

2020

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

WellCare Health Plans, Inc.

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

Please note that we update this drug list quarterly.

Providers: Please go to <https://newyork.wellcare.com/provider/pharmacy> to view updates to this drug list.

Members: Please go to <https://www.wellcare.com/New-York/Members/Medicaid-Plans/Healthy-Choice/Pharmacy> to view updates to this drug list.

Last updated (4/01/2020)



Proudly serving New York Medicaid and *Child Health Plus*[®] members.

Vaccines: Vaccines are covered under the Vaccines for Children program for members through 18 years of age. Coverage beyond the age of 18 is evaluated through the PA process.

This plan has a limit of 248 dosage units, unless otherwise specified through a quantity limit.

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-dextroamphetamine 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	
*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 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 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 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 er 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 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 maximum strength oral tablet 5 mg</i>	P	
Aminoglycosides		
*Aminoglycosides***		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	P	PA
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
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***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	P	PA

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Drug Name	Preference Details	Coverage Details
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	P	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	P	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	P	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	P	PA
*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***		
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 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	

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Drug Name	Preference Details	Coverage Details
<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)
<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	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	P	
<i>sulindac oral tablet 150 mg, 200 mg</i>	P	
*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	P	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	P	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	P	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	P	PA
Analgesics - Nonnarcotic		
*Analgesics Other***		
<i>acetaminophen oral solution 160 mg/5ml</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	
MAPAP CHILDRENS ORAL SUSPENSION 160 MG/5ML	P	
<i>mapap oral liquid 160 mg/5ml</i>	P	

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Drug Name	Preference Details	Coverage Details
<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 81 oral tablet delayed release 81 mg</i>	P	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	P	
<i>aspirin ec oral tablet delayed release 325 mg</i>	P	
<i>aspirin oral tablet 325 mg</i>	P	
<i>aspirin oral tablet chewable 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	
<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	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.

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Drug Name	Preference Details	Coverage Details
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<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; Opioids are restricted to an accumulated Max 90 MME per Day.
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>hydromorphone hcl rectal suppository 3 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	P	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.

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Drug Name	Preference Details	Coverage Details
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<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	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	P	PA; Opioids are restricted to an accumulated Max 90 MME per Day.
<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, 50 mg/ml</i>	P	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<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; Opioids are restricted to an accumulated Max 90 MME per Day.; AL (Min 11 Years)
<i>oxycodone hcl oral capsule 5 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>oxycodone hcl oral solution 5 mg/5ml</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>tramadol hcl oral tablet 100 mg</i>	P	
<i>tramadol hcl oral tablet 50 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.

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Drug Name	Preference Details	Coverage Details
*Opioid Combinations***		
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
*Opioid Partial Agonists***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	P	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	P	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	P	Opioids are restricted to an accumulated Max 90 MME per Day.
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	P	
Androgens-Anabolic		
*Anabolic Steroids***		
<i>oxandrolone oral tablet 10 mg, 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, 200 mg/ml</i>	P	
<i>testosterone enanthate injection solution 200 mg/ml</i>	P	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	P	
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	P	PA

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Drug Name	Preference Details	Coverage Details
Anorectal Agents		
*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	
Antacids		
*Antacid & Simethicone***		
<i>aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml</i>	P	
<i>antacid i 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 antacid extra strength oral tablet chewable 750 mg</i>	P	
<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***		
<i>albendazole oral tablet 200 mg</i>	P	PA
BILTRICIDE ORAL TABLET 600 MG	P	PA
<i>ivermectin oral tablet 3 mg</i>	P	QL (10 EA per 31 days)
<i>pin-x oral suspension 50 mg/ml</i>	P	
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	P	

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Drug Name	Preference Details	Coverage Details
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	
<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	

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Drug Name	Preference Details	Coverage Details
<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	
*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	
MULTAQ ORAL TABLET 400 MG	P	PA
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/dose, 250-50 mcg/dose, 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)

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Drug Name	Preference Details	Coverage Details
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	P	QL (60 EA per 30 days)
*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)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT	P	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	P	QL (36 GM per 31 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	P	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	P	QL (36 GM per 31 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	P	

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Drug Name	Preference Details	Coverage Details
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	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	P	QL (36 GM per 31 days)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	P	QL (30 GM per 31 days)
*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/INH	P	QL (1 EA per 31 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	P	QL (480 ML per 31 days)
*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	
*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)
<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 INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	P	QL (12 GM per 30 days); AL (Max 12 Years)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	P	QL (10.6 GM per 30 days); AL (Max 12 Years)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	P	QL (10.6 GM per 31 Days)

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Drug Name	Preference Details	Coverage Details
*Xanthines***		
<i>aminophylline intravenous solution 25 mg/ml</i>	P	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	P	
<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 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	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	P	
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium 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 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)

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Drug Name	Preference Details	Coverage Details
<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	
<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)

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Drug Name	Preference Details	Coverage Details
<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)
*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)

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Drug Name	Preference Details	Coverage Details
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	
*Modified Cyclics***		
<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	
*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	
<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	

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Drug Name	Preference Details	Coverage Details
<i>sertraline hcl oral tablet 100 mg, 25 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	
<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)

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Drug Name	Preference Details	Coverage Details
*Diabetic Other***		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	P	QL (2 EA per 31 days)
GLUCAGON EMERGENCY INJECTION KIT 1 MG	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	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days
*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
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
*Human Insulin***		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
APIDRA INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	QL (60 ML per 31 days)
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS 100 UNIT/ML	P	QL (60 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 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 lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous (75-25) 100 unit/ml</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)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	P	PA; QL (4 ML per 28 days)

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Drug Name	Preference Details	Coverage Details
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	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days.
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days.
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	P	PA; QL (9 ML per 30 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	P	
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
STEGLATRO ORAL TABLET 15 MG, 5 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, 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.***		
<i>bismatrol oral suspension 262 mg/15ml</i>	P	
CULTURELLE BABY GROW THRIVE ORAL LIQUID	P	
CULTURELLE BABY GROW THRIVE ORAL PACKET 10 MCG	P	
FLORANEX ORAL PACKET	P	
FLORASTOR KIDS ORAL PACKET 250 MG	P	
*Antidiarrheal/Probiotic Combinations***		
<i>acidophilus/pectin oral capsule</i>	P	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE	P	
Antidiarrheals		
*Antidiarrheal Agents - Misc.***		
<i>bismatrol oral suspension 262 mg/15ml</i>	P	
CULTURELLE BABY GROW THRIVE ORAL LIQUID	P	
CULTURELLE BABY GROW THRIVE ORAL PACKET 10 MCG	P	
FLORANEX ORAL PACKET	P	

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Drug Name	Preference Details	Coverage Details
FLORASTOR KIDS ORAL PACKET 250 MG	P	
*Antidiarrheal Combinations***		
<i>acidophilus/pectin oral capsule</i>	P	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE	P	
*Antiperistaltic Agents***		
<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 a-d oral tablet 2 mg</i>	P	
<i>loperamide hcl oral capsule 2 mg</i>	P	
Antidotes And Specific Antagonists		
*Antidotes And Specific Antagonists***		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	P	
Antidotes		
*Antidotes - Chelating Agents***		
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	P	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	P	PA
*Antidotes***		
<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 cartridge 0.4 mg/ml</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)

