

2023

New Jersey Medicaid Comprehensive Preferred Drug List (List of Covered Drugs)

Lista integral de medicamentos preferidos de Medicaid de New Jersey (Lista de medicamentos cubiertos)

WellCare of New Jersey

Please read: This document contains information about the drugs we cover in this plan.

Please note: This list is updated quarterly.

Providers, please visit our website at <https://www.wellcare.com/New-Jersey/Providers/Medicaid/Pharmacy> to view updates to the preferred drug list.

Members, please visit our website at <https://www.wellcare.com/New-Jersey/Members/Medicaid-Plans/NJ-FamilyCare/Pharmacy-Services> to view updates to the preferred drug list.

Lea: este documento contiene información sobre los medicamentos que cubrimos bajo este plan.

Tenga en cuenta: esta lista se actualiza trimestralmente.

Proveedores: visiten nuestro sitio web en <https://www.wellcare.com/New-Jersey/Providers/Medicaid/Pharmacy> para ver las actualizaciones de la lista de medicamentos preferidos.

Miembros: visiten nuestro sitio web en <https://www.wellcare.com/New-Jersey/Members/Medicaid-Plans/NJ-FamilyCare/Pharmacy-Services> para ver las actualizaciones de la lista de medicamentos preferidos.

Last updated (10/01/2023)

Última actualización (10/01/2023)



Drug Name	Preference Details	Coverage Details
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	P	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 40 mg, 60 mg, 80 mg</i>	P	QL (31 EA per 31 days)
<i>atomoxetine hcl oral capsule 18 mg</i>	P	QL (62 EA per 31 days)
<i>atomoxetine hcl oral capsule 25 mg</i>	P	QL (93 EA per 31 days)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	P	
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	P	QL (93 EA per 31 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	P	QL (62 EA per 31 days)
*Amphetamines***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	P	
*Lipase Inhibitors***		
<i>orlistat oral capsule 120 mg</i>	P	PA; Click here to search Prior Authorization criteria for this drug.
*Stimulants - Misc.***		
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years)

P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

Drug Name	Preference Details	Coverage Details
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	P	AL (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	P	AL (Min 6 Years)
Modafinil Oral Tablet 100 MG, 200 MG	Non-Formulary	
Alternative Medicines		
*Alternative Medicine - Me's***		
<i>melatonin oral tablet 12 mg, 5 mg</i>	P	
Aminoglycosides		
*Aminoglycosides***		
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	P	PA
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT ORAL TABLET 1 MG, 2 MG	P	PA; PA Required
XELJANZ ORAL TABLET 10 MG, 5 MG	P	PA; QL (62 EA per 31 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	P	PA; QL (31 EA per 31 days)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	P	PA; PA Required; 72511040001, 72511040002

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Drug Name	Preference Details	Coverage Details
Amjevita Subcutaneous Solution Prefilled Syringe 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Amjevita-Ped 15kg to <30kg Subcutaneous Solution Prefilled Syringe 10 MG/0.2ML, 20 MG/0.4ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required; PA Required
Cyltezo Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Cyltezo Subcutaneous Prefilled Syringe Kit 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Cyltezo-CD/UC/HS Starter Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Cyltezo-Psoriasis Starter Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	P	PA; PA Required
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	P	PA; PA Required
Humira (2 Pen) Subcutaneous Pen-Injector Kit 40 MG/0.4ML, 40 MG/0.8ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira (2 Pen) Subcutaneous Pen-Injector Kit 80 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit 10 MG/0.1ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required

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Drug Name	Preference Details	Coverage Details
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	P	PA
Humira Pediatric Crohns Start Subcutaneous Prefilled Syringe Kit 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Pen Subcutaneous Pen-Injector Kit 40 MG/0.8ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Pen-Pediatric UC Start Subcutaneous Pen-Injector Kit 80 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Pen-Ps/UV/Adol HS Start Subcutaneous Pen-Injector Kit 40 MG/0.8ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Pen-Ps/UV/Adol HS Start Subcutaneous Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Pen-Psor/Uveit Starter Subcutaneous Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Subcutaneous Prefilled Syringe Kit 10 MG/0.2ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	P	PA
Humira-CD/UC/HS Starter Subcutaneous Pen-Injector Kit 40 MG/0.8ML, 80 MG/0.8ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Hyrimoz Subcutaneous Solution Auto-Injector 80 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required

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Hyrimoz Subcutaneous Solution Prefilled Syringe 10 MG/0.1 ML, 20 MG/0.2ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Hyrimoz-Crohns/UC Starter Subcutaneous Solution Auto-Injector 80 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Hyrimoz-Ped<40kg Crohn Starter Subcutaneous Solution Prefilled Syringe 80 MG/0.8ML & 40MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Hyrimoz-Ped>=40kg Crohn Start Subcutaneous Solution Prefilled Syringe 80 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Hyrimoz-Plaque Psoriasis Start Subcutaneous Solution Auto-Injector 80 MG/0.8ML & 40MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Idacio for Crohns Disease/UC Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Idacio for Plaque Psoriasis Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Idacio Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Idacio Subcutaneous Prefilled Syringe Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Simponi Aria Intravenous Solution 50 MG/4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
<i>simponi aria solution 50 mg/4ml intravenous</i>	P	PA; PA Required
<i>simponi solution auto-injector 100 mg/ml subcutaneous</i>	P	PA; PA Required

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Drug Name	Preference Details	Coverage Details
<i>simponi solution auto-injector 50 mg/0.5ml subcutaneous</i>	P	PA; PA Required
<i>simponi solution prefilled syringe 100 mg/ml subcutaneous</i>	P	PA; PA Required
<i>simponi solution prefilled syringe 50 mg/0.5ml subcutaneous</i>	P	PA; PA Required
Simponi Subcutaneous Solution Auto-Injector 100 MG/ML, 50 MG/0.5ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Simponi Subcutaneous Solution Prefilled Syringe 100 MG/ML, 50 MG/0.5ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Yuflyma 1-Pen Kit Subcutaneous Auto-Injector Kit 40 MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Yuflyma 2-Pen Kit Subcutaneous Auto-Injector Kit 40 MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Yuflyma Subcutaneous Auto-Injector Kit 40 MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML	P	PA; PA Required
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	P	QL (62 EA per 31 days)
<i>celecoxib oral capsule 200 mg, 400 mg</i>	P	QL (31 EA per 31 days)
*Interleukin-6 Receptor Inhibitors***		
<i>actemra actpen solution auto-injector 162 mg/0.9ml subcutaneous</i>	P	PA; PA Required
<i>actemra solution 200 mg/10ml intravenous</i>	P	PA; PA Required
<i>actemra solution 400 mg/20ml intravenous</i>	P	PA; PA Required
<i>actemra solution 80 mg/4ml intravenous</i>	P	PA; PA Required
<i>actemra solution prefilled syringe 162 mg/0.9ml subcutaneous</i>	P	PA; PA Required

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Drug Name	Preference Details	Coverage Details
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	P	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	P	PA
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>	P	
<i>childrens ibuprofen oral suspension 40 mg/ml</i>	P	
<i>diclofenac potassium oral tablet 50 mg</i>	P	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	P	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	P	
<i>etodolac oral capsule 200 mg, 300 mg</i>	P	
<i>etodolac oral tablet 400 mg, 500 mg</i>	P	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	P	
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	P	
<i>ibuprofen oral suspension 100 mg/5ml</i>	P	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	P	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	P	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	P	
<i>ketorolac tromethamine oral tablet 10 mg</i>	P	Max quantity of 20, Max day supply of 5 per a calendar month; QL (20 EA per 31 days)
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	P	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	P	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	P	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	P	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	P	
<i>naproxen sodium oral tablet 220 mg</i>	P	
<i>oxaprozin oral tablet 600 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>piroxicam oral capsule 10 mg, 20 mg</i>	P	
<i>sulindac oral tablet 150 mg, 200 mg</i>	P	
*Phosphodiesterase 4 (Pde4) Inhibitors***		
<i>otezla tablet 30 mg oral</i>	P	PA; PA Required
<i>otezla tablet therapy pack 10 & 20 & 30 mg oral</i>	P	PA; PA Required
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	P	
*Soluble Tumor Necrosis Factor Receptor Agents***		
Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Enbrel Subcutaneous Solution 25 MG/0.5ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML, 50 MG/ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Enbrel Subcutaneous Solution Reconstituted 25 MG	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML	Non-Formulary	PA; Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Analgesics - Nonnarcotic		
*Analgesics Other***		
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	P	
<i>acetaminophen oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>acetaminophen oral tablet 500 mg</i>	P	QL (186 EA per 31 days)
<i>acetaminophen rectal suppository 650 mg</i>	P	
<i>apap oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>infants silapap oral solution 100 mg/ml</i>	P	

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Drug Name	Preference Details	Coverage Details
MAPAP CHILDRENS ORAL SUSPENSION 160 MG/5ML	P	
<i>mapap oral liquid 160 mg/5ml</i>	P	
<i>pain & fever childrens oral solution 160 mg/5ml</i>	P	
*Analgesics-Sedatives***		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	P	QL (186 EA per 31 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	P	QL (186 EA per 31 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	P	QL (186 EA per 31 days)
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	P	
<i>marten-tab oral tablet 50-325 mg</i>	P	QL (186 EA per 31 days)
*Salicylates***		
<i>aspirin childrens oral tablet chewable 81 mg</i>	P	
<i>aspirin ec oral tablet delayed release 325 mg, 81 mg</i>	P	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	P	
<i>aspirin oral tablet 325 mg</i>	P	
<i>aspirin oral tablet chewable 81 mg</i>	P	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	P	
<i>aspirin rectal suppository 600 mg</i>	P	
<i>diflunisal oral tablet 500 mg</i>	P	
<i>eq aspirin low dose oral tablet delayed release 81 mg</i>	P	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	P	
MEDIQUE ASPIRIN ORAL TABLET 325 MG	P	
<i>salsalate oral tablet 500 mg, 750 mg</i>	P	
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	P	
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	P	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	P	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	P	
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	P	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	P	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	P	
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	P	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	P	
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	P	
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	P	
<i>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</i>	P	PA
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	P	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	P	
<i>hydromorphone hcl rectal suppository 3 mg</i>	P	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	P	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	P	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	P	
<i>morphine sulfate (pf) injection solution 0.5 mg/ml</i>	P	
<i>morphine sulfate (pf) intravenous solution 4 mg/ml, 8 mg/ml</i>	P	

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<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	P	PA
<i>morphine sulfate injection solution 10 mg/ml, 15 mg/ml, 5 mg/ml, 8 mg/ml</i>	P	
<i>morphine sulfate intravenous solution 1 mg/ml, 25 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	P	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	P	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	P	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	P	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	P	PA; AL (Min 11 Years)
<i>oxycodone hcl oral capsule 5 mg</i>	P	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	P	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	P	
<i>tramadol hcl oral tablet 100 mg, 50 mg</i>	P	
*Opioid Combinations***		
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	P	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	P	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	P	
*Opioid Partial Agonists***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	P	QL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	P	QL (4 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	P	QL (2.67 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	P	QL (16 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	P	QL (8 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	P	QL (4 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	P	QL (16 EA per 1 day); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	P	QL (4 EA per 1 day); AL (Min 16 Years)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	P	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	P	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	P	
Androgens-Anabolic		
*Anabolic Steroids***		
<i>oxandrolone oral tablet 10 mg</i>	P	
<i>oxandrolone oral tablet 2.5 mg</i>	P	PA
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	P	
<i>methitest oral tablet 10 mg</i>	P	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	P	PA
<i>testosterone cypionate injection solution 100 mg/ml, 150 mg/ml, 200 mg/ml, 50 mg/ml</i>	P	
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	P	QL (0.286 ML per 1 day)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	P	QL (0.143 ML per 1 day)
<i>testosterone enanthate injection solution 200 mg/ml</i>	P	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	P	QL (0.143 ML per 1 day)
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	P	PA
Anorectal And Related Products		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	P	
*Rectal Steroids***		
PROCTOSOL HC RECTAL CREAM 2.5 %	P	
PROCTOZONE-HC RECTAL CREAM 2.5 %	P	

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Drug Name	Preference Details	Coverage Details
Antacids		
*Antacid & Simethicone***		
<i>aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml</i>	P	
<i>antacid oral suspension 200-200-20 mg/5ml</i>	P	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	P	
*Antacids - Aluminum Salts***		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	P	
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	P	
*Antacids - Calcium Salts***		
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	P	
<i>calcium carbonate antacid oral tablet 648 mg</i>	P	
<i>calcium carbonate antacid oral tablet chewable 500 mg, 750 mg</i>	P	
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i>	P	
Anthelmintics		
*Anthelmintics***		
BILTRICIDE ORAL TABLET 600 MG	P	
<i>ivermectin oral tablet 3 mg</i>	P	PA; PA Required; QL (6 EA Max Qty Per Fill Retail)
PIN-X ORAL SUSPENSION 50 MG/ML	P	
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	P	
<i>stromectol tablet 3 mg oral</i>	P	PA; PA Required; QL (6 EA Max Qty Per Fill Retail)
Antianginal Agents		
*Nitrates***		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	P	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	P	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	P	
NITRO-BID TRANSDERMAL OINTMENT 2 %	P	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	P	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	P	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	P	
<i>hydroxyzine hcl oral solution 10 mg/5ml</i>	P	QL (450 ML per 31 days)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	P	QL (450 ML per 31 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	P	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	P	
*Benzodiazepines***		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	P	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	P	AL (Min 9 Years)
<i>diazepam oral solution 1 mg/ml</i>	P	QL (1240 EA per 31 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	P	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	P	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	P	
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	P	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Antiarrhythmics Type I-B***		
<i>lidocaine hcl (cardiac) intravenous solution 20 mg/ml</i>	P	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	P	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	P	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	P	
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	P	
PACERONE ORAL TABLET 200 MG, 400 MG	P	
Antiasthmatic And Bronchodilator Agents		
*Adrenergic Combinations***		
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	P	QL (10.2 GM per 30 days); AL (Max 12 Years)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	P	QL (4 GM per 20 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose</i>	P	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	P	QL (1 EA per 31 days); AL (Min 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	P	QL (720 ML per 31 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	QL (4 GM per 31 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 100-50 MCG/DOSE, 250-50 MCG/ACT, 250-50 MCG/DOSE, 500-50 MCG/ACT, 500-50 MCG/DOSE	P	QL (60 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	P	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	P	PA
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	P	
*Beta Adrenergics***		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	P	QL (36 GM per 31 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	P	QL (720 ML per 31 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	P	QL (60 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	P	QL (300 ML per 31 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	P	QL (2480 ML per 31 days)
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	P	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	P	QL (30 GM per 31 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	P	QL (4 GM per 31 days)
<i>terbutaline sulfate injection solution 1 mg/ml</i>	P	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	P	
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	P	QL (25.8 GM per 31 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT, 62.5 MCG/INH	P	QL (1 EA per 31 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	P	QL (480 ML per 31 days)
*Interleukin-5 Antagonists (Igg4 Kappa)***		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	P	PA

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Drug Name	Preference Details	Coverage Details
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	P	AL (Min 1 Months and Max 2 Years)
<i>montelukast sodium oral tablet 10 mg</i>	P	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	P	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	P	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	P	QL (1 EA per 1 day)
*Steroid Inhalants***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P	QL (30 EA per 31 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	QL (31 EA per 31 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	P	QL (0.44 GM per 1 day)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	P	QL (120 ML per 31 days); AL (Max 8 Years)
Flovent HFA Aerosol 110 MCG/ACT Inhalation	Non-Formulary	AL (Max 12 Years)
Flovent HFA Aerosol 220 MCG/ACT Inhalation	Non-Formulary	AL (Max 12 Years)
Flovent HFA Aerosol 44 MCG/ACT Inhalation	Non-Formulary	AL (Max 12 Years)
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	P	QL (12 GM per 30 days); AL (Max 12 Years)
<i>fluticasone propionate hfa aerosol 220 mcg/act inhalation</i>	P	QL (12 GM per 30 days); AL (Max 12 Years)
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	P	QL (10.6 GM per 30 days); AL (Max 12 Years)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	P	QL (10.6 GM per 31 Days)
*Xanthines***		
<i>aminophylline intravenous solution 25 mg/ml</i>	P	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	P	

