

2023

North Carolina Medicaid Comprehensive Preferred Drug List (List of Covered Drugs)

Lista integral de medicamentos preferidos de North Carolina Medicaid (Lista de medicamentos cubiertos)

WellCare of North Carolina

Please read: This document contains information about the drugs we cover in this plan. Please note that the North Carolina Preferred Drug List is updated quarterly.

Providers, please go to <https://www.wellcare.com/North-Carolina/Providers/Medicaid/Pharmacy> to view updates to this drug list.

Members, please go to <https://www.wellcare.com/North-Carolina/Members/Medicaid-Plans/WellCare-of-North-Carolina/Benefits/Pharmacy-Services> to view updates to this drug list.

Importante: Este documento contiene información acerca de los medicamentos que tienen cobertura con este plan. Tenga en cuenta que la Lista de medicamentos preferidos de North Carolina se actualiza cada trimestre.

Proveedores: visite <https://www.wellcare.com/North-Carolina/Providers/Medicaid/Pharmacy> para ver las actualizaciones de esta lista de medicamentos.

Miembros: visite <https://www.wellcare.com/North-Carolina/Members/Medicaid-Plans/WellCare-of-North-Carolina/Benefits/Pharmacy-Services> para ver las actualizaciones de esta lista de medicamentos.

Last updated (10/01/2023)

Última actualización (10/01/2023)



Drug Name	Preference Details	Coverage Details
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexians		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
CloNIDine HCl ER Tablet Extended Release 12 Hour 0.1 MG Oral	P	QL (4 EA per 1 day)
guanFACINE HCl ER Tablet Extended Release 24 Hour 1 MG Oral	P	
GuanFACINE HCl ER Tablet Extended Release 24 Hour 1 MG Oral	P	QL (1 EA per 1 day)
guanFACINE HCl ER Tablet Extended Release 24 Hour 2 MG Oral	P	
GuanFACINE HCl ER Tablet Extended Release 24 Hour 2 MG Oral	P	QL (1 EA per 1 day)
guanFACINE HCl ER Tablet Extended Release 24 Hour 3 MG Oral	P	
GuanFACINE HCl ER Tablet Extended Release 24 Hour 3 MG Oral	P	QL (1 EA per 1 day)
guanFACINE HCl ER Tablet Extended Release 24 Hour 4 MG Oral	P	
GuanFACINE HCl ER Tablet Extended Release 24 Hour 4 MG Oral	P	QL (1 EA per 1 day)
Intuniv Tablet Extended Release 24 Hour 1 MG Oral	NP	ST; QL (1 EA per 1 day)
Intuniv Tablet Extended Release 24 Hour 2 MG Oral	NP	ST; QL (1 EA per 1 day)
Intuniv Tablet Extended Release 24 Hour 3 MG Oral	NP	ST; QL (1 EA per 1 day)
Intuniv Tablet Extended Release 24 Hour 4 MG Oral	NP	ST; QL (1 EA per 1 day)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
Atomoxetine HCl CAPSULE 10 MG Oral	P	QL (2 EA per 1 day)
Atomoxetine HCl CAPSULE 100 MG Oral	P	QL (1 EA per 1 day)
Atomoxetine HCl CAPSULE 18 MG Oral	P	QL (3 EA per 1 day)
Atomoxetine HCl CAPSULE 25 MG Oral	P	QL (2 EA per 1 day)
Atomoxetine HCl CAPSULE 40 MG Oral	P	QL (1 EA per 1 day)
Atomoxetine HCl CAPSULE 60 MG Oral	P	QL (1 EA per 1 day)

S=Supplemental, BE=Benefit Exclusion, 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
Atomoxetine HCl CAPSULE 80 MG Oral	P	QL (1 EA per 1 day)
Qelbree Capsule Extended Release 24 Hour 100 MG Oral	NP	ST; QL (1 EA per 1 day)
Qelbree Capsule Extended Release 24 Hour 150 MG Oral	NP	ST; QL (2 EA per 1 day)
Qelbree Capsule Extended Release 24 Hour 200 MG Oral	NP	ST; QL (2 EA per 1 day)
Strattera CAPSULE 10 MG ORAL	NP	ST; QL (2 EA per 1 day)
Strattera CAPSULE 100 MG ORAL	NP	ST; QL (1 EA per 1 day)
Strattera CAPSULE 18 MG ORAL	NP	ST; QL (3 EA per 1 day)
Strattera CAPSULE 25 MG ORAL	NP	ST; QL (2 EA per 1 day)
Strattera CAPSULE 40 MG ORAL	NP	ST; QL (1 EA per 1 day)
Strattera CAPSULE 60 MG ORAL	NP	ST; QL (1 EA per 1 day)
Strattera CAPSULE 80 MG ORAL	NP	ST; QL (1 EA per 1 day)
*Amphetamine Mixtures***		
Adderall TABLET 10 MG ORAL	P	QL (3 EA per 1 day)
Adderall TABLET 12.5 MG ORAL	P	QL (3 EA per 1 day)
Adderall TABLET 15 MG ORAL	P	QL (3 EA per 1 day)
Adderall TABLET 20 MG ORAL	P	QL (2 EA per 1 day)
Adderall TABLET 30 MG ORAL	P	
Adderall TABLET 5 MG ORAL	P	QL (3 EA per 1 day)
Adderall TABLET 7.5 MG ORAL	P	QL (3 EA per 1 day)
Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	P	QL (1 EA per 1 day)
Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	P	QL (1 EA per 1 day)
Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	P	QL (1 EA per 1 day)
Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	P	QL (1 EA per 1 day)
Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	P	QL (1 EA per 1 day)
Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	P	QL (1 EA per 1 day)
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 10 MG Oral	NP	ST; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 10 MG Oral	P	QL (1 EA per 1 day)
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 15 MG Oral	NP	ST; QL (1 EA per 1 day)
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 15 MG Oral	P	QL (1 EA per 1 day)
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 20 MG Oral	P	QL (1 EA per 1 day)
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 25 MG Oral	NP	ST; QL (1 EA per 1 day)
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 25 MG Oral	P	QL (1 EA per 1 day)
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 30 MG Oral	P	QL (1 EA per 1 day)
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 5 MG Oral	NP	ST; QL (1 EA per 1 day)
Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 5 MG Oral	P	QL (1 EA per 1 day)
Amphetamine-Dextroamphetamine Tablet 10 MG Oral	P	QL (3 EA per 1 day)
Amphetamine-Dextroamphetamine Tablet 12.5 MG Oral	P	QL (3 EA per 1 day)
Amphetamine-Dextroamphetamine Tablet 15 MG Oral	P	QL (3 EA per 1 day)
Amphetamine-Dextroamphetamine Tablet 20 MG Oral	P	QL (2 EA per 1 day)
Amphetamine-Dextroamphetamine Tablet 30 MG Oral	P	
Amphetamine-Dextroamphetamine Tablet 5 MG Oral	P	QL (3 EA per 1 day)
Amphetamine-Dextroamphetamine Tablet 7.5 MG Oral	P	QL (3 EA per 1 day)
Amphet-Dextroamphet 3-Bead ER Capsule Extended Release 24 Hour 12.5 MG Oral	NP	ST
Amphet-Dextroamphet 3-Bead ER Capsule Extended Release 24 Hour 25 MG Oral	NP	ST
Amphet-Dextroamphet 3-Bead ER Capsule Extended Release 24 Hour 37.5 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Amphet-Dextroamphet 3-Bead ER Capsule Extended Release 24 Hour 50 MG Oral	NP	ST
Mydayis CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG Oral	NP	ST
Mydayis CAPSULE EXTENDED RELEASE 24 HOUR 25 MG Oral	NP	ST
Mydayis CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG Oral	NP	ST
Mydayis CAPSULE EXTENDED RELEASE 24 HOUR 50 MG Oral	NP	ST
*Amphetamines***		
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML	S	
Adzenys XR-ODT Tablet Extended Release Dispersible 12.5 MG Oral	NP	ST
Adzenys XR-ODT Tablet Extended Release Dispersible 15.7 MG Oral	NP	ST
Adzenys XR-ODT Tablet Extended Release Dispersible 18.8 MG Oral	NP	ST
Adzenys XR-ODT Tablet Extended Release Dispersible 3.1 MG Oral	NP	ST
Adzenys XR-ODT Tablet Extended Release Dispersible 6.3 MG Oral	NP	ST
Adzenys XR-ODT Tablet Extended Release Dispersible 9.4 MG Oral	NP	ST
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	S	
Amphetamine Sulfate Tablet 10 MG Oral	NP	ST; QL (6 EA per 1 day)
Amphetamine Sulfate Tablet 5 MG Oral	NP	ST; QL (3 EA per 1 day)
Desoxyn TABLET 5 MG Oral	NP	ST; QL (5 EA per 1 day)
Dexedrine Capsule Extended Release 24 Hour 10 MG Oral	NP	ST; QL (4 EA per 1 day)
Dexedrine Capsule Extended Release 24 Hour 15 MG Oral	NP	ST; QL (4 EA per 1 day)
Dexedrine Capsule Extended Release 24 Hour 5 MG Oral	NP	ST; QL (2 EA per 1 day)
Dextroamphetamine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	NP	ST; QL (4 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Dextroamphetamine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	NP	ST; QL (4 EA per 1 day)
Dextroamphetamine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	NP	ST; QL (2 EA per 1 day)
Dextroamphetamine Sulfate SOLUTION 5 MG/5ML ORAL	NP	ST; QL (60 ML per 1 day)
Dextroamphetamine Sulfate TABLET 10 MG ORAL	P	QL (6 EA per 1 day)
Dextroamphetamine Sulfate TABLET 5 MG ORAL	P	
Dyanavel XR Oral Suspension Extended Release 2.5 MG/ML	NP	ST
Dyanavel XR Oral Tablet Chewable Extended Release 10 MG, 15 MG, 20 MG, 5 MG	NP	ST
Evekeo ODT Tablet Dispersible 10 MG Oral	NP	ST
Evekeo ODT Tablet Dispersible 15 MG Oral	NP	ST
Evekeo ODT Tablet Dispersible 20 MG Oral	NP	ST
Evekeo ODT Tablet Dispersible 5 MG Oral	NP	ST
Evekeo TABLET 10 MG ORAL	NP	ST; QL (6 EA per 1 day)
Evekeo TABLET 5 MG ORAL	NP	ST; QL (3 EA per 1 day)
Lisdexamfetamine Dimesylate Capsule 10 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Capsule 10 MG Oral	NP	PA; ST; PA Required
Lisdexamfetamine Dimesylate Capsule 20 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Capsule 30 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Capsule 40 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Capsule 50 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Capsule 60 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Capsule 70 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Lisdexamfetamine Dimesylate Tablet Chewable 10 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Tablet Chewable 20 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Tablet Chewable 30 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Tablet Chewable 40 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Tablet Chewable 50 MG Oral	NP	ST
Lisdexamfetamine Dimesylate Tablet Chewable 60 MG Oral	NP	ST
Methamphetamine HCl TABLET 5 MG ORAL	NP	ST; QL (5 EA per 1 day)
ProCentra SOLUTION 5 MG/5ML ORAL	NP	ST; QL (60 ML per 1 day)
Vyvanse CAPSULE 10 MG ORAL	P	QL (1 EA per 1 day)
Vyvanse CAPSULE 20 MG ORAL	P	QL (1 EA per 1 day)
Vyvanse CAPSULE 30 MG ORAL	P	QL (1 EA per 1 day)
Vyvanse CAPSULE 40 MG ORAL	P	QL (1 EA per 1 day)
Vyvanse CAPSULE 50 MG ORAL	P	QL (1 EA per 1 day)
Vyvanse CAPSULE 60 MG ORAL	P	QL (1 EA per 1 day)
Vyvanse CAPSULE 70 MG ORAL	P	QL (1 EA per 1 day)
Vyvanse TABLET CHEWABLE 10 MG Oral	P	
Vyvanse TABLET CHEWABLE 20 MG Oral	P	
Vyvanse TABLET CHEWABLE 30 MG Oral	P	
Vyvanse TABLET CHEWABLE 40 MG Oral	P	
Vyvanse TABLET CHEWABLE 50 MG Oral	P	
Vyvanse TABLET CHEWABLE 60 MG Oral	P	
Zenzedi TABLET 10 MG ORAL	NP	ST; QL (6 EA per 1 day)
Zenzedi Tablet 15 MG Oral	NP	ST; QL (3 EA per 1 day)
Zenzedi TABLET 2.5 MG ORAL	NP	ST; QL (3 EA per 1 day)
Zenzedi Tablet 20 MG Oral	NP	ST; QL (3 EA per 1 day)
Zenzedi Tablet 30 MG Oral	NP	ST; QL (2 EA per 1 day)
Zenzedi TABLET 5 MG ORAL	NP	ST
Zenzedi TABLET 7.5 MG ORAL	NP	ST; QL (4 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
*Analeptics***		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	S	
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML	S	
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
Sunosi Tablet 150 MG Oral	NP	PA; ST; PA Required; QL (1 EA per 1 day)
Sunosi Tablet 75 MG Oral	NP	PA; ST; PA Required; QL (1 EA per 1 day)
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
Wakix Tablet 17.8 MG Oral	NP	PA; ST; PA Required; QL (2 EA per 1 day)
Wakix Tablet 4.45 MG Oral	NP	PA; ST; PA Required; QL (2 EA per 1 day)
*Stimulant Combinations***		
Azstarys Capsule 26.1-5.2 MG Oral	NP	ST; QL (1 EA per 1 day)
Azstarys Capsule 39.2-7.8 MG Oral	NP	ST; QL (1 EA per 1 day)
Azstarys Capsule 52.3-10.4 MG Oral	NP	ST; QL (1 EA per 1 day)
*Stimulants - Misc.***		
Aptensio XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	P	QL (1 EA per 1 day)
Aptensio XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	P	QL (1 EA per 1 day)
Aptensio XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	P	QL (1 EA per 1 day)
Aptensio XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	P	QL (1 EA per 1 day)
Aptensio XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	P	QL (1 EA per 1 day)
Aptensio XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	P	QL (1 EA per 1 day)
Aptensio XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	P	QL (1 EA per 1 day)
Armodafinil Tablet 150 MG Oral	NP	PA; ST
Armodafinil TABLET 150 MG ORAL	NP	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
Armodafinil Tablet 200 MG Oral	NP	PA; ST
Armodafinil TABLET 200 MG ORAL	NP	PA; ST; PA Required
Armodafinil Tablet 250 MG Oral	NP	PA; ST
Armodafinil TABLET 250 MG ORAL	NP	PA; ST; PA Required
Armodafinil Tablet 50 MG Oral	NP	PA; ST
Armodafinil TABLET 50 MG ORAL	NP	PA; ST; PA Required
Concerta Tablet Extended Release 18 MG Oral	P	QL (1 EA per 1 day)
Concerta Tablet Extended Release 27 MG Oral	P	QL (1 EA per 1 day)
Concerta Tablet Extended Release 36 MG Oral	P	QL (2 EA per 1 day)
Concerta Tablet Extended Release 54 MG Oral	P	QL (1 EA per 1 day)
Cotempla XR-ODT Tablet Extended Release Dispersible 17.3 MG Oral	NP	ST
Cotempla XR-ODT Tablet Extended Release Dispersible 25.9 MG Oral	NP	ST
Cotempla XR-ODT Tablet Extended Release Dispersible 8.6 MG Oral	NP	ST
Daytrana Patch 10 MG/9HR Transdermal	P	QL (1 EA per 1 day)
Daytrana PATCH 15 MG/9HR TRANSDERMAL	P	QL (1 EA per 1 day)
Daytrana Patch 20 MG/9HR Transdermal	P	QL (1 EA per 1 day)
Daytrana PATCH 30 MG/9HR TRANSDERMAL	P	QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	NP	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	P	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	NP	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	P	ST; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	NP	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	P	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 25 MG Oral	P	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	NP	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	P	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 35 MG Oral	P	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	NP	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	P	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	NP	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	P	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	NP	ST; QL (1 EA per 1 day)
Dexmethylphenidate HCl TABLET 10 MG ORAL	P	ST; QL (3 EA per 1 day)
Dexmethylphenidate HCl TABLET 2.5 MG ORAL	P	ST; QL (3 EA per 1 day)
Dexmethylphenidate HCl TABLET 5 MG ORAL	NP	ST; QL (3 EA per 1 day)
Dexmethylphenidate HCl TABLET 5 MG ORAL	P	ST; QL (3 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Focalin TABLET 10 MG ORAL	NP	ST; QL (3 EA per 1 day)
Focalin TABLET 2.5 MG ORAL	NP	ST; QL (3 EA per 1 day)
Focalin TABLET 5 MG ORAL	NP	ST; QL (3 EA per 1 day)
Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	P	QL (1 EA per 1 day)
Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	P	QL (1 EA per 1 day)
Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	P	QL (1 EA per 1 day)
Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	P	QL (1 EA per 1 day)
Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	P	QL (1 EA per 1 day)
Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL	P	QL (1 EA per 1 day)
Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	P	QL (1 EA per 1 day)
Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	P	QL (1 EA per 1 day)
Jornay PM Capsule Extended Release 24 Hour 100 MG Oral	NP	ST
Jornay PM Capsule Extended Release 24 Hour 20 MG Oral	NP	ST
Jornay PM Capsule Extended Release 24 Hour 40 MG Oral	NP	ST
Jornay PM Capsule Extended Release 24 Hour 60 MG Oral	NP	ST
Jornay PM Capsule Extended Release 24 Hour 80 MG Oral	NP	ST
Methylin SOLUTION 10 MG/5ML ORAL	P	QL (30 ML per 1 day)
Methylin SOLUTION 5 MG/5ML ORAL	P	QL (15 ML per 1 day)
Methylphenidate HCl ER (CD) Capsule Extended Release 10 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (CD) Capsule Extended Release 20 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (CD) Capsule Extended Release 30 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (CD) Capsule Extended Release 40 MG Oral	NP	ST; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Methylphenidate HCl ER (CD) Capsule Extended Release 50 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (CD) Capsule Extended Release 60 MG Oral	NP	ST
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 10 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	NP	ST; QL (2 EA per 1 day)
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (LA) Capsule Extended Release 24 Hour 60 MG Oral	NP	ST
Methylphenidate HCl ER (OSM) Tablet Extended Release 18 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (OSM) Tablet Extended Release 18 MG Oral	P	QL (1 EA per 1 day)
Methylphenidate HCl ER (OSM) Tablet Extended Release 27 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (OSM) Tablet Extended Release 27 MG Oral	P	QL (1 EA per 1 day)
Methylphenidate HCl ER (OSM) Tablet Extended Release 36 MG Oral	NP	ST; QL (2 EA per 1 day)
Methylphenidate HCl ER (OSM) Tablet Extended Release 36 MG Oral	P	QL (1 EA per 1 day)
Methylphenidate HCl ER (OSM) Tablet Extended Release 54 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (OSM) Tablet Extended Release 54 MG Oral	P	QL (1 EA per 1 day)
Methylphenidate HCl ER (OSM) Tablet Extended Release 72 MG Oral	NP	ST
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 10 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 15 MG Oral	NP	ST; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 20 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 30 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 40 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 50 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 60 MG Oral	NP	ST; QL (1 EA per 1 day)
Methylphenidate HCl ER Tablet Extended Release 10 MG Oral	NP	ST; QL (3 EA per 1 day)
Methylphenidate HCl ER Tablet Extended Release 20 MG Oral	NP	ST; QL (3 EA per 1 day)
Methylphenidate HCl ER Tablet Extended Release 24 Hour 18 MG Oral	P	QL (1 EA per 1 day)
Methylphenidate HCl ER Tablet Extended Release 24 Hour 27 MG Oral	P	QL (1 EA per 1 day)
Methylphenidate HCl ER Tablet Extended Release 24 Hour 36 MG Oral	P	QL (1 EA per 1 day)
Methylphenidate HCl ER Tablet Extended Release 24 Hour 54 MG Oral	P	QL (1 EA per 1 day)
Methylphenidate HCl Solution 10 MG/5ML Oral	P	ST; QL (30 ML per 1 day)
Methylphenidate HCl Solution 5 MG/5ML Oral	P	ST; QL (15 ML per 1 day)
Methylphenidate HCl Tablet 10 MG Oral	P	QL (3 EA per 1 day)
Methylphenidate HCl Tablet 20 MG Oral	P	QL (3 EA per 1 day)
Methylphenidate HCl Tablet 5 MG Oral	P	QL (3 EA per 1 day)
Methylphenidate HCl Tablet Chewable 10 MG Oral	NP	ST
Methylphenidate HCl Tablet Chewable 10 MG Oral	NP	ST; QL (6 EA per 1 day)
Methylphenidate HCl Tablet Chewable 2.5 MG Oral	NP	ST
Methylphenidate HCl Tablet Chewable 2.5 MG Oral	NP	ST; QL (3 EA per 1 day)
Methylphenidate HCl Tablet Chewable 5 MG Oral	NP	ST; QL (3 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Methylphenidate Patch 10 MG/9HR Transdermal	NP	ST; QL (1 EA per 1 day)
Methylphenidate Patch 15 MG/9HR Transdermal	NP	ST; QL (1 EA per 1 day)
Methylphenidate Patch 20 MG/9HR Transdermal	NP	ST; QL (1 EA per 1 day)
Methylphenidate Patch 30 MG/9HR Transdermal	NP	ST; QL (1 EA per 1 day)
Modafinil TABLET 100 MG ORAL	NP	PA; ST; PA Required
Modafinil TABLET 200 MG ORAL	NP	PA; ST; PA Required
Nuvigil TABLET 150 MG ORAL	P	PA; PA Required
Nuvigil TABLET 200 MG ORAL	P	PA; PA Required
Nuvigil TABLET 250 MG ORAL	P	PA; PA Required
Nuvigil TABLET 50 MG ORAL	P	PA; PA Required
Provigil TABLET 100 MG ORAL	P	PA; PA Required
Provigil TABLET 200 MG ORAL	P	PA; PA Required
QuilliChew ER Oral Tablet Chewable Extended Release 20 MG, 30 MG, 40 MG	NP	ST
Quillivant XR Oral Suspension Reconstituted ER 25 MG/5ML	NP	ST
Quillivant XR Suspension Reconstituted ER 25 MG/5ML Oral	NP	ST; QL (12 ML per 1 day)
Relexxii Tablet Extended Release 18 MG Oral	NP	ST; QL (1 EA per 1 day)
Relexxii Tablet Extended Release 27 MG Oral	NP	ST; QL (1 EA per 1 day)
Relexxii Tablet Extended Release 36 MG Oral	NP	ST; QL (1 EA per 1 day)
Relexxii Tablet Extended Release 45 MG Oral	NP	ST
Relexxii Tablet Extended Release 54 MG Oral	NP	ST; QL (1 EA per 1 day)
Relexxii Tablet Extended Release 63 MG Oral	NP	ST
Relexxii Tablet Extended Release 72 MG Oral	NP	ST
Ritalin LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	NP	ST; QL (1 EA per 1 day)
Ritalin LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	NP	ST; QL (1 EA per 1 day)
Ritalin LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	NP	ST; QL (2 EA per 1 day)
Ritalin LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	NP	ST; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Ritalin TABLET 10 MG ORAL	NP	ST; QL (3 EA per 1 day)
Ritalin TABLET 20 MG ORAL	NP	ST; QL (3 EA per 1 day)
Ritalin TABLET 5 MG ORAL	NP	ST; QL (3 EA per 1 day)
Allergenic Extracts/Biologicals Misc		
*Allergenic Extracts***		
Acacia Pollen Injection Solution 1:40	BE	
Acacia Subcutaneous Solution 1:20	BE	
Alder Subcutaneous Solution 1:20	BE	
Alternaria alternata Injection Solution 1:20	BE	
American Beech Pollen Subcutaneous Solution 1:20	BE	
American Beech Subcutaneous Solution 1:20	BE	
American Cockroach Subcutaneous Solution 1:20	BE	
American Elm Injection Solution 1:20	BE	
American Elm Subcutaneous Solution 1:20	BE	
American Sycamore Injection Solution 1:20	BE	
Arizona Cypress Subcutaneous Solution 1:20	BE	
Australian Pine Subcutaneous Solution 1:20	BE	
Bahia Subcutaneous Solution 1:20	BE	
Bald Cypress Subcutaneous Solution 1:20	BE	
Bayberry (Wax Myrtle) Subcutaneous Solution 1:20	BE	
Bermuda Grass Injection Solution 10000 BAU/ML	BE	
Bermuda Grass Subcutaneous Solution 10000 BAU/ML	BE	
Bipolaris sorokiniana Injection Solution 1:20	BE	
Black Walnut Pollen (1:10) Injection Solution 75000 PNU/ML	BE	
Black Walnut Pollen (1:20) Injection Solution 75000 PNU/ML	BE	
Black Walnut Pollen Extract Injection Solution 20000 PNU/ML, 40000 PNU/ML	BE	
Black Walnut Pollen Injection Solution 1:20 , 20000 PNU/ML, 40000 PNU/ML	BE	
Black Willow Injection Solution 1:20	BE	

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Drug Name	Preference Details	Coverage Details
Black Willow Subcutaneous Solution 1:20	BE	
Box Elder Pollen Injection Solution 1:20	BE	
Brome Subcutaneous Solution 1:20	BE	
California Pepper Tree Subcutaneous Solution 1:20	BE	
Candida Albicans Extract Injection Solution 1:1000 , 100 MG/ML	BE	
Cat Hair Extract Injection Solution 10000 BAU/ML, 5000 BAU/ML	BE	
Cat Hair Extract Subcutaneous Solution 10000 BAU/ML	BE	
Cattle Epithelium Subcutaneous Solution 1:20	BE	
Cedar Elm Subcutaneous Solution 1:20	BE	
Cladosporium Sphaerospermum Injection Solution 1:20	BE	
Cocklebur Subcutaneous Solution 1:20	BE	
Corn Pollen Subcutaneous Solution 1:20	BE	
Dandelion Subcutaneous Solution 1:20	BE	
Dog Epithelium Subcutaneous Solution 1:10 , 1:20	BE	
Dog Fennel Subcutaneous Solution 1:20	BE	
Eastern Cottonwood Injection Solution 1:20	BE	
Eastern Cottonwood Subcutaneous Solution 1:20	BE	
English Plantain Injection Solution 1:20	BE	
Fire Ant Subcutaneous Solution 1:10 , 1:20	BE	
German Cockroach Subcutaneous Solution 1:20	BE	
Goldenrod Subcutaneous Solution 1:20	BE	
Grass Pollen Mixture of 6 Injection Solution 100000 BAU/ML	BE	
Grass Pollen(K-O-R-T-Swt Vern) Injection Solution 100000 BAU/ML	BE	
Grastek Sublingual Tablet Sublingual 2800 BAU	BE	
Grastek TABLET SUBLINGUAL 2800 BAU Sublingual	P	

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Drug Name	Preference Details	Coverage Details
Hackberry Subcutaneous Solution 1:20	BE	
Honey Bee Venom Protein Injection Solution Reconstituted 1300 MCG, 550 MCG	BE	
Horse Epithelium Subcutaneous Solution 1:10, 1:20	BE	
Johnson Grass Subcutaneous Solution 1:20	BE	
June Grass Pollen Standardized Subcutaneous Solution 100000 BAU/ML	BE	
Kochia Subcutaneous Solution 1:20	BE	
Lenscale Subcutaneous Solution 1:20	BE	
Meadow Fescue Grass Pollen Subcutaneous Solution 100000 BAU/ML	BE	
Melaleuca Subcutaneous Solution 1:20	BE	
Mesquite Subcutaneous Solution 1:20	BE	
Mite (D. farinae) Injection Solution 10000 AU/ML, 30000 AU/ML, 5000 AU/ML	BE	
Mite (D. farinae) Subcutaneous Solution 10000 AU/ML	BE	
Mite (D. pteronyssinus) Injection Solution 10000 AU/ML, 30000 AU/ML, 5000 AU/ML	BE	
Mite (D. pteronyssinus) Subcutaneous Solution 10000 AU/ML	BE	
Mixed Ragweed Subcutaneous Solution 1:20	BE	
Mixed Vespid Venom Protein Injection Solution Reconstituted 1300-1300-1300 MCG, 550-550-550 MCG	BE	
Mountain Cedar Pollen Injection Solution 1:20	BE	
Mountain Cedar Subcutaneous Solution 1:20	BE	
Mouse Epithelium Subcutaneous Solution 1:20	BE	
Mugwort Subcutaneous Solution 1:20	BE	
Nettle Injection Solution 1:40	BE	
Olive Tree Subcutaneous Solution 1:20	BE	
Orchard Grass Pollen Subcutaneous Solution 100000 BAU/ML	BE	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	S	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	S	

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Drug Name	Preference Details	Coverage Details
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	S	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	S	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	S	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	S	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	S	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	S	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	S	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	S	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	S	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	S	
Pecan Pollen Injection Solution 1:20	BE	
Perennial Rye Grass Pollen Injection Solution 100000 BAU/ML	BE	
Privet Subcutaneous Solution 1:20	BE	
Queen Palm Subcutaneous Solution 1:20	BE	
Rabbit Epithelium Subcutaneous Solution 1:10 , 1:20	BE	
Ragwitek Sublingual Tablet Sublingual 12 AMB A 1-U	BE	
Ragwitek TABLET SUBLINGUAL 12 AMB A 1-U Sublingual	P	
Red Alder Pollen Injection Solution 1:20	BE	
Red Cedar Injection Solution 1:20	BE	
Red Maple Injection Solution 1:20	BE	
Red Maple Subcutaneous Solution 1:20	BE	
Red Mulberry Subcutaneous Solution 1:20	BE	
Red Oak Injection Solution 1:20	BE	

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Drug Name	Preference Details	Coverage Details
Red Top Grass Pollen Subcutaneous Solution 100000 BAU/ML	BE	
Rough Marsh Elder Subcutaneous Solution 1:20	BE	
Rough Pigweed Subcutaneous Solution 1:20	BE	
Russian Thistle Subcutaneous Solution 1:20	BE	
Sagebrush Injection Solution 1:20	BE	
Shagbark Hickory Subcutaneous Solution 1:20	BE	
Sheep Sorrel Subcutaneous Solution 1:20	BE	
Short Ragweed Pollen Ext Subcutaneous Solution 1:20	BE	
Spiny Pigweed Subcutaneous Solution 1:20	BE	
Sweet Gum Subcutaneous Solution 1:20	BE	
Sweet Vernal Grass Pollen Subcutaneous Solution 100000 BAU/ML	BE	
Tall Ragweed Subcutaneous Solution 1:20	BE	
Timothy Grass Pollen Allergen Injection Solution 10000 BAU/ML, 100000 BAU/ML	BE	
Timothy Grass Pollen Allergen Subcutaneous Solution 100000 BAU/ML	BE	
Tree Mix 9 Injection Solution 1:20	BE	
Venomil Honey Bee Venom Injection Kit 12 MCG, 120 MCG	BE	
Venomil Mixed Vespid Venom Injection Solution Reconstituted 550-550-550 MCG	BE	
Venomil Wasp Venom Injection Kit 12 MCG, 120 MCG	BE	
Venomil White Faced Hornet Injection Kit 12 MCG, 120 MCG	BE	
Venomil Yellow Hornet Venom Injection Kit 12 MCG, 120 MCG	BE	
Venomil Yellow Jacket Venom Injection Kit 12 MCG, 120 MCG	BE	
Wasp Venom Protein Injection Solution Reconstituted 1300 MCG, 550 MCG	BE	
Western Juniper Injection Solution 1:40	BE	
Western Juniper Subcutaneous Solution 1:20	BE	
White Alder Injection Solution 1:20	BE	

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Drug Name	Preference Details	Coverage Details
White Ash Injection Solution 1:20	BE	
White Ash Pollen Injection Solution 1:20 , 40000 PNU/ML	BE	
White Birch Injection Solution 1:20	BE	
White Birch Subcutaneous Solution 1:20	BE	
White Mulberry Subcutaneous Solution 1:20	BE	
White Oak Subcutaneous Solution 1:20	BE	
White Pine Subcutaneous Solution 1:20	BE	
White-Faced Hornet Venom Injection Solution Reconstituted 1300 MCG, 550 MCG	BE	
Yellow Dock Subcutaneous Solution 1:20	BE	
Yellow Hornet Venom Protein Injection Solution Reconstituted 550 MCG	BE	
Yellow Jacket Venom Protein Injection Solution Reconstituted 1300 MCG, 550 MCG	BE	
*Mixed Allergenic Extracts***		
Cockroach Mixed Allergen Ext Injection Solution 1:20	BE	
Dust Mite Mixed Allergen Ext Injection Solution 10000 AU/ML, 15000-15000 AU/ML, 30000 AU/ML	BE	
Dust Mite Mixed Allergen Ext Subcutaneous Solution 10000 AU/ML	BE	
Mixed Feathers Subcutaneous Solution 1:20	BE	
Odactra Sublingual Tablet Sublingual 12 SQ- HDM	BE	
Odactra TABLET SUBLINGUAL 12 SQ- HDM Sublingual	P	
Sheep Sorrel-Yellow Dock Subcutaneous Solution 1:20	BE	
Short Ragweed-Giant Ragweed Injection Solution 1:20	BE	
Sorrel/Dock Mix Subcutaneous Solution 1:20	BE	
Alternative Medicines		
*Alternative Medicine - AI's***		
Alpha-Lipoic Acid Injection Solution 25 MG/ML	BE	
Cyto RALA Oral Powder 800 MG/GM	BE	

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Drug Name	Preference Details	Coverage Details
NeoKe RA Lipoic Oral Powder 800 MG/GM	BE	
*Alternative Medicine - Ci's***		
Citrus Bergamot Oral Powder 250 MG/0.25GM	BE	
*Alternative Medicine - Ga's***		
GarliX Oral Capsule 650 MG	N/A	
*Alternative Medicine - Pr's***		
EC-RX DHEA External Cream 10 %, 4 %	BE	
*Alternative Medicine - Re's***		
Red Yeast Rice Oral Powder 500 MG/0.5GM	BE	
Reservapak Oral Syrup	BE	
Reservapak Plus Oral Syrup	BE	
*Alternative Medicine - Sa's***		
SAM-e Oral Capsule 200 MG	N/A	
*Alternative Medicine - Ub***		
Coenzyme Q-10 Injection Solution 20 MG/ML	BE	
*Alternative Medicine Combinations - Five Ingredients***		
MidNite Sleep Aid Oral Tablet Chewable	N/A	
*Alternative Medicine Combinations - Four Ingredients***		
Co-Balamin Oral Capsule 200-5-400-0.8 MG	BE	
Co-Veratrol Oral Capsule 200-5-400-0.8 MG	BE	
Unisom Simple Slumbers Oral Tablet Chewable 2.5 MG	N/A	
*Alternative Medicine Combinations - Three Ingredients***		
ALAmox Protect Oral Capsule 125-95-250 MG-MCG-MG	N/A	
YumVs TURMERIC curcumin-GINGE Oral Tablet Chewable 125-6-50 MG-MG-MCG	N/A	
*Alternative Medicine Combinations - Two Ingredients***		
Hemp MonoPure Oral Capsule Delayed Release	N/A	
RegeneMax Oral Liquid 120-6 MG/0.3ML	N/A	

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Drug Name	Preference Details	Coverage Details
YumVsKids Vitamin C ZERO Oral Tablet Chewable 75-3 MG	N/A	
Amebicides		
*Amebicides***		
Solosec PACKET 2 GM Oral	NP	ST
Aminoglycosides		
*Aminoglycosides***		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	S	
Arikayce Suspension 590 MG/8.4ML Inhalation	NP	ST
Bethkis Inhalation Nebulization Solution 300 MG/4ML	NP	
Bethkis NEBULIZATION SOLUTION 300 MG/4ML INHALATION	P	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	S	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	S	
Kitabis Pak Inhalation Nebulization Solution 300 MG/5ML	NP	
Kitabis Pak NEBULIZATION SOLUTION 300 MG/5ML INHALATION	P	
Neomycin Sulfate Tablet 500 MG Oral	NP	ST
Paromomycin Sulfate CAPSULE 250 MG ORAL	NP	ST
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	S	
Tobi Inhalation Nebulization Solution 300 MG/5ML	NP	
Tobi Podhaler Capsule 28 MG Inhalation	NP	ST
Tobramycin Inhalation Nebulization Solution 300 MG/4ML, 300 MG/5ML	NP	
Tobramycin Nebulization Solution 300 MG/4ML Inhalation	NP	
Tobramycin Nebulization Solution 300 MG/5ML Inhalation	P	

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Drug Name	Preference Details	Coverage Details
Tobramycin NEBULIZATION SOLUTION 300 MG/5ML INHALATION	NP	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	S	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	S	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	S	
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
Olumiant Tablet 1 MG Oral	NP	PA; ST; PA Required
Olumiant Tablet 2 MG Oral	NP	PA; ST; PA Required
Olumiant Tablet 4 MG Oral	NP	PA; ST; PA Required
Rinvoq Oral Tablet Extended Release 24 Hour 30 MG	NP	PA; ST; PA Required
Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	NP	PA; ST; PA Required
Rinvoq Tablet Extended Release 24 Hour 45 MG Oral	NP	ST
Xeljanz Solution 1 MG/ML Oral	NP	PA; ST; PA Required
Xeljanz Tablet 10 MG Oral	NP	PA; ST; PA Required
Xeljanz TABLET 5 MG ORAL	NP	PA; ST; PA Required
Xeljanz XR Tablet Extended Release 24 Hour 11 MG Oral	NP	PA; ST; PA Required
Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	NP	PA; ST; PA Required
*Antirheumatic Antimetabolites***		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	S	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	S	

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Drug Name	Preference Details	Coverage Details
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML	S	
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
Abrilada Auto-Injector Kit 40 MG/0.8ML Subcutaneous	NP	ST
Abrilada Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous	NP	ST
Abrilada Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	NP	ST
Abrilada Subcutaneous Auto-Injector Kit 40 MG/0.8ML	N/A	PA; PA Required
Abrilada Subcutaneous Prefilled Syringe Kit 20 MG/0.4ML, 40 MG/0.8ML	NP	PA; PA Required
Adalimumab-aacf Auto-Injector Kit 40 MG/0.8ML Subcutaneous	NP	ST
Adalimumab-adaz Solution Auto-Injector 40 MG/0.4ML Subcutaneous	NP	ST
Adalimumab-adaz Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	NP	ST
Adalimumab-adaz Subcutaneous Solution Auto-Injector 40 MG/0.4ML	NP	PA; ST; PA Required
Adalimumab-adaz Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	NP	PA; ST; PA Required
Adalimumab-adbm Auto-Injector Kit 40 MG/0.8ML Subcutaneous	NP	ST
Adalimumab-adbm Prefilled Syringe Kit 10 MG/0.2ML Subcutaneous	NP	ST
Adalimumab-adbm Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous	NP	ST
Adalimumab-adbm Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	NP	ST
Adalimumab-fkjp Auto-Injector Kit 40 MG/0.8ML Subcutaneous	NP	ST
Adalimumab-fkjp Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous	NP	ST
Adalimumab-fkjp Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	NP	ST

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Drug Name	Preference Details	Coverage Details
Adalimumab-fkjp Subcutaneous Auto-Injector Kit 40 MG/0.8ML	NP	PA; ST; PA Required
Adalimumab-fkjp Subcutaneous Prefilled Syringe Kit 20 MG/0.4ML, 40 MG/0.8ML	NP	PA; ST; PA Required
Amjevita Solution Auto-Injector 40 MG/0.4ML Subcutaneous	NP	ST
Amjevita Solution Auto-Injector 40 MG/0.8ML Subcutaneous	NP	ST
Amjevita Solution Auto-Injector 80 MG/0.8ML Subcutaneous	NP	ST
Amjevita Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	NP	ST
Amjevita Solution Prefilled Syringe 40 MG/0.8ML Subcutaneous	NP	ST
Amjevita Subcutaneous Solution Auto-Injector 40 MG/0.4ML, 80 MG/0.8ML	NP	PA; PA Required
Amjevita Subcutaneous Solution Auto-Injector 40 MG/0.8ML	NP	PA; ST; PA Required
Amjevita Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	NP	PA; PA Required
Amjevita Subcutaneous Solution Prefilled Syringe 40 MG/0.8ML	NP	PA; ST; PA Required
Amjevita-Ped 15kg to <30kg Solution Prefilled Syringe 10 MG/0.2ML Subcutaneous	NP	ST
Amjevita-Ped 15kg to <30kg Solution Prefilled Syringe 20 MG/0.2ML Subcutaneous	NP	ST
Amjevita-Ped 15kg to <30kg Subcutaneous Solution Prefilled Syringe 10 MG/0.2ML	NP	PA; ST; PA Required
Amjevita-Ped 15kg to <30kg Subcutaneous Solution Prefilled Syringe 20 MG/0.2ML	NP	PA; PA Required
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	S	PA; PA Required
Cyltezo Auto-Injector Kit 40 MG/0.8ML Subcutaneous	NP	ST
Cyltezo Prefilled Syringe Kit 10 MG/0.2ML Subcutaneous	NP	ST
Cyltezo Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous	NP	ST

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Drug Name	Preference Details	Coverage Details
Cyltezo Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	NP	ST
Cyltezo Subcutaneous Auto-Injector Kit 40 MG/0.8ML	NP	PA; ST; PA Required
Cyltezo Subcutaneous Prefilled Syringe Kit 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	NP	PA; ST; PA Required
Cyltezo-CD/UC/HS Starter Auto-Injector Kit 40 MG/0.8ML Subcutaneous	NP	ST
Cyltezo-CD/UC/HS Starter Subcutaneous Auto-Injector Kit 40 MG/0.8ML	NP	PA; ST; PA Required
Cyltezo-Psoriasis Starter Subcutaneous Auto-Injector Kit 40 MG/0.8ML	NP	PA; ST; PA Required
Hadlima PushTouch Solution Auto-Injector 40 MG/0.4ML Subcutaneous	NP	ST
Hadlima PushTouch Solution Auto-Injector 40 MG/0.8ML Subcutaneous	NP	ST
Hadlima PushTouch Subcutaneous Solution Auto-Injector 40 MG/0.4ML, 40 MG/0.8ML	NP	PA; ST; PA Required
Hadlima Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	NP	ST
Hadlima Solution Prefilled Syringe 40 MG/0.8ML Subcutaneous	NP	ST
Hadlima Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML, 40 MG/0.8ML	NP	PA; ST; PA Required
Hulio Auto-Injector Kit 40 MG/0.8ML Subcutaneous	NP	ST
Hulio Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous	NP	ST
Hulio Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	NP	ST
Hulio Subcutaneous Auto-Injector Kit 40 MG/0.8ML	NP	PA; ST; PA Required
Hulio Subcutaneous Prefilled Syringe Kit 20 MG/0.4ML, 40 MG/0.8ML	NP	PA; ST; PA Required
Humira (2 Pen) Pen-Injector Kit 40 MG/0.4ML Subcutaneous	P	PA; PA Required
Humira (2 Pen) Pen-Injector Kit 40 MG/0.8ML Subcutaneous	P	PA; PA Required

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Drug Name	Preference Details	Coverage Details
Humira (2 Pen) Pen-Injector Kit 80 MG/0.8ML Subcutaneous	P	PA; PA Required
Humira (2 Syringe) Prefilled Syringe Kit 10 MG/0.1ML Subcutaneous	P	PA; PA Required
Humira (2 Syringe) Prefilled Syringe Kit 20 MG/0.2ML Subcutaneous	P	PA; PA Required
Humira (2 Syringe) Prefilled Syringe Kit 40 MG/0.4ML Subcutaneous	P	PA; PA Required
Humira (2 Syringe) Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	P	PA; PA Required
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	S	
Humira Pediatric Crohns Start Prefilled Syringe Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	P	PA; PA Required
Humira Pediatric Crohns Start Prefilled Syringe Kit 80 MG/0.8ML Subcutaneous	P	PA; PA Required
Humira Pen-Pediatric UC Start Pen-Injector Kit 80 MG/0.8ML Subcutaneous	P	PA; PA Required
Humira Pen-Ps/UV/Adol HS Start Pen-Injector Kit 40 MG/0.8ML Subcutaneous	P	PA; PA Required
Humira Pen-Psor/Uveit Starter Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	P	PA; PA Required
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML	S	
Humira-CD/UC/HS Starter Pen-Injector Kit 40 MG/0.8ML Subcutaneous	P	PA; PA Required
Humira-CD/UC/HS Starter Pen-Injector Kit 80 MG/0.8ML Subcutaneous	P	PA; PA Required
Hyrimoz Solution Auto-Injector 40 MG/0.4ML Subcutaneous	NP	ST
Hyrimoz Solution Auto-Injector 80 MG/0.8ML Subcutaneous	NP	ST
Hyrimoz Solution Prefilled Syringe 10 MG/0.1 ML Subcutaneous	NP	ST
Hyrimoz Solution Prefilled Syringe 20 MG/0.2ML Subcutaneous	NP	ST
Hyrimoz Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	NP	ST

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Drug Name	Preference Details	Coverage Details
Hyrimoz Subcutaneous Solution Auto-Injector 40 MG/0.4ML, 80 MG/0.8ML	NP	PA; ST; PA Required
Hyrimoz Subcutaneous Solution Prefilled Syringe 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA; ST; PA Required
Hyrimoz-Crohns/UC Starter Solution Auto-Injector 80 MG/0.8ML Subcutaneous	NP	ST
Hyrimoz-Crohns/UC Starter Subcutaneous Solution Auto-Injector 80 MG/0.8ML	NP	PA; ST; PA Required
Hyrimoz-Ped<40kg Crohn Starter Solution Prefilled Syringe 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NP	ST
Hyrimoz-Ped<40kg Crohn Starter Subcutaneous Solution Prefilled Syringe 80 MG/0.8ML & 40MG/0.4ML	NP	PA; ST; PA Required
Hyrimoz-Ped>=40kg Crohn Start Solution Prefilled Syringe 80 MG/0.8ML Subcutaneous	NP	ST
Hyrimoz-Ped>=40kg Crohn Start Subcutaneous Solution Prefilled Syringe 80 MG/0.8ML	NP	PA; ST; PA Required
Hyrimoz-Plaque Psoriasis Start Solution Auto-Injector 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NP	ST
Hyrimoz-Plaque Psoriasis Start Subcutaneous Solution Auto-Injector 80 MG/0.8ML & 40MG/0.4ML	NP	PA; ST; PA Required
Idacio Auto-Injector Kit 40 MG/0.8ML Subcutaneous	NP	ST
Idacio for Crohns Disease/UC Auto-Injector Kit 40 MG/0.8ML Subcutaneous	NP	ST
Idacio for Crohns Disease/UC Subcutaneous Auto-Injector Kit 40 MG/0.8ML	NP	PA; ST; PA Required
Idacio for Plaque Psoriasis Auto-Injector Kit 40 MG/0.8ML Subcutaneous	NP	ST
Idacio for Plaque Psoriasis Subcutaneous Auto-Injector Kit 40 MG/0.8ML	NP	PA; ST; PA Required
Idacio Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	NP	ST
Idacio Subcutaneous Auto-Injector Kit 40 MG/0.8ML	NP	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
Idacio Subcutaneous Prefilled Syringe Kit 40 MG/0.8ML	NP	PA; ST; PA Required
Simponi Aria SOLUTION 50 MG/4ML Intravenous	NP	PA; ST; PA Required
Simponi Solution Auto-injector 100 MG/ML Subcutaneous	NP	PA; ST; PA Required
Simponi Solution Auto-injector 50 MG/0.5ML Subcutaneous	NP	PA; ST; PA Required
Simponi Solution Prefilled Syringe 100 MG/ML Subcutaneous	NP	PA; ST; PA Required
Simponi Solution Prefilled Syringe 50 MG/0.5ML Subcutaneous	NP	PA; ST; PA Required
Yuflyma 1-Pen Kit Auto-Injector Kit 40 MG/0.4ML Subcutaneous	NP	ST
Yuflyma 1-Pen Kit Subcutaneous Auto-Injector Kit 40 MG/0.4ML	NP	PA; ST; PA Required
Yuflyma 2-Pen Kit Auto-Injector Kit 40 MG/0.4ML Subcutaneous	NP	ST
Yuflyma 2-Pen Kit Subcutaneous Auto-Injector Kit 40 MG/0.4ML	NP	PA; ST; PA Required
Yuflyma 2-Syringe Kit Prefilled Syringe Kit 40 MG/0.4ML Subcutaneous	NP	ST
Yuflyma 2-Syringe Kit Subcutaneous Prefilled Syringe Kit 40 MG/0.4ML	NP	PA; PA Required
Yuflyma Auto-Injector Kit 80 MG/0.8ML Subcutaneous	NP	ST
Yuflyma Subcutaneous Auto-Injector Kit 40 MG/0.4ML	NP	PA; ST; PA Required
Yuflyma Subcutaneous Auto-Injector Kit 80 MG/0.8ML	NP	PA; PA Required
Yuflyma-CD/UC/HS Starter Auto-Injector Kit 80 MG/0.8ML Subcutaneous	NP	PA; ST
Yuflyma-CD/UC/HS Starter Subcutaneous Auto-Injector Kit 80 MG/0.8ML	NP	PA; PA Required
Yusimry Subcutaneous Solution Pen-Injector 40 MG/0.8ML	NP	PA; ST; PA Required
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
CeleBREX CAPSULE 100 MG ORAL	NP	ST
CeleBREX CAPSULE 200 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
CeleBREX CAPSULE 400 MG ORAL	NP	ST
CeleBREX CAPSULE 50 MG ORAL	NP	ST
Celecoxib Capsule 100 MG Oral	P	
Celecoxib Capsule 200 MG Oral	P	
Celecoxib Capsule 400 MG Oral	P	
Celecoxib Capsule 50 MG Oral	P	
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG	S	
*Interleukin-1 Blockers***		
Arcalyst Solution Reconstituted 220 MG Subcutaneous	NP	ST
Arcalyst Solution Reconstituted 220 MG Subcutaneous	NP	PA; ST; PA Required
*Interleukin-1 Receptor Antagonist (IL-1Ra)***		
Kineret Solution Prefilled Syringe 100 MG/0.67ML Subcutaneous	NP	PA; ST; PA Required
*Interleukin-1Beta Blockers***		
Ilaris SOLUTION 150 MG/ML Subcutaneous	NP	PA; ST; PA Required
ILARIS SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	S	PA; PA Required
*Interleukin-6 Receptor Inhibitors***		
Actemra ACTPen Solution Auto-Injector 162 MG/0.9ML Subcutaneous	NP	PA; ST; PA Required
Actemra SOLUTION 200 MG/10ML Intravenous	NP	PA; ST; PA Required
Actemra SOLUTION 400 MG/20ML Intravenous	NP	PA; ST; PA Required
Actemra SOLUTION 80 MG/4ML Intravenous	NP	PA; ST; PA Required
Actemra Solution Prefilled Syringe 162 MG/0.9ML Subcutaneous	NP	PA; ST; PA Required
Kevzara Solution Auto-Injector 150 MG/1.14ML Subcutaneous	NP	PA; ST; PA Required
Kevzara Solution Auto-Injector 200 MG/1.14ML Subcutaneous	NP	PA; ST; PA Required
Kevzara Solution Prefilled Syringe 150 MG/1.14ML Subcutaneous	NP	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
Kevzara Solution Prefilled Syringe 200 MG/1.14ML Subcutaneous	NP	PA; ST; PA Required
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
Arthrotec TABLET DELAYED RELEASE 50-0.2 MG ORAL	NP	ST
Arthrotec TABLET DELAYED RELEASE 75-0.2 MG ORAL	NP	ST
Diclofenac-Misoprostol TABLET DELAYED RELEASE 50-0.2 MG ORAL	NP	ST
Diclofenac-Misoprostol TABLET DELAYED RELEASE 75-0.2 MG ORAL	NP	ST
Duexis TABLET 800-26.6 MG ORAL	NP	ST
Ibuprofen-Famotidine Tablet 800-26.6 MG Oral	NP	ST
INFLATHERM COMBINATION KIT 75-10 MG-%	S	
Naprotin Combination Kit 500 & 0.025 MG & %	N/A	
Naproxen-Esomeprazole Mg Tablet Delayed Release 375-20 MG Oral	NP	ST
Naproxen-Esomeprazole Mg Tablet Delayed Release 500-20 MG Oral	NP	ST
Vimovo TABLET DELAYED RELEASE 375-20 MG ORAL	NP	ST
Vimovo TABLET DELAYED RELEASE 500-20 MG ORAL	NP	ST
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
ANJESO INTRAVENOUS INJECTABLE 30 MG/ML	S	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	S	
Daypro TABLET 600 MG ORAL	NP	ST
DFS DR/MS/Menth/Cap Pak Combination Kit 75 MG	BE	
Diclofenac Potassium Capsule 25 MG Oral	NP	ST
<i>diclofenac potassium oral tablet 25 mg</i>	S	
Diclofenac Potassium Tablet 25 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Diclofenac Potassium Tablet 50 MG Oral	NP	ST
Diclofenac Potassium(Migraine) Packet 50 MG Oral	NP	ST
Diclofenac Sodium ER Tablet Extended Release 24 Hour 100 MG Oral	NP	ST
Diclofenac Sodium TABLET DELAYED RELEASE 25 MG ORAL	NP	ST
Diclofenac Sodium Tablet Delayed Release 50 MG Oral	NP	ST
Diclofenac Sodium Tablet Delayed Release 75 MG Oral	NP	ST
EC-Naproxen Tablet Delayed Release 375 MG Oral	P	
EC-Naproxen Tablet Delayed Release 500 MG Oral	P	
Etodolac CAPSULE 200 MG ORAL	NP	ST
Etodolac CAPSULE 300 MG ORAL	NP	ST
Etodolac ER Tablet Extended Release 24 Hour 400 MG Oral	NP	ST
Etodolac ER Tablet Extended Release 24 Hour 500 MG Oral	NP	ST
Etodolac ER Tablet Extended Release 24 Hour 600 MG Oral	NP	ST
Etodolac TABLET 400 MG ORAL	NP	ST
Etodolac TABLET 500 MG ORAL	NP	ST
Feldene CAPSULE 10 MG ORAL	NP	ST
Feldene CAPSULE 20 MG ORAL	NP	ST
Fenoprofen Calcium CAPSULE 400 MG ORAL	NP	ST
<i>fenoprofen calcium oral capsule 200 mg</i>	S	
Fenoprofen Calcium TABLET 600 MG Oral	NP	ST
FENORTHO ORAL CAPSULE 200 MG	S	
<i>flurbiprofen oral tablet 50 mg</i>	S	
Flurbiprofen TABLET 100 MG ORAL	NP	ST
IBU TABLET 400 MG Oral	P	
IBU TABLET 600 MG Oral	P	
IBU TABLET 800 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Ibuprofen Comfort Pac Combination Kit 800 MG	BE	
Ibuprofen Suspension 100 MG/5ML Oral (Rx)	P	
Ibuprofen Tablet 400 MG Oral	P	
Ibuprofen Tablet 600 MG Oral	P	
Ibuprofen Tablet 800 MG Oral	P	
Indomethacin CAPSULE 25 MG ORAL	P	
Indomethacin CAPSULE 50 MG ORAL	P	
Indomethacin ER Capsule Extended Release 75 MG Oral	NP	ST
Indomethacin Suppository 50 MG Rectal	NP	ST
Ketoprofen CAPSULE 50 MG ORAL	NP	ST
Ketoprofen CAPSULE 75 MG ORAL	NP	ST
Ketoprofen ER CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	NP	ST
<i>ketoprofen oral capsule 25 mg</i>	S	
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	S	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	S	
Ketorolac Tromethamine Solution 15.75 MG/SPRAY Nasal	NP	ST
Ketorolac Tromethamine Tablet 10 MG Oral	P	
Lofena Tablet 25 MG Oral	NP	ST
Meclofenamate Sodium CAPSULE 100 MG ORAL	NP	ST
Meclofenamate Sodium CAPSULE 50 MG ORAL	NP	ST
Mefenamic Acid CAPSULE 250 MG ORAL	NP	ST
Meloxicam Capsule 10 MG Oral	NP	ST
Meloxicam Capsule 5 MG Oral	NP	ST
Meloxicam Comfort Pac Combination Kit 15 MG	BE	
Meloxicam Tablet 15 MG Oral	P	
Meloxicam Tablet 7.5 MG Oral	P	
Mobic TABLET 7.5 MG ORAL	NP	ST
Nabumetone Tablet 500 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Nabumetone Tablet 750 MG Oral	NP	ST
Nalfon CAPSULE 400 MG ORAL	NP	ST
Nalfon Tablet 600 MG Oral	NP	ST
Naprelan Tablet Extended Release 24 Hour 375 MG Oral	NP	ST
Naprelan Tablet Extended Release 24 Hour 500 MG Oral	NP	ST
Naprelan Tablet Extended Release 24 Hour 750 MG Oral	NP	ST
Naproxen Comfort Pac Combination Kit 500 MG	BE	
Naproxen DR Tablet Delayed Release 500 MG Oral	P	
Naproxen Sodium ER Tablet Extended Release 24 Hour 375 MG Oral	NP	ST
Naproxen Sodium ER Tablet Extended Release 24 Hour 500 MG Oral	NP	ST
Naproxen Sodium ER Tablet Extended Release 24 Hour 750 MG Oral	NP	ST
Naproxen Sodium Tablet 275 MG Oral	NP	ST
Naproxen Sodium Tablet 550 MG Oral	NP	ST
Naproxen Suspension 125 MG/5ML Oral	NP	ST
Naproxen Tablet 250 MG Oral	P	
Naproxen Tablet 375 MG Oral	P	
Naproxen Tablet 500 MG Oral	P	
Naproxen Tablet Delayed Release 375 MG Oral	P	
Naproxen Tablet Delayed Release 500 MG Oral	P	
NuDroxiPAK DSDR-50 Combination Kit 50 MG	BE	
NuDroxipak DSDR-75 Combination Kit 75 MG	BE	
NuDroxiPAK E-400 Combination Kit 400 MG	BE	
NuDroxiPAK I-800 Combination Kit 800 MG	BE	
NuDroxiPAK M-15 Combination Kit 15 MG	BE	

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Drug Name	Preference Details	Coverage Details
NuDroxiPAK N-500 Combination Kit 500 MG	BE	
Oxaprozin TABLET 600 MG ORAL	NP	ST
Piroxicam CAPSULE 10 MG ORAL	NP	ST
Piroxicam CAPSULE 20 MG ORAL	NP	ST
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG	S	
ReadySharp Ketorolac Injection Kit 15 MG/ML	BE	
Relafen DS Tablet 1000 MG Oral	NP	ST
Sulindac TABLET 150 MG ORAL	P	
Sulindac TABLET 200 MG ORAL	P	
Tolmetin Sodium Capsule 400 MG Oral	NP	ST
Tolmetin Sodium TABLET 200 MG ORAL	NP	ST
Tolmetin Sodium Tablet 600 MG Oral	NP	ST
Vivlodex Capsule 10 MG Oral	NP	ST
Vivlodex Capsule 5 MG Oral	NP	ST
*Nsaid-Pyrimidine Synthesis Inhibitors Combinations***		
Lefluniclo Combination Kit 20 & 1 MG & %	BE	
*Phosphodiesterase 4 (Pde4) Inhibitors***		
Otezla TABLET 30 MG ORAL	NP	PA; ST; PA Required
Otezla Tablet Therapy Pack 10 & 20 & 30 MG Oral	NP	PA; ST; PA Required
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	S	
*Selective Costimulation Modulators***		
Orencia ClickJect Solution Auto-injector 125 MG/ML Subcutaneous	NP	PA; ST; PA Required
Orencia Solution Prefilled Syringe 125 MG/ML Subcutaneous	NP	PA; ST; PA Required
Orencia Solution Prefilled Syringe 50 MG/0.4ML Subcutaneous	NP	PA; ST; PA Required
Orencia Solution Prefilled Syringe 87.5 MG/0.7ML Subcutaneous	NP	PA; ST; PA Required
Orencia Solution Reconstituted 250 MG Intravenous	NP	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
*Soluble Tumor Necrosis Factor Receptor Agents***		
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	P	PA; PA Required
Enbrel Solution 25 MG/0.5ML Subcutaneous	P	PA; PA Required
Enbrel Solution Prefilled Syringe 25 MG/0.5ML Subcutaneous	P	PA; PA Required
Enbrel Solution Prefilled Syringe 50 MG/ML Subcutaneous	P	PA; PA Required
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	S	
Enbrel SureClick Solution Auto-Injector 50 MG/ML Subcutaneous	P	PA; PA Required
Analgesics - Nonnarcotic		
*Analgesics Other***		
LOTREXONE ORAL CAPSULE 1.5 MG	S	
Naltrex Capsule 1.5 MG Oral	NP	ST
NALTREX ORAL CAPSULE 1.5 MG	S	
*Analgesics-Sedatives***		
ALLZITAL ORAL TABLET 25-325 MG	S	
BAC ORAL TABLET 50-325-40 MG	S	
BUPAP ORAL TABLET 50-300 MG	S	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	S	
<i>butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg, 50-325 mg</i>	S	
<i>butalbital-apap oral tablet 50-325 mg</i>	S	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	S	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	S	
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	S	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	S	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	S	
CAPACET ORAL CAPSULE 50-325-40 MG	S	

