TUFTS Health Plan

Tufts Health RITogether
Pharmacy program and *Preferred Drug List*
December 1, 2022

Introduction

Pharmacy program

We aim to provide high-quality, cost-effective options for drug therapy. We work with your health care providers and pharmacists to make sure we cover the most important and useful drugs for a variety of conditions and diseases. We cover both first-time prescriptions and refills. We also cover some over-the-counter (OTC) drugs if your provider writes a prescription and it is filled at a pharmacy.

Our pharmacy program does not cover all drugs and prescriptions. Some drugs must meet certain clinical guidelines before we can cover them. Your provider must ask us for prior approval before we will cover these drugs.

Preferred Drug List (*PDL*)

We list all drugs according to their therapeutic category and drug class, followed by generic or brand drug name. Use the index to find a drug according to its generic or brand name. In general, we cover brand-name medications only when a generic medication is not available or if we give prior approval for the brand-name drug.

Co-payments

Outpatient drugs that are medically necessary are covered when they are prescribed by a provider who is licensed to prescribe drugs. Some drugs on the *Tufts Health RITogether* formulary are only covered when your provider submits a prior approval request. Eligibility for outpatient prescription drug benefits and co-payment amounts are based on your individual benefit plan.

The *PDL* applies only to drugs you get at retail and specialty pharmacies. The *PDL* does not apply to drugs you get if you are in the hospital. Drugs you get while in the hospital are covered as part of your stay.

For the most current *PDL* coverage information, please visit tuftshealthplan.com or call us at **866.738.4116** (TTY: 711).

Prior approval

Some drugs always require prior approval, which means your provider must ask us for approval before we will cover the drug. One of our clinicians will review this request. We will cover the drug according to our clinical guidelines if:

- There is a medical reason you need the particular drug
- Depending on the drug, other drugs on the *PDL* have not worked

If we do not approve the request for prior approval, you or your authorized

representative, if you identify one, can appeal the decision. See your *Member Handbook* for our member grievances and appeals information.

Step therapy program

We cover some types of drugs only through our step therapy program. Our step therapy program requires you to try first-level drugs before we will cover another drug of that type. If you and your provider feel a certain drug is not appropriate for treating your health condition, your provider can ask us for prior approval for the other drug. One of our clinicians will review the request. We will cover the drug according to our clinical guidelines. If we do not approve the request for prior approval, you or your authorized representative, if you identify one, can appeal the decision. See your *Member Handbook* for our grievances and appeals information.

Quantity limit

To make sure the drugs you take are safe and that you are getting the right amount, we may limit how much you can get at one time. Your provider can ask us for prior approval if you need more than we cover. One of our clinicians will review the request. We will cover the drug according to our clinical guidelines if there is a medical reason you need this particular amount. If we do not approve the request for prior approval, you or your authorized representative, if you identify one, can appeal the decision. See your *Member Handbook* for our grievances and appeals information.

Generic drugs

Generic drugs have the same active ingredients and work the same as brand-name drugs. Rhode Island has a Generic First Program and requires that all members use generic drugs first. When generic drugs are available, we will not cover the brand-name drug without giving prior approval. If you and your provider feel a generic drug is not right for treating your health condition and that the brand-name drug is medically necessary, your provider can ask for prior approval. One of our clinicians will review the request. If we do not approve the request for prior approval, you or your authorized representative, if you identify one, can appeal the decision. See your *Member Handbook* for our grievances and appeals information.

New-to-market drugs

We review new drugs for safety and effectiveness before we add them to our *PDL*.

Coverage limits

The Requirements/Limits column in the *PDL* shows when a drug has a certain requirement or limit for coverage. Coverage limits include:

- AGE — Age restriction may apply
  This medication requires prior approval if the drug is not covered based on your age. Your provider should send us a prior approval request if the drug is medically necessary.
- PA — Prior approval
  This medication requires prior approval. Your provider may prescribe a different medication on the *PDL* or send us a prior approval request.
- QL — Quantity limit
  This medication is limited to a specific amount. If a larger amount is medically necessary, your provider should send us a prior approval request.
- ST — Step therapy
  This medication requires prior approval if you have not already used a first-line medication on the *PDL*. Your provider may prescribe another medication on the *PDL* or send us a prior approval request.

Specialty pharmacy program

A specialty pharmacy may supply you with some drugs often used to treat chronic conditions like hepatitis C or multiple sclerosis. These types of drugs need additional expertise and support. Specialty pharmacies have knowledge in these areas. These pharmacies can give extra support to members and providers.

CVS Specialty is our specialty pharmacy and can provide you with these drugs. In addition to providing specific specialty drugs, CVS Specialty will:

- Deliver drugs to your home, provider's office or any delivery address you choose (except for a P.O. box)
- Answer your questions and offer help with your drugs
- Give you information, materials and ongoing support to help you manage your health condition and make sure you take your drugs the right way
- Have staff pharmacists available who can help you at 800.237.2767.

DISCRIMINATION IS AGAINST THE LAW

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

☐ Provides free aids and services to people with disabilities to communicate effectively with us, such as:

— Written information in other formats (large print, audio, accessible electronic formats, other formats)

☐ Provides free language services to people whose primary language is not English, such as:

— Qualified interpreters

— Information written in other languages

If you need these services, contact Tufts Health Plan at 888.257.1985.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan
Attention: Civil Rights Coordinator, Legal Dept.
705 Mount Auburn St.
Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

tuftshealthplan.com | 888.257.1985

LA DISCRIMINACIÓN ES CONTRA LA LEY

Tufts Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Tufts Health Plan no excluye a las personas ni las trata de forma diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

Tufts Health Plan:

- ☐ Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados
  - Información escrita en otros idiomas

Si necesita recibir estos servicios, comuníquese con Servicios para Miembros de Tufts Health Plan a 888.257.1985.

Si considera que Tufts Health Plan no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

Tufts Health Plan
Attention: Civil Rights Coordinator, Legal Dept.
705 Mount Auburn St.
Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 866-930-9252]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el coordinador de derechos civiles con Tufts Health Plan está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800.368.1019, 800.537.7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web http://www.hhs.gov/ocr/office/file/index.html.

tuftshealthplan.com | 888.257.1985

For no-cost translation in English, call **866.738.4116**.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم 866.738.4116

Chinese 若需免費的中文版本，請撥打 **866.738.4116**。

French Pour demander une traduction gratuite en français, composez le **866.738.4116.**

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die folgende Telefonnummer an: **866.738.4116.**

Greek Για δωρεάν μετάφραση στα ελληνικά, καλέστε στο **866.738.4116.**

Haitian Creole Pou tradiksyon gratis nan Kreyòl Ayisyen, rele **866.738.4116.**

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero **866.738.4116.**

Japanese 日本語の無料翻訳については **866.738.4116** に電話してください。

Khmer (Cambodian) សមរាប់សសវាបកបែរបសោយឥតគិតថ្ លៃជា ភាសា ខ្មែរ សូមទូរស័ព្ទសៅកាន់សេម **866.738.4116** ។

Korean 한국어로 무료 통역을 원하시면, **866.738.4116** 로 전화하십시오.

Laotian ສໍາລັບການແປພາສາລາວ ແບບບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີ **866.738.4116.**

Navajo Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' **866.738.4116.**

naisreP برای ترجمه رایگان به فارسی به شماره تلفن 866.738.4116. زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer **866.738.4116.**

Portuguese Para tradução grátis para português, ligue para o número **866.738.4116.**

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру **866.738.4116.**

Spanish Para servicio de traducción gratuito en español, llame al **866.738.4116.**

Tagalog Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **866.738.4116.**

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số **866.738.4116.**

List-Languages-THP-Number-07/16

Table of Contents

Drug	Status	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	Brand	PA; QL (30 EA per 30 days)
ALLI ORAL CAPSULE 60 MG	Brand	PA
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Generic	PA; QL (30 Tablets per 30 days)
armodafinil oral tablet 50 mg	Generic	PA; QL (60 Tablets per 30 days)
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Generic	QL (60 EA per 30 days)
BELVIQ ORAL TABLET 10 MG	Brand	PA
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	Brand	PA
benzphetamine hcl oral tablet 25 mg, 50 mg	Generic	PA
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	Generic	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Generic	PA; QL (4 tablets per 1 day)
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	Brand	PA
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg	Generic	PA; QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
dextroamphetamine sulfate oral solution 5 mg/5ml	Generic	PA; ¥ (PA applies to members 25 and older); QL (1200 mL per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	Generic	PA
diethylpropion hcl oral tablet 25 mg	Generic	PA
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	Brand	PA; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	Brand	PA; QL (1 EA per 1 day)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	Brand	PA
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Generic	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Brand	PA
methamphetamine hcl oral tablet 5 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (150 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 30 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg	Generic	PA; QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)

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Drug	Status	Notes
methylphenidate hcl er (osm) oral tablet extended release 36 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	Generic	PA; ¥ (PA applies to members 25 and older); QL (900 mL per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	Generic	PA; QL (1 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	Generic	PA; QL (30 EA per 30 days)
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	Generic	PA
phendimetrazine tartrate oral tablet 35 mg	Generic	PA
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	Generic	PA
phentermine hcl oral tablet 37.5 mg	Generic	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	Brand	PA; QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	Brand	PA; QL (60 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Brand	PA; QL (90 EA per 30 days)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Brand	PA
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	Brand	PA; QL (360 mL per 30 days)

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SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Brand	PA
SUNOSI ORAL TABLET 150 MG, 75 MG	Brand	PA; QL (30 EA per 30 days)
SUPRENZA ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 37.5 MG	Brand	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Brand	PA; QL (30 EA per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Brand	PA; QL (2 EA per 1 day)
XENICAL ORAL CAPSULE 120 MG	Brand	PA
ZENZEDI ORAL TABLET 10 MG, 5 MG	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Brand	PA
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR	Brand	PA
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR	Brand	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Brand	PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Brand	PA
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Brand	PA
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Brand	PA
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	Brand	PA
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Brand	PA
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Brand	PA
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Brand	PA

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Drug	Status	Notes
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG	Brand	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	Brand	PA
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Brand	PA
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Brand	PA
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Brand	PA
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Brand	PA
AMEBICIDES		
SOLOSEC ORAL PACKET 2 GM	Brand	PA; Medication included in Extended Family Planning formulary
AMINOGLYCOSIDES		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Brand	
neomycin sulfate oral tablet 500 mg	Generic	
paromomycin sulfate oral capsule 250 mg	Generic	
TOBI PODHALER INHALATION CAPSULE 28 MG	Brand	PA; SP; QL (8 EA per 1 day)
tobramycin inhalation nebulization solution 300 mg/5ml	Generic	
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Brand	PA; SP; QL (4 Syringes per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML	Medical Benefit	PA; QL (4 vials per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 400 MG/20ML	Medical Benefit	PA; QL (2 vials per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4ML	Medical Benefit	PA; QL (10 vials per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Brand	PA; SP; QL (4 syringes per 28 days)

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MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Brand	PA; SP; QL (4 Vials per 28 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Generic	
diclofenac potassium oral tablet 50 mg	Generic	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Generic	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	Generic	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Brand	PA; SP; QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Brand	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Brand	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Brand	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Brand	PA; SP; QL (8 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION 50 MG/ML	Brand	PA; SP; QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Brand	PA; SP; QL (4 syringes per 28 days)
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	Generic	
etodolac oral capsule 200 mg, 300 mg	Generic	
etodolac oral tablet 400 mg, 500 mg	Generic	
fenoprofen calcium oral tablet 600 mg	Generic	
flurbiprofen oral tablet 100 mg, 50 mg	Generic	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Brand	PA; SP; QL (1 fill per 1 lifetime)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Brand	PA; SP; ¥ (1 Fill per life of plan); QL (1 Fill per 1 Lifetime)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Brand	PA; SP; QL (2 EA per 28 days)

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SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Brand	PA; SP; QL (1 Fill per 1 Lifetime)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Brand	PA; SP; ¥ (1 Fill per life of plan); QL (1 Fill per 1 Lifetime)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Brand	PA; SP; QL (1 Fill per 1 Lifetime)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Brand	PA; SP; QL (1 Fill per 1 Lifetime)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Brand	PA; SP; QL (1 Fill per 1 Lifetime)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	Brand	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Brand	PA; SP; QL (2 syringes per 28 days)
ibuprofen oral suspension 100 mg/5ml	Generic	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Generic	
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG	Medical Benefit	PA
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Medical Benefit	PA
indomethacin er oral capsule extended release 75 mg	Generic	
indomethacin oral capsule 25 mg, 50 mg	Generic	
ketoprofen er oral capsule extended release 24 hour 200 mg	Generic	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	Generic	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	Generic	¥ (Max of 5 days per Rx); QL (120 MG per 1 day)
ketorolac tromethamine intramuscular solution 60 mg/2ml	Generic	¥ (Max of 5 days per Rx); QL (120 mg per 1 day)
ketorolac tromethamine nasal solution 15.75 mg/spray	Generic	PA; ¥ (Max of 5 days per Rx); QL (4 units per 1 day)

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Drug	Status	Notes
ketorolac tromethamine oral tablet 10 mg	Generic	QL (20 EA per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Brand	PA; SP; QL (2.28 ML per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Brand	PA; QL (2.28 ML per 30 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Brand	PA; QL (28 Syringes per 28 days)
leflunomide oral tablet 10 mg, 20 mg	Generic	
meclofenamate sodium oral capsule 100 mg, 50 mg	Generic	
mefenamic acid oral capsule 250 mg	Generic	PA
meloxicam oral suspension 7.5 mg/5ml	Generic	
meloxicam oral tablet 15 mg, 7.5 mg	Generic	
nabumetone oral tablet 500 mg, 750 mg	Generic	
naproxen dr oral tablet delayed release 375 mg, 500 mg	Generic	
naproxen oral suspension 125 mg/5ml	Generic	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Generic	
naproxen sodium oral tablet 220 mg, 275 mg, 550 mg	Generic	
OLUMIANT ORAL TABLET 1 MG, 2 MG	Brand	PA; SP; QL (1 EA per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Brand	PA; SP; QL (4 syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Medical Benefit	PA; QL (4 VIALS per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Brand	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	Brand	PA; QL (4 syringes per 28 days)
OTEZLA ORAL TABLET 30 MG	Brand	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Brand	PA; SP; QL (1 Fill per 1 Lifetime)
oxaprozin oral tablet 600 mg	Generic	
piroxicam oral capsule 10 mg, 20 mg	Generic	

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RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	Brand	PA; SP; QL (30 EA per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Medical Benefit	PA; QL (5 vials per 8 Weeks)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Brand	PA; SP; QL (1 syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Brand	PA; SP; QL (1 syringe per 28 days)
sulindac oral tablet 150 mg, 200 mg	Generic	
tolmetin sodium oral capsule 400 mg	Generic	
tolmetin sodium oral tablet 200 mg, 600 mg	Generic	
XELJANZ ORAL SOLUTION 1 MG/ML	Brand	PA; SP; QL (10 mL per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	Brand	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Brand	PA; SP; QL (1 EA per 1 day)
ANALGESICS - NONNARCOTIC		
butalbital-acetaminophen oral tablet 50-325 mg	Generic	QL (180 EA per 30 days)
butalbital-apap-caffeine oral capsule 50-325-40 mg	Generic	QL (180 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	Generic	QL (180 EA per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Generic	QL (180 EA per 30 days)
choline & mag trisalicylate oral tablet 1000 mg	Generic	
choline-mag trisalicylate oral liquid 500 mg/5ml	Generic	
diflunisal oral tablet 500 mg	Generic	
salsalate oral tablet 500 mg, 750 mg	Generic	
ANALGESICS - OPIOID		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	Brand	PA
acetaminophen-codeine #2 oral tablet 300-15 mg	Generic	QL (12 EA per 1 day)
acetaminophen-codeine #3 oral tablet 300-30 mg	Generic	QL (12 EA per 1 day)
acetaminophen-codeine #4 oral tablet 300-60 mg	Generic	QL (6 EA per 1 day)

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Drug	Status	Notes
acetaminophen-codeine oral solution 120-12 mg/5ml	Generic	¥ (Max of 4 g of acetaminophen or 360 mg of codeine); QL (150 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Generic	QL (12 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	Generic	QL (6 EA per 1 day)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Brand	PA; QL (168 EA per 14 days)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG	Brand	PA; QL (3 EA per 1 day)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Generic	QL (180 EA per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Brand	PA; QL (60 Films per 30 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	Brand	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	Brand	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Generic	PA
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	Generic	¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	Generic	¥ (Max of 32 mg/day for the first 6 months); QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	Generic	¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Generic	¥ (Max of 32 mg/day for the first 6 months); QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Generic	¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Generic	PA; QL (4 EA per 28 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Generic	QL (180 EA per 30 days)

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Drug	Status	Notes
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	Generic	
butorphanol tartrate nasal solution 10 mg/ml	Generic	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	Generic	QL (360 mg per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	Brand	PA; QL (2 EA per 1 day)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Generic	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	Generic	PA; QL (10 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG	Brand	PA; QL (4 EA per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	Generic	QL (90 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Generic	QL (6 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg	Generic	QL (8 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Generic	QL (5 EA per 1 day)
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg	Generic	PA; QL (1 EA per 1 day)
hydromorphone hcl oral liquid 1 mg/ml	Generic	QL (20 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	Generic	QL (10 EA per 1 day)
hydromorphone hcl oral tablet 4 mg	Generic	QL (5 EA per 1 day)
hydromorphone hcl oral tablet 8 mg	Generic	QL (2 EA per 1 day)
hydromorphone hcl rectal suppository 3 mg	Generic	QL (4 EA per 1 day)
IBUDONE ORAL TABLET 10-200 MG, 5-200 MG	Generic	QL (5 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Brand	PA; QL (2 EA per 1 day)
meperidine hcl oral solution 50 mg/5ml	Generic	QL (90 ML per 1 day)
meperidine hcl oral tablet 100 mg	Generic	QL (9 EA per 1 day)
meperidine hcl oral tablet 50 mg	Generic	QL (18 EA per 1 day)

