Preferred	
hm nasal decongestant pe oral tablet 10 mg	Preferred	
kp pseudoephedrine hcl oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
kp pseudoephedrine hcl oral tablet 60 mg	Preferred	QL (6 EA per 1 day)

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Drug	Status	Notes
meijer nasal decongestant oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
nasal decongestant d oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
nasal decongestant oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
nasal decongestant pe max st oral tablet 10 mg	Preferred	
nasal decongestant pe oral tablet 10 mg	Preferred	
non-pseudo sinus decongestant oral tablet 10 mg	Preferred	
phenylephrine hcl oral tablet 10 mg	Preferred	
pseudoephedrine hcl oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
pseudoephedrine hcl oral tablet 60 mg	Preferred	QL (6 EA per 1 day)
px nasal decongestant oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
px nasal decongestant pe oral tablet 10 mg	Preferred	
qc nasal decongestant pe oral tablet 10 mg	Preferred	
qc nasal decongestant pe oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
ra nasal decongestant pe oral tablet 10 mg	Preferred	
ra sinus/congestion relief oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
ra sinus/congestion relief pe oral tablet 10 mg	Preferred	
ra suphedrine oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
sinus congestion max strength oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
sm nasal decongestant max st oral tablet 30 mg	Preferred	QL (8 EA per 1 day)
sm nasal decongestant pe oral tablet 10 mg	Preferred	
***Neuromuscular Agents* - Drugs For Nerves And Muscles**		
Als Agent Combinations - Drugs For Nerves And Muscles**		
RELYVRIO ORAL PACKET 3-1 GM	Carve Out	
Als Agents - Antisense Oligonucleotides - Drugs For Nerves And Muscles**		
QALSODY INTRATHECAL SOLUTION 100 MG/15ML	Carve Out	
Als Agents - Miscellaneous - Drugs For Nerves And Muscles**		
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	Carve Out	

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Drug	Status	Notes
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Carve Out	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Carve Out	
Benzathiazoles - Drugs For Nerves And Muscles**		
EXSERVAN ORAL FILM 50 MG	Non Preferred	PA; SP
RILUTEK ORAL TABLET 50 MG	Non Preferred	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Non Preferred	PA
riluzole oral tablet 50 mg	Preferred	
Friedrich's Ataxia Agents - Nrf2 Pathway Activators - Drugs For Nerves And Muscles**		
SKYCLARYS ORAL CAPSULE 50 MG	Carve Out	
Muscular Dystrophy - Gene Therapy Agents - Drugs For Nerves And Muscles**		
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	
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	

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Drug	Status	Notes
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	
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs - Drugs For Nerves And Muscles**		
DAYBUE ORAL SOLUTION 200 MG/ML	Carve Out	

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Drug	Status	Notes
Spinal Muscular Atrophy-Antisense Oligonucleotides - Drugs For Nerves And Muscles**		
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML	Carve Out	
Spinal Muscular Atrophy-Gene Therapy Agents - Drugs For Nerves And Muscles**		
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	
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	

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Drug	Status	Notes
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	

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Drug	Status	Notes
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT 2X5.5ML & 3X8.3ML	Carve Out	
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 - Drugs For Nerves And Muscles**		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Carve Out	
***Nutrients* - Drugs For Nutrition**		
Lipids - Drugs For Nutrition**		
DOJOLVI ORAL LIQUID 100 %	Carve Out	
***Ophthalmic Agents* - Drugs For The Eye**		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb - Drugs For Glaucoma**		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Preferred	
brimonidine-dorzolamide ophthalmic solution 0.15-2 %	Preferred	
Artificial Tear And Lubricant Combinations - Drugs For The Eye**		
ALTALUBE OPHTHALMIC OINTMENT 85-15 %	Preferred	

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Drug	Status	Notes
EQ RESTORE PM OPHTHALMIC OINTMENT	Preferred	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT	Preferred	
HYPOTEARS OPHTHALMIC OINTMENT	Preferred	
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT	Preferred	
RETAINE PM OPHTHALMIC OINTMENT	Preferred	
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT	Preferred	
STYE OPHTHALMIC OINTMENT 31.9-57.7 %	Preferred	
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT	Preferred	
ULTRA FRESH PM OPHTHALMIC OINTMENT	Preferred	
artificial eye ophthalmic ointment 83-15 %	Preferred	
artificial tears ophthalmic ointment 83-15 %	Preferred	
cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %	Preferred	
cvs eye lubricant ophthalmic ointment	Preferred	
cvs lubricating eye/overnight ophthalmic ointment	Preferred	
cvs nighttime dry-eye relief ophthalmic ointment	Preferred	
eye lubricant ophthalmic ointment	Preferred	
for sty relief ophthalmic ointment 31.9-57.7 %	Preferred	
gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %	Preferred	
lubricant eye fast acting ophthalmic ointment	Preferred	
lubricant eye nighttime ophthalmic ointment	Preferred	
lubricant eye ophthalmic ointment	Preferred	
lubricant pm ophthalmic ointment	Preferred	
lubrifresh p.m. ophthalmic ointment	Preferred	

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Drug	Status	Notes
Artificial Tear Inserts - Drugs For The Eye**		
LACRISERT OPHTHALMIC INSERT 5 MG	Preferred	
Artificial Tears And Lubricants - Drugs For The Eye**		
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 %	Preferred	
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	Preferred	
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	Preferred	
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 %	Preferred	
artificial tears ophthalmic solution 1.4 %	Preferred	
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	Preferred	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Preferred	
cvs lubricant eye drops (pf) ophthalmic solution 0.5 %	Preferred	
cvs lubricant eye drops ophthalmic solution 0.5 %	Preferred	
eq restore plus lubricant eye ophthalmic solution 0.5 %	Preferred	
eq restore tears ophthalmic solution 0.5 %	Preferred	
eye drops ophthalmic solution 0.5 %	Preferred	
gnp lubricant eye drops (pf) ophthalmic solution 0.5 %	Preferred	
gnp lubricating plus eye drops ophthalmic solution 0.5 %	Preferred	
goodsense lubricating eye drop ophthalmic solution 0.5 %	Preferred	
hm lubricating plus ophthalmic solution 0.5 %	Preferred	
lubricant eye drops ophthalmic solution 0.5 %	Preferred	
lubricant eye drops pf ophthalmic solution 0.5 %	Preferred	

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Drug	Status	Notes
lubricating plus eye drops ophthalmic solution 0.5 %	Preferred	
polyvinyl alcohol ophthalmic solution 1.4 %	Preferred	
ra lubricant eye drops ophthalmic solution 0.5 %	Preferred	
sm lubricating plus ophthalmic solution 0.5 %	Preferred	
Beta-Blockers - Ophthalmic Combinations - Drugs For Glaucoma**		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Preferred	
COSOPT OPHTHALMIC SOLUTION 2-0.5 %	Non Preferred	PA; QL (10 ML per 24 days)
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	Non Preferred	PA
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Preferred	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Preferred	QL (10 ML per 24 days)
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Preferred	
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	Non Preferred	PA; QL (10 ML per 24 days)
latanoprost-timolol maleate ophthalmic solution 0.005-0.5 %	Preferred	
timolol-brimon-dorzol-latanopr ophthalmic solution 0.5-0.15-2 -0.005%	Preferred	
timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.15-2 %	Preferred	
timolol-dorzolamid-latanoprost ophthalmic solution 0.5-0.15-0.005 %	Preferred	
Beta-Blockers - Ophthalmic - Drugs For Glaucoma**		
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Non Preferred	PA
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Non Preferred	PA

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Drug	Status	Notes
ISTALOL OPHTHALMIC SOLUTION 0.5 %	Non Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Preferred	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	Non Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Preferred	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Non Preferred	PA
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	Non Preferred	PA
betaxolol hcl ophthalmic solution 0.5 %	Non Preferred	PA
carteolol hcl ophthalmic solution 1 %	Non Preferred	PA
levobunolol hcl ophthalmic solution 0.5 %	Preferred	QL (15 ML per 24 days)
timolol maleate (once-daily) ophthalmic solution 0.5 %	Non Preferred	PA
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Preferred	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Preferred	
timolol maleate pf ophthalmic solution 0.25 %	Non Preferred	PA
timolol maleate pf ophthalmic solution 0.5 %	Preferred	
Cholinergic Agonists - Drugs For The Eye**		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Preferred	PA
Cycloplegic Mydriatic Combinations - Drugs For The Eye**		
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Preferred	
tropicamide-cyclopentolate-pe ophthalmic solution 1-1-2.5 %	Non Preferred	PA
tropicamide-phenylephrine ophthalmic solution 1-2.5 %	Preferred	