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Drug Name	Preference Details	Coverage Details
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	P	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	P	
<i>theophylline oral elixir 80 mg/15ml</i>	P	
<i>theophylline oral solution 80 mg/15ml</i>	P	
Anticoagulants		
*Coumarin Anticoagulants***		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	P	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	P	
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	P	
<i>eliquis dvt/pe starter pack tablet therapy pack 5 mg oral</i>	P	QL (74.1 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	P	
<i>eliquis tablet 2.5 mg oral</i>	P	QL (60 EA per 30 days)
<i>eliquis tablet 5 mg oral</i>	P	QL (60 EA per 30 days)
*Heparins And Heparinoid-Like Agents***		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 100 UNIT/ML	P	
<i>heparin na (pork) lock flsh pf intravenous solution 100 unit/ml</i>	P	
<i>heparin sod (pork) lock flush intravenous solution 100 unit/ml</i>	P	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	P	QL (93 ML per 31 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	P	QL (31 ML per 31 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	P	QL (24.8 ML per 31 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	P	QL (9.3 ML per 31 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	P	QL (12.4 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	P	QL (18.6 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	P	QL (31 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	P	QL (24.8 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	P	QL (9.3 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	P	QL (12.4 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	P	QL (18.6 ML per 31 days)
*Synthetic Heparinoid-Like Agents***		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	P	QL (11.2 ML per 31 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	P	QL (16 ML per 31 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	P	QL (5.6 ML per 31 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	P	QL (8.4 ML per 31 days)
Anticonvulsants		
*Anticonvulsants - Benzodiazepines***		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	P	QL (3 EA per 31 days)
*Anticonvulsants - Misc.***		
<i>carbamazepine oral suspension 100 mg/5ml</i>	P	QL (2480 ML per 31 days)
<i>carbamazepine oral tablet 200 mg</i>	P	QL (248 EA per 31 days)
<i>carbamazepine oral tablet chewable 100 mg</i>	P	QL (310 EA per 31 days)
EPITOL ORAL TABLET 200 MG	P	QL (248 EA per 31 days)
<i>gabapentin oral capsule 100 mg</i>	P	QL (310 EA per 31 days)
<i>gabapentin oral capsule 300 mg</i>	P	QL (372 EA per 31 days)
<i>gabapentin oral capsule 400 mg</i>	P	QL (279 EA per 31 days)
<i>gabapentin oral solution 250 mg/5ml</i>	P	QL (2230 ML per 31 days)
<i>gabapentin oral tablet 600 mg</i>	P	QL (186 EA per 31 days)
<i>gabapentin oral tablet 800 mg</i>	P	QL (124 EA per 31 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>lamotrigine oral tablet 25 mg</i>	P	QL (310 EA per 31 days)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	P	QL (310 EA per 31 days)
<i>levetiracetam intravenous solution 500 mg/5ml</i>	P	
<i>levetiracetam oral solution 100 mg/ml</i>	P	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	P	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	P	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	P	
<i>primidone oral tablet 250 mg</i>	P	QL (248 EA per 31 days)
<i>primidone oral tablet 50 mg</i>	P	QL (310 EA per 31 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	P	QL (310 EA per 31 days)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	P	QL (310 EA per 31 days)
<i>topiramate oral tablet 200 mg</i>	P	QL (248 EA per 31 days)
<i>zonisamide oral capsule 100 mg</i>	P	QL (186 EA per 31 days)
<i>zonisamide oral capsule 25 mg</i>	P	QL (310 EA per 31 days)
<i>zonisamide oral capsule 50 mg</i>	P	QL (372 EA per 31 days)
*Gaba Modulators***		
GABITRIL ORAL TABLET 12 MG	P	
<i>tiagabine hcl oral tablet 16 mg, 2 mg, 4 mg</i>	P	
*Hydantoins***		
DILANTIN ORAL CAPSULE 30 MG	P	QL (310 EA per 31 days)
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	P	
PEGANONE ORAL TABLET 250 MG	P	QL (372 EA per 31 days)
<i>phenytoin oral suspension 125 mg/5ml</i>	P	QL (930 ML per 31 days)
<i>phenytoin oral tablet chewable 50 mg</i>	P	QL (372 EA per 31 days)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	P	
<i>phenytoin sodium injection solution 50 mg/ml</i>	P	
*Succinimides***		
<i>ethosuximide oral capsule 250 mg</i>	P	AL (Min 3 Years)
<i>ethosuximide oral solution 250 mg/5ml</i>	P	QL (930 ML per 31 days); AL (Min 3 Years)

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Drug Name	Preference Details	Coverage Details
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	P	QL (310 EA per 31 days)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	P	QL (279 EA per 31 days)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	P	QL (310 EA per 31 days)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	P	QL (310 EA per 31 days)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	P	QL (279 EA per 31 days)
<i>valproic acid oral capsule 250 mg</i>	P	QL (310 EA per 31 days)
<i>valproic acid oral solution 250 mg/5ml</i>	P	QL (2790 ML per 31 days)
<i>valproic acid oral syrup 250 mg/5ml</i>	P	QL (2790 ML per 31 days)
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	P	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	P	
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	P	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	P	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	P	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	P	
*Monoamine Oxidase Inhibitors (Maois)***		
<i>phenelzine sulfate oral tablet 15 mg</i>	P	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	P	
*Selective Serotonin Reuptake Inhibitors (Ssrís)***		
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	P	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	P	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	P	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	P	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	P	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	P	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	P	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	P	
*Serotonin Modulators***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	P	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	P	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	P	QL (62 EA per 31 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	P	QL (31 EA per 31 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	P	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	P	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	P	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	P	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	P	QL (2325 ML per 31 days)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	P	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	P	
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	P	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	P	
RIOMET ORAL SOLUTION 500 MG/5ML	P	QL (900 ML per 31 days)
*Diabetic Other***		
<i>glucagon emergency injection kit 1 mg</i>	P	QL (2 EA per 31 days)
<i>glucose oral tablet chewable 4 gm</i>	P	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	P	
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	P	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days
<i>janumet tablet 50-1000 mg oral</i>	P	QL (60 EA per 30 days)
<i>janumet tablet 50-500 mg oral</i>	P	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days

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Drug Name	Preference Details	Coverage Details
<i>janumet xr tablet extended release 24 hour 100-1000 mg oral</i>	P	QL (30 EA per 30 days)
<i>janumet xr tablet extended release 24 hour 50-1000 mg oral</i>	P	QL (60 EA per 30 days)
<i>janumet xr tablet extended release 24 hour 50-500 mg oral</i>	P	QL (60 EA per 30 days)
*Human Insulin***		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	P	QL (60 ML per 31 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	P	QL (60 ML per 31 days)
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	P	QL (60 ML per 31 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	P	QL (60 ML per 31 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	P	QL (60 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
<i>insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous</i>	P	QL (60 ML per 31 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	P	PA; QL (0.2 ML per 1 day)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	P	PA; QL (0.2 ML per 1 day)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	P	PA; QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	P	PA; QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	P	PA; QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	P	PA; "PA Required"; QL (2.4 ML per 31 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	P	PA; "PA Required"; QL (1.2 ML per 31 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	P	PA; QL (2 ML per 28 days)
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	P	PA; PA Required; QL (0.6 ML per 1 day)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Progesterone Receptor Antagonists***		
Korlym Oral Tablet 300 MG	State Carve Out	Excluded benefit, bill Medicaid Fee For Service for coverage.
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
STEGLATRO ORAL TABLET 15 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
STEGLATRO ORAL TABLET 5 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SEGLUROMET ORAL TABLET 2.5-1000 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
SEGLUROMET ORAL TABLET 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	P	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	P	
*Sulfonylureas***		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	P	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	P	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	P	
<i>glipizide oral tablet 10 mg, 5 mg</i>	P	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	P	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	P	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Thiazolidinedione-Biguanide Combinations***		
AVANDAMET ORAL TABLET 2-1000 MG	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days.
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
*Thiazolidinediones***		
AVANDIA ORAL TABLET 2 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
AVANDIA ORAL TABLET 4 MG, 8 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
Antidiarrheal/Probiotic Agents		
*Antidiarrheal/Probiotic Agents - Misc.***		
CULTURELLE BABY GROW THRIVE ORAL LIQUID	P	
CULTURELLE BABY GROW THRIVE ORAL PACKET 10 MCG	P	
CULTURELLE BABY HEALTHY DEV ORAL PACKET	P	
CULTURELLE BABY IMMUNE+DIGEST ORAL LIQUID	P	
FLORANEX ORAL PACKET	P	
FLORASTOR KIDS ORAL PACKET 250 MG	P	
<i>pink bismuth oral suspension 262 mg/15ml</i>	P	
*Antidiarrheal/Probiotic Combinations***		
<i>acidophilus/pectin oral capsule</i>	P	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE	P	

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Drug Name	Preference Details	Coverage Details
*Antiperistaltic Agents***		
<i>anti-diarrheal oral tablet 2 mg</i>	P	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	P	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	P	
<i>loperamide hcl oral capsule 2 mg</i>	P	
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
<i>deferasirox granules oral packet 180 mg, 90 mg</i>	P	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	P	PA
JADENU SPRINKLE ORAL PACKET 360 MG	P	PA
*Antidotes And Specific Antagonists***		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	P	
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	P	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	P	
<i>naltrexone hcl oral tablet 50 mg</i>	P	
NARCAN NASAL LIQUID 4 MG/0.1ML	P	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	P	QL (1 EA per 28 days); AL (Min 18 Years)
Antiemetics		
*5-Ht3 Receptor Antagonists***		
<i>ondansetron hcl oral solution 4 mg/5ml</i>	P	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	P	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	P	
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	P	
<i>meclizine hcl oral tablet chewable 25 mg</i>	P	
<i>travel sickness oral tablet chewable 25 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
Antifungals		
*Antifungals***		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	P	QL (450 ML per 31 days)
<i>griseofulvin microsize oral tablet 500 mg</i>	P	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	P	
<i>nystatin oral tablet 500000 unit</i>	P	
<i>terbinafine hcl oral tablet 250 mg</i>	P	
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	P	
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	P	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	P	
Antihistamines		
*Antihistamines - Alkylamines***		
<i>allergy oral tablet 4 mg</i>	P	
*Antihistamines - Ethanolamines***		
<i>aler-dryl oral tablet 50 mg</i>	P	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	P	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	P	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	P	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	P	
<i>diphenhydramine hcl oral tablet 25 mg</i>	P	
*Antihistamines - Non-Sedating***		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML	P	
<i>allergy oral tablet dispersible 10 mg</i>	P	
<i>cetirizine hcl childrens oral solution 1 mg/ml</i>	P	QL (300 ML per 31 days)
<i>cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	P	
<i>childrens loratadine oral solution 5 mg/5ml</i>	P	QL (310 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
<i>childrens loratadine oral syrup 5 mg/5ml</i>	P	QL (310 ML per 31 days)
<i>fexofenadine hcl childrens oral suspension 30 mg/5ml</i>	P	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	P	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	P	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	P	
<i>loratadine hives relief oral solution 5 mg/5ml</i>	P	QL (310 ML per 31 days)
<i>loratadine oral tablet 10 mg</i>	P	
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	P	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	P	
<i>promethazine hcl rectal suppository 25 mg</i>	P	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	P	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>cyproheptadine hcl oral tablet 4 mg</i>	P	
Antihyperlipidemics		
*Antihyperlipidemics - Misc.***		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	P	
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	P	
<i>cholestyramine light oral powder 4 gm/dose</i>	P	
<i>cholestyramine oral packet 4 gm</i>	P	
<i>cholestyramine oral powder 4 gm/dose</i>	P	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	P	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	P	
<i>fenofibric acid oral capsule delayed release 135 mg</i>	P	
<i>gemfibrozil oral tablet 600 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	P	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	P	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	P	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	P	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	P	
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	P	
*Nicotinic Acid Derivatives***		
NIACOR ORAL TABLET 500 MG	P	
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	P	
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	P	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	P	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	P	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	P	
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	P	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	P	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	P	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	P	
*Angiotensin li Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	P	
*Angiotensin li Receptor Antag & Thiazide/Thiazide-Like***		
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	P	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	P	
*Angiotensin li Receptor Antagonists***		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	P	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	P	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	P	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	P	
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	P	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	P	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	P	
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	P	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	P	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	P	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	P	
*Vasodilators***		
<i>hydralazine hcl injection solution 20 mg/ml</i>	P	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	P	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	P	
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	P	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	P	
<i>trimethoprim oral tablet 100 mg</i>	P	
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	P	QL (1200 ML per 31 days)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	P	
*Antiprotozoal Agents***		
<i>atovaquone oral suspension 750 mg/5ml</i>	P	
*Glycopeptides***		
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 1000 mg, 500 mg, 750 mg</i>	P	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	P	PA
*Leprostics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	P	
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	P	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	P	QL (2400 ML per 31 days)
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml</i>	P	
<i>clindamycin phosphate intravenous solution 150 mg/ml</i>	P	

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Drug Name	Preference Details	Coverage Details
*Oxazolidinones***		
<i>linezolid oral tablet 600 mg</i>	P	PA
*Urinary Anti-Infectives***		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	P	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	P	AL (Max 8 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	P	
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	P	
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	P	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	P	
<i>mefloquine hcl oral tablet 250 mg</i>	P	
<i>primaquine phosphate oral tablet 26.3 mg</i>	P	
<i>pyrimethamine oral tablet 25 mg</i>	P	PA
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
MESTINON ORAL SYRUP 60 MG/5ML	P	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	P	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	P	
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	P	
<i>isoniazid injection solution 100 mg/ml</i>	P	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	P	
<i>pyrazinamide oral tablet 500 mg</i>	P	
<i>rifabutin oral capsule 150 mg</i>	P	
<i>rifampin oral capsule 150 mg, 300 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
HEXALEN ORAL CAPSULE 50 MG	P	PA
MYLERAN ORAL TABLET 2 MG	P	
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	P	PA
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	P	
<i>flutamide oral capsule 125 mg</i>	P	
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	P	
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	P	PA
<i>mercaptopurine oral tablet 50 mg</i>	P	
<i>methotrexate oral tablet 2.5 mg</i>	P	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	P	
<i>methotrexate sodium oral tablet 2.5 mg</i>	P	
TABLOID ORAL TABLET 40 MG	P	PA
*Antineoplastic - Alk Inhibitors***		
XALKORI ORAL CAPSULE 200 MG, 250 MG	P	PA
ZYKADIA ORAL CAPSULE 150 MG	P	PA; QL (155 EA per 31 days)
ZYKADIA ORAL TABLET 150 MG	P	PA; QL (155 EA per 31 days)
*Antineoplastic - Anti-Cd20 Antibodies***		
<i>ruxience solution 100 mg/10ml intravenous</i>	P	PA; PA Required
<i>ruxience solution 500 mg/50ml intravenous</i>	P	PA; PA Required
<i>truxima solution 100 mg/10ml intravenous</i>	P	PA; PA Required
<i>truxima solution 500 mg/50ml intravenous</i>	P	PA; PA Required

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Drug Name	Preference Details	Coverage Details
*Antineoplastic - Anti-Her2 Agents***		
<i>kanjinti solution reconstituted 150 mg intravenous</i>	P	PA; PA Required
<i>kanjinti solution reconstituted 420 mg intravenous</i>	P	PA; PA Required
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	P	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	P	PA
*Antineoplastic - Anti-Pd-1 Antibodies***		
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 240 MG/24ML, 40 MG/4ML	P	PA
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	P	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	P	PA; QL (1 EA per 1 day)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	P	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	P	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	P	PA
*Antineoplastic - Braf Kinase Inhibitors***		
ZELBORAF ORAL TABLET 240 MG	P	PA
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	P	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	P	PA; QL (31 EA per 31 days)
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG	P	PA
*Antineoplastic - Histone Deacetylase Inhibitors***		
ZOLINZA ORAL CAPSULE 100 MG	P	PA
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR ORAL TABLET 10 MG	P	PA
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	P	PA

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Drug Name	Preference Details	Coverage Details
*Antineoplastic - Multikinase Inhibitors***		
CAPRELSA ORAL TABLET 100 MG, 300 MG	P	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	P	PA
STIVARGA ORAL TABLET 40 MG	P	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	PA
*Antineoplastic Enzymes***		
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	P	PA
*Antineoplastics Misc.***		
<i>hydroxyurea oral capsule 500 mg</i>	P	
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	P	
<i>exemestane oral tablet 25 mg</i>	P	QL (31 EA per 31 days)
<i>letrozole oral tablet 2.5 mg</i>	P	
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium injection solution 500 mg/50ml</i>	P	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg</i>	P	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	P	
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	P	PA
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	P	PA
<i>jakafi tablet 10 mg oral</i>	P	QL (60 EA per 30 days)
<i>jakafi tablet 15 mg oral</i>	P	QL (60 EA per 30 days)
<i>jakafi tablet 20 mg oral</i>	P	QL (60 EA per 30 days)
<i>jakafi tablet 25 mg oral</i>	P	QL (60 EA per 30 days)
<i>jakafi tablet 5 mg oral</i>	P	QL (60 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
*Lhrh Analogs***		
TRELSTAR INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	P	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	P	PA
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>	P	
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	P	PA
LEUKERAN ORAL TABLET 2 MG	P	PA
<i>melphalan oral tablet 2 mg</i>	P	
*Nitrosoureas***		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	P	PA
*Progestins-Antineoplastic***		
HYDROXYprogesterone Caproate Intramuscular Solution 1.25 GM/5ML	Benefit Exclusion	
<i>megestrol acetate oral suspension 40 mg/ml</i>	P	QL (600 ML per 31 days)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	P	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	P	PA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	P	PA
Antiparkinson And Related Therapy Agents		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	P	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	P	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>	P	
<i>amantadine hcl oral solution 50 mg/5ml</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>amantadine hcl oral syrup 50 mg/5ml</i>	P	
<i>amantadine hcl oral tablet 100 mg</i>	P	
<i>bromocriptine mesylate oral capsule 5 mg</i>	P	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	P	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>	P	
<i>selegiline hcl oral tablet 5 mg</i>	P	
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	P	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	P	
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	P	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	P	
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	P	
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	P	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	P	
<i>lithium carbonate oral tablet 300 mg</i>	P	
<i>lithium oral solution 8 meq/5ml</i>	P	
*Antipsychotics - Misc.***		
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	P	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	P	QL (62 EA per 31 days)
*Benzisoxazoles***		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	P	PA; QL (0.75 ML per 28 days)