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Drug	Status	Notes
methadone hcl injection solution 10 mg/ml	MB/RX	PA; ¥ (PA applies to Pharmacy Benefit only); QL (2 ML per 1 day)
METHADONE HCL INTENSOL CONCENTRATE 10 MG/ML ORAL 10 MG/ML	Generic	PA; QL (2 ML per 1 day)
methadone hcl oral solution 10 mg/5ml	Generic	PA; QL (10 ML per 1 day)
methadone hcl oral solution 5 mg/5ml	Generic	PA; QL (20 ML per 1 day)
methadone hcl oral tablet 10 mg	Generic	PA; QL (2 EA per 1 day)
methadone hcl oral tablet 5 mg	Generic	PA; QL (3 EA per 1 day)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG	Brand	PA; QL (60 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	Generic	QL (4.5 ML per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Generic	PA; QL (1 EA per 1 day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	Generic	PA; QL (2 EA per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Generic	PA; QL (3 EA per 1 day)
morphine sulfate oral solution 10 mg/5ml	Generic	QL (45 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml	Generic	QL (22.5 ML per 1 day)
morphine sulfate oral tablet 15 mg	Generic	QL (6 EA per 1 day)
morphine sulfate oral tablet 30 mg	Generic	QL (3 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Brand	PA; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG	Brand	PA; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	Brand	PA; QL (4 EA per 1 day)
NUCYNTA ORAL TABLET 75 MG	Brand	PA; QL (3 EA per 1 day)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Generic	PA; QL (2 EA per 1 day)
oxycodone hcl oral capsule 5 mg	Generic	QL (12 EA per 1 day)
oxycodone hcl oral concentrate 100 mg/5ml	Generic	QL (3 ML per 1 day)

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Drug	Status	Notes
oxycodone hcl oral solution 5 mg/5ml	Generic	QL (60 ML per 1 day)
oxycodone hcl oral tablet 10 mg	Generic	QL (6 EA per 1 day)
oxycodone hcl oral tablet 15 mg	Generic	QL (4 EA per 1 day)
oxycodone hcl oral tablet 20 mg	Generic	QL (3 EA per 1 day)
oxycodone hcl oral tablet 30 mg	Generic	QL (2 EA per 1 day)
oxycodone hcl oral tablet 5 mg	Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	Generic	QL (60 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	Generic	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	Generic	QL (8 EA per 1 day)
oxycodone-aspirin oral tablet 4.8355-325 mg	Generic	QL (12 EA per 1 day)
oxycodone-ibuprofen oral tablet 5-400 mg	Generic	PA; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Brand	PA; QL (2 EA per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	Generic	PA; QL (2 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	Generic	PA; QL (3 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	Generic	PA; QL (6 EA per 1 day)
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT 74.2 MG	Medical Benefit	PA
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	Medical Benefit	PA
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Generic	PA; QL (1 EA per 1 day)
tramadol hcl er oral tablet extended release 24 hour 100 mg	Generic	PA; QL (1 EA per 1 day)
tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg	Generic	PA; QL (30 EA per 30 days)
tramadol hcl oral tablet 50 mg	Generic	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	Generic	QL (240 EA per 30 days)

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Drug	Status	Notes
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	Brand	PA; QL (2 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	Brand	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (2 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	Brand	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG	Brand	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)
ANDROGENS-ANABOLIC		
ANADROL-50 ORAL TABLET 50 MG	Brand	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	Brand	PA
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	Medical Benefit	PA
danazol oral capsule 100 mg, 200 mg, 50 mg	Generic	
JATENZO ORAL CAPSULE 158 MG, 237 MG	Brand	PA; QL (2 EA per 1 day)
JATENZO ORAL CAPSULE 198 MG	Brand	PA; QL (4 EA per 1 day)
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Brand	PA
methitest oral tablet 10 mg	Brand	PA
methyltestosterone oral capsule 10 mg	Generic	PA
oxandrolone oral tablet 10 mg, 2.5 mg	Generic	PA
STRIANT BUCCAL 30 MG	Brand	PA
TESTOPEL IMPLANT PELLET 75 MG	Medical Benefit	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Generic	
testosterone enanthate injection solution 200 mg/ml	Generic	
testosterone enanthate intramuscular solution 200 mg/ml	Generic	
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	Generic	PA

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Drug	Status	Notes
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	Generic	
testosterone transdermal solution 30 mg/act	Generic	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Brand	PA
ANORECTAL AND RELATED PRODUCTS		
COLOCORT RECTAL ENEMA 100 MG/60ML	Generic	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	Generic	
hydrocortisone ace-pramoxine rectal cream 1-1 %, 2.5-1 %	Generic	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Generic	
hydrocortisone rectal cream 1 %, 2.5 %	Generic	
hydrocortisone rectal enema 100 mg/60ml	Generic	
pramcort rectal cream 1-1 %	Generic	
PROCTO-PAK RECTAL CREAM 1 %	Generic	
PROCTOSOL HC RECTAL CREAM 2.5 %	Generic	
PROCTOZONE-HC RECTAL CREAM 2.5 %	Generic	
UCERIS RECTAL FOAM 2 MG/ACT	Brand	PA
ANTHELMINTICS		
albendazole oral tablet 200 mg	Generic	
benznidazole oral tablet 100 mg, 12.5 mg	Brand	
ivermectin oral tablet 3 mg	Generic	Medication included in Extended Family Planning formulary; QL (20 tablets per 90 days)
praziquantel oral tablet 600 mg	Generic	
ANTIANGINAL AGENTS		
isosorbide dinitrate er oral tablet extended release 40 mg	Generic	¥ (Can be filled for up to a 90 day supply)
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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isosorbide mononitrate oral tablet 10 mg, 20 mg	Generic	¥ (Can be filled for up to a 90 day supply)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Generic	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Generic	¥ (Can be filled for up to a 90 day supply)
nitroglycerin translingual aerosol solution 400 mcg/spray	Generic	
nitroglycerin translingual solution 0.4 mg/spray	Generic	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
ANTIANXIETY AGENTS		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Generic	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Generic	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	Generic	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Generic	
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	Generic	
buspirone hcl oral tablet 30 mg	Generic	PA
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Generic	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Generic	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Generic	
diazepam oral concentrate 5 mg/ml	Generic	
diazepam oral solution 1 mg/ml, 5 mg/5ml	Generic	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Generic	
hydroxyzine hcl oral syrup 10 mg/5ml	Generic	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Generic	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Generic	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Generic	

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Drug	Status	Notes
lorazepam oral concentrate 2 mg/ml	Generic	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Generic	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Generic	
ANTIARRHYTHMICS		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	Generic	¥ (Can be filled for up to a 90 day supply)
disopyramide phosphate oral capsule 100 mg, 150 mg	Generic	¥ (Can be filled for up to a 90 day supply)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Generic	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Generic	¥ (Can be filled for up to a 90 day supply)
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Generic	¥ (Can be filled for up to a 90 day supply)
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Generic	¥ (Can be filled for up to a 90 day supply)
quinidine gluconate er oral tablet extended release 324 mg	Generic	¥ (Can be filled for up to a 90 day supply)
quinidine sulfate er oral tablet extended release 300 mg	Generic	
quinidine sulfate oral tablet 200 mg, 300 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Brand	PA
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	Generic	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Generic	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	Generic	
albuterol sulfate oral syrup 2 mg/5ml	Generic	
albuterol sulfate oral tablet 2 mg, 4 mg	Generic	

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Drug	Status	Notes
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	Brand	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	Brand	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Brand	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Brand	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	Brand	PA
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Generic	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act	Generic	PA
budesonide-formoterol fumarate inhalation aerosol 80-4.5 mcg/act	Generic	PA; ¥ (PA applies to members 0-5 years of age and members 12 years of age and older (no PA required for members 6 through 11 years of age))
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	Medical Benefit	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Brand	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Generic	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Brand	PA
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Brand	PA
epinephrine hcl injection solution 1 mg/ml	Generic	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Brand	PA; SP; QL (1 ML per 56 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Medical Benefit	PA

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Drug	Status	Notes
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act	Generic	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	Generic	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	Brand	
ipratropium bromide inhalation solution 0.02 %	Generic	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Generic	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	Generic	
levalbuterol tartrate inhalation aerosol 45 mcg/act	Generic	
metaproterenol sulfate oral syrup 10 mg/5ml	Generic	
metaproterenol sulfate oral tablet 10 mg, 20 mg	Generic	
montelukast sodium oral packet 4 mg	Generic	STPA; ¥ (Covered for members 6 through 23 months of age. Can be filled for up to a 90 day supply.)
montelukast sodium oral tablet 10 mg	Generic	¥ (Can be filled for up to a 90 day supply)
montelukast sodium oral tablet chewable 4 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Brand	PA; QL (3 auto-injectors per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Brand	PA; QL (3 syringes per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT, 108 MCG/ACT	Brand	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Brand	PA

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Drug	Status	Notes
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT	Brand	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Brand	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	Brand	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Brand	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	Generic	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Medical Benefit	PA
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	Generic	¥ (Can be filled for up to a 90 day supply)
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Generic	¥ (Can be filled for up to a 90 day supply)
theophylline oral solution 80 mg/15ml	Generic	¥ (Can be filled for up to a 90 day supply)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Generic	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (8 syringes per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Medical Benefit	PA; QL (6 vials per 28 days)
zafirlukast oral tablet 10 mg, 20 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ANTICOAGULANTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	Brand	QL (1 Pack per 1 Lifetime)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Brand	QL (60 EA per 30 days)
enoxaparin sodium injection solution 300 mg/3ml	Generic	
enoxaparin sodium subcutaneous solution 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	Generic	

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fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Generic	
heparin (porcine) in nacl intravenous solution 5000-0.9 ut/500ml-%	Brand	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 2500 unit/ml, 5000 unit/ml	Generic	
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG	Brand	QL (24 vials per 12 days)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Brand	QL (60 EA per 30 days)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Generic	
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Brand	PA
BANZEL ORAL SUSPENSION 40 MG/ML	Brand	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	Brand	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Brand	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Generic	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Generic	
carbamazepine oral suspension 100 mg/5ml	Generic	
carbamazepine oral tablet 200 mg	Generic	
carbamazepine oral tablet chewable 100 mg	Generic	
clobazam oral suspension 2.5 mg/ml	Generic	PA
clobazam oral tablet 10 mg, 20 mg	Generic	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Generic	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Brand	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	Brand	PA
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Generic	QL (1 System per 1 Rx)
DILANTIN ORAL CAPSULE 30 MG	Brand	PA; ¥ (PA applies to members 6 years and under)

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Drug	Status	Notes
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Generic	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Generic	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Generic	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Brand	PA
EPITOL ORAL TABLET 200 MG	Generic	
ethosuximide oral capsule 250 mg	Generic	
ethosuximide oral solution 250 mg/5ml	Generic	
felbamate oral suspension 600 mg/5ml	Generic	PA
felbamate oral tablet 400 mg, 600 mg	Generic	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Brand	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Brand	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Brand	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Generic	
gabapentin oral solution 250 mg/5ml	Generic	
gabapentin oral tablet 600 mg, 800 mg	Generic	
lacosamide oral solution 10 mg/ml	Generic	PA
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Generic	PA
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Generic	PA
lamotrigine odt oral tablet dispersible 25 mg, 50 mg	Generic	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	Generic	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Generic	
lamotrigine oral tablet chewable 25 mg, 5 mg	Generic	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	Generic	
lamotrigine starter kit-blue oral kit 35 x 25 mg	Generic	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	Generic	

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Drug	Status	Notes
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	Generic	
lamotrigine titration oral kit 25 & 50 & 100 mg, 25 (21)-50 (7) mg, 50 (42)-100(14) mg	Generic	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Generic	PA
levetiracetam oral solution 100 mg/ml	Generic	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Generic	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Brand	PA; QL (1 box per 1 fill)
oxcarbazepine oral suspension 300 mg/5ml	Generic	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Generic	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	Brand	PA
PEGANONE ORAL TABLET 250 MG	Brand	PA
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Generic	
phenytoin oral suspension 125 mg/5ml	Generic	
phenytoin oral tablet chewable 50 mg	Generic	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Generic	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Generic	PA; QL (3 capsules per 1 day)
pregabalin oral solution 20 mg/ml	Generic	PA; QL (900 ML per 30 days)
primidone oral tablet 250 mg, 50 mg	Generic	
rufinamide oral tablet 200 mg, 400 mg	Generic	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	Brand	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Brand	PA
tiagabine hcl oral tablet 2 mg, 4 mg	Generic	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	Generic	PA
topiramate oral capsule sprinkle 15 mg, 25 mg	Generic	

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Drug	Status	Notes
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Generic	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	Brand	PA
valproic acid oral capsule 250 mg	Generic	
valproic acid oral solution 250 mg/5ml	Generic	
valproic acid oral syrup 250 mg/5ml	Generic	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Brand	PA; QL (1 box per 1 fill)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	Brand	PA; QL (1 box per 1 fill)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	Brand	PA; QL (1 box per 1 fill)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Brand	PA; QL (1 box per 1 fill)
vigabatrin oral packet 500 mg	Generic	PA; SP
vigabatrin oral tablet 500 mg	Generic	PA; SP
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	Brand	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Brand	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Brand	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	Brand	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Generic	
ZTALMY ORAL SUSPENSION 50 MG/ML	Brand	PA
ANTIDEPRESSANTS		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Generic	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Generic	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Brand	PA
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Generic	

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bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Generic	
bupropion hcl oral tablet 100 mg, 75 mg	Generic	
citalopram hydrobromide oral solution 10 mg/5ml	Generic	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	Generic	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Generic	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Generic	
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	Generic	PA; STPA
desvenlafaxine fumarate er oral tablet extended release 24 hour 100 mg, 50 mg	Brand	PA; STPA
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Generic	STPA
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Generic	
doxepin hcl oral concentrate 10 mg/ml	Generic	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Brand	PA; QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Brand	PA; QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Generic	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Brand	PA; QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	Generic	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Generic	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Brand	PA; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Brand	PA; QL (28 EA per 28 days)
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	Generic	

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Drug	Status	Notes
fluoxetine hcl oral solution 20 mg/5ml	Generic	
fluoxetine hcl oral tablet 10 mg, 20 mg	Generic	PA
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	Generic	PA
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	Generic	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Generic	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Generic	PA
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	Generic	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Generic	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Generic	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Generic	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Generic	
nortriptyline hcl oral solution 10 mg/5ml	Generic	
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	Brand	PA
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Generic	PA
paroxetine hcl oral suspension 10 mg/5ml	Generic	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Generic	
phenelzine sulfate oral tablet 15 mg	Generic	
protriptyline hcl oral tablet 10 mg, 5 mg	Generic	PA
sertraline hcl oral concentrate 20 mg/ml	Generic	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	Generic	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Medical Benefit	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Medical Benefit	PA
tranylcypromine sulfate oral tablet 10 mg	Generic	

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Drug	Status	Notes
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Generic	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Generic	PA
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Brand	PA; QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	Generic	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	Generic	STPA
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Generic	
VIIBRYD KIT 10 & 20 & 40 MG ORAL 10 & 20 & 40 MG	Brand	PA
VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL 10 & 20 MG	Brand	PA
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Generic	PA; QL (1 EA per 1 day)
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML	Medical Benefit	PA
ANTIDIABETICS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG, 30-1000 MG	Brand	PA
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	Brand	PA
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	Brand	PA
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Brand	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Brand	
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (2 EA per 1 day)

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Drug	Status	Notes
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
AVANDAMET ORAL TABLET 2-1000 MG	Brand	PA
AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG	Brand	PA
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Brand	¥ (2 devices per fill); QL (2 boxes per 1 fill)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Brand	¥ (2 devices per fill); QL (1 box per 1 fill)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Brand	
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	Brand	PA
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	Brand	PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION 10 MCG/0.04ML	Brand	PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Brand	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION 5 MCG/0.02ML	Brand	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Brand	PA
chlorpropamide oral tablet 100 mg, 250 mg	Generic	¥ (Can be filled for up to a 90 day supply)
diazoxide oral suspension 50 mg/ml	Generic	
FARXIGA ORAL TABLET 10 MG, 5 MG	Brand	PA; QL (30 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Generic	¥ (Can be filled for up to a 90 day supply)
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
glipizide oral tablet 10 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Generic	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Brand	QL (2 EA per 1 Fill)
glucagon emergency injection kit 1 mg	Generic	QL (2 EA per 1 Fill)
glucagon emergency injection solution reconstituted 1 mg/ml	Generic	QL (2 injections per 1 fill)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Generic	¥ (Can be filled for up to a 90 day supply)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Generic	¥ (Can be filled for up to a 90 day supply)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Brand	QL (2 devices per 1 Fill)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Brand	QL (2 devices per 1 Fill)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Brand	QL (2 devices per 1 Fill)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	Brand	QL (2 devices per 1 Fill)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Brand	
HUMALOG MIX 50/50 PEN SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Brand	
HUMALOG MIX 50/50 PEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Brand	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Brand	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Brand	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Brand	

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Drug	Status	Notes
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Brand	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Brand	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Brand	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Brand	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Brand	
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	Generic	
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	Generic	
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	Generic	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Brand	PA; QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Brand	PA; QL (60 Tablets per 30 days)
INVOKANA ORAL TABLET 100 MG	Brand	PA; QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	Brand	PA; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Brand	PA; QL (1 EA per 1 day)
KORLYM ORAL TABLET 300 MG	Brand	PA
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Generic	¥ (Can be filled for up to a 90 day supply)
metformin hcl oral solution 500 mg/5ml	Generic	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Generic	¥ (Can be filled for up to a 90 day supply)
miglitol oral tablet 100 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
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	Brand	PA; QL (4 PENS per 28 days)
nateglinide oral tablet 120 mg, 60 mg	Generic	¥ (Can be filled for up to a 90 day supply)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Brand	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Brand	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Brand	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Brand	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Brand	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Brand	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Brand	PA
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Brand	PA
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Generic	¥ (Can be filled for up to a 90 day supply)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Generic	¥ (Can be filled for up to a 90 day supply)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Generic	¥ (Can be filled for up to a 90 day supply)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Generic	¥ (Can be filled for up to a 90 day supply)
repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg	Generic	¥ (Can be filled for up to a 90 day supply)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Brand	PA; QL (1 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	Brand	PA; QL (2 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Brand	PA; QL (1 EA per 1 day)

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Drug	Status	Notes
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Brand	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Brand	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Brand	PA; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	Brand	PA; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	Brand	PA; QL (2 EA per 1 day)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG	Brand	PA
tolazamide oral tablet 250 mg, 500 mg	Generic	¥ (Can be filled for up to a 90 day supply)
tolbutamide oral tablet 500 mg	Generic	¥ (Can be filled for up to a 90 day supply)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Brand	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Brand	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Brand	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Brand	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	Brand	PA; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	Brand	PA; QL (2 EA per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	Generic	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Generic	