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Drug	Status	Notes
tropic-proparaca-pe-ketorolac ophthalmic solution 1-0.5-2.5-0.5 %	Non Preferred	PA
Cycloplegic Mydriatics - Drugs For The Eye**		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	Preferred	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Preferred	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	Non Preferred	PA
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	Non Preferred	PA; QL (15 ML per 24 days)
MYDRIACYL OPHTHALMIC SOLUTION 1 %	Non Preferred	PA
atropine sulfate ophthalmic ointment 1 %	Preferred	
atropine sulfate ophthalmic solution 0.01 %	Preferred	
atropine sulfate ophthalmic solution 1 %	Preferred	QL (15 ML per 24 days)
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	Preferred	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Preferred	
tropicamide ophthalmic solution 0.5 %, 1 %	Preferred	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag - Anti-Infective/Anti-Inflammatories**		
XIIDRA OPHTHALMIC SOLUTION 5 %	Preferred	
Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Preferred	
Miotics - Direct Acting - Drugs For Glaucoma**		
VUITY OPHTHALMIC SOLUTION 1.25 %	Preferred	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Non Preferred	PA

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Drug	Status	Notes
Ophthalmic Antiallergic - Drugs For Itchy Eye**		
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.025 %, 0.035 %	Preferred	
ALAWAY OPHTHALMIC SOLUTION 0.025 %, 0.035 %	Preferred	
ALOCRIL OPHTHALMIC SOLUTION 2 %	Non Preferred	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Non Preferred	PA
BEPREVE OPHTHALMIC SOLUTION 1.5 %	Non Preferred	PA
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	Non Preferred	PA
azelastine hcl ophthalmic solution 0.05 %	Non Preferred	PA
bepotastine besilate ophthalmic solution 1.5 %	Non Preferred	PA
cromolyn sodium ophthalmic solution 4 %	Preferred	
cvs allergy eye drops ophthalmic solution 0.025 %, 0.035 %	Preferred	
cvs eye itch relief ophthalmic solution 0.025 %, 0.035 %	Preferred	
epinastine hcl ophthalmic solution 0.05 %	Non Preferred	PA
eq eye itch relief ophthalmic solution 0.025 %, 0.035 %	Preferred	
eye itch relief ophthalmic solution 0.025 %, 0.035 %	Preferred	
ketotifen fumarate ophthalmic solution 0.035 %	Preferred	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	Non Preferred	PA
ra eye itch relief ophthalmic solution 0.025 %, 0.035 %	Preferred	
sm eye itch relief ophthalmic solution 0.025 %, 0.035 %	Preferred	
Ophthalmic Antibiotics - Anti-Infective/Anti-Inflammatories**		
AZASITE OPHTHALMIC SOLUTION 1 %	Non Preferred	PA

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Drug	Status	Notes
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Non Preferred	PA
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Non Preferred	PA
GENTAK OPHTHALMIC OINTMENT 0.3 %	Non Preferred	PA
KLARITY-A OPHTHALMIC SOLUTION 1 %	Non Preferred	PA
MITOSOL OPHTHALMIC KIT 0.2 MG	Non Preferred	PA
OCUFLOX OPHTHALMIC SOLUTION 0.3 %	Non Preferred	PA
TOBREX OPHTHALMIC OINTMENT 0.3 %	Non Preferred	PA
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	Non Preferred	PA
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	Non Preferred	PA
bacitracin ophthalmic ointment 500 unit/gm	Non Preferred	PA
ciprofloxacin hcl ophthalmic solution 0.3 %	Preferred	
erythromycin ophthalmic ointment 5 mg/gm	Preferred	
gatifloxacin ophthalmic solution 0.5 %	Non Preferred	PA
gentamicin sulfate ophthalmic solution 0.3 %	Preferred	
levofloxacin ophthalmic solution 0.5 %, 1.5 %	Non Preferred	PA
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Non Preferred	PA
moxifloxacin hcl ophthalmic solution 0.5 %	Preferred	
ofloxacin ophthalmic solution 0.3 %	Preferred	
tobramycin ophthalmic solution 0.3 %	Preferred	
Ophthalmic Antifungal - Drugs For The Eye**		
NATACYN OPHTHALMIC SUSPENSION 5 %	Preferred	

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Drug	Status	Notes
Ophthalmic Anti-Infective Combinations - Anti-Infective/Anti-Inflammatories**		
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Non Preferred	PA
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	Non Preferred	PA
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	Non Preferred	PA
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	Non Preferred	PA
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Non Preferred	PA
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	Non Preferred	PA
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Non Preferred	PA
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Preferred	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories**		
ZIRGAN OPHTHALMIC GEL 0.15 %	Non Preferred	PA
trifluridine ophthalmic solution 1 %	Preferred	QL (8 ML per 24 days)
Ophthalmic Carbonic Anhydrase Inhibitors - Drugs For Glaucoma**		
AZOPT OPHTHALMIC SUSPENSION 1 %	Non Preferred	PA
TRUSOPT OPHTHALMIC SOLUTION 2 %	Non Preferred	PA
brinzolamide ophthalmic suspension 1 %	Preferred	
dorzolamide hcl ophthalmic solution 2 %	Preferred	
***Ophthalmic Ectoparasiticide** - Anti-Infective/Anti-Inflammatories**		
XDEMVY OPHTHALMIC SOLUTION 0.25 %	Preferred	

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Drug	Status	Notes
Ophthalmic Gene Therapy - Drugs For The Eye**		
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML	Carve Out	
Ophthalmic Immunomodulators - Anti-Infective/Anti-Inflammatories**		
CEQUA OPHTHALMIC SOLUTION 0.09 %	Non Preferred	PA
CYCLOSPORINE IN KLARITY OPHTHALMIC EMULSION 0.1 %	Non Preferred	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Preferred	
RESTASIS OPHTHALMIC EMULSION 0.05 %	Preferred	
VERKAZIA OPHTHALMIC EMULSION 0.1 %	Non Preferred	PA
VEVYE OPHTHALMIC SOLUTION 0.1 %	Non Preferred	PA
cyclosporine ophthalmic emulsion 0.05 %	Preferred	
Ophthalmic Kinase Inhibitors - Combinations - Drugs For Glaucoma**		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Preferred	
Ophthalmic Local Anesthetics - Drugs For The Eye**		
AKTEN OPHTHALMIC GEL 3.5 %	Non Preferred	PA
ALCAINE OPHTHALMIC SOLUTION 0.5 %	Non Preferred	PA
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	Preferred	
proparacaine hcl ophthalmic solution 0.5 %	Preferred	
tetracaine hcl ophthalmic solution 0.5 %	Preferred	
Ophthalmic Nerve Growth Factors - Drugs For The Eye**		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Carve Out	

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Drug	Status	Notes
Ophthalmic Nonsteroidal Anti-Inflammatory Agents - Anti-Infective/Anti-Inflammatories**		
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	Non Preferred	PA; QL (2 ML per 1 day)
ACULAR OPHTHALMIC SOLUTION 0.5 %	Non Preferred	PA; QL (2 ML per 1 day)
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	Non Preferred	PA
BROMSITE OPHTHALMIC SOLUTION 0.075 %	Non Preferred	PA
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Preferred	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	Non Preferred	PA
PROLENSA OPHTHALMIC SOLUTION 0.07 %	Non Preferred	PA
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Non Preferred	PA
diclofenac sodium ophthalmic solution 0.1 %	Preferred	
flurbiprofen sodium ophthalmic solution 0.03 %	Preferred	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Preferred	QL (2 ML per 1 day)
Ophthalmic Rho Kinase Inhibitors - Drugs For Glaucoma**		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Preferred	
Ophthalmic Selective Alpha Adrenergic Agonists - Drugs For Glaucoma**		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 %	Preferred	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Non Preferred	PA
apraclonidine hcl ophthalmic solution 0.5 %	Non Preferred	PA
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	Preferred	

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Drug	Status	Notes
Ophthalmic Steroid Combinations - Anti-Infective/Anti-Inflammatories**		
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	Non Preferred	PA
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1	Non Preferred	PA
MAXITROL OPHTHALMIC SUSPENSION 0.1 %, 3.5-10000-0.1	Non Preferred	PA
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Non Preferred	PA
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	Non Preferred	PA
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Preferred	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	Preferred	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	Non Preferred	PA
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Non Preferred	PA
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Non Preferred	PA
double pm ophthalmic solution reconstituted 1-0.5 %	Non Preferred	PA
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Preferred	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	Preferred	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Non Preferred	PA
prednisol ace-moxiflox-bromfen ophthalmic suspension 1-0.5-0.075 %	Non Preferred	PA
prednisolone acetate-nepafenac ophthalmic suspension 1-0.1 %	Non Preferred	PA