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Drug Name	Preference Details	Coverage Details
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	P	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	P	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	P	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	P	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 273 MG/0.88ML	P	PA; QL (0.875 ML per 91 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML, 410 MG/1.32ML	P	PA; QL (1.315 ML per 91 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	P	PA; QL (1.75 ML per 91 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML, 819 MG/2.63ML	P	PA; QL (2.625 ML per 91 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	PA; QL (2 EA per 28 days)
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	QL (62 EA per 31 days); AL (Min 5 Years)
<i>risperidone oral solution 1 mg/ml</i>	P	QL (496 ML per 31 days); AL (Min 5 Years)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL (62 EA per 31 days); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL (62 EA per 31 days); AL (Min 5 Years)
*Butyrophenones***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	P	AL (Min 18 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>	P	AL (Min 3 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	P	AL (Min 3 Years)

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Drug Name	Preference Details	Coverage Details
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	P	AL (Min 3 Years)
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	P	AL (Min 18 Years)
<i>clozapine oral tablet dispersible 12.5 mg</i>	P	QL (31 EA per 31 days); AL (Min 18 Years)
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	P	ST; Must fail preferred quetiapine, olanzapine, risperidone, or risperidone ODT within the past 100 days.; AL (Min 10 Years)
*Dibenzothiazepines***		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	P	AL (Min 10 Years)
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	P	AL (Min 18 Years)
*Phenothiazines***		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	P	QL (124 EA per 31 days); AL (Min 6 Months)
<i>chlorpromazine hcl oral tablet 100 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Months)
<i>chlorpromazine hcl oral tablet 200 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Months)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	P	AL (Min 12 Years)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	P	QL (248 ML per 31 days); AL (Min 18 Years)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	P	QL (2480 ML per 31 days); AL (Min 18 Years)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	P	AL (Min 18 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	P	AL (Min 12 Years)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	P	AL (Min 2 Years)
<i>prochlorperazine rectal suppository 25 mg</i>	P	AL (Min 2 Years)

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Drug Name	Preference Details	Coverage Details
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	P	AL (Min 2 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	P	AL (Min 6 Years)
*Quinolinone Derivatives***		
Abilify Asimtufii Intramuscular Prefilled Syringe 720 MG/2.4ML, 960 MG/3.2ML	Non-Formulary	60 Days
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	P	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	P	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	P	PA; QL (2.4 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	P	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	P	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	P	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	P	PA; QL (3.2 ML per 28 days)
*Thienbenzodiazepines***		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	P	QL (31 EA per 31 days); AL (Min 13 Years)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	P	AL (Min 12 Years)
Antiseptics & Disinfectants		
*Chlorine Antiseptics***		
<i>chlorhexidine gluconate external liquid 4 %</i>	P	QL (480 ML per 31 days)
H-CHLOR WOUND EXTERNAL GEL 0.062 %	P	

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Drug Name	Preference Details	Coverage Details
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	P	QL (31 EA per 31 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	P	QL (62 EA per 31 days)
BIKTARVY ORAL TABLET 50-200-25 MG	P	QL (31 EA per 31 days)
<i>cabenuva intramuscular suspension extended release 400 & 600 mg/2ml, 600 & 900 mg/3ml</i>	P	
CIMDUO ORAL TABLET 300-300 MG	P	QL (31 EA per 31 days)
COMBIVIR ORAL TABLET 150-300 MG	P	
COMPLERA ORAL TABLET 200-25-300 MG	P	
DELSTRIGO ORAL TABLET 100-300-300 MG	P	
DESCOVY ORAL TABLET 120-15 MG	P	
DESCOVY ORAL TABLET 200-25 MG	P	QL (31 EA per 31 days)
DOVATO ORAL TABLET 50-300 MG	P	QL (31 EA per 31 DAYSS)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	P	
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	P	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	P	
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	P	QL (31 EA per 31 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	P	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	P	
GENVOYA ORAL TABLET 150-150-200-10 MG	P	QL (31 EA per 31 days)
JULUCA ORAL TABLET 50-25 MG	P	QL (31 EA per 31 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	P	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	P	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	P	
ODEFSEY ORAL TABLET 200-25-25 MG	P	QL (31 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
PREZCOBIX ORAL TABLET 800-150 MG	P	
STRIBILD ORAL TABLET 150-150-200-300 MG	P	QL (31 EA per 31 days)
SYMFI LO ORAL TABLET 400-300-300 MG	P	
SYMFI ORAL TABLET 600-300-300 MG	P	QL (31 EA per 31 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	P	
TRIUMEQ ORAL TABLET 600-50-300 MG	P	QL (31 EA per 31 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	P	
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL SOLUTION 20 MG/ML	P	
SELZENTRY ORAL TABLET 150 MG, 300 MG	P	
SELZENTRY TABLET 25 MG ORAL	P	
SELZENTRY TABLET 75 MG ORAL	P	
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor***		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	P	
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	P	
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	P	
*Antiretrovirals - Integrase Inhibitors***		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	P	
ISENTRESS HD ORAL TABLET 600 MG	P	
ISENTRESS ORAL PACKET 100 MG	P	
ISENTRESS ORAL TABLET 400 MG	P	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	P	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	P	QL (62 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	P	
<i>vocabria oral tablet 30 mg</i>	P	
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	P	
APTIVUS ORAL SOLUTION 100 MG/ML	P	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	P	QL (62 EA per 31 Days)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	P	
<i>fosamprenavir calcium oral tablet 700 mg</i>	P	QL (124 EA per 31 days)
INVIRASE ORAL CAPSULE 200 MG	P	
INVIRASE ORAL TABLET 500 MG	P	
LEXIVA ORAL SUSPENSION 50 MG/ML	P	
NORVIR ORAL CAPSULE 100 MG	P	
NORVIR ORAL PACKET 100 MG	P	
NORVIR ORAL SOLUTION 80 MG/ML	P	
PREZISTA ORAL SUSPENSION 100 MG/ML	P	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	P	
REYATAZ ORAL PACKET 50 MG	P	
<i>ritonavir oral tablet 100 mg</i>	P	
VIRACEPT ORAL TABLET 250 MG, 625 MG	P	QL (310 EA per 31 days)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG	P	QL (31 EA per 31 days)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	P	
<i>efavirenz oral tablet 600 mg</i>	P	
<i>etravirine oral tablet 100 mg, 200 mg</i>	P	
INTELENCE ORAL TABLET 25 MG	P	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	P	
<i>nevirapine oral suspension 50 mg/5ml</i>	P	
<i>nevirapine oral tablet 200 mg</i>	P	
PIFELTRO ORAL TABLET 100 MG	P	

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Drug Name	Preference Details	Coverage Details
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	P	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG	P	
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	P	
<i>abacavir sulfate oral tablet 300 mg</i>	P	
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	P	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	P	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	P	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	P	QL (31 EA per 31 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	P	QL (744 ML per 31 days)
<i>lamivudine oral solution 10 mg/ml</i>	P	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	P	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	P	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	P	
<i>stavudine oral solution reconstituted 1 mg/ml</i>	P	
<i>zidovudine oral capsule 100 mg</i>	P	
<i>zidovudine oral syrup 50 mg/5ml</i>	P	QL (1860 ML per 31 days)
<i>zidovudine oral tablet 300 mg</i>	P	
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	P	
VIREAD ORAL POWDER 40 MG/GM	P	
VIREAD ORAL TABLET 150 MG	P	QL (31 EA per 31 days)
VIREAD ORAL TABLET 200 MG, 250 MG	P	

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Drug Name	Preference Details	Coverage Details
*Antiretrovirals Adjuvants***		
<i>tybost oral tablet 150 mg</i>	P	QL (31 EA per 31 days)
*Antiviral Combinations***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	P	QL (30 EA per 30 days); AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	P	QL (30 EA per 30 days); AL (Min 12 Years)
PAXLOVID ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG, 20 X 150 MG & 10 X 100MG	P	QL (30 EA per 30 days); AL (Min 12 Years)
*Hepatitis B Agents***		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	P	PA
*Hepatitis C Agent - Combinations***		
MAVYRET ORAL PACKET 50-20 MG	P	PA; PA Required
MAVYRET ORAL TABLET 100-40 MG	P	PA
<i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>	P	PA; PA Required
*Hepatitis C Agents***		
MODERIBA ORAL TABLET 200 MG	P	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	P	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 135 MCG/0.5ML, 180 MCG/0.5ML	P	PA
PEGASYS SUBCUTANEOUS KIT 180 MCG/0.5ML	P	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	P	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	P	PA
RIBASPHERE ORAL TABLET 200 MG	P	
<i>ribavirin oral tablet 200 mg</i>	P	
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	P	
<i>acyclovir oral suspension 200 mg/5ml</i>	P	QL (3500 ML per 31 days)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	P	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	P	QL (62 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	P	
*Misc. Antivirals***		
LAGEVRIO ORAL CAPSULE 200 MG	P	QL (40 EA per 30 days); AL (Min 18 Years)
<i>molnupiravir oral capsule 200 mg</i>	P	QL (40 EA per 30 days); AL (Min 18 Years)
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg</i>	P	Limited to 1 fill per 180 days with a quantity maximum of 10 per 31 days; QL (20 EA per 31 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	P	Limited to 1 fill per 180 days with a quantity maximum of 10 per 31 days; QL (10 EA per 31 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	P	Limited to 1 fill per 180 days with a quantity maximum of 120 per 31 days; QL (120 ML per 31 days); AL (Max 18 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT, 5 MG/BLISTER	P	QL (40 EA per 365 days); AL (Min 7 Years)
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	P	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	P	QL (1 EA per 1 day)
<i>labetalol hcl intravenous solution 5 mg/ml</i>	P	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	P	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	P	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	P	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	P	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>metoprolol tartrate intravenous solution 1 mg/ml</i>	P	
<i>metoprolol tartrate intravenous solution cartridge 5 mg/5ml</i>	P	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG	P	
*Beta Blockers Non-Selective***		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	P	
<i>pindolol oral tablet 10 mg, 5 mg</i>	P	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	P	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	P	
<i>propranolol hcl oral solution 20 mg/5ml</i>	P	QL (248 ML per 31 days)
<i>propranolol hcl oral solution 40 mg/5ml</i>	P	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	P	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	P	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	P	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	P	
Calcium Channel Blockers		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	P	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	P	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	P	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	P	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	P	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	P	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	P	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	P	QL (31 EA per 31 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	P	
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	P	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	P	
<i>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</i>	P	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	P	
<i>nifedipine oral capsule 10 mg</i>	P	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	P	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	P	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	P	
Cardiotonics		
*Cardiac Glycosides***		
<i>digoxin injection solution 0.25 mg/ml</i>	P	
<i>digoxin oral solution 0.05 mg/ml</i>	P	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	P	
Cardiovascular Agents - Misc.		
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***		
Entresto Oral Tablet 24-26 MG, 49-51 MG, 97-103 MG	Non-Formulary	

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Drug Name	Preference Details	Coverage Details
Entresto TABLET 24-26 MG ORAL	Non-Formulary	
Entresto TABLET 49-51 MG ORAL	Non-Formulary	
Entresto TABLET 97-103 MG ORAL	Non-Formulary	
*Peripheral Vasodilators***		
<i>no flush niacin oral tablet 500 mg</i>	P	
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	P	PA; AL (Min 18 Years)
<i>ambrisentan tablet 10 mg oral</i>	P	QL (30 EA per 30 days)
<i>ambrisentan tablet 5 mg oral</i>	P	QL (30 EA per 30 days)
<i>letairis tablet 10 mg oral</i>	P	QL (30 EA per 30 days)
<i>letairis tablet 5 mg oral</i>	P	QL (30 EA per 30 days)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	P	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	P	PA
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION 5 MG/5ML	P	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	P	PA
Cephalosporins		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	P	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	P	
<i>cefadroxil oral tablet 1 gm</i>	P	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm</i>	P	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	P	
<i>cephalexin oral suspension reconstituted 125 mg/5ml</i>	P	
<i>cephalexin oral suspension reconstituted 250 mg/5ml</i>	P	QL (300 ML per 31 days)
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	P	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>cefprozil oral tablet 250 mg, 500 mg</i>	P	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	P	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	P	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>	P	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	
<i>cefixime oral capsule 400 mg</i>	P	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	P	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	P	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	P	
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	QL (1 EA per 1 day)
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	QL (1 EA per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	P	QL (1 EA per 1 day)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	QL (1 EA per 1 day)
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	QL (1 EA per 1 day)
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	QL (1 EA per 1 day)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	QL (1 EA per 1 day)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	QL (1 EA per 1 day)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	P	QL (1 EA per 1 day)
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	QL (1 EA per 1 day)
*Combination Contraceptives - Oral***		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	P	QL (1 EA per 1 day)
APRI ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
AUBRA ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
AVIANE ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
AYUNA ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
BALZIVA ORAL TABLET 0.4-35 MG-MCG	P	QL (1 EA per 1 day)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
BREVICON (28) ORAL TABLET 0.5-35 MG-MCG	P	QL (1 EA per 1 day)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	P	QL (1 EA per 1 day)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
CHATEAL ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	P	QL (1 EA per 1 day)
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
CYRED ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
DELYLA ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
DESOGEN ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	P	QL (1 EA per 1 day)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	P	QL (1 EA per 1 day)
ELINEST ORAL TABLET 0.3-30 MG-MCG	P	QL (1 EA per 1 day)
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
ENSKYCE ORAL TABLET 0.15-0.03 MG, 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	P	QL (1 EA per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	P	QL (1 EA per 1 day)
FALMINA ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
FEMCON FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	P	QL (1 EA per 1 day)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	P	QL (1 EA per 1 day)
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	P	QL (1 EA per 1 day)
GIANVI ORAL TABLET 3-0.02 MG	P	QL (1 EA per 1 day)
GILDAGIA ORAL TABLET 0.4-35 MG-MCG	P	QL (1 EA per 1 day)
GILDESS 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
GILDESS 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
GILDESS FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
JASMIEL ORAL TABLET 3-0.02 MG	P	QL (1 EA per 1 day)
JULEBER ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	P	QL (1 EA per 1 day)
KALLIGA ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
KURVELO ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	P	QL (1 EA per 1 day)
LESSINA ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	P	QL (1 EA per 1 day)
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
LILLOW ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
LO/OVRAL (28) ORAL TABLET 0.3-30 MG-MCG	P	QL (1 EA per 1 day)
LO/OVRAL ORAL TABLET 0.3-30 MG-MCG	P	QL (1 EA per 1 day)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
LORYNA ORAL TABLET 3-0.02 MG	P	QL (1 EA per 1 day)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	P	QL (1 EA per 1 day)
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	P	QL (1 EA per 1 day)
LUTERA ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	P	QL (1 EA per 1 day)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (1 EA per 1 day)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
MILI ORAL TABLET 0.25-35 MG-MCG	P	QL (1 EA per 1 day)
MODICON (28) ORAL TABLET 0.5-35 MG-MCG	P	QL (1 EA per 1 day)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	P	QL (1 EA per 1 day)
MONONESSA ORAL TABLET 0.25-35 MG-MCG	P	QL (1 EA per 1 day)
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	P	QL (1 EA per 1 day)
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
NIKKI ORAL TABLET 3-0.02 MG	P	QL (1 EA per 1 day)
NORDETTE (28) ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
NORDETTE ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	P	QL (1 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	P	QL (1 EA per 1 day)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	P	QL (1 EA per 1 day)
<i>norgestrel-ethinyl estradiol oral tablet 0.3-30 mg-mcg</i>	P	QL (1 EA per 1 day)
NORINYL 1+35 (28) ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	P	QL (1 EA per 1 day)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
NYMYO ORAL TABLET 0.25-35 MG-MCG	P	QL (1 EA per 1 day)
OCELLA ORAL TABLET 3-0.03 MG	P	QL (1 EA per 1 day)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
ORTHO-CEPT (28) ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
ORTHO-CYCLEN (28) ORAL TABLET 0.25-35 MG-MCG	P	QL (1 EA per 1 day)
ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
OVCON-35 (28) ORAL TABLET 0.4-35 MG-MCG	P	QL (1 EA per 1 day)
PHILITH ORAL TABLET 0.4-35 MG-MCG	P	QL (1 EA per 1 day)
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	P	QL (1 EA per 1 day)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
SOLIA ORAL TABLET 0.15-30 MG-MCG	P	QL (1 EA per 1 day)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	P	QL (1 EA per 1 day)
SRONYX ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
SYEDA ORAL TABLET 3-0.03 MG	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (1 EA per 1 day)
TYBLUME ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
VESTURA ORAL TABLET 3-0.02 MG	P	QL (1 EA per 1 day)
VIENVA ORAL TABLET 0.1-20 MG-MCG	P	QL (1 EA per 1 day)
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	P	QL (1 EA per 1 day)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	P	QL (1 EA per 1 day)
WERA ORAL TABLET 0.5-35 MG-MCG	P	QL (1 EA per 1 day)
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	P	QL (1 EA per 1 day)
YASMIN 28 ORAL TABLET 3-0.03 MG	P	QL (1 EA per 1 day)
YAZ ORAL TABLET 3-0.02 MG	P	QL (1 EA per 1 day)
ZARAH ORAL TABLET 3-0.03 MG	P	QL (1 EA per 1 day)
ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	P	QL (1 EA per 1 day)
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	P	QL (1 EA per 1 day)
ZEOSA ORAL TABLET CHEWABLE 0.4-35 MG-MCG	P	QL (1 EA per 1 day)
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	P	QL (1 EA per 1 day)
ZUMANDIMINE ORAL TABLET 3-0.03 MG	P	QL (1 EA per 1 day)
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	P	
*Combination Contraceptives - Vaginal***		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	P	QL (1 EA per 28 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	P	QL (1 EA per 21 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	P	QL (1 EA per 21 days)