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Drug	Status	Notes
loperamide hcl oral capsule 2 mg	Generic	
opium oral tincture 10 mg/ml (1%)	Generic	
paregoric oral tincture 2 mg/5ml	Generic	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Generic	PA; SP
deferiprone oral tablet 1000 mg	Generic	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Brand	PA
FERRIPROX ORAL TABLET 500 MG	Brand	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	Brand	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	Brand	PA
naloxone hcl injection solution 0.4 mg/ml	Generic	
naloxone hcl nasal liquid 4 mg/0.1ml	Generic	QL (1 box per 1 fill)
naltrexone hcl oral tablet 50 mg	Generic	
VISTOGARD ORAL PACKET 10 GM	Brand	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Medical Benefit	
ANTIEMETICS		
AKYNZEO ORAL CAPSULE 300-0.5 MG	Brand	PA; QL (1 EA per 1 Fill)
ANZEMET ORAL TABLET 100 MG	Brand	PA; QL (10 EA per 1 fill)
ANZEMET ORAL TABLET 50 MG	Brand	PA; QL (5 EA per 1 fill)
aprepitant oral 80 & 125 mg	Generic	QL (6 EA per 30 days)
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	Generic	QL (6 EA per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	Brand	PA
CESAMET ORAL CAPSULE 1 MG	Brand	PA
dimenhydrinate oral tablet 50 mg	Generic	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	Generic	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Generic	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 & 125 MG, 80 MG	Brand	PA; QL (6 EA per 1 Rx)

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Drug	Status	Notes
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Brand	PA; QL (3 Units per 7 days)
granisetron hcl oral tablet 1 mg	Generic	QL (14 EA per 1 Fill)
meclizine hcl oral tablet 12.5 mg, 25 mg	Generic	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	Generic	
ondansetron hcl oral solution 4 mg/5ml	Generic	QL (105 ML per 1 Fill)
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	Generic	QL (21 EA per 1 Fill)
ondansetron oral tablet dispersible 4 mg, 8 mg	Generic	QL (21 EA per 1 Fill)
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Brand	PA
scopolamine transdermal patch 72 hour 1 mg/3days	Generic	
SYNDROS ORAL SOLUTION 5 MG/ML	Brand	PA
trimethobenzamide hcl oral capsule 300 mg	Generic	
VARUBI ORAL TABLET 90 MG	Brand	PA; ¥ (Max of 6 tablets per 30 days); QL (2 Tablets per 1 Fill)
ANTIFUNGALS		
CRESEMBA ORAL CAPSULE 186 MG	Brand	PA
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Generic	Medication included in Extended Family Planning formulary
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Generic	Medication included in Extended Family Planning formulary
flucytosine oral capsule 250 mg, 500 mg	Generic	PA
griseofulvin microsize oral suspension 125 mg/5ml	Generic	
griseofulvin microsize oral tablet 500 mg	Generic	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Generic	
itraconazole oral capsule 100 mg	Generic	
ketoconazole oral tablet 200 mg	Generic	
LAMISIL ORAL PACKET 125 MG, 187.5 MG	Brand	PA; ¥ (Max of 6 weeks); QL (2 Packets per 1 day)
NOXAFIL ORAL SUSPENSION 40 MG/ML	Brand	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	Brand	PA
nystatin oral powder	Generic	

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Drug	Status	Notes
nystatin oral tablet 500000 unit	Generic	
terbinafine hcl oral tablet 250 mg	Generic	
voriconazole oral suspension reconstituted 40 mg/ml	Generic	PA
voriconazole oral tablet 200 mg, 50 mg	Generic	PA
ANTIHISTAMINES		
cetirizine hcl oral solution 1 mg/ml	Generic	
CLARINEX ORAL SYRUP 0.5 MG/ML	Brand	PA
clemastine fumarate oral tablet 2.68 mg	Generic	
cyproheptadine hcl oral syrup 2 mg/5ml	Generic	
cyproheptadine hcl oral tablet 4 mg	Generic	
desloratadine oral tablet 5 mg	Generic	PA
diphenhydramine hcl oral capsule 25 mg, 50 mg	Generic	
diphenhydramine hcl oral elixir 12.5 mg/5ml	Generic	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Generic	PA
levocetirizine dihydrochloride oral tablet 5 mg	Generic	PA
PHENERGAN RECTAL SUPPOSITORY 12.5 MG	Generic	
promethazine hcl oral solution 6.25 mg/5ml	Generic	
promethazine hcl oral syrup 6.25 mg/5ml	Generic	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Generic	
promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg	Generic	
ANTIHYPERLIPIDEMICS		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
cholestyramine light oral packet 4 gm	Generic	¥ (Can be filled for up to a 90 day supply)
cholestyramine light oral powder 4 gm/dose	Generic	¥ (Can be filled for up to a 90 day supply)
cholestyramine oral packet 4 gm	Generic	¥ (Can be filled for up to a 90 day supply)
cholestyramine oral powder 4 gm/dose	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
colesevelam hcl oral tablet 625 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
colestipol hcl oral packet 5 gm	Generic	¥ (Can be filled for up to a 90 day supply)
colestipol hcl oral tablet 1 gm	Generic	¥ (Can be filled for up to a 90 day supply)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Brand	PA; QL (30 EA per 30 days)
ezetimibe oral tablet 10 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
fenofibrate micronized oral capsule 130 mg, 30 mg, 43 mg, 90 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Generic	¥ (Can be filled for up to a 90 day supply)
fenofibrate oral capsule 150 mg, 50 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
fenofibrate oral tablet 120 mg, 40 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Generic	¥ (Can be filled for up to a 90 day supply)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
fenofibric acid oral tablet 105 mg, 35 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	Brand	PA
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
fluvastatin sodium oral capsule 20 mg, 40 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
gemfibrozil oral tablet 600 mg	Generic	¥ (Can be filled for up to a 90 day supply)
icosapent ethyl oral capsule 1 gm	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Brand	PA; QL (30 EA per 30 days)
KYNAMRO SUBCUTANEOUS SOLUTION 200 MG/ML	Brand	SP; QL (4 EA per 28 days)

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Drug	Status	Notes
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Brand	SP; QL (4 EA per 28 days)
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Medical Benefit	PA
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Brand	PA; QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Generic	¥ (Can be filled for up to a 90 day supply)
micronized colestipol hcl oral tablet 1 gm	Generic	¥ (Can be filled for up to a 90 day supply)
NEXLETOL ORAL TABLET 180 MG	Brand	PA
NEXLIZET ORAL TABLET 180-10 MG	Brand	PA
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Generic	¥ (Can be filled for up to a 90 day supply)
NIACOR ORAL TABLET 500 MG	Generic	¥ (Can be filled for up to a 90 day supply)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Brand	PA; Preferred product; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Brand	PA; Preferred product; QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Brand	PA; Preferred product; QL (2 ML per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
VASCEPA ORAL CAPSULE 0.5 GM	Brand	PA
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG	Brand	PA
ANTIHYPERTENSIVES		
aliskiren fumarate oral tablet 150 mg, 300 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Generic	¥ (Can be filled for up to a 90 day supply)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Generic	STPA; ¥ (Can be filled for up to a 90 day supply)
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	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Generic	
clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Generic	
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG	Generic	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Generic	¥ (Can be filled for up to a 90 day supply)
EDARBI ORAL TABLET 40 MG, 80 MG	Brand	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
eplerenone oral tablet 25 mg, 50 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
eprosartan mesylate oral tablet 600 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)

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fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Generic	¥ (Can be filled for up to a 90 day supply)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
guanfacine hcl oral tablet 1 mg, 2 mg	Generic	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Generic	¥ (Can be filled for up to a 90 day supply)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
methyldopa oral tablet 250 mg, 500 mg	Generic	¥ (Can be filled for up to a 90 day supply)
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
metyrosine oral capsule 250 mg	Generic	
minoxidil oral tablet 10 mg, 2.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
moexipril hcl oral tablet 15 mg, 7.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Generic	¥ (Can be filled for up to a 90 day supply)
phenoxybenzamine hcl oral capsule 10 mg	Generic	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
reserpine oral tablet 0.1 mg, 0.25 mg	Generic	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Brand	PA; QL (30 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Generic	¥ (Can be filled for up to a 90 day supply)
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Generic	¥ (Can be filled for up to a 90 day supply)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	Brand	PA; QL (12 EA per 1 Fill)
atovaquone oral suspension 750 mg/5ml	Generic	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Brand	

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Drug	Status	Notes
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Generic	Medication included in Extended Family Planning formulary
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Generic	
dapsone oral tablet 100 mg, 25 mg	Generic	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	Brand	QL (2 Bottles per 10 days)
fosfomycin tromethamine oral packet 3 gm	Generic	Medication included in Extended Family Planning formulary
HYOPHEN ORAL TABLET 81.6 MG	Generic	
IMPAVIDO ORAL CAPSULE 50 MG	Brand	
LAMPIT ORAL TABLET 120 MG, 30 MG	Brand	
linezolid oral suspension reconstituted 100 mg/5ml	Generic	QL (60 ML per 1 day)
linezolid oral tablet 600 mg	Generic	QL (2 tablets per 1 day)
me/naphos/mb/hyo1 oral tablet 81.6 mg	Generic	
methenamine hippurate oral tablet 1 gm	Generic	
methenamine mandelate oral tablet 0.5 gm, 1 gm	Generic	
metronidazole oral capsule 375 mg	Generic	Medication included in Extended Family Planning formulary
metronidazole oral tablet 250 mg, 500 mg	Generic	Medication included in Extended Family Planning formulary
nitazoxanide oral tablet 500 mg	Generic	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Generic	Medication included in Extended Family Planning formulary
nitrofurantoin monohyd macro oral capsule 100 mg	Generic	Medication included in Extended Family Planning formulary
nitrofurantoin oral suspension 25 mg/5ml	Generic	Medication included in Extended Family Planning formulary
PHOSPHASAL ORAL TABLET 81.6 MG	Generic	
SIVEXTRO ORAL TABLET 200 MG	Brand	PA; QL (6 EA per 365 days)
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Generic	Medication included in Extended Family Planning formulary
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Generic	Medication included in Extended Family Planning formulary
tinidazole oral tablet 250 mg, 500 mg	Generic	Medication included in Extended Family Planning formulary

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trimethoprim oral tablet 100 mg	Generic	
URIMAR-T ORAL TABLET 120 MG	Generic	
UROLET MB ORAL TABLET 81.6 MG	Generic	
UROPHEN MB ORAL TABLET 81.6 MG	Generic	
URYL ORAL TABLET 81.6 MG	Generic	
XENLETA ORAL TABLET 600 MG	Brand	PA
XIFAXAN ORAL TABLET 200 MG	Brand	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Brand	PA; QL (2 tablets per 1 day)
ANTIMALARIALS		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Generic	
chloroquine phosphate oral tablet 250 mg, 500 mg	Generic	
COARTEM ORAL TABLET 20-120 MG	Brand	QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	Generic	
KRINTAFEL ORAL TABLET 150 MG	Brand	QL (2 EA per 1 Fill)
mefloquine hcl oral tablet 250 mg	Generic	
quinine sulfate oral capsule 324 mg	Generic	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE ORAL TABLET 10 MG	Brand	PA
guanidine hcl oral tablet 125 mg	Brand	PA
pyridostigmine bromide er oral tablet extended release 180 mg	Generic	
pyridostigmine bromide oral tablet 60 mg	Generic	
RUZURGI ORAL TABLET 10 MG	Brand	PA
ANTIMYCOBACTERIAL AGENTS		
cycloserine oral capsule 250 mg	Generic	
ethambutol hcl oral tablet 100 mg, 400 mg	Generic	
isoniazid oral syrup 50 mg/5ml	Generic	
isoniazid oral tablet 100 mg, 300 mg	Generic	
PASER ORAL PACKET 4 GM	Brand	PA
pretomanid oral tablet 200 mg	Brand	PA
PRIFTIN ORAL TABLET 150 MG	Brand	PA
pyrazinamide oral tablet 500 mg	Generic	

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Drug	Status	Notes
rifabutin oral capsule 150 mg	Generic	
rifampin oral capsule 150 mg, 300 mg	Generic	
SIRTURO ORAL TABLET 100 MG, 20 MG	Brand	PA
TRECATOR ORAL TABLET 250 MG	Brand	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
abiraterone acetate oral tablet 250 mg	Generic	PA; SP
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Medical Benefit	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Brand	SP
ALECENSA ORAL CAPSULE 150 MG	Brand	PA; SP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	Medical Benefit	PA
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	Medical Benefit	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Brand	PA; SP
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Brand	PA; SP
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Medical Benefit	PA
anastrozole oral tablet 1 mg	Generic	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Brand	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Brand	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Brand	PA
bexarotene oral capsule 75 mg	Generic	
bicalutamide oral tablet 50 mg	Generic	
BOSULIF ORAL TABLET 100 MG, 500 MG	Brand	PA; SP
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Brand	PA
BRUKINSA ORAL CAPSULE 80 MG	Brand	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Brand	PA; SP
CALQUENCE ORAL CAPSULE 100 MG	Brand	PA

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Drug	Status	Notes
capecitabine oral tablet 150 mg, 500 mg	Generic	
CAPRELSA ORAL TABLET 100 MG, 300 MG	Brand	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	Brand	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	Brand	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Brand	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Brand	PA
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Medical Benefit	PA
COTELLIC ORAL TABLET 20 MG	Brand	PA; SP
cyclophosphamide oral capsule 25 mg, 50 mg	Generic	
DAURISMO ORAL TABLET 100 MG, 25 MG	Brand	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Brand	SP
EMCYT ORAL CAPSULE 140 MG	Brand	
ERIVEDGE ORAL CAPSULE 150 MG	Brand	PA; SP
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	Generic	SP
etoposide oral capsule 50 mg	Generic	SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Generic	PA; SP
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	Generic	PA; SP
exemestane oral tablet 25 mg	Generic	
EXKIVITY ORAL CAPSULE 40 MG	Brand	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Brand	PA; SP
flutamide oral capsule 125 mg	Generic	
GAVRETO ORAL CAPSULE 100 MG	Brand	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Brand	PA
GLEOSTINE ORAL CAPSULE 5 MG	Brand	SP
HEXALEN ORAL CAPSULE 50 MG	Brand	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Brand	PA; SP

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Drug	Status	Notes
hydroxyurea oral capsule 500 mg	Generic	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Brand	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Brand	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Brand	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	Brand	PA
imatinib mesylate oral tablet 100 mg, 400 mg	Generic	SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Brand	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Brand	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Brand	PA; SP
INQOVI ORAL TABLET 35-100 MG	Brand	PA
INREBIC ORAL CAPSULE 100 MG	Brand	PA; SP
IRESSA ORAL TABLET 250 MG	Brand	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Brand	PA; SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Brand	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Brand	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Brand	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Brand	PA
lapatinib ditosylate oral tablet 250 mg	Generic	PA; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Brand	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Brand	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Brand	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Brand	PA

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Drug	Status	Notes
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Brand	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Brand	PA
letrozole oral tablet 2.5 mg	Generic	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Generic	
LEUKERAN ORAL TABLET 2 MG	Brand	
lomustine oral capsule 10 mg, 100 mg, 40 mg	Generic	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Brand	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Brand	PA; SP
LUMAKRAS ORAL TABLET 120 MG	Brand	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Brand	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	Brand	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Brand	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	Brand	SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Brand	SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Brand	SP
LYNPARZA ORAL CAPSULE 50 MG	Brand	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Brand	PA
LYSODREN ORAL TABLET 500 MG	Brand	
MATULANE ORAL CAPSULE 50 MG	Brand	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	Generic	
megestrol acetate oral tablet 20 mg, 40 mg	Generic	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Brand	PA; SP
MEKTOVI ORAL TABLET 15 MG	Brand	PA

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Drug	Status	Notes
melphalan oral tablet 2 mg	Generic	
mercaptopurine oral tablet 50 mg	Generic	
MESNEX ORAL TABLET 400 MG	Brand	
methotrexate oral tablet 2.5 mg	Generic	
MYLERAN ORAL TABLET 2 MG	Brand	
NERLYNX ORAL TABLET 40 MG	Brand	PA
nilutamide oral tablet 150 mg	Generic	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Brand	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Brand	PA
ONUREG ORAL TABLET 200 MG, 300 MG	Brand	PA; SP
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	Medical Benefit	PA
ORGOVYX ORAL TABLET 120 MG	Brand	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Brand	PA
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	Medical Benefit	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Brand	PA; SP
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Brand	PA; SP
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Brand	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Brand	PA; SP
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Medical Benefit	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Brand	
QINLOCK ORAL TABLET 50 MG	Brand	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Brand	PA
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA

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Drug	Status	Notes
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Brand	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Brand	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA
RYDAPT ORAL CAPSULE 25 MG	Brand	PA
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Brand	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Brand	
sorafenib tosylate oral tablet 200 mg	Generic	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Brand	PA; SP
STIVARGA ORAL TABLET 40 MG	Brand	PA; SP
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Generic	PA; SP
TABLOID ORAL TABLET 40 MG	Brand	SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Brand	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Brand	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Brand	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Brand	PA; SP
tamoxifen citrate oral tablet 10 mg, 20 mg	Generic	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Brand	PA; SP
TAZVERIK ORAL TABLET 200 MG	Brand	PA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Generic	
TEPMETKO ORAL TABLET 225 MG	Brand	PA
TIBSOVO ORAL TABLET 250 MG	Brand	PA
toremifene citrate oral tablet 60 mg	Generic	
tretinoin oral capsule 10 mg	Generic	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Brand	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	Brand	PA

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Drug	Status	Notes
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	Brand	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	Brand	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	Brand	PA
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Brand	PA
TURALIO ORAL CAPSULE 200 MG	Brand	PA
UKONIQ ORAL TABLET 200 MG	Brand	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Brand	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Brand	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Brand	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Brand	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Brand	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Brand	PA; SP
VONJO ORAL CAPSULE 100 MG	Brand	PA
VOTRIENT ORAL TABLET 200 MG	Brand	PA; SP
WELIREG ORAL TABLET 40 MG	Brand	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Brand	PA; SP
XATMEP ORAL SOLUTION 2.5 MG/ML	Brand	PA
XOSPATA ORAL TABLET 40 MG	Brand	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA