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Drug	Status	Notes
prednisolone acet-moxifloxacin ophthalmic suspension 1-0.5 %	Non Preferred	PA
prednisolone-bromfenac ophthalmic solution 1-0.075 %	Non Preferred	PA
prednisolone-bromfenac ophthalmic suspension 1-0.075 %	Non Preferred	PA
prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %	Non Preferred	PA
prednisolone-moxifloxacin ophthalmic solution 1-0.5 %	Non Preferred	PA
prednisolon-gatiflox-bromfenac ophthalmic solution 1-0.5-0.075 %	Non Preferred	PA
prednisolon-gatiflox-bromfenac ophthalmic suspension 1-0.5-0.075 %	Non Preferred	PA
prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %	Non Preferred	PA
prednisolon-moxiflox-nepafenac ophthalmic suspension 1-0.5-0.1 %	Non Preferred	PA
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Preferred	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Preferred	
triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %	Non Preferred	PA
triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %	Non Preferred	PA
Ophthalmic Steroids - Anti-Infective/Anti-Inflammatories**		
ALREX OPHTHALMIC SUSPENSION 0.2 %	Non Preferred	PA
DUREZOL OPHTHALMIC EMULSION 0.05 %	Non Preferred	PA
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Non Preferred	PA

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Drug	Status	Notes
FLAREX OPHTHALMIC SUSPENSION 0.1 %	Non Preferred	PA
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	Non Preferred	PA
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 %	Non Preferred	PA; QL (15 ML per 24 days)
FML OPHTHALMIC OINTMENT 0.1 %	Non Preferred	PA
INVELTYS OPHTHALMIC SUSPENSION 1 %	Non Preferred	PA
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %	Non Preferred	PA
LOTEMAX OPHTHALMIC GEL 0.5 %	Non Preferred	PA
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Non Preferred	PA
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	Non Preferred	PA
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Non Preferred	PA
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Non Preferred	PA
PRED FORTE OPHTHALMIC SUSPENSION 1 %	Non Preferred	PA
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	Non Preferred	PA
dexamethasone sodium phosphate ophthalmic solution 0.1 %	Preferred	
difluprednate ophthalmic emulsion 0.05 %	Preferred	
fluorometholone ophthalmic suspension 0.1 %	Preferred	QL (15 ML per 24 days)
loteprednol etabonate ophthalmic gel 0.5 %	Non Preferred	PA
loteprednol etabonate ophthalmic suspension 0.5 %	Non Preferred	PA
prednisolone acetate ophthalmic suspension 1 %	Preferred	
prednisolone acetate p-f ophthalmic suspension 1 %	Preferred	
prednisolone acetate suspension 1 % ophthalmic	Non Preferred	PA

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Drug	Status	Notes
prednisolone sodium phosphate ophthalmic solution 1 %	Non Preferred	PA
Ophthalmic Sulfonamides - Anti-Infective/Anti-Inflammatories**		
sulfacetamide sodium ophthalmic ointment 10 %	Non Preferred	PA
sulfacetamide sodium ophthalmic solution 10 %	Preferred	
***Ophthalmics - Blepharoptosis Agents** - Drugs For The Eye**		
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Preferred	PA
***Ophthalmics - Cystinosis Agents** - Drugs For The Eye**		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Non Preferred	PA; SP
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Preferred	PA; SP
Ophthalmics Misc. - Other - Drugs For The Eye**		
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Non Preferred	PA
Prostaglandins - Ophthalmic - Drugs For Glaucoma**		
IYUZEH OPHTHALMIC SOLUTION 0.005 %	Preferred	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Non Preferred	PA
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Non Preferred	PA; QL (5 ML per 24 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Non Preferred	PA
XALATAN OPHTHALMIC SOLUTION 0.005 %	Non Preferred	PA; QL (5 ML per 24 days)
XELPROS OPHTHALMIC EMULSION 0.005 %	Non Preferred	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Non Preferred	PA

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Drug	Status	Notes
bimatoprost ophthalmic solution 0.03 %	Non Preferred	PA
latanoprost ophthalmic solution 0.005 %	Preferred	QL (5 ML per 24 days)
tafluprost (pf) ophthalmic solution 0.0015 %	Non Preferred	PA
travoprost (bak free) ophthalmic solution 0.004 %	Non Preferred	PA; QL (5 ML per 24 days)
***Otic Agents* - Drugs For The Ear**		
Otic Agents - Miscellaneous - Wax Removal**		
AURO DRI SWIMMERS EARS OTIC LIQUID 95 %	Preferred	
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 %	Preferred	
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 %	Preferred	
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 %	Preferred	
MURINE EAR OTIC SOLUTION 6.5 %	Preferred	
MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 %	Preferred	
acetic acid otic solution 2 %	Preferred	QL (20 ML per 24 days)
cvs ear drops otic solution 6.5 %	Preferred	
cvs ear wax removal system otic solution 6.5 %	Preferred	
cvs earwax removal kit otic solution 6.5 %	Preferred	
cvs swimmers ear drops otic liquid 95 %	Preferred	
ear drops earwax aid otic solution 6.5 %	Preferred	
ear drops for swimmers otic liquid 95-5 %	Preferred	
ear drops otic solution 6.5 %	Preferred	
ear wax drops otic solution 6.5 %	Preferred	
ear wax removal drops otic solution 6.5 %	Preferred	
ear wax removal kit otic solution 6.5 %	Preferred	
ear wax removal system otic solution 6.5 %	Preferred	
earwax removal aid otic solution 6.5 %	Preferred	
earwax removal kit otic solution 6.5 %	Preferred	

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Drug	Status	Notes
earwax removal otic solution 6.5 %	Preferred	
earwax treatment drops otic solution 6.5 %	Preferred	
eq ear wax removal aid otic solution 6.5 %	Preferred	
eq earwax removal aid otic solution 6.5 %	Preferred	
ft earwax removal kit otic solution 6.5 %	Preferred	
ft earwax removal otic solution 6.5 %	Preferred	
gnp earwax removal drops otic solution 6.5 %	Preferred	
gnp earwax removal kit otic solution 6.5 %	Preferred	
goodsense ear wax kit otic solution 6.5 %	Preferred	
goodsense ear wax removal otic solution 6.5 %	Preferred	
hm earwax removal kit otic solution 6.5 %	Preferred	
hm earwax removal otic solution 6.5 %	Preferred	
instant ear-dry otic liquid 95-5 %	Preferred	
qc ear wax removal otic solution 6.5 %	Preferred	
qc earwax removal kit otic solution 6.5 %	Preferred	
qc earwax removal otic solution 6.5 %	Preferred	
qc instant ear-dry otic liquid 95-5 %	Preferred	
ra ear drops otic solution 6.5 %	Preferred	
ra ear drying agent otic liquid 95-5 %	Preferred	
ra earwax removal kit otic solution 6.5 %	Preferred	
sm ear drops otic solution 6.5 %	Preferred	
sm swimmers ear drops otic liquid 95 %	Preferred	
swimmers ear drops otic liquid 95 %	Preferred	
Otic Analgesic Combinations - Anti-Infective/Anti-Inflammatories**		
PRAMOTIC OTIC LIQUID 1-0.1 %	Preferred	
Otic Anti-Infectives - Antibiotics**		
CETRAXAL OTIC SOLUTION 0.2 %	Non Preferred	PA
ciprofloxacin hcl otic solution 0.2 %	Non Preferred	PA
ofloxacin otic solution 0.3 %	Preferred	QL (20 ML per 24 days)

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Drug	Status	Notes
Otic Steroid-Anti-Infective Combinations - Anti-Infective/Anti-Inflammatories**		
CIPRO HC OTIC SUSPENSION 0.2-1 %	Preferred	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	Preferred	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Non Preferred	PA
OTOVEL OTIC SOLUTION 0.3-0.025 %	Non Preferred	PA
antibiotic ear otic solution 3.5-10000-1	Preferred	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Preferred	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	Non Preferred	PA
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	Preferred	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Preferred	
Otic Steroids - Anti-Infective/Anti-Inflammatories**		
ACETASOL HC OTIC SOLUTION 2-1 %	Preferred	
DERMOTIC OTIC OIL 0.01 %	Preferred	
FLAC OTIC OIL 0.01 %	Preferred	
fluocinolone acetonide otic oil 0.01 %	Preferred	
hydrocortisone-acetic acid otic solution 1-2 %	Preferred	
***Oxytocics* - Hormones**		
Abortifacient Combinations - Drugs For Women**		
MPM PAK ORAL THERAPY PACK 200-0.2-8-800 MG	Non Preferred	PA
Oxytocics - Drugs For Women**		
METHERGINE ORAL TABLET 0.2 MG	Preferred	QL (4 EA per 1 day)
methylergonovine maleate oral tablet 0.2 mg	Preferred	QL (4 EA per 1 day)