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Drug Name	Preference Details	Coverage Details
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	
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	

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Drug Name	Preference Details	Coverage Details
<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 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	

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Drug Name	Preference Details	Coverage Details
*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	
*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	PA
*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	

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Drug Name	Preference Details	Coverage Details
<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	
<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 II 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 II 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 II 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	

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Drug Name	Preference Details	Coverage Details
<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	
*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	PA
*Leprostatics***		
<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	

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Drug Name	Preference Details	Coverage Details
<i>clindamycin phosphate intravenous solution 150 mg/ml</i>	P	
*Oxazolidinones***		
<i>linezolid oral tablet 600 mg</i>	P	PA
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	QL (84 EA per 14 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	P	QL (84 EA per 14 days)
<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 Agents		
*Antimyasthenic 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 intravenous solution reconstituted 600 mg</i>	P	
<i>rifampin oral capsule 150 mg, 300 mg</i>	P	
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
HEXALEN ORAL CAPSULE 50 MG	P	PA

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Drug Name	Preference Details	Coverage Details
MYLERAN ORAL TABLET 2 MG	P	PA
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	P	PA
ZYTIGA ORAL TABLET 500 MG	P	PA
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	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>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	P	PA
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1.5 gm/15ml, 2 gm/20ml, 200 mg/2ml</i>	P	
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	P	PA
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 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	
TABLOID ORAL TABLET 40 MG	P	PA
*Antineoplastic - Braf Kinase Inhibitors***		
ZELBORAF ORAL TABLET 240 MG	P	PA
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG	P	PA

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Drug Name	Preference Details	Coverage Details
*Antineoplastic - Histone Deacetylase Inhibitors***		
ZOLINZA ORAL CAPSULE 100 MG	P	PA
*Antineoplastic - Monoclonal Antibodies***		
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	P	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	P	PA
Opdivo Intravenous Solution 240 MG/24ML	Not Covered	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
*Antineoplastic - Multikinase Inhibitors***		
STIVARGA ORAL TABLET 40 MG	P	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	PA
*Antineoplastic - Tyrosine Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	P	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	P	PA
<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)
ICLUSIG ORAL TABLET 15 MG, 45 MG	P	PA
<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
TYKERB ORAL TABLET 250 MG	P	PA
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)

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Drug Name	Preference Details	Coverage Details
*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	PA; QL (31 EA per 31 days)
<i>letrozole oral tablet 2.5 mg</i>	P	
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	P	PA
*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
*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	PA
*Nitrogen Mustards***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	P	PA
LEUKERAN ORAL TABLET 2 MG	P	PA

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Drug Name	Preference Details	Coverage Details
<i>melphalan oral tablet 2 mg</i>	P	PA
*Nitrosoureas***		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	P	PA
*Progestins-Antineoplastic***		
<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
Antiparkinson 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 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	

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Drug Name	Preference Details	Coverage Details
*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>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)
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	P	PA; QL (0.875 ML per 91 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	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)

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Drug Name	Preference Details	Coverage Details
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	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)
<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***		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	P	ST; Must fail preferred quetiapine, olanzapine, or risperidone 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)

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Drug Name	Preference Details	Coverage Details
*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)
<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 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)

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Drug Name	Preference Details	Coverage Details
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)
*Antiretrovirals Adjuvants***		
*Antiretrovirals Adjuvants***		
<i>tybost oral tablet 150 mg</i>	P	QL (31 EA per 31 days)
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	
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)
ATRIPLA ORAL TABLET 600-200-300 MG	P	
BIKTARVY ORAL TABLET 50-200-25 MG	P	
CIMDUO ORAL TABLET 300-300 MG	P	QL (31 EA per 31 days)
Combivir Oral Tablet 150-300 MG	Not Covered	
COMPLERA ORAL TABLET 200-25-300 MG	P	
DELSTRIGO ORAL TABLET 100-300-300 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)
Epzicom Oral Tablet 600-300 MG	Not Covered	
EVOTAZ ORAL TABLET 300-150 MG	P	

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Drug Name	Preference Details	Coverage Details
GENVOYA ORAL TABLET 150-150-200-10 MG	P	QL (31 EA per 31 days)
JULUCA ORAL TABLET 50-25 MG	P	PA; QL (31 EA per 31 days)
KALETRA ORAL SOLUTION 400-100 MG/5ML	P	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	P	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	P	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	P	
ODEFSEY ORAL TABLET 200-25-25 MG	P	QL (31 EA per 31 days)
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)
TRIUMEQ ORAL TABLET 600-50-300 MG	P	QL (31 EA per 31 days)
Trizivir Oral Tablet 300-150-300 MG	Not Covered	
TRUVADA ORAL TABLET 100-150 MG	P	QL (62 EA per 31 days)
TRUVADA ORAL TABLET 133-200 MG, 167-250 MG, 200-300 MG	P	QL (31 EA per 31 days)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL SOLUTION 20 MG/ML	P	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	P	
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	P	
*Antiretrovirals - Integrase Inhibitors***		
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
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	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	
Lexiva Oral Tablet 700 MG	Not Covered	QL (124 EA per 31 days)
NORVIR ORAL CAPSULE 100 MG	P	
NORVIR ORAL SOLUTION 80 MG/ML	P	
NORVIR ORAL TABLET 100 MG	P	
PREZISTA ORAL SUSPENSION 100 MG/ML	P	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 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	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	P	
<i>nevirapine oral suspension 50 mg/5ml</i>	P	
<i>nevirapine oral tablet 200 mg</i>	P	
RESCRIPTOR ORAL TABLET 100 MG, 200 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	

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Drug Name	Preference Details	Coverage Details
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	P	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	P	
Ziagen Oral Solution 20 MG/ML	Not Covered	
Ziagen Oral Tablet 300 MG	Not Covered	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
EMTRIVA ORAL CAPSULE 200 MG	P	QL (31 EA per 31 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	P	QL (744 ML per 31 days)
Epivir Oral Solution 10 MG/ML	Not Covered	
Epivir Oral Tablet 150 MG, 300 MG	Not Covered	
<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	
Retrovir Oral Capsule 100 MG	Not Covered	
Retrovir Oral Syrup 50 MG/5ML	Not Covered	
<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 TABLET 150 MG, 200 MG, 250 MG	P	
*Hepatitis B Agents***		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	P	PA
*Hepatitis C Agents***		
MODERIBA ORAL TABLET 200 MG	P	

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Drug Name	Preference Details	Coverage Details
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 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
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)
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	P	
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	P	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	P	AL (Max 18 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	P	QL (40 EA per 365 days); AL (Min 7 Years)
Assorted 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	

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Drug Name	Preference Details	Coverage Details
*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	
*Potassium Removing Resins***		
<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	
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	P	
<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	
<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	

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Drug Name	Preference Details	Coverage Details
*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	
<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	

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Drug Name	Preference Details	Coverage Details
<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.		
*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)
*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

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Drug Name	Preference Details	Coverage Details
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	
<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>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***		
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	
*Combination Contraceptives - Oral***		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	P	

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Drug Name	Preference Details	Coverage Details
APRI ORAL TABLET 0.15-30 MG-MCG	P	
AVIANE ORAL TABLET 0.1-20 MG-MCG	P	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	P	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	P	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	P	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	P	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	P	
GIANVI ORAL TABLET 3-0.02 MG	P	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	P	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	P	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	P	
LESSINA ORAL TABLET 0.1-20 MG-MCG	P	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	P	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	P	
LORYNA ORAL TABLET 3-0.02 MG	P	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	P	
LUTERA ORAL TABLET 0.1-20 MG-MCG	P	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	P	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	P	