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Drug Name	Preference Details	Coverage Details
ESGIC ORAL CAPSULE 50-325-40 MG	S	
<i>marten-tab oral tablet 50-325 mg</i>	S	
PHRENILIN FORTE ORAL CAPSULE 50-300-40 MG	S	
TENCON ORAL TABLET 50-325 MG	S	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML	S	
VANATOL S ORAL SOLUTION 50-325-40 MG/15ML	S	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML	S	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	S	
*Salicylate Combinations***		
Choline-Mag Trisalicylate Liquid 500 MG/5ML Oral	BE	
*Salicylates***		
Diflunisal TABLET 500 MG ORAL	NP	ST
*Selective N-Type Neuronal Calcium Channel Blockers***		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML	S	
Analgesics - Opioid		
*Codeine Combinations***		
Acetaminophen-Codeine Solution 120-12 MG/5ML Oral	P	PA; 90 MME; PA Required
Acetaminophen-Codeine Tablet 300-15 MG Oral	P	PA; 90 MME; PA Required
Acetaminophen-Codeine Tablet 300-30 MG Oral	P	
Acetaminophen-Codeine Tablet 300-30 MG Oral	P	PA; 90 MME; PA Required
Acetaminophen-Codeine Tablet 300-60 MG Oral	P	
Acetaminophen-Codeine Tablet 300-60 MG Oral	P	PA; 90 MME; PA Required
Ascomp-Codeine CAPSULE 50-325-40-30 MG ORAL	NP	PA; ST; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
Butalbital-APAP-Caff-Cod Capsule 50-300-40-30 MG Oral	NP	PA; ST; Click here
Butalbital-APAP-Caff-Cod CAPSULE 50-300-40-30 MG ORAL	NP	PA; ST; 90 MME; PA Required
Butalbital-APAP-Caff-Cod Capsule 50-325-40-30 MG Oral	NP	PA; ST; Click here
Butalbital-APAP-Caff-Cod CAPSULE 50-325-40-30 MG ORAL	NP	PA; ST; 90 MME; PA Required
Butalbital-ASA-Caff-Codeine CAPSULE 50-325-40-30 MG ORAL	NP	PA; ST; 90 MME; PA Required
Fioricet/Codeine CAPSULE 50-300-40-30 MG ORAL	NP	PA; ST; 90 MME; PA Required
*Dihydrocodeine Combinations***		
APAP-Caff-Dihydrocodeine CAPSULE 320.5-30-16 MG ORAL	NP	PA; ST; 90 MME; PA Required
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	S	
DVORAH ORAL TABLET 325-30-16 MG	S	
<i>panlor oral tablet 325-30-16 mg</i>	S	
*Fentanyl Combinations***		
Fentanyl Cit-Ropivacaine-NaCl Epidural Solution 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.2-0.15-0.9 MG/100ML-%, 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%, 0.4-0.15-0.9 MG/200ML-%, 0.4-0.2-0.9 MG/200ML-%, 0.5-0.0625-0.9 MG/100ML-%, 0.5-0.2-0.9 MG/250ML-%, 0.625-0.2-0.9 MG/250ML-%, 1.25-0.2-0.9 MG/250ML-%	BE	
fentaNYL Cit-Ropivacaine-NaCl Epidural Solution Prefilled Syringe 0.1-0.1-0.9 MG/50ML-%, 0.1-0.125-0.9 MG/50ML-%, 0.1-0.2-0.9 MG/50ML-%	BE	

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Drug Name	Preference Details	Coverage Details
Fentanyl-Bupivacaine-NaCl Epidural Solution 0.2-0.08-0.9 MG/100ML-%, 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.25-0.08-0.9 MG/125ML-%, 0.3-0.125-0.9 MG/100ML-%, 0.4-0.15-0.9 MG/200ML-%, 0.5-0.04-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.075-0.9 MG/100ML-%, 0.5-0.1-0.9 MG/100ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.6-0.125-0.9 MG/200ML-%, 0.75-0.1-0.9 MG/150ML-%, 0.75-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%, 1-0.0625-0.9 MG/250ML-%, 1-0.1-0.9 MG/250ML-%, 1-0.125-0.9 MG/250ML-%, 1.25-0.0625-0.9 MG/250ML-%, 1.25-0.075-0.9 MG/250ML-%	BE	
fentaNYL-Bupivacaine-NaCl Epidural Solution Prefilled Syringe 0.1-0.125-0.9 MG/50ML-%	BE	
fentaNYL-Bupivacaine-NaCl Injection Solution 2-0.125-0.9 MCG/ML-%-%	BE	
fentaNYL-Ropivacaine-NaCl Epidural Solution 0.2-0.1-0.9 MG/100ML-%	BE	
*Hydrocodone Combinations***		
Hydrocodone-Acetaminophen SOLUTION 10-325 MG/15ML ORAL	P	PA; 90 MME; PA Required
Hydrocodone-Acetaminophen SOLUTION 2.5-108 MG/5ML ORAL	P	PA; 90 MME; PA Required
Hydrocodone-Acetaminophen SOLUTION 5-217 MG/10ML Oral	P	PA; 90 MME; PA Required
Hydrocodone-Acetaminophen SOLUTION 7.5-325 MG/15ML Oral	P	PA; 90 MME; PA Required
Hydrocodone-Acetaminophen TABLET 10-300 MG Oral	P	PA; 90 MME; PA Required
Hydrocodone-Acetaminophen TABLET 10-325 MG ORAL	P	PA; 90 MME; PA Required
HYDROcodone-Acetaminophen Tablet 10-325 MG Oral	P	PA; 90 MME
Hydrocodone-Acetaminophen TABLET 5-300 MG Oral	P	PA; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
HYDROcodone-Acetaminophen Tablet 5-325 MG Oral	P	PA; 90 MME
HYDROcodone-Acetaminophen Tablet 5-325 MG Oral	P	PA; 90 MME; PA Required
Hydrocodone-Acetaminophen TABLET 7.5-300 MG Oral	P	PA; 90 MME; PA Required
Hydrocodone-Acetaminophen Tablet 7.5-325 MG Oral	P	PA; 90 MME; PA Required
HYDROcodone-Acetaminophen Tablet 7.5-325 MG Oral	P	PA; 90 MME
Hydrocodone-Ibuprofen TABLET 10-200 MG ORAL	P	PA; 90 MME; PA Required
Hydrocodone-Ibuprofen TABLET 5-200 MG ORAL	P	PA; 90 MME; PA Required
Hydrocodone-Ibuprofen TABLET 7.5-200 MG ORAL	P	PA; 90 MME; PA Required
Lorcet HD TABLET 10-325 MG ORAL	NP	PA; ST; 90 MME; PA Required
Lorcet Plus TABLET 7.5-325 MG Oral	NP	PA; ST; 90 MME; PA Required
Lorcet TABLET 5-325 MG Oral	NP	PA; ST; 90 MME; PA Required
LORTAB ORAL ELIXIR 10-300 MG/15ML	S	
ZOLVIT ORAL SOLUTION 10-300 MG/15ML	S	
*Meperidine Combinations***		
Meperidine-Promethazine CAPSULE 50-25 MG ORAL	BE	
*Opioid Agonists***		
Actiq Lozenge on a Handle 1200 MCG Buccal	P	PA; 90 MME; PA Required
Actiq Lozenge on a Handle 1600 MCG Buccal	P	PA; 90 MME; PA Required
Actiq Lozenge on a Handle 200 MCG Buccal	P	PA; 90 MME; PA Required
Actiq Lozenge on a Handle 400 MCG Buccal	P	PA; 90 MME; PA Required
Actiq Lozenge on a Handle 600 MCG Buccal	P	PA; 90 MME; PA Required
Actiq Lozenge on a Handle 800 MCG Buccal	P	PA; 90 MME; PA Required
<i>alfentanil hcl intravenous solution 1000 mcg/2ml, 2500 mcg/5ml</i>	S	
Codeine Sulfate TABLET 15 MG ORAL	NP	PA; ST; 90 MME; PA Required
Codeine Sulfate TABLET 30 MG ORAL	NP	PA; ST; 90 MME; PA Required
Codeine Sulfate TABLET 60 MG ORAL	NP	PA; ST; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
ConZip CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	NP	PA; ST; 90 MME; PA Required
ConZip CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	NP	PA; ST; 90 MME; PA Required
ConZip CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	NP	PA; ST; 90 MME; PA Required
DEMEROL INJECTION SOLUTION 100 MG/2ML, 25 MG/0.5ML, 75 MG/1.5ML, 75 MG/ML	S	
DILAUDID INJECTION SOLUTION 0.2 MG/ML	S	
Dilaudid Liquid 1 MG/ML Oral	NP	PA; ST; 90 MME; PA Required
Dilaudid TABLET 2 MG Oral	NP	PA; ST; 90 MME; PA Required
Dilaudid TABLET 4 MG Oral	NP	PA; ST; 90 MME; PA Required
Dilaudid TABLET 8 MG Oral	NP	PA; ST; 90 MME; PA Required
Dsuvia Tablet Sublingual 30 MCG Sublingual	NP	PA; ST; 90 MME; PA Required
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	S	
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml</i>	S	
<i>fentanyl citrate (pf) injection solution cartridge 100 mcg/2ml</i>	S	
<i>fentanyl citrate injection solution 1500 mcg/30ml</i>	S	
<i>fentanyl citrate injection solution prefilled syringe 100 mcg/2ml, 50 mcg/ml</i>	S	
fentaNYL Citrate Injection Solution Prefilled Syringe 250 MCG/5ML	BE	
<i>fentanyl citrate intravenous solution 1000 mcg/100ml, 1000 mcg/50ml, 1600 mcg/100ml, 2000 mcg/100ml, 2500 mcg/50ml, 5000 mcg/100ml</i>	S	
fentaNYL Citrate Intravenous Solution Prefilled Syringe 10 MCG/ML, 50 MCG/ML	BE	
<i>fentanyl citrate intravenous solution prefilled syringe 100 mcg/10ml, 100 mcg/2ml, 1000 mcg/20ml, 1250 mcg/25ml, 1500 mcg/30ml, 20 mcg/2ml, 250 mcg/5ml, 2500 mcg/50ml, 2750 mcg/55ml, 50 mcg/5ml, 500 mcg/50ml</i>	S	

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Drug Name	Preference Details	Coverage Details
FentaNYL Citrate Lozenge on a Handle 1200 MCG Buccal	NP	PA; ST; 90 MME; PA Required
FentaNYL Citrate Lozenge On A Handle 1600 MCG Buccal	NP	PA; ST; 90 MME; PA Required
FentaNYL Citrate Lozenge On A Handle 200 MCG Buccal	NP	PA; ST; 90 MME; PA Required
FentaNYL Citrate Lozenge on a Handle 400 MCG Buccal	NP	PA; ST; 90 MME; PA Required
FentaNYL Citrate Lozenge on a Handle 600 MCG Buccal	NP	PA; ST; 90 MME; PA Required
FentaNYL Citrate Lozenge on a Handle 800 MCG Buccal	NP	PA; ST; 90 MME; PA Required
<i>fentanyl citrate pf injection solution prefilled syringe 50 mcg/ml</i>	S	
fentaNYL Citrate Tablet 100 MCG Buccal	NP	PA; ST; 90 MME; PA Required
fentaNYL Citrate Tablet 200 MCG Buccal	NP	PA; ST; 90 MME; PA Required
fentaNYL Citrate Tablet 400 MCG Buccal	NP	PA; ST; 90 MME; PA Required
fentaNYL Citrate Tablet 600 MCG Buccal	NP	PA; ST; 90 MME; PA Required
fentaNYL Citrate Tablet 800 MCG Buccal	NP	PA; ST; 90 MME; PA Required
<i>fentanyl citrate-nacl epidural solution 1-0.9 mg/250ml-%</i>	S	
<i>fentanyl citrate-nacl injection solution 1-0.9 mg/100ml-%, 10-0.9 mcg/ml-%, 2.5-0.9 mg/250ml-%</i>	S	
<i>fentanyl citrate-nacl intravenous solution 1-0.9 mg/100ml-%, 1.25-0.9 mg/250ml-%, 2-0.9 mg/100ml-%, 2.5-0.9 mg/100ml-%, 2.5-0.9 mg/250ml-%, 5-0.9 mg/250ml-%</i>	S	
<i>fentanyl citrate-nacl intravenous solution prefilled syringe 10-0.9 mcg/2ml-%, 10-0.9 mcg/ml-%, 2500-0.9 mcg/50ml-%, 5-0.9 mcg/ml-%, 500-0.9 mcg/50ml-%, 550-0.9 mcg/55ml-%</i>	S	
FentaNYL Patch 72 Hour 100 MCG/HR Transdermal	P	PA; 90 MME
FentaNYL Patch 72 Hour 100 MCG/HR Transdermal	P	PA; 90 MME; PA Required
FentaNYL Patch 72 Hour 12 MCG/HR Transdermal	P	PA; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
FentaNYL Patch 72 Hour 25 MCG/HR Transdermal	P	PA; 90 MME
FentaNYL Patch 72 Hour 25 MCG/HR Transdermal	P	PA; 90 MME; PA Required
FentaNYL Patch 72 Hour 37.5 MCG/HR Transdermal	NP	PA; ST; 90 MME
FentaNYL Patch 72 Hour 37.5 MCG/HR Transdermal	NP	PA; ST; 90 MME; PA Required
FentaNYL Patch 72 Hour 50 MCG/HR Transdermal	P	PA; 90 MME
FentaNYL Patch 72 Hour 50 MCG/HR Transdermal	P	PA; 90 MME; PA Required
FentaNYL Patch 72 Hour 62.5 MCG/HR Transdermal	NP	PA; ST; 90 MME; PA Required
FentaNYL Patch 72 Hour 75 MCG/HR Transdermal	P	PA; 90 MME
FentaNYL Patch 72 Hour 75 MCG/HR Transdermal	P	PA; 90 MME; PA Required
FentaNYL Patch 72 Hour 87.5 MCG/HR Transdermal	NP	PA; ST; 90 MME; PA Required
Fentora TABLET 100 MCG BUCCAL	NP	PA; ST; 90 MME; PA Required
Fentora TABLET 200 MCG BUCCAL	NP	PA; ST; 90 MME; PA Required
Fentora Tablet 400 MCG Buccal	NP	PA; ST; 90 MME; PA Required
Fentora Tablet 600 MCG Buccal	NP	PA; ST; 90 MME; PA Required
Fentora Tablet 800 MCG Buccal	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 10 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 15 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 20 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 30 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 40 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 50 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 100 MG Oral	NP	PA; ST; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 120 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 20 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 30 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 40 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 60 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 80 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROmorphine HCl ER Tablet Extended Release 24 Hour 12 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROmorphine HCl ER Tablet Extended Release 24 Hour 16 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROmorphine HCl ER Tablet Extended Release 24 Hour 32 MG Oral	NP	PA; ST; 90 MME; PA Required
HYDROmorphine HCl ER Tablet Extended Release 24 Hour 8 MG Oral	NP	PA; ST; 90 MME; PA Required
<i>hydromorphone hcl injection solution 0.2 mg/ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	S	
HYDROmorphine HCl Injection Solution 0.5 MG/ML	BE	
<i>hydromorphone hcl intravenous solution 0.2 mg/ml, 1 mg/ml</i>	S	
<i>hydromorphone hcl intravenous solution prefilled syringe 50 mg/50ml</i>	S	
HYDROmorphine HCl Liquid 1 MG/ML Oral	NP	ST
HYDROmorphine HCl Liquid 1 MG/ML Oral	NP	PA; ST; 90 MME; PA Required
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	S	
<i>hydromorphone hcl powder</i>	S	
HYDROmorphine HCl SUPPOSITORY 3 MG Rectal	NP	PA; ST; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
HYDROmorphone HCl TABLET 2 MG ORAL	P	PA; 90 MME; PA Required
HYDROmorphone HCl TABLET 4 MG ORAL	P	PA; 90 MME; PA Required
HYDROmorphone HCl TABLET 8 MG ORAL	P	PA; 90 MME; PA Required
<i>hydromorphone hcl-nacl injection solution 10-0.9 mg/50ml-%, 100-0.9 mg/100ml-%, 20-0.9 mg/100ml-%, 50-0.9 mg/50ml-%</i>	S	
<i>hydromorphone hcl-nacl injection solution prefilled syringe 10-0.9 mg/50ml-%, 25-0.9 mg/25ml-%, 30-0.9 mg/30ml-%, 6-0.9 mg/30ml-%</i>	S	
<i>hydromorphone hcl-nacl intravenous solution 10-0.9 mg/100ml-%, 10-0.9 mg/50ml-%, 100-0.9 mg/100ml-%, 100-0.9 mg/50ml-%, 12-0.9 mg/30ml-%, 15-0.9 mg/30ml-%, 2-0.9 mg/50ml-%, 20-0.9 mg/100ml-%, 25-0.9 mg/250ml-%, 25-0.9 mg/50ml-%, 30-0.9 mg/30ml-%, 40-0.9 mg/200ml-%, 5-0.9 mg/50ml-%, 50-0.9 mg/100ml-%, 50-0.9 mg/250ml-%, 50-0.9 mg/50ml-%, 6-0.9 mg/30ml-%</i>	S	
<i>hydromorphone hcl-nacl intravenous solution prefilled syringe 0.2-0.9 mg/0.2ml-%, 0.4-0.9 mg/2ml-%, 0.5-0.9 mg/0.5ml-%, 0.5-0.9 mg/ml-%, 1-0.9 mg/5ml-%, 1-0.9 mg/ml-%, 10-0.9 mg/25ml-%, 10-0.9 mg/50ml-%, 12-0.9 mg/30ml-%, 12-0.9 mg/60ml-%, 12.5-0.9 mg/25ml-%, 15-0.9 mg/30ml-%, 2-0.9 mg/10ml-%, 2-0.9 mg/ml-%, 20-0.9 mg/50ml-%, 25-0.9 mg/25ml-%, 25-0.9 mg/50ml-%, 3-0.9 mg/30ml-%, 30-0.9 mg/30ml-%, 5-0.9 mg/25ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%, 6-0.9 mg/30ml-%</i>	S	
Hysingla ER Tablet ER 24 Hour Abuse-Deterrent 100 MG Oral	NP	PA; ST; 90 MME; PA Required
Hysingla ER Tablet ER 24 Hour Abuse-Deterrent 120 MG Oral	NP	PA; ST; 90 MME; PA Required
Hysingla ER Tablet ER 24 Hour Abuse-Deterrent 20 MG Oral	NP	PA; ST; 90 MME; PA Required
Hysingla ER Tablet ER 24 Hour Abuse-Deterrent 30 MG Oral	NP	PA; ST; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
Hysingla ER Tablet ER 24 Hour Abuse-Deterrent 40 MG Oral	NP	PA; ST; 90 MME; PA Required
Hysingla ER Tablet ER 24 Hour Abuse-Deterrent 60 MG Oral	NP	PA; ST; 90 MME; PA Required
Hysingla ER Tablet ER 24 Hour Abuse-Deterrent 80 MG Oral	NP	PA; ST; 90 MME; PA Required
Kadian Capsule Extended Release 24 Hour 10 MG Oral	NP	PA; ST; 90 MME; PA Required
Kadian Capsule Extended Release 24 Hour 20 MG Oral	NP	PA; ST; 90 MME; PA Required
Kadian Capsule Extended Release 24 Hour 30 MG Oral	NP	PA; ST; 90 MME; PA Required
Kadian Capsule Extended Release 24 Hour 40 MG Oral	NP	PA; ST; 90 MME; PA Required
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT	S	
Levorphanol Tartrate Tablet 2 MG Oral	NP	ST
Levorphanol Tartrate TABLET 2 MG ORAL	NP	PA; ST; 90 MME; PA Required
Levorphanol Tartrate Tablet 3 MG Oral	NP	PA; ST; 90 MME; PA Required
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	S	
<i>meperidine hcl powder</i>	S	
Meperidine HCl SOLUTION 50 MG/5ML ORAL	NP	PA; ST; 90 MME; PA Required
Meperidine HCl Tablet 50 MG Oral	NP	PA; ST; 90 MME; PA Required
Methadone HCl Concentrate 10 MG/ML Oral	P	PA; 90 MME; PA Required
<i>methadone hcl injection solution 10 mg/ml</i>	S	
Methadone HCl Intensol CONCENTRATE 10 MG/ML ORAL	P	PA; 90 MME; PA Required
<i>methadone hcl intravenous solution prefilled syringe 10 mg/ml</i>	S	
Methadone HCl Solution 10 MG/5ML Oral	P	PA; 90 MME; PA Required
Methadone HCl Solution 5 MG/5ML Oral	P	PA; 90 MME; PA Required
Methadone HCl Tablet 10 MG Oral	P	PA; PA Required
Methadone HCl TABLET 10 MG ORAL	P	PA; 90 MME; PA Required
Methadone HCl Tablet 5 MG Oral	P	PA; PA Required
Methadone HCl TABLET 5 MG ORAL	P	PA; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
Methadone HCl TABLET SOLUBLE 40 MG ORAL	P	PA; 90 MME; PA Required
<i>methadone hcl-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%</i>	S	
<i>methadone hcl-sodium chloride intravenous solution prefilled syringe 1-0.9 mg/ml-%</i>	S	
Methadose CONCENTRATE 10 MG/ML ORAL	P	PA; 90 MME; PA Required
Methadose Sugar-Free CONCENTRATE 10 MG/ML ORAL	P	PA; 90 MME; PA Required
Methadose TABLET SOLUBLE 40 MG ORAL	P	PA; 90 MME; PA Required
MorphaBond ER Tablet ER 12 Hour Abuse-Deterrent 15 MG Oral	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate (Concentrate) Solution 10 MG/0.5ML Oral	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate (Concentrate) SOLUTION 100 MG/5ML ORAL	P	PA; 90 MME; PA Required
Morphine Sulfate (Concentrate) Solution 20 MG/ML Oral	P	PA; 90 MME; PA Required
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	S	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	S	
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	NP	PA; ST; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
Morphine Sulfate ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate ER Tablet Extended Release 100 MG Oral	P	PA; 90 MME; PA Required
Morphine Sulfate ER Tablet Extended Release 15 MG Oral	P	PA; 90 MME; PA Required
Morphine Sulfate ER Tablet Extended Release 200 MG Oral	P	PA; 90 MME; PA Required
Morphine Sulfate ER Tablet Extended Release 30 MG Oral	P	PA; 90 MME; PA Required
Morphine Sulfate ER Tablet Extended Release 60 MG Oral	P	PA; 90 MME; PA Required
<i>morphine sulfate in dextrose intravenous solution 100-5 mg/100ml-%, 250-5 mg/250ml-%</i>	S	
<i>morphine sulfate injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml</i>	S	
<i>morphine sulfate intramuscular device 10 mg/0.7ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>morphine sulfate intravenous solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	S	
Morphine Sulfate Oral Tablet 15 MG, 30 MG	P	PA; 90 MME; PA Required
Morphine Sulfate Solution 10 MG/5ML Oral	P	
Morphine Sulfate SOLUTION 10 MG/5ML ORAL	P	PA; 90 MME; PA Required
Morphine Sulfate SOLUTION 20 MG/5ML ORAL	P	PA; 90 MME; PA Required
Morphine Sulfate SUPPOSITORY 10 MG Rectal	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate SUPPOSITORY 20 MG Rectal	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate SUPPOSITORY 30 MG Rectal	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate SUPPOSITORY 5 MG Rectal	NP	PA; ST; 90 MME; PA Required
Morphine Sulfate Tablet 15 MG Oral	P	
Morphine Sulfate Tablet 15 MG Oral	P	PA; 90 MME; PA Required
Morphine Sulfate TABLET 15 MG ORAL	P	PA; 90 MME; PA Required
Morphine Sulfate Tablet 30 MG Oral	P	PA; 90 MME; PA Required
Morphine Sulfate TABLET 30 MG ORAL	P	PA; 90 MME; PA Required
<i>morphine sulfate-nacl injection solution prefilled syringe 5-0.9 mg/5ml-%</i>	S	
<i>morphine sulfate-nacl intravenous solution 1-0.9 mg/ml-%, 100-0.9 mg/100ml-%, 250-0.9 mg/250ml-%, 250-0.9 mg/50ml-%, 50-0.9 mg/50ml-%, 500-0.9 mg/100ml-%</i>	S	
<i>morphine sulfate-nacl intravenous solution prefilled syringe 0.5-0.9 mg/ml-%, 1-0.9 mg/ml-%, 150-0.9 mg/30ml-%, 2-0.9 mg/2ml-%, 2-0.9 mg/ml-%, 30-0.9 mg/30ml-%, 4-0.9 mg/ml-%, 5-0.9 mg/5ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%</i>	S	
MS Contin Tablet Extended Release 100 MG Oral	NP	PA; ST; 90 MME; PA Required
MS Contin Tablet Extended Release 15 MG Oral	NP	PA; ST; 90 MME; PA Required
MS Contin Tablet Extended Release 200 MG Oral	NP	PA; ST; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
MS Contin Tablet Extended Release 30 MG Oral	NP	PA; ST; 90 MME; PA Required
MS Contin Tablet Extended Release 60 MG Oral	NP	PA; ST; 90 MME; PA Required
Nucynta ER Tablet Extended Release 12 Hour 100 MG Oral	NP	PA; ST; 90 MME; PA Required
Nucynta ER Tablet Extended Release 12 Hour 150 MG Oral	NP	PA; ST; 90 MME; PA Required
Nucynta ER Tablet Extended Release 12 Hour 200 MG Oral	NP	PA; ST; 90 MME; PA Required
Nucynta ER Tablet Extended Release 12 Hour 250 MG Oral	NP	PA; ST; 90 MME; PA Required
Nucynta ER Tablet Extended Release 12 Hour 50 MG Oral	NP	PA; ST; 90 MME; PA Required
Nucynta Tablet 100 MG Oral	NP	PA; ST; 90 MME; PA Required
Nucynta Tablet 50 MG Oral	NP	PA; ST; 90 MME; PA Required
Nucynta Tablet 75 MG Oral	NP	PA; ST; 90 MME; PA Required
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML, 30 MG/30ML	S	
Oxaydo Tablet 7.5 MG Oral	NP	PA; ST; 90 MME; PA Required
OxyCODONE HCl CAPSULE 5 MG ORAL	NP	PA; ST; 90 MME; PA Required
OxyCODONE HCl Concentrate 100 MG/5ML Oral	NP	PA; ST; 90 MME; PA Required
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 10 MG Oral	NP	PA; ST; 90 MME; PA Required
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 15 MG Oral	NP	PA; ST; 90 MME; PA Required
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 20 MG Oral	NP	PA; ST; 90 MME; PA Required
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 30 MG Oral	NP	PA; ST; 90 MME; PA Required
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 40 MG Oral	NP	PA; ST; 90 MME; PA Required
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 60 MG Oral	NP	PA; ST; 90 MME; PA Required
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 80 MG Oral	NP	PA; ST; 90 MME; PA Required
OxyCODONE HCl SOLUTION 5 MG/5ML ORAL	P	PA; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
OxyCODONE HCl TABLET 10 MG ORAL	P	PA; 90 MME; PA Required
oxyCODONE HCl Tablet 15 MG Oral	P	PA; PA Required
OxyCODONE HCl TABLET 15 MG ORAL	P	PA; 90 MME; PA Required
OxyCODONE HCl TABLET 20 MG ORAL	P	PA; 90 MME; PA Required
OxyCODONE HCl TABLET 30 MG ORAL	P	PA; 90 MME; PA Required
OxyCODONE HCl TABLET 5 MG ORAL	P	PA; 90 MME; PA Required
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 10 MG Oral	P	PA; 90 MME; PA Required
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 15 MG Oral	P	PA; 90 MME; PA Required
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 20 MG Oral	P	PA; 90 MME; PA Required
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 30 MG Oral	P	PA; 90 MME; PA Required
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 40 MG Oral	P	PA; 90 MME; PA Required
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 60 MG Oral	P	PA; 90 MME; PA Required
OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 80 MG Oral	P	PA; 90 MME; PA Required
oxyMORphone HCl ER Tablet Extended Release 12 Hour 10 MG Oral	NP	PA; ST; 90 MME; PA Required
oxyMORphone HCl ER Tablet Extended Release 12 Hour 15 MG Oral	NP	PA; ST; 90 MME; PA Required
oxyMORphone HCl ER Tablet Extended Release 12 Hour 20 MG Oral	NP	PA; ST; 90 MME; PA Required
oxyMORphone HCl ER Tablet Extended Release 12 Hour 30 MG Oral	NP	PA; ST; 90 MME; PA Required
OxyMORphone HCl ER Tablet Extended Release 12 Hour 40 MG Oral	NP	PA; ST; 90 MME; PA Required
oxyMORphone HCl ER Tablet Extended Release 12 Hour 5 MG Oral	NP	PA; ST; 90 MME; PA Required
oxyMORphone HCl ER Tablet Extended Release 12 Hour 7.5 MG Oral	NP	PA; ST; 90 MME; PA Required
Oxymorphone HCl TABLET 10 MG ORAL	NP	PA; ST; 90 MME; PA Required
Oxymorphone HCl TABLET 5 MG ORAL	NP	PA; ST; 90 MME; PA Required
Qdolo Oral Solution 5 MG/ML	BE	
Roxicodone TABLET 15 MG ORAL	NP	PA; ST; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
Roxicodone TABLET 30 MG ORAL	NP	PA; ST; 90 MME; PA Required
Roxicodone TABLET 5 MG ORAL	NP	PA; ST; 90 MME; PA Required
RoxyBond Tablet Abuse-Deterrent 15 MG Oral	NP	ST; 90 MME
RoxyBond Tablet Abuse-Deterrent 30 MG Oral	NP	ST; 90 MME
RoxyBond Tablet Abuse-Deterrent 5 MG Oral	NP	ST; 90 MME
Subsys Sublingual Liquid 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	BE	
traMADol HCl (ER Biphasic) Capsule Extended Release 24 Hour 100 MG Oral	NP	PA; ST; 90 MME; PA Required
traMADol HCl (ER Biphasic) Capsule Extended Release 24 Hour 200 MG Oral	NP	PA; ST; 90 MME; PA Required
traMADol HCl (ER Biphasic) Capsule Extended Release 24 Hour 300 MG Oral	NP	PA; ST; 90 MME; PA Required
traMADol HCl (ER Biphasic) Tablet Extended Release 24 Hour 100 MG Oral	P	PA; 90 MME; PA Required
traMADol HCl (ER Biphasic) Tablet Extended Release 24 Hour 200 MG Oral	P	PA; 90 MME; PA Required
traMADol HCl (ER Biphasic) Tablet Extended Release 24 Hour 300 MG Oral	P	PA; 90 MME; PA Required
TraMADol HCl ER Tablet Extended Release 24 Hour 100 MG Oral	P	PA; 90 MME; PA Required
TraMADol HCl ER Tablet Extended Release 24 Hour 200 MG Oral	P	PA; 90 MME; PA Required
TraMADol HCl ER Tablet Extended Release 24 Hour 300 MG Oral	P	PA; 90 MME; PA Required
traMADol HCl Oral Solution 5 MG/ML	BE	
traMADol HCl Solution 5 MG/ML Oral	NP	PA; ST; 90 MME; PA Required
traMADol HCl Tablet 100 MG Oral	P	PA; 90 MME; PA Required
traMADol HCl Tablet 50 MG Oral	P	PA; PA Required
traMADol HCl Tablet 50 MG Oral	P	PA; 90 MME
traMADol HCl Tablet 50 MG Oral	P	PA; 90 MME; PA Required
Ultram TABLET 50 MG ORAL	NP	PA; ST; 90 MME; PA Required
Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 13.5 MG Oral	P	PA; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 18 MG Oral	P	PA; 90 MME; PA Required
Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 27 MG Oral	P	PA; 90 MME; PA Required
Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 36 MG Oral	P	PA; 90 MME; PA Required
Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 9 MG Oral	P	PA; 90 MME; PA Required
Zohydro ER Capsule Extended Release 12 Hour 10 MG Oral	NP	PA; ST; 90 MME; PA Required
Zohydro ER Capsule Extended Release 12 Hour 15 MG Oral	NP	PA; ST; 90 MME; PA Required
Zohydro ER Capsule Extended Release 12 Hour 20 MG Oral	NP	PA; ST; 90 MME; PA Required
Zohydro ER Capsule Extended Release 12 Hour 30 MG Oral	NP	PA; ST; 90 MME; PA Required
Zohydro ER Capsule Extended Release 12 Hour 40 MG Oral	NP	PA; ST; 90 MME; PA Required
Zohydro ER Capsule Extended Release 12 Hour 50 MG Oral	NP	PA; ST; 90 MME; PA Required
*Opioid Combinations***		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	S	PA; PA Required
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	S	PA; PA Required
Endocet TABLET 10-325 MG ORAL	P	PA; 90 MME; PA Required
Endocet TABLET 5-325 MG ORAL	P	PA; 90 MME; PA Required
Endocet TABLET 7.5-325 MG ORAL	P	PA; 90 MME; PA Required
<i>nalocet oral tablet 2.5-300 mg</i>	S	
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	S	PA; 90 MME; PA Required
oxyCODONE-Acetaminophen Solution 5-325 MG/5ML Oral	NP	PA; ST; 90 MME; PA Required
Oxycodone-Acetaminophen Tablet 10-325 MG Oral	P	PA; 90 MME; PA Required
Oxycodone-Acetaminophen Tablet 2.5-325 MG Oral	P	PA; 90 MME; PA Required
oxyCODONE-Acetaminophen Tablet 5-325 MG Oral	P	PA; 90 MME; PA Required

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Drug Name	Preference Details	Coverage Details
Oxycodone-Acetaminophen TABLET 5-325 MG ORAL	P	PA; 90 MME; PA Required
Oxycodone-Acetaminophen TABLET 7.5-325 MG ORAL	P	PA; 90 MME; PA Required
Percocet TABLET 10-325 MG ORAL	NP	PA; ST; 90 MME; PA Required
Percocet TABLET 2.5-325 MG ORAL	NP	PA; ST; 90 MME; PA Required
Percocet TABLET 5-325 MG ORAL	NP	PA; ST; 90 MME; PA Required
Percocet TABLET 7.5-325 MG ORAL	NP	PA; ST; 90 MME; PA Required
Prolate Solution 10-300 MG/5ML Oral	NP	PA; ST; PA Required
Prolate Tablet 10-300 MG Oral	NP	PA; ST; PA Required
Prolate Tablet 5-300 MG Oral	NP	PA; ST; PA Required
Prolate Tablet 7.5-300 MG Oral	NP	PA; ST; PA Required
*Opioid Partial Agonists***		
Belbuca Film 150 MCG Buccal	NP	PA; ST; PA Required
Belbuca Film 300 MCG Buccal	NP	PA; ST; PA Required
Belbuca Film 450 MCG Buccal	NP	PA; ST; PA Required
Belbuca Film 600 MCG Buccal	NP	PA; ST; PA Required
Belbuca Film 75 MCG Buccal	NP	PA; ST; PA Required
Belbuca FILM 750 MCG Buccal	NP	PA; ST; PA Required
Belbuca Film 900 MCG Buccal	NP	PA; ST; PA Required
Brixadi (Weekly) Solution Prefilled Syringe 16 MG/0.32ML Subcutaneous	NP	ST
Brixadi (Weekly) Solution Prefilled Syringe 24 MG/0.48ML Subcutaneous	NP	ST
Brixadi (Weekly) Solution Prefilled Syringe 32 MG/0.64ML Subcutaneous	NP	ST
Brixadi Solution Prefilled Syringe 128 MG/0.36ML Subcutaneous	NP	ST
Brixadi Solution Prefilled Syringe 64 MG/0.18ML Subcutaneous	NP	ST
Brixadi Solution Prefilled Syringe 96 MG/0.27ML Subcutaneous	NP	ST
Buprenorphine HCl Tablet Sublingual 2 MG Sublingual	NP	ST
Buprenorphine HCl TABLET SUBLINGUAL 2 MG SUBLINGUAL	NP	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
Buprenorphine HCl Tablet Sublingual 8 MG Sublingual	NP	ST
Buprenorphine HCl TABLET SUBLINGUAL 8 MG SUBLINGUAL	NP	PA; ST; PA Required
Buprenorphine HCl-Naloxone HCl Film 12-3 MG Sublingual	NP	ST
Buprenorphine HCl-Naloxone HCl Film 12-3 MG Sublingual	NP	PA; ST; PA Required
Buprenorphine HCl-Naloxone HCl Film 2-0.5 MG Sublingual	NP	PA; ST; PA Required
Buprenorphine HCl-Naloxone HCl Film 4-1 MG Sublingual	NP	PA; ST; PA Required
Buprenorphine HCl-Naloxone HCl Film 8-2 MG Sublingual	NP	ST
Buprenorphine HCl-Naloxone HCl Film 8-2 MG Sublingual	NP	PA; ST; PA Required
Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual 2-0.5 MG, 8-2 MG	NP	PA; ST; PA Required
Buprenorphine HCl-Naloxone HCl Tablet Sublingual 2-0.5 MG Sublingual	P	PA; PA Required
Buprenorphine HCl-Naloxone HCl TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL	NP	PA; ST; PA Required
Buprenorphine HCl-Naloxone HCl TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL	P	PA; ST; PA Required
Buprenorphine HCl-Naloxone HCl Tablet Sublingual 8-2 MG Sublingual	NP	ST
Buprenorphine HCl-Naloxone HCl Tablet Sublingual 8-2 MG Sublingual	P	PA; PA Required
Buprenorphine HCl-Naloxone HCl TABLET SUBLINGUAL 8-2 MG SUBLINGUAL	NP	PA; ST; PA Required
Buprenorphine HCl-Naloxone HCl TABLET SUBLINGUAL 8-2 MG SUBLINGUAL	P	PA; ST; PA Required
Buprenorphine Patch Weekly 10 MCG/HR Transdermal	NP	ST
Buprenorphine Patch Weekly 10 MCG/HR Transdermal	NP	PA; ST; PA Required
Buprenorphine Patch Weekly 15 MCG/HR Transdermal	NP	ST

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Drug Name	Preference Details	Coverage Details
Buprenorphine Patch Weekly 15 MCG/HR Transdermal	NP	PA; ST; PA Required
Buprenorphine Patch Weekly 20 MCG/HR Transdermal	NP	ST
Buprenorphine Patch Weekly 20 MCG/HR Transdermal	NP	PA; ST; PA Required
Buprenorphine Patch Weekly 5 MCG/HR Transdermal	NP	ST
Buprenorphine Patch Weekly 5 MCG/HR Transdermal	NP	PA; ST; PA Required
Buprenorphine PATCH WEEKLY 7.5 MCG/HR Transdermal	NP	PA; ST; PA Required
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	S	
Butorphanol Tartrate SOLUTION 10 MG/ML NASAL	NP	PA; ST; 90 MME; PA Required
Butrans PATCH WEEKLY 10 MCG/HR TRANSDERMAL	P	PA; PA Required
Butrans PATCH WEEKLY 15 MCG/HR TRANSDERMAL	P	PA; PA Required
Butrans PATCH WEEKLY 20 MCG/HR TRANSDERMAL	P	PA; PA Required
Butrans PATCH WEEKLY 5 MCG/HR TRANSDERMAL	P	PA; PA Required
Butrans PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL	P	PA; PA Required
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	S	
Pentazocine-Naloxone HCl TABLET 50-0.5 MG ORAL	NP	PA; ST; 90 MME; PA Required
Probuphine Implant Kit Subcutaneous Implant 74.2 MG	BE	
Sublocade Solution Prefilled Syringe 100 MG/0.5ML Subcutaneous	P	PA; PA Required; QL (0.5 ML per 30 days)
Sublocade Solution Prefilled Syringe 300 MG/1.5ML Subcutaneous	P	PA; PA Required; QL (1.5 ML per 30 days)
Suboxone FILM 12-3 MG SUBLINGUAL	P	PA; PA Required
Suboxone FILM 2-0.5 MG SUBLINGUAL	P	PA; PA Required
Suboxone FILM 4-1 MG SUBLINGUAL	P	PA; PA Required

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Drug Name	Preference Details	Coverage Details
Suboxone FILM 8-2 MG SUBLINGUAL	NP	PA; ST; PA Required
Suboxone FILM 8-2 MG SUBLINGUAL	P	PA; PA Required
Zubsolv TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL	NP	PA; ST; PA Required
Zubsolv TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL	NP	PA; ST; PA Required
Zubsolv TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL	NP	PA; ST; PA Required
Zubsolv TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL	NP	PA; ST; PA Required
Zubsolv TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL	NP	PA; ST; PA Required
Zubsolv TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL	NP	PA; ST; PA Required
*Tramadol Combinations***		
Seglentis Tablet 56-44 MG Oral	NP	PA; ST; PA Required
Tramadol-Acetaminophen TABLET 37.5-325 MG ORAL	P	PA; 90 MME; PA Required
Ultracet TABLET 37.5-325 MG ORAL	NP	PA; ST; 90 MME; PA Required
Androgens-Anabolic		
*Anabolic Steroids***		
ANADROL-50 ORAL TABLET 50 MG	S	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	S	
*Androgens***		
Androderm Patch 24 Hour 2 MG/24HR Transdermal	NP	ST
Androderm Patch 24 Hour 4 MG/24HR Transdermal	NP	ST
AndroGel Gel 20.25 MG/1.25GM (1.62%) Transdermal	NP	ST
AndroGel GEL 25 MG/2.5GM (1%) TRANSDERMAL	NP	ST
AndroGel Gel 40.5 MG/2.5GM (1.62%) Transdermal	NP	ST
AndroGel GEL 50 MG/5GM (1%) TRANSDERMAL	NP	ST
AndroGel Pump GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	P	

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Drug Name	Preference Details	Coverage Details
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	S	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	S	
EC-RX Testosterone Transdermal Cream 0.2 %, 0.4 %, 10 %, 20 %	BE	
First-Testosterone MC Transdermal Cream 2 %	BE	
First-Testosterone Transdermal Ointment 2 %	BE	
Fortesta GEL 10 MG/ACT (2%) TRANSDERMAL	NP	ST
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	S	
<i>methitest oral tablet 10 mg</i>	S	
<i>methyltestosterone oral capsule 10 mg</i>	S	
Natesto Gel 5.5 MG/ACT Nasal	NP	ST
Testim GEL 50 MG/5GM (1%) TRANSDERMAL	NP	ST
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	S	
TESTOPEL IMPLANT PELLETT 75 MG	S	
Testosterone Compounding Kit Transdermal Cream 20 %	BE	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	S	
Testosterone Gel 1.62 % Transdermal	P	ST
Testosterone GEL 10 MG/ACT (2%) TRANSDERMAL	NP	ST
Testosterone Gel 12.5 MG/ACT (1%) Transdermal	NP	ST
Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	NP	ST
Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	P	ST
Testosterone GEL 25 MG/2.5GM (1%) TRANSDERMAL	NP	ST
Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	NP	ST

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Drug Name	Preference Details	Coverage Details
Testosterone GEL 50 MG/5GM (1%) TRANSDERMAL	NP	ST
<i>testosterone implant pellet 100 mg, 200 mg, 25 mg, 50 mg</i>	S	
Testosterone Solution 30 MG/ACT Transdermal	NP	ST
Testosterone Transdermal Gel 50 MG/5GM (1%)	NP	ST
TLANDO ORAL CAPSULE 112.5 MG	S	
Vogelxo GEL 50 MG/5GM (1%) TRANSDERMAL	NP	ST
Vogelxo Pump GEL 12.5 MG/ACT (1%) TRANSDERMAL	NP	ST
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	S	
Anorectal And Related Products		
*Intrarectal Steroids***		
Budesonide Foam 2 MG Rectal	NP	ST
CORTIFOAM EXTERNAL FOAM 10 %	S	
Uceris FOAM 2 MG/ACT Rectal	NP	ST
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %	S	
*Rectal Anesthetic/Steroids***		
Analpram HC Cream 2.5-1 % External	BE	
Analpram HC Singles Cream 2.5-1 % External	BE	
Analpram-HC Cream 1-1 % External	BE	
Analpram-HC Lotion 2.5-1 % External	BE	
<i>hydrocortisone ace-pramoxine rectal suppository 25-18 mg</i>	S	
Hydrocort-Pramoxine (Perianal) Cream 2.5-1 % External	BE	
ProCort Cream 1.85-1.15 % External	BE	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	S	
*Rectal Products - Misc.***		
Barrigel Rectal Gel 20 MG/ML	BE	

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Drug Name	Preference Details	Coverage Details
*Rectal Steroids***		
Anucort-HC SUPPOSITORY 25 MG Rectal	BE	
Anusol-HC SUPPOSITORY 25 MG Rectal	BE	
Hemmorex-HC SUPPOSITORY 25 MG Rectal	BE	
Hemmorex-HC SUPPOSITORY 30 MG Rectal	BE	
Hemorrhoidal-HC SUPPOSITORY 25 MG Rectal	BE	
Hydrocortisone Acetate SUPPOSITORY 25 MG Rectal	BE	
Hydrocortisone Acetate SUPPOSITORY 30 MG Rectal	BE	
Proctocort SUPPOSITORY 30 MG Rectal	BE	
Antacids		
*Antacid Combinations***		
Cidatrine-TM Oral Tablet 975-232 MG	N/A	
Sintra-ES Oral Tablet 975-232 MG	N/A	
*Antacids - Bicarbonate***		
Sodium Bicarbonate Oral Powder	BE	
*Antacids - Sodium Citrate***		
Emetrol Oral Tablet Chewable 230 MG	N/A	
Anthelmintics		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>	S	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	S	
EGATEN ORAL TABLET 250 MG	S	
EMVERM ORAL TABLET CHEWABLE 100 MG	S	
<i>ivermectin oral tablet 3 mg</i>	S	PA; For parasitic infection, please enter PAMC 01500000700; PA Required; QL (10 EA per 30 days)
<i>praziquantel oral tablet 600 mg</i>	S	
Antianginal Agents		
*Antianginals-Other***		
Aspruzyo Sprinkle Packet 1000 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Aspruzyo Sprinkle Packet 500 MG Oral	NP	ST
Ranexa Tablet Extended Release 12 Hour 1000 MG Oral	NP	ST
Ranexa Tablet Extended Release 12 Hour 500 MG Oral	NP	ST
Ranolazine ER Tablet Extended Release 12 Hour 1000 MG Oral	P	
Ranolazine ER Tablet Extended Release 12 Hour 500 MG Oral	P	
*Nitrates***		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	S	PA; PA Required
GoNitro Packet 400 MCG Sublingual	NP	ST
Isordil Titradoso TABLET 40 MG ORAL	NP	ST
Isordil Titradoso TABLET 5 MG ORAL	NP	ST
Isosorbide Dinitrate Tablet 10 MG Oral	P	
Isosorbide Dinitrate Tablet 20 MG Oral	P	
Isosorbide Dinitrate Tablet 30 MG Oral	P	
Isosorbide Dinitrate Tablet 40 MG Oral	P	
Isosorbide Dinitrate Tablet 5 MG Oral	P	
Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 120 MG Oral	P	
Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 30 MG Oral	P	
Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 60 MG Oral	P	
Isosorbide Mononitrate TABLET 10 MG ORAL	P	
Isosorbide Mononitrate TABLET 20 MG ORAL	P	
Minitran Patch 24 Hour 0.1 MG/HR Transdermal	P	
Minitran Patch 24 Hour 0.2 MG/HR Transdermal	P	
Minitran Patch 24 Hour 0.4 MG/HR Transdermal	P	
Minitran Patch 24 Hour 0.6 MG/HR Transdermal	P	

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Drug Name	Preference Details	Coverage Details
Nitro-Bid OINTMENT 2 % TRANSDERMAL	NP	ST
Nitro-Dur Patch 24 Hour 0.1 MG/HR Transdermal	NP	ST
Nitro-Dur Patch 24 Hour 0.2 MG/HR Transdermal	NP	ST
Nitro-Dur Patch 24 Hour 0.3 MG/HR Transdermal	NP	ST
Nitro-Dur Patch 24 Hour 0.4 MG/HR Transdermal	NP	ST
Nitro-Dur Patch 24 Hour 0.6 MG/HR Transdermal	NP	ST
Nitro-Dur Patch 24 Hour 0.8 MG/HR Transdermal	NP	ST
Nitroglycerin ER Capsule Extended Release 2.5 MG Oral	BE	
Nitroglycerin ER Capsule Extended Release 9 MG Oral	BE	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	S	
<i>nitroglycerin intravenous solution 5 mg/ml</i>	S	
Nitroglycerin Patch 24 Hour 0.1 MG/HR Transdermal	P	
Nitroglycerin Patch 24 Hour 0.2 MG/HR Transdermal	P	
Nitroglycerin Patch 24 Hour 0.4 MG/HR Transdermal	P	
Nitroglycerin Patch 24 Hour 0.6 MG/HR Transdermal	P	
Nitroglycerin SOLUTION 0.4 MG/SPRAY TRANSLINGUAL	P	
Nitroglycerin Tablet Sublingual 0.3 MG Sublingual	P	
Nitroglycerin Tablet Sublingual 0.4 MG Sublingual	P	
Nitroglycerin Tablet Sublingual 0.6 MG Sublingual	P	
Nitrolingual Solution 0.4 MG/SPRAY Translingual	NP	ST

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Drug Name	Preference Details	Coverage Details
Nitrostat TABLET SUBLINGUAL 0.3 MG SUBLINGUAL	P	
Nitrostat TABLET SUBLINGUAL 0.4 MG SUBLINGUAL	P	
Nitrostat TABLET SUBLINGUAL 0.6 MG SUBLINGUAL	P	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	S	
<i>droperidol injection solution 2.5 mg/ml</i>	S	
Droperidol Intravenous Solution Prefilled Syringe 0.625 MG/ML	BE	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	S	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	S	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	S	
HydrOXYzine HCl SYRUP 10 MG/5ML ORAL	P	
HydrOXYzine HCl TABLET 10 MG ORAL	P	
HydrOXYzine HCl TABLET 25 MG ORAL	P	
HydrOXYzine HCl TABLET 50 MG ORAL	P	
HydrOXYzine Pamoate CAPSULE 100 MG ORAL	P	
HydrOXYzine Pamoate Capsule 25 MG Oral	P	
HydrOXYzine Pamoate Capsule 50 MG Oral	P	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	S	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	S	
Vistaril CAPSULE 25 MG ORAL	NP	ST
Vistaril CAPSULE 50 MG ORAL	NP	ST
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	S	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	S	

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Drug Name	Preference Details	Coverage Details
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	S	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	S	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	S	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	S	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	S	
<i>diazepam injection solution 5 mg/ml</i>	S	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	S	
<i>diazepam intramuscular solution auto-injector 10 mg/2ml</i>	S	
<i>diazepam oral concentrate 5 mg/ml</i>	S	
<i>diazepam oral solution 5 mg/5ml</i>	S	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	S	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	S	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	S	
<i>lorazepam oral concentrate 1 mg/0.5ml, 2 mg/ml</i>	S	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	S	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG	S	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	S	
Antiarrhythmics		
*Antiarrhythmics - Misc.***		
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	S	
<i>adenosine intravenous solution prefilled syringe 60 mg/20ml, 90 mg/30ml</i>	S	
*Antiarrhythmics Type I-A***		
Disopyramide Phosphate CAPSULE 100 MG ORAL	P	
Disopyramide Phosphate CAPSULE 150 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Norpace CAPSULE 100 MG ORAL	NP	ST
Norpace CAPSULE 150 MG ORAL	NP	ST
Norpace CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	NP	ST
Norpace CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL	NP	ST
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	S	
QuiNIDine Gluconate ER Tablet Extended Release 324 MG Oral	NP	ST
QuiNIDine Sulfate TABLET 200 MG ORAL	P	
QuiNIDine Sulfate TABLET 300 MG ORAL	P	
*Antiarrhythmics Type I-B***		
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 100 mg/10ml, 100 mg/5ml, 200 mg/10ml, 50 mg/5ml</i>	S	
Lidocaine HCl (Cardiac) Intravenous Solution Prefilled Syringe 60 MG/3ML	BE	
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>	S	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml</i>	S	
Lidocaine in D5W Intravenous Solution 2-5 MG/ML-%	BE	
Mexiletine HCl Capsule 150 MG Oral	P	
Mexiletine HCl Capsule 200 MG Oral	P	
Mexiletine HCl Capsule 250 MG Oral	P	
*Antiarrhythmics Type I-C***		
Flecainide Acetate Tablet 100 MG Oral	P	
Flecainide Acetate Tablet 150 MG Oral	P	
Flecainide Acetate Tablet 50 MG Oral	P	
Propafenone HCl ER Capsule Extended Release 12 Hour 225 MG Oral	P	
Propafenone HCl ER Capsule Extended Release 12 Hour 325 MG Oral	P	
Propafenone HCl ER Capsule Extended Release 12 Hour 425 MG Oral	P	
Propafenone HCl Tablet 150 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Propafenone HCl Tablet 225 MG Oral	P	
Propafenone HCl Tablet 300 MG Oral	P	
Rythmol SR CAPSULE EXTENDED RELEASE 12 HOUR 225 MG ORAL	NP	ST
Rythmol SR CAPSULE EXTENDED RELEASE 12 HOUR 325 MG ORAL	NP	ST
Rythmol SR CAPSULE EXTENDED RELEASE 12 HOUR 425 MG ORAL	NP	ST
*Antiarrhythmics Type Iii***		
Amiodarone HCl Tablet 100 MG Oral	P	
Amiodarone HCl Tablet 200 MG Oral	P	
Amiodarone HCl Tablet 400 MG Oral	P	
Dofetilide Capsule 125 MCG Oral	P	
Dofetilide Capsule 250 MCG Oral	P	
Dofetilide Capsule 500 MCG Oral	P	
<i>ibutilide fumarate intravenous solution 1 mg/10ml</i>	S	
Multaq TABLET 400 MG ORAL	NP	ST
Pacerone TABLET 100 MG ORAL	NP	ST
Pacerone TABLET 200 MG ORAL	NP	ST
Pacerone Tablet 400 MG Oral	NP	ST
Tikosyn CAPSULE 125 MCG ORAL	NP	ST
Tikosyn CAPSULE 250 MCG ORAL	NP	ST
Tikosyn CAPSULE 500 MCG ORAL	NP	ST
Antiasthmatic And Bronchodilator Agents		
*5-Lipoxygenase Inhibitors***		
Zileuton ER Tablet Extended Release 12 Hour 600 MG Oral	NP	ST
Zyflo TABLET 600 MG ORAL	NP	ST
*Adrenergic Combinations***		
Advair Diskus Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation	P	
Advair Diskus Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation	P	
Advair Diskus Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation	P	

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Drug Name	Preference Details	Coverage Details
Advair HFA Aerosol 115-21 MCG/ACT Inhalation	P	
Advair HFA Aerosol 230-21 MCG/ACT Inhalation	P	
Advair HFA Aerosol 45-21 MCG/ACT Inhalation	P	
AirDuo Digihaler Aerosol Powder Breath Activated 113-14 MCG/ACT Inhalation	NP	ST
AirDuo Digihaler Aerosol Powder Breath Activated 232-14 MCG/ACT Inhalation	NP	ST
AirDuo Digihaler Aerosol Powder Breath Activated 55-14 MCG/ACT Inhalation	NP	ST
AirDuo RespiClick 113/14 Aerosol Powder Breath Activated 113-14 MCG/ACT Inhalation	NP	ST
AirDuo RespiClick 232/14 Aerosol Powder Breath Activated 232-14 MCG/ACT Inhalation	NP	ST
AirDuo RespiClick 55/14 Aerosol Powder Breath Activated 55-14 MCG/ACT Inhalation	NP	ST
Airsupra Aerosol 90-80 MCG/ACT Inhalation	NP	ST
Anoro Ellipta Aerosol Powder Breath Activated 62.5-25 MCG/ACT Inhalation	P	
Bevespi Aerosphere Aerosol 9-4.8 MCG/ACT Inhalation	NP	ST
Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/ACT Inhalation	NP	ST
Breo Ellipta Aerosol Powder Breath Activated 200-25 MCG/ACT Inhalation	NP	ST
Breo Ellipta Aerosol Powder Breath Activated 50-25 MCG/INH Inhalation	NP	ST
Breyna Aerosol 160-4.5 MCG/ACT Inhalation	NP	ST
Breyna Aerosol 80-4.5 MCG/ACT Inhalation	NP	ST
Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation	NP	ST
Budesonide-Formoterol Fumarate Aerosol 160-4.5 MCG/ACT Inhalation	NP	ST
Budesonide-Formoterol Fumarate Aerosol 80-4.5 MCG/ACT Inhalation	NP	ST

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Drug Name	Preference Details	Coverage Details
Combivent Respimat Aerosol Solution 20-100 MCG/ACT Inhalation	P	
Duaklir Pressair Aerosol Powder Breath Activated 400-12 MCG/ACT Inhalation	NP	ST
Dulera Aerosol 100-5 MCG/ACT Inhalation	P	
Dulera Aerosol 200-5 MCG/ACT Inhalation	P	
Dulera Aerosol 50-5 MCG/ACT Inhalation	P	
Fluticasone Furoate-Vilanterol Aerosol Powder Breath Activated 100-25 MCG/ACT Inhalation	NP	ST
Fluticasone Furoate-Vilanterol Aerosol Powder Breath Activated 200-25 MCG/ACT Inhalation	NP	ST
Fluticasone-Salmeterol Aerosol 115-21 MCG/ACT Inhalation	NP	ST
Fluticasone-Salmeterol Aerosol 230-21 MCG/ACT Inhalation	NP	ST
Fluticasone-Salmeterol Aerosol 45-21 MCG/ACT Inhalation	NP	ST
Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation	NP	ST
Fluticasone-Salmeterol Aerosol Powder Breath Activated 113-14 MCG/ACT Inhalation	NP	ST
Fluticasone-Salmeterol Aerosol Powder Breath Activated 232-14 MCG/ACT Inhalation	NP	ST
Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation	NP	ST
Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation	NP	ST
Fluticasone-Salmeterol Aerosol Powder Breath Activated 55-14 MCG/ACT Inhalation	NP	ST
Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML Inhalation	P	
Stiolto Respimat Aerosol Solution 2.5-2.5 MCG/ACT Inhalation	P	
Symbicort Aerosol 160-4.5 MCG/ACT Inhalation	P	
Symbicort Aerosol 80-4.5 MCG/ACT Inhalation	P	