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Drug Name	Preference Details	Coverage Details
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	P	QL (1 EA per 21 days)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	P	QL (1 EA per 21 days)
*Continuous Contraceptives - Oral***		
AMETHYST ORAL TABLET 90-20 MCG	P	QL (1 EA per 1 day)
DOLISHALE ORAL TABLET 90-20 MCG	P	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	P	QL (1 EA per 1 day)
LYBREL ORAL TABLET 90-20 MCG	P	QL (1 EA per 1 day)
*Copper Contraceptives - IUD***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	P	QL (1 EA per 999 days)
*Emergency Contraceptives***		
<i>levonorgestrel oral tablet 0.75 mg</i>	P	QL (4 EA per 31 days)
MY WAY ORAL TABLET 1.5 MG	P	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	P	
OPTION 2 ORAL TABLET 1.5 MG	P	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	P	
*Extended-Cycle Contraceptives - Oral***		
ICLEVIA ORAL TABLET 0.15-0.03 MG	P	QL (1 EA per 1 day)
INTROVALE ORAL TABLET 0.15-0.03 MG	P	QL (1 EA per 1 day)
JOLESSA ORAL TABLET 0.15-0.03 MG	P	QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	P	QL (1 EA per 1 day)
QUASENSE ORAL TABLET 0.15-0.03 MG	P	QL (1 EA per 1 day)
SEASONALE ORAL TABLET 0.15-0.03 MG	P	QL (1 EA per 1 day)
SETLAKIN ORAL TABLET 0.15-0.03 MG	P	QL (1 EA per 1 day)
*Progestin Contraceptives - Implants***		
IMPLANON SUBCUTANEOUS IMPLANT 68 MG	P	QL (1 EA per 999 days)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	P	QL (1 EA per 999 days)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	P	QL (1 ML per 93 days)

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Drug Name	Preference Details	Coverage Details
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	P	QL (1 ML per 93 days)
*Progestin Contraceptives - Iud***		
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY, 19.5 MCG/DAY, 20.1 MCG/DAY	P	QL (1 EA per 999 days)
*Progestin Contraceptives - Oral***		
CAMILA ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
DEBLITANE ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
ERRIN ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
HEATHER ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
INCASSIA ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
JENCYCLA ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
JOLIVETTE ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
LYLEQ ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
LYZA ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
NORA-BE ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
<i>norethindrone oral tablet 0.35 mg</i>	P	QL (1 EA per 1 day)
NORLYDA ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
NORLYROC ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
NOR-QD ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
ORTHO MICRONOR ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
SHAROBEL ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
TULANA ORAL TABLET 0.35 MG	P	QL (1 EA per 1 day)
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	P	QL (1 EA per 1 day)
CAZIAN ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	QL (1 EA per 1 day)
CESIA ORAL TABLET 0.1/0.125/0.15 -0.025 MG	P	QL (1 EA per 1 day)
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	QL (1 EA per 1 day)
CYCLESSA ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	QL (1 EA per 1 day)
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	P	QL (1 EA per 1 day)
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	P	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic oral tablet , 50- 30/75-40/ 125-30 mcg</i>	P	QL (1 EA per 1 day)
MYZILRA ORAL TABLET 50-30/75-40/ 125- 30 MCG	P	QL (1 EA per 1 day)
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	QL (1 EA per 1 day)
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	P	QL (1 EA per 1 day)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	P	QL (1 EA per 1 day)
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1- 35 MG-MCG	P	QL (1 EA per 1 day)
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	QL (1 EA per 1 day)
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (1 EA per 1 day)
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	P	QL (1 EA per 1 day)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	QL (1 EA per 1 day)
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1- 35 MG-MCG	P	QL (1 EA per 1 day)
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (1 EA per 1 day)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (1 EA per 1 day)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (1 EA per 1 day)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	P	QL (1 EA per 1 day)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	P	QL (1 EA per 1 day)
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	P	QL (1 EA per 1 day)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (1 EA per 1 day)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (1 EA per 1 day)
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	P	QL (1 EA per 1 day)
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (1 EA per 1 day)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (1 EA per 1 day)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (1 EA per 1 day)
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	P	QL (1 EA per 1 day)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	P	QL (1 EA per 1 day)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (1 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	QL (1 EA per 1 day)
Corticosteroids		
*Glucocorticosteroids***		
<i>cortisone acetate oral tablet 25 mg</i>	P	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	P	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	P	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	P	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	P	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	P	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	P	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	P	
<i>methylprednisolone (pak) oral tablet 4 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	P	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	P	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	P	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	P	
<i>prednisolone oral solution 15 mg/5ml</i>	P	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	P	
<i>prednisone oral solution 5 mg/5ml</i>	P	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	P	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	P	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	P	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	P	
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	P	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML	P	
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	P	AL (Min 18 Years and Max 20 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	P	AL (Min 18 Years and Max 20 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	P	AL (Min 18 Years and Max 20 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	P	AL (Min 18 Years and Max 20 Years)
*Antitussive-Antihistamine-Analgesic***		
DELSYM NIGHT TIME MULTI-SYMPPT ORAL LIQUID 15-6.25-325 MG/15ML	P	

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Drug Name	Preference Details	Coverage Details
*Antitussive-Expectorant***		
<i>cheratussin ac oral solution 100-10 mg/5ml</i>	P	AL (Min 18 Years and Max 20 Years)
<i>cheratussin ac oral syrup 100-10 mg/5ml</i>	P	AL (Min 18 Years and Max 20 Years)
DIABETIC TUSSIN MAX ST ORAL LIQUID 10-200 MG/5ML	P	
<i>extra action cough oral syrup 100-10 mg/5ml</i>	P	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML	P	
<i>mucus relief dm cough oral tablet 20-400 mg</i>	P	
<i>tussin dm oral liquid 100-10 mg/5ml</i>	P	
*Antitussive-Expectorants-Decongestant***		
<i>cheratussin dac oral solution 30-10-100 mg/5ml</i>	P	AL (Min 18 Years and Max 20 Years)
<i>robafen cf cough/cold oral syrup 5-10-100 mg/5ml</i>	P	
ROBITUSSIN TO GO COUGH/COLD CF ORAL LIQUID 5-10-100 MG/5ML	P	
*Decongestant & Antihistamine***		
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	P	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG	P	
<i>allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg</i>	P	
BENADRYL-D ALLERGY/SINUS CHILD ORAL SOLUTION 12.5-5 MG/5ML	P	
BROTAPP ORAL LIQUID 1-15 MG/5ML	P	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	P	
DALLERGY ORAL LIQUID 1-2 MG/ML	P	
DELSYM NIGHT TIME COUGH/COLD ORAL LIQUID 6.25-2.5 MG/5ML	P	
DIMETAPP COLD/ALLERGY ORAL ELIXIR 1-2.5 MG/5ML	P	

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Drug Name	Preference Details	Coverage Details
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	P	
<i>maxifed tr oral tablet 1.25-30 mg</i>	P	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	P	
<i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>	P	
SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG	P	
<i>triprolidine-pse oral tablet 2.5-60 mg</i>	P	
*Decongestant W/ Expectorant***		
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG	P	
*Expectorants***		
<i>guaifenesin oral liquid 100 mg/5ml</i>	P	
<i>guaifenesin oral solution 100 mg/5ml</i>	P	
MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG	P	
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	P	
<i>mucus relief oral tablet 400 mg</i>	P	
<i>refenesen 400 oral tablet 400 mg</i>	P	
<i>refenesen oral tablet 200 mg</i>	P	
<i>robafen oral liquid 100 mg/5ml</i>	P	
<i>robafen oral syrup 100 mg/5ml</i>	P	
*Iodine Expectorants***		
SSKI ORAL SOLUTION 1 GM/ML	P	
*Misc. Respiratory Inhalants***		
BRONCHO SALINE INHALATION AEROSOL SOLUTION 0.9 %	P	
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %</i>	P	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	P	
*Non-Narc Antitussive-Antihistamine***		
DIMETAPP LONG ACT COUGH/COLD ORAL SYRUP 1-7.5 MG/5ML	P	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	P	

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Drug Name	Preference Details	Coverage Details
ROBITUSSIN CHILD COUGH/COLD LA ORAL LIQUID 1-7.5 MG/5ML	P	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>brotapp dm oral liquid 15-1-5 mg/5ml</i>	P	
<i>cold/cough childrens oral elixir 2.5-1-5 mg/5ml</i>	P	
<i>kidkare cough/cold oral liquid 15-1-5 mg/5ml</i>	P	
<i>m-end dm oral liquid 15-2-15 mg/5ml</i>	P	
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>	P	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	P	
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	P	
*Opioid Antitussive-Antihistamine***		
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	P	AL (Min 18 Years and Max 20 Years)
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	P	AL (Min 18 Years and Max 20 Years)
Dermatologicals		
*Acne Antibiotics***		
<i>clindamycin phosphate external gel 1 %</i>	P	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	P	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	P	QL (120 ML per 31 days)
<i>clindamycin phosphate external swab 1 %</i>	P	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	P	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	P	QL (60 ML per 30 days)
<i>sulfacetamide sodium external suspension 10 %</i>	P	
*Acne Products***		
<i>acne medication 10 external lotion 10 %</i>	P	
<i>acne medication 5 external gel 5 %</i>	P	
<i>acne medication 5 external lotion 5 %</i>	P	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)

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Drug Name	Preference Details	Coverage Details
AVITA EXTERNAL CREAM 0.025 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
AVITA EXTERNAL GEL 0.025 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
<i>benzoyl peroxide cleanser external liquid 6 %</i>	P	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	P	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
<i>cvs creamy acne face wash external liquid 4 %</i>	P	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
<i>kp benzoyl peroxide wash external liquid 10 %, 5 %</i>	P	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	P	QL (45 GM per 31 days); AL (Max 20 Years)
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	P	QL (45 GM per 31 days); AL (Max 20 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days)
*Antibiotic Mixtures Topical***		
<i>bacitracin-neomycin-polymyxin external ointment 400-5-5000</i>	P	
<i>double antibiotic external ointment 500-10000 unit/gm</i>	P	

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Drug Name	Preference Details	Coverage Details
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL OINTMENT 1 %	P	
*Antibiotics - Topical***		
<i>bacitracin external ointment 500 unit/gm</i>	P	
<i>bacitracin zinc external ointment 500 unit/gm</i>	P	
<i>gentamicin sulfate external cream 0.1 %</i>	P	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	P	QL (30 GM per 30 days)
<i>mupirocin external ointment 2 %</i>	P	QL (22 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	P	QL (45 GM per 30 days)
*Antifungals - Topical***		
<i>ciclopirox external solution 8 %</i>	P	QL (6.6 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	P	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	P	QL (60 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	P	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	P	QL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	P	QL (60 GM per 30 days)
<i>terbinafine hcl external cream 1 %</i>	P	QL (30 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium transdermal gel 1 %</i>	P	QL (200 GM per 31 days)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	P	
<i>fluorouracil external solution 2 %, 5 %</i>	P	
*Antipruritics - Topical***		
<i>doxepin hcl external cream 5 %</i>	P	ST; Must fail preferred Corticosteroid-Topicals within the past 365 days.; QL (45 GM per 31 days)
*Antipsoriatics - Systemic***		
Cosentyx (300 MG Dose) Solution Prefilled Syringe 150 MG/ML Subcutaneous	Non-Formulary	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	P	PA

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Drug Name	Preference Details	Coverage Details
Cosentyx Sensoready (300 MG) Solution Auto-Injector 150 MG/ML Subcutaneous	Non-Formulary	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	PA
Cosentyx Sensoready Pen Solution Auto-injector 150 MG/ML Subcutaneous	Non-Formulary	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	PA
Cosentyx Solution Prefilled Syringe 150 MG/ML Subcutaneous	Non-Formulary	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	P	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	P	PA
<i>taltz solution auto-injector 80 mg/ml subcutaneous</i>	P	PA; PA Required
<i>taltz solution prefilled syringe 80 mg/ml subcutaneous</i>	P	PA; PA Required
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 GM per 31 days)
<i>calcipotriene external ointment 0.005 %</i>	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 GM per 31 days)
<i>calcipotriene external solution 0.005 %</i>	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 ML per 31 days)
DRITHO-CREME HP EXTERNAL CREAM 1 %	P	

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Drug Name	Preference Details	Coverage Details
SORILUX EXTERNAL FOAM 0.005 %	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 GM per 31 days)
<i>tazarotene external cream 0.1 %</i>	P	QL (30 GM per 31 days); AL (Max 20 Years)
TAZORAC EXTERNAL CREAM 0.05 %	P	QL (30 GM per 31 days); AL (Max 20 Years)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	P	QL (30 GM per 31 days); AL (Max 20 Years)
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.25 %, 2.5 %</i>	P	
*Antivirals - Topical***		
<i>acyclovir external cream 5 %</i>	P	ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days; QL (5 GM per 28 days)
<i>acyclovir external ointment 5 %</i>	P	ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days.; QL (30 GM per 30 days)
DENAVIR EXTERNAL CREAM 1 %	P	ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days.; QL (5 GM per 28 days)
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	P	QL (400 GM per 31 days)
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM 1 %	P	QL (400 GM per 31 days)
SSD EXTERNAL CREAM 1 %	P	QL (400 GM per 31 days)
*Corticosteroids - Topical***		
<i>alclometasone dipropionate external cream 0.05 %</i>	P	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	P	QL (60 GM per 30 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	P	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	P	QL (45 GM per 30 days)

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Drug Name	Preference Details	Coverage Details
<i>betamethasone dipropionate external lotion 0.05 %</i>	P	QL (60 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	P	QL (45 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	P	QL (45 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	P	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	P	QL (45 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	P	QL (50 ML per 30 days)
<i>desonide external cream 0.05 %</i>	P	QL (60 GM per 30 days)
<i>desonide external ointment 0.05 %</i>	P	QL (60 GM per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	P	QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	P	QL (60 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	P	QL (60 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	P	QL (60 ML per 30 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	P	QL (118.28 ML per 30 days)
<i>fluocinonide external cream 0.05 %</i>	P	QL (60 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	P	QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	P	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	P	QL (60 ML per 30 days)
<i>fluocinonide-e external cream 0.05 %</i>	P	QL (60 GM per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	P	QL (60 GM per 30 days)
<i>fluticasone propionate external ointment 0.005 %</i>	P	QL (60 GM per 30 days)
<i>halobetasol propionate external cream 0.05 %</i>	P	QL (50 GM per 31 days)
<i>halobetasol propionate external ointment 0.05 %</i>	P	QL (50 GM per 31 days)
<i>hydrocortisone external cream 0.5 %, 1 %, 2.5 %</i>	P	QL (180 GM per 30 days)
<i>hydrocortisone external lotion 1 %</i>	P	QL (118 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	P	QL (118 ML per 30 days)

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Drug Name	Preference Details	Coverage Details
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	P	QL (180 GM per 30 days)
<i>hydrocortisone max st external cream 1 %</i>	P	QL (180 GM per 30 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	P	QL (60 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external solution 0.1 %</i>	P	QL (60 ML per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	P	QL (454 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	P	QL (180 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	P	QL (454 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	P	QL (180 GM per 30 days)
*Emollient/Keratolytic Agents***		
<i>protexa external cream 42 %</i>	P	
REMEVEN EXTERNAL CREAM 50 %	P	
<i>urea external cream 40 %</i>	P	
*Emollients***		
AMLACTIN EXTERNAL LOTION 12 %	P	QL (400 GM per 31 days)
<i>ammonium lactate external cream 12 %</i>	P	QL (400 GM per 31 days)
<i>ammonium lactate external lotion 12 %</i>	P	QL (400 GM per 31 days)
*Eyelid Cleansers & Lubricants***		
OCUSOFT HYPOCHLOR EXTERNAL LIQUID	P	
OCUSOFT LID SCRUB FOAMING EXTERNAL SOLUTION	P	
OCUSOFT LID SCRUB ORIGINAL EXTERNAL LIQUID	P	
*Imidazole-Related Antifungals - Topical***		
ALOE VESTA CLEAR ANTIFUNGAL OINTMENT 2 % EXTERNAL	P	
<i>baza antifungal external cream 2 %</i>	P	
<i>clotrimazole external cream 1 %</i>	P	QL (45 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	P	QL (30 ML per 30 days)