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Drug Name	Preference Details	Coverage Details
MONONESSA ORAL TABLET 0.25-35 MG-MCG	P	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	P	
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	P	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	P	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	P	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	P	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	
OCELLA ORAL TABLET 3-0.03 MG	P	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	P	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	P	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	P	
SOLIA ORAL TABLET 0.15-30 MG-MCG	P	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	P	
SRONYX ORAL TABLET 0.1-20 MG-MCG	P	
SYEDA ORAL TABLET 3-0.03 MG	P	
VESTURA ORAL TABLET 3-0.02 MG	P	
ZARAH ORAL TABLET 3-0.03 MG	P	
ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	P	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	P	
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	P	

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Drug Name	Preference Details	Coverage Details
*Combination Contraceptives - Vaginal***		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	P	QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	P	QL (1 EA per 28 days)
*Continuous Contraceptives - Oral***		
AMETHYST ORAL TABLET 90-20 MCG	P	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	P	
*Emergency Contraceptives***		
<i>levonorgestrel oral tablet 0.75 mg</i>	P	QL (4 EA per 31 days)
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	P	QL (6 EA per 365 days)
OPTION 2 ORAL TABLET 1.5 MG	P	QL (6 EA per 365 days)
PLAN B ONE-STEP ORAL TABLET 1.5 MG	P	QL (6 EA per 365 days)
*Extended-Cycle Contraceptives - Oral***		
QUASENSE ORAL TABLET 0.15-0.03 MG	P	QL (91 EA per 91 days)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	P	QL (1 ML per 93 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	P	QL (1 ML per 93 days)
*Progestin Contraceptives - Oral***		
<i>norethindrone oral tablet 0.35 mg</i>	P	
NOR-QD ORAL TABLET 0.35 MG	P	
*Triphasic Contraceptives - Oral***		
CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	P	
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	
<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	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	

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Drug Name	Preference Details	Coverage Details
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	P	
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	
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	
<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	

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Drug Name	Preference Details	Coverage Details
<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-Antihistamine-Analgesic***		
DELSYM NIGHT TIME MULTI-SYMP T ORAL LIQUID 15-6.25-325 MG/15ML	P	
*Antitussive-Expectorant***		
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>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	

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Drug Name	Preference Details	Coverage Details
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	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 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 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 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	

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Drug Name	Preference Details	Coverage Details
*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	
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	
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); AL (Min 12 Years and Max 20 Years)
*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	PA
<i>fluorouracil external solution 2 %, 5 %</i>	P	PA
*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 30 days)
*Antipsoriatics - Systemic***		
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) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	P	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	P	PA
*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	
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	

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Drug Name	Preference Details	Coverage Details
*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 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)
<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)

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Drug Name	Preference Details	Coverage Details
<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)
<i>hydrocortisone external ointment 1 % , 2.5 %</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)

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Drug Name	Preference Details	Coverage Details
*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)
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	P	PA
*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***		
<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)
<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	PA
*Insect Repellents***		
CUTTER BACKWOODS EXTERNAL AEROSOL	P	
CUTTER SKINSATIONS EXTERNAL LIQUID 7 %	P	
NATRAPEL 12-HOUR TICK/INSECT EXTERNAL AEROSOL 20 %	P	
OFF ACTIVE EXTERNAL AEROSOL 15 %	P	

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Drug Name	Preference Details	Coverage Details
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	
CONDYLOX EXTERNAL GEL 0.5 %	P	PA
<i>podofilox external solution 0.5 %</i>	P	
SALACTIC FILM EXTERNAL SOLUTION 17 %	P	
*Local Anesthetics - Topical***		
ASPERCREME LIDOCAINE EXTERNAL PATCH 4 %	P	QL (90 EA per 30 days)
<i>capsaicin external cream 0.025 %</i>	P	QL (60 gms per 30 days)
<i>lidocaine hcl external gel 2 %</i>	P	
<i>lidocaine hcl external solution 4 %</i>	P	
*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	
<i>metronidazole external gel 0.75 %</i>	P	QL (70 GM per 30 days)
<i>metronidazole external gel 1 %</i>	P	

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Drug Name	Preference Details	Coverage Details
*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
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	
*Multiple Urine Tests***		
KETO-DIASTIX IN VITRO STRIP	P	

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Drug Name	Preference Details	Coverage Details
Digestive Aids		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	P	
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT	P	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT	P	
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	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	P	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<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	
<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.		
*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	PA
*Gaa Deficiency Treatment - Agents***		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	P	PA
*Growth Hormones***		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	P	PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	P	
<i>calcitriol oral solution 1 mcg/ml</i>	P	

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Drug Name	Preference Details	Coverage Details
*Ovulation Stimulants-Synthetic***		
<i>clomiphene citrate oral tablet 50 mg</i>	P	ICD-10 Required; QL (3 Courses per 365 days); AL (Min 21 Years and Max 44 Years)
*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	
*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	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	

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Drug Name	Preference Details	Coverage Details
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>gas relief oral suspension 20 mg/0.3ml</i>	P	
<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***		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	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***		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	P	ST; Must fail preferred Calcium acetate tablet or Calcium acetate capsule within the past 100 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
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)
*Interstitial Cystitis Agents***		
<i>elmiron oral capsule 100 mg</i>	P	PA
*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)
*Glycopeptides***		
*Glycopeptides***		
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 100 gm, 1000 mg, 500 mg, 750 mg</i>	P	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	P	PA
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	

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Drug Name	Preference Details	Coverage Details
Hematological Agents - Misc.		
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	P	PA
*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		
*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***		
<i>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</i>	P	
*Erythropoiesis-Stimulating Agents (Esas)***		
<i>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</i>	P	PA

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Drug Name	Preference Details	Coverage Details
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 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
*Erythropoietins***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML	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	
<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 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	
POLY-IRON 150 ORAL CAPSULE 150 MG	P	
<i>slow release iron oral tablet extended release 160 (50 fe) mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*Hepatitis C Agent - Combinations***		
*Hepatitis C Agent - Combinations***		
MAVYRET ORAL TABLET 100-40 MG	P	PA
Hypnotics		
*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)
*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)
*Interleukin-5 Antagonists (Igg1 Kappa)***		
*Interleukin-5 Antagonists (Igg1 Kappa)***		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	P	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	P	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	P	PA
*Interleukin-5 Antagonists (Igg4 Kappa)***		
*Interleukin-5 Antagonists (Igg4 Kappa)***		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	P	PA

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Drug Name	Preference Details	Coverage Details
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	
<i>metamucil oral powder 48.57 %</i>	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	
*Saline Laxative Mixtures***		
<i>enema disposable rectal enema</i>	P	

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Drug Name	Preference Details	Coverage Details
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	
<i>senna oral tablet 8.6 mg</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	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA OPHTHALMIC SOLUTION 5 %	P	QL (60 EA per 30 days)
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	