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Drug Name	Preference Details	Coverage Details
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT Inhalation	NP	ST
Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT Inhalation	NP	ST
Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation	NP	ST
Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation	NP	ST
Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation	NP	ST
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	S	PA; PA Required
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	S	PA; PA Required
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	S	
*Beta Adrenergics***		
Albuterol Sulfate ER Tablet Extended Release 12 Hour 4 MG Oral	NP	ST
Albuterol Sulfate ER Tablet Extended Release 12 Hour 8 MG Oral	NP	ST
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	NP	ST
Albuterol Sulfate Inhalation Nebulization Solution 0.63 MG/3ML, 1.25 MG/3ML	P	
Albuterol Sulfate NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION	P	
Albuterol Sulfate NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION	P	
Albuterol Sulfate NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION	P	
Albuterol Sulfate Nebulization Solution 2.5 MG/0.5ML Inhalation	P	
Albuterol Sulfate Syrup 2 MG/5ML Oral	P	
Albuterol Sulfate Tablet 2 MG Oral	P	ST

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Drug Name	Preference Details	Coverage Details
Albuterol Sulfate TABLET 2 MG ORAL	NP	ST
Albuterol Sulfate Tablet 4 MG Oral	P	ST
Arformoterol Tartrate Nebulization Solution 15 MCG/2ML Inhalation	NP	ST
Arformoterol Tartrate Nebulization Solution 15 MCG/2ML Inhalation	NP	PA; ST; Click here
Brovana Nebulization Solution 15 MCG/2ML Inhalation	NP	ST
Formoterol Fumarate Nebulization Solution 20 MCG/2ML Inhalation	NP	ST
<i>isoproterenol-sodium chloride intravenous solution 200-0.9 mcg/50ml-%</i>	S	
Levalbuterol HCl Nebulization Solution 0.31 MG/3ML Inhalation	NP	ST
Levalbuterol HCl Nebulization Solution 0.63 MG/3ML Inhalation	NP	ST
Levalbuterol HCl NEBULIZATION SOLUTION 1.25 MG/0.5ML INHALATION	NP	ST
Levalbuterol HCl Nebulization Solution 1.25 MG/3ML Inhalation	NP	ST
Levalbuterol Tartrate Aerosol 45 MCG/ACT Inhalation	NP	ST
Metaproterenol Sulfate SYRUP 10 MG/5ML ORAL	P	
Perforomist NEBULIZATION SOLUTION 20 MCG/2ML INHALATION	NP	ST
ProAir Digihaler Aerosol Powder Breath Activated 108 (90 Base) MCG/ACT Inhalation	NP	ST
ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	P	
ProAir RespiClick Aerosol Powder Breath Activated 108 (90 Base) MCG/ACT Inhalation	NP	ST
Proventil HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	NP	ST
Serevent Diskus Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	P	
Striverdi Respimat Aerosol Solution 2.5 MCG/ACT Inhalation	NP	ST
<i>terbutaline sulfate injection solution 1 mg/ml</i>	S	

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Drug Name	Preference Details	Coverage Details
Terbutaline Sulfate TABLET 2.5 MG ORAL	P	
Terbutaline Sulfate TABLET 5 MG ORAL	P	
Ventolin HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	P	
Xopenex HFA Aerosol 45 MCG/ACT Inhalation	P	
Xopenex HFA Aerosol 45 MCG/ACT Inhalation	P	ST
*Bronchodilators - Anticholinergics***		
Atrovent HFA Aerosol Solution 17 MCG/ACT Inhalation	P	
Incruse Ellipta Aerosol Powder Breath Activated 62.5 MCG/ACT Inhalation	P	ST
Ipratropium Bromide Solution 0.02 % Inhalation	P	
Spiriva HandiHaler CAPSULE 18 MCG INHALATION	P	
Spiriva Respimat Aerosol Solution 1.25 MCG/ACT Inhalation	P	
Spiriva Respimat Aerosol Solution 2.5 MCG/ACT Inhalation	P	
Tiotropium Bromide Monohydrate Capsule 18 MCG Inhalation	NP	ST
Tudorza Pressair Aerosol Powder Breath Activated 400 MCG/ACT Inhalation	NP	ST
Yupelri Solution 175 MCG/3ML Inhalation	NP	ST
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	S	PA; PA Required
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	S	PA; PA Required
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	S	PA; PA Required
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	S	PA; PA Required
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	S	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	S	PA; PA Required

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Drug Name	Preference Details	Coverage Details
*Leukotriene Receptor Antagonists***		
Accolate TABLET 10 MG ORAL	NP	ST
Accolate TABLET 20 MG ORAL	NP	ST
Montelukast Sodium Oral Tablet 10 MG	P	
Montelukast Sodium Packet 4 MG Oral	NP	ST
Montelukast Sodium TABLET CHEWABLE 4 MG ORAL	P	
Montelukast Sodium TABLET CHEWABLE 5 MG ORAL	P	
Singulair Packet 4 MG Oral	NP	ST
Singulair Tablet 10 MG Oral	NP	ST
Singulair Tablet Chewable 4 MG Oral	NP	ST
Singulair TABLET CHEWABLE 5 MG ORAL	NP	ST
Zafirlukast TABLET 10 MG ORAL	NP	ST
Zafirlukast TABLET 20 MG Oral	NP	ST
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
Daliresp TABLET 250 MCG Oral	NP	ST
Daliresp TABLET 500 MCG ORAL	NP	ST
Roflumilast Tablet 250 MCG Oral	P	ST
Roflumilast Tablet 500 MCG Oral	P	ST
*Steroid Inhalants***		
Alvesco Aerosol Solution 160 MCG/ACT Inhalation	NP	ST
Alvesco Aerosol Solution 80 MCG/ACT Inhalation	NP	ST
ArmonAir Digihaler Aerosol Powder Breath Activated 113 MCG/ACT Inhalation	NP	ST
ArmonAir Digihaler Aerosol Powder Breath Activated 232 MCG/ACT Inhalation	NP	ST
ArmonAir Digihaler Aerosol Powder Breath Activated 55 MCG/ACT Inhalation	NP	ST
Arnuity Ellipta Aerosol Powder Breath Activated 100 MCG/ACT Inhalation	NP	ST
Arnuity Ellipta Aerosol Powder Breath Activated 200 MCG/ACT Inhalation	NP	ST

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Drug Name	Preference Details	Coverage Details
Arnuity Ellipta Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	NP	ST
Asmanex (120 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation	NP	ST
Asmanex (14 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation	NP	ST
Asmanex (30 Metered Doses) Aerosol Powder Breath Activated 110 MCG/ACT Inhalation	NP	ST
Asmanex (30 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation	NP	ST
Asmanex (60 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation	NP	ST
Asmanex HFA Aerosol 100 MCG/ACT Inhalation	NP	ST
Asmanex HFA Aerosol 200 MCG/ACT Inhalation	NP	ST
Asmanex HFA Aerosol 50 MCG/ACT Inhalation	NP	ST
Budesonide SUSPENSION 0.25 MG/2ML Inhalation	P	
Budesonide SUSPENSION 0.5 MG/2ML Inhalation	P	
Budesonide SUSPENSION 1 MG/2ML INHALATION	P	
Flovent Diskus Aerosol Powder Breath Activated 100 MCG/ACT Inhalation	P	
Flovent Diskus Aerosol Powder Breath Activated 250 MCG/ACT Inhalation	P	
Flovent Diskus Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	P	
Flovent HFA Aerosol 110 MCG/ACT Inhalation	P	
Flovent HFA Aerosol 220 MCG/ACT Inhalation	P	
Flovent HFA Aerosol 44 MCG/ACT Inhalation	P	
Fluticasone Propionate Diskus Aerosol Powder Breath Activated 100 MCG/ACT Inhalation	P	ST

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Drug Name	Preference Details	Coverage Details
Fluticasone Propionate Diskus Aerosol Powder Breath Activated 250 MCG/ACT Inhalation	P	ST
Fluticasone Propionate Diskus Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	P	ST
Fluticasone Propionate HFA Aerosol 110 MCG/ACT Inhalation	P	ST
Fluticasone Propionate HFA Aerosol 220 MCG/ACT Inhalation	P	ST
Fluticasone Propionate HFA Aerosol 44 MCG/ACT Inhalation	P	ST
Pulmicort Flexhaler Aerosol Powder Breath Activated 180 MCG/ACT Inhalation	NP	ST
Pulmicort Flexhaler Aerosol Powder Breath Activated 90 MCG/ACT Inhalation	NP	ST
Pulmicort SUSPENSION 0.25 MG/2ML INHALATION	NP	ST
Pulmicort SUSPENSION 0.5 MG/2ML INHALATION	NP	ST
Pulmicort SUSPENSION 1 MG/2ML INHALATION	NP	ST
Qvar RediHaler Aerosol Breath Activated 40 MCG/ACT Inhalation	NP	ST
Qvar RediHaler Aerosol Breath Activated 80 MCG/ACT Inhalation	NP	ST
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	S	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	S	PA
*Xanthine-Expectorants***		
Difil-G Forte Oral Liquid 100-100 MG/5ML	BE	
*Xanthines***		
<i>aminophylline intravenous solution 25 mg/ml</i>	S	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	S	

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Drug Name	Preference Details	Coverage Details
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	S	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 300 MG	S	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	S	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	S	
<i>theophylline in d5w intravenous solution 0.8-5 mg/ml-%</i>	S	
<i>theophylline oral elixir 80 mg/15ml</i>	S	
<i>theophylline oral solution 80 mg/15ml</i>	S	
Anticoagulants		
*Coumarin Anticoagulants***		
Jantoven TABLET 1 MG ORAL	P	
Jantoven TABLET 10 MG ORAL	P	
Jantoven TABLET 2 MG ORAL	P	
Jantoven TABLET 2.5 MG ORAL	P	
Jantoven TABLET 3 MG ORAL	P	
Jantoven TABLET 4 MG ORAL	P	
Jantoven TABLET 5 MG ORAL	P	
Jantoven TABLET 6 MG ORAL	P	
Jantoven TABLET 7.5 MG ORAL	P	
Warfarin Sodium TABLET 1 MG ORAL	P	
Warfarin Sodium TABLET 10 MG ORAL	P	
Warfarin Sodium TABLET 2 MG ORAL	P	
Warfarin Sodium TABLET 2.5 MG ORAL	P	
Warfarin Sodium TABLET 3 MG ORAL	P	
Warfarin Sodium TABLET 4 MG ORAL	P	
Warfarin Sodium TABLET 5 MG ORAL	P	
Warfarin Sodium TABLET 6 MG ORAL	P	
Warfarin Sodium Tablet 7.5 MG Oral	P	
*Direct Factor Xa Inhibitors***		
Eliquis DVT/PE Starter Pack Tablet Therapy Pack 5 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Eliquis TABLET 2.5 MG ORAL	P	
Eliquis TABLET 5 MG Oral	P	
Savaysa TABLET 15 MG ORAL	NP	ST
Savaysa TABLET 30 MG ORAL	NP	ST
Savaysa TABLET 60 MG ORAL	NP	ST
Xarelto Starter Pack Tablet Therapy Pack 15 & 20 MG Oral	P	
Xarelto Suspension Reconstituted 1 MG/ML Oral	NP	ST
Xarelto TABLET 10 MG Oral	P	
Xarelto TABLET 15 MG ORAL	P	
Xarelto Tablet 2.5 MG Oral	P	
Xarelto TABLET 20 MG ORAL	P	
*In Vitro/Lock Anticoagulants***		
ACD Formula A In Vitro Solution 0.73-2.45-2.2 GM/100ML	BE	
ACD Formula B In Vitro Solution 440-1.47-1.32	BE	
ACD-A noClot-50 In Vitro Solution 0.73-2.45-2.2 GM/100ML	BE	
Anticoagulant Cit Dext Soln A In Vitro Solution 0.8-2.45-2.2 GM/100ML	BE	
Anticoagulant Compound In Vitro Solution	BE	
Anticoagulant Sodium Citrate In Vitro Solution 4 %, 4 GM/100ML	BE	
Regiocit In Vitro Solution 0.529 %	BE	
TriCitrasol In Vitro Concentrate 46.7 %	BE	
*Low Molecular Weight Heparins***		
Enoxaparin Sodium Solution 300 MG/3ML Injection	P	
Enoxaparin Sodium Solution Prefilled Syringe 100 MG/ML Injection	NP	ST
Enoxaparin Sodium Solution Prefilled Syringe 100 MG/ML Injection	P	
Enoxaparin Sodium Solution Prefilled Syringe 120 MG/0.8ML Injection	NP	ST

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Drug Name	Preference Details	Coverage Details
Enoxaparin Sodium Solution Prefilled Syringe 120 MG/0.8ML Injection	P	
Enoxaparin Sodium Solution Prefilled Syringe 150 MG/ML Injection	NP	ST
Enoxaparin Sodium Solution Prefilled Syringe 150 MG/ML Injection	P	
Enoxaparin Sodium Solution Prefilled Syringe 30 MG/0.3ML Injection	NP	ST
Enoxaparin Sodium Solution Prefilled Syringe 30 MG/0.3ML Injection	P	
Enoxaparin Sodium Solution Prefilled Syringe 40 MG/0.4ML Injection	NP	ST
Enoxaparin Sodium Solution Prefilled Syringe 40 MG/0.4ML Injection	P	
Enoxaparin Sodium Solution Prefilled Syringe 60 MG/0.6ML Injection	NP	ST
Enoxaparin Sodium Solution Prefilled Syringe 60 MG/0.6ML Injection	P	
Enoxaparin Sodium Solution Prefilled Syringe 80 MG/0.8ML Injection	NP	ST
Enoxaparin Sodium Solution Prefilled Syringe 80 MG/0.8ML Injection	P	
ENOXILUV KIT INJECTION PREFILLED SYRINGE KIT 40 MG/0.4ML	S	PA; PA Required
Fragmin Solution 10000 UNIT/4ML Subcutaneous	P	
Fragmin SOLUTION 95000 UNIT/3.8ML Subcutaneous	P	
Fragmin Solution Prefilled Syringe 10000 UNIT/ML Subcutaneous	P	
Fragmin Solution Prefilled Syringe 12500 UNIT/0.5ML Subcutaneous	P	
Fragmin Solution Prefilled Syringe 15000 UNIT/0.6ML Subcutaneous	P	
Fragmin Solution Prefilled Syringe 18000 UNT/0.72ML Subcutaneous	P	
Fragmin Solution Prefilled Syringe 2500 UNIT/0.2ML Subcutaneous	P	

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Drug Name	Preference Details	Coverage Details
Fragmin Solution Prefilled Syringe 5000 UNIT/0.2ML Subcutaneous	P	
Fragmin Solution Prefilled Syringe 7500 UNIT/0.3ML Subcutaneous	P	
Lovenox SOLUTION 300 MG/3ML INJECTION	NP	ST
Lovenox Solution Prefilled Syringe 100 MG/ML Injection	NP	ST
Lovenox Solution Prefilled Syringe 120 MG/0.8ML Injection	NP	ST
Lovenox Solution Prefilled Syringe 150 MG/ML Injection	NP	ST
Lovenox Solution Prefilled Syringe 30 MG/0.3ML Injection	NP	ST
Lovenox Solution Prefilled Syringe 40 MG/0.4ML Injection	NP	ST
Lovenox Solution Prefilled Syringe 60 MG/0.6ML Injection	NP	ST
Lovenox Solution Prefilled Syringe 80 MG/0.8ML Injection	NP	ST
*Synthetic Heparinoid-Like Agents***		
Arixtra SOLUTION 10 MG/0.8ML Subcutaneous	NP	ST
Arixtra SOLUTION 2.5 MG/0.5ML Subcutaneous	NP	ST
Arixtra SOLUTION 5 MG/0.4ML Subcutaneous	NP	ST
Arixtra SOLUTION 7.5 MG/0.6ML Subcutaneous	NP	ST
Fondaparinux Sodium Solution 10 MG/0.8ML Subcutaneous	NP	ST
Fondaparinux Sodium Solution 2.5 MG/0.5ML Subcutaneous	NP	ST
Fondaparinux Sodium Solution 5 MG/0.4ML Subcutaneous	NP	ST
Fondaparinux Sodium Solution 7.5 MG/0.6ML Subcutaneous	NP	ST
*Thrombin Inhibitors - Hirudin Type***		
<i>bivalirudin rtu intravenous solution 250 mg/50ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>bivalirudin-sodium chloride intravenous solution 500-0.9 mg/100ml-%</i>	S	
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>argatroban in sodium chloride intravenous solution 125-0.9 mg/125ml-%, 50-0.9 mg/50ml-%</i>	S	
<i>argatroban intravenous solution 250 mg/2.5ml, 50 mg/50ml</i>	S	
Dabigatran Etexilate Mesylate Capsule 150 MG Oral	NP	ST
Dabigatran Etexilate Mesylate Capsule 75 MG Oral	NP	ST
Pradaxa CAPSULE 110 MG ORAL	P	
Pradaxa CAPSULE 150 MG Oral	P	
Pradaxa CAPSULE 75 MG Oral	P	
Pradaxa Packet 110 MG Oral	NP	ST
Pradaxa Packet 150 MG Oral	NP	ST
Pradaxa Packet 20 MG Oral	NP	ST
Pradaxa Packet 30 MG Oral	NP	ST
Pradaxa Packet 40 MG Oral	NP	ST
Pradaxa Packet 50 MG Oral	NP	ST
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
Fycompa SUSPENSION 0.5 MG/ML ORAL	P	
Fycompa TABLET 10 MG ORAL	P	
Fycompa TABLET 12 MG ORAL	P	
Fycompa TABLET 2 MG ORAL	P	
Fycompa TABLET 4 MG ORAL	P	
Fycompa TABLET 6 MG ORAL	P	
Fycompa TABLET 8 MG ORAL	P	
*Anticonvulsants - Benzodiazepines***		
CloBAZam Suspension 2.5 MG/ML Oral	P	
CloBAZam Tablet 10 MG Oral	NP	ST
CloBAZam Tablet 10 MG Oral	P	
CloBAZam Tablet 20 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
CloBAZam Tablet 20 MG Oral	P	
clonazePAM Tablet 0.5 MG Oral	NP	ST
ClonazePAM TABLET 0.5 MG ORAL	P	
clonazePAM Tablet 1 MG Oral	NP	ST
ClonazePAM Tablet 1 MG Oral	P	
clonazePAM Tablet 2 MG Oral	NP	ST
ClonazePAM Tablet 2 MG Oral	P	
ClonazePAM TABLET DISPERSIBLE 0.125 MG ORAL	NP	ST
ClonazePAM TABLET DISPERSIBLE 0.25 MG ORAL	NP	ST
ClonazePAM TABLET DISPERSIBLE 0.5 MG ORAL	NP	ST
ClonazePAM TABLET DISPERSIBLE 1 MG ORAL	NP	ST
ClonazePAM TABLET DISPERSIBLE 2 MG ORAL	NP	ST
Diastat AcuDial GEL 10 MG Rectal	P	
Diastat AcuDial GEL 20 MG Rectal	P	
Diastat Pediatric GEL 2.5 MG Rectal	P	
DiazePAM GEL 10 MG Rectal	P	
DiazePAM GEL 2.5 MG Rectal	P	
DiazePAM GEL 20 MG Rectal	P	
KlonoPIN TABLET 0.5 MG ORAL	NP	ST
KlonoPIN TABLET 1 MG ORAL	NP	ST
KlonoPIN Tablet 2 MG Oral	NP	ST
Nayzilam Solution 5 MG/0.1ML Nasal	P	
Onfi SUSPENSION 2.5 MG/ML ORAL	NP	ST
Onfi TABLET 10 MG ORAL	NP	ST
Onfi TABLET 20 MG ORAL	NP	ST
Sympazan Film 10 MG Oral	NP	ST
Sympazan Film 20 MG Oral	NP	ST
Sympazan Film 5 MG Oral	NP	ST
Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	P	

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Drug Name	Preference Details	Coverage Details
Valtoco 15 MG Dose Liquid Therapy Pack 7.5 MG/0.1ML Nasal	P	
Valtoco 20 MG Dose Liquid Therapy Pack 10 MG/0.1ML Nasal	P	
Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	P	
*Anticonvulsants - Misc.***		
Aptiom TABLET 200 MG ORAL	P	
Aptiom TABLET 400 MG ORAL	P	
Aptiom TABLET 600 MG ORAL	P	
Aptiom TABLET 800 MG ORAL	P	
Banzel SUSPENSION 40 MG/ML ORAL	P	
Banzel TABLET 200 MG ORAL	P	
Banzel TABLET 400 MG ORAL	P	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	S	
Briviact SOLUTION 10 MG/ML ORAL	P	
Briviact TABLET 10 MG ORAL	P	
Briviact TABLET 100 MG ORAL	P	
Briviact TABLET 25 MG ORAL	P	
Briviact TABLET 50 MG ORAL	P	
Briviact TABLET 75 MG ORAL	P	
CarBAMazepine ER Capsule Extended Release 12 Hour 100 MG Oral	P	
CarBAMazepine ER Capsule Extended Release 12 Hour 200 MG Oral	P	
CarBAMazepine ER Capsule Extended Release 12 Hour 300 MG Oral	P	
carBAMazepine ER Tablet Extended Release 12 Hour 100 MG Oral	NP	ST
carBAMazepine ER Tablet Extended Release 12 Hour 200 MG Oral	NP	ST
carBAMazepine ER Tablet Extended Release 12 Hour 400 MG Oral	NP	ST
CarBAMazepine SUSPENSION 100 MG/5ML ORAL	NP	ST
CarBAMazepine TABLET 200 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
carBAMazepine Tablet Chewable 100 MG Oral	P	
Carbatrol CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	NP	ST
Carbatrol CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	NP	ST
Carbatrol CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	NP	ST
Diacomit Capsule 250 MG Oral	P	
Diacomit Capsule 500 MG Oral	P	
Diacomit Packet 250 MG Oral	P	
Diacomit Packet 500 MG Oral	P	
Elepsia XR Tablet Extended Release 24 Hour 1000 MG Oral	NP	ST
Elepsia XR Tablet Extended Release 24 Hour 1500 MG Oral	NP	ST
Epidiolex Solution 100 MG/ML Oral	P	
Epidiolex Solution 100 MG/ML Oral	P	PA; PA Required
Epitol TABLET 200 MG ORAL	NP	ST
Eprontia Solution 25 MG/ML Oral	P	
Fintepla Solution 2.2 MG/ML Oral	P	
Gabapentin Capsule 100 MG Oral	P	
Gabapentin Capsule 300 MG Oral	P	
Gabapentin Capsule 400 MG Oral	P	
Gabapentin Solution 250 MG/5ML Oral	P	
Gabapentin Solution 300 MG/6ML Oral	P	
Gabapentin Tablet 600 MG Oral	NP	ST
Gabapentin Tablet 600 MG Oral	P	
Gabapentin Tablet 800 MG Oral	P	
Keppra SOLUTION 100 MG/ML ORAL	NP	ST
Keppra TABLET 1000 MG ORAL	NP	ST
Keppra TABLET 250 MG ORAL	NP	ST
Keppra TABLET 500 MG ORAL	NP	ST
Keppra TABLET 750 MG ORAL	NP	ST
Keppra XR Tablet Extended Release 24 Hour 500 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Keppra XR Tablet Extended Release 24 Hour 750 MG Oral	NP	ST
Lacosamide Solution 10 MG/ML Oral	P	
Lacosamide Solution 10 MG/ML Oral	P	ST
Lacosamide Tablet 100 MG Oral	P	ST
Lacosamide Tablet 100 MG Oral	P	ST; Click hereto search Step Therapy criteria for this drug.
Lacosamide Tablet 150 MG Oral	P	ST
Lacosamide Tablet 150 MG Oral	P	ST; Click hereto search Step Therapy criteria for this drug.
Lacosamide Tablet 200 MG Oral	P	ST
Lacosamide Tablet 200 MG Oral	P	ST; Click hereto search Step Therapy criteria for this drug.
Lacosamide Tablet 50 MG Oral	P	ST
Lacosamide Tablet 50 MG Oral	P	ST; Click hereto search Step Therapy criteria for this drug.
LaMICtal ODT Kit 21 x 25 MG & 7 x 50 MG Oral	NP	ST
LaMICtal ODT KIT 25 & 50 & 100 MG ORAL	NP	ST
LaMICtal ODT Kit 42 x 50 MG & 14x100 MG Oral	NP	ST
LaMICtal ODT TABLET DISPERSIBLE 100 MG ORAL	NP	ST
LaMICtal ODT TABLET DISPERSIBLE 200 MG ORAL	NP	ST
LaMICtal ODT TABLET DISPERSIBLE 25 MG ORAL	NP	ST
LaMICtal ODT TABLET DISPERSIBLE 50 MG ORAL	NP	ST
LaMICtal Starter Kit 35 x 25 MG Oral	NP	ST
LaMICtal Starter Kit 42 x 25 MG & 7 x 100 MG Oral	NP	ST
LaMICtal Starter Kit 84 x 25 MG & 14x100 MG Oral	NP	ST
LaMICtal TABLET 100 MG ORAL	NP	ST
LaMICtal TABLET 150 MG ORAL	NP	ST
LaMICtal TABLET 200 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
LaMICtal TABLET 25 MG ORAL	NP	ST
LaMICtal TABLET CHEWABLE 25 MG ORAL	NP	ST
LaMICtal TABLET CHEWABLE 5 MG ORAL	NP	ST
LaMICtal XR Kit 21 x 25 MG & 7 x 50 MG Oral	NP	ST
LaMICtal XR KIT 25 & 50 & 100 MG ORAL	NP	ST
LaMICtal XR KIT 50 & 100 & 200 MG ORAL	NP	ST
LaMICtal XR Tablet Extended Release 24 Hour 100 MG Oral	NP	ST
LaMICtal XR Tablet Extended Release 24 Hour 200 MG Oral	NP	ST
LaMICtal XR Tablet Extended Release 24 Hour 25 MG Oral	NP	ST
LaMICtal XR Tablet Extended Release 24 Hour 250 MG Oral	NP	ST
LaMICtal XR Tablet Extended Release 24 Hour 300 MG Oral	NP	ST
LaMICtal XR Tablet Extended Release 24 Hour 50 MG Oral	NP	ST
LamoTRIGine ER Tablet Extended Release 24 Hour 100 MG Oral	P	
LamoTRIGine ER Tablet Extended Release 24 Hour 200 MG Oral	P	
LamoTRIGine ER Tablet Extended Release 24 Hour 25 MG Oral	P	
LamoTRIGine ER Tablet Extended Release 24 Hour 250 MG Oral	P	
lamoTRIGine ER Tablet Extended Release 24 Hour 300 MG Oral	P	
LamoTRIGine ER Tablet Extended Release 24 Hour 50 MG Oral	P	
lamoTRIGine Kit 21 x 25 MG & 7 x 50 MG Oral	P	
LamoTRIGine KIT 25 & 50 & 100 MG ORAL	P	
lamoTRIGine Kit 42 x 50 MG & 14x100 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
lamoTRIGine Starter Kit-Blue Kit 35 x 25 MG Oral	P	
lamoTRIGine Starter Kit-Green Kit 84 x 25 MG & 14x100 MG Oral	P	
lamoTRIGine Starter Kit-Orange Kit 42 x 25 MG & 7 x 100 MG Oral	P	
lamoTRIGine Tablet 100 MG Oral	P	
lamoTRIGine Tablet 150 MG Oral	P	
lamoTRIGine Tablet 200 MG Oral	P	
lamoTRIGine Tablet 25 MG Oral	P	
LamoTRIGine TABLET CHEWABLE 25 MG ORAL	P	
LamoTRIGine TABLET CHEWABLE 5 MG ORAL	P	
LamoTRIGine TABLET DISPERSIBLE 100 MG ORAL	P	
LamoTRIGine TABLET DISPERSIBLE 200 MG ORAL	P	
LamoTRIGine TABLET DISPERSIBLE 25 MG ORAL	P	
LamoTRIGine TABLET DISPERSIBLE 50 MG ORAL	P	
LevETIRAcetam ER Tablet Extended Release 24 Hour 500 MG Oral	P	
LevETIRAcetam ER Tablet Extended Release 24 Hour 750 MG Oral	P	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml</i>	S	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	S	
levETIRAcetam Solution 100 MG/ML Oral	P	
levETIRAcetam Tablet 1000 MG Oral	P	
levETIRAcetam Tablet 250 MG Oral	P	
levETIRAcetam Tablet 500 MG Oral	P	
levETIRAcetam Tablet 750 MG Oral	P	
Lyrica CAPSULE 100 MG ORAL	NP	ST
Lyrica CAPSULE 150 MG ORAL	NP	ST
Lyrica CAPSULE 200 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Lyrica CAPSULE 225 MG ORAL	NP	ST
Lyrica CAPSULE 25 MG ORAL	NP	ST
Lyrica CAPSULE 300 MG ORAL	NP	ST
Lyrica CAPSULE 50 MG ORAL	NP	ST
Lyrica CAPSULE 75 MG ORAL	NP	ST
Lyrica SOLUTION 20 MG/ML ORAL	NP	ST
Motpoly XR Capsule Extended Release 24 Hour 100 MG Oral	NP	ST
Motpoly XR Capsule Extended Release 24 Hour 150 MG Oral	NP	ST
Motpoly XR Capsule Extended Release 24 Hour 200 MG Oral	NP	ST
Mysoline TABLET 250 MG ORAL	NP	ST
Mysoline TABLET 50 MG ORAL	NP	ST
Neurontin CAPSULE 100 MG ORAL	NP	ST
Neurontin CAPSULE 300 MG ORAL	NP	ST
Neurontin CAPSULE 400 MG ORAL	NP	ST
Neurontin Solution 250 MG/5ML Oral	NP	ST
Neurontin TABLET 600 MG ORAL	NP	ST
Neurontin TABLET 800 MG ORAL	NP	ST
OXcarbazepine Suspension 300 MG/5ML Oral	P	
OXcarbazepine Tablet 150 MG Oral	P	
OXcarbazepine Tablet 300 MG Oral	P	
OXcarbazepine Tablet 600 MG Oral	P	
Oxtellar XR Tablet Extended Release 24 Hour 150 MG Oral	P	
Oxtellar XR Tablet Extended Release 24 Hour 300 MG Oral	P	
Oxtellar XR Tablet Extended Release 24 Hour 600 MG Oral	P	
Pregabalin Capsule 100 MG Oral	P	
Pregabalin Capsule 150 MG Oral	P	
Pregabalin Capsule 200 MG Oral	P	
Pregabalin Capsule 225 MG Oral	P	
Pregabalin Capsule 25 MG Oral	P	
Pregabalin Capsule 300 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Pregabalin Capsule 50 MG Oral	P	
Pregabalin Capsule 75 MG Oral	P	
Pregabalin Solution 20 MG/ML Oral	P	
Primidone Tablet 125 MG Oral	P	
Primidone Tablet 250 MG Oral	P	
Primidone Tablet 50 MG Oral	P	
Qudexy XR Capsule ER 24 Hour Sprinkle 100 MG Oral	NP	ST
Qudexy XR Capsule ER 24 Hour Sprinkle 150 MG Oral	NP	ST
Qudexy XR Capsule ER 24 Hour Sprinkle 200 MG Oral	NP	ST
Qudexy XR Capsule ER 24 Hour Sprinkle 25 MG Oral	NP	ST
Qudexy XR Capsule ER 24 Hour Sprinkle 50 MG Oral	NP	ST
Roweepra TABLET 1000 MG Oral	P	
Roweepra Tablet 500 MG Oral	P	
Roweepra TABLET 750 MG Oral	P	
Rufinamide Suspension 40 MG/ML Oral	NP	ST
Rufinamide Tablet 200 MG Oral	NP	ST
Rufinamide Tablet 400 MG Oral	NP	ST
Spritam Tablet Disintegrating Soluble 1000 MG Oral	NP	ST
Spritam Tablet Disintegrating Soluble 250 MG Oral	NP	ST
Spritam Tablet Disintegrating Soluble 500 MG Oral	NP	ST
Spritam Tablet Disintegrating Soluble 750 MG Oral	NP	ST
Subvenite Starter Kit-Blue Kit 35 x 25 MG Oral	P	
Subvenite Starter Kit-Green Kit 84 x 25 MG & 14x100 MG Oral	P	
Subvenite Starter Kit-Orange Kit 42 x 25 MG & 7 x 100 MG Oral	P	
Subvenite Tablet 100 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Subvenite Tablet 150 MG Oral	P	
Subvenite Tablet 200 MG Oral	P	
Subvenite Tablet 25 MG Oral	P	
TEGretol SUSPENSION 100 MG/5ML ORAL	P	
TEGretol TABLET 200 MG ORAL	P	
TEGretol-XR Tablet Extended Release 12 Hour 100 MG Oral	P	
TEGretol-XR Tablet Extended Release 12 Hour 200 MG Oral	P	
TEGretol-XR Tablet Extended Release 12 Hour 400 MG Oral	P	
Topamax Sprinkle CAPSULE SPRINKLE 15 MG ORAL	NP	ST
Topamax Sprinkle CAPSULE SPRINKLE 25 MG ORAL	NP	ST
Topamax TABLET 100 MG ORAL	NP	ST
Topamax TABLET 200 MG ORAL	NP	ST
Topamax TABLET 25 MG ORAL	NP	ST
Topamax TABLET 50 MG ORAL	NP	ST
Topiramate CAPSULE SPRINKLE 15 MG ORAL	P	
Topiramate CAPSULE SPRINKLE 25 MG ORAL	P	
Topiramate ER Capsule ER 24 Hour Sprinkle 100 MG Oral	NP	ST
Topiramate ER Capsule ER 24 Hour Sprinkle 150 MG Oral	NP	ST
Topiramate ER Capsule ER 24 Hour Sprinkle 200 MG Oral	NP	ST
Topiramate ER Capsule ER 24 Hour Sprinkle 25 MG Oral	NP	ST
Topiramate ER Capsule ER 24 Hour Sprinkle 50 MG Oral	NP	ST
Topiramate ER Capsule Extended Release 24 Hour 100 MG Oral	NP	ST
Topiramate ER Capsule Extended Release 24 Hour 200 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Topiramate ER Capsule Extended Release 24 Hour 25 MG Oral	NP	ST
Topiramate ER Capsule Extended Release 24 Hour 50 MG Oral	NP	ST
Topiramate Tablet 100 MG Oral	P	
Topiramate Tablet 200 MG Oral	P	
Topiramate Tablet 25 MG Oral	P	
Topiramate Tablet 50 MG Oral	P	
Trileptal SUSPENSION 300 MG/5ML ORAL	P	ST
Trileptal TABLET 150 MG ORAL	NP	ST
Trileptal TABLET 300 MG ORAL	NP	ST
Trileptal TABLET 600 MG ORAL	NP	ST
Trokendi XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	NP	ST
Trokendi XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	NP	ST
Trokendi XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	NP	ST
Trokendi XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	NP	ST
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	S	
Vimpat Solution 10 MG/ML Oral	NP	ST
Vimpat TABLET 100 MG ORAL	NP	ST
Vimpat TABLET 150 MG ORAL	NP	ST
Vimpat TABLET 200 MG ORAL	NP	ST
Vimpat TABLET 50 MG ORAL	NP	ST
Zonisade Suspension 100 MG/5ML Oral	NP	ST
Zonisamide Capsule 100 MG Oral	P	
Zonisamide Capsule 25 MG Oral	P	
Zonisamide Capsule 50 MG Oral	P	
Ztalmy Suspension 50 MG/ML Oral	NP	ST; Click here
*Carbamates***		
Felbamate SUSPENSION 600 MG/5ML Oral	NP	ST
Felbamate Tablet 400 MG Oral	NP	ST
Felbamate Tablet 600 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Felbatol SUSPENSION 600 MG/5ML ORAL	P	
Felbatol TABLET 400 MG ORAL	P	
Felbatol TABLET 600 MG ORAL	P	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	S	PA; PA Required
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral	P	
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	P	
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	P	
Xcopri Tablet 100 MG Oral	P	
Xcopri Tablet 150 MG Oral	P	
Xcopri Tablet 200 MG Oral	P	
Xcopri Tablet 50 MG Oral	P	
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	P	
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral	P	
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral	P	
*Gaba Modulators***		
Gabitril TABLET 12 MG ORAL	P	
Gabitril TABLET 16 MG ORAL	P	
Gabitril TABLET 2 MG ORAL	P	
Gabitril TABLET 4 MG ORAL	P	
Sabril PACKET 500 MG ORAL	P	
Sabril TABLET 500 MG ORAL	P	
TiaGABine HCl Tablet 12 MG Oral	NP	ST
TiaGABine HCl Tablet 16 MG Oral	NP	ST
TiaGABine HCl TABLET 2 MG ORAL	NP	ST
TiaGABine HCl TABLET 4 MG ORAL	NP	ST
Vigabatrin Packet 500 MG Oral	P	
Vigabatrin Packet 500 MG Oral	P	ST
Vigabatrin Tablet 500 MG Oral	NP	ST
Vigadrone Packet 500 MG Oral	P	ST

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Drug Name	Preference Details	Coverage Details
Vigadrone Tablet 500 MG Oral	NP	ST
*Hydantoins***		
Dilantin CAPSULE 100 MG ORAL	P	
Dilantin CAPSULE 30 MG ORAL	P	
Dilantin Infatabs TABLET CHEWABLE 50 MG ORAL	P	
Dilantin Suspension 125 MG/5ML Oral	P	
Phenytek CAPSULE 200 MG ORAL	P	
Phenytek CAPSULE 300 MG ORAL	P	
Phenytoin Infatabs Tablet Chewable 50 MG Oral	P	
Phenytoin Sodium Extended CAPSULE 100 MG ORAL	P	
Phenytoin Sodium Extended CAPSULE 200 MG ORAL	P	
Phenytoin Sodium Extended CAPSULE 300 MG ORAL	P	
<i>phenytoin sodium injection solution 50 mg/ml</i>	S	
Phenytoin Suspension 100 MG/4ML Oral	P	
Phenytoin Suspension 125 MG/5ML Oral	P	
Phenytoin TABLET CHEWABLE 50 MG ORAL	P	
*Succinimides***		
Celontin CAPSULE 300 MG ORAL	P	
Ethosuximide Capsule 250 MG Oral	P	
Ethosuximide SOLUTION 250 MG/5ML ORAL	P	
Methsuximide Capsule 300 MG Oral	NP	ST
Zarontin CAPSULE 250 MG ORAL	NP	ST
Zarontin Solution 250 MG/5ML Oral	NP	ST
*Valproic Acid***		
Depakote ER Tablet Extended Release 24 Hour 250 MG Oral	NP	ST
Depakote ER Tablet Extended Release 24 Hour 500 MG Oral	NP	ST
Depakote Sprinkles Capsule Delayed Release Sprinkle 125 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Depakote Tablet Delayed Release 125 MG Oral	NP	ST
Depakote Tablet Delayed Release 250 MG Oral	NP	ST
Depakote TABLET DELAYED RELEASE 500 MG ORAL	NP	ST
Divalproex Sodium Capsule Delayed Release Sprinkle 125 MG Oral	P	
Divalproex Sodium ER Tablet Extended Release 24 Hour 250 MG Oral	P	
Divalproex Sodium ER Tablet Extended Release 24 Hour 500 MG Oral	P	
Divalproex Sodium Tablet Delayed Release 125 MG Oral	P	
Divalproex Sodium Tablet Delayed Release 250 MG Oral	P	
Divalproex Sodium Tablet Delayed Release 500 MG Oral	P	
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	S	
Valproic Acid Capsule 250 MG Oral	P	
Valproic Acid Solution 250 MG/5ML Oral	P	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
Mirtazapine TABLET 15 MG ORAL	P	QL (1 EA per 1 day)
Mirtazapine TABLET 30 MG ORAL	P	QL (1 EA per 1 day)
Mirtazapine TABLET 45 MG ORAL	P	QL (1 EA per 1 day)
Mirtazapine Tablet 7.5 MG Oral	P	QL (1 EA per 1 day)
Mirtazapine TABLET DISPERSIBLE 15 MG ORAL	P	QL (1 EA per 1 day)
Mirtazapine TABLET DISPERSIBLE 30 MG ORAL	P	QL (1 EA per 1 day)
Mirtazapine TABLET DISPERSIBLE 45 MG ORAL	P	QL (1 EA per 1 day)
Remeron SolTab Tablet Dispersible 15 MG Oral	NP	ST; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Remeron SolTab Tablet Dispersible 30 MG Oral	NP	ST; QL (1 EA per 1 day)
Remeron SolTab TABLET DISPERSIBLE 45 MG ORAL	NP	ST; QL (1 EA per 1 day)
Remeron Tablet 15 MG Oral	NP	ST; QL (1 EA per 1 day)
Remeron Tablet 30 MG Oral	NP	ST; QL (1 EA per 1 day)
*Antidepressants - Misc.***		
Aplenzin Tablet Extended Release 24 Hour 174 MG Oral	NP	ST; QL (1 EA per 1 day)
Aplenzin Tablet Extended Release 24 Hour 348 MG Oral	NP	ST; QL (1 EA per 1 day)
Aplenzin Tablet Extended Release 24 Hour 522 MG Oral	NP	ST; QL (1 EA per 1 day)
BuPROPion HCl ER (SR) Tablet Extended Release 12 Hour 100 MG Oral	P	QL (2 EA per 1 day)
BuPROPion HCl ER (SR) Tablet Extended Release 12 Hour 150 MG Oral	P	QL (2 EA per 1 day)
BuPROPion HCl ER (SR) Tablet Extended Release 12 Hour 200 MG Oral	P	QL (2 EA per 1 day)
buPROPion HCl ER (XL) Tablet Extended Release 24 Hour 150 MG Oral	P	QL (1 EA per 1 day)
buPROPion HCl ER (XL) Tablet Extended Release 24 Hour 300 MG Oral	P	QL (1 EA per 1 day)
BuPROPion HCl ER (XL) Tablet Extended Release 24 Hour 450 MG Oral	NP	ST; QL (1 EA per 1 day)
buPROPion HCl Tablet 100 MG Oral	P	QL (4 EA per 1 day)
buPROPion HCl Tablet 75 MG Oral	P	QL (6 EA per 1 day)
Forfivo XL Tablet Extended Release 24 Hour 450 MG Oral	NP	ST; QL (1 EA per 1 day)
Maprotiline HCl TABLET 25 MG ORAL	P	
Maprotiline HCl TABLET 50 MG ORAL	P	
Maprotiline HCl TABLET 75 MG ORAL	P	
Wellbutrin SR Tablet Extended Release 12 Hour 100 MG Oral	NP	ST; QL (2 EA per 1 day)
Wellbutrin SR Tablet Extended Release 12 Hour 150 MG Oral	NP	ST; QL (2 EA per 1 day)
Wellbutrin SR Tablet Extended Release 12 Hour 200 MG Oral	NP	ST; QL (2 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Wellbutrin XL Tablet Extended Release 24 Hour 150 MG Oral	NP	ST; QL (1 EA per 1 day)
Wellbutrin XL Tablet Extended Release 24 Hour 300 MG Oral	NP	ST; QL (1 EA per 1 day)
*Gaba Receptor Modulator - Neuroactive Steroid***		
Zulresso Intravenous Solution 100 MG/20ML	BE	
Zurzuvae Capsule 20 MG Oral	NP	ST
Zurzuvae Capsule 25 MG Oral	NP	ST
Zurzuvae Capsule 30 MG Oral	NP	ST
*Monoamine Oxidase Inhibitors (Maois)***		
Emsam Patch 24 Hour 12 MG/24HR Transdermal	NP	ST; QL (1 EA per 1 day)
Emsam Patch 24 Hour 6 MG/24HR Transdermal	NP	ST; QL (1 EA per 1 day)
Emsam Patch 24 Hour 9 MG/24HR Transdermal	NP	ST; QL (1 EA per 1 day)
Marplan TABLET 10 MG ORAL	NP	ST
Nardil TABLET 15 MG ORAL	P	
Phenelzine Sulfate TABLET 15 MG ORAL	P	
Tranlycypromine Sulfate Tablet 10 MG Oral	P	
*Selective Serotonin Reuptake Inhibitors (Ssrís)***		
CeleXA TABLET 10 MG ORAL	NP	ST; QL (1.5 EA per 1 day)
CeleXA TABLET 20 MG ORAL	NP	ST; QL (1.5 EA per 1 day)
CeleXA TABLET 40 MG ORAL	NP	ST; QL (1 EA per 1 day)
Citalopram Hydrobromide Capsule 30 MG Oral	NP	ST
Citalopram Hydrobromide SOLUTION 10 MG/5ML ORAL	P	QL (20 ML per 1 day)
Citalopram Hydrobromide TABLET 10 MG ORAL	P	QL (1.5 EA per 1 day)
Citalopram Hydrobromide TABLET 20 MG ORAL	P	QL (1.5 EA per 1 day)
Citalopram Hydrobromide TABLET 40 MG ORAL	P	QL (1 EA per 1 day)
Escitalopram Oxalate Solution 5 MG/5ML Oral	NP	ST; QL (20 ML per 1 day)

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Drug Name	Preference Details	Coverage Details
Escitalopram Oxalate Tablet 10 MG Oral	P	
Escitalopram Oxalate Tablet 10 MG Oral	P	QL (1 EA per 1 day)
Escitalopram Oxalate Tablet 20 MG Oral	P	
Escitalopram Oxalate Tablet 20 MG Oral	P	QL (1 EA per 1 day)
Escitalopram Oxalate Tablet 5 MG Oral	P	
Escitalopram Oxalate Tablet 5 MG Oral	P	QL (1 EA per 1 day)
FLUoxetine HCl CAPSULE 10 MG ORAL	P	QL (3 EA per 1 day)
FLUoxetine HCl CAPSULE 20 MG ORAL	P	QL (3 EA per 1 day)
FLUoxetine HCl CAPSULE 40 MG ORAL	P	
FLUoxetine HCl CAPSULE DELAYED RELEASE 90 MG ORAL	NP	ST; QL (0.143 EA per 1 day)
FLUoxetine HCl Solution 20 MG/5ML Oral	P	
FLUoxetine HCl Tablet 10 MG Oral	NP	ST; QL (3 EA per 1 day)
FLUoxetine HCl Tablet 20 MG Oral	NP	ST; QL (3 EA per 1 day)
FLUoxetine HCl TABLET 60 MG Oral	NP	ST; QL (1 EA per 1 day)
Fluvoxamine Maleate ER CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	NP	ST; QL (2 EA per 1 day)
Fluvoxamine Maleate ER CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	NP	ST; QL (2 EA per 1 day)
Fluvoxamine Maleate TABLET 100 MG ORAL	P	
Fluvoxamine Maleate TABLET 25 MG ORAL	P	QL (3 EA per 1 day)
Fluvoxamine Maleate TABLET 50 MG ORAL	P	QL (3 EA per 1 day)
Lexapro TABLET 10 MG ORAL	NP	ST; QL (1 EA per 1 day)
Lexapro TABLET 20 MG ORAL	NP	ST; QL (1 EA per 1 day)
Lexapro TABLET 5 MG ORAL	NP	ST; QL (1 EA per 1 day)
PARoxetine HCl ER Tablet Extended Release 24 Hour 12.5 MG Oral	NP	ST; QL (1 EA per 1 day)
PARoxetine HCl ER Tablet Extended Release 24 Hour 25 MG Oral	NP	ST
PARoxetine HCl ER Tablet Extended Release 24 Hour 25 MG Oral	NP	ST; QL (2 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
PARoxetine HCl ER Tablet Extended Release 24 Hour 37.5 MG Oral	NP	ST
PARoxetine HCl ER Tablet Extended Release 24 Hour 37.5 MG Oral	NP	ST; QL (2 EA per 1 day)
PARoxetine HCl Suspension 10 MG/5ML Oral	NP	ST
PARoxetine HCl TABLET 10 MG ORAL	P	QL (1 EA per 1 day)
PARoxetine HCl TABLET 20 MG ORAL	P	QL (1 EA per 1 day)
PARoxetine HCl Tablet 30 MG Oral	P	QL (1 EA per 1 day)
PARoxetine HCl TABLET 30 MG ORAL	P	QL (2 EA per 1 day)
PARoxetine HCl TABLET 40 MG ORAL	P	QL (1 EA per 1 day)
Paxil CR Tablet Extended Release 24 Hour 12.5 MG Oral	NP	ST; QL (1 EA per 1 day)
Paxil CR Tablet Extended Release 24 Hour 25 MG Oral	NP	ST; QL (2 EA per 1 day)
Paxil CR Tablet Extended Release 24 Hour 37.5 MG Oral	NP	ST; QL (2 EA per 1 day)
Paxil SUSPENSION 10 MG/5ML ORAL	P	ST
Paxil Tablet 10 MG Oral	NP	ST; QL (1 EA per 1 day)
Paxil Tablet 20 MG Oral	NP	ST; QL (1 EA per 1 day)
Paxil Tablet 30 MG Oral	NP	ST; QL (2 EA per 1 day)
Paxil Tablet 40 MG Oral	NP	ST; QL (1 EA per 1 day)
Pexeva TABLET 10 MG Oral	NP	ST; QL (1 EA per 1 day)
Pexeva TABLET 20 MG Oral	NP	ST; QL (1 EA per 1 day)
Pexeva TABLET 30 MG Oral	NP	ST; QL (2 EA per 1 day)
Pexeva TABLET 40 MG Oral	NP	ST; QL (1 EA per 1 day)
PROzac CAPSULE 10 MG ORAL	NP	ST; QL (3 EA per 1 day)
PROzac CAPSULE 20 MG ORAL	NP	ST; QL (3 EA per 1 day)
PROzac CAPSULE 40 MG ORAL	NP	ST
Sertraline HCl Capsule 150 MG Oral	NP	ST; QL (1 EA per 1 day)
Sertraline HCl Capsule 200 MG Oral	NP	ST; QL (1 EA per 1 day)
Sertraline HCl CONCENTRATE 20 MG/ML ORAL	P	QL (10 ML per 1 day)
Sertraline HCl TABLET 100 MG Oral	P	QL (2 EA per 1 day)
Sertraline HCl TABLET 25 MG Oral	P	QL (1.5 EA per 1 day)
Sertraline HCl TABLET 50 MG Oral	P	QL (1.5 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Zoloft CONCENTRATE 20 MG/ML Oral	NP	ST; QL (10 ML per 1 day)
Zoloft TABLET 100 MG ORAL	NP	ST; QL (2 EA per 1 day)
Zoloft TABLET 25 MG ORAL	NP	ST; QL (1.5 EA per 1 day)
Zoloft TABLET 50 MG ORAL	NP	ST; QL (1.5 EA per 1 day)
*Serotonin Modulators***		
Nefazodone HCl TABLET 100 MG ORAL	NP	ST
Nefazodone HCl TABLET 150 MG ORAL	NP	ST
Nefazodone HCl TABLET 200 MG ORAL	NP	ST
Nefazodone HCl TABLET 250 MG ORAL	NP	ST
Nefazodone HCl TABLET 50 MG ORAL	NP	ST
traZODone HCl Tablet 100 MG Oral	P	
traZODone HCl Tablet 150 MG Oral	P	
TraZODone HCl Tablet 300 MG Oral	P	
traZODone HCl Tablet 50 MG Oral	P	
Trintellix TABLET 10 MG ORAL	NP	ST; QL (1 EA per 1 day)
Trintellix TABLET 20 MG ORAL	NP	ST; QL (1 EA per 1 day)
Trintellix TABLET 5 MG ORAL	NP	ST; QL (1 EA per 1 day)
Viibryd Starter Pack KIT 10 & 20 MG ORAL	NP	ST
Viibryd TABLET 10 MG ORAL	P	ST; QL (1 EA per 1 day)
Viibryd TABLET 20 MG ORAL	P	ST; QL (1 EA per 1 day)
Viibryd TABLET 40 MG ORAL	P	ST; QL (1 EA per 1 day)
Vilazodone HCl Tablet 10 MG Oral	NP	ST
Vilazodone HCl Tablet 10 MG Oral	NP	ST; QL (1 EA per 1 day)
Vilazodone HCl Tablet 20 MG Oral	NP	ST
Vilazodone HCl Tablet 20 MG Oral	NP	ST; QL (1 EA per 1 day)
Vilazodone HCl Tablet 40 MG Oral	NP	ST
Vilazodone HCl Tablet 40 MG Oral	NP	ST; QL (1 EA per 1 day)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
Cymbalta CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL	NP	ST; QL (2 EA per 1 day)
Cymbalta CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL	NP	ST
Cymbalta CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Desvenlafaxine ER Tablet Extended Release 24 Hour 100 MG Oral	NP	ST; QL (1 EA per 1 day)
Desvenlafaxine ER Tablet Extended Release 24 Hour 50 MG Oral	NP	ST; QL (1 EA per 1 day)
Desvenlafaxine Succinate ER Tablet Extended Release 24 Hour 100 MG Oral	P	QL (1 EA per 1 day)
Desvenlafaxine Succinate ER Tablet Extended Release 24 Hour 25 MG Oral	P	
Desvenlafaxine Succinate ER Tablet Extended Release 24 Hour 50 MG Oral	P	QL (1 EA per 1 day)
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	NP	ST
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	NP	ST
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	NP	ST
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	NP	ST
DULoxetine HCl Capsule Delayed Release Particles 20 MG Oral	P	
DULoxetine HCl Capsule Delayed Release Particles 20 MG Oral	P	QL (2 EA per 1 day)
DULoxetine HCl Capsule Delayed Release Particles 30 MG Oral	P	
DULoxetine HCl Capsule Delayed Release Particles 40 MG Oral	NP	ST
DULoxetine HCl Capsule Delayed Release Particles 60 MG Oral	P	
Effexor XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	NP	ST; QL (1 EA per 1 day)
Effexor XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	NP	ST; QL (1 EA per 1 day)
Effexor XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	NP	ST; QL (3 EA per 1 day)
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	NP	ST; QL (1 EA per 1 day)
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	NP	ST; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	NP	ST; QL (1 EA per 1 day)
Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	NP	ST; QL (1 EA per 1 day)
Fetzima Titration Capsule ER 24 Hour Therapy Pack 20 & 40 MG Oral	NP	ST; QL (1 EA per 1 day)
Pristiq Tablet Extended Release 24 Hour 100 MG Oral	NP	ST; QL (1 EA per 1 day)
Pristiq Tablet Extended Release 24 Hour 25 MG Oral	P	
Pristiq Tablet Extended Release 24 Hour 50 MG Oral	NP	ST; QL (1 EA per 1 day)
Venlafaxine HCl ER Capsule Extended Release 24 Hour 150 MG Oral	P	
Venlafaxine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	P	QL (1 EA per 1 day)
Venlafaxine HCl ER Capsule Extended Release 24 Hour 37.5 MG Oral	P	
Venlafaxine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	P	QL (1 EA per 1 day)
Venlafaxine HCl ER Capsule Extended Release 24 Hour 75 MG Oral	P	
Venlafaxine HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	P	QL (3 EA per 1 day)
Venlafaxine HCl ER Tablet Extended Release 24 Hour 150 MG Oral	NP	ST
Venlafaxine HCl ER Tablet Extended Release 24 Hour 150 MG Oral	NP	ST; QL (1 EA per 1 day)
Venlafaxine HCl ER Tablet Extended Release 24 Hour 225 MG Oral	NP	ST
Venlafaxine HCl ER Tablet Extended Release 24 Hour 225 MG Oral	NP	ST; QL (1 EA per 1 day)
Venlafaxine HCl ER Tablet Extended Release 24 Hour 37.5 MG Oral	NP	ST
Venlafaxine HCl ER Tablet Extended Release 24 Hour 37.5 MG Oral	NP	ST; QL (1 EA per 1 day)
Venlafaxine HCl ER Tablet Extended Release 24 Hour 75 MG Oral	NP	ST
Venlafaxine HCl TABLET 100 MG Oral	P	QL (3 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Venlafaxine HCl TABLET 25 MG Oral	P	QL (3 EA per 1 day)
Venlafaxine HCl TABLET 37.5 MG Oral	P	QL (3 EA per 1 day)
Venlafaxine HCl TABLET 50 MG Oral	P	QL (3 EA per 1 day)
Venlafaxine HCl TABLET 75 MG Oral	P	
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	S	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	S	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	S	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	S	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	S	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	S	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	S	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	S	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	S	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	S	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	S	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	S	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
Acarbose TABLET 100 MG ORAL	P	
Acarbose TABLET 25 MG ORAL	P	
Acarbose TABLET 50 MG ORAL	P	
Miglitol Tablet 100 MG Oral	NP	ST
Miglitol Tablet 25 MG Oral	NP	ST
Miglitol Tablet 50 MG Oral	NP	ST
Precose TABLET 100 MG ORAL	NP	ST
Precose TABLET 25 MG ORAL	NP	ST
Precose TABLET 50 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
*Antidiabetic - Amylin Analogs***		
SymLinPen 120 Solution Pen-injector 2700 MCG/2.7ML Subcutaneous	P	ST
SymLinPen 60 Solution Pen-injector 1500 MCG/1.5ML Subcutaneous	P	ST
*Antidiabetic-Anti-Cd3 Antibodies***		
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML	S	
*Biguanides***		
Glumetza Tablet Extended Release 24 Hour 1000 MG Oral	NP	ST
Glumetza Tablet Extended Release 24 Hour 500 MG Oral	NP	ST
metFORMIN HCl ER (MOD) Tablet Extended Release 24 Hour 1000 MG Oral	NP	ST
metFORMIN HCl ER (MOD) Tablet Extended Release 24 Hour 500 MG Oral	NP	ST
MetFORMIN HCl ER (OSM) Tablet Extended Release 24 Hour 1000 MG Oral	NP	ST
MetFORMIN HCl ER (OSM) Tablet Extended Release 24 Hour 500 MG Oral	NP	ST
metFORMIN HCl ER Tablet Extended Release 24 Hour 500 MG Oral	P	
metFORMIN HCl ER Tablet Extended Release 24 Hour 750 MG Oral	P	
metFORMIN HCl Solution 500 MG/5ML Oral	NP	ST
metFORMIN HCl Tablet 1000 MG Oral	P	
metFORMIN HCl Tablet 500 MG Oral	P	
metFORMIN HCl Tablet 625 MG Oral	NP	ST
metFORMIN HCl Tablet 850 MG Oral	P	
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	NP	ST
Riomet SOLUTION 500 MG/5ML ORAL	NP	ST
*Diabetic Other***		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	S	

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Drug Name	Preference Details	Coverage Details
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	S	
<i>diazoxide oral suspension 50 mg/ml</i>	S	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	S	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	S	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	S	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	S	
GVOKE HYPOPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	S	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	S	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	S	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
Alogliptin Benzoate TABLET 12.5 MG ORAL	NP	ST
Alogliptin Benzoate TABLET 25 MG ORAL	NP	ST
Alogliptin Benzoate TABLET 6.25 MG ORAL	NP	ST
Januvia TABLET 100 MG ORAL	P	ST
Januvia TABLET 25 MG ORAL	P	ST
Januvia TABLET 50 MG ORAL	P	ST
Nesina TABLET 12.5 MG ORAL	NP	ST
Nesina TABLET 25 MG ORAL	NP	ST
Nesina TABLET 6.25 MG ORAL	NP	ST
Onglyza TABLET 2.5 MG ORAL	P	ST
Onglyza TABLET 5 MG ORAL	P	ST
sAXagliptin HCl Tablet 2.5 MG Oral	P	ST
sAXagliptin HCl Tablet 5 MG Oral	P	ST
Tradjenta TABLET 5 MG ORAL	P	ST