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Drug Name	Preference Details	Coverage Details
<i>ketoconazole external cream 2 %</i>	P	QL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	P	QL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	P	
*Immunomodulators		
Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	P	
*Insect Repellents***		
CUTTER BACKWOODS EXTERNAL AEROSOL	P	
CUTTER SKINSATIONS LIQUID 7 % EXTERNAL	P	
NATRAPEL 12-HOUR TICK/INSECT EXTERNAL AEROSOL 20 %	P	
OFF ACTIVE EXTERNAL AEROSOL 15 %	P	
OFF DEEP WOODS DRY EXTERNAL AEROSOL	P	
OFF DEEP WOODS EXTERNAL AEROSOL	P	
OFF SMOOTH & DRY EXTERNAL AEROSOL 15 %	P	
REPEL SPORTSMEN EXTERNAL AEROSOL	P	
REPEL SPORTSMEN MAX EXTERNAL AEROSOL 40 %	P	
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %	P	
*Keratolytic/Antimitotic Agents***		
CLEAR AWAY 1-STEP WART REMOVER EXTERNAL PAD 40 %	P	
COMPOUND W EXTERNAL LIQUID 17 %	P	
COMPOUND W MAXIMUM STRENGTH EXTERNAL GEL 17 %	P	
<i>podofilox external solution 0.5 %</i>	P	
SALACTIC FILM EXTERNAL SOLUTION 17 %	P	
*Local Anesthetics - Topical***		
<i>capsaicin external cream 0.025 %</i>	P	QL (60 GM per 30 days)
<i>lidocaine hcl external gel 2 %</i>	P	
<i>lidocaine hcl external solution 4 %</i>	P	

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Drug Name	Preference Details	Coverage Details
*Macrolide Immunosuppressants - Topical***		
<i>pimecrolimus external cream 1 %</i>	P	ST; Must fail preferred topical steroid for 4 weeks within the past 100 days, unless contraindicated.; QL (30 GM per 31 days); AL (Min 2 Years)
*Rosacea Agents***		
<i>metronidazole external cream 0.75 %</i>	P	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	P	QL (70 GM per 30 days)
<i>metronidazole external gel 1 %</i>	P	QL (60 GM per 30 days)
*Scabicide Combinations***		
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	P	
*Scabicides & Pediculicides***		
<i>lice treatment (permethrin 1%) external lotion 1 %</i>	P	QL (60 ML per 31 days)
<i>malathion external lotion 0.5 %</i>	P	QL (118 ML per 31 days); AL (Min 6 Years)
<i>permethrin external cream 5 %</i>	P	QL (60 GM per 31 days)
<i>spinosad external suspension 0.9 %</i>	P	ST; Must fail preferred permethrin within the past 100 days; AL (Min 6 Months)
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	P	QL (30 GM per 31 days)
*Topical Steroid Combinations***		
<i>hydrocortisone-aloe external cream 1 %</i>	P	
Diagnostic Products		
*Diagnostic Drugs***		
<i>dipyridamole intravenous solution 5 mg/ml</i>	P	
*Diagnostic Tests***		
CLINISTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
DIASTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
KETOSTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
ONETOUCH ULTRA STRIP IN VITRO	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old

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Drug Name	Preference Details	Coverage Details
ONETOUCH VERIO STRIP IN VITRO	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
PRECISION XTRA KETONE IN VITRO STRIP	P	
*Infection Tests***		
BINAXNOW COVID-19 AG HOME TEST KIT IN VITRO	P	QL (4 EA per 30 days); AL (Min 2 Years)
CLINITEST RAPID COVID-19 TEST KIT IN VITRO	P	QL (4 EA per 30 days); AL (Min 2 Years)
<i>covid-19 otc antigen 1-pack kit in vitro</i>	P	QL (4 EA per 30 days); AL (Min 2 Years)
<i>covid-19 otc antigen 2-pack kit in vitro</i>	P	QL (4 EA per 30 days); AL (Min 2 Years)
DIATRUST COVID-19 HOME TEST KIT IN VITRO	P	QL (4 EA per 30 days); AL (Min 2 Years)
FLOWFLEX COVID-19 AG HOME TEST KIT IN VITRO	P	QL (4 EA per 30 days); AL (Min 2 Years)
GENABIO COVID-19 RAPID TEST IN VITRO KIT	P	QL (4 EA per 30 days); AL (Min 2 Years)
IHEALTH COVID-19 RAPID TEST KIT IN VITRO	P	QL (4 EA per 30 days); AL (Min 2 Years)
INDICAID COVID-19 RAPID TEST KIT IN VITRO	P	QL (4 EA per 30 days); AL (Min 2 Years)
INTELISWAB COVID-19 RAPID TEST KIT IN VITRO	P	QL (4 EA per 30 days); AL (Min 2 Years)
QUICKVUE AT-HOME COVID-19 TEST KIT IN VITRO	P	QL (4 EA per 30 days); AL (Min 2 Years)
*Multiple Urine Tests***		
KETO-DIASTIX IN VITRO STRIP	P	
Digestive Aids		
*Digestive Enzymes***		
<i>creon oral capsule delayed release particles 12000-38000 unit, 24000-76000 unit, 3000-9500 unit, 36000-114000 unit, 6000-19000 unit</i>	P	PA
Viokace Oral Tablet 10440-39150 UNIT, 20880-78300 UNIT	Non-Formulary	

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Drug Name	Preference Details	Coverage Details
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000-51000 UNIT, 20000-68000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000-136000 UNIT, 5000 UNIT	P	PA
Zenpep Oral Capsule Delayed Release Particles 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Non-Formulary	
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	P	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	P	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	P	
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	P	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	P	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	P	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	P	
*Loop Diuretics***		
<i>bumetanide injection solution 0.25 mg/ml</i>	P	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	P	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	P	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	P	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	P	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	P	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	P	
DIURIL ORAL SUSPENSION 250 MG/5ML	P	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	P	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	P	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	
Endocrine And Metabolic Agents - Misc.		
*Abortifacient - Progesterone Receptor Antagonists***		
Mifeprex Oral Tablet 200 MG	State Carve Out	Excluded benefit, bill Medicaid Fee For Service for coverage.
miFEPRIStone Oral Tablet 200 MG	State Carve Out	Excluded benefit, bill Medicaid Fee For Service for coverage.
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	P	
<i>ibandronate sodium oral tablet 150 mg</i>	P	QL (1 EA per 28 days)
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	P	
*Carnitine Replenisher - Agents***		
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	P	
<i>levocarnitine oral solution 1 gm/10ml</i>	P	QL (900 ML per 31 days)
<i>levocarnitine oral tablet 330 mg</i>	P	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	P	
*Gaa Deficiency Treatment - Agents***		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	P	PA
*Growth Hormones***		
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	P	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	P	PA; PA Required
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	P	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	P	PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>calcitriol oral solution 1 mcg/ml</i>	P	
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	P	PA; QL (1 ML per 180 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	P	PA; QL (1 ML per 180 days)
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	P	
*Somatostatic Agents***		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	P	PA; PA Required
*Vasopressin***		
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	P	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	P	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	P	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	P	
Estrogens		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	P	
PREMPHASE ORAL TABLET 0.625-5 MG	P	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	P	
*Estrogens***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	P	
<i>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</i>	P	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	
Fluoroquinolones		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	P	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	P	
Gastrointestinal Agents - Misc.		
*Antiflatulents***		
<i>simethicone oral suspension 40 mg/0.6ml</i>	P	
<i>simethicone oral tablet chewable 80 mg</i>	P	
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	P	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	P	PA
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	P	QL (1500 ML per 31 days)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	P	
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	P	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	P	
<i>mesalamine rectal enema 4 gm</i>	P	QL (1800 ML per 31 days)
<i>sulfasalazine oral tablet 500 mg</i>	P	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	P	
*Intestinal Acidifiers***		
<i>generlac oral solution 10 gm/15ml</i>	P	QL (4185 ML per 31 days)
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	P	QL (372 EA per 31 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	P	QL (372 EA per 31 days)
ELIPHOS ORAL TABLET 667 MG	P	QL (372 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
*Tumor Necrosis Factor Alpha Blockers***		
<i>avsola intravenous solution reconstituted 100 mg</i>	P	PA; PA Required
<i>cimzia kit 2 x 200 mg subcutaneous</i>	P	PA; PA Required
Cimzia Prefilled Subcutaneous Prefilled Syringe Kit 2 X 200 MG/ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
<i>cimzia prefilled syringe kit 2 x 200 mg/ml subcutaneous</i>	P	PA; PA Required
<i>cimzia starter kit prefilled syringe kit 6 x 200 mg/ml subcutaneous</i>	P	PA; PA Required
Cimzia Starter Kit Subcutaneous Prefilled Syringe Kit 6 X 200 MG/ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Cimzia Subcutaneous Kit 2 X 200 MG	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Cimzia Subcutaneous Prefilled Syringe Kit 2 X 200 MG/ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	P	
<i>finasteride oral tablet 5 mg</i>	P	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	P	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	P	
*Citrates***		
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	P	QL (3600 ML per 31 days)
*Genitourinary Irrigants***		
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	P	QL (1000 ML per 31 days)
<i>sodium chloride irrigation solution 0.9 %</i>	P	QL (1000 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
*Interstitial Cystitis Agents***		
<i>pentosan polysulfate sodium oral capsule delayed release 150 mg, 200 mg</i>	P	
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg</i>	P	
<i>phenazopyridine hcl oral tablet 200 mg</i>	P	QL (12 EA per 31 days)
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	P	
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	P	
<i>colchicine oral tablet 0.6 mg</i>	P	
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	P	
Hematological Agents - Misc.		
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	P	PA
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	P	PA
*C1 Esterase Inhibitors***		
<i>haegarda subcutaneous solution reconstituted 2000 unit, 3000 unit</i>	P	PA; PA Required
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	P	
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	P	
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	P	
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	P	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	P	
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA ORAL CAPSULE 84 MG	P	PA; PA Required

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Drug Name	Preference Details	Coverage Details
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	P	PA; PA Required
*Cobalamins***		
<i>b-12 oral tablet dispersible 1000 mcg</i>	P	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	P	
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	P	
<i>vitamin b-12 oral tablet 1000 mcg, 250 mcg, 500 mcg</i>	P	
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg</i>	P	
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	P	
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	P	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	P	PA
*Folic Acid/Folate Combinations***		
<i>folbee oral tablet 2.5-25-1 mg</i>	P	
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	P	
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	P	PA
*Iron Combinations***		
CENTRATEX ORAL CAPSULE 106-1 MG	P	

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Drug Name	Preference Details	Coverage Details
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	P	
*Iron***		
<i>ferretts oral tablet 325 (106 fe) mg</i>	P	
<i>ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg</i>	P	
<i>ferrous gluconate oral tablet 239 (27 fe) mg, 324 (38 fe) mg</i>	P	
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	P	
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>	P	
<i>ferrous sulfate oral solution 300 mg/6.8ml, 75 (15 fe) mg/ml</i>	P	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	P	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	P	
<i>iron oral tablet 325 (65 fe) mg</i>	P	
POLY-IRON 150 ORAL CAPSULE 150 MG	P	
<i>slow release iron oral tablet extended release 160 (50 fe) mg</i>	P	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Antihistamine Hypnotics***		
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	P	
<i>sleep aid oral tablet 25 mg</i>	P	
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>	P	QL (2000 ML per 31 days)
<i>phenobarbital oral tablet 100 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	P	
<i>phenobarbital oral tablet 15 mg</i>	P	QL (310 EA per 31 days)
<i>phenobarbital oral tablet 16.2 mg</i>	P	QL (383 EA per 31 days)
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	P	
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>	P	
<i>temazepam oral capsule 15 mg, 30 mg</i>	P	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	P	AL (Min 18 Years)

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Drug Name	Preference Details	Coverage Details
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	P	QL (31 EA per 31 days); AL (Min 18 Years)
Laxatives		
*Bowel Evacuant Combinations***		
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	P	QL (4000 ML per 31 days)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	P	QL (4000 ML per 31 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	P	QL (1 EA per 31 days)
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	P	QL (4000 ML per 31 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	P	QL (4000 ML per 31 days)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	P	QL (4000 ML per 31 days)
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	P	QL (4000 ML per 31 days)
*Bulk Laxatives***		
<i>fiber oral tablet 625 mg</i>	P	
METAMUCIL ORAL CAPSULE 0.36 GM, 0.52 GM	P	
METAMUCIL ORAL POWDER 48.57 %	P	
METAMUCIL ORAL WAFER	P	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %	P	
<i>natural fiber laxative oral powder 48.57 %</i>	P	
*Laxatives - Miscellaneous***		
<i>cvs glycerin adult rectal suppository 2 gm</i>	P	
<i>lactulose oral solution 10 gm/15ml</i>	P	QL (4185 ML per 31 days)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	P	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	P	QL (527 GM per 31 days)
<i>sorbitol oral solution 70 %</i>	P	
*Laxatives & Dss***		
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Saline Laxative Mixtures***		
<i>enema disposable rectal enema</i>	P	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML	P	
*Saline Laxatives***		
<i>milk of magnesia oral suspension 1200 mg/15ml</i>	P	
*Stimulant Laxatives***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	P	
<i>bisacodyl rectal suppository 10 mg</i>	P	
<i>senna laxative oral tablet 8.6 mg</i>	P	
<i>senna oral syrup 8.8 mg/5ml</i>	P	
*Surfactant Laxatives***		
<i>docusate calcium oral capsule 240 mg</i>	P	
<i>docusate sodium oral liquid 50 mg/5ml</i>	P	
<i>docusate sodium oral tablet 100 mg</i>	P	
<i>stool softener oral capsule 100 mg, 250 mg</i>	P	
Local Anesthetics-Parenteral		
*Local Anesthetics - Amides***		
<i>lidocaine hcl (pf) injection solution 1.5 %, 2 %</i>	P	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 1.5 %</i>	P	
Macrolides		
*Azithromycin***		
<i>azithromycin hydrogencitrate intravenous solution reconstituted 2.5 gm</i>	P	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	P	
<i>azithromycin oral packet 1 gm</i>	P	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	P	
<i>azithromycin oral tablet 250 mg</i>	P	QL (12 EA per 31 days)
<i>azithromycin oral tablet 500 mg, 600 mg</i>	P	
*Clarithromycin***		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	P	
*Erythromycins***		
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	P	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	P	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	P	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	P	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	P	
Medical Devices And Supplies		
*Applicators,Cotton Balls,Etc***		
<i>alcohol pads pad 70 %</i>	P	QL (100 EA per 31 days)
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	P	QL (2 EA per 365 days)
PRENTIF CAVITY-RIM CERV CAP VAGINAL DEVICE 22 MM	P	QL (2 EA per 365 days)
*Condoms - Female***		
FC FEMALE CONDOM	P	QL (36 EA per 30 days)
FC2 FEMALE CONDOM	P	QL (36 EA per 30 days)
*Condoms - Male***		
<i>aimsco lubricated</i>	P	QL (36 EA per 30 days)
ATLAS COLOR CONDOM/SPERMICIDE DEVICE	P	QL (36 EA per 30 days)
ATLAS COLOR LUBRICATED CONDOM DEVICE	P	QL (36 EA per 30 days)
ATLAS LUB CONDOM/SPERMICIDE DEVICE	P	QL (36 EA per 30 days)
ATLAS LUBRICATED CONDOM DEVICE	P	QL (36 EA per 30 days)
<i>caution condoms device</i>	P	QL (36 EA per 30 days)
<i>caution condoms/spermicide device</i>	P	QL (36 EA per 30 days)
CLASS ACT LUBRICATED	P	QL (36 EA per 30 days)
<i>condoms</i>	P	QL (36 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
DUREX EXTRA SENSITIVE DEVICE	P	QL (36 EA per 30 days)
DUREX EXTRA SENSITIVE THIN DEVICE	P	QL (36 EA per 30 days)
DUREX REALFEEL DEVICE	P	QL (36 EA per 30 days)
ELEXA NATURAL FEEL	P	QL (36 EA per 30 days)
ELEXA STIMULATING	P	QL (36 EA per 30 days)
ELEXA ULTRA SENSITIVE	P	QL (36 EA per 30 days)
EXTRA SENSITIVE SPERMICIDAL DEVICE	P	QL (36 EA per 30 days)
FANTASY LUBRICATED	P	QL (36 EA per 30 days)
FANTASY LUBRICATED/SPERMICIDE	P	QL (36 EA per 30 days)
HIGH SENSATION SPERMICIDAL DEVICE	P	QL (36 EA per 30 days)
INTENSE SENSATION DEVICE	P	QL (36 EA per 30 days)
KAMELEON LUBRICATED	P	QL (36 EA per 30 days)
<i>kimono</i>	P	QL (36 EA per 30 days)
KIMONO COLORS DEVICE	P	QL (36 EA per 30 days)
<i>kimono micro thin</i>	P	QL (36 EA per 30 days)
<i>kimono micro thin plus</i>	P	QL (36 EA per 30 days)
<i>kimono plus</i>	P	QL (36 EA per 30 days)
<i>kimono ps</i>	P	QL (36 EA per 30 days)
<i>kimono ps plus</i>	P	QL (36 EA per 30 days)
<i>kimono sensation</i>	P	QL (36 EA per 30 days)
<i>kimono sensation plus</i>	P	QL (36 EA per 30 days)
KIMONO SPECIAL DEVICE	P	QL (36 EA per 30 days)
K-Y ME & YOU EXTRA LUBRICATED DEVICE	P	QL (36 EA per 30 days)
K-Y ME & YOU INTENSE DEVICE	P	QL (36 EA per 30 days)
LIFESTYLES ASSORTED COLORS	P	QL (36 EA per 30 days)
LIFESTYLES EXTRA STRENGTH	P	QL (36 EA per 30 days)
LIFESTYLES FORM FITTING	P	QL (36 EA per 30 days)
LIFESTYLES LUBRICATED	P	QL (36 EA per 30 days)
LIFESTYLES RIBBED	P	QL (36 EA per 30 days)
LIFESTYLES SKYN ORIGINAL	P	QL (36 EA per 30 days)
LIFESTYLES SPERMICIDAL LUBE	P	QL (36 EA per 30 days)
LIFESTYLES STUDDERED	P	QL (36 EA per 30 days)
LIFESTYLES ULTRA SENSITIVE	P	QL (36 EA per 30 days)
LIFESTYLES VIBRA-RIBBED	P	QL (36 EA per 30 days)
LIFESTYLES XTRA PLEASURE	P	QL (36 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
<i>maxx</i>	P	QL (36 EA per 30 days)
<i>maxx plus</i>	P	QL (36 EA per 30 days)
<i>premium condoms lubricated</i>	P	QL (36 EA per 30 days)
REALITY LATEX CONDOMS	P	QL (36 EA per 30 days)
REALITY LATEX/ULTRA TEXTURED DEVICE	P	QL (36 EA per 30 days)
REALITY LATEX/ULTRA THIN DEVICE	P	QL (36 EA per 30 days)
SAFE-LUV CONDOMS	P	QL (36 EA per 30 days)
TROJAN	P	QL (36 EA per 30 days)
TROJAN ASSORTMENT PACK	P	QL (36 EA per 30 days)
TROJAN EXTENDED PLEASURE/LUBE DEVICE	P	QL (36 EA per 30 days)
TROJAN EXTRA STRENGTH	P	QL (36 EA per 30 days)
TROJAN MAGNUM	P	QL (36 EA per 30 days)
TROJAN MAGNUM WARM SENSATIONS DEVICE	P	QL (36 EA per 30 days)
TROJAN MAGNUM XL LUBRICATED DEVICE	P	QL (36 EA per 30 days)
TROJAN NATURALAMB/SPERMICIDE	P	QL (36 EA per 30 days)
TROJAN PLEASURE MESH/SPERMICID DEVICE	P	QL (36 EA per 30 days)
TROJAN PLUS	P	QL (36 EA per 30 days)
TROJAN REGULAR	P	QL (36 EA per 30 days)
TROJAN RIBBED	P	QL (36 EA per 30 days)
TROJAN RIBBED/SPERMICIDAL	P	QL (36 EA per 30 days)
TROJAN SHARED SENSATION/LUBE DEVICE	P	QL (36 EA per 30 days)
TROJAN SUPRAS SPERMICIDAL DEVICE	P	QL (36 EA per 30 days)
TROJAN TWISTED PLEASURE DEVICE	P	QL (36 EA per 30 days)
TROJAN ULTRA PLEASURE LUBRICAT DEVICE	P	QL (36 EA per 30 days)
TROJAN VERY SENSITIVE LUBRICAT	P	QL (36 EA per 30 days)
TROJAN VERY SENSITIVE SPERMICI	P	QL (36 EA per 30 days)
TROJAN VERY THIN LUBRICATED	P	QL (36 EA per 30 days)
TROJAN VERY THIN SPERMICIDE	P	QL (36 EA per 30 days)
TROJAN-ENZ LUBRICATED	P	QL (36 EA per 30 days)
TRUSTEX NON-LUBRICATED	P	QL (36 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
TRUSTEX RIA NON-LUBRICATED	P	QL (36 EA per 30 days)
*Diaphragms***		
CAYA VAGINAL DIAPHRAGM	P	QL (2 EA per 365 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	P	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	P	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	P	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	P	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	P	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	P	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	P	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	P	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	P	QL (2 EA per 365 days)
*Glucose Monitoring Test Supplies***		
FREESTYLE LIBRE 14 DAY READER DEVICE	P	PA; PA Required; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	P	PA; PA Required; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE	P	PA; PA Required; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	P	PA; PA Required; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR	P	PA; PA Required; QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE	P	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE SENSOR SYSTEM	P	PA; PA Required; QL (3 EA per 30 days)
<i>glucose control in vitro solution</i>	P	
<i>lancet device</i>	P	
<i>lancets</i>	P	QL (200 EA per 31 days)
ONETOUCH ULTRA 2 KIT W/DEVICE	P	