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Drug Name	Preference Details	Coverage Details
*Clarithromycin***		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	P	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	P	
*Erythromycins***		
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	P	
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</i>	P	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	P	
Medical Devices		
*Applicators,Cotton Balls,Etc***		
<i>alcohol pads pad 70 %</i>	P	QL (100 EA per 31 days)
*Glucose Monitoring Test Supplies***		
<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	
ONETOUCH ULTRA 2 KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH ULTRA MINI KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH ULTRALINK KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)

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Drug Name	Preference Details	Coverage Details
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
*Hearing Aid Supplies-Batteries***		
<i>hearing aid battery</i>	P	
*Needles & Syringes***		
BD AUTOSHIELD 29G X 5MM 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 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 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 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 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 31G X 5/16" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 25G X 1" 1 ML 25G X 1" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 25G X 5/8" 1 ML 25G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 26G X 1/2" 1 ML 26G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML 27.5G X 5/8" 2 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 27G X 1/2" 1 ML 27G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 28G X 1/2" 1 ML 28G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML 29G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML 29G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 1 ML 29G X 1/2" 1 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" 2 ML 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 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML 27G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.3 ML 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 28G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML 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 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 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 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 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 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 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 31G X 5/16" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-100 1 ML U-100 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-40 25G X 5/8" 1 ML 25G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML 31G X 6MM 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML 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 29G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML 30G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML 30G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 31G X 15/64" 0.3 ML 31G X 15/64" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 31G X 15/64" 0.5 ML 31G X 15/64" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 31G X 15/64" 1 ML 31G X 15/64" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML 31G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD INTEGRA INSULIN SYRINGE 29G X 1/2" 1 ML 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INTEGRA SYRINGE 25G X 1" 1 ML 25G X 1" 1 ML	P	QL (100 EA per 31 days)
BD PEN NEEDLE MICRO U/F 32G X 6 MM 32G X 6 MM	P	
BD PEN NEEDLE MINI U/F 31G X 5 MM 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 32G X 4 MM	P	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC) 32G X 4 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 U/F 32G X 4 MM (RX) 32G X 4 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 ORIGINAL U/F 29G X 12.7MM 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 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 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 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 SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML 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 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 31G X 15/64" 0.5 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML 31G X 15/64" 1 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML 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 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 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 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 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 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)

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Drug Name	Preference Details	Coverage Details
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)
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 carbonate-vitamin d oral tablet 600-400 mg-unit</i>	P	
<i>calcium oral tablet chewable 500-100 mg-unit</i>	P	
<i>calcium+d3 oral tablet 600-800 mg-unit</i>	P	
CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-333 MG-UNIT	P	
<i>oyster shell calcium/vitamin d oral packet 500-200 mg-unit</i>	P	
*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	

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Drug Name	Preference Details	Coverage Details
<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>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 oral tablet 400 (240 mg) mg, 400 (241.3 mg) mg, 420 (252 mg) mg, 500 mg</i>	P	
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ)	P	
<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	

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Drug Name	Preference Details	Coverage Details
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***		
<i>normal saline flush intravenous solution 0.9 %</i>	P	
<i>saline flush intravenous solution 0.9 %</i>	P	
<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	
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral***		
<i>lidocaine viscous mouth/throat solution 2 %</i>	P	
*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)

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Drug Name	Preference Details	Coverage Details
*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***		
<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	
CERTAVITE/ANTIOXIDANTS ORAL TABLET	P	
*Multivitamins***		
<i>multi-vitamins oral tablet</i>	P	
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	P	
*Ped Multiple Vitamins W/ Minerals & C***		
VITAMAX PEDIATRIC ORAL SOLUTION	P	

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Drug Name	Preference Details	Coverage Details
*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 Acd Fluoride & Iron***		
<i>tri-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	P	
*Ped Vitamins Acd 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 acd-fluoride oral solution 0.25 mg/ml</i>	P	
*Pediatric Multiple Vitamins W/ C & Fa***		
<i>childrens multivitamin oral tablet chewable</i>	P	
*Pediatric Multiple Vitamins W/ C***		
<i>polyvitamin oral solution 35 mg/ml</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***		
<i>c-nate dha oral capsule 28-1-200 mg</i>	P	
CO-NATAL FA ORAL TABLET	P	
ELITE-OB ORAL TABLET 50-1.25 MG	P	
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG	P	
MYNATAL ADVANCE ORAL TABLET	P	
<i>mynatal-z oral tablet</i>	P	
<i>mynate 90 plus oral tablet extended release</i>	P	
PNV Prenatal Plus Multivit+DHA Oral 27-1 & 312 MG	Non-Formulary	
<i>pregenna oral tablet 20-1 mg</i>	P	
PRENATABS RX ORAL TABLET 29-1 MG	P	
<i>prenatal 19 oral tablet chewable</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	P	
<i>prenatal low iron oral tablet 27-0.8 mg</i>	P	
<i>prenatal multi +dha oral capsule 27-0.8-228 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 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	
<i>vp-pnv-dha oral capsule 28-1-215.8 mg</i>	P	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR)	P	
*Prenatal Mv & Min W/Fe-Fa-Dha***		
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	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	
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
*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	
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***		
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	P	PA

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Drug Name	Preference Details	Coverage Details
Nutrients		
*Misc. Nutritional Substances***		
<i>fish oil concentrate oral capsule 1000 mg</i>	P	
<i>fish oil oral capsule 1000 mg</i>	P	
<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 22.3-6.8 mg/ml</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 %</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	

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Drug Name	Preference Details	Coverage Details
<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	
<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***		
AZOPT OPHTHALMIC SUSPENSION 1 %	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	

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Drug Name	Preference Details	Coverage Details
<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	
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	

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Drug Name	Preference Details	Coverage Details
*Otic Analgesic Combinations***		
<i>antipyrine-benzocaine otic solution 5.4-1.4 %</i> , 5.5-1.4 %	P	
*Otic Anti-Infectives***		
<i>ofloxacin otic solution 0.3 %</i>	P	QL (10 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations***		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	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 with 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 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	

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Drug Name	Preference Details	Coverage Details
<i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	
*Natural Penicillins***		
BICILLIN L-A INTRAMUSCULAR SUSPENSION 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	
*Potassium Removing Agents***		
*Potassium Removing Agents***		
<i>sodium polystyrene sulfonate oral powder</i>	P	QL (454 GM per 31 days)
SPS ORAL SUSPENSION 15 GM/60ML	P	
Progestins		
*Progestins***		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	P	PA

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Drug Name	Preference Details	Coverage Details
<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	
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	
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	P	PA
*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***		
<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>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	P	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	P	QL (280 EA per 365 days); AL (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG	P	QL (336 EA per 365 days); AL (Min 18 Years)
CHANTIX ORAL TABLET 1 MG	P	QL (280 EA per 365 days); AL (Min 18 Years)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	P	QL (106 EA per 365 days); AL (Min 18 Years)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	P	QL (740 EA per 31 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 (28 EA per 28 days)
NICOTROL INHALATION INHALER 10 MG	P	QL (504 EA per 31 days); AL (Min 18 Years)

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Drug Name	Preference Details	Coverage Details
NICOTROL NS NASAL SOLUTION 10 MG/ML	P	QL (120 ML per 31 days); AL (Min 18 Years)
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	P	PA
*Sinus Node Inhibitors**		
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION 5 MG/5ML	P	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	P	PA
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 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
*Steroids - Mouth/Throat/Dental***		
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	P	
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	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	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	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	P	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	P	AL (Min 19 Years)
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	P	AL (Min 19 Years)
Ulcer Drugs		
*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	