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Drug Name	Preference Details	Coverage Details
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
Alogliptin-Metformin HCl TABLET 12.5-1000 MG ORAL	NP	ST
Alogliptin-Metformin HCl TABLET 12.5-500 MG ORAL	NP	ST
Janumet TABLET 50-1000 MG ORAL	P	
Janumet TABLET 50-500 MG ORAL	P	
Janumet XR Tablet Extended Release 24 Hour 100-1000 MG Oral	P	
Janumet XR Tablet Extended Release 24 Hour 50-1000 MG Oral	P	
Janumet XR Tablet Extended Release 24 Hour 50-500 MG Oral	P	
Jentadueto TABLET 2.5-1000 MG ORAL	P	
Jentadueto TABLET 2.5-500 MG ORAL	P	
Jentadueto TABLET 2.5-850 MG ORAL	P	
Jentadueto XR Tablet Extended Release 24 Hour 2.5-1000 MG Oral	P	ST
Jentadueto XR Tablet Extended Release 24 Hour 5-1000 MG Oral	P	ST
Kazano TABLET 12.5-1000 MG ORAL	NP	ST
Kazano TABLET 12.5-500 MG ORAL	NP	ST
Kombiglyze XR Tablet Extended Release 24 Hour 2.5-1000 MG Oral	NP	ST
Kombiglyze XR Tablet Extended Release 24 Hour 5-1000 MG Oral	NP	ST
Kombiglyze XR Tablet Extended Release 24 Hour 5-500 MG Oral	NP	ST
sAXagliptin-metFORMIN ER Tablet Extended Release 24 Hour 2.5-1000 MG Oral	NP	ST
sAXagliptin-metFORMIN ER Tablet Extended Release 24 Hour 5-1000 MG Oral	NP	ST
sAXagliptin-metFORMIN ER Tablet Extended Release 24 Hour 5-500 MG Oral	NP	ST
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG	S	

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Drug Name	Preference Details	Coverage Details
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
Alogliptin-Pioglitazone TABLET 12.5-15 MG ORAL	NP	ST
Alogliptin-Pioglitazone TABLET 12.5-30 MG ORAL	NP	ST
Alogliptin-Pioglitazone TABLET 12.5-45 MG ORAL	NP	ST
Alogliptin-Pioglitazone TABLET 25-15 MG ORAL	NP	ST
Alogliptin-Pioglitazone TABLET 25-30 MG ORAL	NP	ST
Alogliptin-Pioglitazone TABLET 25-45 MG ORAL	NP	ST
Oseni TABLET 12.5-15 MG ORAL	NP	ST
Oseni TABLET 12.5-30 MG ORAL	NP	ST
Oseni TABLET 12.5-45 MG ORAL	NP	ST
Oseni TABLET 25-15 MG ORAL	NP	ST
Oseni TABLET 25-30 MG ORAL	NP	ST
Oseni TABLET 25-45 MG ORAL	NP	ST
*Human Insulin***		
Admelog SoloStar Solution Pen-Injector 100 UNIT/ML Subcutaneous	NP	ST
Admelog Solution 100 UNIT/ML Injection	NP	ST
Afrezza POWDER 12 UNIT Inhalation	NP	ST
Afrezza POWDER 4 UNIT INHALATION	NP	ST
Afrezza Powder 60x4 & 60x8 & 60x12 UNIT Inhalation	NP	ST
Afrezza POWDER 8 UNIT Inhalation	NP	ST
Afrezza Powder 90 x 4 UNIT & 90x8 UNIT Inhalation	NP	ST
Afrezza Powder 90 x 8 UNIT & 90x12 UNIT Inhalation	NP	ST
Apidra SoloStar Solution Pen-injector 100 UNIT/ML Subcutaneous	NP	ST
Apidra SOLUTION 100 UNIT/ML INJECTION	NP	ST

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Drug Name	Preference Details	Coverage Details
Basaglar KwikPen Solution Pen-injector 100 UNIT/ML Subcutaneous	NP	ST
Fiasp FlexTouch Solution Pen-injector 100 UNIT/ML Subcutaneous	NP	ST
Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NP	ST
Fiasp PumpCart Solution Cartridge 100 UNIT/ML Subcutaneous	NP	ST
Fiasp Solution 100 UNIT/ML Injection	NP	ST
HumaLOG Junior KwikPen Solution Pen-injector 100 UNIT/ML Subcutaneous	P	
HumaLOG KwikPen Solution Pen-injector 100 UNIT/ML Subcutaneous	P	
HumaLOG KwikPen Solution Pen-injector 200 UNIT/ML Subcutaneous	NP	ST
HumaLOG Mix 50/50 KwikPen Suspension Pen-injector (50-50) 100 UNIT/ML Subcutaneous	P	
HumaLOG Mix 50/50 SUSPENSION (50-50) 100 UNIT/ML Subcutaneous	P	
HumaLOG Mix 75/25 KwikPen Suspension Pen-injector (75-25) 100 UNIT/ML Subcutaneous	P	
HumaLOG Mix 75/25 SUSPENSION (75-25) 100 UNIT/ML Subcutaneous	P	
HumaLOG Solution 100 UNIT/ML Injection	P	
HumaLOG Solution Cartridge 100 UNIT/ML Subcutaneous	P	ST
HumuLIN 70/30 KwikPen Suspension Pen-injector (70-30) 100 UNIT/ML Subcutaneous	P	
HumuLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML Subcutaneous	P	
HumuLIN N KwikPen Suspension Pen-injector 100 UNIT/ML Subcutaneous	NP	ST
HumuLIN N SUSPENSION 100 UNIT/ML Subcutaneous	P	
HumuLIN R SOLUTION 100 UNIT/ML INJECTION	P	

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Drug Name	Preference Details	Coverage Details
HumuLIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML Subcutaneous	P	
HumuLIN R U-500 KwikPen Solution Pen-injector 500 UNIT/ML Subcutaneous	P	
Insulin Asp Prot & Asp FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	P	
Insulin Aspart FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	P	ST
Insulin Aspart PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NP	ST
Insulin Aspart Prot & Aspart Suspension (70-30) 100 UNIT/ML Subcutaneous	P	
Insulin Aspart Solution 100 UNIT/ML Injection	P	ST
Insulin Degludec FlexTouch Solution Pen-Injector 100 UNIT/ML Subcutaneous	NP	ST
Insulin Degludec FlexTouch Solution Pen-Injector 200 UNIT/ML Subcutaneous	NP	ST
Insulin Degludec Solution 100 UNIT/ML Subcutaneous	NP	ST
Insulin Glargine Solostar Solution Pen-Injector 100 UNIT/ML Subcutaneous	P	
Insulin Glargine Solution 100 UNIT/ML Subcutaneous	P	
Insulin Glargine-yfgn Solution 100 UNIT/ML Subcutaneous	NP	ST
Insulin Glargine-yfgn Solution Pen-Injector 100 UNIT/ML Subcutaneous	NP	ST
Insulin Lispro (1 Unit Dial) Solution Pen-Injector 100 UNIT/ML Subcutaneous	NP	ST
Insulin Lispro (1 Unit Dial) Solution Pen-Injector 100 UNIT/ML Subcutaneous	P	
Insulin Lispro Junior KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	P	
Insulin Lispro Prot & Lispro Suspension Pen-Injector (75-25) 100 UNIT/ML Subcutaneous	NP	ST
Insulin Lispro Solution 100 UNIT/ML Injection	P	

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Drug Name	Preference Details	Coverage Details
Lantus SoloStar Solution Pen-injector 100 UNIT/ML Subcutaneous	P	ST
Lantus SOLUTION 100 UNIT/ML Subcutaneous	P	ST
Levemir FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	P	
Levemir FlexTouch Solution Pen-injector 100 UNIT/ML Subcutaneous	P	
Levemir SOLUTION 100 UNIT/ML Subcutaneous	P	
Lyumjev KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	NP	ST
Lyumjev KwikPen Solution Pen-Injector 200 UNIT/ML Subcutaneous	NP	ST
Lyumjev Solution 100 UNIT/ML Injection	NP	ST
Myxredlin Solution 100-0.9 UT/100ML-% Intravenous	NP	ST
NovoLIN 70/30 FlexPen Relion Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NP	ST
NovoLIN 70/30 FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NP	ST
NovoLIN 70/30 ReliOn SUSPENSION (70-30) 100 UNIT/ML Subcutaneous	NP	ST
NovoLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML Subcutaneous	NP	ST
NovoLIN N FlexPen ReliOn Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NP	ST
NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous (OTC)	NP	ST
NovoLIN N ReliOn SUSPENSION 100 UNIT/ML Subcutaneous	NP	ST
NovoLIN N SUSPENSION 100 UNIT/ML Subcutaneous	NP	ST
NovoLIN R FlexPen ReliOn Solution Pen-Injector 100 UNIT/ML Injection	NP	ST
NovoLIN R FlexPen Solution Pen-Injector 100 UNIT/ML Injection	NP	ST

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Drug Name	Preference Details	Coverage Details
NovoLIN R ReliOn SOLUTION 100 UNIT/ML INJECTION	NP	ST
NovoLIN R SOLUTION 100 UNIT/ML INJECTION	NP	ST
NovoLOG 70/30 FlexPen ReliOn Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	P	
NovoLOG FlexPen ReliOn Solution Pen-Injector 100 UNIT/ML Subcutaneous	P	
NovoLOG FlexPen Solution Pen-injector 100 UNIT/ML Subcutaneous	P	
NovoLOG Mix 70/30 FlexPen Suspension Pen-injector (70-30) 100 UNIT/ML Subcutaneous	P	
NovoLOG Mix 70/30 ReliOn Suspension (70-30) 100 UNIT/ML Subcutaneous	NP	ST
NovoLOG Mix 70/30 SUSPENSION (70-30) 100 UNIT/ML Subcutaneous	NP	ST
NovoLOG PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	P	
NovoLOG ReliOn Solution 100 UNIT/ML Injection	P	
NovoLOG Solution 100 UNIT/ML Injection	P	
Rezvoglar KwikPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	NP	ST
Semglee (yfgn) Solution 100 UNIT/ML Subcutaneous	NP	ST
Semglee (yfgn) Solution Pen-Injector 100 UNIT/ML Subcutaneous	NP	ST
Semglee Solution 100 UNIT/ML Subcutaneous	NP	ST
Semglee Solution Pen-Injector 100 UNIT/ML Subcutaneous	NP	ST
Toujeo Max SoloStar Solution Pen-Injector 300 UNIT/ML Subcutaneous	NP	ST
Toujeo SoloStar Solution Pen-injector 300 UNIT/ML Subcutaneous	NP	ST
Tresiba FlexTouch Solution Pen-injector 100 UNIT/ML Subcutaneous	NP	ST

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Drug Name	Preference Details	Coverage Details
Tresiba FlexTouch Solution Pen-injector 200 UNIT/ML Subcutaneous	NP	ST
Tresiba Solution 100 UNIT/ML Subcutaneous	NP	ST
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***		
Mounjaro Solution Pen-Injector 10 MG/0.5ML Subcutaneous	NP	PA; PA Required
Mounjaro Solution Pen-Injector 12.5 MG/0.5ML Subcutaneous	NP	PA; PA Required
Mounjaro Solution Pen-Injector 15 MG/0.5ML Subcutaneous	NP	PA; PA Required
Mounjaro Solution Pen-Injector 2.5 MG/0.5ML Subcutaneous	NP	PA; PA Required
Mounjaro Solution Pen-Injector 5 MG/0.5ML Subcutaneous	NP	PA; PA Required
Mounjaro Solution Pen-Injector 7.5 MG/0.5ML Subcutaneous	NP	PA; PA Required
Mounjaro Subcutaneous Solution Pen-Injector 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	NP	PA; ST; PA Required
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
Bydureon BCise Auto-injector 2 MG/0.85ML Subcutaneous	NP	ST
Bydureon Pen-Injector 2 MG Subcutaneous	P	ST
Byetta 10 MCG Pen Solution Pen-injector 10 MCG/0.04ML Subcutaneous	P	ST
Byetta 5 MCG Pen Solution Pen-injector 5 MCG/0.02ML Subcutaneous	P	ST
Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/1.5ML Subcutaneous	P	PA; PA Required
Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/3ML Subcutaneous	P	PA; PA Required
Ozempic (1 MG/DOSE) Solution Pen-Injector 4 MG/3ML Subcutaneous	P	PA; PA Required
Ozempic (2 MG/DOSE) Solution Pen-Injector 8 MG/3ML Subcutaneous	P	PA; PA Required
Rybelsus Tablet 14 MG Oral	NP	PA; ST

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Drug Name	Preference Details	Coverage Details
Rybelsus Tablet 14 MG Oral	NP	PA; ST; PA Required
Rybelsus Tablet 3 MG Oral	NP	PA; ST
Rybelsus Tablet 3 MG Oral	NP	PA; ST; PA Required
Rybelsus Tablet 7 MG Oral	NP	PA; ST
Rybelsus Tablet 7 MG Oral	NP	PA; ST; PA Required
Trulicity Solution Pen-injector 0.75 MG/0.5ML Subcutaneous	P	PA; PA Required
Trulicity Solution Pen-injector 1.5 MG/0.5ML Subcutaneous	P	PA; PA Required
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	P	PA; PA Required
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	P	PA; PA Required
Victoza Solution Pen-injector 18 MG/3ML Subcutaneous	P	ST
*Insulin-Incretin Mimetic Combinations***		
Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous	NP	PA; ST; PA Required
Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous	NP	PA; ST; PA Required
*Meglitinide Analogues***		
Nateglinide TABLET 120 MG ORAL	P	
Nateglinide TABLET 60 MG ORAL	P	
Repaglinide TABLET 0.5 MG ORAL	P	
Repaglinide Tablet 1 MG Oral	P	
Repaglinide TABLET 2 MG ORAL	P	
*Progesterone Receptor Antagonists***		
KORLYM ORAL TABLET 300 MG	S	
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
Trijardy XR Tablet Extended Release 24 Hour 10-5-1000 MG Oral	NP	ST
Trijardy XR Tablet Extended Release 24 Hour 12.5-2.5-1000 MG Oral	NP	ST
Trijardy XR Tablet Extended Release 24 Hour 25-5-1000 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Trijardy XR Tablet Extended Release 24 Hour 5-2.5-1000 MG Oral	NP	ST
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***		
Glyxambi TABLET 10-5 MG ORAL	NP	PA; ST; PA Required
Glyxambi Tablet 25-5 MG Oral	NP	PA; ST; PA Required
Qtern TABLET 10-5 MG Oral	NP	ST
Qtern Tablet 5-5 MG Oral	NP	ST
Steglujan TABLET 15-100 MG Oral	NP	ST
Steglujan TABLET 5-100 MG Oral	NP	ST
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
<i>bexagliflozin oral tablet 20 mg</i>	S	
BRENZAVVY ORAL TABLET 20 MG	S	
Farxiga Tablet 10 MG Oral	P	
Farxiga Tablet 10 MG Oral	P	ST
Farxiga TABLET 5 MG ORAL	P	ST
Invokana TABLET 100 MG ORAL	P	
Invokana TABLET 300 MG ORAL	P	
Jardiance TABLET 10 MG ORAL	P	ST
Jardiance TABLET 25 MG ORAL	P	ST
Steglatro TABLET 15 MG Oral	NP	ST
Steglatro TABLET 5 MG Oral	NP	ST
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
Invokamet TABLET 150-1000 MG ORAL	NP	ST
Invokamet TABLET 150-500 MG ORAL	NP	ST
Invokamet TABLET 50-1000 MG ORAL	NP	ST
Invokamet TABLET 50-500 MG ORAL	NP	ST
Invokamet XR Tablet Extended Release 24 Hour 150-1000 MG Oral	NP	ST
Invokamet XR Tablet Extended Release 24 Hour 150-500 MG Oral	NP	ST
Invokamet XR Tablet Extended Release 24 Hour 50-1000 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Invokamet XR Tablet Extended Release 24 Hour 50-500 MG Oral	NP	ST
Segluromet TABLET 2.5-1000 MG Oral	NP	ST
Segluromet TABLET 2.5-500 MG Oral	NP	ST
Segluromet TABLET 7.5-1000 MG Oral	NP	ST
Segluromet TABLET 7.5-500 MG Oral	NP	ST
Synjardy TABLET 12.5-1000 MG ORAL	P	PA; PA Required
Synjardy TABLET 12.5-500 MG ORAL	P	PA; PA Required
Synjardy TABLET 5-1000 MG ORAL	P	PA; PA Required
Synjardy TABLET 5-500 MG ORAL	P	PA; PA Required
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	NP	ST
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	NP	ST
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	NP	ST
Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	NP	ST
Xigduo XR Tablet Extended Release 24 Hour 10-1000 MG Oral	NP	ST
Xigduo XR Tablet Extended Release 24 Hour 10-500 MG Oral	NP	ST
Xigduo XR Tablet Extended Release 24 Hour 2.5-1000 MG Oral	NP	ST
Xigduo XR Tablet Extended Release 24 Hour 5-1000 MG Oral	NP	ST
Xigduo XR Tablet Extended Release 24 Hour 5-500 MG Oral	NP	ST
*Sulfonylurea-Biguanide Combinations***		
glipiZIDE-metFORMIN HCl Tablet 2.5-250 MG Oral	P	
glipiZIDE-metFORMIN HCl Tablet 2.5-500 MG Oral	P	
glipiZIDE-metFORMIN HCl Tablet 5-500 MG Oral	P	
GlyBURIDE-MetFORMIN TABLET 1.25-250 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
GlyBURIDE-MetFORMIN TABLET 2.5-500 MG ORAL	P	
GlyBURIDE-MetFORMIN TABLET 5-500 MG ORAL	P	
*Sulfonylureas***		
Glimepiride Tablet 1 MG Oral	P	
Glimepiride Tablet 2 MG Oral	P	
Glimepiride Tablet 4 MG Oral	P	
glipiZIDE ER Tablet Extended Release 24 Hour 10 MG Oral	P	
GlipiZIDE ER Tablet Extended Release 24 Hour 2.5 MG Oral	P	
glipiZIDE ER Tablet Extended Release 24 Hour 5 MG Oral	P	
glipiZIDE Tablet 10 MG Oral	P	
glipiZIDE Tablet 5 MG Oral	P	
GlipiZIDE XL Tablet Extended Release 24 Hour 10 MG Oral	P	
GlipiZIDE XL Tablet Extended Release 24 Hour 2.5 MG Oral	P	
GlipiZIDE XL Tablet Extended Release 24 Hour 5 MG Oral	P	
Glucotrol XL Tablet Extended Release 24 Hour 10 MG Oral	P	
Glucotrol XL Tablet Extended Release 24 Hour 2.5 MG Oral	P	
Glucotrol XL Tablet Extended Release 24 Hour 5 MG Oral	P	
GlyBURIDE Micronized TABLET 1.5 MG ORAL	P	
GlyBURIDE Micronized TABLET 3 MG ORAL	P	
GlyBURIDE Micronized TABLET 6 MG ORAL	P	
glyBURIDE Oral Tablet 1.25 MG, 2.5 MG, 5 MG	P	
Glynase TABLET 1.5 MG ORAL	P	
Glynase TABLET 3 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Glynase TABLET 6 MG ORAL	P	
<i>tolbutamide oral tablet 500 mg</i>	S	
*Sulfonylurea-Thiazolidinedione Combinations***		
Duetact TABLET 30-2 MG ORAL	NP	ST
Duetact TABLET 30-4 MG ORAL	NP	ST
Pioglitazone HCl-Glimepiride TABLET 30-2 MG ORAL	NP	ST
Pioglitazone HCl-Glimepiride TABLET 30-4 MG ORAL	NP	ST
*Thiazolidinedione-Biguanide Combinations***		
Actoplus Met TABLET 15-850 MG ORAL	NP	ST
Pioglitazone HCl-Metformin HCl TABLET 15-500 MG ORAL	NP	ST
Pioglitazone HCl-Metformin HCl TABLET 15-850 MG ORAL	NP	ST
*Thiazolidinediones***		
Actos TABLET 15 MG ORAL	NP	ST
Actos TABLET 30 MG ORAL	NP	ST
Actos TABLET 45 MG ORAL	NP	ST
Pioglitazone HCl Tablet 15 MG Oral	P	
Pioglitazone HCl Tablet 30 MG Oral	P	
Pioglitazone HCl Tablet 45 MG Oral	P	
Antidiarrheal/Probiotic Agents		
*Antidiarrheal - Chloride Channel Antagonists***		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	S	
*Antidiarrheal/Probiotic Combinations***		
RESTORA RX ORAL CAPSULE 60-1.25 MG	S	
*Antiperistaltic Agents***		
<i>diphenatol oral tablet 2.5-0.025 mg</i>	S	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	S	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	S	
MOTOFEN ORAL TABLET 1-0.025 MG	S	

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Drug Name	Preference Details	Coverage Details
<i>opium oral tincture 10 mg/ml (1%)</i>	S	
<i>paregoric oral tincture 2 mg/5ml</i>	S	
Antidotes And Specific Antagonists		
*Antidote Combinations***		
NITHIODOLE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	S	
Prevduo Intravenous Solution Prefilled Syringe 3-0.6 MG/3ML	BE	
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG	S	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	S	
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	S	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	S	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	S	
<i>deferiprone oral tablet 500 mg</i>	S	
FERRIPROX ORAL SOLUTION 100 MG/ML	S	
FERRIPROX ORAL TABLET 1000 MG	S	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	S	
<i>pentetate calcium trisodium combination solution 200 mg/ml</i>	S	
<i>pentetate zinc trisodium combination solution 200 mg/ml</i>	S	
*Antidotes And Specific Antagonists***		
<i>acetylcysteine intravenous solution 200 mg/ml</i>	S	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	S	
Potassium Iodide (Antidote) Oral Solution 65 MG/ML	N/A	
RADIOGARDASE ORAL CAPSULE 0.5 GM	S	
<i>sodium nitrite intravenous solution 30 mg/ml</i>	S	
<i>sodium thiosulfate intravenous solution 25 %, 250 mg/ml</i>	S	

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Drug Name	Preference Details	Coverage Details
ThyroShield Oral Solution 65 MG/ML	N/A	
VISTOGARD ORAL PACKET 10 GM	S	
*Opioid Antagonist Combinations***		
Naltrexone Subcutaneous Implant 200-6.5 MG	BE	
*Opioid Antagonists***		
Kloxxado Liquid 8 MG/0.1ML Nasal	P	ST
<i>lifems naloxone injection prefilled syringe kit 2 mg/2ml</i>	S	
LifEMS Naloxone Prefilled Syringe Kit 2 MG/2ML Injection	P	
Nalmefene HCl Injection Solution 1 MG/ML	BE	
Naloxone HCl Liquid 4 MG/0.1ML Nasal (OTC)	P	
Naloxone HCl Liquid 4 MG/0.1ML Nasal (Rx)	P	
Naloxone HCl Solution 0.4 MG/ML Injection	P	
Naloxone HCl Solution 4 MG/10ML Injection	P	
Naloxone HCl Solution Cartridge 0.4 MG/ML Injection	P	
Naloxone HCl Solution Prefilled Syringe 2 MG/2ML Injection	P	
Naltrexone HCl Tablet 50 MG Oral	NP	ST
Naltrexone HCl TABLET 50 MG ORAL	P	
Narcan Liquid 4 MG/0.1ML Nasal (OTC)	P	
Narcan Liquid 4 MG/0.1ML Nasal (Rx)	P	
Opvee Solution 2.7 MG/0.1ML Nasal	P	
Vivitrol SUSPENSION RECONSTITUTED 380 MG Intramuscular	P	QL (1 EA per 28 days)
Zimhi Solution Prefilled Syringe 5 MG/0.5ML Injection	P	
Antiemetics		
*5-Ht3 Receptor Antagonists***		
Aloxi Solution 0.25 MG/5ML Intravenous	NP	ST
ANZEMET ORAL TABLET 100 MG	S	PA; PA Required
Anzemet Tablet 50 MG Oral	NP	ST
Granisetron HCl SOLUTION 0.1 MG/ML Intravenous	NP	ST

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Drug Name	Preference Details	Coverage Details
Granisetron HCl SOLUTION 1 MG/ML Intravenous	NP	ST
Granisetron HCl SOLUTION 4 MG/4ML Intravenous	NP	ST
Granisetron HCl Tablet 1 MG Oral	NP	ST
Ondansetron HCl SOLUTION 4 MG/2ML INJECTION	NP	ST
Ondansetron HCl SOLUTION 4 MG/5ML ORAL	P	
Ondansetron HCl SOLUTION 40 MG/20ML INJECTION	NP	ST
Ondansetron HCl Solution Prefilled Syringe 4 MG/2ML Injection	NP	ST
Ondansetron HCl Tablet 4 MG Oral	P	
Ondansetron HCl Tablet 8 MG Oral	P	
Ondansetron Tablet Dispersible 4 MG Oral	P	
Ondansetron Tablet Dispersible 8 MG Oral	P	
Palonosetron HCl Solution 0.25 MG/2ML Intravenous	NP	ST
Palonosetron HCl Solution 0.25 MG/5ML Intravenous	NP	ST
Palonosetron HCl Solution Prefilled Syringe 0.25 MG/5ML Intravenous	NP	ST
Sancuso PATCH 3.1 MG/24HR TRANSDERMAL	NP	ST
Sustol Prefilled Syringe 10 MG/0.4ML Subcutaneous	NP	ST
ZUPLENZ ORAL FILM 4 MG, 8 MG	S	PA; PA Required
*Antiemetic Combinations***		
Akynzeo (Ready-to-Use) Solution 235-0.25 MG/20ML Intravenous	NP	ST
Akynzeo (To-be-Diluted) Solution 235-0.25 MG/20ML Intravenous	NP	ST
Akynzeo CAPSULE 300-0.5 MG Oral	NP	ST
Akynzeo Solution Reconstituted 235-0.25 MG Intravenous	NP	ST
Bonjesta Tablet Extended Release 20-20 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Diclegis TABLET DELAYED RELEASE 10-10 MG ORAL	P	
Doxylamine-Pyridoxine Tablet Delayed Release 10-10 MG Oral	NP	ST
*Antiemetics - Anticholinergic***		
Antivert Oral Tablet Chewable 25 MG	NP	ST
Antivert Tablet 50 MG Oral	NP	ST
DimenhyDRINATE SOLUTION 50 MG/ML INJECTION	P	
Meclizine HCl Tablet 12.5 MG Oral (Rx)	P	
Meclizine HCl Tablet 25 MG Oral (Rx)	P	
Meclizine HCl Tablet 50 MG Oral	P	
Scopolamine Patch 72 Hour 1 MG/3DAYS Transdermal	NP	ST
Scopolamine Patch 72 Hour 1 MG/3DAYS Transdermal	NP	PA; ST; Click here
Tigan CAPSULE 300 MG ORAL	NP	ST
Tigan SOLUTION 100 MG/ML Intramuscular	NP	ST
Transderm-Scop Patch 72 Hour 1 MG/3DAYS Transdermal	P	
Trimethobenzamide HCl CAPSULE 300 MG ORAL	NP	ST
*Antiemetics - Antidopaminergic***		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML, 5 MG/2ML	S	
Barhemsys Solution 10 MG/4ML Intravenous	NP	ST
Barhemsys Solution 5 MG/2ML Intravenous	NP	ST
*Antiemetics - Miscellaneous***		
Dronabinol Capsule 10 MG Oral	NP	ST
Dronabinol Capsule 2.5 MG Oral	NP	ST
Dronabinol Capsule 5 MG Oral	NP	ST
Marinol Capsule 10 MG Oral	NP	ST
Marinol Capsule 5 MG Oral	NP	ST
Marinol Oral Capsule 2.5 MG	NP	ST
SYNDROS ORAL SOLUTION 5 MG/ML	S	PA; PA Required

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Drug Name	Preference Details	Coverage Details
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
Aponvie Emulsion 32 MG/4.4ML Intravenous	NP	ST
Aprepitant 80 & 125 MG Oral	P	PA; PA Required
Aprepitant Capsule 125 MG Oral	P	PA; PA Required
Aprepitant CAPSULE 40 MG ORAL	P	PA; PA Required
Aprepitant CAPSULE 80 & 125 MG ORAL	P	PA; PA Required
Aprepitant CAPSULE 80 MG ORAL	P	PA; PA Required
Cinvanti EMULSION 130 MG/18ML Intravenous	NP	ST
Emend CAPSULE 80 MG ORAL	NP	PA; ST; PA Required
Emend SOLUTION RECONSTITUTED 150 MG Intravenous	NP	ST
Emend Suspension Reconstituted 125 MG/5ML Oral	NP	PA; ST; PA Required
Emend Tri-Pack CAPSULE 80 & 125 MG Oral	NP	PA; ST; PA Required
Fosaprepitant Dimeglumine Solution Reconstituted 150 MG Intravenous	NP	ST
Antifungals		
*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***		
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	S	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	S	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	S	
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***		
Brexafemme Tablet 150 MG Oral	NP	ST
*Antifungals***		
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	S	
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	S	
Ancobon CAPSULE 250 MG ORAL	NP	ST
Ancobon CAPSULE 500 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Flucytosine Capsule 250 MG Oral	NP	ST
Flucytosine Capsule 500 MG Oral	NP	ST
Griseofulvin Microsize SUSPENSION 125 MG/5ML ORAL	P	
Griseofulvin Microsize Tablet 500 MG Oral	NP	ST
Griseofulvin Ultramicrosize Tablet 125 MG Oral	P	
Griseofulvin Ultramicrosize Tablet 250 MG Oral	P	
Nystatin Tablet 500000 UNIT Oral	P	
Terbinafine HCl Oral Tablet 250 MG	P	
*Imidazoles***		
Ketoconazole Tablet 200 MG Oral	NP	ST
*Tetrazoles***		
Vivjoa Oral Capsule Therapy Pack 150 MG	NP	PA; ST; PA Required
*Triazoles***		
Cresemba CAPSULE 186 MG ORAL	NP	ST
Cresemba Capsule 74.5 MG Oral	NP	ST
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	S	
Diflucan SUSPENSION RECONSTITUTED 10 MG/ML ORAL	NP	ST
Diflucan SUSPENSION RECONSTITUTED 40 MG/ML ORAL	NP	ST
Diflucan TABLET 100 MG ORAL	NP	ST
Diflucan TABLET 200 MG ORAL	NP	ST
<i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%</i>	S	
Fluconazole SUSPENSION RECONSTITUTED 10 MG/ML ORAL	P	
Fluconazole SUSPENSION RECONSTITUTED 40 MG/ML ORAL	P	
Fluconazole Tablet 100 MG Oral	P	
Fluconazole Tablet 150 MG Oral	P	
Fluconazole Tablet 200 MG Oral	P	
Fluconazole Tablet 50 MG Oral	P	
Itraconazole CAPSULE 100 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Itraconazole Solution 10 MG/ML Oral	NP	ST
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML	S	
Noxafil Packet 300 MG Oral	NP	ST
Noxafil SUSPENSION 40 MG/ML ORAL	NP	ST
Noxafil TABLET DELAYED RELEASE 100 MG ORAL	NP	ST
Posaconazole Oral Tablet Delayed Release 100 MG	NP	ST
Posaconazole Suspension 40 MG/ML Oral	NP	ST
Posaconazole Tablet Delayed Release 100 MG Oral	NP	ST
Posaconazole Tablet Delayed Release 100 MG Oral	NP	PA; PA Required
Sporanox CAPSULE 100 MG ORAL	NP	ST
Sporanox Pulsepak CAPSULE 100 MG ORAL	NP	ST
Sporanox SOLUTION 10 MG/ML ORAL	NP	ST
Tolsura Capsule 65 MG Oral	NP	ST
Vfend SUSPENSION RECONSTITUTED 40 MG/ML ORAL	NP	ST
Vfend TABLET 200 MG ORAL	NP	ST
Vfend TABLET 50 MG ORAL	NP	ST
Voriconazole SUSPENSION RECONSTITUTED 40 MG/ML ORAL	NP	ST
Voriconazole Tablet 200 MG Oral	NP	ST
Voriconazole Tablet 200 MG Oral	NP	ST; Click here
Voriconazole TABLET 50 MG ORAL	NP	ST
Antihistamines		
*Antihistamines - Alkylamines***		
<i>dexchlorpheniramine maleate oral solution 2 mg/5ml</i>	S	
PediaVent Oral Syrup 2 MG/5ML	N/A	
RYCLORA ORAL SOLUTION 2 MG/5ML	S	
RyClora Solution 2 MG/5ML Oral	NP	ST
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	S	
Carbinoxamine Maleate SOLUTION 4 MG/5ML ORAL	P	
Carbinoxamine Maleate TABLET 4 MG ORAL	NP	ST
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	S	
<i>clemastine fumarate oral tablet 2.68 mg</i>	S	
Clemastine Fumarate TABLET 2.68 MG ORAL	NP	ST
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	S	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	S	
Karbinal ER Suspension Extended Release 4 MG/5ML Oral	NP	ST
RYVENT ORAL TABLET 6 MG	S	
RyVent TABLET 6 MG Oral	NP	ST
*Antihistamines - Ethylenediamines***		
PediaClear 8 Childrens Oral Liquid 12.5 MG/15ML	N/A	
*Antihistamines - Non-Sedating***		
24HR Allergy Relief Tablet 180 MG Oral	NP	ST
All Day Allergy Childrens SOLUTION 5 MG/5ML Oral	P	
All Day Allergy Tablet 10 MG Oral	P	
Aller-Ease TABLET 60 MG ORAL	NP	ST
Allergy 24-HR TABLET 180 MG ORAL	NP	ST
Allergy Childrens Solution 5 MG/5ML Oral	NP	ST
Allergy Rel Child (Loratadine) Solution 5 MG/5ML Oral	NP	ST
Allergy Relief (Cetirizine) Capsule 10 MG Oral	NP	ST
Allergy Relief (Loratadine) Tablet 10 MG Oral	P	
Allergy Relief Childrens Solution 1 MG/ML Oral	P	
Allergy Relief Tablet 10 MG Oral	P	
Allergy Relief TABLET 180 MG Oral	NP	ST
Allergy Relief Tablet 5 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Allergy Relief/Indoor/Outdoor Tablet 10 MG Oral	P	
Cetirizine HCl Allergy Child SOLUTION 5 MG/5ML ORAL (OTC)	P	
Cetirizine HCl Childrens Alrgy Solution 1 MG/ML Oral	P	
Cetirizine HCl Childrens SOLUTION 5 MG/5ML ORAL	NP	ST
Cetirizine HCl Hives Relief SOLUTION 5 MG/5ML ORAL	P	
Cetirizine HCl Solution 1 MG/ML Oral (Rx)	P	
Cetirizine HCl Tablet 10 MG Oral	P	
Cetirizine HCl TABLET 5 MG ORAL	P	
Cetirizine HCl TABLET CHEWABLE 10 MG ORAL	NP	ST
Cetirizine HCl TABLET CHEWABLE 5 MG ORAL	NP	ST
Childrens Loratadine Solution 5 MG/5ML Oral	NP	ST
Clarinet Tablet 5 MG Oral	NP	ST
Desloratadine TABLET 5 MG ORAL	NP	ST
Desloratadine Tablet Dispersible 2.5 MG Oral	NP	ST
Desloratadine Tablet Dispersible 5 MG Oral	NP	ST
EQ Loratadine TABLET 10 MG ORAL	BE	
Fexofenadine HCl Oral Tablet 180 MG	NP	ST
Fexofenadine HCl Tablet 180 MG Oral (OTC)	NP	ST
Fexofenadine HCl Tablet 60 MG Oral (OTC)	NP	ST
FT All Day Allergy Tablet 10 MG Oral	P	
GNP All Day Allergy Childrens SOLUTION 1 MG/ML ORAL	P	
GNP All Day Allergy Childrens Solution 5 MG/5ML Oral	P	
GNP All Day Allergy TABLET 10 MG ORAL	P	
GNP Allergy Relief Tablet 180 MG Oral	NP	ST
GNP Loratadine Childrens Solution 5 MG/5ML Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
GNP Loratadine Solution 5 MG/5ML Oral	NP	ST
GNP Loratadine TABLET 10 MG ORAL	P	
GNP Loratadine Tablet Dispersible 10 MG Oral	NP	ST
GoodSense All Day Allergy SOLUTION 5 MG/5ML Oral	P	
GoodSense All Day Allergy TABLET 10 MG ORAL	P	
GoodSense Aller-Ease Tablet 180 MG Oral	NP	ST
GoodSense Allergy Relief Tablet 10 MG Oral	P	
HM All Day Allergy Childrens SOLUTION 5 MG/5ML Oral	P	
HM All Day Allergy SOLUTION 5 MG/5ML Oral	P	
HM All Day Allergy TABLET 10 MG Oral	P	
HM Allergy Relief (Cetirizine) Tablet 10 MG Oral	P	
HM Allergy Relief Tablet 60 MG Oral	NP	ST
HM Cetirizine HCl TABLET 10 MG Oral	P	
HM Fexofenadine HCl Tablet 60 MG Oral	NP	ST
HM Loratadine Childrens Solution 5 MG/5ML Oral	NP	ST
HM Loratadine TABLET 10 MG ORAL	P	
Levocetirizine Dihydrochloride Solution 2.5 MG/5ML Oral	NP	ST
Levocetirizine Dihydrochloride Tablet 5 MG Oral (Rx)	P	
Loratadine Childrens Solution 5 MG/5ML Oral	NP	ST
Loratadine Childrens Tablet Chewable 5 MG Oral	NP	ST
Loratadine Solution 5 MG/5ML Oral	NP	ST
Loratadine Tablet 10 MG Oral	P	
Loratadine Tablet Dispersible 10 MG Oral	NP	ST
QC Fexofenadine Hydrochloride TABLET 180 MG Oral	NP	ST
Quzyttir Intravenous Solution 10 MG/ML	BE	

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Drug Name	Preference Details	Coverage Details
SM All Day Allergy Childrens Solution 1 MG/ML Oral	P	
SM All Day Allergy Childrens SOLUTION 5 MG/5ML ORAL	P	
SM All Day Allergy Tablet 10 MG Oral	P	
SM Allergy Childrens Solution 5 MG/5ML Oral	NP	ST
SM Allergy Relief Tablet 60 MG Oral	NP	ST
SM Fexofenadine HCl Tablet 180 MG Oral	NP	ST
SM Loratadine Solution 5 MG/5ML Oral	NP	ST
SM Loratadine Tablet 10 MG Oral	P	
*Antihistamines - Phenothiazines***		
Phenergan SOLUTION 25 MG/ML INJECTION	NP	ST
Phenergan SOLUTION 50 MG/ML INJECTION	NP	ST
Promethazine HCl SOLUTION 25 MG/ML INJECTION	P	
Promethazine HCl SOLUTION 50 MG/ML INJECTION	P	
Promethazine HCl Solution 6.25 MG/5ML Oral	P	
Promethazine HCl SUPPOSITORY 12.5 MG Rectal	P	
Promethazine HCl SUPPOSITORY 25 MG Rectal	P	
Promethazine HCl Syrup 6.25 MG/5ML Oral	P	
Promethazine HCl TABLET 12.5 MG ORAL	P	
Promethazine HCl Tablet 25 MG Oral	P	
Promethazine HCl TABLET 50 MG ORAL	P	
Promethegan SUPPOSITORY 12.5 MG Rectal	P	
Promethegan SUPPOSITORY 25 MG Rectal	P	
Promethegan Suppository 50 MG Rectal	NP	ST
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	S	
<i>cyproheptadine hcl oral tablet 4 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
Cyproheptadine HCl Syrup 2 MG/5ML Oral	P	
Cyproheptadine HCl Tablet 4 MG Oral	P	
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
Nexlizet Tablet 180-10 MG Oral	NP	ST
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
Nexletol Tablet 180 MG Oral	NP	ST
*Angiopoietin-Like Protein 3 (Angptl3) Inhibitors***		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML	S	
*Antihyperlipidemics - Misc.***		
Icosapent Ethyl Capsule 0.5 GM Oral	NP	ST
Icosapent Ethyl Capsule 1 GM Oral	NP	ST
Lovaza Capsule 1 GM Oral	NP	ST
Lovaza Oral Capsule 1 GM	NP	
Omega-3-acid Ethyl Esters Capsule 1 GM Oral	NP	ST
Omega-3-acid Ethyl Esters Capsule 1 GM Oral	P	
Omega-3-acid Ethyl Esters Capsule 1 GM Oral	P	ST
Omega-3-acid Ethyl Esters Oral Capsule 1 GM	NP	
Vascepa CAPSULE 0.5 GM ORAL	P	ST
Vascepa CAPSULE 1 GM ORAL	P	ST
*Bile Acid Sequestrants***		
Cholestyramine Light Packet 4 GM Oral	P	
Cholestyramine Light Powder 4 GM/DOSE Oral	P	
Cholestyramine Packet 4 GM Oral	P	
Cholestyramine Powder 4 GM/DOSE Oral	P	
Colesevelam HCl Packet 3.75 GM Oral	NP	ST
Colesevelam HCl Tablet 625 MG Oral	NP	ST
Colestid Flavored GRANULES 5 GM ORAL	NP	ST
Colestid Flavored PACKET 5 GM ORAL	NP	ST
Colestid GRANULES 5 GM ORAL	NP	ST
Colestid PACKET 5 GM ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Colestid TABLET 1 GM ORAL	NP	ST
Colestipol HCl GRANULES 5 GM ORAL	NP	ST
Colestipol HCl PACKET 5 GM ORAL	NP	ST
Colestipol HCl Tablet 1 GM Oral	P	
Prevalite PACKET 4 GM ORAL	NP	ST
Prevalite POWDER 4 GM/DOSE ORAL	NP	ST
Questran Light POWDER 4 GM/DOSE ORAL	NP	ST
Questran PACKET 4 GM ORAL	NP	ST
Questran POWDER 4 GM/DOSE ORAL	NP	ST
Welchol Packet 3.75 GM Oral	NP	ST
Welchol Tablet 625 MG Oral	NP	ST
*Fibric Acid Derivatives***		
Antara CAPSULE 30 MG ORAL	NP	ST
Antara CAPSULE 90 MG ORAL	NP	ST
Fenofibrate Capsule 134 MG Oral	NP	ST
Fenofibrate CAPSULE 150 MG ORAL	NP	ST
Fenofibrate Capsule 200 MG Oral	NP	ST
Fenofibrate CAPSULE 50 MG ORAL	NP	ST
Fenofibrate Capsule 67 MG Oral	NP	ST
Fenofibrate Micronized CAPSULE 130 MG ORAL	NP	ST
Fenofibrate Micronized Capsule 134 MG Oral	NP	ST
Fenofibrate Micronized Capsule 200 MG Oral	NP	ST
Fenofibrate Micronized Capsule 30 MG Oral	NP	ST
Fenofibrate Micronized CAPSULE 43 MG ORAL	NP	ST
Fenofibrate Micronized Capsule 67 MG Oral	NP	ST
Fenofibrate Micronized Capsule 90 MG Oral	NP	ST
Fenofibrate TABLET 120 MG ORAL	NP	ST
Fenofibrate Tablet 145 MG Oral	P	
Fenofibrate Tablet 160 MG Oral	NP	ST
Fenofibrate TABLET 40 MG ORAL	NP	ST
Fenofibrate Tablet 48 MG Oral	P	
Fenofibrate Tablet 54 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Fenofibric Acid Capsule Delayed Release 135 MG Oral	NP	ST
Fenofibric Acid Capsule Delayed Release 45 MG Oral	NP	ST
Fenofibric Acid Tablet 105 MG Oral	NP	ST
Fenofibric Acid Tablet 35 MG Oral	NP	ST
Fenoglide TABLET 120 MG ORAL	NP	ST
Fenoglide TABLET 40 MG ORAL	NP	ST
Gemfibrozil Tablet 600 MG Oral	P	
Lipofen Capsule 150 MG Oral	NP	ST
Lipofen Capsule 50 MG Oral	NP	ST
Lopid TABLET 600 MG ORAL	NP	ST
Tricor TABLET 145 MG ORAL	NP	ST
Tricor TABLET 48 MG ORAL	NP	ST
Trilipix CAPSULE DELAYED RELEASE 135 MG Oral	NP	ST
Trilipix CAPSULE DELAYED RELEASE 45 MG Oral	NP	ST
*Hmg Coa Reductase Inhibitor Combinations***		
EquaPAX/Atorvastatin/CoQ10 Oral Therapy Pack 20 & 100 MG	BE	
*Hmg Coa Reductase Inhibitors***		
Altoprev Tablet Extended Release 24 Hour 20 MG Oral	NP	ST
Altoprev Tablet Extended Release 24 Hour 40 MG Oral	NP	ST
Altoprev Tablet Extended Release 24 Hour 60 MG Oral	NP	ST
Atorvaliq Suspension 20 MG/5ML Oral	NP	ST
Atorvastatin Calcium Tablet 10 MG Oral	P	
Atorvastatin Calcium Tablet 20 MG Oral	P	
Atorvastatin Calcium Tablet 40 MG Oral	P	
Atorvastatin Calcium Tablet 80 MG Oral	P	
Crestor Tablet 10 MG Oral	NP	ST
Crestor TABLET 20 MG ORAL	NP	ST
Crestor Tablet 5 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Ezallor Sprinkle Capsule Sprinkle 10 MG Oral	NP	ST
Ezallor Sprinkle Capsule Sprinkle 20 MG Oral	NP	ST
Ezallor Sprinkle Capsule Sprinkle 40 MG Oral	NP	ST
Ezallor Sprinkle Capsule Sprinkle 5 MG Oral	NP	ST
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	S	
Fluvastatin Sodium CAPSULE 20 MG ORAL	NP	ST
Fluvastatin Sodium CAPSULE 40 MG ORAL	NP	ST
Fluvastatin Sodium ER Tablet Extended Release 24 Hour 80 MG Oral	NP	ST
Lescol XL Tablet Extended Release 24 Hour 80 MG Oral	NP	ST
Lipitor TABLET 10 MG ORAL	NP	ST
Lipitor TABLET 20 MG ORAL	NP	ST
Lipitor TABLET 40 MG ORAL	NP	ST
Lipitor TABLET 80 MG ORAL	NP	ST
Livalo TABLET 1 MG ORAL	NP	ST
Livalo TABLET 2 MG ORAL	NP	ST
Livalo TABLET 4 MG ORAL	NP	ST
Lovastatin Tablet 10 MG Oral	P	
Lovastatin TABLET 20 MG ORAL	P	
Lovastatin TABLET 40 MG ORAL	P	
Pitavastatin Calcium Tablet 1 MG Oral	NP	ST
Pitavastatin Calcium Tablet 2 MG Oral	NP	ST
Pitavastatin Calcium Tablet 4 MG Oral	NP	ST
Pravastatin Sodium Tablet 10 MG Oral	P	
Pravastatin Sodium Tablet 20 MG Oral	P	
Pravastatin Sodium Tablet 40 MG Oral	P	
Pravastatin Sodium Tablet 80 MG Oral	P	
Rosuvastatin Calcium Tablet 10 MG Oral	P	
Rosuvastatin Calcium Tablet 20 MG Oral	P	
Rosuvastatin Calcium Tablet 40 MG Oral	P	
Rosuvastatin Calcium Tablet 5 MG Oral	P	
<i>simvastatin oral suspension 20 mg/5ml</i>	S	
Simvastatin Tablet 10 MG Oral	P	
Simvastatin Tablet 20 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Simvastatin Tablet 40 MG Oral	P	
Simvastatin Tablet 5 MG Oral	P	
Simvastatin Tablet 80 MG Oral	P	
Zocor Tablet 10 MG Oral	NP	ST
Zocor Tablet 20 MG Oral	NP	ST
Zocor Tablet 40 MG Oral	NP	ST
Zypitamag Tablet 2 MG Oral	NP	ST
Zypitamag Tablet 4 MG Oral	NP	ST
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	S	PA; PA Required
Ezetimibe-Simvastatin Tablet 10-10 MG Oral	NP	ST
Ezetimibe-Simvastatin Tablet 10-20 MG Oral	NP	ST
Ezetimibe-Simvastatin Tablet 10-40 MG Oral	NP	ST
Ezetimibe-Simvastatin Tablet 10-80 MG Oral	NP	ST
LIPTRUZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	S	PA; PA Required
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	S	
Vytorin Tablet 10-10 MG Oral	NP	ST
Vytorin Tablet 10-20 MG Oral	NP	ST
Vytorin Tablet 10-40 MG Oral	NP	ST
Vytorin Tablet 10-80 MG Oral	NP	ST
*Intestinal Cholesterol Absorption Inhibitors***		
Ezetimibe Tablet 10 MG Oral	P	
Zetia Tablet 10 MG Oral	NP	ST
*Microsomal Triglyceride Transfer Protein Inhibitors***		
Juxtapid CAPSULE 10 MG ORAL	NP	ST
Juxtapid CAPSULE 20 MG ORAL	NP	ST
Juxtapid CAPSULE 30 MG ORAL	NP	ST
Juxtapid CAPSULE 5 MG ORAL	NP	ST
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	S	PA; PA Required

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Drug Name	Preference Details	Coverage Details
*Nicotinic Acid Derivatives***		
Niacin (Antihyperlipidemic) Oral Tablet 500 MG	BE	
Niacin ER (Antihyperlipidemic) Tablet Extended Release 1000 MG Oral	NP	ST
Niacin ER (Antihyperlipidemic) Tablet Extended Release 1000 MG Oral	P	
Niacin ER (Antihyperlipidemic) Tablet Extended Release 500 MG Oral	NP	ST
Niacin ER (Antihyperlipidemic) Tablet Extended Release 500 MG Oral	P	
Niacin ER (Antihyperlipidemic) Tablet Extended Release 750 MG Oral	NP	ST
Niacor Oral Tablet 500 MG	BE	
Niaspan Tablet Extended Release 1000 MG Oral	P	
Niaspan Tablet Extended Release 500 MG Oral	P	
*Pcsk9 Inhibitors***		
Praluent Solution Auto-Injector 150 MG/ML Subcutaneous	NP	PA; ST; PA Required; AL (Min 18 Years)
Praluent Solution Auto-Injector 75 MG/ML Subcutaneous	NP	PA; ST; PA Required; AL (Min 18 Years)
Repatha Pushtrex System Solution Cartridge 420 MG/3.5ML Subcutaneous	NP	PA; ST; PA Required
Repatha Solution Prefilled Syringe 140 MG/ML Subcutaneous	NP	PA; ST; PA Required
Repatha SureClick Solution Auto-Injector 140 MG/ML Subcutaneous	NP	PA; ST; PA Required
*Small Interfering Rna (Sirna) Pcsk9 Inhibitors***		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	S	
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
Amlodipine Besy-Benazepril HCl CAPSULE 10-20 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Amlodipine Besy-Benazepril HCl CAPSULE 10-40 MG ORAL	P	
Amlodipine Besy-Benazepril HCl CAPSULE 2.5-10 MG ORAL	P	
Amlodipine Besy-Benazepril HCl CAPSULE 5-10 MG ORAL	P	
Amlodipine Besy-Benazepril HCl CAPSULE 5-20 MG ORAL	P	
Amlodipine Besy-Benazepril HCl CAPSULE 5-40 MG ORAL	P	
Lotrel CAPSULE 10-20 MG ORAL	NP	ST
Lotrel CAPSULE 10-40 MG ORAL	NP	ST
Lotrel CAPSULE 5-10 MG ORAL	NP	ST
Lotrel CAPSULE 5-20 MG ORAL	NP	ST
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	S	
Trandolapril-Verapamil HCl ER Tablet Extended Release 1-240 MG Oral	NP	ST
Trandolapril-Verapamil HCl ER Tablet Extended Release 2-180 MG Oral	NP	ST
Trandolapril-Verapamil HCl ER Tablet Extended Release 2-240 MG Oral	NP	ST
Trandolapril-Verapamil HCl ER Tablet Extended Release 4-240 MG Oral	NP	ST
*Ace Inhibitors & Thiazide/Thiazide-Like***		
Accuretic Tablet 10-12.5 MG Oral	NP	ST
Accuretic Tablet 20-12.5 MG Oral	NP	ST
Accuretic TABLET 20-25 MG ORAL	NP	ST
Benazepril-Hydrochlorothiazide TABLET 10-12.5 MG ORAL	NP	ST
Benazepril-Hydrochlorothiazide TABLET 20-12.5 MG ORAL	NP	ST
Benazepril-Hydrochlorothiazide TABLET 20-25 MG ORAL	NP	ST
Benazepril-Hydrochlorothiazide TABLET 5-6.25 MG ORAL	NP	ST
Captopril-Hydrochlorothiazide TABLET 25-15 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Captopril-Hydrochlorothiazide TABLET 25-25 MG ORAL	NP	ST
Captopril-Hydrochlorothiazide TABLET 50-15 MG ORAL	NP	ST
Captopril-Hydrochlorothiazide TABLET 50-25 MG ORAL	NP	ST
Enalapril-Hydrochlorothiazide TABLET 10-25 MG ORAL	P	
Enalapril-Hydrochlorothiazide TABLET 5-12.5 MG ORAL	P	
Fosinopril Sodium-HCTZ Tablet 10-12.5 MG Oral	NP	ST
Fosinopril Sodium-HCTZ Tablet 20-12.5 MG Oral	NP	ST
Lisinopril-Hydrochlorothiazide Tablet 10-12.5 MG Oral	P	
Lisinopril-hydroCHLOROthiazide Tablet 20-12.5 MG Oral	P	
Lisinopril-Hydrochlorothiazide Tablet 20-25 MG Oral	P	
Lotensin HCT TABLET 10-12.5 MG ORAL	NP	ST
Lotensin HCT TABLET 20-12.5 MG ORAL	NP	ST
Lotensin HCT TABLET 20-25 MG ORAL	NP	ST
Quinapril-Hydrochlorothiazide TABLET 10-12.5 MG ORAL	NP	ST
Quinapril-Hydrochlorothiazide TABLET 20-12.5 MG ORAL	NP	ST
Quinapril-Hydrochlorothiazide TABLET 20-25 MG ORAL	NP	ST
Vaseretic TABLET 10-25 MG ORAL	NP	ST
Zestoretic TABLET 10-12.5 MG ORAL	NP	ST
Zestoretic TABLET 20-12.5 MG ORAL	NP	ST
Zestoretic TABLET 20-25 MG ORAL	NP	ST
*Ace Inhibitors***		
Accupril TABLET 10 MG ORAL	NP	ST
Accupril TABLET 20 MG ORAL	NP	ST
Accupril TABLET 40 MG ORAL	NP	ST
Accupril TABLET 5 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Altace CAPSULE 1.25 MG ORAL	NP	ST
Altace CAPSULE 10 MG ORAL	NP	ST
Altace CAPSULE 2.5 MG ORAL	NP	ST
Altace CAPSULE 5 MG ORAL	NP	ST
Benazepril HCl Tablet 10 MG Oral	P	
Benazepril HCl Tablet 20 MG Oral	P	
Benazepril HCl Tablet 40 MG Oral	P	
Benazepril HCl Tablet 5 MG Oral	P	
Captopril TABLET 100 MG ORAL	NP	ST
Captopril Tablet 12.5 MG Oral	NP	ST
Captopril Tablet 25 MG Oral	NP	ST
Captopril TABLET 50 MG ORAL	NP	ST
Enalapril Maleate Solution 1 MG/ML Oral	NP	ST
Enalapril Maleate TABLET 10 MG ORAL	P	
Enalapril Maleate Tablet 2.5 MG Oral	P	
Enalapril Maleate TABLET 20 MG ORAL	P	
Enalapril Maleate Tablet 5 MG Oral	P	
Epaned SOLUTION 1 MG/ML ORAL	NP	ST
Fosinopril Sodium Tablet 10 MG Oral	NP	ST
Fosinopril Sodium Tablet 20 MG Oral	NP	ST
Fosinopril Sodium Tablet 40 MG Oral	NP	ST
Lisinopril Tablet 10 MG Oral	P	
Lisinopril Tablet 2.5 MG Oral	P	
Lisinopril Tablet 20 MG Oral	P	
Lisinopril Tablet 30 MG Oral	P	
Lisinopril Tablet 40 MG Oral	P	
Lisinopril Tablet 5 MG Oral	P	
Lotensin Tablet 10 MG Oral	NP	ST
Lotensin TABLET 20 MG ORAL	NP	ST
Lotensin TABLET 40 MG ORAL	NP	ST
Moexipril HCl TABLET 15 MG ORAL	NP	ST
Moexipril HCl TABLET 7.5 MG ORAL	NP	ST
Perindopril Erbumine TABLET 2 MG ORAL	NP	ST
Perindopril Erbumine TABLET 4 MG ORAL	NP	ST
Perindopril Erbumine TABLET 8 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Qbrelis SOLUTION 1 MG/ML ORAL	NP	ST
Quinapril HCl TABLET 10 MG ORAL	NP	ST
Quinapril HCl TABLET 20 MG ORAL	NP	ST
Quinapril HCl TABLET 40 MG ORAL	NP	ST
Quinapril HCl TABLET 5 MG ORAL	NP	ST
Ramipril Capsule 1.25 MG Oral	P	
Ramipril Capsule 10 MG Oral	P	
Ramipril Capsule 2.5 MG Oral	P	
Ramipril Capsule 5 MG Oral	P	
Trandolapril TABLET 1 MG ORAL	NP	ST
Trandolapril TABLET 2 MG ORAL	NP	ST
Trandolapril TABLET 4 MG ORAL	NP	ST
Vasotec TABLET 10 MG ORAL	NP	ST
Vasotec TABLET 2.5 MG ORAL	NP	ST
Vasotec TABLET 20 MG ORAL	NP	ST
Vasotec TABLET 5 MG ORAL	NP	ST
Zestril TABLET 10 MG ORAL	NP	ST
Zestril TABLET 2.5 MG ORAL	NP	ST
Zestril TABLET 20 MG ORAL	NP	ST
Zestril TABLET 30 MG ORAL	NP	ST
Zestril TABLET 40 MG ORAL	NP	ST
Zestril TABLET 5 MG ORAL	NP	ST
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb***		
Methyldopa-Hydrochlorothiazide TABLET 250-15 MG ORAL	NP	ST
Methyldopa-Hydrochlorothiazide TABLET 250-25 MG ORAL	NP	ST
*Agents For Pheochromocytoma***		
<i>metirosine oral capsule 250 mg</i>	S	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	S	
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***		
Amlodipine Besylate-Valsartan TABLET 10-160 MG ORAL	P	
Amlodipine Besylate-Valsartan TABLET 10-320 MG ORAL	P	
Amlodipine Besylate-Valsartan TABLET 5-160 MG ORAL	P	
Amlodipine Besylate-Valsartan TABLET 5-320 MG ORAL	P	
Amlodipine-Olmesartan Tablet 10-20 MG Oral	P	
Amlodipine-Olmesartan Tablet 10-40 MG Oral	P	
Amlodipine-Olmesartan Tablet 5-20 MG Oral	P	
Amlodipine-Olmesartan Tablet 5-40 MG Oral	P	
Azor Tablet 10-20 MG Oral	NP	ST
Azor Tablet 10-40 MG Oral	NP	ST
Azor Tablet 5-20 MG Oral	NP	ST
Azor Tablet 5-40 MG Oral	NP	ST
Exforge TABLET 10-160 MG ORAL	NP	ST
Exforge TABLET 10-320 MG ORAL	NP	ST
Exforge TABLET 5-160 MG ORAL	NP	ST
Exforge TABLET 5-320 MG ORAL	NP	ST
Telmisartan-Amlodipine TABLET 40-10 MG ORAL	NP	ST
Telmisartan-Amlodipine TABLET 40-5 MG ORAL	NP	ST
Telmisartan-Amlodipine TABLET 80-10 MG ORAL	NP	ST
Telmisartan-Amlodipine TABLET 80-5 MG ORAL	NP	ST
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
Atacand HCT Tablet 16-12.5 MG Oral	NP	ST
Atacand HCT Tablet 32-12.5 MG Oral	NP	ST
Atacand HCT Tablet 32-25 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Avalide TABLET 150-12.5 MG ORAL	NP	ST
Avalide TABLET 300-12.5 MG ORAL	NP	ST
Benicar HCT Tablet 20-12.5 MG Oral	NP	ST
Benicar HCT Tablet 40-12.5 MG Oral	NP	ST
Benicar HCT Tablet 40-25 MG Oral	NP	ST
Candesartan Cilexetil-HCTZ TABLET 16-12.5 MG ORAL	NP	ST
Candesartan Cilexetil-HCTZ TABLET 32-12.5 MG ORAL	NP	ST
Candesartan Cilexetil-HCTZ TABLET 32-25 MG ORAL	NP	ST
Diovan HCT TABLET 160-12.5 MG ORAL	NP	ST
Diovan HCT TABLET 160-25 MG ORAL	NP	ST
Diovan HCT TABLET 320-12.5 MG ORAL	NP	ST
Diovan HCT TABLET 320-25 MG ORAL	NP	ST
Diovan HCT TABLET 80-12.5 MG ORAL	NP	ST
Edarbyclor TABLET 40-12.5 MG ORAL	NP	ST
Edarbyclor TABLET 40-25 MG ORAL	NP	ST
Hyzaar Tablet 100-12.5 MG Oral	NP	ST
Hyzaar Tablet 100-25 MG Oral	NP	ST
Hyzaar Tablet 50-12.5 MG Oral	NP	ST
Irbesartan-Hydrochlorothiazide TABLET 150-12.5 MG ORAL	P	
Irbesartan-Hydrochlorothiazide TABLET 300-12.5 MG ORAL	P	
Losartan Potassium-HCTZ Tablet 100-12.5 MG Oral	P	
Losartan Potassium-HCTZ TABLET 100-25 MG ORAL	P	
Losartan Potassium-HCTZ Tablet 50-12.5 MG Oral	P	
Micardis HCT TABLET 40-12.5 MG ORAL	NP	ST
Micardis HCT TABLET 80-12.5 MG ORAL	NP	ST
Micardis HCT TABLET 80-25 MG ORAL	NP	ST
Olmesartan Medoxomil-HCTZ Tablet 20-12.5 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Olmesartan Medoxomil-HCTZ Tablet 40-12.5 MG Oral	P	
Olmesartan Medoxomil-HCTZ Tablet 40-25 MG Oral	P	
Telmisartan-HCTZ TABLET 40-12.5 MG ORAL	NP	ST
Telmisartan-HCTZ TABLET 80-12.5 MG ORAL	NP	ST
Telmisartan-HCTZ TABLET 80-25 MG ORAL	NP	ST
Valsartan-Hydrochlorothiazide TABLET 160-12.5 MG ORAL	P	
Valsartan-Hydrochlorothiazide TABLET 160-25 MG ORAL	P	
Valsartan-Hydrochlorothiazide TABLET 320-12.5 MG ORAL	P	
Valsartan-Hydrochlorothiazide TABLET 320-25 MG ORAL	P	
Valsartan-Hydrochlorothiazide TABLET 80-12.5 MG ORAL	P	
*Angiotensin II Receptor Antagonists***		
Atacand Tablet 16 MG Oral	NP	ST
Atacand Tablet 32 MG Oral	NP	ST
Atacand Tablet 4 MG Oral	NP	ST
Atacand Tablet 8 MG Oral	NP	ST
Avapro TABLET 150 MG ORAL	NP	ST
Avapro TABLET 300 MG ORAL	NP	ST
Avapro TABLET 75 MG ORAL	NP	ST
Benicar Tablet 20 MG Oral	NP	ST
Benicar Tablet 40 MG Oral	NP	ST
Benicar Tablet 5 MG Oral	NP	ST
Candesartan Cilexetil TABLET 16 MG ORAL	NP	ST
Candesartan Cilexetil TABLET 32 MG ORAL	NP	ST
Candesartan Cilexetil TABLET 4 MG ORAL	NP	ST
Candesartan Cilexetil TABLET 8 MG ORAL	NP	ST
Cozaar Tablet 100 MG Oral	NP	ST
Cozaar Tablet 25 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Cozaar Tablet 50 MG Oral	NP	ST
Diovan TABLET 160 MG ORAL	NP	ST
Diovan TABLET 320 MG ORAL	NP	ST
Diovan TABLET 40 MG ORAL	NP	ST
Diovan TABLET 80 MG ORAL	NP	ST
Edarbi TABLET 40 MG ORAL	NP	ST
Edarbi TABLET 80 MG ORAL	NP	ST
Eprosartan Mesylate TABLET 600 MG ORAL	NP	ST
Irbesartan TABLET 150 MG ORAL	P	
Irbesartan TABLET 300 MG ORAL	P	
Irbesartan TABLET 75 MG ORAL	P	
Losartan Potassium Tablet 100 MG Oral	P	
Losartan Potassium Tablet 25 MG Oral	P	
Losartan Potassium Tablet 50 MG Oral	P	
Micardis TABLET 20 MG ORAL	NP	ST
Micardis TABLET 40 MG ORAL	NP	ST
Micardis TABLET 80 MG ORAL	NP	ST
Olmesartan Medoxomil Tablet 20 MG Oral	P	
Olmesartan Medoxomil Tablet 40 MG Oral	P	
Olmesartan Medoxomil Tablet 5 MG Oral	P	
Telmisartan Tablet 20 MG Oral	NP	ST
Telmisartan Tablet 40 MG Oral	NP	ST
Telmisartan Tablet 80 MG Oral	NP	ST
Valsartan Solution 4 MG/ML Oral	NP	ST
Valsartan Tablet 160 MG Oral	P	
Valsartan Tablet 320 MG Oral	P	
Valsartan Tablet 40 MG Oral	P	
Valsartan Tablet 80 MG Oral	P	
*Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides***		
Amlodipine-Valsartan-HCTZ Tablet 10-160-12.5 MG Oral	P	
Amlodipine-Valsartan-HCTZ Tablet 10-160-25 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Amlodipine-Valsartan-HCTZ Tablet 10-320-25 MG Oral	P	
Amlodipine-Valsartan-HCTZ Tablet 5-160-12.5 MG Oral	P	
Amlodipine-Valsartan-HCTZ TABLET 5-160-25 MG ORAL	P	
Exforge HCT TABLET 10-160-12.5 MG ORAL	NP	ST
Exforge HCT TABLET 10-160-25 MG ORAL	NP	ST
Exforge HCT TABLET 10-320-25 MG ORAL	NP	ST
Exforge HCT TABLET 5-160-12.5 MG ORAL	NP	ST
Exforge HCT TABLET 5-160-25 MG ORAL	NP	ST
Olmesartan-Amlodipine-HCTZ TABLET 20-5-12.5 MG ORAL	P	
Olmesartan-Amlodipine-HCTZ TABLET 40-10-12.5 MG ORAL	P	
Olmesartan-Amlodipine-HCTZ TABLET 40-10-25 MG ORAL	P	
Olmesartan-Amlodipine-HCTZ TABLET 40-5-12.5 MG ORAL	P	
Olmesartan-Amlodipine-HCTZ TABLET 40-5-25 MG ORAL	P	
Tribenzor Tablet 20-5-12.5 MG Oral	NP	ST
Tribenzor Tablet 40-10-12.5 MG Oral	NP	ST
Tribenzor Tablet 40-10-25 MG Oral	NP	ST
Tribenzor Tablet 40-5-12.5 MG Oral	NP	ST
Tribenzor Tablet 40-5-25 MG Oral	NP	ST
*Antiadrenergics - Centrally Acting***		
Catapres TABLET 0.1 MG ORAL	NP	ST
Catapres TABLET 0.2 MG ORAL	NP	ST
Catapres TABLET 0.3 MG ORAL	NP	ST
Catapres-TTS-1 PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL	P	
Catapres-TTS-2 PATCH WEEKLY 0.2 MG/24HR TRANSDERMAL	P	
Catapres-TTS-3 PATCH WEEKLY 0.3 MG/24HR TRANSDERMAL	P	