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Drug Name	Preference Details	Coverage Details
ONETOUCH ULTRA 2 KIT W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH ULTRA MINI KIT W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH ULTRALINK KIT W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO KIT W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO REFLECT KIT W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	P	QL (1 EA per 365 days)
*Needles & Syringes***		
BD AUTOSHIELD 29G X 5MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD AUTOSHIELD 29G X 8MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD AUTOSHIELD DUO 30G X 5 MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 25G X 1" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 25G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 26G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 27G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 28G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
BD INSULIN SYRINGE 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 2 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-100 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-40 25G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD INTEGRA INSULIN SYRINGE 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INTEGRA SYRINGE 25G X 1" 1 ML	P	QL (100 EA per 31 days)
BD PEN NEEDLE MICRO U/F 32G X 6 MM	P	
BD PEN NEEDLE MINI U/F 31G X 5 MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	P	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD PEN NEEDLE NANO U/F 32G X 4 MM (RX)	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD PEN NEEDLE SHORT U/F 31G X 8 MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	P	QL (100 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	P	QL (100 EA per 31 days)
*Peak Flow Meters***		
<i>peak flow meter device</i>	P	QL (2 EA per 365 days)
*Respiratory Therapy Supplies***		
IN-CHECK DIAL FLOW TRAINER DEVICE	P	QL (2 EA per 365 days)
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER PLUS FLO-VU	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	P	QL (2 EA per 365 days)
E-Z SPACER DEVICE	P	QL (2 EA per 365 days)
MICROCHAMBER	P	QL (2 EA per 365 days)
MICROSPACER	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-LG MASK	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-LARGE	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	P	QL (2 EA per 365 days)
OPTIHALER	P	QL (2 EA per 365 days)

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Drug Name	Preference Details	Coverage Details
Migraine Products		
*Selective Serotonin Agonists 5-Ht(1)***		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	P	ST; Must fail preferred sumatriptan, rizatriptan, rizatriptan odt tablets within the past 100 days.; QL (9 EA per 31 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	P	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	P	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	P	QL (12 EA per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	P	QL (9 EA per 31 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	P	QL (4 ML per 31 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	P	QL (4 ML per 31 days)
TOSYMRA NASAL SOLUTION 10 MG/ACT	P	QL (12 EA per 31 days)
Minerals & Electrolytes		
*Calcium Combinations***		
<i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg, 600-800 mg-unit</i>	P	
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-400 mg-unit</i>	P	
<i>calcium carbonate w/vitamin d oral tablet 600-400 mg-unit</i>	P	
<i>calcium carbonate-vitamin d oral tablet 600-400 mg-unit</i>	P	
<i>calcium oral tablet chewable 500-100 mg-unit, 500-2.5 mg-mcg</i>	P	
<i>calcium+d3 oral tablet 600-20 mg-mcg, 600-800 mg-unit</i>	P	
CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-333 MG-UNIT, 500-8.325 MG-MCG	P	
<i>oyster shell calcium/vitamin d oral packet 500-200 mg-unit, 500-5 mg-mcg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Calcium***		
<i>calcium carbonate oral suspension 1250 (500 ca) mg/5ml</i>	P	
<i>calcium carbonate oral tablet 1250 (500 ca) mg, 600 mg</i>	P	
<i>calcium lactate oral tablet 648 mg</i>	P	
<i>cal-lac oral capsule 500 mg</i>	P	
<i>oyster calcium oral tablet 500 mg</i>	P	
<i>oyster shell calcium oral tablet 500 mg</i>	P	
*Electrolytes Oral***		
ORALYTE FREEZER POPS ORAL SOLUTION	P	QL (4000 ML per 31 days)
ORALYTE ORAL SOLUTION	P	QL (4000 ML per 31 days)
*Electrolytes Parenteral***		
<i>kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-%</i>	P	
<i>lactated ringers intravenous solution</i>	P	
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%, 40 meq/250ml</i>	P	
*Fluoride Combinations***		
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG	P	
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	P	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	P	
*Magnesium***		
<i>magdelay oral tablet delayed release 70 mg</i>	P	
<i>mag-delay oral tablet extended release 535 (64 mg) mg</i>	P	
<i>magnesium oxide 400 oral packet 240 mg</i>	P	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 420 (252 mg) mg, 500 mg</i>	P	
<i>magnesium oxide oral tablet 400 (241.3 mg) mg</i>	P	
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ)	P	

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Drug Name	Preference Details	Coverage Details
<i>sm magnesium oxide oral tablet 250 mg</i>	P	
*Phosphate***		
<i>phos-nak oral packet 280-160-250 mg</i>	P	
*Potassium***		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	P	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	P	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	P	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	P	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	P	
<i>potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 2 meq/ml, 40 meq/100ml</i>	P	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	P	
*Sodium***		
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 %	P	
<i>normal saline flush intravenous solution 0.9 %</i>	P	
<i>saline flush intravenous solution 0.9 %</i>	P	
<i>sodium chloride (pf) injection solution 0.9 %</i>	P	QL (310 ML per 31 days)
<i>sodium chloride injection solution 0.9 %</i>	P	QL (310 ML per 31 days)
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	P	
<i>sodium chloride oral tablet 1 gm</i>	P	
*Zinc***		
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	P	
<i>zinc sulfate oral tablet 220 (50 zn) mg</i>	P	
<i>zinc-220 oral capsule 220 (50 zn) mg</i>	P	

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Drug Name	Preference Details	Coverage Details
Miscellaneous Therapeutic Classes		
*Antileptotics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	P	PA
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	P	
<i>cyclosporine modified oral solution 100 mg/ml</i>	P	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	P	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
GENGRAF ORAL SOLUTION 100 MG/ML	P	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	P	
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	P	PA
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	P	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	P	
<i>mycophenolate mofetil oral tablet 500 mg</i>	P	
*Macrolide Immunosuppressants***		
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	P	
*Monoclonal Antibodies***		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	P	PA; PA Required
*Potassium Removing Agents***		
<i>sodium polystyrene sulfonate oral powder</i>	P	QL (454 GM per 31 days)
SPS ORAL SUSPENSION 15 GM/60ML	P	
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	P	
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral***		
<i>lidocaine viscous mouth/throat solution 2 %</i>	P	

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Drug Name	Preference Details	Coverage Details
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat lozenge 10 mg</i>	P	
<i>clotrimazole mouth/throat troche 10 mg</i>	P	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	P	QL (300 ML per 31 days)
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	P	QL (480 ML per 31 days)
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	P	QL (480 ML per 31 days)
*Fluoride Dental Products***		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	P	
DENTAGEL DENTAL GEL 1.1 %	P	
FLUORIDEX DAILY DEFENSE DENTAL GEL 1.1 %	P	
KARIGEL DENTAL GEL 1.1 %	P	
PHOS-FLUR DENTAL GEL 1.1 %	P	
<i>sf 5000 plus dental cream 1.1 %</i>	P	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	P	
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	P	
Multivitamins		
*B-Complex Vitamins***		
<i>b complex oral capsule</i>	P	
*B-Complex W/ C & Folic Acid***		
DIALYVITE ORAL TABLET	P	
<i>rena-vite oral tablet</i>	P	
<i>triphrocaps oral capsule 1 mg</i>	P	
*B-Complex W/ C***		
<i>vitamin b complex-c oral capsule</i>	P	
*Multiple Vitamins W/ Iron***		
<i>tab-a-vitel/iron oral tablet</i>	P	
*Multiple Vitamins W/ Minerals***		
AQUADEKS ORAL CAPSULE	P	

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Drug Name	Preference Details	Coverage Details
CERTAVITE/ANTIOXIDANTS ORAL TABLET	P	
*Multivitamins***		
<i>multi-vitamins oral tablet</i>	P	
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	P	
*Ped Multiple Vitamins W/ Minerals***		
VITAMAX PEDIATRIC ORAL SOLUTION	P	
*Ped Mv W/ Fluoride***		
<i>multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	P	AL (Max 17 Years)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	P	AL (Max 17 Years)
*Ped Mv W/ Iron***		
<i>polyvitamin/iron oral solution 10 mg/ml</i>	P	
*Ped Vitamins Acid Fluoride & Iron***		
<i>tri-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	P	
*Ped Vitamins Acid W/ Fluoride***		
<i>tri-vit/fluoride oral solution 0.25 mg/ml</i>	P	
<i>tri-vitamin/fluoride oral solution 0.5 mg/ml</i>	P	
<i>vitamins acid-fluoride oral solution 0.25 mg/ml</i>	P	
*Pediatric Multiple Vitamins W/ C***		
<i>polyvitamin oral solution 35 mg/ml</i>	P	
*Pediatric Multiple Vitamins***		
<i>childrens chewable multi vits oral tablet chewable</i>	P	
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL ORAL SOLUTION 750-400-35 UNIT-MG/ML	P	
<i>tri-vitamin infant & toddler oral solution 500-10-50 mcg-mg/ml</i>	P	
<i>tri-vitamin oral solution 1500-400-35</i>	P	
*Prenatal Mv & Min W/Fe-Fa***		
CO-NATAL FA ORAL TABLET	P	
ELITE-OB ORAL TABLET 50-1.25 MG	P	

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Drug Name	Preference Details	Coverage Details
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG, 85-1 MG	P	
MYNATAL ADVANCE ORAL TABLET	P	
<i>mynatal-z oral tablet</i>	P	
<i>mynate 90 plus oral tablet extended release</i>	P	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	P	
PRENATABS RX ORAL TABLET 29-1 MG	P	
<i>prenatal 19 oral tablet chewable</i>	P	
<i>prenatal low iron oral tablet 27-0.8 mg</i>	P	
<i>prenatal oral tablet 28-0.8 mg</i>	P	
<i>prenatal plus iron oral tablet 29-1 mg</i>	P	
<i>prenatal plus oral tablet 27-1 mg</i>	P	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	P	
TARON-C DHA ORAL CAPSULE 35-1 MG, 53.5-38-1 MG	P	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	P	
TRINATE ORAL TABLET	P	
VINATE AZ EXTRA ORAL TABLET 29-1 MG	P	
VINATE II ORAL TABLET 29-1 MG	P	
VINATE M ORAL TABLET 27-1 MG	P	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR)	P	
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg, 20 mg</i>	P	
<i>carisoprodol oral tablet 350 mg</i>	P	QL (124 EA per 31 days)
<i>chlorzoxazone oral tablet 500 mg</i>	P	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	P	QL (93 EA per 31 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	P	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	P	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	P	
*Viscosupplements***		
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	P	PA
Nasal Agents - Systemic And Topical		
*Nasal Agents - Misc.***		
<i>saline nasal spray nasal solution 0.65 %</i>	P	
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	P	
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %</i>	P	
*Nasal Mast Cell Stabilizers***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	P	
*Nasal Steroids***		
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT	P	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	P	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	P	
*Systemic Decongestants***		
<i>childrens silfedrine oral liquid 15 mg/5ml</i>	P	
<i>nasal decongestant oral syrup 30 mg/5ml</i>	P	
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	P	
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	P	
SUDAFED PE MAXIMUM STRENGTH ORAL TABLET 10 MG	P	
SUDOGEST ORAL TABLET 60 MG	P	
Nutrients		
*Misc. Nutritional Substances***		
<i>fish oil concentrate oral capsule 1000 mg</i>	P	
<i>fish oil oral capsule 1000 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>omega-3 oral capsule 1000 mg</i>	P	
Ophthalmic Agents		
*Artificial Tear And Lubricant Combinations***		
<i>eye lubricant ophthalmic ointment</i>	P	
*Artificial Tears And Lubricants***		
<i>artificial tears ophthalmic solution 1.4 %</i>	P	QL (15 ML per 31 days)
*Beta-Blockers - Ophthalmic Combinations***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	P	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	P	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	P	
<i>carteolol hcl ophthalmic solution 1 %</i>	P	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	P	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	P	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	P	
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic ointment 1 %</i>	P	
<i>atropine sulfate ophthalmic solution 1 %</i>	P	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 2 %</i>	P	
*Ophthalmic Antiallergic***		
<i>cromolyn sodium ophthalmic solution 4 %</i>	P	
<i>ketotifen fumarate ophthalmic solution 0.025 %, 0.035 %</i>	P	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	P	QL (10 ML per 30 days)
*Ophthalmic Antibiotics***		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	P	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	P	QL (10 ML per 30 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	P	
<i>gentamicin sulfate ophthalmic ointment 0.3 %</i>	P	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>ofloxacin ophthalmic solution 0.3 %</i>	P	QL (10 ML per 30 days)
<i>tobramycin ophthalmic solution 0.3 %</i>	P	
*Ophthalmic Anti-Infective Combinations***		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	P	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	P	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	P	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	P	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	P	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	P	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>brinzolamide ophthalmic suspension 1 %</i>	P	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	P	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	P	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	P	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	P	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	P	
*Ophthalmic Steroid Combinations***		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	P	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	P	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	P	