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Drug Name	Preference Details	Coverage Details
<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
ZEGERID OTC ORAL CAPSULE 20-1100 MG	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.
<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 oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	P	
<i>omeprazole oral tablet delayed release 20 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<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 Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	P	
Urinary Anti-Infectives		
*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	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</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.
*Urinary Antispasmodics - Cholinergic Agonists*** (New)		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	P	
Vaccines		
*Bacterial Vaccines***		
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	P	AL (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
*Viral Vaccines***		
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	AL (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	P	AL (Min 50 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	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	AL (Min 50 Years)
Vaginal 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	
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	P	
<i>metronidazole vaginal gel 0.75 %</i>	P	
VANAZOLE VAGINAL GEL 0.75 %	P	

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Drug Name	Preference Details	Coverage Details
*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	
*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	
*Vitamin C***		
<i>ascorbic acid oral tablet 1000 mg, 250 mg, 500 mg</i>	P	
<i>natural c/rose hips oral tablet 500 mg</i>	P	
<i>sm chewable vitamin c oral tablet chewable 500 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>vitamin c oral packet 500 mg</i>	P	
<i>vitamin c oral tablet 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-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 400 unit</i>	P	
<i>vitamin e oral capsule 400 unit</i>	P	
<i>vitamin e water soluble oral capsule 400 unit</i>	P	
<i>vitamin e/d-alpha natural oral capsule 400 unit</i>	P	
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>	P	QL (31 EA per 31 days)
<i>vitamin k (phytonadione) oral tablet 100 mcg</i>	P	

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ISENTRESS HD.....	38	
<i>isoniazid</i>	29	
<i>isosorbide dinitrate</i>	10	
<i>isosorbide dinitrate er</i>	10	
<i>isosorbide mononitrate</i>	10	
<i>isosorbide mononitrate er</i>	10	
<i>isotretinoin</i>	53	
<i>ivermectin</i>	9	
JADENU SPRINKLE.....	23	
JAKAFI.....	32	
JANTOVEN.....	14	

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JANUMET.....	19	<i>levofloxacin</i>	64	MAG-TAB SR.....	77
JANUMET XR.....	19	<i>levonorgestrel</i>	48	<i>malathion</i>	60
JANUVIA.....	19	<i>levonorgestrel-ethinyl estrad</i>		<i>mapap</i>	4
JULUCA.....	38	46, 48	MAPAP CHILDRENS.....	4
JUNEL 1.5/30.....	46	LEVORA 0.15/30 (28).....	46	<i>maprotiline hcl</i>	17
JUNEL 1/20.....	46	<i>levothyroxine sodium</i>	91	<i>marten-tab</i>	5
JUNEL FE 1.5/30.....	46	LEXIVA.....	39	MATZIM LA.....	44
JUNEL FE 1/20.....	46	Lexiva.....	39	MAVYRET.....	68
KALETRA.....	38	<i>lice killing maximum strength</i>	60	MAXIDEX.....	85
KALYDECO.....	90	<i>lice treatment (permethrin</i>		MAXIMUM D3.....	96
KANJINTI.....	31	<i>1%)</i>	60	<i>meclizine hcl</i>	24
KARIGEL.....	79	<i>lidocaine hcl</i>	59, 70	<i>medroxyprogesterone</i>	
KARIVA.....	45	<i>lidocaine hcl (cardiac)</i>	11	<i>acetate</i>	48, 88
KELNOR 1/35.....	46	<i>lidocaine hcl (pf)</i>	70	<i>mefloquine hcl</i>	29
<i>ketoconazole</i>	24, 58	<i>lidocaine viscous</i>	78	<i>megestrol acetate</i>	33
KETO-DIASTIX.....	60	<i>lidocaine-prilocaine</i>	60	<i>melatonin maximum strength</i> ..	2
<i>ketoprofen</i>	4	<i>linezolid</i>	29	<i>meloxicam</i>	4
<i>ketorolac tromethamine</i>	4, 84	<i>liothyronine sodium</i>	91	<i>melphalan</i>	33
KETOSTIX.....	60	<i>lisinopril</i>	27	<i>memantine hcl</i>	89
<i>ketotifen fumarate</i>	83	<i>lisinopril-hydrochlorothiazide</i>	27	<i>m-end dm</i>	52
KEVZARA.....	3	<i>lithium</i>	34	<i>mercaptopurine</i>	30
<i>kidkare cough/cold</i>	52	<i>lithium carbonate</i>	34	<i>mesalamine</i>	64
KLARITY-L.....	85	<i>lithium carbonate er</i>	34	<i>mesalamine er</i>	64
KLOR-CON.....	78	<i>lomustine</i>	33	MESTINON.....	29
KLOR-CON 10.....	77	<i>loperamide a-d</i>	23	METAMUCIL.....	69
KLOR-CON M10.....	77	<i>loperamide hcl</i>	23	<i>metamucil</i>	69
KLOR-CON M20.....	77	<i>lopinavir-ritonavir</i>	38	METAMUCIL SMOOTH	
<i>kp benzoyl peroxide wash</i>	53	<i>loratadine</i>	25	TEXTURE.....	69
<i>labetalol hcl</i>	42	<i>loratadine hives relief</i>	25	<i>metformin hcl</i>	18
<i>lactated ringers</i>	77	<i>lorazepam</i>	10	<i>metformin hcl er</i>	18
<i>lactulose</i>	69	LORYNA.....	46	<i>methadone hcl</i>	6
<i>lamivudine</i>	40	<i>losartan potassium</i>	27	<i>methazolamide</i>	61
<i>lamivudine-zidovudine</i>	38	<i>losartan potassium-hctz</i>	27	<i>methimazole</i>	91
<i>lamotrigine</i>	15	LOTEMAX.....	85	<i>methitest</i>	8
<i>lancet device</i>	71	LOTEMAX SM.....	85	<i>methocarbamol</i>	81
<i>lancets</i>	71	<i>loteprednol etabonate</i>	85	<i>methotrexate</i>	30
<i>lansoprazole</i>	92	<i>lovastatin</i>	26	<i>methotrexate sodium</i>	30
<i>latanoprost</i>	85	LOW-OGESTREL.....	46	<i>methotrexate sodium (pf)</i>	30
<i>leflunomide</i>	4	<i>loxapine succinate</i>	35	<i>methyl dopa</i>	28
LESSINA.....	46	LUMIZYME.....	62	<i>methylergonovine maleate</i>	86
<i>letrozole</i>	32	LUTERA.....	46	<i>methylphenidate hcl</i>	2
<i>leucovorin calcium</i>	32	LYSODREN.....	30	<i>methylphenidate hcl er</i>	2
LEUKERAN.....	32	MAALOX MULTI SYMPTOM		<i>methylprednisolone</i>	49
<i>levabuterol tartrate</i>	12	MAX ST.....	9	<i>methylprednisolone (pak)</i>	49
<i>levetiracetam</i>	15	<i>magdelay</i>	77	<i>methylprednisolone acetate</i> ...	49
<i>levobunolol hcl</i>	83	<i>mag-delay</i>	77	<i>methylprednisolone sodium</i>	
<i>levocarnitine</i>	62	<i>magnesium oxide</i>	9, 77	<i>succ</i>	49
<i>levocetirizine dihydrochloride</i>	25	<i>magnesium oxide 400</i>	77	<i>metoclopramide hcl</i>	64