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Drug	Status	Notes
***Passive Immunizing And Treatment Agents* - Biological Agents**		
Antiviral Monoclonal Antibodies - Biological Agents**		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Preferred	PA; SP; AGE (Max 1 Years)
***Penicillins* - Drugs For Infections**		
Aminopenicillins - Antibiotics**		
amoxicillin oral capsule 250 mg, 500 mg	Preferred	QL (8 EA per 1 day)
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Preferred	
amoxicillin oral tablet 500 mg	Preferred	QL (5 EA per 1 day)
amoxicillin oral tablet 875 mg	Preferred	QL (4 EA per 1 day)
amoxicillin oral tablet chewable 125 mg	Preferred	QL (6 EA per 1 day)
amoxicillin oral tablet chewable 250 mg	Preferred	QL (8 EA per 1 day)
ampicillin oral capsule 500 mg	Preferred	QL (8 EA per 1 day)
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	Preferred	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Preferred	
Natural Penicillins - Antibiotics**		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Preferred	PA
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	Non Preferred	PA
penicillin g pot in dextrose intravenous solution 20000 unit/ml, 40000 unit/ml, 60000 unit/ml	Preferred	PA
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	Preferred	PA
penicillin g procaine intramuscular suspension 600000 unit/ml	Preferred	PA

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Drug	Status	Notes
penicillin g sodium injection solution reconstituted 5000000 unit	Preferred	PA
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	Preferred	QL (40 ML per 1 day)
penicillin v potassium oral tablet 250 mg, 500 mg	Preferred	QL (8 EA per 1 day)
Penicillin Combinations - Antibiotics**		
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML	Non Preferred	PA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Non Preferred	PA
AUGMENTIN ORAL TABLET 500-125 MG	Non Preferred	PA; QL (3 EA per 1 day)
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	Preferred	PA
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	Preferred	PA
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	Non Preferred	PA
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	Non Preferred	PA
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	Preferred	PA
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	Non Preferred	PA
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	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg	Preferred	QL (3 EA per 1 day)
amoxicillin-pot clavulanate oral tablet 875-125 mg	Preferred	QL (2 EA per 1 day)
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg	Non Preferred	PA; QL (3 EA per 1 day)

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Drug	Status	Notes
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	Non Preferred	PA; QL (4 EA per 1 day)
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	Non Preferred	PA
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	Non Preferred	PA
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
Penicillinase-Resistant Penicillins - Antibiotics**		
dicloxacillin sodium oral capsule 250 mg	Preferred	QL (8 EA per 1 day)
dicloxacillin sodium oral capsule 500 mg	Preferred	QL (6 EA per 1 day)
Pharmaceutical Adjuvants		
Parenteral Vehicles**		
sterile water for injection injection solution	Preferred	
***Progestins* - Hormones**		
Progestins - Drugs For Women**		
AYGESTIN ORAL TABLET 5 MG	Non Preferred	PA; QL (1 EA per 1 day)
MAKENA INTRAMUSCULAR OIL 250 MG/ML	Preferred	PA
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	Non Preferred	PA
PROMETRIUM ORAL CAPSULE 100 MG	Non Preferred	PA; QL (1 EA per 1 day)
PROMETRIUM ORAL CAPSULE 200 MG	Non Preferred	PA; QL (2 EA per 1 day)
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Non Preferred	PA; QL (2 EA per 1 day)
ec-rx progesterone transdermal cream 10 %, 20 %	Non Preferred	PA
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	Preferred	PA
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	QL (2 EA per 1 day)

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Drug	Status	Notes
megestrol acetate oral suspension 625 mg/5ml	Preferred	
norethindrone acetate oral tablet 5 mg	Preferred	QL (1 EA per 1 day)
progesterone intramuscular oil 50 mg/ml	Preferred	
progesterone micronized transdermal cream 10 %	Non Preferred	PA
progesterone oral capsule 100 mg	Preferred	QL (1 EA per 1 day)
progesterone oral capsule 200 mg	Preferred	QL (2 EA per 1 day)
***Psychotherapeutic And Neurological Agents - Misc.* - Drugs For The Nervous System**		
Agents For Opioid Withdrawal - Drugs For The Nervous System**		
LUCEMYRA ORAL TABLET 0.18 MG	Non Preferred	PA
Alcohol Deterrents - Drugs For The Nervous System**		
acamprosate calcium oral tablet delayed release 333 mg	Preferred	
disulfiram oral tablet 250 mg, 500 mg	Preferred	
Alzheimer's Treatment - Anti-Amyloid Antibodies - Drugs For Alzheimer's Disease**		
ADUHELM INTRAVENOUS SOLUTION 170 MG/1.7ML, 300 MG/3ML	Carve Out	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	Carve Out	
Anti-Cataplectic Agents - Drugs For Sleep Disorder**		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Non Preferred	PA
XYREM ORAL SOLUTION 500 MG/ML	Non Preferred	PA; SP
sodium oxybate oral solution 500 mg/ml	Non Preferred	PA; SP
Anti-Cataplectic Combinations - Drugs For Sleep Disorder**		
XYWAV ORAL SOLUTION 500 MG/ML	Non Preferred	PA; SP

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Drug	Status	Notes
Antidementia Agent Combinations - Drugs For Alzheimer's Disease**		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 - 10 MG	Non Preferred	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non Preferred	PA
Antisense Oligonucleotide (Aso) Inhibitor Agents - Drugs For The Nervous System**		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Carve Out	
Benzodiazepines & Tricyclic Agents - Drugs For Seizures /Personality Disorder/Nerve Pain**		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	Non Preferred	PA
Cald - Autologous Cellular Gene Therapy Agents - Drugs For The Nervous System**		
SKYSONA INTRAVENOUS SUSPENSION	Carve Out	
Cholinomimetics - Ache Inhibitors - Drugs For Alzheimer's Disease**		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY	Non Preferred	PA
ARICEPT ORAL TABLET 10 MG	Non Preferred	PA; QL (2 EA per 1 day)
ARICEPT ORAL TABLET 23 MG	Non Preferred	PA
ARICEPT ORAL TABLET 5 MG	Non Preferred	PA; QL (3 EA per 1 day)
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	Preferred	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	Non Preferred	PA
donepezil hcl oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
donepezil hcl oral tablet 23 mg	Non Preferred	PA

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QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy

Drug	Status	Notes
donepezil hcl oral tablet 5 mg	Preferred	QL (3 EA per 1 day)
donepezil hcl oral tablet dispersible 10 mg	Preferred	QL (1 EA per 1 day)
donepezil hcl oral tablet dispersible 5 mg	Preferred	QL (2 EA per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Non Preferred	PA
galantamine hydrobromide oral solution 4 mg/ml	Non Preferred	PA
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Non Preferred	PA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Non Preferred	PA
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Preferred	
Fibromyalgia Agent - Snris - Drugs For Seizures /Personality Disorder/Nerve Pain**		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Non Preferred	PA
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Non Preferred	PA
Movement Disorder Drug Therapy - Drugs For The Nervous System**		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Preferred	PA; SP
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	Preferred	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	Non Preferred	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	Non Preferred	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG	Non Preferred	PA; SP
INGREZZA ORAL CAPSULE 60 MG	Non Preferred	PA

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Drug	Status	Notes
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Non Preferred	PA; SP
XENAZINE ORAL TABLET 12.5 MG	Non Preferred	PA; QL (8 EA per 1 day); SP
XENAZINE ORAL TABLET 25 MG	Non Preferred	PA; QL (4 EA per 1 day); SP
tetrabenazine oral tablet 12.5 mg	Preferred	QL (8 EA per 1 day); SP
tetrabenazine oral tablet 25 mg	Preferred	QL (4 EA per 1 day); SP
Ms Agents - Pyrimidine Synthesis Inhibitors - Drugs For Multiple Sclerosis**		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Non Preferred	PA; SP
teriflunomide oral tablet 14 mg, 7 mg	Non Preferred	PA; SP
Multiple Sclerosis Agents - Antimetabolites - Drugs For Multiple Sclerosis**		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Non Preferred	PA; SP
Multiple Sclerosis Agents - Interferons - Drugs For Multiple Sclerosis**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Preferred	QL (1 EA per 24 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Preferred	QL (1 EA per 24 days); SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Preferred	QL (15 EA per 24 days); SP

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Drug	Status	Notes
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Non Preferred	PA; QL (15 EA per 24 days); SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Non Preferred	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	Non Preferred	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Non Preferred	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	Non Preferred	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Non Preferred	PA; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Non Preferred	PA; QL (6 ML per 24 days); SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Non Preferred	PA; QL (4.2 ML per 24 days); SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Non Preferred	PA; QL (6 ML per 24 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Non Preferred	PA; QL (4.2 ML per 24 days); SP
Multiple Sclerosis Agents - Monoclonal Antibodies - Drugs For Multiple Sclerosis**		
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML	Non Preferred	PA; SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Preferred	PA; SP
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	Non Preferred	PA; SP