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Drug Name	Preference Details	Coverage Details
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	P	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	P	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	P	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	P	QL (20 ML per 30 days)
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	P	QL (10 ML per 30 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	P	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	P	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %	P	QL (10 ML per 30 days)
LOTEMAX OPHTHALMIC GEL 0.5 %	P	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	P	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	P	QL (10 ML per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	P	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	P	
VEXOL OPHTHALMIC SUSPENSION 1 %	P	
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	P	
*Prostaglandins - Ophthalmic***		
<i>latanoprost ophthalmic solution 0.005 %</i>	P	QL (5 ML per 31 days)
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>	P	
<i>carbamide ear drops otic solution 6.5 %</i>	P	
*Otic Analgesic Combinations***		
<i>antipyrine-benzocaine otic solution 5.4-1.4 %, 5.5-1.4 %</i>	P	

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Drug Name	Preference Details	Coverage Details
*Otic Anti-Infectives***		
<i>ofloxacin otic solution 0.3 %</i>	P	QL (10 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations***		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	P	ST; Members above 6 years old must fail ofloxacin 0.3% ear drops within the past 100 days.; Preferred for members 6 years old and younger; Members 7 years old and older covered w/step edit; AL (Max 6 Years)
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	P	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	P	
Oxytocics		
*Oxytocics***		
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	P	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	P	
Passive Immunizing And Treatment Agents		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	P	PA
Penicillins		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	P	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	P	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	P	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	P	
<i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	

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Drug Name	Preference Details	Coverage Details
*Natural Penicillins***		
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	P	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	P	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	P	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	P	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	P	
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	P	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	P	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	P	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	P	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	P	
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	P	
Progestins		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	
<i>norethindrone acetate oral tablet 5 mg</i>	P	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
Psychotherapeutic And Neurological Agents - Misc.		
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	P	QL (186 EA per 31 Days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	P	
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	P	
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	P	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	P	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	P	
*Movement Disorder Drug Therapy***		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	P	PA
XENAZINE ORAL TABLET 12.5 MG, 25 MG	P	PA
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	P	PA; QL (30 EA per 30 days)
*Multiple Sclerosis Agents - Interferons***		
AVONEX INTRAMUSCULAR KIT 30 MCG	P	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	P	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	P	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	P	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	P	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	P	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	P	PA

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Drug Name	Preference Details	Coverage Details
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	P	PA
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	P	PA
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	P	PA
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	P	PA
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	P	PA
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	P	PA
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral solution 2 mg/ml</i>	P	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	P	
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	P	
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>pimozide oral tablet 1 mg, 2 mg</i>	P	AL (Min 12 Years)
*Smoking Deterrents***		
<i>apo-varenicline tablet 0.5 mg oral</i>	P	QL (60 EA per 30 days)
<i>apo-varenicline tablet 1 mg oral</i>	P	QL (60 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	P	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	P	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	P	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	P	

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Drug Name	Preference Details	Coverage Details
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	P	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	P	QL (2016 EA per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	P	QL (620 EA per 31 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	P	QL (56 EA per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	P	QL (70 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	P	QL (504 EA per 31 days); AL (Min 18 Years)
NICOTROL NS NASAL SOLUTION 10 MG/ML	P	QL (160 ML per 31 days); AL (Min 18 Years)
<i>varenicline tartrate tablet 0.5 mg oral</i>	P	QL (60 EA per 30 days)
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	P	PA
KALYDECO ORAL TABLET 150 MG	P	PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML	P	PA
*Pulmonary Fibrosis Agents***		
<i>pirfenidone oral capsule 267 mg</i>	P	PA; PA Required
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	P	PA; PA Required
Tetracyclines		
*Tetracyclines***		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	P	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	P	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	P	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	P	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	P	
<i>propylthiouracil oral tablet 50 mg</i>	P	QL (558 EA per 31 days)
*Thyroid Hormones***		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	P	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	P	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	P	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	P	
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	P	
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	P	Limit 1 doses per lifetime. CAN OVERRIDE AGE LIMIT FOR PREGNANT MEMBERS, RPH MAY O/R BY SUBMITTING PAMC CODE 18990003220.; PAMC CODE 18990003220 CAN OVERRIDE AGE LIMIT ONLY FOR PREGNANT MEMBERS AT POS; QL (1 ML per 999 days); AL (Min 19 Years)

Drug Name	Preference Details	Coverage Details
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	P	Limit 1 doses per lifetime. CAN OVERRIDE AGE LIMIT FOR PREGNANT MEMBERS, RPH MAY O/R BY SUBMITTING PAMC CODE 18990003220.; PAMC CODE 18990003220 CAN OVERRIDE AGE LIMIT ONLY FOR PREGNANT MEMBERS AT POS; QL (1 ML per 999 days); AL (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	P	Limit 1 doses per lifetime. CAN OVERRIDE AGE LIMIT FOR PREGNANT MEMBERS, RPH MAY O/R BY SUBMITTING PAMC CODE 18990003220.; PAMC CODE 18990003220 CAN OVERRIDE AGE LIMIT ONLY FOR PREGNANT MEMBERS AT POS; QL (1 ML per 999 days); AL (Min 19 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	P	AL (Min 19 Years)
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	P	AL (Min 19 Years)
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	P	AL (Min 19 Years)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	AL (Min 19 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	AL (Min 19 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	P	AL (Min 19 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	AL (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	P	AL (Min 19 Years)
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lfu/0.5ml</i>	P	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
VAXELIS INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	AL (Min 19 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>	P	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	P	
<i>dicyclomine hcl oral tablet 20 mg</i>	P	
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	P	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	P	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	P	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	P	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	P	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	P	
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	P	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	P	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	P	QL (100 ML per 30 days)
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	P	
*Misc. Anti-Ulcer***		
<i>sucralfate oral suspension 1 gm/10ml</i>	P	QL (1240 ML per 31 days)
<i>sucralfate oral tablet 1 gm</i>	P	
*Proton Pump Inhibitor-Antacid Combinations***		
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	P	OTC only
*Proton Pump Inhibitors***		
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	P	ST; Must fail preferred omeprazole capsule and ranitidine syrup within the past 100 days.

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Drug Name	Preference Details	Coverage Details
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	P	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG	P	OTC only
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG	P	OTC only
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	P	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	P	
<i>omeprazole oral tablet delayed release 20 mg</i>	P	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	P	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG	P	
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	P	
<i>propantheline bromide oral tablet 15 mg</i>	P	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz oral</i>	P	
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	P	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	P	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	P	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	P	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	P	
<i>oxybutynin chloride oral tablet 5 mg</i>	P	
<i>tropium chloride oral tablet 20 mg</i>	P	ST; Must fail preferred oxybutynin er tablets within the past 100 days.

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Drug Name	Preference Details	Coverage Details
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	P	
Vaccines		
*Bacterial Vaccines***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	P	AL (Min 19 Years)
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	Limit 1 dose per lifetime; QL (1 ML per 999 days); AL (Min 19 Years)
BIOTHRAX INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	P	AL (Min 19 Years)
MENACTRA INTRAMUSCULAR SOLUTION	P	Limit 1 dose per lifetime; QL (1 ML per 999 days); AL (Min 19 Years)
MENQUADFI INTRAMUSCULAR SOLUTION	P	Limit 1 dose per lifetime; QL (1 ML per 999 days); AL (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION	P	Limit 1 dose per lifetime; QL (1 ML per 999 days); AL (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	P	Limit 1 dose per lifetime; QL (1 EA per 999 days); AL (Min 19 Years)
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	P	AL (Min 19 Years)
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	P	Limit 2 vaccinations per lifetime; QL (2 ML per 999 days); AL (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION	P	Limit 2 vaccinations per lifetime; QL (2 ML per 999 days); AL (Min 19 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	AL (Min 19 Years)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	Limit 1 dose per lifetime; QL (1 ML per 999 days); AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	P	AL (Min 19 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	P	AL (Min 19 Years)
VAXCHORA ORAL SUSPENSION RECONSTITUTED	P	AL (Min 19 Years)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	AL (Min 19 Years)
VIVOTIF BERNA VACCINE ORAL CAPSULE DELAYED RELEASE	P	AL (Min 19 Years)
VIVOTIF ORAL CAPSULE DELAYED RELEASE	P	AL (Min 19 Years)
*Viral Vaccine Combinations***		
M-M-R II INJECTION SOLUTION RECONSTITUTED	P	Limit 2 doses per lifetime; QL (2 EA per 999 days); AL (Min 19 Years)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	P	AL (Min 19 Years)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	P	AL (Min 19 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	P	AL (Min 19 Years)
*Viral Vaccines***		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	P	CAN OVERRIDE AGE LIMIT FOR PREGNANT MEMBERS BETWEEN 32 AND 36 WEEKS, RPH MAY O/R BY SUBMITTING PAMC CODE 01710007220; PAMC Code 01710007220 to override age edit only, lookback period = 365, Max DS = 30 and Number of use = 1 This would allow for 1 override per year; AL (Min 60 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	P	Limit 2 doses per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	P	Limit 1 dose per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	P	AL (Min 60 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	P	AL (Min 12 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	P	AL (Min 12 Years)
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	P	AL (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	P	Limit 3 doses per lifetime; QL (3 EA per 999 Years); AL (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	P	Limit 3 doses per lifetime; QL (3 ML per 999 days); AL (Min 19 Years)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	Limit 1 dose per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	P	Limit 1 dose per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	P	Limit 1 dose per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	Limit 1 dose per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	P	Limit 1 vaccination every 6 months; QL (1 ML per 180 days); AL (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	P	Limit 2 vaccinations per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	Limit 2 vaccinations per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	P	Limit 2 doses per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	P	Limit 1 dose per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	Limit 1 dose per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION	P	Limit 1 dose per lifetime; QL (1 EA per 180 days); AL (Min 19 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	Limit 1 dose per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	P	Limit 2 doses per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	P	Limit 2 doses per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	P	Limit 1 dose per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	P	Limit 1 dose per lifetime; QL (1 ML per 180 days); AL (Min 19 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	AL (Min 19 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	P	Limit 2 doses per lifetime; QL (2 ML per 999 days); AL (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	P	Limit 3 doses per lifetime; QL (3 ML per 999 days); AL (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	P	Limit 3 doses per lifetime; QL (3 ML per 999 days); AL (Min 19 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	P	AL (Min 19 Years)
IPOL INJECTION INJECTABLE	P	AL (Min 19 Years)
IXIARO INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml, 50 mg/0.5ml</i>	P	AL (Min 12 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	P	AL (Min 6 Months and Max 11 Years)
<i>novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml</i>	P	AL (Min 12 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	P	AL (Min 5 Years and Max 11 Years)
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	P	AL (Min 6 Months and Max 4 Years)
<i>pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml</i>	P	AL (Min 12 Years)
<i>prehevrio intramuscular suspension 10 mcg/ml</i>	P	Limit 3 doses per lifetime; QL (3 ML per 999 days); AL (Min 19 Years)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	P	AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML	P	Limit 3 doses per lifetime; QL (3 EA per 999 Years); AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 40 MCG/ML	P	Limit 3 doses per lifetime; QL (3 ML per 999 days); AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	P	Limit 3 doses per lifetime; QL (3 ML per 999 days); AL (Min 19 Years)
ROTARIX ORAL SUSPENSION	P	AL (Min 19 Years)
ROTARIX ORAL SUSPENSION RECONSTITUTED	P	AL (Min 19 Years)
ROTATEQ ORAL SOLUTION	P	AL (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	P	Limit 2 doses per lifetime; QL (2 EA per 999 days); AL (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	P	AL (Min 12 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	P	AL (Min 12 Years)

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Drug Name	Preference Details	Coverage Details
<i>stamaril injection suspension reconstituted</i>	P	AL (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	P	Limit 2 doses per lifetime; QL (2 ML per 999 days); AL (Min 19 Years)
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	P	AL (Min 19 Years)
YF-VAX SUBCUTANEOUS INJECTABLE	P	AL (Min 19 Years)
ZOSTAVAX SUBCUTANEOUS SOLUTION RECONSTITUTED 19400 UNT/0.65ML	P	AL (Min 50 Years)
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	P	Limit 1 dose per lifetime; QL (1 EA per 999 days); AL (Min 19 Years)
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
<i>3 day vaginal vaginal cream 2 %</i>	P	
<i>clotrimazole vaginal cream 1 %</i>	P	
GYNE-LOTRIMIN 3 VAGINAL CREAM 2 %	P	
<i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	P	
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	P	
<i>miconazole 3 vaginal suppository 200 mg</i>	P	
<i>miconazole nitrate vaginal cream 2 %</i>	P	
<i>miconazole nitrate vaginal suppository 100 mg</i>	P	
MONISTAT 3 VAGINAL CREAM 4 %	P	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	P	
<i>terconazole vaginal suppository 80 mg</i>	P	
*Miscellaneous Vaginal Products***		
VCF VAGINAL ODOR ELIMINATING VAGINAL FILM	P	QL (27 EA per 30 days)
*Spermicides***		
TODAY SPONGE VAGINAL 1000 MG	P	QL (24 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	P	QL (27 EA per 30 days)
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	P	
<i>metronidazole vaginal gel 0.75 %</i>	P	

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Drug Name	Preference Details	Coverage Details
VANDAZOLE VAGINAL GEL 0.75 %	P	
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	P	QL (60 GM per 30 days)
*Vaginal Estrogens***		
PREMARIN VAGINAL CREAM 0.625 MG/GM	P	
Vasopressors		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	P	QL (6 EA per 180 days)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	
Vitamins		
*Biotin***		
<i>biotin 5000 oral capsule 5 mg</i>	P	
<i>biotin maximum strength oral capsule 5000 mcg</i>	P	
<i>biotin oral capsule 5 mg</i>	P	
*Vitamin A***		
<i>vitamin a oral capsule 10000 unit, 8000 unit</i>	P	
*Vitamin B-1***		
<i>thiamine hcl injection solution 100 mg/ml</i>	P	
<i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i>	P	
*Vitamin B-3***		
<i>niacin er oral capsule extended release 500 mg</i>	P	
<i>niacin er oral tablet extended release 250 mg, 500 mg</i>	P	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	P	
*Vitamin B-6***		
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	P	
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 250 mg, 50 mg, 500 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Vitamin C***		
<i>ascorbic acid oral tablet 1000 mg, 250 mg</i>	P	
<i>natural close hips oral tablet 500 mg</i>	P	
<i>sm chewable vitamin c oral tablet chewable 500 mg</i>	P	
<i>vitamin c oral packet 500 mg</i>	P	
<i>vitamin c oral tablet 250 mg, 500 mg</i>	P	
<i>vitamin c oral tablet chewable 250 mg</i>	P	
<i>vitamin c-rose hips oral tablet 500 mg</i>	P	
*Vitamin D***		
<i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i>	P	
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	P	
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 400 UT/0.036ML	P	
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT)	P	
OPTIMAL-D ORAL CAPSULE 1.25 MG (50000 UT)	P	
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	P	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	P	QL (4 EA per 28 Days)
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>	P	
<i>vitamin d oral tablet 1000 unit</i>	P	
<i>vitamin d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	P	
<i>vitamin d3 oral liquid 400 unit/ml</i>	P	
<i>vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	P	
<i>vitamin d3 oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	P	
<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i>	P	
*Vitamin E***		
<i>natural vitamin e oral capsule 268 mg (400 unit), 400 unit</i>	P	
<i>vitamin e oral capsule 268 mg (400 unit), 400 unit</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>vitamin e water soluble oral capsule 400 unit</i>	P	
<i>vitamin e/d-alpha natural oral capsule 268 mg (400 unit), 400 unit</i>	P	
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>	P	QL (31 EA per 31 days)
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<i>capsaicin</i>	73	<i>cheratussin ac</i>	64	<i>clobetasol propionate</i>	71
<i>captopril</i>	31	<i>cheratussin dac</i>	64	<i>clomipramine hcl</i>	22
<i>captopril-hydrochlorothiazide</i> ..	31	<i>childrens chewable multi vits</i> ..	99	<i>clonazepam</i>	19
<i>carbamazepine</i>	19	<i>childrens ibuprofen</i>	7	<i>clonidine hcl</i>	32
<i>carbamoxide ear drops</i>	104	<i>childrens ibuprofen 100</i>	7	<i>clopidogrel bisulfate</i>	81
<i>carbidopa-levodopa</i>	39	<i>childrens loratadine</i>	29, 30	<i>clorazepate dipotassium</i>	14
<i>carbidopa-levodopa er</i>	39	<i>childrens silfedrine</i>	101	<i>clotrimazole</i>	72, 98, 119
<i>carisoprodol</i>	100	<i>chlordiazepoxide hcl</i>	14	<i>clotrimazole-betamethasone</i> ..	68
CARNITOR.....	77	<i>chlordiazepoxide-</i>		<i>clozapine</i>	41
<i>carteolol hcl</i>	102	<i>amitriptyline</i>	107	<i>codeine sulfate</i>	10
CARTIA XT.....	49	<i>chlorhexidine gluconate</i> ...42,	98	<i>colchicine</i>	81
<i>carvedilol</i>	48	<i>chloroquine phosphate</i>	34	<i>colchicine-probenecid</i>	81
<i>carvedilol phosphate er</i>	48	<i>chlorothiazide</i>	76	<i>cold/cough childrens</i>	66
<i>caution condoms</i>	86	<i>chlorpromazine hcl</i>	41	COMBIVENT RESPIMAT.....	15