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<i>metolazone</i>	62	<i>mupirocin</i>	54	<i>nifedipine er</i>	44
<i>metoprolol succinate er</i>	42	MVASI.....	33	<i>nifedipine er osmotic release</i>	44
<i>metoprolol tartrate</i>	42	<i>mycophenolate mofetil</i>	42	NITRO-BID.....	10
<i>metronidazole</i>	28, 59, 94	MYLERAN.....	30	<i>nitrofurantoin macrocrystal</i>	93
<i>mexiletine hcl</i>	11	MYNATAL ADVANCE.....	80	<i>nitrofurantoin monohyd</i>	
<i>miconazole 3</i>	94	<i>mynatal-z</i>	80	<i>macro</i>	93
<i>miconazole 3 combo pack</i>	94	<i>mynate 90 plus</i>	80	<i>nitroglycerin</i>	10
<i>miconazole 3 combo pack</i>		MYORISAN.....	53	<i>no flush niacin</i>	44
<i>app</i>	94	<i>nabumetone</i>	4	<i>nohist-dm</i>	52
<i>miconazole nitrate</i>	58, 94	<i>nadolol</i>	43	<i>norethindrone</i>	48
MICROCHAMBER.....	75	<i>naloxone hcl</i>	23	<i>norethindrone acetate</i>	88
MICROGESTIN 1.5/30.....	46	<i>naltrexone hcl</i>	23	<i>norethin-eth estradiol-fe</i>	47
MICROGESTIN 1/20.....	46	<i>naproxen</i>	4	<i>norgestimate-eth estradiol</i>	47
MICROGESTIN FE 1.5/30....	46	<i>naproxen dr</i>	4	<i>norgestim-eth estrad</i>	
MICROGESTIN FE 1/20.....	46	<i>naproxen sodium</i>	4	<i>triphasic</i>	48
MICROSPACER.....	75	<i>naratriptan hcl</i>	76	<i>normal saline flush</i>	78
<i>midodrine hcl</i>	95	NARCAN.....	23	NOR-QD.....	48
<i>milk of magnesia</i>	70	<i>nasal decongestant</i>	82	NORTREL 0.5/35 (28).....	47
<i>minocycline hcl</i>	90	<i>nateglinide</i>	21	NORTREL 1/35 (21).....	47
<i>minoxidil</i>	28	NATRAPEL 12-HOUR		NORTREL 1/35 (28).....	47
<i>mirtazapine</i>	17	TICK/INSECT.....	58	NORTREL 7/7/7.....	48
<i>misoprostol</i>	93	<i>natural c/rose hips</i>	95	<i>nortriptyline hcl</i>	18
Modafinil.....	2	<i>natural fiber laxative</i>	69	NORVIR.....	39
MODERIBA.....	40	<i>natural vitamin e</i>	96	NOVOLIN 70/30.....	20
<i>mometasone furoate</i>	57	NECON 0.5/35 (28).....	47	NOVOLIN N.....	20
MOMMY'S BLISS VIT D		NECON 1/35 (28).....	47	NOVOLIN R.....	20
ORGANIC.....	96	NECON 7/7/7.....	48	<i>np thyroid</i>	91
MONISTAT 3.....	94	<i>nefazodone hcl</i>	17	NUCALA.....	68
MONONESSA.....	47	<i>neomycin-bacitracin zn-</i>		<i>nystatin</i>	24, 54, 78
<i>montelukast sodium</i>	13	<i>polymyx</i>	84	OCELLA.....	47
<i>morphine sulfate</i>	7	<i>neomycin-polymyxin-</i>		OCUSOFT HYPOCHLOR....	58
<i>morphine sulfate</i>		<i>dexameth</i>	84, 85	OCUSOFT LID SCRUB	
(concentrate).....	7	<i>neomycin-polymyxin-</i>		FOAMING.....	58
<i>morphine sulfate (pf)</i>	7	<i>gramicidin</i>	84	OCUSOFT LID SCRUB	
<i>morphine sulfate er</i>	7	<i>neomycin-polymyxin-hc</i> ... 85, 86		ORIGINAL.....	58
MUCINEX D.....	51	<i>nevirapine</i>	39	ODEFSEY.....	38
MUCINEX FAST-MAX DM		NEXIUM 24HR.....	92	OFF ACTIVE.....	58
MAX.....	50	NEXT CHOICE ONE DOSE..	48	OFF DEEP WOODS.....	59
MUCINEX MAXIMUM		<i>niacin</i>	95	OFF DEEP WOODS DRY....	59
STRENGTH.....	51	<i>niacin er</i>	95	OFF SMOOTH & DRY.....	59
<i>mucus relief</i>	51	NIACOR.....	26	<i>ofloxacin</i>	84, 86
<i>mucus relief dm cough</i>	50	<i>nicotine</i>	89	<i>olanzapine</i>	37
<i>mucus relief er</i>	51	<i>nicotine polacrilex</i>	89	<i>olmesartan medoxomil</i>	27
MULTAQ.....	11	NICOTROL.....	89	<i>olopatadine hcl</i>	83
<i>multi-vit/fluoride</i>	80	NICOTROL NS.....	90	<i>omega-3</i>	83
<i>multivitamin/fluoride</i>	80	NIFEDIAC CC.....	44	<i>omega-3-acid ethyl esters</i>	25
<i>multi-vitamin/fluoride/iron</i>	79	NIFEDICAL XL.....	44	<i>omeprazole</i>	92
<i>multi-vitamins</i>	79	<i>nifedipine</i>	44		