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Drug	Status	Notes
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Non Preferred	PA; SP
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Non Preferred	PA; SP
Multiple Sclerosis Agents - Nrf2 Pathway Activators - Drugs For Multiple Sclerosis**		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	Non Preferred	PA; SP
TECFIDERA ORAL 120 & 240 MG	Non Preferred	PA; QL (60 EA per 24 days); SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	Non Preferred	PA; QL (2 EA per 1 day); SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	Non Preferred	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Non Preferred	PA; SP
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Preferred	QL (2 EA per 1 day); SP
dimethyl fumarate starter pack oral 120 & 240 mg	Preferred	QL (60 EA per 24 days); SP
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Preferred	
Multiple Sclerosis Agents - Potassium Channel Blockers - Drugs For Multiple Sclerosis**		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	Non Preferred	PA; SP
dalfampridine er oral tablet extended release 12 hour 10 mg	Non Preferred	PA; SP
Multiple Sclerosis Agents - Drugs For Multiple Sclerosis**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Preferred	QL (30 ML per 24 days); SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Preferred	QL (12 ML per 24 days); SP

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Drug	Status	Notes
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Non Preferred	PA; QL (30 ML per 24 days); SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Non Preferred	PA; QL (12 ML per 24 days); SP
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	Non Preferred	PA; QL (30 ML per 24 days); SP
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	Non Preferred	PA; QL (12 ML per 24 days); SP
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists - Drugs For Alzheimer's Disease**		
NAMENDA ORAL TABLET 10 MG, 5 MG	Non Preferred	PA
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG	Non Preferred	PA
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	Non Preferred	PA
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Non Preferred	PA
memantine hcl oral solution 2 mg/ml	Non Preferred	PA
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	Preferred	
Phenothiazines & Tricyclic Agents - Drugs For Depression**		
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)
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents - Drugs For Seizures /Personality Disorder/Nerve Pain**		
GRALISE ORAL 300 (9) & 600(24) MG	Non Preferred	PA
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	Non Preferred	PA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	Non Preferred	PA

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Drug	Status	Notes
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	Non Preferred	PA
Postherpetic Neuralgia(Phn)/Neuropathic Pain Comb Agents - Drugs For Seizures /Personality Disorder/Nerve Pain**		
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & %	Non Preferred	PA
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris - Drugs For Depression**		
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	Non Preferred	PA
Pseudobulbar Affect Agent Combinations - Drugs For Severe Mental Disorders**		
NUEDEXTA ORAL CAPSULE 20-10 MG	Non Preferred	PA
Psychotherapeutic And Neurological Agents - Misc. - Drugs For Severe Mental Disorders**		
ergoloid mesylates oral tablet 1 mg	Preferred	
pimozide oral tablet 1 mg, 2 mg	Preferred	
Restless Leg Syndrome (Rls) Agents - Drugs For The Nervous System**		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Non Preferred	PA
Small Interfering Ribonucleic Acid (Sirna) Agents - Drugs For The Nervous System**		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Carve Out	
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	Carve Out	
Smoking Deterrents - Drugs For Depression**		
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	Preferred	QL (1 EA per 1 day)
KLS QUIT2 MOUTH/THROAT GUM 2 MG	Preferred	QL (8 EA per 1 day)

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QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy

Drug	Status	Notes
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	Preferred	QL (8 EA per 1 day)
KLS QUIT4 MOUTH/THROAT GUM 4 MG	Preferred	QL (8 EA per 1 day)
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	Preferred	QL (8 EA per 1 day)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	Non Preferred	PA; QL (1 EA per 1 day)
NICORELIEF MOUTH/THROAT GUM 2 MG	Preferred	QL (8 EA per 1 day)
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG	Non Preferred	PA; QL (8 EA per 1 day)
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG	Non Preferred	PA; QL (8 EA per 1 day)
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG	Non Preferred	PA; QL (8 EA per 1 day)
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG	Non Preferred	PA; QL (8 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG	Non Preferred	PA
NICOTROL NS NASAL SOLUTION 10 MG/ML	Non Preferred	PA
THRIVE MOUTH/THROAT GUM 2 MG	Preferred	QL (8 EA per 1 day)
apo-varenicline oral tablet 0.5 mg, 1 mg	Preferred	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	Preferred	
cvs nicotine mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
cvs nicotine mouth/throat lozenge 2 mg	Preferred	QL (8 EA per 1 day)
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	QL (1 EA per 1 day)

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Drug	Status	Notes
eq nicotine mouth/throat gum 4 mg	Preferred	QL (8 EA per 1 day)
eq nicotine mouth/throat lozenge 4 mg	Preferred	QL (8 EA per 1 day)
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Preferred	QL (1 EA per 1 day)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Preferred	QL (1 EA per 1 day)
eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
gnp nicotine mouth/throat gum 4 mg	Preferred	QL (8 EA per 1 day)
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	QL (1 EA per 1 day)
goodsense nicotine mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	QL (1 EA per 1 day)
nicotine mini mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
nicotine polacrilex mini mouth/throat lozenge 2 mg	Preferred	QL (8 EA per 1 day)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)

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Drug	Status	Notes
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	Preferred	QL (1 EA per 1 day)
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	Preferred	QL (1 EA per 1 day)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Preferred	QL (1 EA per 1 day)
nicotine transdermal kit 21-14-7 mg/24hr	Non Preferred	PA
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	QL (1 EA per 1 day)
px stop smoking aid mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
px stop smoking aid mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Preferred	QL (1 EA per 1 day)
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
ra nicotine gum mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
ra nicotine mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Preferred	QL (1 EA per 1 day)
sm nicotine mouth/throat gum 4 mg	Preferred	QL (8 EA per 1 day)
sm nicotine mouth/throat lozenge 2 mg	Preferred	QL (8 EA per 1 day)
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Preferred	QL (8 EA per 1 day)
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Preferred	QL (1 EA per 1 day)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	Preferred	

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Drug	Status	Notes
varenicline tartrate oral tablet 0.5 mg, 1 mg	Preferred	
varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	Preferred	
varenicline tartrate(continue) oral tablet 1 mg	Preferred	
Sphingosine 1-Phosphate (S1p) Receptor Modulators - Drugs For Multiple Sclerosis**		
GILENYA ORAL CAPSULE 0.25 MG	Non Preferred	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	Non Preferred	PA; QL (1 EA per 1 day); SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Non Preferred	PA; SP
MAYZENT ORAL TABLET 1 MG	Non Preferred	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	Non Preferred	PA; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	Non Preferred	PA
PONVORY ORAL TABLET 20 MG	Non Preferred	PA; SP
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	Non Preferred	PA; SP
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	Non Preferred	PA; SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Non Preferred	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	Non Preferred	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	Non Preferred	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	Non Preferred	PA
fingolimod hcl oral capsule 0.5 mg	Non Preferred	PA; QL (1 EA per 1 day); SP

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Drug	Status	Notes
Thienbenzodiazepines & Opioid Antagonists - Drugs For Severe Mental Disorders**		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Preferred	PA
Thienbenzodiazepines & Ssris - Drugs For Severe Mental Disorders**		
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	Non Preferred	PA; NOTES (AGE*)
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*)
Vasomotor Symptom Agents - Ssris - Drugs For The Nervous System**		
paroxetine mesylate oral capsule 7.5 mg	Non Preferred	PA
***Respiratory Agents - Misc.* - Drugs For The Lungs**		
Alpha-Proteinase Inhibitor (Human) - Drugs For Asthma/Copd**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Preferred	PA; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	Preferred	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Preferred	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Preferred	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Preferred	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG	Preferred	PA
Cftr Potentiators - Drugs For Cystic Fibrosis**		
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG	Preferred	PA

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Drug	Status	Notes
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Preferred	PA; SP
KALYDECO ORAL TABLET 150 MG	Preferred	PA; SP
Cystic Fibrosis Agent - Combinations - Drugs For Cystic Fibrosis**		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Preferred	PA; SP
ORKAMBI ORAL PACKET 75-94 MG	Preferred	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Preferred	PA; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Preferred	PA; SP
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Preferred	PA; SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Preferred	PA
Cystic Fibrosis Agents - Miscellaneous - Drugs For Cystic Fibrosis**		
BRONCHITOL INHALATION CAPSULE 40 MG	Preferred	PA
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Preferred	PA
Hydrolytic Enzymes - Drugs For The Lungs**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Preferred	PA; QL (2.5 ML per 1 day); SP
Pulmonary Fibrosis Agents - Kinase Inhibitors - Drugs For The Lungs**		
OFEV ORAL CAPSULE 100 MG, 150 MG	Preferred	PA; SP
Pulmonary Fibrosis Agents - Drugs For The Lungs**		
ESBRIET ORAL CAPSULE 267 MG	Non Preferred	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Non Preferred	PA; SP
pirfenidone oral capsule 267 mg	Preferred	PA; SP