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COMBIVIR.....	43	<i>cyclosporine modified</i>	97	<i>dexmethylphenidate hcl er</i>	1
COMIRNATY.....	116	Cyltezo.....	3	<i>dextroamphetamine sulfate</i>	1
COMPLERA.....	43	Cyltezo-CD/UC/HS Starter.....	3	<i>dextroamphetamine sulfate</i>	
COMPOUND W.....	73	Cyltezo-Psoriasis Starter.....	3	<i>er</i>	1
COMPOUND W MAXIMUM		<i>cyproheptadine hcl</i>	30	<i>dextromethorphan polistirex</i>	
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CORTISPORIN.....	68	<i>dantrolene sodium</i>	101	HOME TEST.....	75
Cosentyx.....	69	<i>dapsone</i>	33	<i>diazepam</i>	14, 19
COSENTYX.....	69	DAPTACEL.....	111	<i>diclofenac potassium</i>	7
Cosentyx (300 MG Dose).....	68	DASETTA 1/35.....	53	<i>diclofenac sodium</i>	7, 68, 103
COSENTYX (300 MG		DASETTA 7/7/7.....	60	<i>diclofenac sodium er</i>	7
DOSE).....	68	DDAVP RHINAL TUBE.....	78	<i>dicloxacillin sodium</i>	106
Cosentyx Sensoready (300		DEBLITANE.....	60	<i>dicyclomine hcl</i>	112
MG).....	69	<i>deferasirox</i>	28	<i>didanosine</i>	46
COSENTYX SENSOREADY		<i>deferasirox granules</i>	28	<i>diflunisal</i>	9
(300 MG).....	69	<i>deferoxamine mesylate</i>	28	<i>digoxin</i>	50
Cosentyx Sensoready Pen....	69	DELSTRIGO.....	43	DILANTIN.....	20
COSENTYX SENSOREADY		DELSYM NIGHT TIME		<i>diltiazem hcl</i>	50
PEN.....	69	COUGH/COLD.....	64	<i>diltiazem hcl er</i>	49, 50
<i>covid-19 otc antigen 1-pack</i> ...75		DELSYM NIGHT TIME		<i>diltiazem hcl er beads</i>	49
<i>covid-19 otc antigen 2-pack</i> ...75		MULTI-SYMPT.....	63	<i>diltiazem hcl er coated</i>	
<i>creon</i>	75	DELYLA.....	53	<i>beads</i>	49
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<i>cromolyn sodium</i> ... 16, 101, 102		DENGVAIXA.....	116	DIMETAPP	
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CULTURELLE BABY		DENTAGEL.....	98	DIMETAPP LONG ACT	
GROW THRIVE.....	27	DESCOVY.....	43	COUGH/COLD.....	65
CULTURELLE BABY		<i>desipramine hcl</i>	22	<i>dimethyl fumarate</i>	108
HEALTHY DEV.....	27	<i>desmopressin ace spray</i>		<i>dimethyl fumarate starter</i>	
CULTURELLE BABY		<i>refrig</i>	78	<i>pack</i>	108
IMMUNE+DIGEST.....	27	<i>desmopressin acetate</i>	78	<i>diphenhydramine hcl</i>	29
CULTURELLE DIGESTIVE		<i>desmopressin acetate spray</i> ..78		<i>diphenhydramine hcl (sleep)</i> ..	83
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<i>cvs glycerin adult</i>	84	<i>dexamethasone</i>	62	<i>disulfiram</i>	107
<i>cyanocobalamin</i>	82	DEXAMETHASONE		DIURIL.....	76
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CYCLAFEM 7/7/7.....	60	<i>dexamethasone sod</i>		<i>divalproex sodium er</i>	21
CYCLESSA.....	60	<i>phosphate pf</i>	62	<i>docusate calcium</i>	85
<i>cyclobenzaprine hcl</i>	100	<i>dexamethasone sodium</i>		<i>docusate sodium</i>	85
<i>cyclophosphamide</i>	38	<i>phosphate</i>	62, 104	DOLISHALE.....	59
<i>cyclosporine</i>	97	<i>dexmethylphenidate hcl</i>	1	<i>donepezil hcl</i>	107

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<i>dorzolamide hcl-timolol mal</i> ..	102	<i>enoxaparin sodium</i>	18, 19	<i>felodipine er</i>	50
<i>double antibiotic</i>	67	ENPRESSE-28.....	61	FEMCAP.....	86
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<i>doxazosin mesylate</i>	32	ENSPRYNG.....	97	FEMYNOR.....	54
<i>doxepin hcl</i>	22, 68	<i>entacapone</i>	39	<i>fenofibrate</i>	30
<i>doxycycline hyclate</i>	109	<i>entecavir</i>	47	<i>fenofibrate micronized</i>	30
<i>doxycycline monohydrate</i>	109	Entresto.....	50, 51	<i>fenofibric acid</i>	30
DRITHO-CREME HP.....	69	<i>epinephrine</i>	120	<i>fentanyl</i>	10
<i>drospirenone-ethinyl</i>		EPITOL.....	19	<i>ferretts</i>	83
<i>estradiol</i>	54	<i>eq aspirin low dose</i>	9	<i>ferrous fumarate</i>	83
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<i>duloxetine hcl</i>	22	<i>erlotinib hcl</i>	36	<i>ferrous sulfate</i>	83
DUREX EXTRA SENSITIVE..	87	ERRIN.....	60	<i>fexofenadine hcl</i>	30
DUREX EXTRA SENSITIVE		ERY-TAB.....	86	<i>fexofenadine hcl childrens</i>	30
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DUREX REALFEEL.....	87	<i>erythromycin</i>	66, 102	<i>er</i>	65
<i>dutasteride</i>	80	<i>erythromycin base</i>	86	<i>fiber</i>	84
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<i>efavirenz</i>	45	<i>escitalopram oxalate</i>	21	FIRST-LANSOPRAZOLE...	112
<i>efavirenz-emtricitab-tenofo</i>		ESTARYLLA.....	54	<i>fish oil</i>	101
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<i>efavirenz-emtricitab-</i>		<i>estradiol</i>	78	<i>flecainide acetate</i>	15
<i>tenofovir</i>	43	<i>estradiol-norethindrone acet</i> ..	78	FLEET PEDIATRIC.....	85
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<i>eliquis</i>	18	<i>etoposide</i>	38	HOME TEST.....	75
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<i>emtricitabine-tenofovir df</i>	43	<i>eye lubricant</i>	102	<i>fludrocortisone acetate</i>	63
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<i>enalapril maleate</i>	31	<i>ezetimibe</i>	31	QUADRIVALENT.....	116, 117
<i>enalapril-hydrochlorothiazide</i> ..	31	FALMINA.....	54	FLUMIST QUADRIVALENT	117
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Enbrel Mini.....	8	FANTASY LUBRICATED.....	87	<i>fluocinolone acetonide</i>	71
Enbrel SureClick.....	8	FANTASY		<i>fluocinolone acetonide body</i> ..	71
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<i>enema disposable</i>	85	FC FEMALE CONDOM.....	86	<i>fluocinonide</i>	71

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<i>fluorometholone</i>	104	<i>gemfibrozil</i>	30	HAVRIX.....	117
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<i>fluoxetine hcl</i>	22	TEST.....	75	HEATHER.....	60
<i>fluphenazine decanoate</i>	41	GENERESS FE.....	54	<i>heparin na (pork) lock flsh pf.</i>	18
<i>fluphenazine hcl</i>	41	<i>generlac</i>	79	<i>heparin sod (pork) lock flush.</i>	18
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<i>flutamide</i>	35	<i>gentamicin sulfate</i>	68, 102	HIBERIX.....	114
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<i>fluticasone-salmeterol</i>	15	GILDAGIA.....	54	Humira.....	4
<i>fluvastatin sodium er</i>	31	GILDESS 1.5/30.....	54	HUMIRA.....	4
<i>fluvoxamine maleate</i>	22	GILDESS 1/20.....	54	Humira (2 Pen).....	3
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FML FORTE.....	104	<i>glimepiride</i>	26	Humira Pen-Pediatric UC	
<i>folbee</i>	82	<i>glipizide</i>	26	Start.....	4
<i>folic acid</i>	82	<i>glipizide er</i>	26	Humira Pen-Ps/UV/Adol HS	
FOLIVANE-OB.....	100	<i>glipizide xl</i>	26	Start.....	4
<i>fondaparinux sodium</i>	19	<i>glipizide-metformin hcl</i>	26	Humira Pen-Psor/Uveit	
<i>fosamprenavir calcium</i>	45	<i>glucagon emergency</i>	23	Starter.....	4
<i>fosinopril sodium</i>	32	<i>glucose</i>	23	Humira-CD/UC/HS Starter.....	4
<i>fosphenytoin sodium</i>	20	<i>glucose control</i>	89	HUMULIN 70/30.....	24
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FREESTYLE LIBRE 14 DAY		<i>glyburide-metformin</i>	26	HUMULIN N KWIKPEN.....	24
SENSOR.....	89	<i>glycopyrrolate</i>	113	HUMULIN R.....	24
FREESTYLE LIBRE 2		GOLYTELY.....	84	HUMULIN R U-500	
READER.....	89	<i>griseofulvin microsize</i>	29	(CONCENTRATED).....	24
FREESTYLE LIBRE 2		<i>griseofulvin ultramicrosize</i>	29	HUMULIN R U-500	
SENSOR.....	89	<i>guaifenesin</i>	65	KWIKPEN.....	24
FREESTYLE LIBRE 3		<i>guanfacine hcl</i>	32	<i>hydralazine hcl</i>	33
SENSOR.....	89	<i>guanfacine hcl er</i>	1	<i>hydrochlorothiazide</i>	76
FREESTYLE LIBRE		GYNE-LOTRIMIN 3.....	119	<i>hydrocod poli-chlorphe poli</i>	
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<i>furosemide</i>	76	HAILEY 1.5/30.....	54	<i>mbr</i>	63
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<i>gabapentin</i>	19	HAILEY FE 1/20.....	54	<i>acetaminophen</i>	10
GABITRIL.....	20	<i>halobetasol propionate</i>	71	<i>hydrocodone-homatropine</i>	63

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<i>hydrocodone-ibuprofen</i>	10	<i>insulin asp prot & asp flexpen</i>	24	KALLIGA.....	55
<i>hydrocortisone</i>	12, 62, 71, 72	<i>insulin aspart prot & aspart</i>	24	KALYDECO.....	109
<i>hydrocortisone max st</i>	72	<i>insulin glargine-yfgn</i>	24	KAMELEON LUBRICATED...	87
<i>hydrocortisone valerate</i>	72	<i>insulin lispro prot & lispro</i>	25	<i>kanjinti</i>	36
<i>hydrocortisone-aloe</i>	74	INTELENCE.....	45	KARIGEL.....	98
<i>hydromorphone hcl</i>	10	INTELISWAB COVID-19 RAPID TEST.....	75	KARIVA.....	52
<i>hydroxychloroquine sulfate</i>	34	INTENSE SENSATION.....	87	<i>kcl (0.149%) in nacl</i>	95
HYDROXYprogesterone Caproate.....	38	INTROVALE.....	59	KELNOR 1/35.....	55
<i>hydroxyurea</i>	37	INVEGA SUSTENNA.....	39, 40	<i>ketoconazole</i>	29, 73
<i>hydroxyzine hcl</i>	14	INVEGA TRINZA.....	40	KETO-DIASTIX.....	75
<i>hydroxyzine pamoate</i>	14	INVIRASE.....	45	<i>ketoprofen</i>	7
<i>hyoscyamine sulfate</i>	112	IPOL.....	117	<i>ketorolac tromethamine</i> ...	7, 103
<i>hyoscyamine sulfate er</i>	112	<i>ipratropium bromide</i>	16, 101	KETOSTIX.....	74
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Hyrimoz-Ped.....	5	<i>iron</i>	83	<i>kidkare cough/cold</i>	66
Hyrimoz-Ped>=40kg Crohn Start.....	5	ISENTRESS.....	44	KIMIDESS.....	52
Hyrimoz-Plaque Psoriasis Start.....	5	ISENTRESS HD.....	44	<i>kimono</i>	87
<i>ibandronate sodium</i>	77	ISIBLOOM.....	54	KIMONO COLORS.....	87
<i>ibuprofen</i>	7	<i>isoniazid</i>	34	<i>kimono micro thin</i>	87
<i>ibuprofen childrens</i>	7	<i>isosorbide dinitrate</i>	13	<i>kimono micro thin plus</i>	87
<i>icatibant acetate</i>	81	<i>isosorbide dinitrate er</i>	13	<i>kimono plus</i>	87
ICLEVIA.....	59	<i>isosorbide mononitrate</i>	14	<i>kimono ps</i>	87
ICLUSIG.....	36	<i>isosorbide mononitrate er</i>	14	<i>kimono ps plus</i>	87
Idacio.....	5	<i>isotretinoin</i>	67	<i>kimono sensation</i>	87
Idacio for Crohns Disease/UC.....	5	<i>ivermectin</i>	13	<i>kimono sensation plus</i>	87
Idacio for Plaque Psoriasis.....	5	IXIARO.....	117	KIMONO SPECIAL.....	87
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<i>imipramine hcl</i>	23	<i>jakafi</i>	37	KLOR-CON.....	96
<i>imiquimod</i>	73	JANTOVEN.....	18	KLOR-CON 10.....	96
IMOVAX RABIES.....	117	JANUMET.....	23	KLOR-CON M10.....	96
IMPLANON.....	59	<i>janumet</i>	23	KLOR-CON M20.....	96
INCASSIA.....	60	JANUMET XR.....	23	Korlym.....	26
IN-CHECK DIAL FLOW TRAINER.....	93	<i>janumet xr</i>	24	<i>kp benzoyl peroxide wash</i>	67
INCRUSE ELLIPTA.....	16	JASMIEL.....	54	KURVELO.....	55
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<i>indomethacin</i>	7	JOLIVETTE.....	60	<i>labetalol hcl</i>	48
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		JUNEL 1.5/30.....	55	LAGEVRIO.....	48
		JUNEL 1/20.....	55	<i>lamivudine</i>	46
		JUNEL FE 1.5/30.....	55	<i>lamivudine-zidovudine</i>	43
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<i>lapatinib ditosylate</i>	37	ORIGINAL.....	MAALOX MULTI SYMPTOM	
LARIN 1.5/30.....	55	LIFESTYLES	MAX ST.....	13
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LARISSIA.....	55	SENSITIVE.....	<i>magnesium oxide 400</i>	95
<i>latanoprost</i>	104	LIFESTYLES VIBRA-	<i>magnesium oxide -mg</i>	
LAYOLIS FE.....	55	RIBBED.....	<i>supplement</i>	95
<i>leflunomide</i>	8	LIFESTYLES XTRA	MAG-TAB SR.....	95
LESSINA.....	55	PLEASURE.....	<i>malathion</i>	74
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<i>saline nasal spray</i>	101	<i>sotalol hcl (af)</i>	49	<i>taltz</i>	69
<i>salsalate</i>	9	SPIKEVAX.....	118	<i>tamoxifen citrate</i>	35

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<i>temozolomide</i>	37	<i>trifluridine</i>	103	MESH/SPERMICID.....	88
TENIVAC.....	111	<i>trihexyphenidyl hcl</i>	38	TROJAN PLUS.....	88
<i>tenofovir disoproxil fumarate</i> .	46	TRI-LINYAH.....	61	TROJAN REGULAR.....	88
<i>terazosin hcl</i>	32	TRI-LO-ESTARYLLA.....	61	TROJAN RIBBED.....	88
<i>terbinafine hcl</i>	29, 68	TRI-LO-MARZIA.....	61	TROJAN	
<i>terbutaline sulfate</i>	16	TRI-LO-MILI.....	61	RIBBED/SPERMICIDAL.....	88
<i>terconazole</i>	119	TRI-LO-SPRINTEC.....	62	TROJAN SHARED	
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<i>testosterone</i>	12	TRI-MILI.....	62	SPERMICIDAL.....	88
<i>testosterone cypionate</i>	12	<i>trinatal rx 1</i>	100	TROJAN TWISTED	
<i>testosterone enanthate</i>	12	TRINATE.....	100	PLEASURE.....	88
<i>tetanus-diphtheria toxoids td</i>	111	TRINESSA (28).....	62	TROJAN ULTRA	
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<i>thiamine hcl</i>	120	TRI-SPRINTEC.....	62	TROJAN VERY THIN	
<i>thioridazine hcl</i>	42	TRIUMEQ.....	44	LUBRICATED.....	88
<i>thiothixene</i>	42	TRIUMEQ PD.....	44	TROJAN VERY THIN	
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<i>tizanidine hcl</i>	100	<i>tri-vitamin/fluoride</i>	99	TRUMENBA.....	114
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<i>tramadol hcl</i>	11	TROJAN EXTENDED		TWINRIX.....	115
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<i>valproic acid</i>	21	<i>vitamin d-3</i>	121	ZARAH.....	58
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<i>vancomycin hcl</i>	33	<i>vitamin e/d-alpha natural</i>	122	ZENCHENT.....	58
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VINATE II.....	100	85.....	89		
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<i>viorele</i>	52	WIDE-SEAL DIAPHRAGM			
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<i>vitamin b-12 er</i>	82	XULANE.....	58		
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<i>vitamin d</i>	121	Yuflyma 1-Pen Kit.....	6		
<i>vitamin d (cholecalciferol)</i>	121	Yuflyma 2-Pen Kit.....	6		