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<i>omeprazole-sodium bicarbonate</i>	92	<i>oxycodone hcl er</i>	7	PNV Prenatal Plus	
OMNITROPE.....	62	<i>oxycodone-acetaminophen</i>	8	Multivit+DHA.....	80
ONCASPAR.....	32	<i>oxycodone-aspirin</i>	8	<i>pnv-dha</i>	81
<i>ondansetron</i>	24	<i>oyster calcium</i>	77	<i>podofilox</i>	59
<i>ondansetron hcl</i>	24	<i>oyster shell calcium</i>	77	<i>polyethylene glycol 3350</i>	69
ONETOUCH ULTRA.....	60	<i>oyster shell calcium/vitamin d</i>	76	POLY-IRON 150.....	67
ONETOUCH ULTRA 2.....	71	PACERONE.....	11	<i>poly-iron 150 forte</i>	67
ONETOUCH ULTRA MINI.....	71	<i>pain & fever childrens</i>	5	<i>polymyxin b-trimethoprim</i>	84
ONETOUCH ULTRALINK.....	71	<i>pantoprazole sodium</i>	93	<i>polyvitamin</i>	80
ONETOUCH VERIO.....	60, 71	<i>paroxetine hcl</i>	17	<i>polyvitamin/iron</i>	80
ONETOUCH VERIO FLEX SYSTEM.....	71	<i>peak flow meter</i>	75	PORTIA-28.....	47
ONETOUCH VERIO IQ SYSTEM.....	71	<i>peg 3350/electrolytes</i>	69	<i>potassium chloride</i>	78
ONETOUCH VERIO SYNC SYSTEM.....	72	<i>peg 3350-kcl-na bicarb-nacl</i> ..	69	<i>potassium chloride crys er</i>	78
OPDIVO.....	31	<i>peg-3350/electrolytes</i>	69	<i>potassium chloride er</i>	78
Opdivo.....	31	PEGANONE.....	16	<i>potassium chloride in nacl</i>	77
OPTICHAMBER ADVANTAGE.....	75	PEGASYS.....	41	PR NATAL 400 EC.....	81
OPTICHAMBER ADVANTAGE-LG MASK.....	75	PEGASYS PROCLICK.....	41	<i>pramipexole dihydrochloride</i> ..	33
OPTICHAMBER ADVANTAGE-MED MASK....	75	<i>penicillin g potassium</i>	87	<i>pravastatin sodium</i>	26
OPTICHAMBER ADVANTAGE-SM MASK.....	75	<i>penicillin g procaine</i>	87	<i>prazosin hcl</i>	28
OPTICHAMBER FACE MASK-LARGE.....	75	<i>penicillin v potassium</i>	87	PRECISION XTRA KETONE	60
OPTICHAMBER FACE MASK-MEDIUM.....	76	<i>pentazocine-naloxone hcl</i>	8	PRED-G.....	85
OPTICHAMBER FACE MASK-SMALL.....	76	<i>pentoxifylline er</i>	66	<i>prednisolone</i>	49
OPTIHALER.....	76	PERIOGARD.....	78	<i>prednisolone acetate</i>	85
OPTIMAL-D.....	96	<i>permethrin</i>	60	<i>prednisolone sodium phosphate</i>	49
OPTION 2.....	48	<i>perphenazine</i>	36	<i>prednisone</i>	50
ORALYTE.....	77	<i>perphenazine-amitriptyline</i>	89	<i>pregenna</i>	80
ORALYTE FREEZER POPS.....	77	<i>phenazopyridine hcl</i>	65	PREMARIN.....	63, 95
<i>orphenadrine citrate er</i>	81	<i>phenelzine sulfate</i>	17	PREMPHASE.....	63
<i>oseltamivir phosphate</i>	41	<i>phenobarbital</i>	68	PREMPRO.....	63
<i>oxacillin sodium</i>	87	<i>phenobarbital sodium</i>	68	PRENATABS RX.....	80
<i>oxandrolone</i>	8	<i>phenytoin</i>	16	<i>prenatal</i>	81
<i>oxaprozin</i>	4	<i>phenytoin sodium</i>	16	<i>prenatal 19</i>	80
<i>oxazepam</i>	11	<i>phenytoin sodium extended</i> ..	16	<i>prenatal formula</i>	81
<i>oxcarbazepine</i>	15	PHOS-FLUR.....	79	<i>prenatal low iron</i>	81
<i>oxybutynin chloride</i>	93	<i>phos-nak</i>	77	<i>prenatal multi +dha</i>	81
<i>oxybutynin chloride er</i>	93	<i>phytonadione</i>	96	<i>prenatal plus</i>	81
<i>oxycodone hcl</i>	7	<i>pilocarpine hcl</i>	79, 83	<i>prenatal plus iron</i>	81
		<i>pimecrolimus</i>	59	PRENATAL-U.....	81
		<i>pimozide</i>	89	PREVIFEM.....	47
		<i>pindolol</i>	43	PREVNAR 13.....	93
		<i>pin-x</i>	9	PREZCOBIX.....	38
		<i>pioglitazone hcl</i>	22	PREZISTA.....	39
		<i>pioglitazone hcl-metformin hcl</i>	22	PRILOSEC OTC.....	93
		<i>piroxicam</i>	4	<i>primaquine phosphate</i>	29
		PLAN B ONE-STEP.....	48	<i>primidone</i>	15
		PNEUMOVAX 23.....	93	PROAIR DIGIHALER.....	12
				PROAIR HFA.....	12

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PROAIR RESPICLICK.....	12	REPEL SPORTSMEN.....	59	<i>sertraline hcl</i>	17, 18
<i>probenecid</i>	65	REPEL SPORTSMEN MAX..	59	<i>sf 5000 plus</i>	79
<i>prochlorperazine</i>	36	RESCRIPTOR.....	39	SHINGRIX.....	94
<i>prochlorperazine maleate</i>	36	RETROVIR.....	40	<i>sildenafil citrate</i>	44
PROCTOSOL HC.....	9	Retrovir.....	40	SILIQ.....	55
PROCTOZONE-HC.....	9	REVLIMID.....	42	<i>silver sulfadiazine</i>	56
<i>progesterone micronized</i>	88	RIBASPHERE.....	41	<i>simethicone</i>	64
PROLIA.....	63	<i>ribavirin</i>	41	<i>simvastatin</i>	26
<i>promethazine hcl</i>	25	<i>rifabutin</i>	29	<i>sleep aid</i>	68
<i>promethazine vc</i>	51	<i>rifampin</i>	29	<i>slow release iron</i>	67
<i>promethazine vc plain</i>	51	<i>rimantadine hcl</i>	41	<i>sm chewable vitamin c</i>	95
<i>promethazine-dm</i>	52	RIOMET.....	18	<i>sm magnesium oxide</i>	77
PROMETHEGAN.....	25	RISPERDAL CONSTA.....	35	<i>sod citrate-citric acid</i>	65
<i>propafenone hcl</i>	11	<i>risperidone</i>	35	<i>sodium bicarbonate</i>	9
<i>propantheline bromide</i>	93	RISPERIDONE M-TAB.....	35	<i>sodium chloride</i>	51, 65, 78
<i>propranolol hcl</i>	43	<i>ritonavir</i>	39	<i>sodium fluoride</i>	77
<i>propranolol hcl er</i>	43	<i>rivastigmine</i>	88	<i>sodium polystyrene</i>	
<i>propylthiouracil</i>	91	<i>rivastigmine tartrate</i>	88	<i>sulfonate</i>	42, 87
<i>protexa</i>	58	<i>rizatriptan benzoate</i>	76	SOLIA.....	47
<i>protriptyline hcl</i>	18	<i>robafen</i>	51	<i>sorbitol</i>	69
PROVENTIL HFA.....	12	<i>robafen cf cough/cold</i>	50	SORILUX.....	55
<i>pseudoeph-bromphen-dm</i>	52	ROBITUSSIN CHILD		<i>sotalol hcl</i>	43
<i>pseudoephedrine hcl</i>	82	COUGH/COLD LA.....	52	<i>sotalol hcl (af)</i>	43
<i>pseudoephedrine hcl er</i>	82	ROBITUSSIN CHILDRENS		<i>spinosad</i>	60
PULMOZYME.....	90	COUGH LA.....	50	<i>spironolactone</i>	62
<i>pyrazinamide</i>	29	ROBITUSSIN TO GO		<i>spironolactone-hctz</i>	61
<i>pyridostigmine bromide</i>	29	COUGH/COLD CF.....	50	SPRINTEC 28.....	47
<i>pyridostigmine bromide er</i>	29	<i>ropinirole hcl</i>	33	SPRYCEL.....	31
<i>pyrimethamine</i>	29	<i>rosuvastatin calcium</i>	26	SPS.....	42, 87
QUASENSE.....	48	<i>rynex dm</i>	52	SRONYX.....	47
<i>quetiapine fumarate</i>	35	SALACTIC FILM.....	59	SSD.....	56
<i>quinapril hcl</i>	27	<i>saline flush</i>	78	SSKI.....	51
<i>quinidine sulfate</i>	11	<i>saline nasal spray</i>	82	<i>stavudine</i>	40
QVAR REDHALER.....	13	<i>salsalate</i>	5	STEGLATRO.....	21
<i>raloxifene hcl</i>	63	SANDIMMUNE.....	41	STIOLTO RESPIMAT.....	11
<i>ramipril</i>	27	SANTYL.....	58	STIVARGA.....	31
REBIF.....	88	SAPHRIS.....	35	<i>stool softener</i>	70
REBIF REBIDOSE.....	88	SAWYER INSECT		STRIBILD.....	38
REBIF REBIDOSE		REPELLENT.....	59	STRIVERDI RESPIMAT.....	13
TITRATION PACK.....	88	SEGLUROMET.....	90	<i>sucralfate</i>	92
REBIF TITRATION PACK.....	89	<i>selegiline hcl</i>	33	SUDAFED PE MAXIMUM	
RECLIPSEN.....	47	<i>selenium sulfide</i>	55	STRENGTH.....	82
<i>reeses pinworm medicine</i>	9	SELZENTRY.....	38	SUDOGEST	
<i>refenesen</i>	51	<i>senna</i>	70	SINUS/ALLERGY.....	51
<i>refenesen 400</i>	51	<i>senna laxative</i>	70	<i>sulfacetamide sodium</i>	52, 85
RELENZA DISKHALER.....	41	<i>sennosides-docusate</i>		<i>sulfacetamide-prednisolone</i> ...	85
REMEVEN.....	58	<i>sodium</i>	69	<i>sulfamethoxazole-</i>	
<i>rena-vite</i>	79	SEREVENT DISKUS.....	12	<i>trimethoprim</i>	28