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Drug Name	Preference Details	Coverage Details
cloNIDine HCl ER Tablet Extended Release 24 Hour 0.17 MG Oral	NP	ST
<i>clonidine hcl powder</i>	S	
cloNIDine HCl Tablet 0.1 MG Oral	P	
cloNIDine HCl Tablet 0.2 MG Oral	P	
cloNIDine HCl Tablet 0.3 MG Oral	P	
cloNIDine Patch Weekly 0.1 MG/24HR Transdermal	P	ST
cloNIDine Patch Weekly 0.2 MG/24HR Transdermal	P	ST
cloNIDine Patch Weekly 0.3 MG/24HR Transdermal	P	ST
guanFACINE HCl Tablet 1 MG Oral	P	
guanFACINE HCl Tablet 2 MG Oral	P	
Methyldopa TABLET 250 MG ORAL	P	
Methyldopa TABLET 500 MG ORAL	P	
Methyldopate HCl SOLUTION 250 MG/5ML Intravenous	NP	ST
*Antiadrenergics - Peripherally Acting***		
Cardura Tablet 1 MG Oral	NP	ST
Cardura TABLET 2 MG ORAL	NP	ST
Cardura Tablet 4 MG Oral	NP	ST
Cardura Tablet 8 MG Oral	NP	ST
Doxazosin Mesylate Tablet 1 MG Oral	P	
Doxazosin Mesylate Tablet 2 MG Oral	NP	ST
Doxazosin Mesylate Tablet 2 MG Oral	P	
Doxazosin Mesylate Tablet 4 MG Oral	P	
Doxazosin Mesylate Tablet 8 MG Oral	NP	ST
Doxazosin Mesylate Tablet 8 MG Oral	P	
Terazosin HCl CAPSULE 1 MG ORAL	P	
Terazosin HCl CAPSULE 10 MG ORAL	P	
Terazosin HCl CAPSULE 2 MG ORAL	P	
Terazosin HCl CAPSULE 5 MG ORAL	P	
*Antihypertensives - Misc.***		
VECAMYL ORAL TABLET 2.5 MG	S	

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Drug Name	Preference Details	Coverage Details
*Beta Blocker & Diuretic Combinations***		
Atenolol-Chlorthalidone Tablet 100-25 MG Oral	P	
Atenolol-Chlorthalidone Tablet 50-25 MG Oral	P	
Bisoprolol-Hydrochlorothiazide Tablet 10-6.25 MG Oral	P	
Bisoprolol-Hydrochlorothiazide Tablet 2.5-6.25 MG Oral	P	
Bisoprolol-Hydrochlorothiazide Tablet 5-6.25 MG Oral	P	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	S	PA; PA Required
<i>metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg, 25-12.5 mg, 50-12.5 mg</i>	S	PA; PA Required
Metoprolol-Hydrochlorothiazide TABLET 100-25 MG ORAL	NP	ST
Metoprolol-Hydrochlorothiazide TABLET 100-50 MG ORAL	NP	ST
Metoprolol-Hydrochlorothiazide TABLET 50-25 MG ORAL	NP	ST
Propranolol-HCTZ TABLET 40-25 MG ORAL	NP	ST
Propranolol-HCTZ TABLET 80-25 MG ORAL	NP	ST
Tenoretic 100 TABLET 100-25 MG ORAL	NP	ST
Tenoretic 50 TABLET 50-25 MG ORAL	NP	ST
Ziac TABLET 10-6.25 MG ORAL	NP	ST
Ziac TABLET 2.5-6.25 MG ORAL	NP	ST
Ziac TABLET 5-6.25 MG ORAL	NP	ST
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***		
Tekturna HCT TABLET 150-12.5 MG Oral	P	
Tekturna HCT TABLET 150-25 MG Oral	P	
Tekturna HCT TABLET 300-12.5 MG Oral	P	
Tekturna HCT TABLET 300-25 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
*Direct Renin Inhibitors***		
Aliskiren Fumarate Tablet 150 MG Oral	NP	ST
Aliskiren Fumarate Tablet 300 MG Oral	NP	ST
Tekturna TABLET 150 MG Oral	P	
Tekturna TABLET 300 MG Oral	P	
*Dopamine D1 Receptor Agonists***		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML, 20 MG/2ML	S	
*Vasodilators***		
<i>hydralazine hcl injection solution 20 mg/ml</i>	S	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	S	
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
Aemcolo Tablet Delayed Release 194 MG Oral	NP	ST
Flagyl CAPSULE 375 MG ORAL	NP	ST
Flagyl TABLET 250 MG ORAL	NP	ST
IMPAVIDO ORAL CAPSULE 50 MG	S	
Likmez Suspension 500 MG/5ML Oral	NP	ST
MetroNIDAZOLE CAPSULE 375 MG Oral	NP	ST
metroNIDAZOLE Tablet 250 MG Oral	P	
metroNIDAZOLE Tablet 500 MG Oral	P	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	S	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	S	
PRIMSOL ORAL SOLUTION 50 MG/5ML	S	
Tinidazole TABLET 250 MG ORAL	NP	ST
Tinidazole TABLET 500 MG ORAL	NP	ST
<i>trimethoprim oral tablet 100 mg</i>	S	
<i>trimpex oral solution 50 mg/5ml</i>	S	
Xifaxan TABLET 200 MG ORAL	NP	ST
Xifaxan TABLET 550 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	S	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	S	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	S	
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	S	
<i>atovaquone oral suspension 750 mg/5ml</i>	S	
LAMPIT ORAL TABLET 120 MG, 30 MG	S	
Nitazoxanide Tablet 500 MG Oral	NP	ST
*Carbapenem Combinations***		
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	S	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	S	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM	S	
*Carbapenems***		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	S	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	S	
*Chloramphenicals***		
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	S	
*Cyclic Lipopeptides***		
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	S	
*Glycopeptides***		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	S	
Firvanq SOLUTION RECONSTITUTED 25 MG/ML Oral	NP	ST
Firvanq Solution Reconstituted 50 MG/ML Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	S	
Vancocin Capsule 125 MG Oral	NP	ST
Vancocin Capsule 250 MG Oral	NP	ST
Vancomycin HCl Capsule 125 MG Oral	P	
Vancomycin HCl Capsule 250 MG Oral	P	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/100ml-%, 1-5 gm/200ml-%, 1-5 gm/250ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/250ml-%, 1.5-5 gm/300ml-%, 1.5-5 gm/500ml-%, 1.75-5 gm/500ml-%, 2-5 gm/500ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	S	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 1-0.9 gm/250ml-%, 1.25-0.9 gm/250ml-%, 1.5-0.9 gm/250ml-%, 1.5-0.9 gm/300ml-%, 1.5-0.9 gm/500ml-%, 1.75-0.9 gm/250ml-%, 1.75-0.9 gm/300ml-%, 1.75-0.9 gm/500ml-%, 2-0.9 gm/250ml-%, 2-0.9 gm/500ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%, 750-0.9 mg/250ml-%</i>	S	
<i>vancomycin hcl intravenous solution 1000 mg/10ml, 1000 mg/200ml, 1250 mg/12.5ml, 1250 mg/250ml, 1500 mg/15ml, 1500 mg/300ml, 1750 mg/17.5ml, 1750 mg/350ml, 2000 mg/20ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml, 750 mg/7.5ml</i>	S	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 100 gm, 1000 mg, 250 mg, 5 gm, 500 mg, 750 mg</i>	S	
Vancomycin HCl Solution Reconstituted 25 MG/ML Oral	NP	ST
Vancomycin HCl Solution Reconstituted 250 MG/5ML Oral	NP	ST
Vancomycin HCl Solution Reconstituted 50 MG/ML Oral	NP	ST
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	S	
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
*Lincosamides***		
Cleocin CAPSULE 150 MG ORAL	NP	ST
Cleocin CAPSULE 300 MG ORAL	NP	ST
Cleocin CAPSULE 75 MG ORAL	NP	ST
Cleocin Phosphate SOLUTION 300 MG/2ML INJECTION	NP	ST
Cleocin Phosphate SOLUTION 300 MG/2ML Intravenous	NP	ST
Cleocin Phosphate SOLUTION 600 MG/4ML INJECTION	NP	ST
Cleocin Phosphate SOLUTION 600 MG/4ML Intravenous	NP	ST
Cleocin Phosphate SOLUTION 9 GM/60ML INJECTION	NP	ST
Cleocin Phosphate SOLUTION 900 MG/6ML INJECTION	NP	ST
Cleocin Phosphate SOLUTION 900 MG/6ML Intravenous	NP	ST
Cleocin SOLUTION RECONSTITUTED 75 MG/5ML ORAL	NP	ST
Clindamycin HCl CAPSULE 150 MG ORAL	P	
Clindamycin HCl Capsule 300 MG Oral	P	
Clindamycin HCl CAPSULE 75 MG ORAL	P	
Clindamycin HCl Oral Capsule 300 MG	P	
Clindamycin Palmitate HCl Solution Reconstituted 75 MG/5ML Oral	P	
Clindamycin Phosphate in D5W SOLUTION 300 MG/50ML Intravenous	NP	ST
Clindamycin Phosphate in D5W SOLUTION 600 MG/50ML Intravenous	NP	ST
Clindamycin Phosphate in D5W SOLUTION 900 MG/50ML Intravenous	NP	ST
Clindamycin Phosphate in NaCl SOLUTION 300-0.9 MG/50ML-% Intravenous	NP	ST
Clindamycin Phosphate in NaCl SOLUTION 600-0.9 MG/50ML-% Intravenous	NP	ST
Clindamycin Phosphate in NaCl SOLUTION 900-0.9 MG/50ML-% Intravenous	NP	ST

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Drug Name	Preference Details	Coverage Details
Clindamycin Phosphate Solution 300 MG/2ML Injection	NP	ST
Clindamycin Phosphate Solution 600 MG/4ML Injection	NP	ST
Clindamycin Phosphate Solution 9 GM/60ML Injection	NP	ST
Clindamycin Phosphate Solution 900 MG/6ML Injection	NP	ST
Clindamycin Phosphate SOLUTION 900 MG/6ML Intravenous	NP	ST
Clindamycin Phosphate SOLUTION 9000 MG/60ML INJECTION	NP	ST
Lincocin SOLUTION 300 MG/ML INJECTION	NP	ST
Lincomycin HCl Solution 300 MG/ML Injection	NP	ST
*Monobactams***		
Cayston SOLUTION RECONSTITUTED 75 MG INHALATION	NP	ST
*Oxazolidinones***		
Linezolid in Sodium Chloride Solution 600-0.9 MG/300ML-% Intravenous	NP	ST
Linezolid Solution 600 MG/300ML Intravenous	NP	ST
Linezolid Suspension Reconstituted 100 MG/5ML Oral	NP	ST
Linezolid SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	P	
Linezolid Tablet 600 MG Oral	P	
Sivextro Solution Reconstituted 200 MG Intravenous	NP	ST
Sivextro Tablet 200 MG Oral	NP	ST
Zyvox SOLUTION 200 MG/100ML Intravenous	NP	ST
Zyvox SOLUTION 600 MG/300ML Intravenous	NP	ST
Zyvox SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	NP	ST
Zyvox TABLET 600 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
*Pleuromutilins***		
XENLETA INTRAVENOUS SOLUTION 150 MG/15ML	S	
XENLETA ORAL TABLET 600 MG	S	
*Polymyxins***		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	S	
*Streptogramin Combinations***		
Synercid SOLUTION RECONSTITUTED 150-350 MG Intravenous	NP	ST
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine oral packet 3 gm</i>	S	
<i>methenamine hippurate oral tablet 1 gm</i>	S	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	S	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	S	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	S	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	S	
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
HYOLEV MB ORAL TABLET 81 MG	S	
<i>melnaphos/mbl/lyo1 oral tablet 81.6 mg</i>	S	
PHOSPHASAL ORAL TABLET 81.6 MG	S	
<i>ur n-c oral tablet 81.6 mg</i>	S	
URAMIT MB ORAL CAPSULE 118 MG	S	
URELLE ORAL TABLET 81 MG	S	
Urelle TABLET 81 MG ORAL	BE	
URETRON D/S ORAL TABLET 81.6 MG	S	
URIBEL ORAL CAPSULE 118 MG	S	
URIMAR-T ORAL TABLET 120 MG	S	
<i>urin ds oral tablet 81.6 mg</i>	S	
<i>uro-458 oral tablet 81 mg</i>	S	
<i>uroav-81 oral tablet 81 mg</i>	S	
<i>uroav-b oral capsule 118 mg</i>	S	
<i>uro-mp oral capsule 118 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
URYL ORAL TABLET 81.6 MG	S	
UTIRA-C ORAL TABLET 81.6 MG	S	
UTRONA-C ORAL TABLET 81.6 MG	S	
VILAMIT MB ORAL CAPSULE 118 MG	S	
VILEVEV MB ORAL TABLET 81 MG	S	
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	S	
COARTEM ORAL TABLET 20-120 MG	S	
*Antimalarials***		
ARAKODA ORAL TABLET 100 MG	S	
<i>artesunate intravenous solution reconstituted 110 mg</i>	S	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	S	
DARAPRIM ORAL TABLET 25 MG	S	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	S	
KRINTAFEL ORAL TABLET 150 MG	S	
<i>mefloquine hcl oral tablet 250 mg</i>	S	
<i>primaquine phosphate oral tablet 26.3 mg</i>	S	
<i>pyrimethamine oral tablet 25 mg</i>	S	
<i>quinine sulfate oral capsule 324 mg</i>	S	
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
FIRDAPSE ORAL TABLET 10 MG	S	
<i>guanidine hcl oral tablet 125 mg</i>	S	
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 3 mg/3ml, 5 mg/10ml, 5 mg/5ml</i>	S	
<i>neostigmine methylsulfate intravenous solution prefilled syringe 2 mg/2ml, 3 mg/3ml, 4 mg/4ml, 5 mg/5ml</i>	S	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	S	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	S	
RUZURGI ORAL TABLET 10 MG	S	
Antimycobacterial Agents		
*Anti Tb Combinations***		
RIFAMATE ORAL CAPSULE 150-300 MG	S	
RIFATER ORAL TABLET 50-120-300 MG	S	
*Antimycobacterial Agents***		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	S	
<i>cycloserine oral capsule 250 mg</i>	S	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	S	
<i>isoniazid injection solution 100 mg/ml</i>	S	
<i>isoniazid oral syrup 50 mg/5ml</i>	S	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	S	
PASER ORAL PACKET 4 GM	S	
<i>pretomanid oral tablet 200 mg</i>	S	
PRIFTIN ORAL TABLET 150 MG	S	
<i>pyrazinamide oral tablet 500 mg</i>	S	
<i>rifabutin oral capsule 150 mg</i>	S	
<i>rifampin oral capsule 150 mg, 300 mg</i>	S	
SIRTURO ORAL TABLET 100 MG, 20 MG	S	
TRECTOR ORAL TABLET 250 MG	S	
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML	S	
<i>bendamustine hcl intravenous solution 100 mg/4ml</i>	S	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	S	
<i>busulfan intravenous solution 6 mg/ml</i>	S	
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	S	
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>cisplatin intravenous solution reconstituted 50 mg</i>	S	
MYLERAN ORAL TABLET 2 MG	S	
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	S	
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	S	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML, 150 MG/15ML, 450 MG/45ML, 50 MG/5ML, 600 MG/60ML	S	
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG	S	
<i>thiotepa injection solution reconstituted 100 mg, 15 mg</i>	S	
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	S	
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	S	
<i>abiraterone acetate oral tablet 500 mg</i>	S	For 1000 Mg of Zytiga use 4 tabs of 250 Mg or override with PAMC 99998888777
YONSA ORAL TABLET 125 MG	S	
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	S	
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	S	
ERLEADA ORAL TABLET 240 MG, 60 MG	S	
<i>flutamide oral capsule 125 mg</i>	S	
<i>nilutamide oral tablet 150 mg</i>	S	
NUBEQA ORAL TABLET 300 MG	S	
XTANDI ORAL CAPSULE 40 MG	S	
XTANDI ORAL TABLET 40 MG, 80 MG	S	
*Antiestrogens***		
SOLTAMOX ORAL SOLUTION 10 MG/5ML	S	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>toremifene citrate oral tablet 60 mg</i>	S	
*Antimetabolites***		
ADRUCIL INTRAVENOUS SOLUTION 2.5 GM/50ML, 5 GM/100ML, 500 MG/10ML	S	
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	S	
<i>azacitidine injection suspension reconstituted 100 mg</i>	S	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	S	
<i>cladribine intravenous solution 10 mg/10ml</i>	S	
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	S	
<i>cytarabine injection solution 20 mg/ml</i>	S	
<i>decitabine intravenous solution reconstituted 50 mg</i>	S	
<i>floxuridine injection solution reconstituted 0.5 gm</i>	S	
<i>fludarabine phosphate intravenous solution 50 mg/2ml</i>	S	
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	S	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	S	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	S	
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>	S	
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	S	
INFUGEM INTRAVENOUS SOLUTION 1200-0.9 MG/120ML-%, 1300-0.9 MG/130ML-%, 1400-0.9 MG/140ML-%, 1500- 0.9 MG/150ML-%, 1600-0.9 MG/160ML-%, 1700-0.9 MG/170ML-%, 1800-0.9 MG/180ML-%, 1900-0.9 MG/190ML-%, 2000- 0.9 MG/200ML-%, 2200-0.9 MG/220ML-%	S	
<i>mercaptopurine oral tablet 50 mg</i>	S	
<i>methotrexate oral tablet 2.5 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>methotrexate sodium (pf) injection solution 1 gm/40ml</i>	S	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	S	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	S	
<i>methotrexate sodium oral tablet 2.5 mg</i>	S	
ONUREG ORAL TABLET 200 MG, 300 MG	S	
<i>pemetrexed disodium intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml, 850 mg/34ml</i>	S	
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	S	
<i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i>	S	
<i>pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml</i>	S	
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML	S	
PURIXAN ORAL SUSPENSION 2000 MG/100ML	S	
TABLOID ORAL TABLET 40 MG	S	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	S	
XATMEP ORAL SOLUTION 2.5 MG/ML	S	
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG	S	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	S	
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	S	
LORBRENA ORAL TABLET 100 MG, 25 MG	S	
XALKORI ORAL CAPSULE 200 MG, 250 MG	S	
ZYKADIA ORAL TABLET 150 MG	S	

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Drug Name	Preference Details	Coverage Details
*Antineoplastic - Allogeneic Cellular Immunotherapy***		
OMISIRGE INTRAVENOUS SUSPENSION	S	
*Antineoplastic - Anti-Bcma Antibody-Drug Complex***		
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	S	
*Antineoplastic - Antibody Combinations***		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	S	
*Antineoplastic - Anti-Ccr4 Antibodies***		
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML	S	
*Antineoplastic - Anti-Cd19 Antibodies***		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	S	
*Antineoplastic - Anti-Cd19 Antibody-Drug Complex***		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	S	
*Antineoplastic - Anti-Cd20 Antibodies***		
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	S	
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	S	
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	S	
*Antineoplastic - Anti-Cd22 Antibodies***		
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	S	
*Antineoplastic - Anti-Cd38 Antibodies***		
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML	S	
*Antineoplastic - Anti-Cd79b Antibody-Drug Complex***		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG	S	

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Drug Name	Preference Details	Coverage Details
*Antineoplastic - Anti-Ctla-4 Antibodies***		
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	S	
*Antineoplastic - Anti-Gd2 Antibodies***		
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML	S	
*Antineoplastic - Anti-Her2 Agents***		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	S	
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	S	
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	S	
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	S	
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	S	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	S	
TUKYSA ORAL TABLET 150 MG, 50 MG	S	
*Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex***		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	S	
*Antineoplastic - Anti-Pd-1 Antibodies***		
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	S	
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML	S	
OPDIVO INTRAVENOUS SOLUTION 120 MG/12ML	S	
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	S	
*Antineoplastic - Anti-Tf Antibody-Drug Complex***		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	S	

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Drug Name	Preference Details	Coverage Details
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	S	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	S	
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	S	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	S	
SCEMBLIX ORAL TABLET 20 MG, 40 MG	S	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	S	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	S	
*Antineoplastic - Bispecific T-Cell Engagers***		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG	S	
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML	S	
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	S	
Kimmtrak Intravenous Solution 100 MCG/0.5ML	BE	
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	S	
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	S	
*Antineoplastic - Braf Kinase Inhibitors***		
BRAFTOVI ORAL CAPSULE 75 MG	S	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	S	
TAFINLAR ORAL TABLET SOLUBLE 10 MG	S	
ZELBORAF ORAL TABLET 240 MG	S	
*Antineoplastic - Btk Inhibitors***		
BRUKINSA ORAL CAPSULE 80 MG	S	

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Drug Name	Preference Details	Coverage Details
CALQUENCE ORAL CAPSULE 100 MG	S	
CALQUENCE ORAL TABLET 100 MG	S	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	S	
IMBRUVICA ORAL SUSPENSION 70 MG/ML	S	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	S	
JAYPIRCA ORAL TABLET 100 MG, 50 MG	S	
*Antineoplastic - Egfr Inhibitors***		
EXKIVITY ORAL CAPSULE 40 MG	S	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	S	
IRESSA ORAL TABLET 250 MG	S	
TAGRISSE ORAL TABLET 40 MG, 80 MG	S	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	S	
*Antineoplastic - Fgfr Kinase Inhibitors***		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	S	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	S	
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	S	
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	S	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	S	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	S	
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	S	
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	S	
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	S	

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Drug Name	Preference Details	Coverage Details
*Antineoplastic - Hedgehog Pathway Inhibitors***		
DAURISMO ORAL TABLET 100 MG, 25 MG	S	
ERIVEDGE ORAL CAPSULE 150 MG	S	
ODOMZO ORAL CAPSULE 200 MG	S	
*Antineoplastic - Hif-2-Alpha Inhibitors***		
WELIREG ORAL TABLET 40 MG	S	
*Antineoplastic - Histone Deacetylase Inhibitors***		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	S	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	S	
ZOLINZA ORAL CAPSULE 100 MG	S	
*Antineoplastic - Hormonal And Related Agent Combinations***		
Leuprolide Acetate-Bupivacaine Intramuscular Solution 25-5 MG/ML	BE	
*Antineoplastic - Immunomodulators***		
<i>levamisole hcl powder</i>	S	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	S	
*Antineoplastic - Kras Inhibitors***		
KRAZATI ORAL TABLET 200 MG	S	
LUMAKRAS ORAL TABLET 120 MG, 320 MG	S	
*Antineoplastic - Mek Inhibitors***		
COTELLIC ORAL TABLET 20 MG	S	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	S	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	S	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	S	
MEKTOVI ORAL TABLET 15 MG	S	

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Drug Name	Preference Details	Coverage Details
*Antineoplastic - Met Inhibitors***		
TABRECTA ORAL TABLET 150 MG, 200 MG	S	
TEPMETKO ORAL TABLET 225 MG	S	
*Antineoplastic - Methyltransferase Inhibitors***		
TAZVERIK ORAL TABLET 200 MG	S	
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	S	
AFINITOR ORAL TABLET 10 MG	S	
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	S	
Fyarro Intravenous Suspension Reconstituted 100 MG	BE	
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	S	
CAPRELSA ORAL TABLET 100 MG, 300 MG	S	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	S	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	S	
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	S	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	S	
NERLYNX ORAL TABLET 40 MG	S	
NEXAVAR ORAL TABLET 200 MG	S	
QINLOCK ORAL TABLET 50 MG	S	
RYDAPT ORAL CAPSULE 25 MG	S	
STIVARGA ORAL TABLET 40 MG	S	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	S	
TURALIO ORAL CAPSULE 125 MG, 200 MG	S	
UKONIQ ORAL TABLET 200 MG	S	

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Drug Name	Preference Details	Coverage Details
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	S	
VOTRIENT ORAL TABLET 200 MG	S	
XOSPATA ORAL TABLET 40 MG	S	
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	S	
*Antineoplastic - Proteasome Inhibitors***		
<i>bortezomib injection solution 3.5 mg/1.4ml</i>	S	
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>	S	
<i>bortezomib intravenous solution 3.5 mg/1.4ml</i>	S	
<i>bortezomib intravenous solution reconstituted 3.5 mg</i>	S	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	S	
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	S	
*Antineoplastic - Ret Inhibitors***		
GAVRETO ORAL CAPSULE 100 MG	S	
RETEVMO ORAL CAPSULE 40 MG, 80 MG	S	
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	S	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	S	
VITRAKVI ORAL SOLUTION 20 MG/ML	S	
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	S	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	S	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	S	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	S	

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Drug Name	Preference Details	Coverage Details
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	S	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	S	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	S	
*Antineoplastic Antibiotics***		
ADRIAMYCIN INTRAVENOUS SOLUTION 2 MG/ML	S	
<i>adriamycin intravenous solution reconstituted 10 mg</i>	S	
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	S	
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	S	
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	S	
<i>daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml</i>	S	
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	S	
<i>doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg</i>	S	
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	S	
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	S	
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG	S	
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	S	
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	S	
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 40 MG, 5 MG	S	
<i>valrubicin intravesical solution 40 mg/ml</i>	S	

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Drug Name	Preference Details	Coverage Details
*Antineoplastic -Antibody For Radiopharmaceutical Therapy***		
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML	S	
*Antineoplastic Antibody-Drug Complexes***		
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	S	
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	S	
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	S	
*Antineoplastic Combinations***		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML	S	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	S	
INQOVI ORAL TABLET 35-100 MG	S	
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	S	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	S	
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	S	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	S	
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	S	
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	S	
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	S	
*Antineoplastic Enzymes***		
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML	S	
ERWINASE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	S	

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Drug Name	Preference Details	Coverage Details
ERWINAZE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	S	
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	S	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	S	
*Antineoplastic Radiopharmaceuticals***		
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML	S	
*Antineoplastics - Interleukins***		
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML	S	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	S	
*Antineoplastics - Photoactivated Agents***		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG	S	
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	S	
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	S	
<i>arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml</i>	S	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	S	
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	S	
<i>hydroxyurea oral capsule 500 mg</i>	S	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	S	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	S	
MATULANE ORAL CAPSULE 50 MG	S	
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	S	
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	S	

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Drug Name	Preference Details	Coverage Details
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	S	
TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML	S	
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	S	
<i>exemestane oral tablet 25 mg</i>	S	
<i>letrozole oral tablet 2.5 mg</i>	S	
*Carboxypeptidase Enzyme Agents***		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	S	
*Cardiac Protective Agents***		
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>	S	
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	S	
*Chemotherapy Adjuncts - Hyperuricemia Agents***		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	S	
*Chemotherapy Adjuncts - Keratinocyte Growth Factors***		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 6.25 MG	S	
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	S	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	S	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	S	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	S	
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	S	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	S	

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Drug Name	Preference Details	Coverage Details
*Estrogen Receptor Antagonist***		
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	S	
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	S	
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	S	
*Folic Acid Antagonists Rescue Agents***		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG, 300 MG	S	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	S	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	S	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	S	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	S	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	S	
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	S	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	S	
ORGOVYX ORAL TABLET 120 MG	S	
*Imidazotetrazines***		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	S	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	S	
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***		
REZLIDHIA ORAL CAPSULE 150 MG	S	
TIBSOVO ORAL TABLET 250 MG	S	

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Drug Name	Preference Details	Coverage Details
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA ORAL TABLET 100 MG, 50 MG	S	
*Janus Associated Kinase (Jak) Inhibitors***		
INREBIC ORAL CAPSULE 100 MG	S	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	S	
VONJO ORAL CAPSULE 100 MG	S	
*Lhrh Analogs***		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	S	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	S	
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	S	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	S	
<i>leuprolide acetate intramuscular injectable 22.5 mg</i>	S	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	S	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	S	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	S	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	S	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	S	
VANTAS SUBCUTANEOUS KIT 50 MG	S	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	S	
*Mitotic Inhibitors***		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	S	
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 200 mg/10ml, 80 mg/4ml</i>	S	

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Drug Name	Preference Details	Coverage Details
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	S	
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	S	
<i>etoposide oral capsule 50 mg</i>	S	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	S	
MARQIBO INTRAVENOUS SUSPENSION 5 MG/31ML	S	
<i>paclitaxel intravenous concentrate 100 mg/16.67ml, 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	S	
<i>teniposide intravenous solution 10 mg/ml</i>	S	
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	S	
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	S	
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	S	
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	S	
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	S	
*Myeloprotective Agents***		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	S	
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	S	
<i>cyclophosphamide intravenous solution 1 gm/5ml, 2 gm/10ml, 500 mg/2.5ml, 500 mg/ml</i>	S	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	S	
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	S	
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	S	
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	S	
LEUKERAN ORAL TABLET 2 MG	S	

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Drug Name	Preference Details	Coverage Details
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	S	
<i>melphalan oral tablet 2 mg</i>	S	
*Nitrosoureas***		
<i>carmustine intravenous solution reconstituted 100 mg, 300 mg, 50 mg</i>	S	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	S	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	S	
*Oncolytic Viral Agents - Hsv1***		
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML	S	
*Otoprotective Agents***		
PEDMARK INTRAVENOUS SOLUTION 12.5 %	S	
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	S	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	S	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	S	
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	S	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	S	
ZYDELIG ORAL TABLET 100 MG, 150 MG	S	
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG	S	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	S	
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	S	

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Drug Name	Preference Details	Coverage Details
ZEJULA ORAL CAPSULE 100 MG	S	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	S	
*Progestins-Antineoplastic***		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	S	
<i>megestrol acetate powder</i>	S	
Megestrol Acetate Suspension 40 MG/ML Oral	P	
Megestrol Acetate Suspension 400 MG/10ML Oral	P	
Megestrol Acetate Suspension 800 MG/20ML Oral	P	
Megestrol Acetate TABLET 20 MG ORAL	P	
Megestrol Acetate TABLET 40 MG ORAL	P	
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	S	
*Selective Estrogen Receptor Degraders***		
ORSERDU ORAL TABLET 345 MG, 86 MG	S	
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	S	
*Tetrahydroisoquinolines***		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	S	
*Topoisomerase I Inhibitors - Antibody-Drug Complex***		
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG	S	
*Topoisomerase I Inhibitors***		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	S	
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	S	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML	S	
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
*Urinary Tract Protective Agents***		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	S	
<i>mesna intravenous solution 100 mg/ml</i>	S	
MESNEX ORAL TABLET 400 MG	S	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	S	
INLYTA ORAL TABLET 1 MG, 5 MG	S	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	S	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	S	
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	S	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	S	
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	S	
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	S	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	S	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	S	
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	S	
Antiparkinson And Related Therapy Agents		
*Adenosine Receptor Antagonist***		
Nourianz Tablet 20 MG Oral	NP	ST
Nourianz Tablet 40 MG Oral	NP	ST
*Antiparkinson Anticholinergics***		
Benztropine Mesylate Oral Tablet 0.5 MG	BE	
Benztropine Mesylate Oral Tablet 1 MG, 2 MG	P	

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Drug Name	Preference Details	Coverage Details
Benzotropine Mesylate Tablet 0.5 MG Oral	P	
Benzotropine Mesylate Tablet 1 MG Oral	P	
Benzotropine Mesylate Tablet 2 MG Oral	P	
Trihexyphenidyl HCl Solution 0.4 MG/ML Oral	P	
Trihexyphenidyl HCl Tablet 2 MG Oral	P	
Trihexyphenidyl HCl Tablet 5 MG Oral	P	
*Antiparkinson Dopaminergics***		
Amantadine HCl Capsule 100 MG Oral	P	
Amantadine HCl Solution 50 MG/5ML Oral	P	
Amantadine HCl Tablet 100 MG Oral	NP	ST
Bromocriptine Mesylate CAPSULE 5 MG ORAL	P	
Bromocriptine Mesylate TABLET 2.5 MG Oral	P	
Gocovri CAPSULE EXTENDED RELEASE 24 HOUR 137 MG Oral	NP	PA; ST; PA Required
Gocovri CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG Oral	NP	PA; ST; PA Required
Inbrija Capsule 42 MG Inhalation	NP	PA; ST; PA Required
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG	S	PA; PA Required
Osmolex ER Tablet Extended Release 24 Hour 193 MG Oral	NP	ST
Parlodel CAPSULE 5 MG Oral	NP	ST
Parlodel TABLET 2.5 MG ORAL	NP	ST
*Antiparkinson Monoamine Oxidase Inhibitors***		
Azilect TABLET 0.5 MG ORAL	NP	ST
Azilect TABLET 1 MG ORAL	NP	ST
Rasagiline Mesylate TABLET 0.5 MG ORAL	NP	ST
Rasagiline Mesylate TABLET 1 MG ORAL	NP	ST
Selegiline HCl Capsule 5 MG Oral	P	
Selegiline HCl Tablet 5 MG Oral	P	
Xadago TABLET 100 MG Oral	NP	ST
Xadago TABLET 50 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Zelapar TABLET DISPERSIBLE 1.25 MG ORAL	NP	ST
*Central/Peripheral Comt Inhibitors***		
Tasmar TABLET 100 MG ORAL	NP	ST
Tolcapone TABLET 100 MG ORAL	NP	ST
*Decarboxylase Inhibitors***		
Carbidopa Tablet 25 MG Oral	NP	ST
Lodosyn TABLET 25 MG ORAL	NP	ST
*Levodopa Combinations***		
Carbidopa-Levodopa ER Tablet Extended Release 25-100 MG Oral	P	
Carbidopa-Levodopa ER Tablet Extended Release 50-200 MG Oral	P	
Carbidopa-Levodopa Oral Tablet 10-100 MG, 25-100 MG	P	
Carbidopa-Levodopa Tablet 10-100 MG Oral	P	
Carbidopa-Levodopa Tablet 25-100 MG Oral	P	
Carbidopa-Levodopa Tablet 25-250 MG Oral	P	
Carbidopa-Levodopa TABLET DISPERSIBLE 10-100 MG ORAL	P	
Carbidopa-Levodopa TABLET DISPERSIBLE 25-100 MG ORAL	P	
Carbidopa-Levodopa TABLET DISPERSIBLE 25-250 MG ORAL	P	
Carbidopa-Levodopa-Entacapone TABLET 12.5-50-200 MG ORAL	NP	ST
Carbidopa-Levodopa-Entacapone TABLET 18.75-75-200 MG ORAL	NP	ST
Carbidopa-Levodopa-Entacapone TABLET 25-100-200 MG ORAL	NP	ST
Carbidopa-Levodopa-Entacapone TABLET 31.25-125-200 MG ORAL	NP	ST
Carbidopa-Levodopa-Entacapone TABLET 37.5-150-200 MG ORAL	NP	ST
Carbidopa-Levodopa-Entacapone TABLET 50-200-200 MG ORAL	NP	ST
Dhivy Tablet 25-100 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Duopa SUSPENSION 4.63-20 MG/ML Enteral	NP	ST
Rytary Capsule Extended Release 23.75-95 MG Oral	NP	ST
Rytary Capsule Extended Release 36.25-145 MG Oral	NP	ST
Rytary Capsule Extended Release 48.75-195 MG Oral	NP	ST
Rytary Capsule Extended Release 61.25-245 MG Oral	NP	ST
Sinemet Tablet 10-100 MG Oral	NP	ST
Sinemet Tablet 25-100 MG Oral	NP	ST
Stalevo 100 Tablet 25-100-200 MG Oral	NP	ST
Stalevo 125 Tablet 31.25-125-200 MG Oral	NP	ST
Stalevo 150 Tablet 37.5-150-200 MG Oral	NP	ST
Stalevo 200 Tablet 50-200-200 MG Oral	NP	ST
Stalevo 50 Tablet 12.5-50-200 MG Oral	NP	ST
Stalevo 75 Tablet 18.75-75-200 MG Oral	NP	ST
*Nonergoline Dopamine Receptor Agonists***		
Apokyn Solution Cartridge 30 MG/3ML Subcutaneous	NP	ST
Apomorphine HCl Solution Cartridge 30 MG/3ML Subcutaneous	NP	ST
Kynmobi Titration Kit Kit 10&15&20&25&30 MG Sublingual	NP	ST
Mirapex ER Tablet Extended Release 24 Hour 0.375 MG Oral	NP	ST
Mirapex ER Tablet Extended Release 24 Hour 0.75 MG Oral	NP	ST
Mirapex ER Tablet Extended Release 24 Hour 2.25 MG Oral	NP	ST
Mirapex ER Tablet Extended Release 24 Hour 3 MG Oral	NP	ST
Mirapex ER Tablet Extended Release 24 Hour 3.75 MG Oral	NP	ST
Mirapex ER Tablet Extended Release 24 Hour 4.5 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Neupro Patch 24 Hour 1 MG/24HR Transdermal	NP	ST
Neupro Patch 24 Hour 2 MG/24HR Transdermal	NP	ST
Neupro Patch 24 Hour 3 MG/24HR Transdermal	NP	ST
Neupro Patch 24 Hour 4 MG/24HR Transdermal	NP	ST
Neupro Patch 24 Hour 6 MG/24HR Transdermal	NP	ST
Neupro Patch 24 Hour 8 MG/24HR Transdermal	NP	ST
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 0.375 MG Oral	NP	ST
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 0.75 MG Oral	NP	ST
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 1.5 MG Oral	NP	ST
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 2.25 MG Oral	NP	ST
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 3 MG Oral	NP	ST
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 3.75 MG Oral	NP	ST
Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 4.5 MG Oral	NP	ST
Pramipexole Dihydrochloride Tablet 0.125 MG Oral	P	
Pramipexole Dihydrochloride Tablet 0.25 MG Oral	P	
Pramipexole Dihydrochloride Tablet 0.5 MG Oral	P	
Pramipexole Dihydrochloride Tablet 0.75 MG Oral	P	
Pramipexole Dihydrochloride Tablet 1 MG Oral	P	
Pramipexole Dihydrochloride Tablet 1.5 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
ROPINIRole HCl ER Tablet Extended Release 24 Hour 12 MG Oral	NP	ST
ROPINIRole HCl ER Tablet Extended Release 24 Hour 2 MG Oral	NP	ST
ROPINIRole HCl ER Tablet Extended Release 24 Hour 4 MG Oral	NP	ST
ROPINIRole HCl ER Tablet Extended Release 24 Hour 6 MG Oral	NP	ST
ROPINIRole HCl ER Tablet Extended Release 24 Hour 8 MG Oral	NP	ST
rOPINIRole HCl Tablet 0.25 MG Oral	P	
ROPINIRole HCl TABLET 0.5 MG ORAL	P	
rOPINIRole HCl Tablet 1 MG Oral	P	
ROPINIRole HCl TABLET 2 MG ORAL	P	
ROPINIRole HCl TABLET 3 MG ORAL	P	
ROPINIRole HCl TABLET 4 MG ORAL	P	
ROPINIRole HCl TABLET 5 MG ORAL	P	
*Peripheral Comt Inhibitors***		
Comtan Tablet 200 MG Oral	NP	ST
Entacapone Tablet 200 MG Oral	NP	ST
Ongentys Capsule 25 MG Oral	NP	PA; ST; PA Required
Ongentys Capsule 50 MG Oral	NP	PA; ST; PA Required
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	S	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	S	
<i>lithium carbonate oral tablet 300 mg</i>	S	
<i>lithium oral solution 8 meq/5ml</i>	S	
*Antipsychotics - Misc.***		
Caplyta Capsule 42 MG Oral	NP	ST; QL (1 EA per 1 day)
Equetro CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	P	
Equetro CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Equetro CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	P	
Geodon CAPSULE 20 MG ORAL	NP	ST; QL (2 EA per 1 day)
Geodon Capsule 40 MG Oral	NP	ST; QL (2 EA per 1 day)
Geodon Capsule 60 MG Oral	NP	ST; QL (2 EA per 1 day)
Geodon Capsule 80 MG Oral	NP	ST; QL (2 EA per 1 day)
Latuda TABLET 120 MG ORAL	NP	ST; QL (1 EA per 1 day)
Latuda TABLET 20 MG ORAL	NP	ST; QL (1 EA per 1 day)
Latuda TABLET 40 MG ORAL	NP	ST; QL (1 EA per 1 day)
Latuda TABLET 60 MG ORAL	NP	ST; QL (1 EA per 1 day)
Latuda TABLET 80 MG ORAL	NP	ST; QL (2 EA per 1 day)
Lurasidone HCl Tablet 120 MG Oral	P	
Lurasidone HCl Tablet 120 MG Oral	P	ST
Lurasidone HCl Tablet 20 MG Oral	P	
Lurasidone HCl Tablet 20 MG Oral	P	ST
Lurasidone HCl Tablet 40 MG Oral	P	
Lurasidone HCl Tablet 40 MG Oral	P	ST
Lurasidone HCl Tablet 60 MG Oral	P	
Lurasidone HCl Tablet 60 MG Oral	P	ST
Lurasidone HCl Tablet 80 MG Oral	P	
Lurasidone HCl Tablet 80 MG Oral	P	ST
Nuplazid Capsule 34 MG Oral	NP	ST
Nuplazid Tablet 10 MG Oral	NP	ST
Vraylar CAPSULE 1.5 MG Oral	P	QL (1 EA per 1 day)
Vraylar CAPSULE 3 MG Oral	P	QL (1 EA per 1 day)
Vraylar CAPSULE 4.5 MG ORAL	P	QL (1 EA per 1 day)
Vraylar CAPSULE 6 MG ORAL	P	QL (1 EA per 1 day)
Vraylar Capsule Therapy Pack 1.5 & 3 MG Oral	P	
Ziprasidone HCl CAPSULE 20 MG ORAL	P	QL (2 EA per 1 day)
Ziprasidone HCl CAPSULE 40 MG ORAL	P	QL (2 EA per 1 day)
Ziprasidone HCl CAPSULE 60 MG ORAL	P	QL (2 EA per 1 day)
Ziprasidone HCl CAPSULE 80 MG ORAL	P	QL (2 EA per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	S	QL (2 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
*Benzisoxazoles***		
Fanapt TABLET 1 MG ORAL	NP	ST
Fanapt TABLET 10 MG ORAL	NP	ST; QL (2 EA per 1 day)
Fanapt TABLET 12 MG ORAL	NP	ST; QL (2 EA per 1 day)
Fanapt TABLET 2 MG ORAL	NP	ST; QL (2 EA per 1 day)
Fanapt TABLET 4 MG ORAL	NP	ST; QL (2 EA per 1 day)
Fanapt TABLET 6 MG ORAL	NP	ST; QL (2 EA per 1 day)
Fanapt TABLET 8 MG ORAL	NP	ST; QL (2 EA per 1 day)
Fanapt Titration Pack TABLET 1 & 2 & 4 & 6 MG ORAL	NP	ST; QL (8 EA per 4 days)
Invega Hafyera Suspension Prefilled Syringe 1092 MG/3.5ML Intramuscular	P	QL (0.02 ML per 1 day)
Invega Hafyera Suspension Prefilled Syringe 1560 MG/5ML Intramuscular	P	QL (0.03 ML per 1 day)
Invega Sustenna Suspension Prefilled Syringe 117 MG/0.75ML Intramuscular	P	QL (0.06 ML per 1 day)
Invega Sustenna Suspension Prefilled Syringe 156 MG/ML Intramuscular	P	QL (0.06 ML per 1 day)
Invega Sustenna Suspension Prefilled Syringe 234 MG/1.5ML Intramuscular	P	QL (0.06 ML per 1 day)
Invega Sustenna Suspension Prefilled Syringe 39 MG/0.25ML Intramuscular	P	QL (0.06 ML per 1 day)
Invega Sustenna Suspension Prefilled Syringe 78 MG/0.5ML Intramuscular	P	QL (0.06 ML per 1 day)
Invega Tablet Extended Release 24 Hour 3 MG Oral	P	QL (1 EA per 1 day)
Invega Tablet Extended Release 24 Hour 6 MG Oral	P	QL (2 EA per 1 day)
Invega Tablet Extended Release 24 Hour 9 MG Oral	P	QL (1 EA per 1 day)
Invega Trinza Suspension Prefilled Syringe 273 MG/0.88ML Intramuscular	P	QL (0.03 ML per 1 day)
Invega Trinza Suspension Prefilled Syringe 410 MG/1.32ML Intramuscular	P	QL (0.03 ML per 1 day)
Invega Trinza Suspension Prefilled Syringe 546 MG/1.75ML Intramuscular	P	QL (0.03 ML per 1 day)
Invega Trinza Suspension Prefilled Syringe 819 MG/2.63ML Intramuscular	P	QL (0.03 ML per 1 day)

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Drug Name	Preference Details	Coverage Details
Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral	NP	ST
Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral	NP	ST; QL (1 EA per 1 day)
Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral	NP	ST; QL (2 EA per 1 day)
Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral	NP	ST; QL (1 EA per 1 day)
Perseris Prefilled Syringe 120 MG Subcutaneous	P	QL (0.04 EA per 1 day)
Perseris Prefilled Syringe 90 MG Subcutaneous	P	QL (0.04 EA per 1 day)
RisperDAL Consta Suspension Reconstituted ER 12.5 MG Intramuscular	P	QL (0.072 EA per 1 day)
RisperDAL Consta Suspension Reconstituted ER 25 MG Intramuscular	P	QL (0.072 EA per 1 day)
RisperDAL Consta Suspension Reconstituted ER 37.5 MG Intramuscular	P	QL (0.072 EA per 1 day)
RisperDAL Consta Suspension Reconstituted ER 50 MG Intramuscular	P	QL (0.072 EA per 1 day)
RisperDAL SOLUTION 1 MG/ML ORAL	NP	ST; QL (12 ML per 1 day)
RisperDAL TABLET 0.5 MG ORAL	NP	ST; QL (2 EA per 1 day)
RisperDAL TABLET 1 MG ORAL	NP	ST; QL (2 EA per 1 day)
RisperDAL TABLET 2 MG ORAL	NP	ST; QL (2 EA per 1 day)
RisperDAL TABLET 3 MG ORAL	NP	ST
RisperDAL TABLET 4 MG ORAL	NP	ST
risperiDONE ER Suspension Reconstituted ER 12.5 MG Intramuscular	P	
risperiDONE ER Suspension Reconstituted ER 25 MG Intramuscular	P	
risperiDONE ER Suspension Reconstituted ER 37.5 MG Intramuscular	P	
risperiDONE ER Suspension Reconstituted ER 50 MG Intramuscular	P	
RisperiDONE SOLUTION 1 MG/ML ORAL	P	QL (12 ML per 1 day)
RisperiDONE TABLET 0.25 MG ORAL	P	QL (2 EA per 1 day)
RisperiDONE TABLET 0.5 MG ORAL	P	QL (2 EA per 1 day)
RisperiDONE TABLET 1 MG ORAL	P	QL (2 EA per 1 day)
RisperiDONE TABLET 2 MG ORAL	P	QL (2 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
RisperiDONE TABLET 3 MG ORAL	P	
RisperiDONE TABLET 4 MG ORAL	P	
RisperiDONE TABLET DISPERSIBLE 0.25 MG ORAL	P	QL (2 EA per 1 day)
RisperiDONE Tablet Dispersible 0.5 MG Oral	P	QL (2 EA per 1 day)
RisperiDONE Tablet Dispersible 1 MG Oral	P	QL (2 EA per 1 day)
RisperiDONE Tablet Dispersible 2 MG Oral	P	QL (2 EA per 1 day)
RisperiDONE Tablet Dispersible 3 MG Oral	P	
RisperiDONE Tablet Dispersible 4 MG Oral	P	
Rykindo Suspension Reconstituted ER 25 MG Intramuscular	P	
Rykindo Suspension Reconstituted ER 37.5 MG Intramuscular	P	
Rykindo Suspension Reconstituted ER 50 MG Intramuscular	P	
Uzedy Suspension Prefilled Syringe 100 MG/0.28ML Subcutaneous	P	
Uzedy Suspension Prefilled Syringe 125 MG/0.35ML Subcutaneous	P	
Uzedy Suspension Prefilled Syringe 150 MG/0.42ML Subcutaneous	P	
Uzedy Suspension Prefilled Syringe 200 MG/0.56ML Subcutaneous	P	
Uzedy Suspension Prefilled Syringe 250 MG/0.7ML Subcutaneous	P	
Uzedy Suspension Prefilled Syringe 50 MG/0.14ML Subcutaneous	P	
Uzedy Suspension Prefilled Syringe 75 MG/0.21ML Subcutaneous	P	
*Butyrophenones***		
Haldol Decanoate SOLUTION 100 MG/ML Intramuscular	P	
Haldol Decanoate SOLUTION 50 MG/ML Intramuscular	P	
Haloperidol Decanoate Solution 100 MG/ML Intramuscular	P	
Haloperidol Decanoate Solution 50 MG/ML Intramuscular	P	