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Drug	Status	Notes
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	Preferred	PA; SP
***Sulfonamides* - Drugs For Infections**		
Sulfonamides - Antibiotics**		
sulfadiazine oral tablet 500 mg	Preferred	
***Tetracyclines* - Drugs For Infections**		
Aminomethylcyclines - Antibiotics**		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Preferred	PA
NUZYRA ORAL TABLET 150 MG	Non Preferred	PA; SP
Fluorocyclines - Antibiotics**		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Preferred	PA
Glycylcyclines - Antibiotics**		
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Non Preferred	PA
tigecycline intravenous solution reconstituted 50 mg	Preferred	PA
Tetracycline Combinations - Antibiotics**		
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4%	Non Preferred	PA
Tetracyclines - Antibiotics**		
ACTICLATE ORAL TABLET 150 MG, 75 MG	Preferred	
COREMINO ORAL TABLET EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Non Preferred	PA
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG	Non Preferred	PA
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	Non Preferred	PA
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Preferred	PA
LYMEPAK ORAL TABLET 100 MG	Preferred	QL (2 EA per 1 day)

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Drug	Status	Notes
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Preferred	PA
MINOCIN ORAL CAPSULE 100 MG	Preferred	QL (2 EA per 1 day)
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG	Non Preferred	PA
MONDOXYNE NL ORAL CAPSULE 100 MG	Preferred	QL (3 EA per 1 day)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Non Preferred	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	Non Preferred	PA
TARGADOX ORAL TABLET 50 MG	Preferred	
VIBRAMYCIN ORAL CAPSULE 100 MG	Non Preferred	PA; QL (4 EA per 1 day)
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	Non Preferred	PA
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Non Preferred	PA
avidoxy oral tablet 100 mg	Preferred	QL (3 EA per 1 day)
demeclocycline hcl oral tablet 150 mg, 300 mg	Non Preferred	PA
doxycycline hyclate intravenous solution reconstituted 100 mg	Preferred	PA
doxycycline hyclate oral capsule 100 mg, 50 mg	Preferred	QL (4 EA per 1 day)
doxycycline hyclate oral tablet 100 mg, 20 mg	Preferred	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	Preferred	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg	Non Preferred	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	Preferred	QL (3 EA per 1 day)
doxycycline monohydrate oral capsule 150 mg, 75 mg	Non Preferred	PA
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Non Preferred	PA

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Drug	Status	Notes
doxycycline monohydrate oral tablet 100 mg, 50 mg	Preferred	QL (3 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg, 75 mg	Preferred	
minocycline hcl er (biphasic) oral tablet extended release 24 hour 105 mg, 135 mg	Non Preferred	PA
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	Non Preferred	PA
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
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Preferred	QL (2 EA per 1 day)
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	Non Preferred	PA
tetracycline hcl oral capsule 250 mg	Non Preferred	PA; QL (6 EA per 1 day)
tetracycline hcl oral capsule 500 mg	Non Preferred	PA; QL (4 EA per 1 day)
***Thyroid Agents* - Hormones**		
Antithyroid Agents - Drugs For Thyroid**		
methimazole oral tablet 10 mg, 5 mg	Preferred	QL (6 EA per 1 day)
propylthiouracil oral tablet 50 mg	Preferred	QL (20 EA per 1 day)
Thyroid Hormones - Drugs For Thyroid**		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Preferred	QL (1 EA per 1 day)
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Preferred	QL (1 EA per 1 day)
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Non Preferred	PA
ERMEZA ORAL SOLUTION 150 MCG/5ML	Non Preferred	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Preferred	QL (2 EA per 1 day)

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Drug	Status	Notes
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Preferred	QL (2 EA per 1 day)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Preferred	QL (2 EA per 1 day)
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Preferred	QL (1 EA per 1 day)
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; QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Non Preferred	PA
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Non Preferred	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Non Preferred	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Preferred	QL (2 EA per 1 day)
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Non Preferred	PA
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	QL (2 EA per 1 day)

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Drug	Status	Notes
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Preferred	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Preferred	QL (1 EA per 1 day)
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Preferred	QL (1 EA per 1 day)
***Ulcer Drugs/Antispasmodics/Anticholinergics* - Drugs For The Stomach**		
Anticholinergic Combinations - Drugs For Stomach Cramps**		
LIBRAX ORAL CAPSULE 5-2.5 MG	Non Preferred	PA
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Non Preferred	PA
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Non Preferred	PA
Antispasmodics - Drugs For Stomach Cramps**		
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	Non Preferred	PA
dicyclomine hcl intramuscular solution 10 mg/ml	Preferred	
dicyclomine hcl oral capsule 10 mg	Preferred	QL (4 EA per 1 day)
dicyclomine hcl oral solution 10 mg/5ml	Preferred	QL (80 ML per 1 day)
dicyclomine hcl oral tablet 20 mg	Preferred	QL (8 EA per 1 day)
Belladonna Alkaloids - Drugs For Stomach Cramps**		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	Non Preferred	PA; QL (12 EA per 1 day)
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Non Preferred	PA; QL (4 EA per 1 day)
LEVSIN INJECTION SOLUTION 0.5 MG/ML	Non Preferred	PA
LEVSIN ORAL TABLET 0.125 MG	Non Preferred	PA; QL (12 EA per 1 day)
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	Non Preferred	PA; QL (12 EA per 1 day)

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Drug	Status	Notes
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Preferred	QL (12 EA per 1 day)
ed-spaz oral tablet dispersible 0.125 mg	Preferred	QL (12 EA per 1 day)
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Preferred	QL (4 EA per 1 day)
hyoscyamine sulfate injection solution 0.5 mg/ml	Preferred	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Preferred	QL (60 ML per 1 day)
hyoscyamine sulfate oral solution 0.125 mg/ml	Preferred	QL (60 ML per 1 day)
hyoscyamine sulfate oral tablet 0.125 mg	Preferred	QL (12 EA per 1 day)
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Preferred	QL (12 EA per 1 day)
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	Preferred	QL (12 EA per 1 day)
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Preferred	QL (12 EA per 1 day)
oscimin oral tablet 0.125 mg	Preferred	QL (12 EA per 1 day)
oscimin sublingual tablet sublingual 0.125 mg	Preferred	QL (12 EA per 1 day)
H-2 Antagonists - Drugs For Ulcers And Stomach Acid**		
MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET 20 MG	Preferred	QL (2 EA per 1 day)
PEPCID ORAL TABLET 20 MG, 40 MG	Non Preferred	PA; QL (2 EA per 1 day)
ZANTAC 360 MAX ST ORAL TABLET 20 MG	Preferred	QL (2 EA per 1 day)
ZANTAC 360 ORAL TABLET 10 MG	Preferred	QL (2 EA per 1 day)
acid control maximum strength oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
acid controller max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
acid controller oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
acid reducer maximum strength oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
acid reducer oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
cimetidine hcl oral solution 300 mg/5ml	Non Preferred	PA

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Drug	Status	Notes
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Non Preferred	PA
cvs acid controller max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
cvs acid controller oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
eq acid reducer oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
eq famotidine max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
eql heartburn prevention oral tablet 10 mg, 20 mg	Preferred	QL (2 EA per 1 day)
famotidine (pf) intravenous solution 20 mg/2ml	Non Preferred	PA
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	Non Preferred	PA
famotidine maximum strength oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
famotidine oral suspension reconstituted 40 mg/5ml	Preferred	QL (10 ML per 1 day)
famotidine oral tablet 10 mg, 20 mg, 40 mg	Preferred	QL (2 EA per 1 day)
famotidine orig st oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	Non Preferred	PA
ft acid reducer max strength oral tablet 20 mg	Preferred	
ft acid reducer oral tablet 10 mg	Preferred	
gnp acid reducer max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
gnp acid reducer oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
heartburn relief max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
heartburn relief oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
kls acid controller max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
nizatidine oral capsule 150 mg, 300 mg	Non Preferred	PA
px acid reducer max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
px acid reducer oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
qc acid controller max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
qc acid controller oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
qc famotidine acid reducer oral tablet 10 mg, 20 mg	Preferred	QL (2 EA per 1 day)
ra acid reducer max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)