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<i>sulfasalazine</i>	64	<i>topiramate</i>	15, 16	<i>valsartan-</i>	
<i>sulindac</i>	4	<i>torseamide</i>	61	<i>hydrochlorothiazide</i>	27
<i>sumatriptan</i>	76	TOSYMRA.....	76	<i>vancomycin hcl</i>	65
<i>sumatriptan succinate</i>	76	<i>tramadol hcl</i>	7	VANDAZOLE.....	94
SUPARTZ.....	82	<i>tranylcypromine sulfate</i>	17	VAQTA.....	94
SUTENT.....	31	<i>travel sickness</i>	24	VELIVET.....	49
SYEDA.....	47	<i>trazodone hcl</i>	17	<i>venlafaxine hcl</i>	18
SYMFI.....	38	TRELSTAR.....	32	<i>venlafaxine hcl er</i>	18
SYMFI LO.....	38	TRELSTAR MIXJECT.....	32	VENTOLIN HFA.....	13
SYNAGIS.....	86	<i>tretinoin</i>	53	<i>verapamil hcl</i>	44
<i>tab-a-viteliron</i>	79	<i>triamcinolone acetonide</i>		<i>verapamil hcl er</i>	44
TABLOID.....	30	57, 79, 90	VESTURA.....	47
<i>tacrolimus</i>	42	<i>triamterene-hctz</i>	61	VEXOL.....	85
<i>tadalafil (pah)</i>	44	<i>triazolam</i>	68	VICTOZA.....	21
<i>tamoxifen citrate</i>	30	TRI-ESTARYLLA.....	48	VIDEX.....	40
<i>tamsulosin hcl</i>	65	<i>trifluoperazine hcl</i>	36	VIDEX EC.....	40
TARON-C DHA.....	81	<i>trifluridine</i>	84	VINATE AZ EXTRA.....	81
TASIGNA.....	31	<i>trihexyphenidyl hcl</i>	33	VINATE II.....	81
<i>tazarotene</i>	55	TRILYTE.....	69	VINATE M.....	81
TAZORAC.....	55	<i>trimethoprim</i>	28	VIOKACE.....	61
<i>temazepam</i>	68	<i>trinatal rx 1</i>	81	VIRACEPT.....	39
<i>temozolomide</i>	32	TRINATE.....	81	VIREAD.....	40
TENIVAC.....	91	TRINESSA (28).....	49	VITAMAX PEDIATRIC.....	79
<i>tenofovir disoproxil fumarate</i>	40	<i>triphrocaps</i>	79	<i>vitamin a</i>	95
<i>terazosin hcl</i>	28	TRI-PREVIFEM.....	49	<i>vitamin b complex-c</i>	79
<i>terbinafine hcl</i>	24, 54	<i>triprolidine-pse</i>	51	<i>vitamin b-1</i>	95
<i>terbutaline sulfate</i>	13	TRI-SPRINTEC.....	49	<i>vitamin b-12</i>	66
<i>terconazole</i>	94	TRIUMEQ.....	38	<i>vitamin b-12 er</i>	66
TESTIM.....	8	TRI-VI-SOL.....	80	<i>vitamin b-6</i>	95
<i>testosterone</i>	8	<i>tri-vit/fluoride</i>	80	<i>vitamin b-6 er</i>	95
<i>testosterone cypionate</i>	8	<i>tri-vit/fluorideliron</i>	80	<i>vitamin c</i>	96
<i>testosterone enanthate</i>	8	<i>tri-vitamin</i>	80	<i>vitamin c-rose hips</i>	96
<i>tetanus-diphtheria toxoids td</i>	91	<i>tri-vitamin infant & toddler</i>	80	<i>vitamin d</i>	96
<i>tetracycline hcl</i>	90	<i>tri-vitamin/fluoride</i>	80	<i>vitamin d (cholecalciferol)</i>	96
THALOMID.....	41	TRIVORA (28).....	49	<i>vitamin d (ergocalciferol)</i>	96
<i>theophylline</i>	14	Trizivir.....	38	<i>vitamin d3</i>	96
<i>theophylline er</i>	14	<i>trospium chloride</i>	93	<i>vitamin d-3</i>	96
<i>thiamine hcl</i>	95	TRUVADA.....	38	<i>vitamin d-400</i>	96
<i>thioridazine hcl</i>	36	<i>tussin dm</i>	50	<i>vitamin e</i>	96
<i>thiothixene</i>	37	<i>tybost</i>	37	<i>vitamin e water soluble</i>	96
<i>tiagabine hcl</i>	16	TYKERB.....	31	<i>vitamin e/d-alpha natural</i>	96
<i>timolol maleate</i>	43, 83	UNITHROID.....	91	<i>vitamin k (phytonadione)</i>	96
<i>tinidazole</i>	28	<i>urea</i>	58	<i>vitamins acd-fluoride</i>	80
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<i>tizanidine hcl</i>	81	<i>valacyclovir hcl</i>	41	<i>vp-pnv-dha</i>	81
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<i>tobramycin</i>	84	<i>valsartan</i>	27	WIXELA INHUB.....	12
<i>tobramycin-dexamethasone</i>	85			XALKORI.....	31

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

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ZENPEP.....	61
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<i>zidovudine</i>	40
<i>zinc sulfate</i>	78
<i>zinc-220</i>	78
<i>ziprasidone hcl</i>	34
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<i>zolpidem tartrate</i>	68
<i>zonisamide</i>	16
ZOSTAVAX.....	94
ZOVIA 1/35E (28).....	47
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ZYTIGA.....	30