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Drug Name	Preference Details	Coverage Details
<i>haloperidol lactate injection solution 5 mg/ml</i>	S	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	S	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	S	
*Dibenzodiazepines***		
CloZAPine TABLET 100 MG ORAL	P	QL (9 EA per 1 day)
CloZAPine TABLET 200 MG ORAL	P	QL (4 EA per 1 day)
CloZAPine TABLET 25 MG ORAL	P	QL (3 EA per 1 day)
CloZAPine TABLET 50 MG ORAL	P	QL (3 EA per 1 day)
CloZAPine TABLET DISPERSIBLE 100 MG Oral	NP	ST; QL (9 EA per 1 day)
CloZAPine Tablet Dispersible 12.5 MG Oral	NP	ST; QL (3 EA per 1 day)
cloZAPine Tablet Dispersible 150 MG Oral	NP	ST; QL (5 EA per 1 day)
cloZAPine Tablet Dispersible 200 MG Oral	NP	ST; QL (4 EA per 1 day)
CloZAPine TABLET DISPERSIBLE 25 MG Oral	NP	ST; QL (3 EA per 1 day)
Clozaril TABLET 100 MG Oral	NP	ST; QL (9 EA per 1 day)
Clozaril TABLET 25 MG Oral	NP	ST; QL (3 EA per 1 day)
Versacloz Suspension 50 MG/ML Oral	NP	ST; QL (18 ML per 1 day)
*Dibenzo-Oxepino Pyrroles***		
Asenapine Maleate Tablet Sublingual 10 MG Sublingual	NP	ST; QL (2 EA per 1 day)
Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual	NP	ST; QL (2 EA per 1 day)
Asenapine Maleate Tablet Sublingual 5 MG Sublingual	NP	ST; QL (2 EA per 1 day)
Saphris TABLET SUBLINGUAL 10 MG SUBLINGUAL	P	QL (2 EA per 1 day)
Saphris TABLET SUBLINGUAL 2.5 MG SUBLINGUAL	P	QL (2 EA per 1 day)
Saphris TABLET SUBLINGUAL 5 MG Sublingual	P	QL (2 EA per 1 day)
Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	NP	ST; QL (1 EA per 1 day)
Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	NP	ST; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	NP	ST; QL (1 EA per 1 day)
*Dibenzothiazepines***		
QUetiapine Fumarate ER Tablet Extended Release 24 Hour 150 MG Oral	P	
QUetiapine Fumarate ER Tablet Extended Release 24 Hour 200 MG Oral	P	QL (1 EA per 1 day)
QUetiapine Fumarate ER Tablet Extended Release 24 Hour 300 MG Oral	P	QL (2 EA per 1 day)
QUetiapine Fumarate ER Tablet Extended Release 24 Hour 400 MG Oral	P	QL (2 EA per 1 day)
QUetiapine Fumarate ER Tablet Extended Release 24 Hour 50 MG Oral	P	
QUetiapine Fumarate Oral Tablet 150 MG	P	
QUetiapine Fumarate Tablet 100 MG Oral	P	QL (3 EA per 1 day)
QUetiapine Fumarate Tablet 200 MG Oral	P	QL (3 EA per 1 day)
QUetiapine Fumarate Tablet 25 MG Oral	P	
QUetiapine Fumarate TABLET 300 MG ORAL	P	QL (2 EA per 1 day)
QUetiapine Fumarate TABLET 400 MG ORAL	P	QL (2 EA per 1 day)
QUetiapine Fumarate Tablet 50 MG Oral	P	QL (3 EA per 1 day)
SEROquel TABLET 100 MG ORAL	NP	ST; QL (3 EA per 1 day)
SEROquel TABLET 200 MG ORAL	NP	ST; QL (3 EA per 1 day)
SEROquel TABLET 25 MG ORAL	NP	ST
SEROquel TABLET 300 MG ORAL	NP	ST; QL (2 EA per 1 day)
SEROquel TABLET 400 MG ORAL	NP	ST; QL (2 EA per 1 day)
SEROquel TABLET 50 MG ORAL	NP	ST; QL (3 EA per 1 day)
SEROquel XR Tablet Extended Release 24 Hour 150 MG Oral	NP	ST
SEROquel XR Tablet Extended Release 24 Hour 200 MG Oral	NP	ST; QL (1 EA per 1 day)
SEROquel XR Tablet Extended Release 24 Hour 300 MG Oral	NP	ST; QL (2 EA per 1 day)
SEROquel XR Tablet Extended Release 24 Hour 400 MG Oral	NP	ST; QL (2 EA per 1 day)
SEROquel XR Tablet Extended Release 24 Hour 50 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	S	
*Dihydroindolones***		
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	S	
*Phenothiazines***		
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	S	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	S	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	S	
Compro SUPPOSITORY 25 MG Rectal	NP	ST
FluPHENAZine Decanoate SOLUTION 25 MG/ML INJECTION	P	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	S	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	S	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	S	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	S	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	S	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	S	
Prochlorperazine Edisylate Solution 10 MG/2ML Injection	NP	ST
Prochlorperazine Edisylate Solution 50 MG/10ML Injection	NP	ST
Prochlorperazine Maleate Tablet 10 MG Oral	P	
Prochlorperazine Maleate TABLET 5 MG ORAL	P	
Prochlorperazine SUPPOSITORY 25 MG Rectal	NP	ST
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	S	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
*Quinolinone Derivatives***		
Abilify Asimtufii Prefilled Syringe 720 MG/2.4ML Intramuscular	P	QL (0.04 ML per 1 day)
Abilify Asimtufii Prefilled Syringe 960 MG/3.2ML Intramuscular	P	QL (0.04 ML per 1 day)
Abilify Maintena Prefilled Syringe 300 MG Intramuscular	P	QL (0.04 EA per 1 day)
Abilify Maintena Prefilled Syringe 400 MG Intramuscular	P	QL (0.04 EA per 1 day)
Abilify Maintena Suspension Reconstituted ER 300 MG Intramuscular	P	QL (0.04 EA per 1 day)
Abilify Maintena Suspension Reconstituted ER 400 MG Intramuscular	P	QL (0.04 EA per 1 day)
Abilify MyCite Maintenance Kit Tablet Therapy Pack 10 MG Oral	NP	ST
Abilify MyCite Maintenance Kit Tablet Therapy Pack 15 MG Oral	NP	ST
Abilify MyCite Maintenance Kit Tablet Therapy Pack 2 MG Oral	NP	ST
Abilify MyCite Maintenance Kit Tablet Therapy Pack 20 MG Oral	NP	ST
Abilify MyCite Maintenance Kit Tablet Therapy Pack 30 MG Oral	NP	ST
Abilify MyCite Maintenance Kit Tablet Therapy Pack 5 MG Oral	NP	ST
Abilify MyCite Starter Kit Tablet Therapy Pack 10 MG Oral	NP	ST
Abilify MyCite Starter Kit Tablet Therapy Pack 15 MG Oral	NP	ST
Abilify MyCite Starter Kit Tablet Therapy Pack 2 MG Oral	NP	ST
Abilify MyCite Starter Kit Tablet Therapy Pack 20 MG Oral	NP	ST
Abilify MyCite Starter Kit Tablet Therapy Pack 30 MG Oral	NP	ST
Abilify MyCite Starter Kit Tablet Therapy Pack 5 MG Oral	NP	ST
Abilify TABLET 10 MG ORAL	NP	ST; QL (1 EA per 1 day)
Abilify TABLET 15 MG ORAL	NP	ST; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Abilify TABLET 2 MG ORAL	NP	ST; QL (2 EA per 1 day)
Abilify TABLET 20 MG ORAL	NP	ST; QL (1 EA per 1 day)
Abilify TABLET 30 MG ORAL	NP	ST; QL (1 EA per 1 day)
Abilify TABLET 5 MG ORAL	NP	ST; QL (1.5 EA per 1 day)
ARIPiprazole Solution 1 MG/ML Oral	P	QL (25 ML per 1 day)
ARIPiprazole Tablet 10 MG Oral	P	QL (1 EA per 1 day)
ARIPiprazole Tablet 15 MG Oral	P	QL (1 EA per 1 day)
ARIPiprazole Tablet 2 MG Oral	P	QL (2 EA per 1 day)
ARIPiprazole TABLET 20 MG Oral	P	QL (1 EA per 1 day)
ARIPiprazole TABLET 30 MG Oral	P	QL (1 EA per 1 day)
ARIPiprazole Tablet 5 MG Oral	P	QL (1.5 EA per 1 day)
ARIPiprazole Tablet Dispersible 10 MG Oral	NP	ST
ARIPiprazole Tablet Dispersible 10 MG Oral	NP	ST; QL (1 EA per 1 day)
ARIPiprazole Tablet Dispersible 15 MG Oral	NP	ST
ARIPiprazole Tablet Dispersible 15 MG Oral	NP	ST; QL (1 EA per 1 day)
Aristada Initio Prefilled Syringe 675 MG/2.4ML Intramuscular	P	QL (0.08 ML per 1 day)
Aristada Prefilled Syringe 1064 MG/3.9ML Intramuscular	P	QL (0.07 ML per 1 day)
Aristada Prefilled Syringe 441 MG/1.6ML Intramuscular	P	QL (0.11 ML per 1 day)
Aristada Prefilled Syringe 662 MG/2.4ML Intramuscular	P	QL (0.11 ML per 1 day)
Aristada Prefilled Syringe 882 MG/3.2ML Intramuscular	P	QL (0.11 ML per 1 day)
Rexulti TABLET 0.25 MG ORAL	NP	ST; QL (1 EA per 1 day)
Rexulti TABLET 0.5 MG ORAL	NP	ST; QL (1 EA per 1 day)
Rexulti TABLET 1 MG ORAL	NP	ST; QL (1 EA per 1 day)
Rexulti TABLET 2 MG ORAL	NP	ST; QL (1 EA per 1 day)
Rexulti TABLET 3 MG ORAL	NP	ST; QL (1 EA per 1 day)
Rexulti TABLET 4 MG ORAL	NP	ST; QL (1 EA per 1 day)
*Thienbenzodiazepines***		
OLANZapine TABLET 10 MG ORAL	P	QL (1 EA per 1 day)
OLANZapine TABLET 15 MG ORAL	P	QL (1 EA per 1 day)
OLANZapine TABLET 2.5 MG ORAL	P	QL (1 EA per 1 day)
OLANZapine TABLET 20 MG ORAL	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
OLANZapine TABLET 5 MG ORAL	P	QL (1 EA per 1 day)
OLANZapine TABLET 7.5 MG ORAL	P	QL (1 EA per 1 day)
OLANZapine TABLET DISPERSIBLE 10 MG ORAL	P	QL (1 EA per 1 day)
OLANZapine TABLET DISPERSIBLE 15 MG ORAL	P	QL (1 EA per 1 day)
OLANZapine TABLET DISPERSIBLE 20 MG ORAL	P	QL (1 EA per 1 day)
OLANZapine TABLET DISPERSIBLE 5 MG ORAL	P	QL (1 EA per 1 day)
ZyPREXA Relprevv SUSPENSION RECONSTITUTED 210 MG Intramuscular	P	
ZyPREXA Relprevv SUSPENSION RECONSTITUTED 300 MG Intramuscular	P	
ZyPREXA Relprevv SUSPENSION RECONSTITUTED 405 MG Intramuscular	P	
ZyPREXA TABLET 10 MG ORAL	NP	ST; QL (1 EA per 1 day)
ZyPREXA TABLET 15 MG ORAL	NP	ST; QL (1 EA per 1 day)
ZyPREXA TABLET 2.5 MG ORAL	NP	ST; QL (1 EA per 1 day)
ZyPREXA TABLET 20 MG ORAL	NP	ST; QL (1 EA per 1 day)
ZyPREXA TABLET 5 MG ORAL	NP	ST; QL (1 EA per 1 day)
ZyPREXA TABLET 7.5 MG ORAL	NP	ST; QL (1 EA per 1 day)
ZyPREXA Zydis TABLET DISPERSIBLE 10 MG ORAL	NP	ST; QL (1 EA per 1 day)
ZyPREXA Zydis TABLET DISPERSIBLE 15 MG ORAL	NP	ST; QL (1 EA per 1 day)
ZyPREXA Zydis TABLET DISPERSIBLE 20 MG ORAL	NP	ST; QL (1 EA per 1 day)
ZyPREXA Zydis TABLET DISPERSIBLE 5 MG ORAL	NP	ST; QL (1 EA per 1 day)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	S	
Antiseptics & Disinfectants		
*Antiseptic Combinations***		
Bucalsep External Liquid	BE	
Bucalsep External Solution	BE	

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Drug Name	Preference Details	Coverage Details
*Antiseptics & Disinfectants***		
Formadon External Solution 10 %	BE	
Formaldehyde External Solution 10 %, 37 %	BE	
Forma-Ray External Solution 20 %	BE	
<i>glutaraldehyde external solution 25 %</i>	S	
<i>hydrogen peroxide solution 30 %</i>	S	
*Chlorine Antiseptics***		
Diabetic Basics Healthy Foot External Lotion 0.13 %	N/A	
Germbloc Health External Lotion 0.13 %	N/A	
Waltz Free Hand Sanitizer External Lotion 0.13 %	N/A	
*Iodine Antiseptics***		
Betadine Antiseptic External Cream 5 %	N/A	
Betadine External Solution 5 %	N/A	
CVS Iodine Tincture External Tincture	BE	
Decolorized Iodine External Tincture 48 %	BE	
GNP Iodides External Tincture	BE	
GNP Iodine External Tincture	BE	
GoodSense Iodine External Tincture	BE	
HM Iodides External Tincture	BE	
HM Iodine External Tincture	BE	
Iodides Tincture External Tincture	BE	
Iodine External Solution 2-2.4 %	BE	
Iodine External Tincture , 2 %	BE	
Iodine Tincture External Tincture , 2 %	BE	
Lugols External Solution	BE	
Lugols Strong Iodine External Solution 5-10 %	BE	
NuPrep 5% Povidone-Iodine External Solution 5 %	N/A	
QC Iodides External Tincture	BE	
QC Iodine Tincture External Tincture	BE	
RA First Aid Iodine External Tincture	BE	
SM Iodides External Tincture	BE	
SM Iodine Tincture External Tincture	BE	

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Drug Name	Preference Details	Coverage Details
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	S	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	S	
ATRIPLA ORAL TABLET 600-200-300 MG	S	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	S	
<i>cabenuva intramuscular suspension extended release 400 & 600 mg/2ml, 600 & 900 mg/3ml</i>	S	
CIMDUO ORAL TABLET 300-300 MG	S	
COMPLERA ORAL TABLET 200-25-300 MG	S	
DELSTRIGO ORAL TABLET 100-300-300 MG	S	
DESCOVY ORAL TABLET 120-15 MG	S	
DESCOVY ORAL TABLET 200-25 MG	S	
DOVATO ORAL TABLET 50-300 MG	S	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	S	
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	S	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	S	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	S	
EVOTAZ ORAL TABLET 300-150 MG	S	
GENVOYA ORAL TABLET 150-150-200-10 MG	S	
JULUCA ORAL TABLET 50-25 MG	S	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	S	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	S	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	S	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	S	
ODEFSEY ORAL TABLET 200-25-25 MG	S	

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Drug Name	Preference Details	Coverage Details
PREZCOBIX ORAL TABLET 800-150 MG	S	
STRIBILD ORAL TABLET 150-150-200-300 MG	S	
SYMTUZA ORAL TABLET 800-150-200-10 MG	S	
TEMIXYS ORAL TABLET 300-300 MG	S	
TRIUMEQ ORAL TABLET 600-50-300 MG	S	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	S	
TRUVADA ORAL TABLET 200-300 MG	S	
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	S	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	S	
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL SOLUTION 20 MG/ML	S	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	S	
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor***		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	S	
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	S	
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	S	
*Antiretrovirals - Integrase Inhibitors***		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	S	
ISENTRESS HD ORAL TABLET 600 MG	S	
ISENTRESS ORAL PACKET 100 MG	S	

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Drug Name	Preference Details	Coverage Details
ISENTRESS ORAL TABLET 400 MG	S	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	S	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	S	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	S	
<i>vocabria oral tablet 30 mg</i>	S	
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	S	
APTIVUS ORAL SOLUTION 100 MG/ML	S	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	S	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	S	
<i>fosamprenavir calcium oral tablet 700 mg</i>	S	
INVIRASE ORAL TABLET 500 MG	S	
LEXIVA ORAL SUSPENSION 50 MG/ML	S	
NORVIR ORAL PACKET 100 MG	S	
NORVIR ORAL SOLUTION 80 MG/ML	S	
PREZISTA ORAL SUSPENSION 100 MG/ML	S	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	S	
REYATAZ ORAL PACKET 50 MG	S	
<i>ritonavir oral tablet 100 mg</i>	S	
VIRACEPT ORAL TABLET 250 MG, 625 MG	S	
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG	S	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	S	
<i>efavirenz oral tablet 600 mg</i>	S	
<i>etravirine oral tablet 100 mg, 200 mg</i>	S	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	S	

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Drug Name	Preference Details	Coverage Details
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	S	
<i>nevirapine oral suspension 50 mg/5ml</i>	S	
<i>nevirapine oral tablet 200 mg</i>	S	
PIFELTRO ORAL TABLET 100 MG	S	
RESCRIPTOR ORAL TABLET 200 MG	S	
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	S	
<i>abacavir sulfate oral tablet 300 mg</i>	S	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	S	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	S	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	S	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	S	
EMTRIVA ORAL CAPSULE 200 MG	S	
EMTRIVA ORAL SOLUTION 10 MG/ML	S	
<i>lamivudine oral solution 10 mg/ml</i>	S	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	S	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	S	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	S	
<i>zidovudine oral capsule 100 mg</i>	S	
<i>zidovudine oral syrup 50 mg/5ml</i>	S	
<i>zidovudine oral tablet 300 mg</i>	S	
*Antiretrovirals - Rti-Nucleotide Analogues***		
Tenofovir Disoproxil Fumarate TABLET 300 MG Oral	P	
VIREAD ORAL POWDER 40 MG/GM	S	

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Drug Name	Preference Details	Coverage Details
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	S	
Viread POWDER 40 MG/GM ORAL	P	
Viread TABLET 150 MG ORAL	P	
Viread TABLET 200 MG ORAL	P	
Viread TABLET 250 MG ORAL	P	
Viread TABLET 300 MG ORAL	P	
*Antiretrovirals Adjuvants***		
TYBOST ORAL TABLET 150 MG	S	
*Antiviral Combinations***		
Acyclovix Combination Therapy Pack 200-10 MG-%	BE	
*Cmv Agents***		
<i>cidofovir intravenous solution 75 mg/ml</i>	S	
<i>foscarnet sodium intravenous solution 6000 mg/250ml</i>	S	
<i>ganciclovir intravenous solution 500 mg/250ml</i>	S	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	S	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	S	
LIVTENCITY ORAL TABLET 200 MG	S	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	S	
PREVYMIS ORAL TABLET 240 MG, 480 MG	S	
*Hepatitis B Agents***		
Adefovir Dipivoxil Tablet 10 MG Oral	NP	ST
Baraclude SOLUTION 0.05 MG/ML ORAL	NP	ST
Baraclude TABLET 0.5 MG ORAL	NP	ST
Baraclude TABLET 1 MG ORAL	NP	ST
Entecavir Tablet 0.5 MG Oral	P	
Entecavir Tablet 1 MG Oral	P	
Epivir HBV SOLUTION 5 MG/ML ORAL	NP	ST
Epivir HBV TABLET 100 MG ORAL	NP	ST
LamiVUDine TABLET 100 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Vemlidy TABLET 25 MG ORAL	NP	ST
*Hepatitis C Agent - Combinations***		
Epclusa Oral Packet 150-37.5 MG, 200-50 MG	NP	Max Day Supply of 90 days
Epclusa Oral Tablet 200-50 MG, 400-100 MG	NP	Max Day Supply of 90 days
Epclusa Packet 150-37.5 MG Oral	NP	ST
Epclusa Packet 150-37.5 MG Oral	NP	PA; ST; PA Required
Epclusa Packet 200-50 MG Oral	NP	ST
Epclusa Packet 200-50 MG Oral	NP	PA; ST; PA Required
Epclusa Tablet 200-50 MG Oral	NP	PA; ST; PA Required
Epclusa TABLET 400-100 MG ORAL	NP	ST
Harvoni Oral Packet 33.75-150 MG, 45-200 MG	NP	Max Day Supply of 90 days
Harvoni Oral Tablet 45-200 MG, 90-400 MG	NP	Max Day Supply of 90 days
Harvoni Packet 33.75-150 MG Oral	NP	PA; ST; PA Required
Harvoni Packet 45-200 MG Oral	NP	PA; ST; PA Required
Harvoni Tablet 45-200 MG Oral	NP	PA; ST; PA Required; AL (Min 3 Years)
Harvoni TABLET 90-400 MG ORAL	NP	PA; ST; PA Required; AL (Min 3 Years)
Ledipasvir-Sofosbuvir Oral Tablet 90-400 MG	NP	Max Day Supply of 90 days
Ledipasvir-Sofosbuvir Tablet 90-400 MG Oral	NP	PA; ST; PA Required; AL (Min 3 Years)
Mavyret Oral Tablet 100-40 MG	NP	Max Day Supply of 90 days
Mavyret Packet 50-20 MG Oral	P	PA; PA Required
Mavyret Tablet 100-40 MG Oral	P	
Sofosbuvir-Velpatasvir Oral Tablet 400-100 MG	NP	Max Day Supply of 90 days
Sofosbuvir-Velpatasvir Tablet 400-100 MG Oral	P	
Viekira Pak Oral Tablet Therapy Pack 12.5-75-50	NP	Max Day Supply of 90 days
Viekira Pak Tablet Therapy Pack 12.5-75-50 & 250 MG Oral	NP	PA; ST; PA Required
Vosevi Oral Tablet 400-100-100 MG	NP	Max Day Supply of 90 days
Vosevi TABLET 400-100-100 MG Oral	P	PA; PA Required
Zepatier Oral Tablet 50-100 MG	NP	Max Day Supply of 90 days

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Drug Name	Preference Details	Coverage Details
Zepatier TABLET 50-100 MG ORAL	NP	PA; ST; PA Required
*Hepatitis C Agents***		
Pegasys SOLUTION 180 MCG/ML Subcutaneous	P	ST
Pegasys Solution Prefilled Syringe 180 MCG/0.5ML Subcutaneous	P	
Ribavirin CAPSULE 200 MG ORAL	P	
Ribavirin TABLET 200 MG ORAL	P	
Sovaldi Oral Packet 150 MG, 200 MG	NP	Max Day Supply of 90 days
Sovaldi Oral Tablet 200 MG, 400 MG	NP	Max Day Supply of 90 days
Sovaldi Packet 150 MG Oral	NP	PA; ST; PA Required
Sovaldi Packet 200 MG Oral	NP	PA; ST; PA Required
Sovaldi Tablet 200 MG Oral	NP	PA; ST; PA Required
Sovaldi TABLET 400 MG ORAL	NP	PA; ST; PA Required
*Herpes Agents - Purine Analogues***		
Acyclovir Capsule 200 MG Oral	P	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	S	
Acyclovir Suspension 200 MG/5ML Oral	P	
Acyclovir Tablet 400 MG Oral	P	
Acyclovir Tablet 800 MG Oral	P	
Sitavig Tablet 50 MG Buccal	NP	ST
valACYclovir HCl Tablet 1 GM Oral	P	
valACYclovir HCl Tablet 500 MG Oral	P	
Valtrex TABLET 1 GM ORAL	NP	ST
Valtrex TABLET 500 MG ORAL	NP	ST
*Herpes Agents - Thymidine Analogues***		
Famciclovir Tablet 125 MG Oral	P	
Famciclovir Tablet 250 MG Oral	P	
Famciclovir Tablet 500 MG Oral	P	
*Influenza Agents***		
Flumadine TABLET 100 MG ORAL	NP	ST
Rimantadine HCl TABLET 100 MG ORAL	P	
*Misc. Antivirals***		
<i>remdesivir intravenous solution reconstituted 100 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
TEMBEXA ORAL SUSPENSION 10 MG/ML	S	
TEMBEXA ORAL TABLET 100 MG	S	
Tpoxx Intravenous Solution 200 MG/20ML	BE	
Tpoxx Oral Capsule 200 MG	BE	
VEKLURY INTRAVENOUS SOLUTION 100 MG/20ML	S	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	S	
*Neuraminidase Inhibitors***		
Oseltamivir Phosphate Capsule 30 MG Oral	P	
Oseltamivir Phosphate Capsule 45 MG Oral	P	
Oseltamivir Phosphate Capsule 75 MG Oral	P	
Oseltamivir Phosphate Suspension Reconstituted 6 MG/ML Oral	P	
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML	S	
Relenza Diskhaler Aerosol Powder Breath Activated 5 MG/ACT Inhalation	NP	ST
Tamiflu CAPSULE 30 MG ORAL	NP	ST
Tamiflu CAPSULE 45 MG ORAL	NP	ST
Tamiflu CAPSULE 75 MG ORAL	NP	ST
Tamiflu SUSPENSION RECONSTITUTED 6 MG/ML ORAL	NP	ST
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	S	
Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral	NP	ST
Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral	NP	ST
Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral	NP	ST
*Rsv Agents - Nucleoside Analogues***		
<i>ribavirin inhalation solution reconstituted 6 gm</i>	S	

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Drug Name	Preference Details	Coverage Details
Beta Blockers		
*Alpha-Beta Blockers***		
Carvedilol Phosphate ER Capsule Extended Release 24 Hour 10 MG Oral	NP	ST
Carvedilol Phosphate ER Capsule Extended Release 24 Hour 20 MG Oral	NP	ST
Carvedilol Phosphate ER Capsule Extended Release 24 Hour 40 MG Oral	NP	ST
Carvedilol Phosphate ER Capsule Extended Release 24 Hour 80 MG Oral	NP	ST
Carvedilol Tablet 12.5 MG Oral	P	
Carvedilol Tablet 25 MG Oral	P	
Carvedilol Tablet 3.125 MG Oral	P	
Carvedilol Tablet 6.25 MG Oral	P	
Coreg CR Capsule Extended Release 24 Hour 10 MG Oral	NP	ST
Coreg CR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	NP	ST
Coreg CR Capsule Extended Release 24 Hour 40 MG Oral	NP	ST
Coreg CR CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	NP	ST
Coreg Tablet 12.5 MG Oral	NP	ST
Coreg Tablet 25 MG Oral	NP	ST
Coreg Tablet 3.125 MG Oral	NP	ST
Coreg Tablet 6.25 MG Oral	NP	ST
<i>labetalol hcl intravenous solution 5 mg/ml</i>	S	
<i>labetalol hcl intravenous solution prefilled syringe 10 mg/2ml, 20 mg/4ml</i>	S	
Labetalol HCl Tablet 100 MG Oral	P	
Labetalol HCl Tablet 200 MG Oral	P	
Labetalol HCl Tablet 300 MG Oral	P	
<i>labetalol hcl-dextrose intravenous solution 200-5 mg/200ml-%</i>	S	
<i>labetalol hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-%, 200-0.72 mg/200ml-%, 300-0.72 mg/300ml-%</i>	S	

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Drug Name	Preference Details	Coverage Details
*Beta Blockers Cardio-Selective***		
Acebutolol HCl CAPSULE 200 MG ORAL	NP	ST
Acebutolol HCl CAPSULE 400 MG Oral	NP	ST
Atenolol Oral Tablet 25 MG	P	
Atenolol TABLET 100 MG ORAL	P	
Atenolol Tablet 25 MG Oral	P	
Atenolol TABLET 50 MG ORAL	P	
Betaxolol HCl TABLET 10 MG ORAL	NP	ST
Betaxolol HCl TABLET 20 MG ORAL	NP	ST
Bisoprolol Fumarate Oral Tablet 5 MG	NP	ST
Bisoprolol Fumarate TABLET 10 MG ORAL	NP	ST
Bisoprolol Fumarate TABLET 5 MG ORAL	NP	ST
Bystolic TABLET 10 MG ORAL	NP	ST
Bystolic TABLET 2.5 MG Oral	NP	ST
Bystolic TABLET 20 MG ORAL	NP	ST
Bystolic TABLET 5 MG ORAL	NP	ST
<i>esmolol hcl intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	S	
<i>esmolol hcl intravenous solution prefilled syringe 100 mg/10ml</i>	S	
First - Metoprolol Oral Solution 10 MG/ML	BE	
First-Atenolol Oral Solution 10 MG/ML, 2 MG/ML	BE	
Kaspargo Sprinkle Capsule ER 24 Hour Sprinkle 100 MG Oral	NP	ST
Kaspargo Sprinkle Capsule ER 24 Hour Sprinkle 200 MG Oral	NP	ST
Kaspargo Sprinkle Capsule ER 24 Hour Sprinkle 25 MG Oral	NP	ST
Kaspargo Sprinkle Capsule ER 24 Hour Sprinkle 50 MG Oral	NP	ST
Lopressor TABLET 100 MG ORAL	NP	ST
Lopressor TABLET 50 MG ORAL	NP	ST
Metoprolol Succinate ER Tablet Extended Release 24 Hour 100 MG Oral	P	
Metoprolol Succinate ER Tablet Extended Release 24 Hour 200 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Metoprolol Succinate ER Tablet Extended Release 24 Hour 25 MG Oral	P	
Metoprolol Succinate ER Tablet Extended Release 24 Hour 50 MG Oral	P	
Metoprolol Tartrate Tablet 100 MG Oral	P	
Metoprolol Tartrate Tablet 25 MG Oral	P	
Metoprolol Tartrate Tablet 37.5 MG Oral	P	
Metoprolol Tartrate Tablet 50 MG Oral	P	
Metoprolol Tartrate Tablet 75 MG Oral	P	
Nebivolol HCl Tablet 10 MG Oral	NP	ST
Nebivolol HCl Tablet 2.5 MG Oral	NP	ST
Nebivolol HCl Tablet 20 MG Oral	NP	ST
Nebivolol HCl Tablet 5 MG Oral	NP	ST
Tenormin TABLET 100 MG ORAL	NP	ST
Tenormin TABLET 25 MG ORAL	NP	ST
Tenormin TABLET 50 MG ORAL	NP	ST
Toprol XL Tablet Extended Release 24 Hour 100 MG Oral	NP	ST
Toprol XL Tablet Extended Release 24 Hour 200 MG Oral	NP	ST
Toprol XL Tablet Extended Release 24 Hour 25 MG Oral	NP	ST
Toprol XL Tablet Extended Release 24 Hour 50 MG Oral	NP	ST
*Beta Blockers Non-Selective***		
Betapace AF TABLET 120 MG ORAL	NP	ST
Betapace AF TABLET 160 MG Oral	NP	ST
Betapace AF TABLET 80 MG Oral	NP	ST
Betapace TABLET 120 MG Oral	NP	ST
Betapace TABLET 160 MG Oral	NP	ST
Betapace TABLET 80 MG Oral	NP	ST
Corgard Tablet 20 MG Oral	NP	ST
Corgard Tablet 40 MG Oral	NP	ST
Hemangeol SOLUTION 4.28 MG/ML ORAL	NP	ST
Inderal LA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Inderal LA CAPSULE EXTENDED RELEASE 24 HOUR 160 MG Oral	NP	ST
Inderal LA CAPSULE EXTENDED RELEASE 24 HOUR 60 MG Oral	NP	ST
Inderal LA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral	NP	ST
Inderal XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral	NP	ST
Inderal XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral	NP	ST
InnoPran XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral	NP	ST
InnoPran XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral	NP	ST
Nadolol Tablet 20 MG Oral	NP	ST
Nadolol Tablet 40 MG Oral	NP	ST
Nadolol Tablet 80 MG Oral	NP	ST
Pindolol Tablet 10 MG Oral	NP	ST
Pindolol Tablet 5 MG Oral	NP	ST
Propranolol HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	P	
Propranolol HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 160 MG ORAL	P	
Propranolol HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	P	
Propranolol HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	P	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	S	
Propranolol HCl Solution 20 MG/5ML Oral	P	
Propranolol HCl SOLUTION 40 MG/5ML ORAL	P	
Propranolol HCl Tablet 10 MG Oral	P	
Propranolol HCl Tablet 20 MG Oral	P	
Propranolol HCl Tablet 40 MG Oral	P	
Propranolol HCl Tablet 60 MG Oral	P	
Propranolol HCl Tablet 80 MG Oral	P	
Sorine TABLET 120 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Sorine TABLET 160 MG ORAL	P	
Sorine TABLET 240 MG ORAL	P	
Sorine TABLET 80 MG ORAL	P	
Sotalol HCl (AF) TABLET 120 MG ORAL	P	
Sotalol HCl (AF) TABLET 160 MG ORAL	P	
Sotalol HCl (AF) TABLET 80 MG ORAL	P	
<i>sotalol hcl intravenous solution 150 mg/10ml</i>	S	
Sotalol HCl Oral Tablet 80 MG	P	
Sotalol HCl Tablet 120 MG Oral	P	
Sotalol HCl Tablet 160 MG Oral	P	
Sotalol HCl Tablet 240 MG Oral	P	
Sotalol HCl Tablet 80 MG Oral	P	
Sotylyze SOLUTION 5 MG/ML ORAL	NP	ST
Timolol Maleate TABLET 10 MG ORAL	NP	ST
Timolol Maleate TABLET 20 MG ORAL	NP	ST
Timolol Maleate TABLET 5 MG ORAL	NP	ST
Calcium Channel Blockers		
*Calcium Channel Blocker-Nsaid Combinations***		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	S	
*Calcium Channel Blockers***		
Adalat CC Tablet Extended Release 24 Hour 30 MG Oral	NP	ST
Adalat CC Tablet Extended Release 24 Hour 60 MG Oral	NP	ST
Adalat CC Tablet Extended Release 24 Hour 90 MG Oral	NP	ST
amLODIPine Besylate Tablet 10 MG Oral	NP	ST
AmLODIPine Besylate Tablet 10 MG Oral	P	
AmLODIPine Besylate Tablet 2.5 MG Oral	P	
amLODIPine Besylate Tablet 5 MG Oral	NP	ST
amLODIPine Besylate Tablet 5 MG Oral	P	
Calan SR Tablet Extended Release 180 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Calan SR Tablet Extended Release 240 MG Oral	NP	ST
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 20-4.8 MG/200ML-%, 40-0.83 MG/200ML-%	S	
Cardizem CD CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	NP	ST
Cardizem CD CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	NP	ST
Cardizem CD CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	NP	ST
Cardizem CD CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	NP	ST
Cardizem CD CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	NP	ST
Cardizem LA Tablet Extended Release 24 Hour 120 MG Oral	NP	ST
Cardizem LA Tablet Extended Release 24 Hour 180 MG Oral	NP	ST
Cardizem LA Tablet Extended Release 24 Hour 240 MG Oral	NP	ST
Cardizem LA Tablet Extended Release 24 Hour 300 MG Oral	NP	ST
Cardizem LA Tablet Extended Release 24 Hour 360 MG Oral	NP	ST
Cardizem LA Tablet Extended Release 24 Hour 420 MG Oral	NP	ST
Cardizem TABLET 120 MG ORAL	NP	ST
Cardizem TABLET 30 MG ORAL	NP	ST
Cardizem TABLET 60 MG ORAL	NP	ST
Cartia XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	P	
Cartia XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	P	
Cartia XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	P	
Cartia XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	S	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	S	
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	P	
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	P	
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	P	
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	P	
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	P	
Diltiazem HCl ER Beads CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	P	
dilTIAZem HCl ER Capsule Extended Release 12 Hour 120 MG Oral	P	
dilTIAZem HCl ER Capsule Extended Release 12 Hour 60 MG Oral	P	
dilTIAZem HCl ER Capsule Extended Release 12 Hour 90 MG Oral	P	
dilTIAZem HCl ER Capsule Extended Release 24 Hour 120 MG Oral	P	
dilTIAZem HCl ER Capsule Extended Release 24 Hour 180 MG Oral	P	
dilTIAZem HCl ER Capsule Extended Release 24 Hour 240 MG Oral	P	
Diltiazem HCl ER Coated Beads Capsule Extended Release 24 Hour 120 MG Oral	P	
DilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 180 MG Oral	P	
DilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 240 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
DilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 300 MG Oral	P	
DilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 360 MG Oral	P	
dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG	P	
dilTIAZem HCl ER Tablet Extended Release 24 Hour 120 MG Oral	NP	ST
dilTIAZem HCl ER Tablet Extended Release 24 Hour 180 MG Oral	NP	ST
dilTIAZem HCl ER Tablet Extended Release 24 Hour 240 MG Oral	NP	ST
dilTIAZem HCl ER Tablet Extended Release 24 Hour 300 MG Oral	NP	ST
dilTIAZem HCl ER Tablet Extended Release 24 Hour 360 MG Oral	NP	ST
dilTIAZem HCl ER Tablet Extended Release 24 Hour 420 MG Oral	NP	ST
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	S	
Diltiazem HCl Tablet 120 MG Oral	P	
Diltiazem HCl Tablet 30 MG Oral	P	
Diltiazem HCl Tablet 60 MG Oral	P	
dilTIAZem HCl Tablet 90 MG Oral	P	
Dilt-XR CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	P	
Dilt-XR CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	P	
Dilt-XR CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	P	
Felodipine ER Tablet Extended Release 24 Hour 10 MG Oral	NP	ST
Felodipine ER Tablet Extended Release 24 Hour 2.5 MG Oral	NP	ST
Felodipine ER Tablet Extended Release 24 Hour 5 MG Oral	NP	ST
Isradipine CAPSULE 2.5 MG ORAL	NP	ST
Isradipine CAPSULE 5 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Katerzia Suspension 1 MG/ML Oral	NP	ST
Levamlodipine Maleate Tablet 2.5 MG Oral	NP	ST
Levamlodipine Maleate Tablet 5 MG Oral	NP	ST; Click hereto search Step Therapy criteria for this drug.
Matzim LA Tablet Extended Release 24 Hour 180 MG Oral	NP	ST
Matzim LA Tablet Extended Release 24 Hour 240 MG Oral	NP	ST
Matzim LA Tablet Extended Release 24 Hour 300 MG Oral	NP	ST
Matzim LA Tablet Extended Release 24 Hour 360 MG Oral	NP	ST
Matzim LA Tablet Extended Release 24 Hour 420 MG Oral	NP	ST
niCARDipine HCl Capsule 20 MG Oral	NP	ST
niCARDipine HCl Capsule 30 MG Oral	NP	ST
<i>nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%</i>	S	
NIFEdipine Capsule 10 MG Oral	P	
NIFEdipine Capsule 20 MG Oral	P	
NIFEdipine ER Osmotic Release Tablet Extended Release 24 Hour 30 MG Oral	P	
NIFEdipine ER Osmotic Release Tablet Extended Release 24 Hour 60 MG Oral	P	
NIFEdipine ER Osmotic Release Tablet Extended Release 24 Hour 90 MG Oral	P	
NIFEdipine ER Tablet Extended Release 24 Hour 30 MG Oral	P	
NIFEdipine ER Tablet Extended Release 24 Hour 60 MG Oral	P	
NIFEdipine ER Tablet Extended Release 24 Hour 90 MG Oral	P	
NiMODipine CAPSULE 30 MG ORAL	NP	ST
Nisoldipine ER Tablet Extended Release 24 Hour 17 MG Oral	NP	ST
Nisoldipine ER Tablet Extended Release 24 Hour 20 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Nisoldipine ER Tablet Extended Release 24 Hour 25.5 MG Oral	NP	ST
Nisoldipine ER Tablet Extended Release 24 Hour 30 MG Oral	NP	ST
Nisoldipine ER Tablet Extended Release 24 Hour 34 MG Oral	NP	ST
Nisoldipine ER Tablet Extended Release 24 Hour 40 MG Oral	NP	ST
Nisoldipine ER Tablet Extended Release 24 Hour 8.5 MG Oral	NP	ST
Norliqva Solution 1 MG/ML Oral	NP	ST
Norvasc TABLET 10 MG ORAL	NP	ST
Norvasc TABLET 2.5 MG ORAL	NP	ST
Norvasc TABLET 5 MG ORAL	NP	ST
Nymalize Solution 6 MG/ML Oral	NP	ST
Procardia XL Tablet Extended Release 24 Hour 30 MG Oral	NP	ST
Procardia XL Tablet Extended Release 24 Hour 60 MG Oral	NP	ST
Procardia XL Tablet Extended Release 24 Hour 90 MG Oral	NP	ST
Sular Tablet Extended Release 24 Hour 17 MG Oral	NP	ST
Sular Tablet Extended Release 24 Hour 34 MG Oral	NP	ST
Sular Tablet Extended Release 24 Hour 8.5 MG Oral	NP	ST
Taztia XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	P	
Taztia XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	P	
Taztia XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	P	
Taztia XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	P	
Taztia XT CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	P	
Tiadylt ER Capsule Extended Release 24 Hour 120 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Tiadylt ER Capsule Extended Release 24 Hour 180 MG Oral	P	
Tiadylt ER Capsule Extended Release 24 Hour 240 MG Oral	P	
Tiadylt ER Capsule Extended Release 24 Hour 300 MG Oral	P	
Tiadylt ER Capsule Extended Release 24 Hour 360 MG Oral	P	
Tiadylt ER Capsule Extended Release 24 Hour 420 MG Oral	P	
Tiazac CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	NP	ST
Tiazac CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	NP	ST
Tiazac CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	NP	ST
Tiazac CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	NP	ST
Tiazac CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	NP	ST
Tiazac CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	NP	ST
Verapamil HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	NP	ST
Verapamil HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	NP	ST
Verapamil HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	NP	ST
Verapamil HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	NP	ST
Verapamil HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	NP	ST
Verapamil HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	NP	ST
Verapamil HCl ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	NP	ST
Verapamil HCl ER Tablet Extended Release 120 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Verapamil HCl ER Tablet Extended Release 180 MG Oral	P	
Verapamil HCl ER Tablet Extended Release 240 MG Oral	P	
Verapamil HCl Tablet 120 MG Oral	P	
Verapamil HCl Tablet 40 MG Oral	P	
Verapamil HCl Tablet 80 MG Oral	P	
Verelan CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	NP	ST
Verelan CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	NP	ST
Verelan CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	NP	ST
Verelan CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	NP	ST
Verelan PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	NP	ST
Verelan PM CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	NP	ST
Verelan PM CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	NP	ST
Cardiotonics		
*Cardiac Glycosides***		
DIGITEK ORAL TABLET 125 MCG, 250 MCG	S	
DIGOX ORAL TABLET 125 MCG, 250 MCG	S	
<i>digoxin injection solution 0.25 mg/ml</i>	S	
<i>digoxin oral solution 0.05 mg/ml</i>	S	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	S	
LANOXIN ORAL TABLET 62.5 MCG	S	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	S	
*Inotropes***		
<i>dobutamine hcl intravenous solution 250 mg/20ml, 500 mg/40ml</i>	S	

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Drug Name	Preference Details	Coverage Details
Cardiovascular Agents - Misc.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
Amlodipine-Atorvastatin Tablet 10-10 MG Oral	NP	ST
Amlodipine-Atorvastatin Tablet 10-20 MG Oral	NP	ST
Amlodipine-Atorvastatin Tablet 10-40 MG Oral	NP	ST
Amlodipine-Atorvastatin Tablet 10-80 MG Oral	NP	ST
amLODIPine-Atorvastatin Tablet 2.5-10 MG Oral	NP	ST
amLODIPine-Atorvastatin Tablet 2.5-20 MG Oral	NP	ST
Amlodipine-Atorvastatin TABLET 2.5-40 MG ORAL	NP	ST
Amlodipine-Atorvastatin Tablet 5-10 MG Oral	NP	ST
Amlodipine-Atorvastatin Tablet 5-20 MG Oral	NP	ST
Amlodipine-Atorvastatin Tablet 5-40 MG Oral	NP	ST
Amlodipine-Atorvastatin Tablet 5-80 MG Oral	NP	ST
Caduet Tablet 10-10 MG Oral	NP	ST
Caduet Tablet 10-20 MG Oral	NP	ST
Caduet Tablet 10-40 MG Oral	NP	ST
Caduet Tablet 10-80 MG Oral	NP	ST
Caduet Tablet 5-10 MG Oral	NP	ST
Caduet Tablet 5-20 MG Oral	NP	ST
Caduet Tablet 5-40 MG Oral	NP	ST
Caduet Tablet 5-80 MG Oral	NP	ST
*Cardiac Myosin Inhibitors***		
Camzyos Capsule 10 MG Oral	P	
Camzyos Capsule 15 MG Oral	P	
Camzyos Capsule 2.5 MG Oral	P	
Camzyos Capsule 5 MG Oral	P	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	S	PA; PA Required

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Drug Name	Preference Details	Coverage Details
*Cardiovascular SglT2 Inhibitors**		
Inpefa Tablet 200 MG Oral	NP	ST
Inpefa Tablet 400 MG Oral	NP	ST
*Nepriylsin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
Entresto TABLET 24-26 MG ORAL	P	PA; PA Required
Entresto TABLET 49-51 MG ORAL	P	PA; PA Required
Entresto TABLET 97-103 MG ORAL	P	PA; PA Required
*Nitrate & Vasodilator Combinations***		
BiDil Tablet 20-37.5 MG Oral	P	
Isosorb Dinitrate-hydrALAZINE Tablet 20-37.5 MG Oral	NP	ST
Isosorb Dinitrate-hydrALAZINE Tablet 20-37.5 MG Oral	NP	ST; Click hereto search Step Therapy criteria for this drug.
*Peripheral Vasodilators***		
<i>isoxsuprine hcl oral tablet 10 mg</i>	S	
Isoxsuprine HCl TABLET 10 MG ORAL	BE	
Isoxsuprine HCl Tablet 20 MG Oral	BE	
<i>papaverine hcl injection solution 30 mg/ml</i>	S	
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	S	
Orenitram Month 1 Tablet Extended Release Therapy Pack 0.125 & 0.25 MG Oral	NP	ST
Orenitram Month 2 Tablet Extended Release Therapy Pack 0.125 & 0.25 MG Oral	NP	ST
Orenitram Month 3 Tablet Extended Release Therapy Pack 0.125 & 0.25 & 1 MG Oral	NP	ST
Orenitram Tablet Extended Release 0.125 MG Oral	NP	ST
Orenitram Tablet Extended Release 0.25 MG Oral	NP	ST
Orenitram Tablet Extended Release 1 MG Oral	NP	ST
Orenitram Tablet Extended Release 2.5 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Orenitram Tablet Extended Release 5 MG Oral	NP	ST
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	S	
Tyvaso Refill SOLUTION 0.6 MG/ML INHALATION	P	
Tyvaso SOLUTION 0.6 MG/ML INHALATION	P	
Tyvaso Starter SOLUTION 0.6 MG/ML INHALATION	P	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG	S	
Ventavis SOLUTION 10 MCG/ML INHALATION	P	
Ventavis SOLUTION 20 MCG/ML INHALATION	P	
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
Adempas TABLET 0.5 MG ORAL	NP	ST
Adempas TABLET 1 MG ORAL	NP	ST
Adempas TABLET 1.5 MG ORAL	NP	ST
Adempas TABLET 2 MG ORAL	NP	ST
Adempas TABLET 2.5 MG ORAL	NP	ST
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
Ambrisentan Tablet 10 MG Oral	P	ST
Ambrisentan Tablet 5 MG Oral	P	ST
Bosentan Tablet 125 MG Oral	NP	ST
Bosentan Tablet 62.5 MG Oral	NP	ST
Letairis TABLET 10 MG ORAL	NP	ST
Letairis TABLET 5 MG ORAL	NP	ST
Opsumit TABLET 10 MG ORAL	NP	ST
Tracleer Oral Tablet Soluble 32 MG	NP	ST
Tracleer TABLET 125 MG ORAL	P	
Tracleer TABLET 62.5 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
Adcirca TABLET 20 MG ORAL	NP	ST
Alyq Tablet 20 MG Oral	P	
Liqrev Suspension 10 MG/ML Oral	NP	ST
Revatio SUSPENSION RECONSTITUTED 10 MG/ML ORAL	NP	ST
Revatio TABLET 20 MG ORAL	NP	ST
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	S	
Sildenafil Citrate Oral Tablet 20 MG	P	
Sildenafil Citrate Suspension Reconstituted 10 MG/ML Oral	NP	ST
Sildenafil Citrate Tablet 20 MG Oral	P	
Tadalafil (PAH) Tablet 20 MG Oral	P	
Tadalafil (PAH) Tablet 20 MG Oral	P	PA Required
Tadliq Suspension 20 MG/5ML Oral	NP	ST
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	S	
Uptravi TABLET 1000 MCG ORAL	NP	ST
Uptravi TABLET 1200 MCG ORAL	NP	ST
Uptravi TABLET 1400 MCG ORAL	NP	ST
Uptravi TABLET 1600 MCG ORAL	NP	ST
Uptravi TABLET 200 MCG ORAL	NP	ST
Uptravi TABLET 400 MCG ORAL	NP	ST
Uptravi TABLET 600 MCG ORAL	NP	ST
Uptravi TABLET 800 MCG ORAL	NP	ST
Uptravi Titration Tablet Therapy Pack 200 & 800 MCG Oral	NP	ST
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
Cialis TABLET 2.5 MG ORAL	NP	PA; ST; PA Required; AL (Min 18 Years)
Cialis TABLET 5 MG ORAL	NP	PA; ST; PA Required; AL (Min 18 Years)

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Drug Name	Preference Details	Coverage Details
Tadalafil Tablet 2.5 MG Oral	NP	ST
Tadalafil Tablet 2.5 MG Oral	NP	PA; ST; PA Required
Tadalafil Tablet 2.5 MG Oral	NP	PA; ST; PA Required; AL (Min 18 Years)
Tadalafil Tablet 5 MG Oral	NP	ST
Tadalafil Tablet 5 MG Oral	NP	PA; ST; PA Required
Tadalafil Tablet 5 MG Oral	NP	PA; ST; PA Required; AL (Min 18 Years)
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION 5 MG/5ML	S	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	S	
*Transthyretin Stabilizers***		
VYNDAMAX ORAL CAPSULE 61 MG	S	
VYNDAQEL ORAL CAPSULE 20 MG	S	
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***		
Verquvo Tablet 10 MG Oral	NP	ST
Verquvo Tablet 2.5 MG Oral	NP	ST
Verquvo Tablet 5 MG Oral	NP	ST
Cephalosporins		
*Cephalosporin Combinations***		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM	S	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	S	
*Cephalosporins - 1St Generation***		
Cefadroxil CAPSULE 500 MG ORAL	P	
Cefadroxil SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	P	
Cefadroxil SUSPENSION RECONSTITUTED 500 MG/5ML ORAL	P	
Cefadroxil TABLET 1 GM ORAL	NP	ST
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 300 gm, 500 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	S	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	S	PA; PA Required
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 2-5 gm/100ml-%</i>	S	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i>	S	
Cephalexin CAPSULE 250 MG ORAL	P	
Cephalexin CAPSULE 500 MG ORAL	P	
Cephalexin CAPSULE 750 MG ORAL	P	
Cephalexin SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	P	
Cephalexin SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	P	
Cephalexin TABLET 250 MG ORAL	P	
Cephalexin TABLET 500 MG ORAL	P	
Keflex CAPSULE 250 MG ORAL	NP	ST
Keflex CAPSULE 500 MG ORAL	NP	ST
*Cephalosporins - 2Nd Generation***		
Cefaclor CAPSULE 250 MG ORAL	NP	ST
Cefaclor CAPSULE 500 MG ORAL	NP	ST
Cefaclor ER Tablet Extended Release 12 Hour 500 MG Oral	NP	ST
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	S	
Cefaclor SUSPENSION RECONSTITUTED 125 MG/5ML Oral	NP	ST
Cefaclor SUSPENSION RECONSTITUTED 375 MG/5ML Oral	NP	ST
<i>cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%(50ml), 2-2.08 gm-%(50ml)</i>	S	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>cefotaxime sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	S	
<i>cefotaxime sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	S	
Cefprozil SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	P	
Cefprozil SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	P	
Cefprozil TABLET 250 MG ORAL	P	
Cefprozil TABLET 500 MG ORAL	P	
Cefuroxime Axetil TABLET 250 MG ORAL	P	
Cefuroxime Axetil TABLET 500 MG ORAL	P	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	S	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	S	
*Cephalosporins - 3Rd Generation***		
Cefdinir Capsule 300 MG Oral	P	
Cefdinir Suspension Reconstituted 125 MG/5ML Oral	P	
Cefdinir Suspension Reconstituted 250 MG/5ML Oral	P	
Cefixime Capsule 400 MG Oral	P	
Cefixime SUSPENSION RECONSTITUTED 100 MG/5ML Oral	P	
Cefixime SUSPENSION RECONSTITUTED 200 MG/5ML Oral	P	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm</i>	S	
Cefpodoxime Proxetil Suspension Reconstituted 100 MG/5ML Oral	NP	ST
Cefpodoxime Proxetil SUSPENSION RECONSTITUTED 50 MG/5ML ORAL	NP	ST
Cefpodoxime Proxetil TABLET 100 MG ORAL	NP	ST
Cefpodoxime Proxetil TABLET 200 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	S	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	S	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	S	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	S	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	S	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	S	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	S	
FORTAZ INJECTION SOLUTION RECONSTITUTED 500 MG	S	
FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	S	
Suprax SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	NP	ST
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	S	
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML	S	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	S	
*Cephalosporins - 4Th Generation***		
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	S	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	S	
<i>cefepime hcl intravenous solution reconstituted 100 gm, 2 gm</i>	S	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	S	

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Drug Name	Preference Details	Coverage Details
MAXIPIME INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM	S	
*Cephalosporins - 5Th Generation***		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	S	
*Cephalosporins - Siderophores***		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	S	
Chemicals		
*Bases***		
Potassium Hydroxide External Solution 5 %	BE	
Sodium Hydroxide External Solution 10 %	BE	
*Bulk Chemical Compound Kits***		
Gapeam Budibac External Cream	BE	
*Bulk Chemicals - Am's***		
EnovaRX-Amitriptyline External Kit 2 %	BE	
Equipto-Amitriptyline External Cream 2 %	BE	
*Bulk Chemicals - Ar's***		
Arnica Liquid	BE	
*Bulk Chemicals - Ci***		
Citicoline Powder	BE	
*Bulk Chemicals - Co's***		
Specped Solution	BE	
*Bulk Chemicals - Es's***		
Escitalopram Oxalate Powder	BE	
*Bulk Chemicals - Pe's***		
Penciclovir (Bulk) Powder	BE	
*Bulk Chemicals - So's***		
<i>sorafenib tosylate (bulk) powder</i>	S	
*Bulk Chemicals - Ve's***		
Vecuronium Bromide Powder	BE	
*Solvents***		
CVS Isopropyl Alcohol Solution 70 %	BE	
CVS Isopropyl Rubbing Alcohol Solution 70 %	BE	

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Drug Name	Preference Details	Coverage Details
GNP Isopropyl Alcohol Solution 70 %	BE	
GoodSense Isopropyl Alcohol Solution 70 %	BE	
HM Isopropyl Alcohol Solution 70 %	BE	
Isopropanol Solution 70 %	BE	
Isopropyl Alcohol Solution 70 %	BE	
SM Isopropyl Alcohol Solution 70 %	BE	
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	S	
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	S	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	S	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	S	
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	S	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	S	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	S	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	S	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	S	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	S	
*Combination Contraceptives - Oral***		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	S	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	S	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	S	
APRI ORAL TABLET 0.15-30 MG-MCG	S	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	S	
AUBRA ORAL TABLET 0.1-20 MG-MCG	S	

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Drug Name	Preference Details	Coverage Details
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	S	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	S	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	S	
AVIANE ORAL TABLET 0.1-20 MG-MCG	S	
AYUNA ORAL TABLET 0.15-30 MG-MCG	S	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	S	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	S	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	S	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	S	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	S	
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	S	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	S	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	S	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	S	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	S	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	S	
CYRED ORAL TABLET 0.15-30 MG-MCG	S	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	S	
DELYLA ORAL TABLET 0.1-20 MG-MCG	S	

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Drug Name	Preference Details	Coverage Details
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	S	
<i>drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	S	
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	S	
ELINEST ORAL TABLET 0.3-30 MG-MCG	S	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	S	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	S	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	S	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	S	
FALESSA ORAL KIT 20-1-0.1 MCG-MG	S	
FALMINA ORAL TABLET 0.1-20 MG-MCG	S	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	S	
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	S	
GIANVI ORAL TABLET 3-0.02 MG	S	
GILDAGIA ORAL TABLET 0.4-35 MG-MCG	S	
GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
GILDESS FE 1/20 ORAL TABLET 1-20 MG-MCG	S	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	S	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	S	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	S	

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Drug Name	Preference Details	Coverage Details
JASMIEL ORAL TABLET 3-0.02 MG	S	
JULEBER ORAL TABLET 0.15-30 MG-MCG	S	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	S	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	S	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	S	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	S	
KALLIGA ORAL TABLET 0.15-30 MG-MCG	S	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	S	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	S	
KURVELO ORAL TABLET 0.15-30 MG-MCG	S	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	S	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	S	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	S	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	S	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	S	
LESSINA ORAL TABLET 0.1-20 MG-MCG	S	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	S	

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Drug Name	Preference Details	Coverage Details
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	S	
LILLOW ORAL TABLET 0.15-30 MG-MCG	S	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	S	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	S	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	S	
LOMEDIA 24 FE ORAL TABLET 1-20 MG-MCG(24)	S	
LORYNA ORAL TABLET 3-0.02 MG	S	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	S	
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	S	
LUTERA ORAL TABLET 0.1-20 MG-MCG	S	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	S	
MELODETTA 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	S	
MERZEE ORAL CAPSULE 1-20 MG-MCG(24)	S	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	S	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	S	
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	S	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	S	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	S	
MILI ORAL TABLET 0.25-35 MG-MCG	S	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	S	

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Drug Name	Preference Details	Coverage Details
MONONESSA ORAL TABLET 0.25-35 MG-MCG	S	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	S	
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	S	
NEXTSTELLIS ORAL TABLET 3-14.2 MG	S	
NIKKI ORAL TABLET 3-0.02 MG	S	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	S	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	S	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	S	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	S	
<i>norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)</i>	S	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	S	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	S	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	S	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	S	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	S	
NYMYO ORAL TABLET 0.25-35 MG-MCG	S	
OCELLA ORAL TABLET 3-0.03 MG	S	
OGESTREL ORAL TABLET 0.5-50 MG-MCG	S	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	S	
PHILITH ORAL TABLET 0.4-35 MG-MCG	S	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	S	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	S	

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Drug Name	Preference Details	Coverage Details
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	S	
RAJANI ORAL TABLET 3-0.02-0.451 MG	S	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	S	
SOLIA ORAL TABLET 0.15-30 MG-MCG	S	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	S	
SRONYX ORAL TABLET 0.1-20 MG-MCG	S	
SYEDA ORAL TABLET 3-0.03 MG	S	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	S	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	S	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	S	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	S	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	S	
VESTURA ORAL TABLET 3-0.02 MG	S	
VIENVA ORAL TABLET 0.1-20 MG-MCG	S	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	S	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	S	
WERA ORAL TABLET 0.5-35 MG-MCG	S	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	S	
ZARAH ORAL TABLET 3-0.03 MG	S	
ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	S	
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	S	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	S	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	S	

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Drug Name	Preference Details	Coverage Details
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	S	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	S	
*Combination Contraceptives - Transdermal***		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	S	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	S	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	S	
*Combination Contraceptives - Vaginal***		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	S	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	S	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	S	
*Continuous Contraceptives - Oral***		
AMETHYST ORAL TABLET 90-20 MCG	S	
DOLISHALE ORAL TABLET 90-20 MCG	S	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	S	
*Copper Contraceptives - Iud***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	S	
*Emergency Contraceptives***		
AFTERA ORAL TABLET 1.5 MG	S	
ECONTRA EZ ORAL TABLET 1.5 MG	S	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	S	
ELLA ORAL TABLET 30 MG	S	
FALLBACK SOLO ORAL TABLET 1.5 MG	S	
<i>levonorgestrel oral tablet 1.5 mg</i>	S	
MY CHOICE ORAL TABLET 1.5 MG	S	
MY WAY ORAL TABLET 1.5 MG	S	

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Drug Name	Preference Details	Coverage Details
NEW DAY ORAL TABLET 1.5 MG	S	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	S	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	S	
OPTION 2 ORAL TABLET 1.5 MG	S	
PREVENTEZA ORAL TABLET 1.5 MG	S	
REACT ORAL TABLET 1.5 MG	S	
TAKE ACTION ORAL TABLET 1.5 MG	S	
*Extended-Cycle Contraceptives - Oral***		
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	S	
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	S	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	S	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	S	
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	S	
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	S	
FAYOSIM ORAL TABLET 42-21-21-7 DAYS	S	
ICLEVIA ORAL TABLET 0.15-0.03 MG	S	
INTROVALE ORAL TABLET 0.15-0.03 MG	S	
JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG	S	
JOLESSA ORAL TABLET 0.15-0.03 MG	S	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	S	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i>	S	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	S	
QUASENSE ORAL TABLET 0.15-0.03 MG	S	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	S	

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Drug Name	Preference Details	Coverage Details
SETLAKIN ORAL TABLET 0.15-0.03 MG	S	
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	S	
*Four Phase Contraceptives - Oral***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	S	
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	S	
*Progestin Contraceptives - Injectable***		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	S	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	S	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	S	
*Progestin Contraceptives - Iud***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	S	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY, 19.5 MCG/DAY, 20.1 MCG/DAY	S	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR, 20 MCG/DAY	S	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	S	
*Progestin Contraceptives - Oral***		
CAMILA ORAL TABLET 0.35 MG	S	
DEBLITANE ORAL TABLET 0.35 MG	S	
ERRIN ORAL TABLET 0.35 MG	S	
HEATHER ORAL TABLET 0.35 MG	S	
INCASSIA ORAL TABLET 0.35 MG	S	
JENCYCLA ORAL TABLET 0.35 MG	S	
JOLIVETTE ORAL TABLET 0.35 MG	S	
LYLEQ ORAL TABLET 0.35 MG	S	
LYZA ORAL TABLET 0.35 MG	S	

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Drug Name	Preference Details	Coverage Details
NORA-BE ORAL TABLET 0.35 MG	S	
<i>norethindrone oral tablet 0.35 mg</i>	S	
NORLYDA ORAL TABLET 0.35 MG	S	
NORLYROC ORAL TABLET 0.35 MG	S	
SHAROBEL ORAL TABLET 0.35 MG	S	
SLYND ORAL TABLET 4 MG	S	
TULANA ORAL TABLET 0.35 MG	S	
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	S	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	S	
CAZIAN ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	S	
CESIA ORAL TABLET 0.1/0.125/0.15 -0.025 MG	S	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	S	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	S	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	S	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	S	
LEVONEST ORAL TABLET 50-30/75-40/125-30 MCG	S	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	S	
MYZILRA ORAL TABLET 50-30/75-40/125-30 MCG	S	
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	S	
<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>	S	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	S	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	S	