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Drug	Status	Notes
ra acid reducer oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
sb acid controller max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
sb acid controller oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
sb acid reducer oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
sm acid reducer max st oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
sm acid reducer oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
Misc. Anti-Ulcer - Drugs For Ulcers And Stomach Acid**		
CARAFATE ORAL SUSPENSION 1 GM/10ML	Preferred	QL (40 ML per 1 day)
CARAFATE ORAL TABLET 1 GM	Non Preferred	PA; QL (4 EA per 1 day)
sucralfate oral suspension 1 gm/10ml	Preferred	QL (40 ML per 1 day)
sucralfate oral tablet 1 gm	Preferred	QL (4 EA per 1 day)
Proton Pump Inhibitor-Antacid Combinations - Drugs For Ulcers And Stomach Acid**		
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML	Non Preferred	PA
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG	Non Preferred	PA
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG	Non Preferred	PA
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	Non Preferred	PA
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	Non Preferred	PA
Proton Pump Inhibitors - Drugs For Ulcers And Stomach Acid**		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	Non Preferred	PA
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	Non Preferred	PA
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Non Preferred	PA

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Drug	Status	Notes
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Non Preferred	PA
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG	Preferred	NOTES (Max 60 DS every 365 days)
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG	Preferred	NOTES (EA; Max 60 DS every 365 days)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG	Preferred	NOTES (Max 60 DS every 365 days)
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	Preferred	PA
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	Non Preferred	PA
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	Non Preferred	PA
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	Non Preferred	PA
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG	Non Preferred	PA
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	Non Preferred	PA
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG	Non Preferred	PA
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	Non Preferred	PA
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	Preferred	PA
PROTONIX ORAL PACKET 40 MG	Preferred	NOTES (Max 60 DS every 365 days)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG	Non Preferred	PA
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Non Preferred	PA
cvs esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)

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Drug	Status	Notes
cvs lansoprazole oral capsule delayed release 15 mg	Non Preferred	PA
cvs omeprazole oral tablet delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Non Preferred	PA
eq esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
eq lansoprazole oral capsule delayed release 15 mg	Non Preferred	PA
eq omeprazole oral tablet delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
eql lansoprazole oral capsule delayed release 15 mg	Non Preferred	PA
eql omeprazole oral tablet delayed release 20 mg	Preferred	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	NOTES (Max 60 DS every 365 days)
esomeprazole magnesium oral capsule delayed release 40 mg	Non Preferred	PA
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	Non Preferred	PA
esomeprazole sodium intravenous solution reconstituted 40 mg	Preferred	PA
ft acid reducer oral capsule delayed release 15 mg	Non Preferred	PA
gnp esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
gnp lansoprazole oral capsule delayed release 15 mg	Non Preferred	PA
gnp omeprazole oral tablet delayed release 20 mg	Preferred	NOTES (EA; Max 60 DS every 365 days)

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Drug	Status	Notes
goodsense lansoprazole oral capsule delayed release 15 mg	Non Preferred	PA
hm esomeprazole magnesium dr oral capsule delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
kls esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
kls lansoprazole oral capsule delayed release 15 mg	Non Preferred	PA
kls omeprazole oral tablet delayed release 20 mg	Preferred	
lansoprazole oral capsule delayed release 15 mg, 30 mg	Non Preferred	PA
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	Non Preferred	PA
omeprazole oral capsule delayed release 10 mg	Non Preferred	PA
omeprazole oral capsule delayed release 20 mg, 40 mg	Preferred	NOTES (Max 60 DS every 365 days)
omeprazole oral tablet delayed release 20 mg	Preferred	NOTES (EA; Max 60 DS every 365 days)
pantoprazole sodium intravenous solution reconstituted 40 mg	Preferred	PA
pantoprazole sodium oral packet 40 mg	Non Preferred	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Preferred	NOTES (EA; Max 60 DS every 365 days)
px omeprazole oral tablet delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
qc esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
qc lansoprazole oral capsule delayed release 15 mg	Non Preferred	PA
qc omeprazole oral tablet delayed release 20 mg	Preferred	NOTES (EA; Max 60 DS every 365 days)
ra esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
ra omeprazole oral tablet delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)

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Drug	Status	Notes
rabeprazole sodium oral capsule sprinkle 10 mg	Non Preferred	PA
rabeprazole sodium oral tablet delayed release 20 mg	Non Preferred	PA
sb omeprazole oral tablet delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
sm esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	NOTES (Max 60 DS every 365 days)
sm lansoprazole oral capsule delayed release 15 mg	Non Preferred	PA
sm omeprazole oral tablet delayed release 20 mg	Preferred	NOTES (EA; Max 60 DS every 365 days)
Quaternary Anticholinergics - Drugs For Stomach Cramps**		
CUVPOSA ORAL SOLUTION 1 MG/5ML	Non Preferred	PA
DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG	Non Preferred	PA
GLYCATE ORAL TABLET 1.5 MG	Non Preferred	PA
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML	Non Preferred	PA
ROBINUL ORAL TABLET 1 MG	Non Preferred	PA
ROBINUL-FORTE ORAL TABLET 2 MG	Non Preferred	PA
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml	Preferred	
glycopyrrolate oral solution 1 mg/5ml	Preferred	PA
glycopyrrolate oral tablet 1 mg, 2 mg	Preferred	
glycopyrrolate oral tablet 1.5 mg	Non Preferred	PA
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Preferred	
Ulcer Anti-Infective W/ Bismuth Combinations - Drugs For Ulcers And Stomach Acid**		
HELIDAC THERAPY ORAL	Preferred	
PYLERA ORAL CAPSULE 140-125-125 MG	Non Preferred	PA

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Drug	Status	Notes
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	Preferred	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Preferred	
Ulcer Anti-Infective W/ Proton Pump Inhibitors - Drugs For Ulcers And Stomach Acid**		
OMECLAMOX-PAK ORAL 500-500-20 MG	Non Preferred	PA
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Non Preferred	PA
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	Non Preferred	PA
Ulcer Anti-Infective-Pcab Combinations - Drugs For The Stomach**		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Non Preferred	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	Non Preferred	PA
Ulcer Drugs - Prostaglandins - Drugs For Ulcers And Stomach Acid**		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Non Preferred	PA; QL (4 EA per 1 day)
misoprostol oral tablet 100 mcg, 200 mcg	Preferred	QL (4 EA per 1 day)
***Urinary Antispasmodics* - Drugs For The Urinary System**		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic) - Drugs For The Bladder**		
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	Non Preferred	PA
DETROL ORAL TABLET 1 MG, 2 MG	Non Preferred	PA
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	Non Preferred	PA
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	Non Preferred	PA; QL (1 EA per 1 day)

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Drug	Status	Notes
GELNIQUE TRANSDERMAL GEL 10 %	Non Preferred	PA
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Non Preferred	PA
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Preferred	QL (1 EA per 1 day)
VESICARE LS ORAL SUSPENSION 5 MG/5ML	Non Preferred	PA
VESICARE ORAL TABLET 10 MG, 5 MG	Non Preferred	PA
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	Non Preferred	PA
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Preferred	QL (1 EA per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg	Preferred	QL (1 EA per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 15 mg	Preferred	QL (2 EA per 1 day)
oxybutynin chloride oral solution 5 mg/5ml	Preferred	
oxybutynin chloride oral tablet 2.5 mg	Preferred	
oxybutynin chloride oral tablet 5 mg	Preferred	QL (3 EA per 1 day)
solifenacin succinate oral tablet 10 mg, 5 mg	Preferred	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Non Preferred	PA
tolterodine tartrate oral tablet 1 mg, 2 mg	Non Preferred	PA
trospium chloride er oral capsule extended release 24 hour 60 mg	Non Preferred	PA
trospium chloride oral tablet 20 mg	Non Preferred	PA
Urinary Antispasmodics - Beta-3 Adrenergic Agonists - Drugs For The Bladder**		
GEMTESA ORAL TABLET 75 MG	Non Preferred	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Non Preferred	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Non Preferred	PA

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Drug	Status	Notes
Urinary Antispasmodics - Cholinergic Agonists - Drugs For The Bladder**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Preferred	QL (4 EA per 1 day)
Urinary Antispasmodics - Direct Muscle Relaxants - Drugs For The Bladder**		
flavoxate hcl oral tablet 100 mg	Non Preferred	PA
***Vaccines* - Biological Agents**		
Bacterial Vaccines - Vaccines**		
BIOTHRAX INTRAMUSCULAR SUSPENSION	Preferred	
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	Preferred	NOTES (AGE (Min 19); 2 fills max); AGE (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Preferred	NOTES (AGE (Min 19); 1 fill max); 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 - Vaccines**		
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)

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Drug	Status	Notes
Viral Vaccines - Vaccines**		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Preferred	NOTES (1 fill/lifetime); 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	NOTES (1 fill/lifetime); AGE (Min 60 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Preferred	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	Preferred	
ENGERIX-B INJECTION SUSPENSION 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 QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (AGE (Min 19); 1 fill / 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 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)

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Drug	Status	Notes
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Preferred	NOTES (AGE (Min 19); 1 fill / 180 days); AGE (Min 19 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 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	Preferred	NOTES (Max 3 fills per lifetime); AGE (Min 19 Years and Max 26 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	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)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Preferred	NOTES (AGE (Min 19); 3 fills / lifetime); AGE (Min 19 Years)
IXIARO INTRAMUSCULAR SUSPENSION	Preferred	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	Preferred	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Preferred	
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)