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Drug	Status	Notes
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XTANDI ORAL CAPSULE 40 MG	Brand	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Brand	PA; SP
ZEJULA ORAL CAPSULE 100 MG	Brand	PA
ZELBORAF ORAL TABLET 240 MG	Brand	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	Medical Benefit	PA; QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	Medical Benefit	PA; QL (1 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	Brand	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Brand	PA
ZYKADIA ORAL CAPSULE 150 MG	Brand	PA; SP
ZYKADIA ORAL TABLET 150 MG	Brand	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
amantadine hcl oral capsule 100 mg	Generic	¥ (Can be filled for up to a 90 day supply)
amantadine hcl oral solution 50 mg/5ml	Generic	¥ (Can be filled for up to a 90 day supply)
amantadine hcl oral syrup 50 mg/5ml	Generic	¥ (Can be filled for up to a 90 day supply)
amantadine hcl oral tablet 100 mg	Generic	¥ (Can be filled for up to a 90 day supply)
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Generic	
bromocriptine mesylate oral capsule 5 mg	Generic	
bromocriptine mesylate oral tablet 2.5 mg	Generic	
carbidopa oral tablet 25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Generic	¥ (Can be filled for up to a 90 day supply)
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Generic	¥ (Can be filled for up to a 90 day supply)
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	Generic	¥ (Can be filled for up to a 90 day supply)
entacapone oral tablet 200 mg	Generic	¥ (Can be filled for up to a 90 day supply)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	Brand	PA
INBRIJA INHALATION CAPSULE 42 MG	Brand	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Brand	PA
NOURIANZ ORAL TABLET 20 MG, 40 MG	Brand	PA; QL (1 EA per 1 day)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Brand	PA; QL (30 EA per 30 days)
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	Generic	¥ (Can be filled for up to a 90 day supply)
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
selegiline hcl oral capsule 5 mg	Generic	
selegiline hcl oral tablet 5 mg	Generic	
tolcapone oral tablet 100 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (6 EA per 1 day)
trihexyphenidyl hcl oral elixir 0.4 mg/ml	Generic	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Generic	
XADAGO ORAL TABLET 100 MG, 50 MG	Brand	PA

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Drug	Status	Notes
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Brand	PA; QL (60 EA per 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	MB/RX	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	MB/RX	PA
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Brand	PA; QL (1 EA per 1 day)
aripiprazole oral solution 1 mg/ml	Generic	PA; QL (750 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Generic	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	Generic	PA; QL (30 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	MB/RX	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	MB/RX	PA
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Generic	PA; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	Brand	PA; QL (1 capsule per 1 day)
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Generic	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Generic	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Generic	QL (60 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG	Generic	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Brand	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Brand	PA
fluphenazine decanoate injection solution 25 mg/ml	Generic	
fluphenazine hcl oral concentrate 5 mg/ml	Generic	
fluphenazine hcl oral elixir 2.5 mg/5ml	Generic	

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Drug	Status	Notes
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Generic	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Generic	
haloperidol lactate injection solution 5 mg/ml	Generic	
haloperidol lactate oral concentrate 2 mg/ml	Generic	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Generic	
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	MB/RX	PA
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	MB/RX	PA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Brand	PA; QL (30 EA per 30 days)
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Generic	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Generic	
lithium carbonate oral tablet 300 mg	Generic	
lithium oral solution 8 meq/5ml	Generic	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Generic	
NUPLAZID ORAL CAPSULE 34 MG	Brand	PA; SP; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	Brand	PA; SP; QL (60 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	Brand	PA; SP; QL (60 Tablets per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Generic	QL (30 EA per 30 days)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	Generic	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Generic	PA; QL (30 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Generic	

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Drug	Status	Notes
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	MB/RX	PA
prochlorperazine edisylate injection solution 5 mg/ml	Generic	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Generic	
prochlorperazine rectal suppository 25 mg	Generic	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Generic	PA
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Generic	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Brand	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	MB/RX	PA
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Generic	
risperidone oral solution 1 mg/ml	Generic	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Generic	QL (60 EA per 30 days)
risperidone oral tablet 4 mg	Generic	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Generic	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Brand	PA; QL (1 patch per 1 day)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Generic	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Generic	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Generic	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Brand	PA
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Brand	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Generic	QL (60 EA per 30 days)

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Drug	Status	Notes
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	MB/RX	PA
ANTIVIRALS		
abacavir sulfate oral solution 20 mg/ml	Generic	
abacavir sulfate oral tablet 300 mg	Generic	
abacavir sulfate-lamivudine oral tablet 600-300 mg	Generic	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Generic	
acyclovir oral capsule 200 mg	Generic	Medication included in Extended Family Planning formulary
acyclovir oral suspension 200 mg/5ml	Generic	Medication included in Extended Family Planning formulary
acyclovir oral tablet 400 mg, 800 mg	Generic	Medication included in Extended Family Planning formulary
adefovir dipivoxil oral tablet 10 mg	Generic	QL (1 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG	Brand	
APTIVUS ORAL SOLUTION 100 MG/ML	Brand	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	Generic	
BIKTARVY ORAL TABLET 50-200-25 MG	Brand	
CIMDUO ORAL TABLET 300-300 MG	Brand	
COMPLERA ORAL TABLET 200-25-300 MG	Brand	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Brand	
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	Brand	PA; SP
DELSTRIGO ORAL TABLET 100-300-300 MG	Brand	
DESCOVY ORAL TABLET 200-25 MG	Brand	
didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg	Generic	
DOVATO ORAL TABLET 50-300 MG	Brand	
EDURANT ORAL TABLET 25 MG	Brand	
efavirenz oral capsule 200 mg, 50 mg	Generic	

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Drug	Status	Notes
efavirenz oral tablet 600 mg	Generic	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	Generic	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Generic	
emtricitabine oral capsule 200 mg	Generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Generic	
EMTRIVA ORAL SOLUTION 10 MG/ML	Brand	
entecavir oral tablet 0.5 mg, 1 mg	Generic	QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG	Brand	PA; SP; QL (28 EA per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	Brand	PA; SP; QL (28 EA per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	Brand	PA; SP
etravirine oral tablet 100 mg, 200 mg	Generic	
EVOTAZ ORAL TABLET 300-150 MG	Brand	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Generic	Medication included in Extended Family Planning formulary
fosamprenavir calcium oral tablet 700 mg	Generic	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Brand	SP
GENVOYA ORAL TABLET 150-150-200-10 MG	Brand	
HARVONI ORAL TABLET 45-200 MG	Brand	PA; SP; QL (30 EA per 30 days)
HARVONI ORAL TABLET 90-400 MG	Brand	PA; SP
INTELENCE ORAL TABLET 25 MG	Brand	
INVIRASE ORAL CAPSULE 200 MG	Brand	
INVIRASE ORAL TABLET 500 MG	Brand	
ISENTRESS HD ORAL TABLET 600 MG	Brand	
ISENTRESS ORAL PACKET 100 MG	Brand	
ISENTRESS ORAL TABLET 400 MG	Brand	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Brand	
JULUCA ORAL TABLET 50-25 MG	Brand	
KALETRA ORAL SOLUTION 400-100 MG/5ML	Brand	
lamivudine oral solution 10 mg/ml	Generic	

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Drug	Status	Notes
lamivudine oral tablet 100 mg	Generic	QL (1 EA per 1 day)
lamivudine oral tablet 150 mg, 300 mg	Generic	
lamivudine-zidovudine oral tablet 150-300 mg	Generic	
LEXIVA ORAL SUSPENSION 50 MG/ML	Brand	
LIVTENCITY ORAL TABLET 200 MG	Brand	PA; QL (4 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	Generic	
maraviroc oral tablet 150 mg, 300 mg	Generic	
MAVYRET ORAL PACKET 50-20 MG	Brand	SP; Age Limit (Min 3 Years and Max 12 Years)
MAVYRET ORAL TABLET 100-40 MG	Brand	SP
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	Generic	
nevirapine oral suspension 50 mg/5ml	Generic	
nevirapine oral tablet 200 mg	Generic	
NORVIR ORAL CAPSULE 100 MG	Brand	
NORVIR ORAL PACKET 100 MG	Brand	
NORVIR ORAL SOLUTION 80 MG/ML	Brand	
ODEFSEY ORAL TABLET 200-25-25 MG	Brand	
OLYSIO ORAL CAPSULE 150 MG	Brand	PA; SP
oseltamivir phosphate oral capsule 30 mg	Generic	¥ (Max of 2 fills per year); QL (20 EA per 1 Fill)
oseltamivir phosphate oral capsule 45 mg, 75 mg	Generic	¥ (Max of 2 fills per year); QL (10 EA per 1 Fill)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Generic	¥ (Max of 2 fills per year); QL (180 ML per 1 Fill)
PIFELTRO ORAL TABLET 100 MG	Brand	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	Medical Benefit	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Brand	PA
PREZCOBIX ORAL TABLET 800-150 MG	Brand	
PREZISTA ORAL SUSPENSION 100 MG/ML	Brand	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Brand	

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Drug	Status	Notes
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	Brand	¥ (Max of 2 fills per year); QL (20 Blisters per 1 Rx)
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	Brand	
REYATAZ ORAL PACKET 50 MG	Brand	
RIBASPHERE ORAL CAPSULE 200 MG	Generic	QL (210 EA per 30 days)
RIBASPHERE ORAL TABLET 200 MG	Generic	QL (210 EA per 30 days)
ribavirin oral capsule 200 mg	Generic	
ribavirin oral tablet 200 mg	Generic	
rimantadine hcl oral tablet 100 mg	Generic	
ritonavir oral tablet 100 mg	Generic	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Brand	
SELZENTRY ORAL SOLUTION 20 MG/ML	Brand	
SELZENTRY ORAL TABLET 25 MG, 75 MG	Brand	
SOVALDI ORAL TABLET 200 MG	Brand	PA; SP; QL (60 EA per 30 days)
SOVALDI ORAL TABLET 400 MG	Brand	PA; SP
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Generic	
stavudine oral solution reconstituted 1 mg/ml	Generic	
STRIBILD ORAL TABLET 150-150-200-300 MG	Brand	
SYMTUZA ORAL TABLET 800-150-200-10 MG	Brand	
TECHNIVIE ORAL TABLET 12.5-75-50 MG	Brand	PA; SP
tenofovir disoproxil fumarate oral tablet 300 mg	Generic	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Brand	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Brand	
TRIUMEQ ORAL TABLET 600-50-300 MG	Brand	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	Brand	
TYBOST ORAL TABLET 150 MG	Brand	

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Drug	Status	Notes
valacyclovir hcl oral tablet 1 gm, 500 mg	Generic	Medication included in Extended Family Planning formulary
valganciclovir hcl oral solution reconstituted 50 mg/ml	Generic	
valganciclovir hcl oral tablet 450 mg	Generic	
VEMLIDY ORAL TABLET 25 MG	Brand	PA; QL (1 EA per 1 day)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	Brand	
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG	Brand	PA; SP
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG	Brand	PA; SP
VIRACEPT ORAL TABLET 250 MG, 625 MG	Brand	
VIREAD ORAL POWDER 40 MG/GM	Brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Brand	QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	Brand	STPA; SP
ZEPATIER ORAL TABLET 50-100 MG	Brand	PA; SP
zidovudine oral capsule 100 mg	Generic	
zidovudine oral syrup 50 mg/5ml	Generic	
zidovudine oral tablet 300 mg	Generic	
BETA BLOCKERS		
acebutolol hcl oral capsule 200 mg, 400 mg	Generic	¥ (Can be filled for up to a 90 day supply)
atenolol oral tablet 100 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
betaxolol hcl oral tablet 10 mg, 20 mg	Generic	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	Generic	PA; STPA; ¥ (Can be filled for up to a 90 day supply)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
metoprolol tartrate oral tablet 37.5 mg, 75 mg	Generic	PA
nadolol oral tablet 20 mg, 40 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Generic	STPA
pindolol oral tablet 10 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	Generic	¥ (Can be filled for up to a 90 day supply)
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
sotalol hcl (af) oral tablet 120 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	Brand	PA
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	Generic	¥ (Can be filled for up to a 90 day supply)
diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Generic	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Generic	¥ (Can be filled for up to a 90 day supply)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	Generic	¥ (Can be filled for up to a 90 day supply)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Generic	¥ (Can be filled for up to a 90 day supply)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Generic	¥ (Can be filled for up to a 90 day supply)
dilt-xr oral capsule extended release 24 hour 120 mg	Generic	¥ (Can be filled for up to a 90 day supply)
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
isradipine oral capsule 2.5 mg, 5 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 420 MG	Generic	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
nicardipine hcl oral capsule 20 mg, 30 mg	Generic	¥ (Can be filled for up to a 90 day supply)
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	Generic	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Generic	¥ (Can be filled for up to a 90 day supply)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Generic	¥ (Can be filled for up to a 90 day supply)
nifedipine oral capsule 10 mg, 20 mg	Generic	¥ (Can be filled for up to a 90 day supply)
nimodipine oral capsule 30 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Generic	¥ (Can be filled for up to a 90 day supply)
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
CARDIOTONICS		
DIGITEK ORAL TABLET 125 MCG	Generic	¥ (Can be filled for up to a 90 day supply)
DIGITEK ORAL TABLET 250 MCG	Generic	
DIGOX ORAL TABLET 125 MCG, 250 MCG	Generic	
digoxin oral solution 0.05 mg/ml	Generic	¥ (Can be filled for up to a 90 day supply)
digoxin oral tablet 125 mcg, 250 mcg	Generic	¥ (Can be filled for up to a 90 day supply)
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Brand	PA; SP
ambrisentan oral tablet 10 mg, 5 mg	Generic	PA; SP; QL (30 EA per 30 days)
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	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
bosentan oral tablet 125 mg, 62.5 mg	Generic	PA; SP; QL (60 EA per 30 days)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Brand	PA; SP; QL (1 EA per 1 day)
CIALIS ORAL TABLET 5 MG	Brand	PA; QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	Brand	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Brand	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Brand	PA
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	MB/RX	PA; SP
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	Generic	PA
OPSUMIT ORAL TABLET 10 MG	Brand	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	Brand	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	Brand	PA

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Drug	Status	Notes
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Medical Benefit	PA
sildenafil citrate oral suspension reconstituted 10 mg/ml	Generic	PA; SP
sildenafil citrate oral tablet 20 mg	Generic	PA; QL (90 EA per 30 days)
tadalafil (pah) oral tablet 20 mg	Generic	PA; SP; QL (60 EA per 30 days)
tadalafil oral tablet 5 mg	Generic	PA; QL (30 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	Brand	PA; SP; QL (120 EA per 30 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML	MB/RX	PA; SP
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	MB/RX	PA; SP
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	MB/RX	PA; SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Brand	PA; SP
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	Brand	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	MB/RX	PA; SP; QL (9 Vials per 1 day)
VYNDAMAX ORAL CAPSULE 61 MG	Brand	PA; SP; QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	Brand	PA; SP; QL (120 EA per 30 days)
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	Generic	Medication included in Extended Family Planning formulary
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	Generic	Medication included in Extended Family Planning formulary
cefadroxil oral capsule 500 mg	Generic	Medication included in Extended Family Planning formulary
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Generic	Medication included in Extended Family Planning formulary
cefadroxil oral tablet 1 gm	Generic	Medication included in Extended Family Planning formulary
cefdinir oral capsule 300 mg	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Generic	Medication included in Extended Family Planning formulary
cefditoren pivoxil oral tablet 200 mg	Generic	
cefixime oral capsule 400 mg	Generic	PA; Medication included in Extended Family Planning formulary
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Generic	Medication included in Extended Family Planning formulary
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Generic	Medication included in Extended Family Planning formulary
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Generic	Medication included in Extended Family Planning formulary
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Generic	
cefprozil oral tablet 250 mg, 500 mg	Generic	
ceftibuten oral capsule 400 mg	Generic	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML	Brand	PA
cefuroxime axetil oral tablet 250 mg, 500 mg	Generic	Medication included in Extended Family Planning formulary
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Generic	Medication included in Extended Family Planning formulary
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Generic	Medication included in Extended Family Planning formulary
cephalexin oral tablet 250 mg, 500 mg	Generic	Medication included in Extended Family Planning formulary
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Brand	PA; Medication included in Extended Family Planning formulary
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG	Brand	PA; Medication included in Extended Family Planning formulary
CONTRACEPTIVES		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
AFTERA ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary

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AFTERPILL ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
alyacen 1/35 oral tablet 1-35 mg-mcg	Generic	Medication included in Extended Family Planning formulary
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Generic	Medication included in Extended Family Planning formulary
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	Generic	Medication included in Extended Family Planning formulary
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	Generic	
AMETHYST ORAL TABLET 90-20 MCG	Generic	Medication included in Extended Family Planning formulary
APRI ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	Generic	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
AUBRA ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	Medication included in Extended Family Planning formulary
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
AVIANE ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
AYUNA ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
briellyn oral tablet 0.4-35 mg-mcg	Generic	Medication included in Extended Family Planning formulary
CAMILA ORAL TABLET 0.35 MG	Generic	Medication included in Extended Family Planning formulary
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Generic	Medication included in Extended Family Planning formulary
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	Generic	Medication included in Extended Family Planning formulary
CAZIANT ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Generic	Medication included in Extended Family Planning formulary
CESIA ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Generic	Medication included in Extended Family Planning formulary
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
CHATEAL ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
CYRED ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	Generic	Medication included in Extended Family Planning formulary
DEBLITANE ORAL TABLET 0.35 MG	Generic	Medication included in Extended Family Planning formulary
DELYLA ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Generic	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	Generic	Medication included in Extended Family Planning formulary
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	Generic	Medication included in Extended Family Planning formulary
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Generic	Medication included in Extended Family Planning formulary
ECONTRA EZ ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary
ELINEST ORAL TABLET 0.3-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
ELLA ORAL TABLET 30 MG	Brand	Medication included in Extended Family Planning formulary
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Generic	Medication included in Extended Family Planning formulary
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	Generic	Medication included in Extended Family Planning formulary
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
ERRIN ORAL TABLET 0.35 MG	Generic	Medication included in Extended Family Planning formulary
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Generic	Medication included in Extended Family Planning formulary
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	Generic	Medication included in Extended Family Planning formulary
FALMINA ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
GIANVI ORAL TABLET 3-0.02 MG	Generic	Medication included in Extended Family Planning formulary
GILDAGIA ORAL TABLET 0.4-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
GILDESS 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
GILDESS 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
GILDESS 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	
GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
GILDESS FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	Medication included in Extended Family Planning formulary
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
HEATHER ORAL TABLET 0.35 MG	Generic	Medication included in Extended Family Planning formulary
ICLEVIA ORAL TABLET 0.15-0.03 MG	Generic	Medication included in Extended Family Planning formulary
INTROVALE ORAL TABLET 0.15-0.03 MG	Generic	Medication included in Extended Family Planning formulary
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
JASMIEL ORAL TABLET 3-0.02 MG	Generic	Medication included in Extended Family Planning formulary
JENCYCLA ORAL TABLET 0.35 MG	Generic	Medication included in Extended Family Planning formulary
JOLESSA ORAL TABLET 0.15-0.03 MG	Generic	Medication included in Extended Family Planning formulary
JOLIVETTE ORAL TABLET 0.35 MG	Generic	Medication included in Extended Family Planning formulary
JULEBER ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Generic	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Generic	Medication included in Extended Family Planning formulary
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	Generic	Medication included in Extended Family Planning formulary
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	Medication included in Extended Family Planning formulary
KURVELO ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	Medication included in Extended Family Planning formulary
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LARISSIA ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LESSINA ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Generic	Medication included in Extended Family Planning formulary
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	Generic	Medication included in Extended Family Planning formulary
levonorgestrel oral tablet 1.5 mg	Generic	Medication included in Extended Family Planning formulary
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	Generic	Medication included in Extended Family Planning formulary
levonorg-eth estrad triphasic oral tablet , 50-30/75-40/ 125-30 mcg	Generic	Medication included in Extended Family Planning formulary
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LILLOW ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Generic	Medication included in Extended Family Planning formulary
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
LOMEDIA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	Medication included in Extended Family Planning formulary
LORYNA ORAL TABLET 3-0.02 MG	Generic	Medication included in Extended Family Planning formulary
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Generic	Medication included in Extended Family Planning formulary
LUTERA ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
LYZA ORAL TABLET 0.35 MG	Generic	Medication included in Extended Family Planning formulary
marlissa oral tablet 0.15-30 mg-mcg	Generic	Medication included in Extended Family Planning formulary
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
MILI ORAL TABLET 0.25-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	Medication included in Extended Family Planning formulary
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
MONONESSA ORAL TABLET 0.25-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
MY CHOICE ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary
MY WAY ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary
MYZILRA ORAL TABLET 50-30/75-40/ 125-30 MCG	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Generic	Medication included in Extended Family Planning formulary
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	Generic	Medication included in Extended Family Planning formulary
NECON 10/11 (28) ORAL TABLET 35 MCG	Generic	Medication included in Extended Family Planning formulary
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
NEW DAY ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary
NIKKI ORAL TABLET 3-0.02 MG	Generic	Medication included in Extended Family Planning formulary
NORA-BE ORAL TABLET 0.35 MG	Generic	Medication included in Extended Family Planning formulary
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	Generic	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg	Generic	Medication included in Extended Family Planning formulary
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	Generic	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Generic	Medication included in Extended Family Planning formulary
norethindrone oral tablet 0.35 mg	Generic	Medication included in Extended Family Planning formulary
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	Generic	Medication included in Extended Family Planning formulary
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Generic	Medication included in Extended Family Planning formulary
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	Generic	Medication included in Extended Family Planning formulary
norgestrel-ethinyl estradiol oral tablet 0.3-30 mg-mcg	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
NYMYO ORAL TABLET 0.25-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
OCELLA ORAL TABLET 3-0.03 MG	Generic	Medication included in Extended Family Planning formulary
OGESTREL ORAL TABLET 0.5-50 MG-MCG	Generic	Medication included in Extended Family Planning formulary
OPTION 2 ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
PHILITH ORAL TABLET 0.4-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	Medication included in Extended Family Planning formulary
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
QUASENSE ORAL TABLET 0.15-0.03 MG	Generic	Medication included in Extended Family Planning formulary
REACT ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary