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Drug Name	Preference Details	Coverage Details
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	S	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	S	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	S	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	S	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	S	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	S	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	S	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	S	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	S	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	S	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	S	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	S	
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	S	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	S	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	S	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	S	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	S	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	S	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	S	

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Drug Name	Preference Details	Coverage Details
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	S	
Corticosteroids		
*Glucocorticosteroids***		
<i>active injection d injection kit 10 mg/ml</i>	S	
Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral	NP	ST
Alkindi Sprinkle Capsule Sprinkle 1 MG Oral	NP	ST
Alkindi Sprinkle Capsule Sprinkle 2 MG Oral	NP	ST
Alkindi Sprinkle Capsule Sprinkle 5 MG Oral	NP	ST
Arze-Ject-A Injection Kit 3 X 40 MG/ML	BE	
Budesonide Capsule Delayed Release Particles 3 MG Oral	P	
Budesonide ER Tablet Extended Release 24 Hour 9 MG Oral	NP	ST
Cortef TABLET 10 MG ORAL	NP	ST
Cortef TABLET 20 MG ORAL	NP	ST
Cortef TABLET 5 MG ORAL	NP	ST
Cortisone Acetate TABLET 25 MG ORAL	NP	ST
<i>dexabliss oral tablet therapy pack 1.5 mg (39)</i>	S	
Dexamethasone ELIXIR 0.5 MG/5ML ORAL	P	
Dexamethasone Intensol CONCENTRATE 1 MG/ML ORAL	NP	ST
Dexamethasone Sod Phos-NaCl Intravenous Solution 6-0.9 MG/25ML-%	BE	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	S	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>	S	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	S	
<i>dexamethasone sodium phosphate intravenous solution prefilled syringe 8 mg/2ml</i>	S	
Dexamethasone SOLUTION 0.5 MG/5ML ORAL	P	
Dexamethasone TABLET 0.5 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Dexamethasone TABLET 0.75 MG ORAL	P	
Dexamethasone TABLET 1 MG ORAL	P	
Dexamethasone Tablet 1.5 MG Oral	P	
Dexamethasone Tablet 2 MG Oral	P	
Dexamethasone Tablet 4 MG Oral	P	
Dexamethasone Tablet 6 MG Oral	P	
Dexamethasone Tablet Therapy Pack 1.5 MG (21) Oral	NP	ST
Dexamethasone Tablet Therapy Pack 1.5 MG (35) Oral	NP	ST
Dexamethasone Tablet Therapy Pack 1.5 MG (51) Oral	NP	ST
DOUBLEDEX INJECTION KIT 10 MG/ML	S	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	S	
Emflaza Suspension 22.75 MG/ML Oral	NP	PA; ST; PA Required; AL (Min 2 Years)
Emflaza Tablet 18 MG Oral	NP	PA; ST; PA Required; AL (Min 2 Years)
Emflaza Tablet 30 MG Oral	NP	PA; ST; PA Required; AL (Min 2 Years)
Emflaza Tablet 36 MG Oral	NP	PA; ST; PA Required; AL (Min 2 Years)
Emflaza Tablet 6 MG Oral	NP	PA; ST; PA Required; AL (Min 2 Years)
Hemady Tablet 20 MG Oral	NP	ST
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML	S	
Hydrocortisone Tablet 10 MG Oral	P	
Hydrocortisone Tablet 20 MG Oral	P	
Hydrocortisone Tablet 5 MG Oral	P	
KENALOG INJECTION SUSPENSION 10 MG/ML	S	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	S	
MAS CARE-PAK INJECTION KIT 10 MG/ML	S	
Medrol TABLET 16 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Medrol TABLET 2 MG ORAL	NP	ST
Medrol TABLET 32 MG ORAL	NP	ST
Medrol TABLET 4 MG ORAL	NP	ST
Medrol TABLET 8 MG ORAL	NP	ST
Medrol Tablet Therapy Pack 4 MG Oral	NP	ST
<i>methylprednisolone acetate injection suspension 50 mg/ml</i>	S	
<i>methylprednisolone acetate powder</i>	S	
MethylPREDNISolone TABLET 16 MG ORAL	NP	ST
MethylPREDNISolone TABLET 32 MG ORAL	NP	ST
methylPREDNISolone Tablet 4 MG Oral	P	
MethylPREDNISolone TABLET 8 MG ORAL	NP	ST
methylPREDNISolone Tablet Therapy Pack 4 MG Oral	P	
Millipred DP Tablet Therapy Pack 5 MG (21) Oral	NP	ST
Millipred DP Tablet Therapy Pack 5 MG (48) Oral	NP	ST
Millipred TABLET 5 MG ORAL	NP	ST
P-Care D40 Injection Kit 40 MG/ML	BE	
P-Care D80 Injection Kit 40 MG/ML	BE	
P-Care K40 Injection Kit 40 MG/ML	BE	
P-Care K80 Injection Kit 2 X 40 MG/ML	BE	
Pod-Care 100K Injection Kit 40 MG/ML	BE	
PrednisoLONE Sodium Phosphate SOLUTION 10 MG/5ML Oral	P	
PrednisoLONE Sodium Phosphate SOLUTION 15 MG/5ML ORAL	P	
PrednisoLONE Sodium Phosphate SOLUTION 20 MG/5ML Oral	P	
prednisoLONE Sodium Phosphate Solution 25 MG/5ML Oral	P	
prednisoLONE Sodium Phosphate Solution 6.7 (5 Base) MG/5ML Oral	P	

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Drug Name	Preference Details	Coverage Details
PrednisoLONE Sodium Phosphate Tablet Dispersible 10 MG Oral	NP	ST
PrednisoLONE Sodium Phosphate Tablet Dispersible 15 MG Oral	NP	ST
PrednisoLONE Sodium Phosphate Tablet Dispersible 30 MG Oral	NP	ST
prednisoLONE Solution 15 MG/5ML Oral	P	
prednisoLONE Tablet 5 MG Oral	NP	ST
PredniSONE Intensol CONCENTRATE 5 MG/ML ORAL	NP	ST
PredniSONE SOLUTION 5 MG/5ML ORAL	P	
PredniSONE Tablet 1 MG Oral	P	
predniSONE Tablet 10 MG Oral	P	
predniSONE Tablet 2.5 MG Oral	P	
predniSONE Tablet 20 MG Oral	P	
predniSONE Tablet 5 MG Oral	P	
predniSONE Tablet 50 MG Oral	P	
predniSONE Tablet Therapy Pack 10 MG (21) Oral	P	
predniSONE Tablet Therapy Pack 10 MG (48) Oral	P	
predniSONE Tablet Therapy Pack 5 MG (21) Oral	P	
predniSONE Tablet Therapy Pack 5 MG (48) Oral	P	
Pro-C-Dure 5 Injection Kit 2 X 40 MG/ML	BE	
Pro-C-Dure 6 Injection Kit 3 X 40 MG/ML	BE	
Rayos TABLET DELAYED RELEASE 1 MG ORAL	NP	ST
Rayos TABLET DELAYED RELEASE 2 MG ORAL	NP	ST
Rayos TABLET DELAYED RELEASE 5 MG ORAL	NP	ST
READYSHARP DEXAMETHASONE INJECTION KIT 10 MG/ML	S	
ReadySharp Methylprednisolone Injection Kit 80 MG/ML	BE	

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Drug Name	Preference Details	Coverage Details
ReadySharp Triamcinolone Injection Kit 40 MG/ML	BE	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG	S	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG	S	
TaperDex 12-Day Tablet Therapy Pack 1.5 MG (49) Oral	NP	ST
TaperDex 6-Day Tablet Therapy Pack 1.5 MG (21) Oral	NP	ST
TaperDex 6-Day Tablet Therapy Pack 1.5 MG Oral	NP	ST
TaperDex 7-Day Tablet Therapy Pack 1.5 MG (27) Oral	NP	ST
Tarpeyo Capsule Delayed Release 4 MG Oral	NP	ST
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	S	
<i>topidex injection kit 10 mg/ml</i>	S	
<i>triamcinolone acetonide injection suspension 40 mg/ml, 50 mg/ml</i>	S	
Uceris Tablet Extended Release 24 Hour 9 MG Oral	NP	ST
<i>zcort 7-day oral tablet therapy pack 1.5 mg (25)</i>	S	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG	S	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	S	
*Steroid Combinations***		
<i>active injection blm-1 injection kit 6 & 0.25 & 1 mg/ml-%-%</i>	S	
<i>active injection bm injection kit 6 & 0.25 mg/ml-%</i>	S	
<i>active injection dl injection kit 10 & 1 mg/ml-%</i>	S	
<i>active injection kl-3 combination kit 40-1 mg/ml-%</i>	S	
<i>active injection km injection kit 40-0.5 mg/ml-%</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>active injection m-1 injection kit 10 & 0.25 mg/ml-%</i>	S	
BETALIDO INJECTION KIT 6 & 1 MG/ML-%	S	
<i>betamethasone combo injection suspension 6 (3-3) mg/ml, 7 (4-3) mg/ml</i>	S	
<i>betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml, 7 (4-3) mg/ml</i>	S	
<i>bt injection injection kit 40 & 0.5 mg/ml-%</i>	S	
<i>bupivillog injection kit 40 & 0.5 mg/ml-%</i>	S	
DEXLIDO INJECTION KIT 10 & 1 MG/ML-%	S	
INTERARTICULAR JOINT COMBINATION KIT 40-1 MG/ML-%	S	
<i>jtt physicians combination kit 40-1 mg/ml-%</i>	S	
Lidocilone I Injection Suspension 20-20 MG/4ML	BE	
<i>lidolog injection kit 40 & 2 mg/ml-%</i>	S	
LT INJECTION KIT INJECTION KIT 40-2 MG/ML-%	S	
MARBETA-25 INJECTION KIT 6 & 0.25 MG/ML-%	S	
MARBETA-L INJECTION KIT 6 & 0.25 & 1 MG/ML-%-%	S	
MARDEX-25 INJECTION KIT 10 & 0.25 MG/ML-%	S	
medPREDkit Combination Kit 4 MG	BE	
Medroloan II SUIK Combination Kit 40 MG/ML	BE	
Medroloan SUIK Combination Kit 40 MG/ML	BE	
<i>mlk f1 injection kit 40 & 0.5 & 2 mg/ml-%-%</i>	S	
<i>mlk f2 injection kit 40 & 0.5 & 2 mg/ml-%-%</i>	S	
<i>mlk f3 injection kit 40 & 0.5 & 2 mg/ml-%-%</i>	S	
MLK F4 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	S	
<i>mlp a-1 injection kit 40 & 0.5 & 2 mg/ml-%-%</i>	S	

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Drug Name	Preference Details	Coverage Details
MLP A-2 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	S	
P-Care D40G Combination Kit 40 MG/ML	BE	
P-Care D80G Combination Kit 40 MG/ML	BE	
<i>physicians ez use jltlt kit ii injection kit 40 & 1 mg/ml-%</i>	S	
<i>physicians ez use joint/tunnel combination kit 40-1 mg/ml-%</i>	S	
POINT OF CARE KM INJECTION KIT 40 & 0.5 MG/ML-%	S	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	S	
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	S	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	S	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	S	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	S	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	S	
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	S	
TUSSIGON ORAL TABLET 5-1.5 MG	S	
*Antitussive-Expectorant***		
Flowtuss Oral Solution 2.5-200 MG/5ML	BE	
HYDROcodone-guaiFENesin Oral Solution 2.5-200 MG/5ML	BE	
Nortuss-Ex Oral Liquid 20-200 MG/5ML	BE	
Obredon Oral Solution 2.5-200 MG/5ML	BE	
*Antitussive-Expectorants-Decongestant***		
Exactuss TR Oral Tablet 10-28-388 MG	BE	
Giltuss Cough & Cold Oral Tablet 10-28-388 MG	BE	
Giltuss TR Oral Tablet 10-28-388 MG	BE	

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Drug Name	Preference Details	Coverage Details
GuaiFENesin DAC SOLUTION 30-10-100 MG/5ML ORAL	BE	
Hycofenix Oral Solution 30-2.5-200 MG/5ML	BE	
*Decongestant & Antihistamine***		
12HR Allergy & Congestion Tablet Extended Release 12 Hour 60-120 MG Oral	NP	ST; QL (204 EA per 365 days)
All Day Allergy-D Tablet Extended Release 12 Hour 5-120 MG Oral	NP	ST; QL (204 EA per 365 days)
Allergy Relief D Tablet Extended Release 12 Hour 5-120 MG Oral	NP	ST; QL (204 EA per 365 days)
Allergy Relief D-12 Tablet Extended Release 12 Hour 5-120 MG Oral	P	QL (204 EA per 365 days)
Allergy Relief D-24 Tablet Extended Release 24 Hour 10-240 MG Oral	P	QL (102 EA per 365 days)
Allergy Relief/Nasal Decongest Tablet Extended Release 12 Hour 5-120 MG Oral	NP	ST
Allergy Relief/Nasal Decongest Tablet Extended Release 24 Hour 10-240 MG Oral	P	QL (102 EA per 365 days)
Allergy Relief-D Tablet Extended Release 24 Hour 10-240 MG Oral	P	QL (102 EA per 365 days)
Allergy/Congestion Relief Tablet Extended Release 12 Hour 5-120 MG Oral	P	QL (204 EA per 365 days)
Antihistamine & Nasal Deconges Tablet Extended Release 12 Hour 60-120 MG Oral	NP	ST; QL (204 EA per 365 days)
Cetirizine-Pseudoephedrine ER Tablet Extended Release 12 Hour 5-120 MG Oral	NP	ST; QL (204 EA per 365 days)
Clarinx-D 12 Hour Tablet Extended Release 12 Hour 2.5-120 MG Oral	NP	ST
Fexofenadine-Pseudoephed ER Tablet Extended Release 12 Hour 60-120 MG Oral (OTC)	NP	ST; QL (204 EA per 365 days)
Fexofenadine-Pseudoephed ER Tablet Extended Release 24 Hour 180-240 MG Oral (OTC)	NP	ST
FT All Day Allergy-D Tablet Extended Release 12 Hour 5-120 MG Oral	NP	ST
FT Allergy & Congestion-D 12HR Tablet Extended Release 12 Hour 60-120 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
FT Allergy Relief-D Tablet Extended Release 24 Hour 10-240 MG Oral	P	
GNP All Day Allergy-D Tablet Extended Release 12 Hour 5-120 MG Oral	NP	ST; QL (204 EA per 365 days)
GNP Allergy & Congestion Tablet Extended Release 24 Hour 10-240 MG Oral	P	QL (102 EA per 365 days)
GNP Allergy/Congestion Relief Tablet Extended Release 24 Hour 10-240 MG Oral	P	QL (102 EA per 365 days)
GoodSense All Day Allergy-D Tablet Extended Release 12 Hour 5-120 MG Oral	NP	ST
HM Allergy & Congestion Tablet Extended Release 12 Hour 5-120 MG Oral	P	QL (204 EA per 365 days)
HM Allergy Relief/Nasal Decong Tablet Extended Release 24 Hour 10-240 MG Oral	P	QL (102 EA per 365 days)
Loratadine-D 12HR Tablet Extended Release 12 Hour 5-120 MG Oral	P	QL (204 EA per 365 days)
Loratadine-D 24HR Tablet Extended Release 24 Hour 10-240 MG Oral	P	QL (102 EA per 365 days)
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	S	
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	S	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	S	
SM Loratadine D 12HR Tablet Extended Release 12 Hour 5-120 MG Oral	P	QL (204 EA per 365 days)
SM Lorata-dine D Tablet Extended Release 24 Hour 10-240 MG Oral	P	
SM Lorata-dine D Tablet Extended Release 24 Hour 10-240 MG Oral	P	QL (102 EA per 365 days)
*Decongestant W/ Expectorant***		
ExaPhex TR Oral Tablet 10-388 MG	BE	
Gilphex TR Oral Tablet 10-388 MG	BE	
Giltuss Sinus & Congestion Oral Tablet 10-388 MG	BE	
Phenylephrine-guaiFENesin Oral Liquid 1.5-20 MG/ML	BE	
*Decongestant-Antihistamine W/ Expectorant***		
Decon-G Liquid 2-1-40 MG/ML Oral	BE	

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Drug Name	Preference Details	Coverage Details
*Iodine Expectorants***		
SSKI ORAL SOLUTION 1 GM/ML	S	
*Misc. Respiratory Inhalants***		
HyperSal Inhalation Nebulization Solution 3.5 %	BE	
Nebusal Inhalation Nebulization Solution 6 %	BE	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	S	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral solution 6.25-15 mg/5ml</i>	S	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	S	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	S	
Carbaphen 12 Oral Liquid 10-4-27.5 MG/5ML	BE	
Carbaphen 12 Ped Oral Suspension 2.5-1.25-7.5 MG/ML	BE	
NeoTuss Plus Oral Liquid 7.5-4-30 MG/5ML	BE	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	S	
*Opioid Antitussive-Antihistamine***		
Codar AR Oral Liquid 2-8 MG/5ML	BE	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	S	
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	S	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	S	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	S	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	S	
TussiCaps Oral Capsule Extended Release 12 Hour 5-4 MG	BE	
Tuxarin ER Oral Tablet Extended Release 12 Hour 54.3-8 MG	BE	

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Drug Name	Preference Details	Coverage Details
Tuzistra XR Oral Suspension Extended Release 14.7-2.8 MG/5ML	BE	
Vituz Oral Solution 5-4 MG/5ML	BE	
*Opioid Antitussive-Decongestant***		
Rezira Oral Solution 60-5 MG/5ML	BE	
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	S	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>	S	
Pseudoeph-Chlorphen-Hydrocod Oral Solution 60-4-5 MG/5ML	BE	
Zutripro Oral Solution 60-4-5 MG/5ML	BE	
Dermatologicals		
*Acne Antibiotics***		
AMZEEQ EXTERNAL FOAM 4 %	S	PA; PA Required
Cleocin-T LOTION 1 % EXTERNAL	NP	ST
Clindacin ETZ SWAB 1 % EXTERNAL	NP	ST
Clindacin-P SWAB 1 % EXTERNAL	NP	ST
Clindagel GEL 1 % EXTERNAL	NP	ST
Clindamycin Phosphate FOAM 1 % EXTERNAL	NP	ST
Clindamycin Phosphate Gel 1 % External	NP	ST
Clindamycin Phosphate Lotion 1 % External	NP	ST
Clindamycin Phosphate Solution 1 % External	P	
Clindamycin Phosphate SWAB 1 % EXTERNAL	P	
Dapsone External Gel 7.5 %	NP	ST
Dapsone GEL 5 % External	NP	ST
Dapsone Gel 7.5 % External	NP	ST
Ery PAD 2 % EXTERNAL	NP	ST
Erygel Gel 2 % External	NP	ST
Erythromycin Gel 2 % External	NP	ST
Erythromycin GEL 2 % EXTERNAL	P	ST
Erythromycin Solution 2 % External	P	

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Drug Name	Preference Details	Coverage Details
Evoclin Foam 1 % External	NP	ST
Klaron LOTION 10 % EXTERNAL	NP	ST
Sulfacetamide Sodium (Acne) LOTION 10 % EXTERNAL	NP	ST
*Acne Combinations***		
Acanya GEL 1.2-2.5 % EXTERNAL	NP	ST
<i>acioxiay external cream 15-4 %</i>	S	
<i>adainzde external gel 0.3-2.5-1 %</i>	S	
<i>adainzoxia external gel 0.3-2.5-4 %</i>	S	
<i>adapalene-benzoyl per-clindamy external gel 0.3-2.5-1 %</i>	S	
<i>adapalene-benzoyl per-niacinam external gel 0.3-2.5-4 %</i>	S	
Adapalene-Benzoyl Peroxide External Gel 0.3-2.5 %	NP	ST
Adapalene-Benzoyl Peroxide External Pad 0.1-2.5 %	BE	
Adapalene-Benzoyl Peroxide Gel 0.1-2.5 % External	P	ST
Adapalene-Benzoyl Peroxide Gel 0.3-2.5 % External	P	
<i>adeinzde external gel 0.1-2.5-1 %</i>	S	PA; PA Required
Avar Cleanser Liquid 10-5 % External	NP	ST
Avar External Foam 9.5-5 %	BE	
Avar LS Cleanser Liquid 10-2 % External	NP	ST
Avar LS FOAM 10-2 % EXTERNAL	NP	ST
Avar LS PAD 10-2 % EXTERNAL	NP	ST
Avar PAD 9.5-5 % EXTERNAL	NP	ST
Avar-e Emollient CREAM 10-5 % EXTERNAL	NP	ST
Avar-e Green CREAM 10-5 % EXTERNAL	NP	ST
Avar-e LS CREAM 10-2 % EXTERNAL	NP	ST
<i>azelaic acid-niacinamide external cream 15-4 %</i>	S	
<i>benz per-clind-niacin-tretin external gel 2.5-1-2-0.025 %, 5-1-2-0.025 %, 5-1-2-0.05 %</i>	S	
BenzaClin GEL 1-5 % EXTERNAL	NP	ST

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Drug Name	Preference Details	Coverage Details
BenzaClin with Pump GEL 1-5 % EXTERNAL	NP	ST
Benzamycin GEL 5-3 % EXTERNAL	NP	ST
Benzoyl Peroxide-Erythromycin GEL 5-3 % EXTERNAL	P	
BP 10-1 EMULSION 10-1 % EXTERNAL	NP	ST
BP Cleansing Wash EMULSION 10-4 % EXTERNAL	NP	ST
Cabtreo Gel 0.15-3.1-1.2 % External	NP	ST
Clindacin ETZ KIT 1 % EXTERNAL	NP	ST
Clindacin Pac KIT 1 % EXTERNAL	NP	ST
<i>clindamy-benzoyl per-niacinam external gel 1-5-4 %</i>	S	
Clindamy-Benzoyl Per-Niacinam External Gel 2.5-1-4 %	BE	
Clindamycin Phos-Benzoyl Perox Gel 1.2-2.5 % External	NP	ST
Clindamycin Phos-Benzoyl Perox Gel 1.2-3.75 % External	NP	ST
Clindamycin Phos-Benzoyl Perox Gel 1.2-5 % External	P	
Clindamycin Phos-Benzoyl Perox Gel 1-5 % External	NP	ST
<i>clindamycin phos-niacinamide external gel 1-4 %</i>	S	
<i>clindamycin phos-niacinamide external lotion 1-4 %</i>	S	
<i>clindamycin-niacin-tretinoin external cream 1-4-0.025 %</i>	S	
Clindamycin-Tretinoin Gel 1.2-0.025 % External	NP	ST
<i>clind-niacin-spiro-nolac-tretin external gel 1-4-2-0.025 %</i>	S	
Clinoin External Cream 1.25-0.025-1 %	BE	
<i>dapsone-niacinamide external gel 6-4 %, 8.5-4 %</i>	S	
<i>dapsone-niacinamide-spiro-nolac external gel 6-2-5 %, 8.5-2-5 %</i>	S	
<i>deoxia external gel 1-4 %</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>deoxia external lotion 1-4 %</i>	S	
<i>deoxiatar external solution 1-4-0.025 %</i>	S	PA; PA Required
<i>deoxiavar external cream 1-4-0.05 %</i>	S	PA; PA Required
<i>diadimaxia external gel 6-2-5 %</i>	S	
<i>diaoxia external gel 6-4 %</i>	S	
<i>diasaxiatar external gel 8.5-2-0.025 %</i>	S	PA; PA Required
<i>diasdimaxia external gel 8.5-2-5 %</i>	S	
<i>diasoxia external gel 8.5-4 %</i>	S	
<i>dimoxia external gel 4-5 %</i>	S	
<i>draxace external suspension 2-8 %</i>	S	
<i>draxace lotion cleanser external suspension 2-8 %</i>	S	
<i>drixece external suspension 5-10 %</i>	S	
<i>eceoxia external cream 4-10 %</i>	S	
<i>ethoxia external cream 4-0.05 %</i>	S	
<i>fluoxia external cream 0.05-4 %</i>	S	PA; PA Required
<i>hyaluronate-niacinam-tretinoin external cream 0.5-4-0.025 %, 0.5-4-0.05 %, 0.5-4-0.1 %</i>	S	
<i>idyxyiatar external gel 5-0.025 %</i>	S	PA; PA Required
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 %	S	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 %	S	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 %	S	
<i>inzdeaxiavar external gel 2.5-1-2-0.05 %</i>	S	PA; PA Required
<i>ithoxia external cream 4-0.1 %</i>	S	
Neuac GEL 1.2-5 % EXTERNAL	NP	ST
Neuac KIT 1.2-5 % EXTERNAL	NP	ST
<i>niacinamide-spirolactone external gel 4-5 %</i>	S	
<i>niacinamide-sulfacetamide external cream 4-10 %</i>	S	
<i>niacinamide-tazarotene external cream 4-0.05 %, 4-0.1 %</i>	S	
<i>niacinamide-tretinoin external cream 4-0.025 %, 4-0.05 %</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>niacinamide-tretinoin external gel 4-0.025 %, 4-0.05 %</i>	S	
<i>niacin-spiroolacton-tretinoin external gel 2-5-0.025 %, 2-5-0.05 %</i>	S	
NUCARACLINPAK EXTERNAL KIT 1 %	S	
Onexton Gel 1.2-3.75 % External	NP	ST
<i>onzdeaxiademtar external gel 5-1-2-2-0.025 %</i>	S	PA; PA Required
<i>onzdeaxiademvar external gel 5-1-2-2-0.05 %</i>	S	PA; PA Required
<i>onzdeaxiazar external gel 5-1-2-0.1 %</i>	S	PA; PA Required
<i>onzdeoxia external gel 1-5-4 %</i>	S	
<i>oxiaice external lotion 4-15 %</i>	S	PA; PA Required
<i>oxiatar external cream 4-0.025 %</i>	S	
<i>oxiavarry external cream 4-0.05 %</i>	S	
<i>oxiazar external cream 4-0.1 %</i>	S	
Rosanil Cleanser Liquid 10-5 % External	NP	ST
Rosula PAD 10-5 % EXTERNAL	NP	ST
Rosula Wash Liquid 10-4.5 % External	NP	ST
<i>salicylic acid-sulfacetamide external suspension 2-8 %, 5-10 %</i>	S	
SSS 10-5 CREAM 10-5 % EXTERNAL	NP	ST
SSS 10-5 FOAM 10-5 % EXTERNAL	NP	ST
Sulfacetamide Sodium-Sulfur CREAM 10-2 % EXTERNAL	NP	ST
Sulfacetamide Sodium-Sulfur CREAM 10-5 % EXTERNAL	NP	ST
Sulfacetamide Sodium-Sulfur Liquid 10-2 % External	NP	ST
Sulfacetamide Sodium-Sulfur Liquid 10-5 % External	NP	ST
Sulfacetamide Sodium-Sulfur Liquid 9.8-4.8 % External	NP	ST
Sulfacetamide Sodium-Sulfur Liquid 9-4 % External	NP	ST
Sulfacetamide Sodium-Sulfur Liquid 9-4.5 % External	NP	ST
Sulfacetamide Sodium-Sulfur LOTION 10-5 % EXTERNAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Sulfacetamide Sodium-Sulfur PAD 10-4 % EXTERNAL	NP	ST
Sulfacetamide Sodium-Sulfur SUSPENSION 10-5 % EXTERNAL	NP	ST
Sulfacetamide Sodium-Sulfur Suspension 8-4 % External	NP	ST
Sulfacetamide Sod-Sulfur Wash KIT 9-4.5 % EXTERNAL	NP	ST
Sulfacetamide-Sulfur in Urea EMULSION 10- 5 % EXTERNAL	NP	ST
Sumadan KIT 9-4.5 % EXTERNAL	NP	ST
Sumadan Wash Liquid 9-4.5 % External	NP	ST
Sumadan XLT KIT 9-4.5 % EXTERNAL	NP	ST
Sumaxin CP KIT 10-4 % EXTERNAL	NP	ST
Sumaxin PAD 10-4 % EXTERNAL	NP	ST
Sumaxin TS SUSPENSION 8-4 % EXTERNAL	NP	ST
Sumaxin Wash Liquid 9-4 % External	NP	ST
<i>tardeoxia external cream 1-4-0.025 %</i>	S	
<i>tardimaxia external gel 2-5-0.025 %</i>	S	
<i>taroxia external cream 4-0.025 %</i>	S	
<i>taroxia external gel 4-0.025 %</i>	S	
TWYNEO EXTERNAL CREAM 0.1-3 %	S	PA; PA Required
<i>vardimaxia external gel 2-5-0.05 %</i>	S	
<i>varoxia external cream 4-0.05 %</i>	S	
<i>varoxia external gel 4-0.05 %</i>	S	
Zacare External Kit 4 & 0.2 %, 8 & 0.2 %	BE	
Ziana GEL 1.2-0.025 % EXTERNAL	NP	ST
ZMA CLEAR EXTERNAL SUSPENSION 9-4.5 %	S	PA; PA Required
Zma Clear Suspension 9-4.5 % External	NP	ST
*Acne Products***		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	S	
AC CUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	S	

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Drug Name	Preference Details	Coverage Details
AcneFree Acne Clearing System External Kit 2.5 & 3.7 %	N/A	
AcneFree Severe Clearing Syst External Kit 2.5 & 10 %	N/A	
Adapalene CREAM 0.1 % EXTERNAL	P	
<i>adapalene external lotion 0.1 %</i>	S	PA; PA Required
<i>adapalene external pad 0.1 %</i>	S	
Adapalene Gel 0.3 % External	NP	ST
Adapalene GEL 0.3 % EXTERNAL	P	
AKLIEF EXTERNAL CREAM 0.005 %	S	PA; PA Required
Altreno Lotion 0.05 % External	NP	ST
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	S	
Arazlo Lotion 0.045 % External	NP	ST
Atralin GEL 0.05 % EXTERNAL	NP	ST
Avita CREAM 0.025 % EXTERNAL	NP	ST
BENZASHAVE EXTERNAL CREAM 5 %	S	PA; PA Required
Benzoyl Peroxide GEL 8 % External	BE	
BPO Gel 4 % External (OTC)	BE	
BPO Gel 4 % External (Rx)	BE	
BPO Gel 8 % External (OTC)	BE	
BPO Gel 8 % External (Rx)	BE	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	S	
DIFFERIN EXTERNAL LOTION 0.1 %	S	PA; PA Required
EPSOLAY EXTERNAL CREAM 5 %	S	PA; PA Required
Fabior FOAM 0.1 % External	NP	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	S	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	S	
Retin-A CREAM 0.025 % EXTERNAL	P	
Retin-A CREAM 0.05 % EXTERNAL	P	
Retin-A CREAM 0.1 % EXTERNAL	P	
Retin-A GEL 0.01 % EXTERNAL	P	
Retin-A GEL 0.025 % EXTERNAL	P	

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Drug Name	Preference Details	Coverage Details
Retin-A Micro GEL 0.04 % EXTERNAL	P	
Retin-A Micro GEL 0.1 % EXTERNAL	P	
Retin-A Micro Pump GEL 0.04 % EXTERNAL	NP	ST
Retin-A Micro Pump GEL 0.06 % External	NP	ST
Retin-A Micro Pump GEL 0.08 % EXTERNAL	NP	ST
Retin-A Micro Pump GEL 0.1 % EXTERNAL	NP	ST
Tazarotene Foam 0.1 % External	NP	ST
Tretinoin CREAM 0.025 % EXTERNAL	NP	ST
Tretinoin Cream 0.05 % External	NP	ST
Tretinoin Cream 0.05 % External	NP	ST; Click hereto search Step Therapy criteria for this drug.
Tretinoin Cream 0.1 % External	NP	ST
Tretinoin Cream 0.1 % External	NP	ST; Click hereto search Step Therapy criteria for this drug.
Tretinoin Gel 0.01 % External	NP	ST
Tretinoin Gel 0.025 % External	NP	ST
Tretinoin Gel 0.05 % External	NP	ST
Tretinoin Microsphere Gel 0.04 % External	NP	ST
Tretinoin Microsphere Gel 0.1 % External	NP	ST
Tretinoin Microsphere Pump GEL 0.04 % EXTERNAL	NP	ST
Tretinoin Microsphere Pump Gel 0.08 % External	NP	ST
Tretinoin Microsphere Pump GEL 0.1 % EXTERNAL	NP	ST
Tretin-X CREAM 0.075 % EXTERNAL	NP	ST
Tretin-X KIT 0.05 % CREAM EXTERNAL	NP	ST
Winlevi Cream 1 % External	NP	ST
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	S	
*Agents For Submental Fat***		
KYBELLA SUBCUTANEOUS SOLUTION 20 MG/2ML	S	

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Drug Name	Preference Details	Coverage Details
*Analgesics - Topical***		
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 %	S	PA; PA Required
Praketamide External Cream 5 %	BE	
*Antibiotic Mixtures Topical***		
<i>idaran external ointment 1-2 %</i>	S	PA; PA Required
Nanran External Ointment 2-2 %	BE	
*Antibiotic Steroid Combinations - Topical***		
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	S	
*Antibiotics - Topical***		
ALTABAX EXTERNAL OINTMENT 1 %	S	
Centany AT KIT 2 % EXTERNAL	NP	ST
Centany OINTMENT 2 % EXTERNAL	NP	ST
Gentamicin Sulfate CREAM 0.1 % EXTERNAL	P	
Gentamicin Sulfate OINTMENT 0.1 % EXTERNAL	P	
Mupirocin Calcium Cream 2 % External	NP	ST
Mupirocin Ointment 2 % External	P	
Xepi Cream 1 % External	NP	ST
*Antifungals - Topical Combinations***		
Ala-Quin CREAM 3-0.5 % EXTERNAL	BE	
Alcortin A GEL 1-2-1 % EXTERNAL	BE	
Aloquin GEL 1.25-1 % EXTERNAL	BE	
Clotrimazole-Betamethasone CREAM 1-0.05 % EXTERNAL	P	
Clotrimazole-Betamethasone LOTION 1-0.05 % EXTERNAL	NP	ST
Corti-Sav Cream 1-1 % External	BE	
Dermasorb AF KIT 3-0.5 % EXTERNAL	BE	
Dermazene CREAM 1-1 % EXTERNAL	BE	
Dermetazole External Therapy Pack 2 & 20 %	BE	
<i>hexiounyl external lotion 3-5-20 %</i>	S	PA; PA Required
Hydrocortisone-Iodoquinol Cream 1-1 % External	BE	

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Drug Name	Preference Details	Coverage Details
IODOQUIMEZ-HC CREAM 1-1.9 % External	BE	
Iodoquinol-HC-Aloe Polysacch GEL 1-2-1 % External	BE	
Iodoquinol-Hydrocortisone-Aloe CREAM 1- 1.9 % EXTERNAL	BE	
Miconazole-Zinc Oxide-Petrolat Ointment 0.25-15-81.35 % External	NP	PA; ST; PA Required; QL (50 GM per 60 days); AL (Min 1 Years)
Nystatin-Triamcinolone Cream 100000-0.1 UNIT/GM-% External	NP	ST
Nystatin-Triamcinolone Ointment 100000-0.1 UNIT/GM-% External	NP	ST
<i>phedrax external shampoo 2-2 %</i>	S	PA; PA Required
<i>pheoxia external cream 2-4 %</i>	S	
Podiatrole External Therapy Pack 2 & 20 %	BE	
Quinja GEL 1.25-1 % External	BE	
Vusion Ointment 0.25-15-81.35 % External	NP	PA; ST; PA Required; QL (50 GM per 60 days); AL (Min 1 Years)
Vytone CREAM 1-1.9 % EXTERNAL	BE	
*Antifungals - Topical***		
Ciclodan CREAM 0.77 % EXTERNAL	NP	ST
Ciclodan Cream KIT 0.77 % EXTERNAL	NP	ST
Ciclodan SOLUTION 8 % EXTERNAL	NP	ST
Ciclodan Solution KIT 8 % EXTERNAL	NP	ST
Ciclopirox GEL 0.77 % External	NP	ST
Ciclopirox Olamine CREAM 0.77 % EXTERNAL	P	
Ciclopirox Olamine SUSPENSION 0.77 % EXTERNAL	NP	ST
Ciclopirox SHAMPOO 1 % EXTERNAL	NP	ST
Ciclopirox Solution 8 % External	P	
Ciclopirox Treatment KIT 8 % EXTERNAL	NP	ST
Loprox CREAM 0.77 % EXTERNAL	NP	ST
Loprox KIT 0.77 % (Susp) EXTERNAL	NP	ST
Loprox KIT 0.77 % EXTERNAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Loprox SUSPENSION 0.77 % EXTERNAL	NP	ST
Naftifine HCl CREAM 1 % EXTERNAL	NP	ST
Naftifine HCl CREAM 2 % External	NP	ST
Naftifine HCl Gel 2 % External	NP	ST
Naftin Gel 1 % External	NP	ST
Naftin GEL 2 % External	NP	ST
Nyamyc POWDER 100000 UNIT/GM EXTERNAL	P	
Nystatin CREAM 100000 UNIT/GM EXTERNAL	P	
Nystatin Ointment 100000 UNIT/GM External	P	
Nystatin Powder 100000 UNIT/GM External	P	
Nystop POWDER 100000 UNIT/GM EXTERNAL	P	
<i>rimi external solution 5 %</i>	S	PA; PA Required
*Anti-Inflammatory Agents - Topical***		
Diclofenac Epolamine Patch 1.3 % External	NP	ST
Diclofenac Sodium External Cream 3 %	BE	
Diclofenac Sodium Gel 1 % External (Rx)	BE	
Diclofenac Sodium Gel 1 % External (Rx)	P	
Diclofenac Sodium Solution 1.5 % External	NP	ST
Diclofenac Sodium Solution 2 % External	NP	ST
Flector Patch 1.3 % External	NP	ST
Licart Patch 24 Hour 1.3 % External	NP	ST
Pennsaid Solution 2 % External	NP	ST
*Anti-Inflammatory Combinations - Topical***		
Diclofex DC Therapy Pack 1.5-0.025 % External	NP	ST
<i>diclona+ external patch 1.25-4.5 %</i>	S	PA; PA Required
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR EXTERNAL GEL 0.016 %	S	
*Antineoplastic Antimetabolites - Topical***		
CARAC EXTERNAL CREAM 0.5 %	S	
FLUOROPLEX EXTERNAL CREAM 1 %	S	
<i>fluorouracil external cream 0.5 %, 5 %</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>fluorouracil external solution 2 %, 5 %</i>	S	
TOLAK EXTERNAL CREAM 4 %	S	
*Antineoplastic Or Premalignant Lesion Agent - Comb***		
<i>diclofenac-na hyaluron-niacin external gel 3-2-4 %</i>	S	
<i>hyalucil-4 transdermal cream 2-4 %</i>	S	
<i>imiquimod-levocetirizin-niacin external gel 5-1-2 %</i>	S	
<i>imiquimod-levocet-tretinoin external gel 5-1-0.05 %</i>	S	
ORMECA COMBINATION KIT 3 & 46-0.4-1.1 % & MG	S	
Quidroxzar External Gel 5-30-0.1 %	BE	
<i>quihoxvar external gel 5-1-0.05 %</i>	S	
Quitar External Gel 5-0.025 %	BE	
<i>roaoxia external gel 3-4 %</i>	S	
<i>solaravix external therapy pack 3 %</i>	S	
*Antineoplastic Or Premalignant Lesions - Topical Misc.***		
PICATO EXTERNAL GEL 0.015 %, 0.05 %	S	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium external gel 3 %</i>	S	
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 %	S	
*Antipruritics - Topical***		
<i>doxepin hcl external cream 5 %</i>	S	PA; PA Required
PRUDOXIN EXTERNAL CREAM 5 %	S	PA; PA Required
ZONALON EXTERNAL CREAM 5 %	S	PA; PA Required
*Antipsoriatic Combinations***		
Calsodore External Kit 0.005 %	BE	
Diooxia External Cream 0.005-4 %	BE	
NuDermRxPAK 120 External Therapy Pack 0.005-5 %	BE	
NuDermRxPAK 60 External Therapy Pack 0.005-5 %	BE	

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Drug Name	Preference Details	Coverage Details
Trionex External Kit 0.005 %	BE	
*Antipsoriatics - Systemic***		
Acitretin CAPSULE 10 MG ORAL	P	
Acitretin Capsule 17.5 MG Oral	P	
Acitretin CAPSULE 25 MG Oral	P	
Bimzelx Solution Auto-Injector 160 MG/ML Subcutaneous	NP	ST
Bimzelx Solution Prefilled Syringe 160 MG/ML Subcutaneous	NP	ST
Bimzelx Subcutaneous Solution Auto-Injector 160 MG/ML	NP	PA; PA Required
Bimzelx Subcutaneous Solution Prefilled Syringe 160 MG/ML	NP	PA; PA Required
Cosentyx (300 MG Dose) Solution Prefilled Syringe 150 MG/ML Subcutaneous	P	PA; PA Required
Cosentyx Intravenous Solution 125 MG/5ML	NP	PA; PA Required
Cosentyx Sensoready (300 MG) Solution Auto-Injector 150 MG/ML Subcutaneous	P	PA; ST; PA Required
Cosentyx Sensoready Pen Solution Auto-injector 150 MG/ML Subcutaneous	P	PA; ST; PA Required
Cosentyx Solution 125 MG/5ML Intravenous	NP	PA; ST; PA Required
Cosentyx Solution Prefilled Syringe 150 MG/ML Subcutaneous	P	PA; PA Required
Cosentyx Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	P	PA; PA Required
Cosentyx UnoReady Solution Auto-Injector 300 MG/2ML Subcutaneous	P	PA; ST; PA Required
Ilumya Solution Prefilled Syringe 100 MG/ML Subcutaneous	NP	ST
Ilumya Solution Prefilled Syringe 100 MG/ML Subcutaneous	NP	PA; ST; PA Required
Methoxsalen Rapid CAPSULE 10 MG ORAL	NP	ST
Siliq Solution Prefilled Syringe 210 MG/1.5ML Subcutaneous	NP	PA; ST; PA Required
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	S	PA; PA Required

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Drug Name	Preference Details	Coverage Details
Skyrizi Pen Solution Auto-Injector 150 MG/ML Subcutaneous	NP	PA; ST; PA Required
Skyrizi Solution Prefilled Syringe 150 MG/ML Subcutaneous	NP	PA; ST; PA Required
Soriatane CAPSULE 10 MG ORAL	NP	ST
Soriatane CAPSULE 25 MG ORAL	NP	ST
Sotyktu Oral Tablet 6 MG	NP	PA; ST; PA Required
Sotyktu Tablet 6 MG Oral	NP	ST
Spevigo Intravenous Solution 450 MG/7.5ML	NP	PA; ST; PA Required
Spevigo Solution 450 MG/7.5ML Intravenous	NP	ST
Stelara SOLUTION 45 MG/0.5ML Subcutaneous	NP	PA; ST; PA Required
Stelara Solution Prefilled Syringe 45 MG/0.5ML Subcutaneous	NP	PA; ST; PA Required
Stelara Solution Prefilled Syringe 90 MG/ML Subcutaneous	NP	PA; ST; PA Required
Taltz Solution Auto-injector 80 MG/ML Subcutaneous	NP	PA; ST; PA Required
Taltz Solution Prefilled Syringe 80 MG/ML Subcutaneous	NP	PA; ST; PA Required
Tremfya Solution Pen-Injector 100 MG/ML Subcutaneous	NP	PA; ST; PA Required
Tremfya Solution Prefilled Syringe 100 MG/ML Subcutaneous	NP	PA; ST; PA Required
*Antipsoriatics***		
Calcipotriene CREAM 0.005 % EXTERNAL	P	
Calcipotriene Foam 0.005 % External	NP	ST
Calcipotriene OINTMENT 0.005 % EXTERNAL	NP	ST
Calcipotriene SOLUTION 0.005 % EXTERNAL	P	ST
Calcitriol Ointment 3 MCG/GM External	NP	ST
Dovonex CREAM 0.005 % EXTERNAL	P	
Sorilux FOAM 0.005 % External	NP	ST
Tazarotene CREAM 0.1 % External	NP	ST
Tazarotene Gel 0.05 % External	NP	ST
Tazarotene Gel 0.1 % External	NP	ST

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Drug Name	Preference Details	Coverage Details
Tazorac CREAM 0.05 % EXTERNAL	NP	ST
Tazorac CREAM 0.1 % EXTERNAL	NP	ST
Tazorac GEL 0.1 % EXTERNAL	NP	ST
VTAMA EXTERNAL CREAM 1 %	S	
ZITHRANOL EXTERNAL SHAMPOO 1 %	S	PA; PA Required
Zoryve External Cream 0.3 %	BE	
*Antiseborrheic Combinations***		
<i>ciclopirox-clobetasol external shampoo 0.77-0.05 %</i>	S	
<i>ciclopirox-salicylic acid external shampoo 0.77-2 %</i>	S	
DermaZinc Cream External Cream	BE	
<i>haxchlo external shampoo 0.77-0.05 %</i>	S	
Loutrex External Cream	BE	
Nutraseb External Cream	BE	
Promiseb Complete External Kit	BE	
Promiseb CREAM EXTERNAL	NP	ST
Promiseb External Cream	BE	
Sodium Sulfacetamide-Bakuchiol External Liquid 10 %	BE	
TL Triseb External Cream	BE	
*Antiseborrheic Products***		
Glycolic Acid Solution 70 %	BE	
Ovace Plus CREAM 10 % EXTERNAL	NP	ST
OVACE PLUS EXTERNAL FOAM 9.8 %	S	PA; PA Required
Ovace Plus LOTION 9.8 % EXTERNAL	NP	ST
Ovace Plus SHAMPOO 10 % EXTERNAL	NP	ST
Ovace Plus Wash GEL 10 % EXTERNAL	NP	ST
Ovace Plus Wash Liquid 10 % External	NP	ST
Ovace Wash Liquid 10 % External	NP	ST
<i>selenium sulfide external lotion 2.5 %</i>	S	
<i>selenium sulfide external shampoo 2.25 %, 2.3 %</i>	S	
Sodium Sulfacetamide SHAMPOO 10 % EXTERNAL	NP	ST
Sodium Sulfacetamide Wash Liquid 10 % External	NP	ST

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Drug Name	Preference Details	Coverage Details
Sulfacetamide Sodium (Cleans) Gel 10 % External	NP	ST
Sulfacetamide Sodium Liquid 10 % External	NP	ST
*Antiviral Topical Combinations***		
Xerese CREAM 5-1 % EXTERNAL	NP	ST
*Antivirals - Topical***		
Acyclovir Cream 5 % External	NP	ST
Acyclovir OINTMENT 5 % EXTERNAL	P	
Denavir Cream 1 % External	NP	ST
Penciclovir Cream 1 % External	NP	ST
Zovirax CREAM 5 % EXTERNAL	P	
Zovirax OINTMENT 5 % EXTERNAL	NP	ST
*Astringents***		
Cozima External Cream 24 %	N/A	
Dr Smiths Adult Barrier External Aerosol 10 %	N/A	
Dr Smiths Diaper Rash External Aerosol 10 %	N/A	
Dr Smiths Rash + Skin External Aerosol 10 %	N/A	
XERAC AC EXTERNAL SOLUTION 6.25 %	S	
Z-Bum External Cream 22 %	N/A	
Zinc Oxide External Cream 22 %	N/A	
Zinctral External Paste 20 %	N/A	
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
Cibinqo Tablet 100 MG Oral	NP	ST
Cibinqo Tablet 200 MG Oral	NP	ST
Cibinqo Tablet 50 MG Oral	NP	ST
Opzelura Cream 1.5 % External	NP	ST
Opzelura Cream 1.5 % External	NP	PA; ST; PA Required
*Atopic Dermatitis - Monoclonal Antibodies***		
Adbry Solution Prefilled Syringe 150 MG/ML Subcutaneous	NP	ST
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	P	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
Dupixent Solution Prefilled Syringe 100 MG/0.67ML Subcutaneous	P	PA; ST; PA Required
Dupixent Solution Prefilled Syringe 200 MG/1.14ML Subcutaneous	P	PA; ST; PA Required
Dupixent Solution Prefilled Syringe 300 MG/2ML Subcutaneous	P	PA; ST; PA Required
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	S	PA
Dupixent Subcutaneous Solution Prefilled Syringe 100 MG/0.67ML	NP	PA; PA Required
*Burn Products***		
<i>mafenide acetate external packet 5 %</i>	S	
<i>silver sulfadiazine external cream 1 %</i>	S	
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM 1 %	S	
SSD EXTERNAL CREAM 1 %	S	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	S	
THERMAZENE EXTERNAL CREAM 1 %	S	
*Cauterizing Agents***		
<i>silver nitrate external solution 0.5 %</i>	S	
Silver Nitrate External Solution 10 %, 25 %, 50 %	BE	
Tri-Chlor External Liquid 80 %	BE	
*Corticosteroids - Topical***		
ALA SCALP EXTERNAL LOTION 2 %	S	
Alclometasone Dipropionate CREAM 0.05 % EXTERNAL	NP	ST
Alclometasone Dipropionate OINTMENT 0.05 % EXTERNAL	NP	ST
Amcinonide CREAM 0.1 % EXTERNAL	NP	ST
<i>amcinonide external ointment 0.1 %</i>	S	
ApexiCon E Cream 0.05 % External	NP	ST
Aqua Glycolic HC Scalp & Body External Kit 2 %	BE	
Aqua Glycolic HC Scalp & Body KIT 2 % EXTERNAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Beser Lotion 0.05 % External	NP	ST
Betamethasone Dipropionate Aug CREAM 0.05 % EXTERNAL	NP	ST
Betamethasone Dipropionate Aug GEL 0.05 % EXTERNAL	NP	ST
Betamethasone Dipropionate Aug LOTION 0.05 % EXTERNAL	NP	ST
Betamethasone Dipropionate Aug Ointment 0.05 % External	NP	ST
Betamethasone Dipropionate CREAM 0.05 % EXTERNAL	NP	ST
Betamethasone Dipropionate LOTION 0.05 % EXTERNAL	NP	ST
Betamethasone Dipropionate Ointment 0.05 % External	NP	ST
Betamethasone Valerate CREAM 0.1 % EXTERNAL	P	
Betamethasone Valerate Foam 0.12 % External	NP	ST
Betamethasone Valerate LOTION 0.1 % EXTERNAL	NP	ST
Betamethasone Valerate OINTMENT 0.1 % EXTERNAL	P	
Bryhali Lotion 0.01 % External	NP	ST
Capex External Shampoo 0.01 %	BE	
Clobetasol Prop Emollient Base Cream 0.05 % External	P	
Clobetasol Propionate Cream 0.05 % External	P	
Clobetasol Propionate E CREAM 0.05 % EXTERNAL	P	
Clobetasol Propionate Emulsion Foam 0.05 % External	NP	ST
Clobetasol Propionate FOAM 0.05 % EXTERNAL	NP	ST
Clobetasol Propionate GEL 0.05 % EXTERNAL	P	
Clobetasol Propionate Liquid 0.05 % External	NP	ST
Clobetasol Propionate LOTION 0.05 % EXTERNAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Clobetasol Propionate OINTMENT 0.05 % EXTERNAL	P	
Clobetasol Propionate SHAMPOO 0.05 % EXTERNAL	P	
Clobetasol Propionate Solution 0.05 % External	P	
Clocortolone Pivalate Cream 0.1 % External	NP	ST
Clodan SHAMPOO 0.05 % EXTERNAL	P	
Cloderm Cream 0.1 % External	NP	ST
Cloderm Pump CREAM 0.1 % EXTERNAL	NP	ST
CORDRAN EXTERNAL CREAM 0.025 %	S	
Cutivate CREAM 0.05 % EXTERNAL	NP	ST
Derma-Smoothe/FS Body OIL 0.01 % EXTERNAL	P	
Derma-Smoothe/FS Scalp OIL 0.01 % EXTERNAL	P	
Dermasorb HC External Kit 2 %	BE	
Desonide Cream 0.05 % External	P	
Desonide External Cream 0.05 %	NP	
Desonide External Ointment 0.05 %	NP	
Desonide Lotion 0.05 % External	NP	ST
Desonide Ointment 0.05 % External	NP	
Desonide Ointment 0.05 % External	P	
DesOwen External Cream 0.05 %	NP	
Desoximetasone CREAM 0.05 % EXTERNAL	NP	ST
Desoximetasone Cream 0.25 % External	NP	ST
Desoximetasone GEL 0.05 % EXTERNAL	NP	ST
Desoximetasone Liquid 0.25 % External	NP	ST
Desoximetasone OINTMENT 0.05 % EXTERNAL	NP	ST
Desoximetasone Ointment 0.25 % External	NP	ST
Diflorasone Diacetate CREAM 0.05 % EXTERNAL	NP	ST
Diflorasone Diacetate Ointment 0.05 % External	NP	ST
Diprolene Ointment 0.05 % External	NP	ST

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Drug Name	Preference Details	Coverage Details
First-Hydrocortisone External Gel 10 %	BE	
Fluocinolone Acetonide Body OIL 0.01 % EXTERNAL	NP	ST
Fluocinolone Acetonide CREAM 0.01 % EXTERNAL	NP	ST
Fluocinolone Acetonide CREAM 0.025 % EXTERNAL	NP	ST
Fluocinolone Acetonide OINTMENT 0.025 % EXTERNAL	NP	ST
Fluocinolone Acetonide Scalp OIL 0.01 % EXTERNAL	NP	ST
Fluocinolone Acetonide Solution 0.01 % External	NP	ST
Fluocinonide Cream 0.05 % External	NP	ST
Fluocinonide Cream 0.1 % External	NP	ST
Fluocinonide Emulsified Base CREAM 0.05 % External	NP	ST
Fluocinonide GEL 0.05 % External	NP	ST
Fluocinonide Ointment 0.05 % External	P	ST
Fluocinonide OINTMENT 0.05 % EXTERNAL	NP	ST
Fluocinonide Solution 0.05 % External	P	ST
Flurandrenolide CREAM 0.05 % EXTERNAL	NP	ST
Flurandrenolide LOTION 0.05 % EXTERNAL	NP	ST
Flurandrenolide Ointment 0.05 % External	NP	ST
Fluticasone Propionate CREAM 0.05 % EXTERNAL	P	
Fluticasone Propionate LOTION 0.05 % EXTERNAL	NP	ST
Fluticasone Propionate OINTMENT 0.005 % EXTERNAL	P	
Halcinonide Cream 0.1 % External	NP	ST
Halobetasol Propionate CREAM 0.05 % EXTERNAL	P	
Halobetasol Propionate Foam 0.05 % External	NP	ST

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Drug Name	Preference Details	Coverage Details
Halobetasol Propionate Ointment 0.05 % External	P	
Halog CREAM 0.1 % EXTERNAL	NP	ST
Halog OINTMENT 0.1 % EXTERNAL	NP	ST
Halog Solution 0.1 % External	NP	ST
Hydrocort Lotion Complete Kit External Kit 2 %	BE	
<i>hydrocortisone acetate external lotion 2 %</i>	S	
Hydrocortisone Butyr Lipo Base CREAM 0.1 % EXTERNAL	NP	ST
Hydrocortisone Butyrate CREAM 0.1 % EXTERNAL	NP	ST
Hydrocortisone Butyrate Lotion 0.1 % External	NP	ST
Hydrocortisone Butyrate OINTMENT 0.1 % EXTERNAL	NP	ST
Hydrocortisone Butyrate SOLUTION 0.1 % EXTERNAL	NP	ST
Hydrocortisone CREAM 1 % EXTERNAL (Rx)	P	
Hydrocortisone CREAM 2.5 % EXTERNAL	P	
Hydrocortisone LOTION 2.5 % EXTERNAL	P	
Hydrocortisone OINTMENT 1 % EXTERNAL (Rx)	P	
Hydrocortisone OINTMENT 2.5 % EXTERNAL	P	
Hydrocortisone Valerate Cream 0.2 % External	NP	ST
Hydrocortisone Valerate Ointment 0.2 % External	NP	ST
Hydroxym Gel 2 % External	NP	ST
Impeklo Lotion 0.15 MG/ACT (0.05%) External	NP	ST
IMPOYZ EXTERNAL CREAM 0.025 %	S	
Kenalog Aerosol Solution 0.147 MG/GM External	NP	ST
Lexette Foam 0.05 % External	NP	ST
Locoid Lipocream CREAM 0.1 % EXTERNAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Locoid LOTION 0.1 % EXTERNAL	NP	ST
Mometasone Furoate CREAM 0.1 % EXTERNAL	P	
Mometasone Furoate OINTMENT 0.1 % EXTERNAL	P	
Mometasone Furoate SOLUTION 0.1 % EXTERNAL	P	
NUCORT EXTERNAL LOTION 2 %	S	
Olux Foam 0.05 % External	NP	ST
Pandel CREAM 0.1 % EXTERNAL	NP	ST
Prednicarbate CREAM 0.1 % EXTERNAL	NP	ST
Prednicarbate OINTMENT 0.1 % EXTERNAL	NP	ST
Psorcon CREAM 0.05 % EXTERNAL	NP	ST
SERNIVO EXTERNAL EMULSION 0.05 %	S	
Synalar CREAM 0.025 % EXTERNAL	NP	ST
Synalar OINTMENT 0.025 % EXTERNAL	NP	ST
Synalar SOLUTION 0.01 % EXTERNAL	NP	ST
Temovate OINTMENT 0.05 % EXTERNAL	NP	ST
Texacort SOLUTION 2.5 % EXTERNAL	NP	ST
Topicort CREAM 0.05 % EXTERNAL	NP	ST
Topicort CREAM 0.25 % EXTERNAL	NP	ST
Topicort GEL 0.05 % EXTERNAL	NP	ST
Topicort OINTMENT 0.05 % EXTERNAL	NP	ST
Topicort OINTMENT 0.25 % EXTERNAL	NP	ST
Topicort Spray Liquid 0.25 % External	NP	ST
Tovet Foam 0.05 % External	NP	ST
Tovet Kit 0.05 % External	NP	ST
Triamcinolone Acetonide Aerosol Solution 0.147 MG/GM External	NP	ST
Triamcinolone Acetonide Cream 0.025 % External	P	
Triamcinolone Acetonide Cream 0.1 % External	P	
Triamcinolone Acetonide Cream 0.5 % External	P	

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Drug Name	Preference Details	Coverage Details
Triamcinolone Acetonide Lotion 0.025 % External	P	
Triamcinolone Acetonide Lotion 0.1 % External	P	
Triamcinolone Acetonide Ointment 0.025 % External	P	
Triamcinolone Acetonide Ointment 0.05 % External	P	
Triamcinolone Acetonide Ointment 0.1 % External	P	
Triamcinolone Acetonide Ointment 0.5 % External	P	
Triamcinolone in Absorbase Ointment 0.05 % External	P	
Trianex OINTMENT 0.05 % EXTERNAL	NP	ST
Tridesilon External Cream 0.05 %	NP	
Ultravate LOTION 0.05 % EXTERNAL	NP	ST
Vanos CREAM 0.1 % EXTERNAL	NP	ST
VERDESO EXTERNAL FOAM 0.05 %	S	
*Emollient Combinations***		
Lactic Acid E External Cream 10-3500 %- UNT/30GM	BE	
*Emollient/Keratolytic Agents***		
CEM-Urea External Solution 45 %	BE	
CEROVEL EXTERNAL LOTION 40 %	S	
Dermasorb XM External Kit 39 %	BE	
Gordons Urea External Ointment 40 %	BE	
Latrix External Suspension 50 %	BE	
METOPIC EXTERNAL CREAM 41 %	S	
Protexa External Cream 42 %	BE	
REA LO 39 EXTERNAL CREAM 39 %	S	
REA LO 40 EXTERNAL LOTION 40 %	S	
Rynoderm External Cream 37.5 %	BE	
Salrix External Suspension 50 %	BE	
UMECTA MOUSSE EXTERNAL FOAM 40 %	S	
Uraliss External Cream 35 %	BE	