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Drug	Status	Notes
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Preferred	NOTES (AGE (Min 50); 2 fills / lifetime); AGE (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	Preferred	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Preferred	
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	
novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml	Preferred	
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	Preferred	
stamaril injection suspension reconstituted	Preferred	
***Vaginal And Related Products* - Drugs For Women**		
Imidazole-Related Antifungals - Drugs For Infections**		
GYNAZOLE-1 VAGINAL CREAM 2 %	Non Preferred	PA
3 day vaginal vaginal cream 2 %	Preferred	
clotrimazole 3 vaginal cream 2 %	Preferred	
clotrimazole vaginal cream 1 %	Preferred	
clotrimazole-7 vaginal cream 1 %	Preferred	
cvs clotrimazole 3 vaginal cream 2 %	Preferred	
cvs miconazole 7 vaginal cream 2 %	Preferred	
eq miconazole 7 day treatment vaginal cream 2 %	Preferred	
eql miconazole 7 vaginal cream 2 %	Preferred	
gnp clotrimazole 3 vaginal cream 2 %	Preferred	

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Drug	Status	Notes
gnp miconazole 7 vaginal cream 2 %	Preferred	
miconazole 3 vaginal suppository 200 mg	Preferred	
miconazole 7 vaginal cream 2 %	Preferred	
miconazole nitrate vaginal cream 2 %	Preferred	
qc 3 day vaginal cream 4 %	Preferred	
qc clotrimazole vaginal cream 1 %	Preferred	
qc miconazole 7 vaginal cream 2 %	Preferred	
ra clotrimazole 7 vaginal cream 1 %	Preferred	
ra miconazole 7 vaginal cream 2 %	Preferred	
sm 3-day vaginal vaginal cream 2 %	Preferred	
sm clotrimazole vaginal vaginal cream 1 %	Preferred	
sm miconazole 7 vaginal cream 2 %	Preferred	
terconazole vaginal cream 0.4 %, 0.8 %	Preferred	
terconazole vaginal suppository 80 mg	Non Preferred	PA
Vaginal Anti-Infectives - Drugs For Infections**		
CLEOCIN VAGINAL CREAM 2 %	Non Preferred	PA
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Preferred	
CLINDESSE VAGINAL CREAM 2 %	Non Preferred	PA
NUVESSA VAGINAL GEL 1.3 %	Preferred	
VANDAZOLE VAGINAL GEL 0.75 %	Non Preferred	PA; QL (70 GM per 4 days)
XACIATO VAGINAL GEL 2 %	Non Preferred	PA
clindamycin phosphate vaginal cream 2 %	Preferred	
metronidazole vaginal gel 0.75 %	Preferred	QL (70 GM per 4 days)
Vaginal Contraceptive Ph Modulator - Combinations - Drugs For Women**		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Preferred	PA
Vaginal Estrogens - Drugs For Women**		
ESTRACE VAGINAL CREAM 0.1 MG/GM	Non Preferred	PA
ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR	Preferred	

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Drug	Status	Notes
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	Non Preferred	PA
PREMARIN VAGINAL CREAM 0.625 MG/GM	Preferred	
VAGIFEM VAGINAL TABLET 10 MCG	Non Preferred	PA
YUVAFEM VAGINAL TABLET 10 MCG	Preferred	
estradiol vaginal cream 0.1 mg/gm	Preferred	
estradiol vaginal tablet 10 mcg	Preferred	
Vaginal Progestins - Drugs For Women**		
CRINONE VAGINAL GEL 4 %, 8 %	Non Preferred	PA
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG	Non Preferred	PA
***Vasopressors* - Drugs For The Heart**		
Anaphylaxis Therapy Agents - Drugs For Serious Allergic Reaction**		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML	Non Preferred	PA
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Non Preferred	PA
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	Non Preferred	PA; QL (2 EA per 24 days)
EPINEPHRINESNAP INJECTION KIT 1 MG/ML	Non Preferred	PA
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	Preferred	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	Preferred	
EPINEPHRINESNAP-V KIT 1 MG/ML INJECTION	Non Preferred	PA
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	Preferred	QL (2 EA per 24 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	Preferred	QL (2 EA per 24 days)
EPISNAP INJECTION KIT 1 MG/ML	Non Preferred	PA

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QL -Quantity Limits **SP** -Specialty **ST** -Step Therapy

Drug	Status	Notes
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	Preferred	
epinephrine (anaphylaxis) injection solution 1 mg/ml	Preferred	
epinephrine (anaphylaxis) injection solution 30 mg/30ml	Non Preferred	PA
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	Preferred	QL (2 EA per 24 days)
epinephrine professional injection kit 1 mg/ml	Preferred	
Neurogenic Orthostatic Hypotension (Noh) - Agents - Drugs For Serious Allergic Reaction**		
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Non Preferred	PA; SP
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Non Preferred	PA; SP
Vasopressors - Drugs For Serious Allergic Reaction**		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Preferred	
***Vitamins* - Drugs For Nutrition**		
Vitamin B-1 - Drugs For Nutrition**		
b-1 oral tablet 100 mg	Preferred	QL (1 EA per 1 day)
cvs b-1 oral tablet 100 mg	Preferred	QL (1 EA per 1 day)
gnp vitamin b-1 oral tablet 100 mg	Preferred	QL (1 EA per 1 day)
qc vitamin b1 oral tablet 100 mg	Preferred	QL (1 EA per 1 day)
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	Preferred	PA
thiamine hcl oral tablet 100 mg	Preferred	QL (1 EA per 1 day)
vitamin b1 oral tablet 100 mg	Preferred	QL (1 EA per 1 day)
Vitamin B-3 - Drugs For Nutrition**		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG	Preferred	
ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG	Preferred	

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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
NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG	Preferred	
NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG	Preferred	
kp niacin oral tablet 500 mg	Preferred	
niacin er oral capsule extended release 500 mg	Preferred	
niacin er oral tablet extended release 500 mg, 750 mg	Preferred	
niacin oral tablet 500 mg	Preferred	
niacinamide er oral tablet extended release 500 mg	Preferred	
niacinamide oral tablet 500 mg	Preferred	
plain niacin oral tablet 500 mg	Preferred	
ra niacin oral tablet 500 mg	Preferred	
ra no flush niacin oral tablet 500 mg	Preferred	
Vitamin B-6 - Drugs For Nutrition**		
b-6 oral tablet 50 mg	Preferred	QL (4 EA per 1 day)
pyridoxine hcl oral tablet 50 mg	Preferred	QL (4 EA per 1 day)
ra vitamin b-6 oral tablet 50 mg	Preferred	QL (4 EA per 1 day)
vitamin b6 oral tablet 50 mg	Preferred	QL (4 EA per 1 day)
vitamin b-6 oral tablet 50 mg	Preferred	QL (4 EA per 1 day)
Vitamin D - Drugs For Nutrition**		
D-VI-SOL ORAL LIQUID 10 MCG/ML	Preferred	
IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT)	Preferred	
PRONUTRIENTS VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT)	Preferred	QL (5 EA per 1 day)
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT)	Preferred	QL (5 EA per 1 day)
aqueous vitamin d oral liquid 10 mcg/ml	Preferred	
cvs d3 oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
cvs vitamin d3 oral capsule 250 mcg (10000 ut)	Preferred	
d 1000 oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)

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Drug	Status	Notes
d 10000 oral capsule 250 mcg (10000 ut)	Preferred	
d-1000 extra strength oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
d-1000 oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
d3 high potency oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
d3-1000 oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
d3-1000 oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
eql vitamin d3 oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
ergocalciferol oral capsule 1.25 mg (50000 ut)	Preferred	QL (6 EA per 1 day)
finest nutrition vitamin d3 oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
gnp d 1000 oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
gnp vitamin d oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
hm vitamin d3 oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
kp vitamin d oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
kp vitamin d3 oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
nat-rul vitamin d oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
qc vitamin d3 oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
qc vitamin d3 oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
ra vitamin d-3 oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
sm vitamin d3 oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
vitamin d (cholecalciferol) oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Preferred	QL (6 EA per 1 day)
vitamin d high potency oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
vitamin d oral liquid 10 mcg/ml	Preferred	
vitamin d oral tablet 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)

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Drug	Status	Notes
vitamin d3 oral capsule 1000 unit, 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
vitamin d-3 oral capsule 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
vitamin d3 oral capsule 250 mcg (10000 ut)	Preferred	
vitamin d3 oral tablet 25 mcg, 25 mcg (1000 ut)	Preferred	QL (5 EA per 1 day)
Vitamin K - Drugs For Nutrition**		
phytonadione oral tablet 5 mg	Preferred	

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