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RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
SETLAKIN ORAL TABLET 0.15-0.03 MG	Generic	Medication included in Extended Family Planning formulary
SHAROBEL ORAL TABLET 0.35 MG	Generic	Medication included in Extended Family Planning formulary
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	Medication included in Extended Family Planning formulary
SOLIA ORAL TABLET 0.15-30 MG-MCG	Generic	Medication included in Extended Family Planning formulary
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
SRONYX ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
SYEDA ORAL TABLET 3-0.03 MG	Generic	Medication included in Extended Family Planning formulary
TAKE ACTION ORAL TABLET 1.5 MG	Generic	Medication included in Extended Family Planning formulary
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	Medication included in Extended Family Planning formulary
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Generic	Medication included in Extended Family Planning formulary

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TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	Medication included in Extended Family Planning formulary
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	Medication included in Extended Family Planning formulary
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	Medication included in Extended Family Planning formulary
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Generic	Medication included in Extended Family Planning formulary
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	Medication included in Extended Family Planning formulary
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Brand	Medication included in Extended Family Planning formulary
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Generic	Medication included in Extended Family Planning formulary
VESTURA ORAL TABLET 3-0.02 MG	Generic	Medication included in Extended Family Planning formulary
VIENVA ORAL TABLET 0.1-20 MG-MCG	Generic	Medication included in Extended Family Planning formulary
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	Generic	Medication included in Extended Family Planning formulary
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	Medication included in Extended Family Planning formulary
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
WERA ORAL TABLET 0.5-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Generic	Medication included in Extended Family Planning formulary
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Generic	Medication included in Extended Family Planning formulary
ZARAH ORAL TABLET 3-0.03 MG	Generic	Medication included in Extended Family Planning formulary
ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Generic	Medication included in Extended Family Planning formulary
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	Generic	Medication included in Extended Family Planning formulary
CORTICOSTEROIDS		
budesonide er oral tablet extended release 24 hour 9 mg	Generic	PA
budesonide oral capsule delayed release particles 3 mg	Generic	
cortisone acetate oral tablet 25 mg	Generic	
dexamethasone oral elixir 0.5 mg/5ml	Generic	
dexamethasone oral solution 0.5 mg/5ml	Generic	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Generic	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Brand	PA; QL (26 ML per 30 days)
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Brand	PA; QL (30 EA per 30 days)
fludrocortisone acetate oral tablet 0.1 mg	Generic	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Generic	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Generic	

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Drug	Status	Notes
methylprednisolone oral tablet therapy pack 4 mg	Generic	
methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg	Generic	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	Brand	PA
prednisolone oral solution 15 mg/5ml	Generic	
prednisolone oral syrup 15 mg/5ml	Generic	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	Generic	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	Generic	
prednisone oral solution 5 mg/5ml	Generic	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Generic	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Generic	
COUGH/COLD/ALLERGY		
acetylcysteine inhalation solution 10 %, 20 %	Generic	
benzonatate oral capsule 100 mg, 200 mg	Generic	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Brand	PA
guaifenesin er oral tablet extended release 12 hour 600 mg	Generic	
guaifenesin-codeine oral solution 100-10 mg/5ml	Generic	QL (60 ML per 1 day)
guaifenesin-codeine oral syrup 100-10 mg/5ml	Generic	QL (60 ML per 1 day)
phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml	Generic	
phenylephrine-guaifenesin oral liquid 1.5-20 mg/ml	Generic	
promethazine vc plain oral syrup 6.25-5 mg/5ml	Generic	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	Generic	QL (30 ML per 1 day)
promethazine-codeine oral solution 6.25-10 mg/5ml	Generic	QL (30 ML per 1 day)
promethazine-codeine oral syrup 6.25-10 mg/5ml	Generic	
promethazine-dm oral syrup 6.25-15 mg/5ml	Generic	

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Drug	Status	Notes
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Generic	
SEMPREX-D ORAL CAPSULE 8-60 MG	Brand	PA
DERMATOLOGICALS		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Brand	PA
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Generic	
acne medication 5 external gel 5 %	Generic	
acyclovir external cream 5 %	Generic	PA; QL (5 GM per 1 Fill)
acyclovir external ointment 5 %	Generic	
ACZONE EXTERNAL GEL 7.5 %	Brand	PA; QL (60 GM per 30 days)
adapalene external cream 0.1 %	Generic	STPA
adapalene external gel 0.1 %, 0.3 %	Generic	STPA
alclometasone dipropionate external cream 0.05 %	Generic	
alclometasone dipropionate external ointment 0.05 %	Generic	
ALTABAX EXTERNAL OINTMENT 1 %	Brand	STPA
ALTRENO EXTERNAL LOTION 0.05 %	Brand	PA
amcinonide external cream 0.1 %	Generic	PA
amcinonide external lotion 0.1 %	Generic	PA
amcinonide external ointment 0.1 %	Generic	PA
ammonium lactate external cream 12 %	Generic	
ammonium lactate external lotion 12 %	Generic	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Generic	PA
APEXICON E EXTERNAL CREAM 0.05 %	Brand	PA
AVAR CLEANSER EXTERNAL EMULSION 10-5 %	Generic	
AVITA EXTERNAL CREAM 0.025 %	Generic	PA; Age Limit (Max 26 Years)
AVITA EXTERNAL GEL 0.025 %	Generic	PA; Age Limit (Max 26 Years)
azelaic acid external gel 15 %	Generic	
AZELEX EXTERNAL CREAM 20 %	Brand	PA; QL (30 grams per 1 fill)
benzoyl peroxide cleanser external liquid 6 %	Generic	
benzoyl peroxide creamy wash external liquid† 4 %	Generic	

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benzoyl peroxide external gel 10 %, 2.5 %, 5 %	Generic	
benzoyl peroxide wash external liquid 10 %, 5 %	Generic	
benzoyl peroxide-erythromycin external gel 5-3 %	Generic	PA
betamethasone dipropionate aug external cream 0.05 %	Generic	
betamethasone dipropionate aug external gel 0.05 %	Generic	
betamethasone dipropionate aug external lotion 0.05 %	Generic	
betamethasone dipropionate aug external ointment 0.05 %	Generic	
betamethasone dipropionate external cream 0.05 %	Generic	
betamethasone dipropionate external lotion 0.05 %	Generic	
betamethasone dipropionate external ointment 0.05 %	Generic	
betamethasone valerate external cream 0.1 %	Generic	
betamethasone valerate external foam 0.12 %	Generic	
betamethasone valerate external lotion 0.1 %	Generic	
betamethasone valerate external ointment 0.1 %	Generic	
bp foaming wash external liquid 10 %	Generic	
bp wash external liquid 10 %, 5 %	Generic	
bp wash external liquid 2.5 %	Generic	PA
bpo external gel 4 %, 8 %	Brand	PA
BRYHALI EXTERNAL LOTION 0.01 %	Brand	PA
calcipotriene external cream 0.005 %	Generic	
calcipotriene external ointment 0.005 %	Generic	
calcipotriene external solution 0.005 %	Generic	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Generic	PA
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Generic	PA
CALCITRENE EXTERNAL OINTMENT 0.005 %	Generic	
calcitriol external ointment 3 mcg/gm	Generic	

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Drug	Status	Notes
CAPEX EXTERNAL SHAMPOO 0.01 %	Brand	PA
CEROVEL EXTERNAL LOTION 40 %	Generic	
CICLODAN EXTERNAL CREAM 0.77 %	Generic	
CICLODAN EXTERNAL SOLUTION 8 %	Generic	
ciclopirox external gel 0.77 %	Generic	
ciclopirox external shampoo 1 %	Generic	PA
ciclopirox external solution 8 %	Generic	
ciclopirox olamine external cream 0.77 %	Generic	
ciclopirox olamine external suspension 0.77 %	Generic	PA
CIDALEAZE EXTERNAL CREAM 3 %	Generic	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Generic	PA; ¥ (Max of 5 months)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	Generic	PA
clindamycin phosphate external foam 1 %	Generic	PA
clindamycin phosphate external gel 1 %	Generic	
clindamycin phosphate external lotion 1 %	Generic	
clindamycin phosphate external solution 1 %	Generic	
clindamycin phosphate external swab 1 %	Generic	
clobetasol propionate e external cream 0.05 %	Generic	
clobetasol propionate external cream 0.05 %	Generic	PA
clobetasol propionate external foam 0.05 %	Generic	
clobetasol propionate external gel 0.05 %	Generic	PA
clobetasol propionate external liquid 0.05 %	Generic	PA
clobetasol propionate external lotion 0.05 %	Generic	
clobetasol propionate external ointment 0.05 %	Generic	PA
clobetasol propionate external shampoo 0.05 %	Generic	
clobetasol propionate external solution 0.05 %	Generic	PA
clocortolone pivalate external cream 0.1 %	Generic	PA
clocortolone pivalate pump external cream 0.1 %	Generic	PA
clotrimazole anti-fungal external cream 1 %	Generic	
clotrimazole external cream 1 %	Generic	
clotrimazole external solution 1 %	Generic	
clotrimazole-betamethasone external cream 1-0.05 %	Generic	

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Drug	Status	Notes
clotrimazole-betamethasone external lotion 1-0.05 %	Generic	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Brand	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Brand	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Brand	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Brand	PA; SP; QL (1 Syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Brand	PA; SP; QL (1 Syringe per 28 days)
dapsone external gel 5 %, 7.5 %	Generic	PA
DENAVIR EXTERNAL CREAM 1 %	Brand	PA; QL (5 GM per 1 Fill)
desonide external cream 0.05 %	Generic	PA
desonide external lotion 0.05 %	Generic	PA
desonide external ointment 0.05 %	Generic	PA
desoximetasone external cream 0.05 %	Generic	PA
desoximetasone external cream 0.25 %	Generic	
desoximetasone external gel 0.05 %	Generic	
desoximetasone external ointment 0.05 %	Generic	PA
desoximetasone external ointment 0.25 %	Generic	
diclofenac epolamine transdermal patch 1.3 %	Generic	PA; ¥ (Max of 3 months); QL (60 EA per 30 days)
diclofenac sodium external solution 2 %	Generic	PA
diclofenac sodium transdermal gel 3 %	Generic	¥ (Max of 90 days per year); QL (200 GM per 30 days)
diclofenac sodium transdermal solution 1.5 %	Generic	PA
DIFFERIN EXTERNAL LOTION 0.1 %	Brand	STPA
diflorasone diacetate external cream 0.05 %	Generic	PA
diflorasone diacetate external ointment 0.05 %	Generic	PA
doxepin hcl external cream 5 %	Generic	QL (45 grams per 1 Fill)

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Drug	Status	Notes
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Brand	PA; SP; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Brand	PA; SP; QL (2 syringes per 28 days)
DYSPORT (GLABELLAR LINES) INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT	Medical Benefit	PA
econazole nitrate external cream 1 %	Generic	
ECOZA EXTERNAL FOAM 1 %	Brand	PA
erythromycin external gel 2 %	Generic	
erythromycin external solution 2 %	Generic	
EXELDERM EXTERNAL CREAM 1 %	Brand	PA
EXELDERM EXTERNAL SOLUTION 1 %	Brand	PA
FABIOR EXTERNAL FOAM 0.1 %	Brand	PA
FINACEA EXTERNAL FOAM 15 %	Brand	PA
fluocinolone acetonide body external oil 0.01 %	Generic	
fluocinolone acetonide external cream 0.01 %, 0.025 %	Generic	
fluocinolone acetonide external ointment 0.025 %	Generic	
fluocinolone acetonide external solution 0.01 %	Generic	
fluocinolone acetonide scalp external oil 0.01 %	Generic	
fluocinonide external cream 0.05 %	Generic	
fluocinonide external cream 0.1 %	Generic	PA
fluocinonide external gel 0.05 %	Generic	
fluocinonide external ointment 0.05 %	Generic	
fluocinonide external solution 0.05 %	Generic	
fluorouracil external cream 0.5 %, 5 %	Generic	
fluorouracil external solution 2 %, 5 %	Generic	
flurandrenolide external cream 0.05 %	Generic	PA
flurandrenolide external lotion 0.05 %	Generic	PA
flurandrenolide external ointment 0.05 %	Generic	PA
fluticasone propionate external cream 0.05 %	Generic	
fluticasone propionate external lotion 0.05 %	Generic	
fluticasone propionate external ointment 0.005 %	Generic	

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Drug	Status	Notes
gentamicin sulfate external cream 0.1 %	Generic	
gentamicin sulfate external ointment 0.1 %	Generic	
GLYDO EXTERNAL GEL 2 %	Generic	
halcinonide external cream 0.1 %	Generic	PA
halobetasol propionate external cream 0.05 %	Generic	PA
halobetasol propionate external ointment 0.05 %	Generic	PA
HALOG EXTERNAL OINTMENT 0.1 %	Brand	PA
hydrocortisone ace-pramoxine external cream 2.5-1 %	Generic	
hydrocortisone butyrate external cream 0.1 %	Generic	PA
hydrocortisone butyrate external ointment 0.1 %	Generic	PA
hydrocortisone butyrate external solution 0.1 %	Generic	PA
hydrocortisone external cream 1 %, 2.5 %	Generic	
hydrocortisone external lotion 1 %, 2.5 %	Generic	
hydrocortisone external ointment 1 %, 2.5 %	Generic	
hydrocortisone valerate external cream 0.2 %	Generic	
hydrocortisone valerate external ointment 0.2 %	Generic	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Medical Benefit	PA
imiquimod external cream 3.75 %	Generic	PA; Medication included in Extended Family Planning formulary; QL (28 packets per 14 days)
imiquimod external cream 5 %	Generic	Medication included in Extended Family Planning formulary
imiquimod pump external cream 3.75 %	Generic	PA; Medication included in Extended Family Planning formulary; QL (7.5 GM per 14 days)
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	Generic	PA
ivermectin external cream 1 %	Generic	PA
ivermectin external lotion 0.5 %	Generic	STPA
JUBLIA EXTERNAL SOLUTION 10 %	Brand	PA
ketoconazole external cream 2 %	Generic	
ketoconazole external foam 2 %	Generic	

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Drug	Status	Notes
ketoconazole external shampoo 2 %	Generic	
KETODAN EXTERNAL FOAM 2 %	Generic	
KLISYRI EXTERNAL OINTMENT 1 %	Brand	PA
LATRIX EXTERNAL SUSPENSION 50 %	Generic	
LEXETTE EXTERNAL FOAM 0.05 %	Brand	PA
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Brand	PA; QL (30 EA per 30 days)
lidocaine external ointment 5 %	Generic	QL (50 GM per 30 days)
lidocaine external patch 5 %	Generic	
lidocaine hcl external cream 3 %	Generic	
lidocaine hcl external gel 2 %	Generic	
lidocaine hcl external lotion 3 %	Generic	
lidocaine hcl external solution 4 %	Generic	
lidocaine-prilocaine external cream 2.5-2.5 %	Generic	
lidocaine-prilocaine external kit 2.5-2.5 %	Generic	
lindane external lotion 1 %	Generic	
lindane external shampoo 1 %	Generic	
luliconazole external cream 1 %	Generic	PA
malathion external lotion 0.5 %	Generic	Medication included in Extended Family Planning formulary
methoxsalen rapid oral capsule 10 mg	Generic	
metronidazole external cream 0.75 %	Generic	
metronidazole external gel 0.75 %, 1 %	Generic	
metronidazole external lotion 0.75 %	Generic	
MIRVASO EXTERNAL GEL 0.33 %	Brand	PA
mometasone furoate external cream 0.1 %	Generic	
mometasone furoate external ointment 0.1 %	Generic	
mometasone furoate external solution 0.1 %	Generic	
mupirocin calcium external cream 2 %	Generic	PA
mupirocin external ointment 2 %	Generic	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Generic	PA
naftifine hcl external cream 1 %, 2 %	Generic	PA
NEUAC EXTERNAL GEL 1.2-5 %	Generic	PA
NORITATE EXTERNAL CREAM 1 %	Brand	PA

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Drug	Status	Notes
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Generic	
nystatin external cream 100000 unit/gm	Generic	
nystatin external ointment 100000 unit/gm	Generic	
nystatin external powder 100000 unit/gm	Generic	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Generic	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Generic	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Generic	
OPZELURA EXTERNAL CREAM 1.5 %	Brand	PA; QL (240 grams per 30 days)
oxiconazole nitrate external cream 1 %	Generic	PA
OXISTAT EXTERNAL LOTION 1 %	Brand	PA
PANRETIN EXTERNAL GEL 0.1 %	Brand	PA
permethrin external cream 5 %	Generic	Medication included in Extended Family Planning formulary
PICATO EXTERNAL GEL 0.015 %, 0.05 %	Brand	PA; QL (1 Box per 1 Rx)
pimecrolimus external cream 1 %	Generic	PA
podofilox external solution 0.5 %	Generic	Medication included in Extended Family Planning formulary
prednicarbate external cream 0.1 %	Generic	
premium lidocaine external ointment 5 %	Generic	QL (50 GM per 30 days)
QBREXZA EXTERNAL PAD 2.4 %	Brand	PA; QL (1 EA per 1 day)
REA LO 40 EXTERNAL CREAM 40 %	Generic	
REA LO 40 EXTERNAL LOTION 40 %	Generic	
REMEVEN EXTERNAL CREAM 50 %	Generic	
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	Brand	PA; Age Limit (Max 26 Years)
ROSANIL CLEANSER EXTERNAL EMULSION 10-5 %	Generic	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Medical Benefit	PA
selenium sulfide external lotion 2.5 %	Generic	
selenium sulfide external shampoo 2.25 %	Generic	

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Drug	Status	Notes
selenium sulf-pyrithione-urea external shampoo 2.25 %	Generic	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	Brand	PA; SP; QL (2 syringes per 28 days)
silver sulfadiazine external cream 1 %	Generic	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	Brand	PA; SP; QL (2 EA per 84 days)
spinosad external suspension 0.9 %	Brand	PA; STPA; QL (120 ML per 1 Fill)
SSD EXTERNAL CREAM 1 %	Generic	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Brand	PA; SP; QL (1 vial per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Brand	PA; SP; QL (1 Syringe per 84 days)
sulfacetamide sodium (acne) external lotion 10 %	Generic	
sulfacetamide sodium external suspension 10 %	Generic	
sulfacetamide sodium-sulfur external emulsion 10-5 %	Generic	
sulfacetamide sodium-sulfur external lotion 10-5 %	Generic	
SYNALAR (CREAM) EXTERNAL KIT 0.025 %	Brand	PA
SYNALAR (OINTMENT) EXTERNAL KIT 0.025 %	Brand	PA
tacrolimus external ointment 0.03 %, 0.1 %	Generic	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Brand	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Brand	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
tazarotene external cream 0.1 %	Generic	PA
TAZORAC EXTERNAL CREAM 0.05 %	Brand	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Brand	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Brand	PA; SP; QL (1 ML per 54 days)

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Drug	Status	Notes
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Brand	PA; SP; QL (1 ML per 54 days)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Generic	PA; ^ (Preferred Product); Age Limit (Max 26 Years)
tretinoin external gel 0.01 %, 0.025 %	Generic	PA; ^ (Preferred Product); Age Limit (Max 26 Years)
tretinoin external gel 0.05 %	Generic	PA; Age Limit (Max 26 Years)
tretinoin microsphere external gel 0.04 %, 0.1 %	Generic	PA; Age Limit (Max 26 Years)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	Generic	PA; Age Limit (Max 26 Years)
triamcinolone acetonide external aerosol solution 0.147 mg/gm	Generic	PA
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	Generic	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Generic	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Generic	
ULESFIA EXTERNAL LOTION 5 %	Brand	PA; QL (12 Bottles per 1 Rx)
urea external cream 40 %, 50 %	Generic	
urea external lotion 40 %	Generic	
urea external suspension 40 %, 50 %	Generic	
urea nail film external suspension 40 %	Generic	
urea-c40 external lotion 40 %	Generic	
ure-k external cream 50 %	Generic	
VEREGEN EXTERNAL OINTMENT 15 %	Brand	PA; Medication included in Extended Family Planning formulary
VOLTAREN TRANSDERMAL GEL 1 %	Brand	^ (OTC Only); QL (200 GM per 30 days)
VTAMA EXTERNAL CREAM 1 %	Brand	PA
WINLEVI EXTERNAL CREAM 1 %	Brand	PA
XEPI EXTERNAL CREAM 1 %	Brand	PA; QL (30 GM per 1 Fill)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Generic	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	Brand	PA; QL (7.5 GM per 14 days)

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Drug	Status	Notes
DIAGNOSTIC PRODUCTS		
FREESTYLE INSULINX TEST IN VITRO STRIP	$0	QL (300 EA per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP	$0	QL (300 EA per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	$0	QL (300 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP	$0	QL (300 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	$0	QL (300 EA per 30 days)
DIGESTIVE AIDS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Brand	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	Brand	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT	Brand	
DIURETICS		
acetazolamide er oral capsule extended release 12 hour 500 mg	Generic	¥ (Can be filled for up to a 90 day supply)
acetazolamide oral tablet 125 mg, 250 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ALDACTAZIDE ORAL TABLET 50-50 MG	Brand	¥ (Can be filled for up to a 90 day supply)
amiloride hcl oral tablet 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Generic	¥ (Can be filled for up to a 90 day supply)
chlorothiazide oral tablet 250 mg, 500 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
chlorthalidone oral tablet 100 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
furosemide injection solution 10 mg/ml	Generic	
furosemide oral solution 10 mg/ml, 8 mg/ml	Generic	¥ (Can be filled for up to a 90 day supply)
furosemide oral tablet 20 mg, 40 mg, 80 mg	Generic	¥ (Can be filled for up to a 90 day supply)
hydrochlorothiazide oral capsule 12.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
indapamide oral tablet 1.25 mg, 2.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
KEVEYIS ORAL TABLET 50 MG	Brand	PA
methazolamide oral tablet 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
methyclothiazide oral tablet 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
spironolactone-hctz oral tablet 25-25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
triamterene oral capsule 100 mg, 50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
triamterene-hctz oral capsule 37.5-25 mg, 50-25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTHAR INJECTION GEL 80 UNIT/ML	Brand	PA
alendronate sodium oral tablet 10 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)

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Drug	Status	Notes
alendronate sodium oral tablet 35 mg, 70 mg	Generic	¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
alendronate sodium oral tablet 40 mg	Generic	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 6 Months)
BRINEURA SOLUTION 2 X 150 MG/5ML	Medical Benefit	PA
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML)	Brand	PA; SP
cabergoline oral tablet 0.5 mg	Generic	
calcitonin (salmon) nasal solution 200 unit/act	Generic	¥ (Can be filled for up to a 90 day supply)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Generic	¥ (Can be filled for up to a 90 day supply)
calcitriol oral solution 1 mcg/ml	Generic	¥ (Can be filled for up to a 90 day supply)
CARBAGLU ORAL TABLET 200 MG	Brand	PA
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Generic	PA; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML	Brand	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Medical Benefit	PA
desmopressin ace rhinal tube nasal solution 0.01 %	Generic	
desmopressin ace spray refrig nasal solution 0.01 %	Generic	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	Generic	
desmopressin acetate spray nasal solution 0.01 %	Generic	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Generic	¥ (Can be filled for up to a 90 day supply)
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG, 2 MG	Brand	PA; SP
etidronate disodium oral tablet 200 mg, 400 mg	Generic	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	Medical Benefit	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Medical Benefit	PA
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	Medical Benefit	PA

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Drug	Status	Notes
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Brand	PA; QL (4 EA per 28 days)
GALAFOLD ORAL CAPSULE 123 MG	Brand	PA
ibandronate sodium oral tablet 150 mg	Generic	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Brand	PA; SP
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Brand	PA
JYNARQUE ORAL TABLET 15 MG, 30 MG	Brand	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Brand	
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Medical Benefit	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	Brand	PA; QL (30 EA per 30 days)
levocarnitine oral solution 1 gm/10ml	Generic	
levocarnitine oral tablet 330 mg	Generic	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Brand	PA; SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	Brand	PA; SP
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Brand	PA; QL (30 Vials per 30 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Brand	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	Brand	SP; QL (2 Cartridges per 21 days)
nitisinone oral capsule 10 mg, 2 mg, 5 mg	Generic	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Brand	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Brand	PA; SP
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Medical Benefit	PA

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Drug	Status	Notes
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Generic	PA; SP; QL (30 ML per 30 days)
ORFADIN ORAL CAPSULE 20 MG	Brand	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Brand	PA
ORILISSA ORAL TABLET 150 MG	Brand	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	Brand	PA; QL (60 EA per 30 days)
OSPHENA ORAL TABLET 60 MG	Brand	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	Brand	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Brand	PA; QL (1 ML per 1 day)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Generic	PA
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	Medical Benefit	PA; QL (1 syringe per 180 days)
raloxifene hcl oral tablet 60 mg	Generic	¥ (Can be filled for up to a 90 day supply)
RAVICTI ORAL LIQUID 1.1 GM/ML	Brand	PA; SP
RECORLEV ORAL TABLET 150 MG	Brand	PA; QL (240 EA per 30 days)
risedronate sodium oral tablet 150 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 30 days)
risedronate sodium oral tablet 30 mg, 5 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
risedronate sodium oral tablet delayed release 35 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Generic	PA; SP
sapropterin dihydrochloride oral tablet soluble 100 mg	Generic	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Brand	PA; SP

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Drug	Status	Notes
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 30 MG	Medical Benefit	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Brand	PA; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Brand	PA; SP; QL (30 EA per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Brand	PA; QL (24 Vials per 28 days)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Medical Benefit	PA; SP
SYNAREL NASAL SOLUTION 2 MG/ML	Brand	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Medical Benefit	PA
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	Generic	PA; SP; QL (1 pen per 30 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Brand	PA; QL (1 syringe per 30 days)
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Brand	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Medical Benefit	PA; QL (1 vial per 30 days)
XURIDEN ORAL PACKET 2 GM	Brand	PA; QL (120 Packets per 30 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	Brand	PA; SP
ESTROGENS		
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	Generic	¥ (Can be filled for up to a 90 day supply)
est estrogens-methyltest oral tablet 1.25-2.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Generic	¥ (Can be filled for up to a 90 day supply)
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	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
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	Generic	¥ (Can be filled for up to a 90 day supply)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	Generic	¥ (Can be filled for up to a 90 day supply)
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Brand	PA; QL (30 EA per 30 days)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Generic	¥ (Can be filled for up to a 90 day supply)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Brand	PA; QL (56 EA per 28 days)
PREMPHASE ORAL TABLET 0.625-5 MG	Brand	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Brand	
FLUOROQUINOLONES		
BAXDELA ORAL TABLET 450 MG	Brand	PA
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Generic	Medication included in Extended Family Planning formulary
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	Generic	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg	Generic	
levofloxacin oral solution 25 mg/ml	Generic	Medication included in Extended Family Planning formulary
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Generic	Medication included in Extended Family Planning formulary
moxifloxacin hcl oral tablet 400 mg	Generic	Medication included in Extended Family Planning formulary
ofloxacin oral tablet 300 mg, 400 mg	Generic	Medication included in Extended Family Planning formulary
GASTROINTESTINAL AGENTS - MISC.		
alosetron hcl oral tablet 0.5 mg, 1 mg	Generic	
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	Brand	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA
balsalazide disodium oral capsule 750 mg	Generic	

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Drug	Status	Notes
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Brand	PA
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Brand	PA
calcium acetate (phos binder) oral capsule 667 mg	Generic	¥ (Can be filled for up to a 90 day supply)
calcium acetate (phos binder) oral tablet 667 mg	Generic	¥ (Can be filled for up to a 90 day supply)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Brand	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	Brand	PA; SP; QL (2 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	Brand	PA; SP; ¥ (For first 4 weeks of treatment); QL (1 Fill per 1 Lifetime)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Brand	PA; SP; QL (2 EA per 28 days)
cromolyn sodium oral concentrate 100 mg/5ml	Generic	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Medical Benefit	PA
enulose oral solution 10 gm/15ml	Generic	
GATTEX SUBCUTANEOUS KIT 5 MG	Brand	SP
generlac oral solution 10 gm/15ml	Generic	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA
lactulose encephalopathy oral solution 10 gm/15ml	Generic	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Brand	PA; QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Brand	PA
lubiprostone oral capsule 24 mcg, 8 mcg	Generic	PA; QL (60 EA per 30 days)
mesalamine oral tablet delayed release 1.2 gm	Generic	¥ (Can be filled for up to a 90 day supply)
mesalamine oral tablet delayed release 800 mg	Generic	
mesalamine rectal enema 4 gm	Generic	
mesalamine rectal suppository 1000 mg	Generic	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Generic	

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Drug	Status	Notes
metoclopramide hcl oral tablet 10 mg, 5 mg	Generic	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Brand	PA; QL (30 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Brand	PA
OCALIVA ORAL TABLET 10 MG, 5 MG	Brand	PA; SP; QL (30 TABS per 30 days)
RELISTOR ORAL TABLET 150 MG	Brand	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Brand	PA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Medical Benefit	PA; ¥ (1 Fill per life of plan); QL (4 VIALS per 1 Fill)
sulfasalazine oral tablet 500 mg	Generic	¥ (Can be filled for up to a 90 day supply)
sulfasalazine oral tablet delayed release 500 mg	Generic	¥ (Can be filled for up to a 90 day supply)
SYMPROIC ORAL TABLET 0.2 MG	Brand	PA
ursodiol oral capsule 300 mg	Generic	
ursodiol oral tablet 250 mg, 500 mg	Generic	
VIBERZI ORAL TABLET 100 MG, 75 MG	Brand	PA
XERMELO ORAL TABLET 250 MG	Brand	PA
GENITOURINARY AGENTS - MISCELLANEOUS		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Generic	¥ (Can be filled for up to a 90 day supply)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Brand	SP
cytra-2 oral solution 500-334 mg/5ml	Generic	
dutasteride oral capsule 0.5 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 capsule per 1 day)
finasteride oral tablet 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	Medical Benefit	PA
phenazopyridine hcl oral tablet 100 mg, 200 mg	Generic	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Generic	
silodosin oral capsule 4 mg, 8 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
tamsulosin hcl oral capsule 0.4 mg	Generic	¥ (Can be filled for up to a 90 day supply)
GOUT AGENTS		
allopurinol oral tablet 100 mg, 300 mg	Generic	¥ (Can be filled for up to a 90 day supply)
colchicine oral tablet 0.6 mg	Generic	
colchicine-probenecid oral tablet 0.5-500 mg	Generic	
febuxostat oral tablet 40 mg, 80 mg	Generic	STPA; ¥ (Can be filled for up to a 90 day supply)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Medical Benefit	PA
probenecid oral tablet 500 mg	Generic	Medication included in Extended Family Planning formulary
HEMATOLOGICAL AGENTS - MISC.		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA; SP
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	MB/RX	PA; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1000-1500 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 250-500 UNIT, 500 UNIT	MB/RX	PA; SP

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Drug	Status	Notes
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB/RX	PA; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA; SP
anagrelide hcl oral capsule 0.5 mg, 1 mg	Generic	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Generic	¥ (Can be filled for up to a 90 day supply)
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 UNIT	MB/RX	PA; SP
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
BENEFIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	MB/RX	PA; SP
BERINERT INTRAVENOUS KIT 500 UNIT	MB/RX	SP
BRILINTA ORAL TABLET 60 MG, 90 MG	Brand	PA
CABLIVI INJECTION KIT 11 MG	Brand	
cilostazol oral tablet 100 mg, 50 mg	Generic	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	MB/RX	PA
clopidogrel bisulfate oral tablet 300 mg, 75 mg	Generic	¥ (Can be filled for up to a 90 day supply)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	MB/RX	PA; SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	MB/RX	PA; SP
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Generic	¥ (Can be filled for up to a 90 day supply)
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	MB/RX	PA; SP

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Drug	Status	Notes
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Medical Benefit	PA
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML	Medical Benefit	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	MB/RX	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	MB/RX	PA
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED , 1000 UNIT, 2500 UNIT, 500 UNIT	MB/RX	PA
FEIBA VH IMMUNO INTRAVENOUS SOLUTION RECONSTITUTED	MB/RX	PA
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Medical Benefit	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	Brand	PA; QL (40 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	Brand	PA; QL (27 EA per 30 days)
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	Brand	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 1701-2000 UNIT, 220-400 UNIT, 250 UNIT, 500 UNIT, 801-1500 UNIT, 801-1700 UNIT	MB/RX	PA; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2000 UNIT, 1000-2400 UNIT, 250-500 UNIT, 250-600 UNIT, 500-1000 UNIT, 500-1200 UNIT	MB/RX	PA; SP
icatibant acetate subcutaneous solution 30 mg/3ml	Generic	PA; SP; QL (6 ML per 1 FILL)

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Drug	Status	Notes
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	MB/RX	PA; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
NOVOSEVEN INTRAVENOUS SOLUTION RECONSTITUTED 1200 MCG, 2400 MCG, 4800 MCG	MB/RX	PA; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	MB/RX	PA; SP

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Drug	Status	Notes
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA; SP
obizur intravenous solution reconstituted 500 unit	MB/RX	PA; SP
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Brand	PA; QL (1 capsule per 1 day)
pentoxifylline er oral tablet extended release 400 mg	Generic	
prasugrel hcl oral tablet 10 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB/RX	PA; SP
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB/RX	PA; SP
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Brand	PA
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	Brand	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	MB/RX	PA; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	MB/RX	PA; SP
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	MB/RX	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	MB/RX	SP
SAJAZIR SUBCUTANEOUS SOLUTION 30 MG/3ML	Generic	PA; QL (6 ML per 1 Fill)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	MB/RX	PA; SP

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Drug	Status	Notes
SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML	Medical Benefit	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Brand	PA; QL (2 vials per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Brand	PA; QL (2 Syringes per 28 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG	Brand	QL (60 EA per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	Brand	PA
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT	MB/RX	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/30ML, 300 MG/3ML	Medical Benefit	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	MB/RX	PA; SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	MB/RX	PA; SP
WILATE INTRAVENOUS SOLUTION RECONSTITUTED 1000-1000 UNIT, 450-450 UNIT, 500-500 UNIT, 900-900 UNIT	MB/RX	PA; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
ZONTIVITY ORAL TABLET 2.08 MG	Brand	PA
HEMATOPOIETIC AGENTS		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	Medical Benefit	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Brand	SP; QL (4 ML per 30 days)

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Drug	Status	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (4 ML per 30 days)
CERDELGA ORAL CAPSULE 84 MG	Brand	SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Medical Benefit	PA
cyanocobalamin injection solution 1000 mcg/ml, 2000 mcg/ml	Generic	
DOPTELET ORAL TABLET 20 MG	Brand	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Brand	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	Medical Benefit	PA
ENDARI ORAL PACKET 5 GM	Brand	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 ML per 14 days)
folbee oral tablet 2.5-25-1 mg	Generic	
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	Generic	¥ (Can be filled for up to a 90 day supply)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 vials per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 syringes per 14 days)
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered)
MULPLETA ORAL TABLET 3 MG	Brand	PA; SP

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Drug	Status	Notes
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 vials per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 syringes per 14 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 vials per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 Syringes per 14 days)
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
OXBRYTA ORAL TABLET 500 MG	Brand	PA; SP
OXBRYTA ORAL TABLET SOLUBLE 300 MG	Brand	PA; SP; QL (3 EA per 1 day)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 ML per 14 days)
PROMACTA ORAL PACKET 12.5 MG	Brand	SP
PROMACTA ORAL PACKET 25 MG	Brand	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Brand	SP

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REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	Medical Benefit	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML	Brand	PA; QL (10 Injections per 14 days)
releuko injection solution 480 mcg/1.6ml	Brand	PA; QL (10 Injections per 14 days)
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	Brand	PA; QL (10 Injections per 14 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 Vials per 14 days)
SIKLOS ORAL TABLET 100 MG, 1000 MG	Brand	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Medical Benefit	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 Syringes per 14 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
HEMOSTATICS		
aminocaproic acid oral tablet 1000 mg, 500 mg	Generic	
tranexamic acid oral tablet 650 mg	Generic	PA; Medication included in Extended Family Planning formulary
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Brand	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG	Brand	PA
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Brand	PA; QL (30 EA per 30 days)
estazolam oral tablet 1 mg	Generic	

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Drug	Status	Notes
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Generic	QL (30 EA per 30 days)
flurazepam hcl oral capsule 15 mg, 30 mg	Generic	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Brand	PA; ¥ (158 mL bottle limited to 1 bottle per 30 days; 48 mL bottle limited to 3 bottles per 30 days); QL (158 ML per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	Brand	PA; QL (30 EA per 30 days)
phenobarbital oral elixir 20 mg/5ml	Generic	
phenobarbital oral solution 20 mg/5ml	Generic	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Generic	
ramelteon oral tablet 8 mg	Generic	PA; QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Generic	
zaleplon oral capsule 10 mg, 5 mg	Generic	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Generic	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	Generic	QL (30 EA per 30 days)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	Generic	PA; QL (30 EA per 30 days)
LAXATIVES		
constulose oral solution 10 gm/15ml	Generic	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Generic	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Generic	
GAVILYTE-H ORAL KIT 5-210 MG-GM	Generic	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Generic	
peg 3350/electrolytes oral solution reconstituted 240 gm	Generic	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Generic	
peg-3350/electrolytes oral solution reconstituted 236 gm	Generic	
polyethylene glycol 3350 oral powder 17 gm/scoop	Generic	

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Drug	Status	Notes
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	Generic	
MACROLIDES		
azithromycin oral packet 1 gm	Generic	Medication included in Extended Family Planning formulary
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Generic	Medication included in Extended Family Planning formulary
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Generic	Medication included in Extended Family Planning formulary
clarithromycin er oral tablet extended release 24 hour 500 mg	Generic	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Generic	
clarithromycin oral tablet 250 mg, 500 mg	Generic	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Brand	PA; QL (1 bottle per 1 fill)
DIFICID ORAL TABLET 200 MG	Brand	PA; QL (20 EA per 1 Fill)
E.E.S. 400 ORAL TABLET 400 MG	Generic	Medication included in Extended Family Planning formulary
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	Generic	Medication included in Extended Family Planning formulary
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Generic	Medication included in Extended Family Planning formulary
erythromycin base oral capsule delayed release particles 250 mg	Generic	Medication included in Extended Family Planning formulary
erythromycin base oral tablet 250 mg, 500 mg	Generic	Medication included in Extended Family Planning formulary
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Generic	Medication included in Extended Family Planning formulary
erythromycin ethylsuccinate oral tablet 400 mg	Generic	Medication included in Extended Family Planning formulary
MEDICAL DEVICES AND SUPPLIES		
ACCU-CHEK SAFE-T PRO LANCETS	Brand	
ACCU-CHEK SOFT TOUCH LANCETS	Brand	
ACCU-CHEK SOFTCLIX LANCETS	Brand	
AT LAST LANCETS	Brand	

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Drug	Status	Notes
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 1/2" 2 ML, U-100 1 ML	Brand	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.3 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Brand	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	Brand	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Brand	
BD LANCET ULTRAFINE 33G	Brand	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	Brand	
BD SYRINGE SLIP TIP 3 ML	Brand	
CLEANLET LANCETS 28G	Brand	
comfort lancets	Brand	
DEXCOM G6 RECEIVER DEVICE	$0	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	$0	PA; ¥ (1 pack/box contains 3 sensors); QL (1 PACK per 30 days)
DEXCOM G6 TRANSMITTER	$0	PA; QL (1 EA per 90 days)
easy comfort insulin syringe 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	Brand	
EZ-LETS LANCETS 26G	Brand	
FINGERSTIX LANCETS	Brand	
FREESTYLE LANCETS	Brand	
GENTLE-LET GP LANCETS	Brand	
GENTLE-LET LANCETS	Brand	
GLUCOSOURCE LANCETS	Brand	
gnp lancets	Brand	
gnp ultra com insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	Brand	
HAEMOLANCE LOW FLOW LANCETS	Brand	
HY-VEE LANCETS	Brand	

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Drug	Status	Notes
hy-vee thin lancets	Brand	
insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Brand	
insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml	Brand	
kinney lancets	Brand	
kinney thin lancets	Brand	
kinray insulin syringe 29g x 1/2" 0.5 ml	Brand	
lancets	Brand	
lancets thin	Brand	
LIFESCAN UNISTIK II LANCETS	Brand	
lite touch lancets	Brand	
longs lancets thin	Brand	
MEDISENSE THIN LANCETS	Brand	
MEIJER LANCETS	Brand	
MICROTAINER SAFETY FLOW LANCET	Brand	
MONOJECT CONTROL SYRINGE 12 ML , 20 ML	Brand	
MONOJECT FILTER ASPIRATOR	Brand	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	Brand	
MONOJECT PHARMACY TRAY 20 ML , 3 ML , 35 ML , 6 ML , 60 ML	Brand	
MONOJECT PISTON SYRINGE 140 ML	Brand	
MONOJECT SAFETY SYRINGE/SHIELD 12 ML , 20G X 1-1/2" 12 ML, 21G X 1" 3 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 3 ML	Brand	

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Drug	Status	Notes
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" 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" 3 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 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	Brand	
MONOJECT SYRINGE CATH TIP 35 ML , 60 ML	Brand	
MONOJECT SYRINGE ECC LUER 35 ML	Brand	
MONOJECT SYRINGE LUER LOCK 20 ML , 35 ML , 6 ML , 60 ML	Brand	
MONOJECT SYRINGE REG LUER 12 ML , 20 ML , 3 ML , 35 ML , 6 ML	Brand	
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML	Brand	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 28G X 1/2" 1 ML	Brand	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML	Brand	
MONOLET LANCETS	Brand	
OMNIPOD DASH INTRO (GEN 4) KIT	$0	QL (1 EA per 4 Years)
OMNIPOD DASH PODS (GEN 4)	$0	QL (10 pods per 30 dayss)
ONETOUCH CLUB LANCETS FINE PT	Brand	
ONETOUCH FINEPOINT LANCETS	Brand	
ONETOUCH LANCETS	Brand	
ONETOUCH ULTRASOFT LANCETS	Brand	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML	Brand	
PRECISION THIN LANCETS	Brand	
PRECISION THINS GP LANCETS	Brand	
PRECISION ULTRA LANCET	Brand	
preferred plus lancets colored	Brand	
preferred plus lancets thin	Brand	

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PSS SELECT GP LANCETS	Brand	
PSS SELECT SAFETY LANCETS	Brand	
reality lancets	Brand	
reality trigger lancets	Brand	
sb lancets thin	Brand	
sb lancets ultra thin	Brand	
super thin lancets	Brand	
sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	Brand	
SURELITE LANCETS	Brand	
tb syringe 1 ml	Brand	
TECHLITE LANCETS	Brand	
THINLETS GP LANCETS	Brand	
THINLETS LANCET	Brand	
topco insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	Brand	
ULTILET CLASSIC LANCETS	Brand	
ULTILET LANCETS	Brand	
ULTRA-THIN II AUTO LANCET	Brand	
ULTRA-THIN II LANCETS	Brand	
UNILET COMFORTOUCH LANCET	Brand	
UNILET G.P. LANCET	Brand	
UNILET G.P. SUPERLITE LANCET	Brand	
UNILET LANCET	Brand	
UNILET SUPERLITE LANCET	Brand	
UNISTIK 1	Brand	
VITALET PRO LANCETS	Brand	
VITALET PRO PLUS LANCETS	Brand	
W&F LANCETS 26G	Brand	
W&F LANCETS COLORED 21G	Brand	
MIGRAINE PRODUCTS		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Generic	PA; QL (9 EA per 30 days)

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dihydroergotamine mesylate nasal solution 4 mg/ml	Generic	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Generic	PA; QL (9 EA per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Brand	PA; ¥ (2 mL for first month); QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Brand	PA; ¥ (2 mL for first month); QL (1 ML per 30 days)
frovatriptan succinate oral tablet 2.5 mg	Generic	PA; QL (9 EA per 30 days)
isometheptene-dichloral-apap oral capsule 65-100-325 mg	Generic	QL (300 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Generic	
naratriptan hcl oral tablet 1 mg, 2.5 mg	Generic	STPA; QL (9 EA per 30 days)
NODOLOR ORAL CAPSULE 325-65-100 MG	Generic	QL (300 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Brand	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 100 MG	Brand	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	Brand	PA; QL (4 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Generic	QL (9 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Generic	QL (9 EA per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	Generic	QL (6 Units per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Generic	QL (9 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	Generic	QL (4 EA per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Generic	QL (4 EA per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Generic	QL (4 EA per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	Generic	QL (4 EA per 30 days)
TOSYMRA NASAL SOLUTION 10 MG/ACT	Brand	PA; QL (6 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Brand	PA; QL (8 EA per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Medical Benefit	PA; QL (3 ML per 90 days)
zolmitriptan nasal solution 2.5 mg, 5 mg	Generic	STPA; QL (6 EA per 30 days)

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Drug	Status	Notes
zolmitriptan oral tablet 2.5 mg, 5 mg	Generic	STPA; QL (9 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Generic	STPA; QL (9 EA per 30 days)
MINERALS & ELECTROLYTES		
FLUOR-A-DAY ORAL SOLUTION 0.275 (0.125 F) MG/DROP	Generic	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	Generic	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Generic	
pot bicarb-pot chloride oral tablet effervescent 25 meq	Generic	
potassium bicarbonate oral tablet effervescent 25 meq	Generic	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	Generic	
potassium chloride er oral capsule extended release 10 meq, 8 meq	Generic	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	Generic	
potassium chloride oral packet 20 meq	Generic	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	Generic	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Generic	
sodium fluoride oral tablet 2.2 (1 f) mg	Generic	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Generic	
MISCELLANEOUS THERAPEUTIC CLASSES		
azathioprine oral tablet 50 mg	Generic	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Medical Benefit	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Brand	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Brand	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Generic	
cyclosporine modified oral solution 100 mg/ml	Generic	

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Drug	Status	Notes
cyclosporine oral capsule 100 mg, 25 mg	Generic	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Brand	PA; SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Generic	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG, 50 MG	Generic	
GENGRAF ORAL SOLUTION 100 MG/ML	Generic	
KIONEX ORAL POWDER	Generic	
KIONEX ORAL SUSPENSION 15 GM/60ML	Generic	
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	Generic	PA; SP
LOKELMA ORAL PACKET 10 GM, 5 GM	Brand	PA
mycophenolate mofetil oral capsule 250 mg	Generic	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	Generic	
mycophenolate mofetil oral tablet 500 mg	Generic	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	Generic	
penicillamine oral tablet 250 mg	Generic	
PROGRAF ORAL PACKET 1 MG	Brand	
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	Brand	PA; SP
REZUROCK ORAL TABLET 200 MG	Brand	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML	Medical Benefit	PA
sirolimus oral solution 1 mg/ml	Generic	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Generic	
sodium polystyrene sulfonate oral powder	Generic	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	Generic	
sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	Generic	
SPS ORAL SUSPENSION 15 GM/60ML	Generic	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Generic	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Brand	SP

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Drug	Status	Notes
trientine hcl oral capsule 250 mg	Generic	PA
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML	Medical Benefit	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Brand	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Brand	PA
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML	Medical Benefit	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Medical Benefit	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Brand	PA
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	Generic	
chlorhexidine gluconate mouth/throat solution 0.12 %	Generic	
CLINPRO 5000 DENTAL PASTE 1.1 %	Generic	
clotrimazole mouth/throat lozenge 10 mg	Generic	
clotrimazole mouth/throat troche 10 mg	Generic	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Generic	
DENTAGEL DENTAL GEL 1.1 %	Generic	
FLUORIDEX DAILY DEFENSE DENTAL GEL 1.1 %	Generic	
FLUORIDEX ENHANCED WHITENING DENTAL GEL 1.1 %	Generic	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Generic	
lidocaine viscous mouth/throat solution 2 %	Generic	
nystatin mouth/throat suspension 100000 unit/ml	Generic	
PAROEX MOUTH/THROAT SOLUTION 0.12 %	Generic	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Generic	
PHOS-FLUR DENTAL GEL 1.1 %	Generic	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Generic	
sf 5000 plus dental cream 1.1 %	Generic	
sf dental gel 1.1 %	Generic	

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Drug	Status	Notes
triamcinolone acetonide mouth/throat paste 0.1 %	Generic	
MULTIVITAMINS		
bp multinatal plus oral tablet chewable 40-1 mg	Generic	
ELITE-OB ORAL TABLET 50-1.25 MG	Generic	
INATAL ADVANCE ORAL TABLET 90-1 MG	Generic	
MULTI COMPLETE ORAL CAPSULE	Generic	
multi vitamin/fluoride oral tablet chewable 0.25 mg, 1 mg	Generic	
multi vitamin/minerals oral tablet	Generic	
multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Generic	
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml	Generic	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.25-0.3 mg, 0.5 mg, 0.5-0.3 mg, 1 mg, 1-0.3 mg	Generic	
multi-vitamin/fluoride oral tablet chewable 0.5 mg	Generic	
mynephrocaps oral capsule 1 mg	Generic	
prenatabs fa oral tablet	Generic	
prenatal 19 oral tablet	Generic	
prenatal 19 oral tablet chewable	Generic	
prenatal oral tablet 27-0.8 mg	Generic	
RENAL ORAL CAPSULE 1 MG	Generic	
TRINATE ORAL TABLET	Generic	
tri-vit/fluoride/iron oral solution 0.25-10 mg/ml	Brand	
tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Generic	
weight loss daily multi oral tablet	Generic	
MUSCULOSKELETAL THERAPY AGENTS		
baclofen oral solution 5 mg/5ml	Generic	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	Generic	
chlorzoxazone oral tablet 500 mg	Generic	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Generic	

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Drug	Status	Notes
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Generic	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Medical Benefit	PA
metaxalone oral tablet 800 mg	Generic	STPA
methocarbamol oral tablet 500 mg, 750 mg	Generic	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Generic	
tizanidine hcl oral tablet 2 mg, 4 mg	Generic	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
azelastine hcl nasal solution 0.1 %	Generic	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	Brand	PA
budesonide nasal suspension 32 mcg/act	Generic	
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY	Brand	PA
flunisolide nasal solution 25 mcg/act (0.025%)	Generic	PA
fluticasone propionate nasal suspension 50 mcg/act	Generic	
ipratropium bromide nasal solution 0.03 %, 0.06 %	Generic	
mometasone furoate nasal suspension 50 mcg/act	Generic	PA
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Brand	PA
pseudoephedrine hcl oral tablet 60 mg	Generic	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Brand	PA
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Brand	PA
triamcinolone acetonide nasal aerosol 55 mcg/act	Generic	
VERAMYST NASAL SUSPENSION 27.5 MCG/SPRAY	Brand	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	Brand	PA

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Drug	Status	Notes
NEUROMUSCULAR AGENTS		
amondys 45 intravenous solution 100 mg/2ml	Medical Benefit	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Medical Benefit	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	Medical Benefit	PA
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML	Medical Benefit	PA
EXSERVAN ORAL FILM 50 MG	Brand	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Medical Benefit	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	Medical Benefit	PA
riluzole oral tablet 50 mg	Generic	
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML	Medical Benefit	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Brand	
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML	Medical Benefit	PA
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML	Medical Benefit	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	Medical Benefit	PA
NUTRIENTS		
DOJOLVI ORAL LIQUID 100 %	Brand	PA
n-acetyl-l-cysteine oral capsule 600 mg	Generic	
NUTRESTORE ORAL PACKET 5 GM	Brand	PA
OPHTHALMIC AGENTS		
ALOCRIL OPHTHALMIC SOLUTION 2 %	Brand	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Brand	PA
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Brand	PA
atropine sulfate ophthalmic solution 1 %	Generic	

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Drug	Status	Notes
azelastine hcl ophthalmic solution 0.05 %	Generic	PA
bacitracin ophthalmic ointment 500 unit/gm	Generic	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Generic	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Generic	
bepotastine besilate ophthalmic solution 1.5 %	Generic	PA
betaxolol hcl ophthalmic solution 0.5 %	Generic	
bimatoprost ophthalmic solution 0.03 %	Generic	PA
brimonidine tartrate ophthalmic solution 0.15 %	Generic	PA
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Generic	PA
brinzolamide ophthalmic suspension 1 %	Generic	PA
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Generic	
bromfenac sodium ophthalmic solution 0.09 %	Generic	
carteolol hcl ophthalmic solution 1 %	Generic	
CEQUA OPHTHALMIC SOLUTION 0.09 %	Brand	PA
ciprofloxacin hcl ophthalmic solution 0.3 %	Generic	
cromolyn sodium ophthalmic solution 4 %	Generic	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	Generic	
cyclosporine ophthalmic emulsion 0.05 %	Generic	PA
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Brand	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Brand	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	Generic	
diclofenac sodium ophthalmic solution 0.1 %	Generic	
difluprednate ophthalmic emulsion 0.05 %	Generic	
dorzolamide hcl ophthalmic solution 2 %	Generic	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	Generic	
EMADINE OPHTHALMIC SOLUTION 0.05 %	Brand	PA

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Drug	Status	Notes
epinastine hcl ophthalmic solution 0.05 %	Generic	PA
erythromycin ophthalmic ointment 5 mg/gm	Generic	
fluorometholone ophthalmic suspension 0.1 %	Generic	
flurbiprofen sodium ophthalmic solution 0.03 %	Generic	
gatifloxacin ophthalmic solution 0.5 %	Generic	
gentamicin sulfate ophthalmic ointment 0.3 %	Generic	
gentamicin sulfate ophthalmic solution 0.3 %	Generic	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Generic	
homatropine hbr ophthalmic solution 5 %	Generic	
INVELTYS OPHTHALMIC SUSPENSION 1 %	Brand	PA
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Generic	
ketotifen fumarate ophthalmic solution 0.025 %	Generic	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	Brand	PA
latanoprost ophthalmic solution 0.005 %	Generic	
levobunolol hcl ophthalmic solution 0.5 %	Generic	
levofloxacin ophthalmic solution 0.5 %	Generic	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Brand	PA
loteprednol etabonate ophthalmic gel 0.5 %	Generic	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Brand	PA
metipranolol ophthalmic solution 0.3 %	Generic	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Generic	
naphazoline hcl ophthalmic solution 0.1 %	Generic	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Generic	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Generic	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Generic	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Generic	

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Drug	Status	Notes
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Generic	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Generic	
ofloxacin ophthalmic solution 0.3 %	Generic	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	Generic	PA
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Brand	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Generic	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Generic	
polyvinyl alcohol ophthalmic solution 1.4 %	Generic	
prednisolone acetate ophthalmic suspension 1 %	Generic	
proparacaine hcl ophthalmic solution 0.5 %	Generic	
RESCULA OPHTHALMIC SOLUTION 0.15 %	Brand	PA
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Brand	PA
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Brand	PA
sulfacetamide sodium ophthalmic ointment 10 %	Generic	
sulfacetamide sodium ophthalmic solution 10 %	Generic	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Generic	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Generic	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Generic	
tobramycin ophthalmic solution 0.3 %	Generic	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Generic	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Brand	PA
trifluridine ophthalmic solution 1 %	Generic	
tropicamide ophthalmic solution 0.5 %, 1 %	Generic	
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Brand	PA

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Drug	Status	Notes
VUITY OPHTHALMIC SOLUTION 1.25 %	Brand	PA; QL (2.5 ML per 18 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Brand	PA
XELPROS OPHTHALMIC EMULSION 0.005 %	Brand	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Brand	PA
ZIRGAN OPHTHALMIC GEL 0.15 %	Brand	PA
OTIC AGENTS		
ACETASOL HC OTIC SOLUTION 2-1 %	Generic	
acetic acid otic solution 2 %	Generic	
acetic acid-aluminum acetate otic solution 2 %	Generic	
antipyrine-benzocaine otic solution 5.4-1.4 %, 54-14 mg/ml	Generic	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Brand	PA
fluocinolone acetonide otic oil 0.01 %	Generic	
hydrocortisone-acetic acid otic solution 1-2 %	Generic	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	Generic	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Generic	
ofloxacin otic solution 0.3 %	Generic	
otic care otic solution 5.4-1.4-0.0097 %	Generic	
OXYTOCICS		
methylergonovine maleate oral tablet 0.2 mg	Generic	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML	MB/RX	PA; SP
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	Medical Benefit	PA
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	Medical Benefit	PA

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Drug	Status	Notes
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	Medical Benefit	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	MB/RX	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Medical Benefit	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	Medical Benefit	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA
GAMMAGARD INJECTION SOLUTION 20 GM/200ML	MB/RX	PA; SP
GAMMAGARD S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Medical Benefit	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Medical Benefit	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Medical Benefit	PA
GAMMAPLEX INTRAVENOUS SOLUTION 5 GM/50ML	Medical Benefit	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Medical Benefit	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB/RX	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	MB/RX	PA; SP
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA; SP

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Drug	Status	Notes
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	Medical Benefit	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA
POLYGAM S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM	Medical Benefit	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Medical Benefit	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Medical Benefit	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Medical Benefit	PA; SP
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML	Medical Benefit	
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	Generic	Medication included in Extended Family Planning formulary
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Generic	Medication included in Extended Family Planning formulary
amoxicillin oral tablet 500 mg, 875 mg	Generic	Medication included in Extended Family Planning formulary
amoxicillin oral tablet chewable 125 mg, 250 mg	Generic	Medication included in Extended Family Planning formulary
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	Generic	Medication included in Extended Family Planning formulary
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	Generic	Medication included in Extended Family Planning formulary
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Generic	Medication included in Extended Family Planning formulary
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	Generic	Medication included in Extended Family Planning formulary
ampicillin oral capsule 250 mg	Generic	

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Drug	Status	Notes
ampicillin oral capsule 500 mg	Generic	Medication included in Extended Family Planning formulary
ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Generic	
dicloxacillin sodium oral capsule 250 mg, 500 mg	Generic	
penicillin g procaine intramuscular suspension 600000 unit/ml	Generic	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	Generic	
penicillin v potassium oral tablet 250 mg, 500 mg	Generic	
PROGESTINS		
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Generic	
megestrol acetate oral suspension 625 mg/5ml	Generic	
norethindrone acetate oral tablet 5 mg	Generic	
progesterone intramuscular oil 50 mg/ml	Generic	PA
progesterone micronized oral capsule 100 mg, 200 mg	Generic	
progesterone micronized transdermal cream 10 %	Generic	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
acamprosate calcium oral tablet delayed release 333 mg	Generic	¥ (Can be filled for up to a 90 day supply)
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Medical Benefit	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG	Brand	SP; QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG	Brand	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG, 9 MG	Brand	PA; QL (2 EA per 1 day)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Brand	SP; QL (4 auto-injectors per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Brand	SP; QL (4 auto-injectors per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	Brand	SP; QL (120 EA per 30 days)

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Drug	Status	Notes
BETASERON SUBCUTANEOUS KIT 0.3 MG	Brand	SP; QL (15 vials per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	Generic	
dalfampridine er oral tablet extended release 12 hour 10 mg	Generic	PA; SP; QL (60 EA per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Generic	SP; QL (60 EA per 30 days)
disulfiram oral tablet 250 mg, 500 mg	Generic	
donepezil hcl oral tablet 10 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
donepezil hcl oral tablet dispersible 10 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
eq nicotine mouth/throat gum 4 mg	Generic	
eq nicotine mouth/throat lozenge 4 mg	Generic	
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Generic	
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Generic	
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Generic	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Generic	
eql nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Generic	
eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Generic	
eql nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Generic	
ergoloid mesylates oral tablet 1 mg	Generic	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Brand	QL (15 EA per 30 days)
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	Generic	PA
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Generic	¥ (Can be filled for up to a 90 day supply)
galantamine hydrobromide oral solution 4 mg/ml	Generic	¥ (Can be filled for up to a 90 day supply)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Generic	¥ (Can be filled for up to a 90 day supply)

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Drug	Status	Notes
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Brand	SP; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	Generic	SP; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	Generic	SP; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Generic	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Generic	QL (12 ML per 28 days)
gnp nicotine mini mouth/throat lozenge 2 mg	Generic	
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Generic	
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Generic	
GRALISE ORAL TABLET 300 MG, 600 MG	Brand	PA; QL (90 EA per 30 days)
GRALISE STARTER ORAL 300 & 600 MG	Brand	PA
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Generic	
hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Generic	
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	Generic	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Brand	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	Brand	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Brand	PA; QL (1 Fill per 1 Lifetime)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Brand	SP; QL (1 auto-injector per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	Medical Benefit	PA
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Brand	PA; QL (30 EA per 30 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)

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Drug	Status	Notes
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAYZENT ORAL TABLET 0.25 MG	Brand	SP; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	Brand	SP; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	Brand	SP; QL (1 pack per 1 lifetime)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Generic	¥ (Can be filled for up to a 90 day supply)
memantine hcl oral solution 2 mg/ml	Generic	¥ (Can be filled for up to a 90 day supply)
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
NICORELIEF MOUTH/THROAT GUM 2 MG, 4 MG	Generic	
nicotine mini mouth/throat lozenge 2 mg, 4 mg	Generic	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Generic	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Generic	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	Generic	
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	Generic	
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Generic	
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Generic	
NICOTROL INHALATION INHALER 10 MG	Brand	PA
NICOTROL NS NASAL SOLUTION 10 MG/ML	Brand	PA

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Drug	Status	Notes
NUEDEXTA ORAL CAPSULE 20-10 MG	Brand	PA
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Medical Benefit	PA
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Generic	PA; QL (30 EA per 30 days)
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	Medical Benefit	PA
pimozide oral tablet 1 mg, 2 mg	Generic	PA
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	Generic	PA; QL (30 EA per 30 days)
qc nicotine polacrilex mouth/throat gum 4 mg	Generic	
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	Generic	
ra nicotine mouth/throat gum 2 mg, 4 mg	Generic	
ra nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Generic	
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Generic	
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Generic	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION 22 MCG/0.5ML, 44 MCG/0.5ML	Brand	SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Brand	SP; QL (12 auto-injectors per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION 6X8.8 & 6X22 MCG	Brand	SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Brand	SP; QL (1 Fill per 1 Lifetime)
REBIF SUBCUTANEOUS SOLUTION 22 MCG/0.5ML, 44 MCG/0.5ML	Brand	SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Brand	SP; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION 6X8.8 & 6X22 MCG	Brand	SP

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Drug	Status	Notes
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Brand	SP; QL (1 Fill per 1 Lifetime)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Generic	¥ (Can be filled for up to a 90 day supply)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Generic	¥ (Can be filled for up to a 90 day supply)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Brand	STPA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Brand	STPA; QL (1 pack per 1 lifetime)
sr nicotine mouth/throat gum 2 mg	Generic	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Brand	PA; QL (6 ML per 30 days)
tetrabenazine oral tablet 12.5 mg	Generic	SP; QL (3 EA per 1 day)
tetrabenazine oral tablet 25 mg	Generic	SP; QL (4 EA per 1 day)
tgt nicotine mouth/throat gum 2 mg, 4 mg	Generic	
tgt nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Generic	
tgt nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Generic	
tgt nicotine step one transdermal patch 24 hour 21 mg/24hr	Generic	
tgt nicotine step three transdermal patch 24 hour 7 mg/24hr	Generic	
tgt nicotine step two transdermal patch 24 hour 14 mg/24hr	Generic	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Medical Benefit	
varenicline tartrate oral tablet 0.5 mg, 1 mg	Generic	PA
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG	Brand	SP; QL (1 Fill per 1 Lifetime)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Brand	SP; QL (120 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	Brand	PA
XYWAV ORAL SOLUTION 500 MG/ML	Brand	PA

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Drug	Status	Notes
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Brand	SP; QL (1 Fill per 1 Lifetime)
ZEPOSIA ORAL CAPSULE 0.92 MG	Brand	SP; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	Brand	SP; QL (1 Fill per 1 Lifetime)
RESPIRATORY AGENTS - MISC.		
BRONCHITOL INHALATION CAPSULE 40 MG	Brand	PA; QL (560 EA per 28 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Brand	PA; QL (560 EA per 28 days)
ESBRIET ORAL CAPSULE 267 MG	Brand	SP; QL (270 EA per 30 days)
KALYDECO ORAL PACKET 25 MG	Brand	PA; SP; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	Brand	PA; SP; QL (60 EA per 30 days)
KALYDECO ORAL TABLET 150 MG	Brand	PA; SP; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	Brand	QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Brand	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 200-125 MG	Brand	PA; QL (120 EA per 30 days)
pirfenidone oral tablet 267 mg, 801 mg	Generic	SP; QL (270 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	Brand	SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Brand	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	Brand	PA; QL (84 EA per 28 days)
TETRACYCLINES		
demeclocycline hcl oral tablet 150 mg, 300 mg	Generic	PA
doxycycline hyclate oral capsule 100 mg, 50 mg	Generic	Medication included in Extended Family Planning formulary
doxycycline hyclate oral tablet 100 mg	Generic	
doxycycline hyclate oral tablet 20 mg	Generic	Medication included in Extended Family Planning formulary
doxycycline monohydrate oral capsule 100 mg, 50 mg	Generic	Medication included in Extended Family Planning formulary

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Drug	Status	Notes
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Generic	Medication included in Extended Family Planning formulary
doxycycline monohydrate oral tablet 100 mg, 50 mg	Generic	Medication included in Extended Family Planning formulary
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Generic	
NUZYRA ORAL TABLET 150 MG	Brand	PA
tetracycline hcl oral capsule 250 mg, 500 mg	Generic	Medication included in Extended Family Planning formulary
THYROID AGENTS		
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	Generic	
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	Generic	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Generic	
methimazole oral tablet 10 mg, 5 mg	Generic	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	Generic	
propylthiouracil oral tablet 50 mg	Generic	
UNITHROID DIRECT ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Generic	
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	Generic	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG	Brand	PA
amoxicill-clarithro-lansopraz oral	Generic	
CANTIL ORAL TABLET 25 MG	Brand	PA

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Drug	Status	Notes
CARAFATE ORAL SUSPENSION 1 GM/10ML	Brand	PA; ¥ (PA applies to members 12 years and older)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Generic	
cimetidine hcl oral solution 300 mg/5ml	Generic	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Generic	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Generic	PA
dicyclomine hcl oral capsule 10 mg	Generic	
dicyclomine hcl oral solution 10 mg/5ml	Generic	
dicyclomine hcl oral tablet 20 mg	Generic	
esomeprazole magnesium oral capsule delayed release 20 mg	Generic	PA; ¥ (Rx and OTC require PA. Can be filled for up to a 90 day supply.)
esomeprazole magnesium oral capsule delayed release 40 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	Generic	PA
famotidine oral suspension reconstituted 40 mg/5ml	Generic	
famotidine oral tablet 20 mg, 40 mg	Generic	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Brand	PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age))
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Brand	PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age))
glycopyrrolate oral tablet 1 mg, 2 mg	Generic	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Generic	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Generic	
hyoscyamine sulfate oral solution 0.125 mg/ml	Generic	
hyoscyamine sulfate oral tablet 0.125 mg	Generic	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Generic	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Generic	
hyosyne oral elixir 0.125 mg/5ml	Generic	

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= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
hyosyne oral solution 0.125 mg/ml	Generic	
lansoprazole oral capsule delayed release 15 mg, 30 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
lansoprazole oral tablet dispersible 15 mg, 30 mg	Generic	PA; ¥ (Age Limit: Max 2 years. Can be filled for up to a 90 day supply.)
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Generic	PA
misoprostol oral tablet 100 mcg, 200 mcg	Generic	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	Brand	PA
nizatidine oral capsule 150 mg, 300 mg	Generic	
nizatidine oral solution 15 mg/ml	Generic	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Generic	¥ (Can be filled for up to a 90 day supply)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	Brand	PA
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	Generic	PA; QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	Generic	PA; QL (1 EA per 1 day)
pantoprazole sodium oral packet 40 mg	Generic	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Generic	¥ (Can be filled for up to a 90 day supply)
PHENOHYTRO ORAL TABLET 16.2 MG	Generic	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	Brand	PA
rabeprazole sodium oral tablet delayed release 20 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
ranitidine hcl oral capsule 150 mg, 300 mg	Generic	
ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml	Generic	
ranitidine hcl oral tablet 150 mg, 300 mg	Generic	
sucralfate oral tablet 1 gm	Generic	¥ (Can be filled for up to a 90 day supply)
URINARY ANTISPASMODICS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Generic	

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Drug	Status	Notes
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Generic	PA
flavoxate hcl oral tablet 100 mg	Generic	¥ (Can be filled for up to a 90 day supply)
GELNIQUE TRANSDERMAL GEL 10 %, 3 (28) % (MG/ACT)	Brand	PA
GEMTESA ORAL TABLET 75 MG	Brand	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Brand	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Brand	PA
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
oxybutynin chloride oral syrup 5 mg/5ml	Generic	¥ (Can be filled for up to a 90 day supply)
oxybutynin chloride oral tablet 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Brand	PA
solifenacin succinate oral tablet 10 mg, 5 mg	Generic	¥ (Can be filled for up to a 90 day supply)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Generic	¥ (Can be filled for up to a 90 day supply)
tolterodine tartrate oral tablet 1 mg, 2 mg	Generic	¥ (Can be filled for up to a 90 day supply)
trospium chloride er oral capsule extended release 24 hour 60 mg	Generic	¥ (Can be filled for up to a 90 day supply)
trospium chloride oral tablet 20 mg	Generic	¥ (Can be filled for up to a 90 day supply)
VESICARE LS ORAL SUSPENSION 5 MG/5ML	Brand	PA
VAGINAL AND RELATED PRODUCTS		
clindamycin phosphate vaginal cream 2 %	Generic	Medication included in Extended Family Planning formulary
CRINONE VAGINAL GEL 8 %	Brand	PA
INTRAROSA VAGINAL INSERT 6.5 MG	Brand	PA

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Drug	Status	Notes
metronidazole vaginal gel 0.75 %	Generic	Medication included in Extended Family Planning formulary
miconazole 3 vaginal suppository 200 mg	Generic	Medication included in Extended Family Planning formulary
PREMARIN VAGINAL CREAM 0.625 MG/GM	Brand	
terconazole vaginal cream 0.4 %, 0.8 %	Generic	Medication included in Extended Family Planning formulary
terconazole vaginal suppository 80 mg	Generic	Medication included in Extended Family Planning formulary
VANDAZOLE VAGINAL GEL 0.75 %	Generic	
VASOPRESSORS		
ADRENACLICK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	Brand	PA; QL (2 EA per 1 Fill)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Brand	PA; QL (2 EA per 1 Fill)
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Generic	PA
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	Generic	QL (2 EA per 1 Fill)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	Brand	PA; QL (2 EA per 1 Fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	Brand	PA; QL (2 EA per 1 Fill)
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Generic	
VITAMINS		
ergocalciferol oral capsule 1.25 mg (50000 ut)	Generic	
niacin er oral capsule extended release 250 mg, 500 mg	Generic	¥ (Can be filled for up to a 90 day supply)
phytonadione oral tablet 5 mg	Generic	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Generic	

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