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Drug Name	Preference Details	Coverage Details
Uramaxin External Cream 45 %	BE	
Uramaxin GT External Kit 45 %	BE	
<i>urea external cream 39 %, 39.5 %, 41 %</i>	S	
Urea External Cream 45 %	BE	
Urea External Foam 35 %	BE	
<i>urea external lotion 40 %</i>	S	
Urea External Suspension 40 %	BE	
<i>urea-c40 external lotion 40 %</i>	S	
UREDEB EXTERNAL CREAM 39 %	S	
Uresol External Cream 42.5 %	BE	
Urevaz External Cream 44 %	BE	
<i>xurea external cream 39 %</i>	S	
*Emollient/Keratolytic Combinations***		
Pronal External Gel 40-10 %	BE	
<i>urea hydrating external foam 35 %</i>	S	
Urea Nail External Stick 50 %	BE	
*Emollients***		
Coats Aloe External Cream 0.5 %	N/A	
Coats Aloe External Gel 0.5 %	N/A	
Coats Aloe External Lotion 0.5 %	N/A	
Lactic Acid External Lotion 10 %	BE	
*Enzymes - Topical***		
NexoBrid External Gel 8.8 %	BE	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	S	
TBC Aerosol Solution 650-72.5-0.1 MG/0.82ML External	BE	
*Eyelid Cleansers & Lubricants***		
Acuicyn External Solution	BE	
Avenova External Solution 0.01 %	BE	
Avenova/Neutrox External Solution 0.01 %	BE	
HypoCyn External Solution	BE	
OcuSoft HypoChlor External Solution	BE	
TheraTears SteriLid Cleanser External Solution	BE	

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Drug Name	Preference Details	Coverage Details
Zenoptiq External Solution	BE	
*Glabella Lines (Frown Lines) Agents***		
Jeuveau Intramuscular Solution Reconstituted 100 UNIT	BE	
*Hair Growth Agent - Combinations***		
Betamethasone Diprop-Minoxidil External Solution 0.05-5 %	BE	
Finapod External Solution 0.1-7 %	BE	
Finasteride-Minoxidil External Solution 0.1-7 %	BE	
Minoxidil-Progest-Tretinoin External Solution 7-0.1-0.025 %	BE	
Oxopod External Solution 0.05-7 %	BE	
Podprog External Solution 0.1-7 %	BE	
Progesterone-Minoxidil External Solution 0.1-7 %	BE	
*Imidazole-Related Antifungals - Topical***		
Alevazol External Ointment 1 %	N/A	
Clotrimazole CREAM 1 % EXTERNAL (Rx)	P	
Clotrimazole External Ointment 1 %	N/A	
Clotrimazole SOLUTION 1 % EXTERNAL (Rx)	NP	ST
Econazole Nitrate CREAM 1 % External	NP	ST
ECOZA EXTERNAL FOAM 1 %	S	
Ertaczo CREAM 2 % EXTERNAL	NP	ST
EXELDERM EXTERNAL CREAM 1 %	S	
EXELDERM EXTERNAL SOLUTION 1 %	S	
Extina Foam 2 % External	NP	ST
Jublia SOLUTION 10 % EXTERNAL	NP	ST
Ketoconazole Cream 2 % External	P	
Ketoconazole Foam 2 % External	NP	ST
Ketoconazole SHAMPOO 2 % EXTERNAL	P	
Ketodan FOAM 2 % EXTERNAL	NP	ST
Ketodan KIT 2 % EXTERNAL	NP	ST
Luliconazole Cream 1 % External	NP	ST
Luzu CREAM 1 % EXTERNAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Oxiconazole Nitrate CREAM 1 % EXTERNAL	NP	ST
<i>sulconazole nitrate external cream 1 %</i>	S	
<i>sulconazole nitrate external solution 1 %</i>	S	
XOLEGEL EXTERNAL GEL 2 %	S	
*Immunomodulators Imidazoquinolinamines - Topical***		
Aldara CREAM 5 % EXTERNAL	NP	ST
Imiquimod Cream 3.75 % External	NP	ST
Imiquimod CREAM 5 % EXTERNAL	P	
Imiquimod Pump Cream 3.75 % External	NP	ST
Zyclara CREAM 3.75 % EXTERNAL	NP	ST
Zyclara Pump CREAM 2.5 % EXTERNAL	NP	ST
Zyclara Pump CREAM 3.75 % EXTERNAL	NP	ST
*Immunosuppressive Agents - Topical Combinations***		
Oxianuji External Ointment 4-0.03 %	BE	
*Keratolytic And/Or Antimitotic Combinations***		
<i>cimetidine-lido-salicylic acid external cream 10-5-40 %</i>	S	
<i>geametdray external gel 5-2-17 %</i>	S	
<i>guanendrux external cream 10-5-40 %</i>	S	
<i>guanendrux external gel 10-5-40 %</i>	S	
<i>metdray external gel 2-17 %</i>	S	
<i>salicylic acid in ammon lact external foam 6 %</i>	S	
SALKERA EXTERNAL FOAM 6 %	S	
UREA-SALICYLIC ACID EXTERNAL CREAM 39.5-2 %	S	
*Keratolytic/Antimitotic Agents***		
Atrix System 1 External Kit 2 %	BE	
Bensal HP Ointment 3 % External	NP	ST
Compound W Total Care External Kit 17 %	N/A	
Condylox GEL 0.5 % External	NP	ST
KERALYT EXTERNAL SHAMPOO 6 %	S	
Podofilox Gel 0.5 % External	NP	ST

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Drug Name	Preference Details	Coverage Details
Podofilox SOLUTION 0.5 % EXTERNAL	NP	ST
RayaSal External Cream 5.9 %	BE	
SALEX EXTERNAL KIT 6 % LOTION	S	
<i>salicylic acid external foam 6 %</i>	S	
<i>salicylic acid external gel 6 %</i>	S	
<i>salicylic acid external liquid 27.5 %</i>	S	
<i>salicylic acid external shampoo 6 %</i>	S	
<i>salicylic acid wart remover external liquid 27.5 %</i>	S	
<i>salicylic acid-cleanser external kit 6 % cream, 6 % lotion</i>	S	
*Liniment Combinations***		
DENDRACIN NEURODENDRAXCIN EXTERNAL LOTION 0.025-10-30 %	S	
MCM External Patch 96-76.8-57.6 MG	N/A	
Medi-Derm External Cream 0.035-5-20 %	BE	
Medi-Derm-Rx External Cream 0.035-5-20 %	BE	
Medrox-Rx External Ointment 0.05-7-20 %	BE	
Rematex External Cream 0.035-6-30 %	BE	
Silmanix Pain Relieving External Cream 0.0375-3-0.035 %	BE	
*Liniments***		
Coats Aloe Liniment External Lotion 10 %	N/A	
Methyl Salicylate External Liquid	BE	
Methyl Salicylate External Oil 40 %	N/A	
Wintergreen Oil External Liquid	BE	
*Local Anesthetics - Topical***		
Alocane Emergency Burn Max Str External Gel 4 %	BE	
Anacaine External Ointment 10 %	BE	
Astero External Gel 4 %	BE	
Burn Relief External Gel 1 %	N/A	
C-Topical External Solution 4 %	BE	
DermacinRx Lidogel External Gel 2.8 %	BE	
LDO Plus External Gel 4 %	BE	
LidaFlex External Patch 4 %	N/A	

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Drug Name	Preference Details	Coverage Details
Lidocaine External Cream 3 %	N/A	
Lidocaine HCl Cream 3 % External (Rx)	P	
Lidocaine HCl External Patch 4 %	N/A	
<i>lidocaine hcl urethrallmucosal external gel 2 %</i>	S	
Lidocaine Patch 5 % External	P	
Lidocaine PATCH 5 % EXTERNAL	NP	ST
Lidocaine PATCH 5 % EXTERNAL	P	PA; PA Required
Lidocan II Patch 5 % External	NP	ST
Lidocan III Patch 5 % External	P	
Lidocan Patch 5 % External	NP	ST
Lidoderm PATCH 5 % EXTERNAL	NP	PA; ST; PA Required
Lidogel External Gel 2.8 %	BE	
Qutenza (2 Patch) Kit 8 % External	NP	ST
Qutenza (4 Patch) Kit 8 % External	NP	ST
Qutenza Kit 8 % External	NP	ST
Sun Burnt Plus External Gel 4 %	BE	
Tranzarel External Gel 4 %	BE	
ZTlido Patch 1.8 % External	NP	PA; ST; PA Required
*Macrolide Immunosuppressants - Topical***		
Elidel CREAM 1 % EXTERNAL	P	PA; PA Required
Hyftor External Gel 0.2 %	BE	
Hyftor Gel 0.2 % External	NP	ST; Click here
Pimecrolimus Cream 1 % External	NP	PA; ST; PA Required
Protopic Ointment 0.03 % External	P	PA; PA Required
Protopic Ointment 0.1 % External	P	PA; PA Required; AL (Min 19 Years)
Tacrolimus Ointment 0.03 % External	P	
Tacrolimus OINTMENT 0.03 % EXTERNAL	P	PA; PA Required
Tacrolimus Ointment 0.1 % External	P	PA; PA Required
Tacrolimus OINTMENT 0.1 % EXTERNAL	P	PA; PA Required; AL (Min 19 Years)
*Melanocortin Receptor Agonists (Uv Protective)***		
Scenesse Subcutaneous Implant 16 MG	BE	

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Drug Name	Preference Details	Coverage Details
*Microtubule Inhibitors - Topical***		
KLISYRI EXTERNAL OINTMENT 1 %	S	
*Misc. Dermatological Products***		
5 Day External Liquid 20 %	BE	
7Topic External Emulsion	BE	
AlevaMax External Cream	BE	
Alevicyn Antipruritic External Gel	BE	
Alevicyn Antipruritic SG External Gel	BE	
Alevicyn Plus External Kit	BE	
Atopaderm External Cream	BE	
Atopiclair External Cream	BE	
Bromi-Lotion External Lotion	BE	
Calicylic External Cream	BE	
Ceracade External Emulsion	BE	
Ceramax External Cream	BE	
Ceramax External Lotion	BE	
Colladerm External Lotion	BE	
Cure-All External Cream	BE	
DerMend Bruise Formula External Lotion	BE	
Dexeryl External Cream	BE	
DiabetiDerm Massage Stimulator External Liquid	BE	
Eletone External Cream	BE	
Eletone Twinpack External Cream	BE	
Emulsion SB External Emulsion	BE	
Entty Spray External Emulsion	BE	
EpiCeram External Emulsion	BE	
Epimide External Lotion	BE	
Free & Clear External Liquid	BE	
FreeDerm Adhesive Remover External Liquid	BE	
Genadur Combination Kit	BE	
Genadur External Liquid	BE	
Halucort External Gel	BE	
Heal Aid Plus External Cream 0.17-2.7 %	BE	
HPR External Foam	BE	

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Drug Name	Preference Details	Coverage Details
HPR Plus External Cream	BE	
HPR Plus External Foam	BE	
HPR PLUS HydroGel External Kit	BE	
Hylaguard External Cream	BE	
Hylamix External Cream	BE	
Hylatopic Plus External Cream	BE	
Hylatopic Plus External Foam	BE	
Hylatopic Plus External Lotion	BE	
Iliderm External Emulsion	BE	
Itch-Ender! External Lotion	BE	
Jobst It Stays External Liquid	BE	
Kamdoy External Emulsion	BE	
Kerasal Fungal Nail Renewal External Liquid	BE	
Kerasal Fungal Nail Renewal External Solution	BE	
Kerasal Multi-Purp Nail Repair External Liquid	BE	
Kerasal Multi-Purp Nail Repair External Solution	BE	
Kivik External Emulsion	BE	
Levicyn External Gel	BE	
Liquid Bandage External Liquid	BE	
Loyon External Solution	BE	
MB HydroGel External Kit	BE	
Miaderm Radiation Relief External Lotion	BE	
MimyX External Cream	BE	
Moisture External Cream	BE	
Nail Scrub External Liquid	BE	
NasalGuard External Gel	BE	
Neocera External Cream	BE	
Neosalus CP External Cream	BE	
Neosalus External Cream	BE	
Neosalus External Foam	BE	
Neosalus External Lotion	BE	
New Skin External Liquid	BE	

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Drug Name	Preference Details	Coverage Details
Nexcare Liquid Bandage Drops External Liquid	BE	
Nexcare Liquid Bandage Spray External Liquid	BE	
Nivatopic Plus External Cream	BE	
NonyX External Gel	BE	
Nuvail External Solution	BE	
OC8 External Gel	BE	
Penlen External Emulsion	BE	
Phlag Spray External Emulsion	BE	
PR Cream External Kit	BE	
Presera External Foam	BE	
PruClair External Cream	BE	
PruMyx External Cream	BE	
Radiaderm System R1+R2 External Kit	BE	
Radiaderm System R2 External Lotion	BE	
Remigen External Cream	BE	
Remove Adhesive Remover External Liquid	BE	
Sebuderm External Gel	BE	
Strata ctx External Gel	BE	
Strata mark External Gel	BE	
Strata xrt External Gel	BE	
Strip Ease Adhesive Remover External Liquid	BE	
SuVICORT External Emulsion	BE	
SweatBlock Hands & Feet External Lotion 16 %	BE	
SynerDerm External Emulsion	BE	
Tetrix External Cream	BE	
Thum External Liquid	BE	
Xeralux External Cream	BE	
Yodora Deodorant External Cream	BE	
*Misc. Topical Combinations***		
DermacinRx Surgical ComboPak Combination Kit	BE	
DermaWerx Surgical Plus Pak External Kit 4 & 2 & 5 %(Ont-ont)	BE	

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Drug Name	Preference Details	Coverage Details
Pre & Post Sx Pouch External Therapy Pack 4 & 2 & 5 %	BE	
*Misc. Topical***		
2nd Skin ScarGel External Gel	BE	
Arnica Flower Tincture	BE	
Boric Acid External Granules	BE	
Coats Aloe External Liquid	N/A	
Coats Aloe Vera External Liquid	N/A	
Drysol External Solution 20 %	BE	
Ichthammol External Ointment 20 %	N/A	
ProSilk External Gel	BE	
QBREXZA EXTERNAL PAD 2.4 %	S	
QC Ichthammol External Ointment 20 %	N/A	
*Oxaborole-Related Antifungals - Topical***		
Kerydin SOLUTION 5 % EXTERNAL	NP	ST
Tavaborole Solution 5 % External	NP	ST
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
Eucrisa Ointment 2 % External	P	PA; PA Required
*Photodynamic Therapy Agents - Topical***		
AMELUZ EXTERNAL GEL 10 %	S	
*Rosacea Agents***		
Azelaic Acid Gel 15 % External	NP	ST
Brimonidine Tartrate Gel 0.33 % External	NP	ST
<i>dazomon external gel 0.25 %</i>	S	PA; PA Required
Doxycycline Capsule Delayed Release 40 MG Oral	NP	ST
Finacea Foam 15 % External	NP	ST
Finacea Gel 15 % External	P	ST
Ivermectin Cream 1 % External	NP	ST
metroNIDAZOLE Cream 0.75 % External	P	
MetroNIDAZOLE GEL 0.75 % EXTERNAL	P	
MetroNIDAZOLE Gel 1 % External	P	
MetroNIDAZOLE LOTION 0.75 % EXTERNAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Noritrate CREAM 1 % EXTERNAL	NP	ST
Rhofade Cream 1 % External	NP	ST
Rosadan CREAM 0.75 % EXTERNAL	P	
Rosadan GEL 0.75 % EXTERNAL	P	
Rosadan Kit 0.75 % CREAM External	NP	ST
Rosadan Kit 0.75 % GEL External	NP	ST
ZILXI EXTERNAL FOAM 1.5 %	S	PA; PA Required
*Rosacea Combinations***		
<i>aveida external gel 1-1 %</i>	S	PA; PA Required
<i>dazaveidaoxia external gel 0.25-1-1-4 %</i>	S	PA; PA Required
<i>idaoxia external gel 1-4 %</i>	S	PA; PA Required
*Scabicide Combinations***		
Pyrethrins-Piperonyl Butoxide External Gel 0.3-3.5 %	N/A	
VanaLice External Gel 0.3-3.5 %	N/A	
*Scabicides & Pediculicides***		
Crotan Lotion 10 % External	NP	ST
CVS Ivermectin Lice Treatment Lotion 0.5 % External	BE	
Elimite CREAM 5 % EXTERNAL	NP	ST
Eurax CREAM 10 % EXTERNAL	NP	ST
Eurax LOTION 10 % EXTERNAL	NP	ST
<i>ivermectin external lotion 0.5 %</i>	S	PA; PA Required
Ivermectin Lotion 0.5 % External (OTC)	BE	
Lindane SHAMPOO 1 % EXTERNAL	NP	ST
Malathion LOTION 0.5 % EXTERNAL	NP	ST
Natroba SUSPENSION 0.9 % EXTERNAL	P	
Ovide LOTION 0.5 % EXTERNAL	NP	ST
Permethrin Cream 5 % External	P	
Sklice LOTION 0.5 % EXTERNAL	NP	ST
Spinosad SUSPENSION 0.9 % EXTERNAL	NP	ST
*Scar Treatment Products - Combinations***		
Dermovix External Patch 2-30 %	BE	
Renuu NL External Patch 2-30 %	BE	
Silipac External Kit	BE	

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Drug Name	Preference Details	Coverage Details
*Scar Treatment Products***		
Advanced Scar External Gel	BE	
Beau Rx External Gel	BE	
Celacyn External Gel	BE	
Copaderm External Gel	BE	
CopaSil External Gel	BE	
CVS Scar External Gel	BE	
Dermelle External Gel	BE	
KelaRx External Gel	BE	
Kelo-cote External Gel	BE	
Mederma External Gel	BE	
Mederma For Kids External Gel	BE	
Palmers Scar Serum External Liquid	BE	
RA Scar External Gel	BE	
Recedo External Gel	BE	
Restizan External Gel	BE	
Scar External Gel	BE	
Scar Gel External Gel	BE	
ScarAway External Gel	BE	
Scarcin External Gel	BE	
Scarcin External Liquid	BE	
ScarSilk External Gel	BE	
Skarjel External Gel	BE	
SP Scar Management External Gel	BE	
Strata triz External Gel	BE	
*Skin Protectants***		
InterDry 10"x144" External Sheet	N/A	
InterDry 10"x36" External Sheet	N/A	
InterDry AG Textile 10"x144" External Sheet	N/A	
*Steroid-Local Anesthetic Combinations***		
Cortane-B LOTION 10-10-1 MG/ML EXTERNAL	BE	
EPIFOAM EXTERNAL FOAM 1-1 %	S	
Hydrocortisone Ace-Pramoxine CREAM 2.5-1 % EXTERNAL	BE	

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Drug Name	Preference Details	Coverage Details
Novacort GEL 1-2 % EXTERNAL	BE	
Pramosone CREAM 1-1 % EXTERNAL	BE	
Pramosone CREAM 1-2.5 % EXTERNAL	BE	
Pramosone E CREAM 1-2.5 % EXTERNAL	BE	
Pramosone LOTION 1-1 % EXTERNAL	BE	
Pramosone LOTION 1-2.5 % EXTERNAL	BE	
Pramosone OINTMENT 1-1 % EXTERNAL	BE	
Pramosone OINTMENT 1-2.5 % EXTERNAL	BE	
Pramoxine-HC Cream 1-2.35 % External	BE	
*Tar Products***		
MG217 Psoriasis Coal Tar External Gel 2 %	N/A	
*Tissue Replacements***		
EpiCord External Sheet 1 CM X 2 CM	BE	
*Topical Anesthetic Combinations***		
CadiraMD External Kit 2.5-2.5 %	BE	
Cetacaine Aerosol 2-2-14 % External	BE	
Cetacaine Gel 2-2-14 % External	BE	
Cetacaine Liquid 2-2-14 % External	BE	
Clever Choice Comfort EZ Transdermal Patch 20-4-1 %	BE	
Clever Choice Comfort EZ Transdermal Patch 2-4-1 %	N/A	
Comfort EZ Transdermal Patch 20-4-1 %	BE	
Dermagesic External Cream 1-0.4-0.4 %	N/A	
Dermagesic External Liquid 1-0.4-0.4 %	N/A	
Elemar Patch External Kit 5-6 %	BE	
IV Infusion CPI Combination Kit 2.5-2.5 & 0.9 %	BE	
IV Novice Pack Combination Kit 2.5-2.5 & 0.9 %	BE	
LIDOSYNC External Patch 2-4-1 %	N/A	
<i>nendrix external gel 5-40 %</i>	S	
Pharmacist Choice TSX Transdermal Patch 2-4-1 %	N/A	

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Drug Name	Preference Details	Coverage Details
PrepIV Supply Combination Kit 2.5-2.5 & 0.9 %	BE	
Triceptin External Patch 2-4-1 %	N/A	
Venipuncture CPI External Kit 2.5-2.5 %	BE	
Xyliderm Kit 5 % External	NP	ST
ZILACAINE PATCH EXTERNAL THERAPY PACK 5 %	S	PA; PA Required
*Topical Selective Retinoid X Receptor Agonists***		
TARGRETIN EXTERNAL GEL 1 %	S	
*Topical Steroid Combinations***		
Acioxia External Gel 0.5-0.1 %	BE	
Beser Kit 0.05 % External	NP	ST
Calcipotriene-Betameth Diprop Ointment 0.005-0.064 % External	NP	ST
Calcipotriene-Betameth Diprop Suspension 0.005-0.064 % External	NP	ST
Clodan KIT 0.05 % EXTERNAL	NP	ST
DERMA SILKRX SDS PAK EXTERNAL KIT 0.1 & 5 %	S	
<i>dermacinrx silapak external kit 0.1 & 5 %</i>	S	
DERMAWERX SDS EXTERNAL KIT 0.1 & 5 %	S	
Duobrii Lotion 0.01-0.045 % External	NP	ST
Enstilar FOAM 0.005-0.064 % EXTERNAL	NP	ST
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 %	S	
Quinosone External Kit 0.1 & 12 %	BE	
<i>sanadermrx skin repair external kit 0.1 & 5 %</i>	S	
<i>sure result tac pak external kit 0.1 & 5 %</i>	S	
Synalar (Cream) KIT 0.025 % EXTERNAL	NP	ST
Synalar (Ointment) KIT 0.025 % EXTERNAL	NP	ST
Synalar TS KIT 0.01 % EXTERNAL	NP	ST
Taclonex OINTMENT 0.005-0.064 % EXTERNAL	NP	ST
Taclonex SUSPENSION 0.005-0.064 % EXTERNAL	NP	ST

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Drug Name	Preference Details	Coverage Details
<i>triadime external kit 0.1 & 5 %</i>	S	
<i>triadime-80 external kit 5-0.1 %</i>	S	
<i>triheal-80 external kit 0.1 & 5 %</i>	S	
TRI-SILA EXTERNAL KIT 0.1 & 5 %	S	
TRIVIX EXTERNAL KIT 0.1 & 5 %	S	
*Wound Care - Growth Factor Agents***		
REGRANEX EXTERNAL GEL 0.01 %	S	
*Wound Care Combinations***		
Balsam Peru-Castor Oil External Ointment	BE	
BPCO External Ointment	BE	
Colliginix External 5-2 %	BE	
Dermulcera External Ointment	BE	
Lidotrex (Aloe Vera) External Gel 2 %	BE	
Regenecare External Gel 2 %	BE	
Venelex External Ointment	BE	
Xeroform Oil Emulsion 2"x2" External Pad	BE	
Xeroform Oil Emulsion Gauze External Pad	BE	
Xeroform Oil Emulsion Strip External	BE	
Xeroform Oil Roll 4"x9' External 3 %	BE	
Xeroform Petrolat Gauze 1"x8" External	BE	
Xeroform Petrolat Gauze 5"x9" External	BE	
Xeroform Petrolat Patch 2"x2" External Pad	BE	
Xeroform Petrolat Patch 4"x4" External Pad	BE	
Xeroform Petrolatum Roll 4"x9' External	BE	
*Wound Cleansers/Decubitus Ulcer Therapy***		
ActiMaris All-Natural Wound External Solution	BE	
Alevicyn Dermal Spray External Solution	BE	
Amerigel Wound Wash External Solution	BE	
Atrapro Dermal Spray External Liquid	BE	
CarraKlenz External Solution	BE	
CVS Wound Wash Advanced External Liquid	BE	
Deluo External Solution	BE	
DiaB Klenz External Liquid	BE	
Lavare Wound Wash External Gel	BE	

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Drug Name	Preference Details	Coverage Details
Levicyn Dermal Spray External Solution	BE	
Microcyn External Gel	BE	
Microcyn External Liquid , 0.023 %	BE	
Microcyn Skin and Wound External Gel	BE	
MicroKlenz Wound Cleanser External Liquid	BE	
Nexcare Wound Cleanser External Liquid	BE	
Puracyn Plus Duo-Care External Liquid	BE	
RadiaKlenz External Liquid	BE	
Remedy 4-in-1 Body Cleanser External Liquid 0.5 %	BE	
Resta Wound Cleanser External Liquid	BE	
SAF-Clens AF External Liquid	BE	
Sea-Clens Wound Cleanser External Liquid	BE	
Shur-Clens External Liquid	BE	
SilverMed External Liquid	BE	
Skintegrity Wound External Liquid	BE	
Ultra-Klenz External Liquid	BE	
Vashe Cleansing External Solution	BE	
Vashe Wound Therapy External Solution	BE	
Wound Cleanser External Liquid	BE	
Wound Wash External Liquid	BE	
Wound/Skin Cleanser External Liquid	BE	
*Wound Dressings***		
2nd Skin Moist Burn 1.5"x2" External Pad	BE	
2nd Skin Moist Burn 2"x3" External Pad	BE	
2nd Skin Moist Burn 3"x4" External Pad	BE	
2nd Skin Moist Dressing Kit External Pad	BE	
2nd Skin Moist Gel 1"x1" External Pad	BE	
2nd Skin Moist Gel 3" Round External Pad	BE	
Acticoat Flex 3 4"x4" External Pad	BE	
ActiMaris Wound External Gel	BE	
Adaptic Non-Adhering Dressing External Pad	BE	
Allevyn Adhesive External Pad	BE	
Allevyn Compression External Pad	BE	
Allevyn Gentle Border External Pad	BE	

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Drug Name	Preference Details	Coverage Details
Allevyn Gentle Border Heel External Pad	BE	
Allevyn Gentle Border Lite External Pad	BE	
Allevyn Gentle Border Sacrum External Pad	BE	
Allevyn Gentle Bordr Multisite External Pad	BE	
Allevyn Gentle External Pad	BE	
Allevyn Heel External Pad	BE	
Allevyn Life External Pad	BE	
Allevyn Life Heel External Pad	BE	
Allevyn Life Sacrum External Pad	BE	
Allevyn Non-Adhesive External Pad	BE	
Allevyn Plus Adhesive External Pad	BE	
Allevyn Plus Cavity External Pad	BE	
Allevyn Plus Sacrum External Pad	BE	
Allevyn Sacrum External Pad	BE	
Allevyn Tracheostomy External Pad	BE	
Amerigel Wound Dressing External Gel	BE	
Aquacel Ag Advantage External Pad 4"X5"	BE	
Aquacel Ag Burn External Pad 4"X5"	BE	
Aquacel Extra Hydrofiber 2x2 External Pad	BE	
Aquacel Extra Hydrofiber 6x6 External Pad	BE	
Aquacel Extra Hydrofiber External Pad	BE	
Aquacel Foam 3.2"x3.2" External Pad	BE	
Aquacel Foam 4"x4" External Pad	BE	
Aquacel Foam 5"x5" External Pad	BE	
Aquacel Foam 6"x6" External Pad	BE	
Aquacel Foam 6"X8" External Pad	BE	
Aquacel Foam 7"x7" External Pad	BE	
Aquacel Foam 8"x5.5" External Pad	BE	
Aquacel Foam 8"x7" External Pad	BE	
Aquacel Hydrofiber 0.39"x18" External	BE	
Aquacel-Ag Extra Hydrofiber External Pad 4"X5"	BE	
Aquasite Impreg Dressing 2"x2" External Pad	BE	
Aquasite Impreg Dressing 4"x4" External Pad	BE	
Aquasite Impreg Dressing 4"x8" External Pad	BE	

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Drug Name	Preference Details	Coverage Details
Aquasite Impreg Gauze 2"x2" External Pad	BE	
Aquasite Impreg Gauze 4"x4" External Pad	BE	
Aquasite Sheet Dressing 4"x4" External Pad	BE	
Arglaes Island 4"x4-3/4" External Pad	BE	
Atrapro CP External Kit	BE	
Atrapro Hydrogel External Gel	BE	
Avogel Dressing 4"x4" External , 20 %	BE	
Avogel Dressing 6"x48" External	BE	
Avogel Dressing 8"x8" External	BE	
Avogel Sheet External	BE	
Biobrane 10"x15" External Pad	BE	
Biobrane 15"x20" External Pad	BE	
Biobrane 5"x15" External Pad	BE	
Biobrane 5"x5" External Pad	BE	
Biobrane Gloves Large External	BE	
Biobrane Gloves Medium External	BE	
Biobrane Gloves Pediatric External	BE	
Biobrane Gloves Small External	BE	
Biobrane-L 10"x15" External Pad	BE	
Biobrane-L 5"x15" External Pad	BE	
Biobrane-L 5"x5" External Pad	BE	
CarboFlex Odor Control External Pad	BE	
CarraColloid 4"X4" External Pad	BE	
CarraColloid 6"X6" External Pad	BE	
CarraDres External	BE	
CarraGauze External	BE	
CarraGauze External Pad	BE	
CarraSmart External Gel	BE	
CarraSorb M DriGel External	BE	
Carrasyn Hydrogel Wound Dress External Gel	BE	
Carrasyn V Wound Dressing External Gel	BE	
Celacyn Post-Procedure Pack External Kit	BE	
Cica-Care External Sheet	BE	
Comfeel Film External Sheet	BE	
Comfeel Paste External Paste	BE	

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Drug Name	Preference Details	Coverage Details
Comfeel Plus Clear Dressing External Pad	BE	
Comfeel Plus Contour Dressing External Pad	BE	
Comfeel Plus Dressing External Pad	BE	
Comfeel Plus Triangle Dressing External Pad	BE	
Comfeel Plus Ulcer Dressing External Pad	BE	
Comfeel Ulcer Care Dressing External Pad	BE	
Comfort-Aid 1.5"x2.5" External Pad	BE	
Conformant 2 Wound Veil External	BE	
Contreet Foam Cavity External Pad	BE	
Contreet Foam External Pad	BE	
Contreet Foam Heel External Pad	BE	
Contreet Foam Sacral External Pad	BE	
Contreet Hydrocolloid External Pad	BE	
CoolMagic External Sheet	BE	
CoolMagic Tube Site Dressing External Sheet	BE	
Curafil Wound Dressing External Gel	BE	
Curity Heavy Drainage Pack External Pad	BE	
Curity Hypertonic NaCl Strip External	BE	
Curity NaCl Dressing 6"x6-3/4" External Pad	BE	
Curity Saline Dressing 8"x4" External Pad	BE	
Curity Unna Boot External	BE	
Cuticerin 3"x16" External	BE	
Cuticerin 3"x3" External	BE	
Cuticerin 3"x8" External	BE	
Cuticerin 4"x4" External	BE	
Cuticerin 8"X16" External	BE	
Cutinova Hydro 2"X2-3/8" External	BE	
Cutinova Hydro 4"X4" External	BE	
Cutinova Hydro 6"x8" External	BE	
CVS Hydrocolloid Pads External Pad	BE	
CVS Manuka Honey Wound External Gel	BE	
Derma Pak-its Iodoform External	BE	
DermaGauze Dressing External Pad	BE	
DermaGauze Hydrogel Dressing External	BE	
Derma-Gel 4"x4" External Pad	BE	

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Drug Name	Preference Details	Coverage Details
Dermagran Hydrogel Wound External Gel	BE	
Dermagran Hydrophilic Dressing External Pad	BE	
Dermagran-B Hydrophilic External Gel	BE	
DermaSyn External Gel	BE	
Derpixa External Gel	BE	
DiaB Daily Care External Gel	BE	
DiaB External Cream	BE	
DiaB External Gel	BE	
DiaB F.D.G. Freeze-Dried External Gel	BE	
Dome-Paste Bandage External Pad	BE	
Drawtex 2"x2" External Pad	BE	
Drawtex 3"x3" External Pad	BE	
Drawtex 3"x39" External	BE	
Drawtex 4"x39" External	BE	
Drawtex 4"X4" External Pad	BE	
Drawtex 6"X8" External Pad	BE	
Drawtex 8"x39" External	BE	
Drawtex 8"X8" External Pad	BE	
Drs Choice Blister Care External Pad	BE	
Drs Choice Burns/Scalds/Abrasn External Pad	BE	
Drs Choice Diabetic Bandages External Kit	BE	
Drs Choice Skin Closure External Kit	BE	
Drs Choice Slow Heal Bandages External Kit	BE	
Drs Choice Ultra-Flex External	BE	
Dudress Island Dressing 4"x4" External Pad	BE	
Dudress Island Dressing 6"x6" External Pad	BE	
DuoDERM Hydroactive External	BE	
Durafiber 2"x2" External	BE	
Durafiber 3/4"X18" External	BE	
Durafiber 4"x4" External	BE	
Durafiber 6"X6" External	BE	
DynaDerm External	BE	
DynaDerm Hydrocolloid 4"x4" External	BE	
Elasto-Gel 12"x12" External Pad	BE	
Elasto-Gel 2"x3" External Pad	BE	

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Drug Name	Preference Details	Coverage Details
Elasto-Gel 3" Round External Pad	BE	
Elasto-Gel 4"x4" External Pad	BE	
Elasto-Gel 5"x5" External Pad	BE	
Elasto-Gel 6"x8" External Pad	BE	
Elasto-Gel 8"x16" External Pad	BE	
Elasto-Gel Cast/Splint 12"x12" External Pad	BE	
Elasto-Gel Cast/Splint 4"x4" External Pad	BE	
Elasto-Gel Cast/Splint 6"x8" External Pad	BE	
Elasto-Gel Cast/Splint 8"x16" External Pad	BE	
Elasto-Gel Face Mask External Pad	BE	
Elasto-Gel Plus 2"x3" External Pad	BE	
Elasto-Gel Plus 4"x4" External Pad	BE	
Elasto-Gel Plus 8"x8" External Pad	BE	
Excel-Gel External Gel	BE	
Exuderm LP 4"x4" External Pad	BE	
Exuderm LP 6"x6" External Pad	BE	
Exuderm RCD 4"x4" External Pad	BE	
Exuderm RCD 6"x6" External Pad	BE	
Exuderm RCD 8"x8" External Pad	BE	
Exuderm Sacrum 4"x3.6" External Pad	BE	
Exuderm Satin 2"x2" External Pad	BE	
Exuderm Satin 4"x4" External Pad	BE	
Exuderm Satin 6"x6" External Pad	BE	
Exuderm Satin 8"x8" External Pad	BE	
Exuderm Ultra 4"x4" External Pad	BE	
Exu-Dry 15"x18" External Pad	BE	
Exu-Dry 15"x24" External Pad	BE	
Exu-Dry 20"x28" External Pad	BE	
Exu-Dry 3"x4" External Pad	BE	
Exu-Dry 4"x6" External Pad	BE	
Exu-Dry 6"x9" External Pad	BE	
Exu-Dry 9"x15" External Pad	BE	
Exu-Dry Arm 27"x31" External Pad	BE	
Exu-Dry Boot/Foot Child External	BE	
Exu-Dry Burn Jacket 17"x20" External Pad	BE	

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Drug Name	Preference Details	Coverage Details
Exu-Dry Burn Jacket 31"x32" External Pad	BE	
Exu-Dry Burn Jacket 36"x40" External	BE	
Exu-Dry Burn Vest 26"x38" External	BE	
Exu-Dry Burn Vest Child 15x20" External	BE	
Exu-Dry Buttocks 23"x53" External Pad	BE	
Exu-Dry Disc 3" External	BE	
Exu-Dry Elbow/Knee/Heel 10x17 External Pad	BE	
Exu-Dry Face 9"x14" External Pad	BE	
Exu-Dry Incision 3"x9" External Pad	BE	
Exu-Dry Leg 34"x37" External	BE	
Exu-Dry Non-Permeable 24"x36" External Pad	BE	
Exu-Dry Non-Permeable 36"x72" External Sheet	BE	
Exu-Dry Pad Hand Child 8"x8" External Pad	BE	
Exu-Dry Padded Hand 12"x13" External Pad	BE	
Exu-Dry Padded Neck 6"x25" External Pad	BE	
Exu-Dry Permeable 24"x36" External Pad	BE	
Exu-Dry Quilted 36"x72" External Sheet	BE	
Exu-Dry Scalp 3"x14" External Pad	BE	
Exu-Dry Slit Disc 3" External	BE	
Exu-Dry Slit Tube 2"x3" External Pad	BE	
Exu-Dry Slit Tube 3"x4" External	BE	
Exu-Dry Slit Tube 4"x6" External	BE	
Fibracol External , 10-90 %	BE	
Fibracol External Pad 10-90 %	BE	
Foam Dressing Bordered External Pad	BE	
Foam Dressing Circular Border External Pad	BE	
Foam Dressing Non-Bordered External Pad	BE	
Gelocast Unnas Boot External	BE	
GRX Hydrogel Gauze 2X2 External Pad	BE	
GRX Hydrogel Gauze 4X4 External Pad	BE	
GRX Wound External Gel	BE	
Haproderm External Gel	BE	
Hycoloid-GRX External Pad	BE	
Hydrocol External Pad	BE	

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Drug Name	Preference Details	Coverage Details
Hydrocol II External Pad	BE	
Hydrocol II Sacral External Pad	BE	
Hydrocol II Thin External Pad	BE	
Hydrofera Blue 4"x4" External Pad	BE	
Hydrofera Blue 6"x6" External Pad	BE	
Hydrofera Blue Foam Dressing External Pad	BE	
Hydrofera Blue Foam/Tunneling External Pad	BE	
Hydrofera Blue MRF Dressing External Pad	BE	
Hydrofera Blue Ready Foam External Pad	BE	
Hydrogel External Gel	BE	
Hypafix External Pad	BE	
Intrasite Gel Applipak External Gel	BE	
Kaltostat 12"x24" External Pad	BE	
Kaltostat 2"x2" External Pad	BE	
Kaltostat 4"x8" External Pad	BE	
Kaltostat 6"x9-1/2" External Pad	BE	
Kaltostat Fortex 4"x4" External Pad	BE	
Kaltostat Rope External	BE	
Kaltostat Wound Dressing External Pad	BE	
Kendall Alginate 12" Rope External	BE	
Kendall Alginate Dress 2"x2" External Pad	BE	
Kendall Alginate Dress 4"x4" External Pad	BE	
Kendall Alginate Dress 4"x5" External Pad	BE	
Kendall Alginate Dress 4"x8" External Pad	BE	
Kendall Alginate Dress 6"x6" External Pad	BE	
Kendall Alginate Dress 6"x7" External Pad	BE	
Kendall Alginate Dress 8"x8" External Pad	BE	
Kendall Amorphous Wound External Gel	BE	
Kendall Antimicrobial Bandage External	BE	
Kendall Hydrogel Gauze 2"x2" External Pad	BE	
Kendall Hydrogel Gauze 4"x4" External Pad	BE	
Kendall Hydrogel Gauze 4"x8" External Pad	BE	
Kendall Hydrogel Wound Dress External	BE	
Kendall Zinc Ca Alginate 4"x4" External Pad	BE	
Keragel External Gel	BE	

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Drug Name	Preference Details	Coverage Details
KeragelT External Gel	BE	
Keramatrix Replicine 10cmX10cm External Sheet	BE	
Keramatrix Replicine 5cmX5cm External Sheet	BE	
KERASTAT EXTERNAL CREAM	S	
KERASTAT EXTERNAL GEL 5 %	S	
Kerlix Super Sponge Saline External Pad	BE	
Luxamend External Cream	BE	
Medfix EZ External	BE	
Medihoney Ca Alginate 2"x2" External Pad	BE	
Medihoney Ca Alginate 4"x5" External Pad	BE	
Medihoney Wound & Burn Dressing External Paste	BE	
Medihoney Wound/Burn Dressing External Gel	BE	
Medihoney Wound/Burn Dressing External Pad	BE	
Medihoney Wound/Burn Dressing External Paste	BE	
Medi-Pak Performance Plus ABD External Pad	BE	
Nu-Gel External Gel	BE	
Nu-Gel External Pad	BE	
Pico Wound Therapy System External Kit	BE	
Polymem Alginate Dressing External	BE	
Polymem Alginate Dressing External Pad	BE	
Primacol Bordered Dressing 2x2 External Pad	BE	
Primacol Bordered Dressing 4x4 External Pad	BE	
Primacol Bordered Dressing 6x6 External Pad	BE	
Primacol Dressing 4"x4" External Pad	BE	
Primacol Dressing 6"x6" External Pad	BE	
Primacol Dressing 8"x8" External Pad	BE	
Primacol Specialty Dressing External Pad	BE	
Primacol Thin Dressing 4"x4" External	BE	
Primacol Thin Dressing 6"x6" External	BE	

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Drug Name	Preference Details	Coverage Details
Primary Dressing Tray External Kit	BE	
Primer Modified Unna Boot External	BE	
Purilon External Gel	BE	
RadiaCare Post Healing External Cream	BE	
RadiaDres Gel Sheet External Sheet	BE	
RadiaGel External Gel	BE	
RadiaPlexRx External Gel	BE	
Replicare 1-1/2"X2-1/2" External Pad	BE	
Replicare 4"X4" External Pad	BE	
Replicare 6"x6" External Pad	BE	
Replicare 8"X8" External Pad	BE	
Replicare Thin 2"X2.75" External Pad	BE	
Replicare Thin 3.5"X5.5" External Pad	BE	
Replicare Thin 6"x8" External Pad	BE	
Replicare Ultra 4"X4" External Pad	BE	
Replicare Ultra 6"X6" External Pad	BE	
Replicare Ultra Sacrum 7"x8" External Pad	BE	
Restore CX Wound Care Dressing External Pad	BE	
Restore Dressing for Psoriasis External Pad	BE	
Restore Extra Thin Dressing External Pad	BE	
Restore Hydrogel Dressing External Gel	BE	
Restore Hydrogel Gauze External 20 %	BE	
Restore Hydrogel Gauze External Pad	BE	
Restore Plus Wound Care Dress External Pad	BE	
Restore Wound Care Dressing External Pad	BE	
RevitaDERM Wound Care External Gel	BE	
RTD Wound Care Dressing External Pad	BE	
SAF-Gel External Gel	BE	
SeaSorb-Ag External Pad	BE	
Sil-K Pad Large External	BE	
Sil-K Pad Medium External	BE	
Sil-K Pad Small External	BE	
Skintegrity 2"x2" External Pad	BE	
Skintegrity 4"x4" External Pad	BE	

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Drug Name	Preference Details	Coverage Details
Skintegrity Hydrogel External Gel	BE	
SoloSite Conformable Wound External Pad	BE	
Solosite Wound Gel External Gel	BE	
Sorbacell Foam Dressing 4"x4" External Pad	BE	
Sorbacell Foam Dressing Strip External Pad	BE	
Sorbsan Wound Dressing External Pad	BE	
SP Antipruritic External Gel	BE	
Spectragel External Gel	BE	
Stimulen External Gel	BE	
Strata grt External Gel	BE	
Stratasorb Island Dressing External Pad	BE	
Tegaderm High Gelling Alginate External	BE	
Tegaderm High Gelling Alginate External Pad	BE	
Tegaderm High Integ Alginate External	BE	
Tegaderm High Integ Alginate External Pad	BE	
Tegaderm Hydrocolloid External	BE	
Tegaderm Hydrocolloid Thin External	BE	
Tegaderm Hydrogel Wound Filler External Gel	BE	
TenderWet Active 1.6" External	BE	
TenderWet Active 2.2" External	BE	
TenderWet Active 3"x3" External	BE	
TenderWet Active 4"x5" External	BE	
TenderWet Active Cavity 1.6" External	BE	
TenderWet Active Cavity 2.2" External	BE	
TenderWet Active Cavity 3"x3" External	BE	
TenderWet Active Cavity 3"x8" External	BE	
TenderWet Active Cavity 4"x5" External	BE	
TheraHoney External Gel	BE	
TheraHoney External Sheet	BE	
Toe-Aid External Pad	BE	
Triad Hydrophilic Wound Dress External Paste	BE	
Triple Helix Collagen 12" Rope External	BE	
Triple Helix Collagen 2"x2" External Pad	BE	

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Drug Name	Preference Details	Coverage Details
Unna-Flex Elastic Unna Boot External	BE	
Unna-Flex Plus Venous Ulcer External Kit	BE	
VacuStim Black External Kit	BE	
VacuStim Silver External Kit	BE	
Vascuderm Hydrogel External Gel	BE	
Vaseline Petrolatum Gauze External Pad	BE	
Vaseline Petrolatum Tube Foil External Pad	BE	
Vexasyn External Gel	BE	
Vigilon Primary Wound Dressing External Pad	BE	
Wound Debridement External Kit 4 %	BE	
Wound Gel External Gel	BE	
Wound Gel Spray External Gel	BE	
Woundgard 2-1/2"x2-1/2" External Pad	BE	
Woundgard 4"x4-1/4" External Pad	BE	
Woundgard 4"x6" External Pad	BE	
Woun'Dres External Gel	BE	
Woun'Dres Hydrogel Wound Dress External Gel	BE	
Xeroflo Dressing 2"x2" External Pad	BE	
Zanabin Hydrogel External Gel	BE	
*Wound Treatment - Gene Therapy***		
Vyjuvek External Gel 5000000000 PFU/2.5ML	BE	
Diagnostic Products		
*Diagnostic Biologicals***		
Almond (Diagnostic) Injection Solution 1:20	BE	
Alternaria alternat (Diagnost) Injection Solution 1:20	BE	
American Elm (Diagnostic) Injection Solution 1:20	BE	
American Lobster (Diagnostic) Injection Solution 1:20	BE	
Apple (Diagnostic) Injection Solution 1:40	BE	
Aspergillus fumigat (Diagnost) Injection Solution 1:20	BE	
Atlantic Cod (Diagnostic) Injection Solution 1:20	BE	

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Drug Name	Preference Details	Coverage Details
Atlantic Salmon (Diagnostic) Injection Solution 1:20	BE	
Atlantic/Eastern Oyster(Diagn) Injection Solution 1:20	BE	
Banana (Diagnostic) Injection Solution 1:40	BE	
Beef (Diagnostic) Injection Solution 1:20	BE	
Bipolaris sorokin (Diagnostic) Injection Solution 1:20	BE	
Black Walnut (Diagnostic) Injection Solution 1:20	BE	
Black Willow (Diagnostic) Injection Solution 1:20	BE	
Blue Crab (Diagnostic) Injection Solution 1:20	BE	
Brazil Nut (Diagnostic) Injection Solution 1:20	BE	
Brown Shrimp (Diagnostic) Injection Solution 1:20	BE	
<i>candida albicans skn tst antgn injection solution 1:10</i>	S	
Cashew Nut (Diagnostic) Injection Solution 1:20	BE	
Celery (Diagnostic) Injection Solution 1:40	BE	
Chicken Meat (Diagnostic) Injection Solution 1:20	BE	
Cladosporium sphaer (Diagnost) Injection Solution 1:20	BE	
Coconut (Diagnostic) Injection Solution 1:20	BE	
Corn (Zea mays) (Diagnostic) Injection Solution 1:40	BE	
Cow Milk (Diagnostic) Injection Solution 1:20	BE	
Dog Epithelium (Diagnostic) Injection Solution 1:20	BE	
Eastern Cottonwood(Diagnostic) Injection Solution 1:20	BE	
English Plantain (Diagnostic) Injection Solution 1:20	BE	
English Walnut (Diagnostic) Injection Solution 1:20	BE	

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Drug Name	Preference Details	Coverage Details
Hazelnut (Filbert)(Diagnostic) Injection Solution 1:20	BE	
Horse Epithelium (Diagnostic) Injection Solution 1:20	BE	
Lambs Quarters (Diagnostic) Injection Solution 1:20	BE	
Mountain Cedar (Diagnostic) Injection Solution 1:20	BE	
Mouse Epithelium (Diagnostic) Injection Solution 1:20	BE	
Nettle (Diagnostic) Injection Solution 1:40	BE	
Northern Quahog Clam(Diagnost) Injection Solution 1:20	BE	
Orange (Diagnostic) Injection Solution 1:20	BE	
Peanut (Diagnostic) Injection Solution 1:20	BE	
Pecan Nut (Diagnostic) Injection Solution 1:20	BE	
Penicillium Notatum (Diagnost) Injection Solution 1:20	BE	
Pineapple (Diagnostic) Injection Solution 1:20	BE	
Pork (Diagnostic) Injection Solution 1:20	BE	
Red Maple (Diagnostic) Injection Solution 1:20	BE	
Red Oak (Diagnostic) Injection Solution 1:20	BE	
Rice (Diagnostic) Injection Solution 1:20	BE	
Sagebrush (Diagnostic) Injection Solution 1:20	BE	
Sea Scallops (Diagnostic) Injection Solution 1:20	BE	
Sesame Seed (Diagnostic) Injection Solution 1:20	BE	
Soybean (Diagnostic) Injection Solution 1:40	BE	
Strawberry (Diagnostic) Injection Solution 1:40	BE	
Sweet Cherry (Diagnostic) Injection Solution 1:20	BE	
Tomato (Diagnostic) Injection Solution 1:40	BE	
Western Juniper (Diagnostic) Injection Solution 1:40	BE	

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Drug Name	Preference Details	Coverage Details
White Alder (Diagnostic) Injection Solution 1:20	BE	
White Ash (Diagnostic) Injection Solution 1:20	BE	
White Birch (Diagnostic) Injection Solution 1:20	BE	
White Potato (Diagnostic) Injection Solution 1:20	BE	
Whole Grain Barley(Diagnostic) Injection Solution 1:20	BE	
Whole Wheat (Diagnostic) Injection Solution 1:20	BE	
*Diagnostic Drugs***		
BLUDIGO INTRAVENOUS SOLUTION 8 MG/ML	S	
Cytalux Intravenous Solution 3.2 MG/1.6ML	BE	
Lexiscan Intravenous Solution 0.4 MG/5ML	BE	
Regadenoson Intravenous Solution 0.4 MG/5ML	BE	
*Diagnostic Infection Test Combinations***		
Cobas Liat SARS-CoV-2-AB Assay In Vitro Kit	BE	
Cobas Liat SARS-CoV-2-AB Cntrl In Vitro Kit	BE	
*Diagnostic Radiopharmaceuticals - Brain***		
Fluorodopa F 18 Intravenous Solution 37-1480 MBQ/ML	BE	
TAUVID INTRAVENOUS SOLUTION 300-1900 MBQ/ML	S	
*Diagnostic Radiopharmaceuticals - Lymphatic System**		
LYMPHOSEEK INJECTION KIT	S	
*Diagnostic Radiopharmaceuticals - Miscellaneous***		
NEUROLITE INTRAVENOUS KIT	S	
*Diagnostic Radiopharmaceuticals - Prostatic***		
Illuccix Configuration A Intravenous Kit 25 MCG	BE	

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Drug Name	Preference Details	Coverage Details
Illuccix Configuration B Intravenous Kit 25 MCG	BE	
POSLUMA INTRAVENOUS SOLUTION 296-5846 MBQ/ML	S	
*Diagnostic Supplies***		
Cervical Specimen Collection Swab	BE	
Drihep Arterial Line Syringe Kit , 100 UNIT	BE	
Drihep Plus Prefilled Syringe Kit 100 UNIT	BE	
Glass Syringe 3 ML Kit	BE	
Glass Syringe 5 ML Kit , 500 UNIT	BE	
Liquihep II Prefilled Syringe Kit 500 UNIT	BE	
Liquihep Prefilled Syringe Kit 500 UNIT	BE	
Lithium Heparin Prefilled Syr Kit 500 UNIT	BE	
Lyophil Lith Hep Prefilled Syr Kit 100 UNIT, 70 UNIT	BE	
*Diagnostic Tests***		
Accu-Chek Aviva Plus STRIP IN VITRO	P	QL (200 EA per 30 days)
Accu-Chek Compact Plus STRIP IN VITRO	P	QL (204 EA per 30 days)
Accu-Chek Guide Strip In Vitro	P	QL (200 EA per 30 days)
Accu-Chek SmartView STRIP IN VITRO	P	QL (200 EA per 30 days)
Cholesterol and Lipid Test In Vitro Diagnostic Test	BE	
*Infection Tests***		
Accula SARS-CoV-2 In Vitro Kit	BE	
BINAXNOW COVID-19 AG HOME TEST KIT IN VITRO	S	QL (8 EA per 30 days)
CARESTART COVID-19 HOME TEST KIT IN VITRO	S	QL (8 EA per 30 days)
Cobas Liat SARS-CoV-2 Assay In Vitro Kit	BE	
DiaTrust COVID-19 Home Test Kit In Vitro	P	
<i>ellume covid-19 home test kit in vitro</i>	S	QL (8 EA per 30 days)
FLOWFLEX COVID-19 AG HOME TEST KIT IN VITRO	S	QL (8 EA per 30 days)
Genabio Covid-19 Rapid Test Kit In Vitro	P	
GENABIO COVID-19 RAPID TEST KIT IN VITRO	S	QL (8 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
ID Now COVID-19 2.0 Test In Vitro Kit	BE	
ID NOW COVID-19 In Vitro Kit	BE	
ID Now RSV Control Swab In Vitro Kit	BE	
ID Now RSV In Vitro Kit	BE	
ID Now Strep A2 Control Swab In Vitro Kit	BE	
IHEALTH COVID-19 RAPID TEST KIT IN VITRO	S	QL (8 EA per 30 days)
Indicaid COVID-19 Rapid Test Kit In Vitro	P	
INTELISWAB COVID-19 RAPID TEST KIT IN VITRO	S	QL (8 EA per 30 days)
LUCIRA CHECK IT COVID-19 TEST KIT IN VITRO	S	QL (8 EA per 30 days)
Lyra Direct SARS-CoV-2 Assay In Vitro Kit	BE	
Lyra SARS-CoV-2 Assay In Vitro Kit	BE	
PIXEL COVID-19 PCR HOME TEST KIT IN VITRO	S	QL (8 EA per 30 days)
QUICKVUE AT-HOME COVID-19 TEST KIT IN VITRO	S	QL (8 EA per 30 days)
Xpert Xpress SARS-CoV-2 In Vitro Kit	BE	
*Miscellaneous Contrast Media***		
ELUCIREM INTRAVENOUS SOLUTION 0.5 MMOL/ML	S	
EXEM INTRAUTERINE FOAM 10 ML	S	
VUEWAY INTRAVENOUS SOLUTION 0.5 MMOL/ML	S	
XENOVUE INHALATION GAS 1 %	S	
*Multiple Skin Tests***		
Cockroach Mixed (Diagnostic) Injection Solution 1:20	BE	
Sheep Sorrel-Dock (Diagostic) Injection Solution 1:20	BE	
Short-Giant Ragweed (Diagnost) Injection Solution 1:20	BE	
*Radiographic Contrast Media - Barium***		
READI-CAT 2 COMBINATION SUSPENSION 2.1 %	S	

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Drug Name	Preference Details	Coverage Details
VANILLA SILQ COMBINATION SUSPENSION 2.1 %	S	
*Radiographic Contrast Media - Iodinated***		
LIPIODOL INJECTION OIL 480 MG/ML	S	
Dietary Products/Dietary Management Products		
*Dietary Management Product Combinations***		
Algesis Oral Tablet	BE	
AstaMed MYO Oral Capsule	BE	
Axona Oral Packet	BE	
Cerefolin NAC Oral Tablet 6-2-600 MG	BE	
CholexMax Oral Powder	BE	
Cholextra t/f Oral Powder	BE	
Culturelle IBS Complete Oral Packet	BE	
Deplin 15 Oral Capsule 15-90.314 MG	BE	
Deplin 7.5 Oral Capsule 7.5-90.314 MG	BE	
EnLyte Oral Capsule	BE	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT	S	
Fosteum Plus Oral Capsule	BE	
Fovex Oral Capsule	BE	
GABAdone Oral Capsule	BE	
Glygest Oral Packet	BE	
Hypertensa Oral Capsule	BE	
Hypnosom Oral Tablet	BE	
LDL Care Oral Powder	BE	
Lexazin Oral Capsule	BE	
Limbrel250 Oral Capsule 250-50 MG	BE	
Limbrel500 Oral Capsule 500-50 MG	BE	
LipiChol 540 Oral Capsule	BE	
Lister-V Oral Capsule	BE	
L-Methylfolate Formula 15 Oral Capsule 15-90.314 MG	BE	
L-Methylfolate Formula 7.5 Oral Capsule 7.5-90.314 MG	BE	

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Drug Name	Preference Details	Coverage Details
L-Methylfolate Forte Oral Capsule 15-90.314 MG, 7.5-90.314 MG	BE	
L-Methylfolate-Algae Oral Capsule 15-90.314 MG, 7.5-90.314 MG	BE	
L-Methyl-MC NAC Oral Tablet 6-2-600 MG	BE	
LorMate Oral Capsule	BE	
Lukaid GLA Oral Emulsion	BE	
Macutek Oral Tablet Dispersible	BE	
Macuzin Oral Capsule	BE	
Mebolic Oral Tablet	BE	
Metafolbic Plus Oral Tablet 6-2-600 MG	BE	
Methaver Oral Capsule	BE	
Methazel Oral Capsule	BE	
Neoke BCAA4 Oral Powder	BE	
NeoKe BHB Oral Powder	BE	
NeoPhe Oral Tablet	BE	
Neurepa Oral Capsule	BE	
Nicaprin Oral Tablet	BE	
Nicazyme Oral Tablet	BE	
Omniquin Oral Capsule	BE	
Omnivex Oral Tablet	BE	
Percura Oral Capsule	BE	
Pro-Critic Oral Packet	BE	
Proleeva Oral Capsule	BE	
Proleva Oral Tablet	BE	
Proteolin DS Oral Tablet	BE	
Proteolin Oral Tablet	BE	
Pulmona Oral Capsule	BE	
Puralor Ci Oral Tablet Extended Release	BE	
Rheumate Oral Capsule	BE	
Ribozel Oral Capsule	BE	
Sentra AM Oral Capsule	BE	
Sentra PM Oral Capsule	BE	
Sodium Polysulfthionate-FA Oral Capsule	BE	
Sulfzix Oral Capsule	BE	

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Drug Name	Preference Details	Coverage Details
Theramine Oral Capsule	BE	
Theramine Plus Oral Packet	BE	
TL-ICare Oral Capsule	BE	
Tobakient Oral Capsule	BE	
Trepadone Oral Capsule	BE	
T-Support Max Oral Capsule	BE	
TYR Sphere 20 Oral Packet	BE	
Vasculera Oral Tablet	BE	
Vayacog Oral Capsule 100-19.5-6.5 MG	BE	
Vayarin Oral Capsule 75-21.5-8.5 MG	BE	
Vayarin Plus Oral Capsule	BE	
Vayarol Oral Capsule 630-232.5-92.5 MG	BE	
VB6 P5P Oral Powder	BE	
<i>vp-gstn oral capsule 27-20-200 mg-mg-unit</i>	S	
Xyzbac Oral Tablet	BE	
Zavitrol Oral Capsule	BE	
Zyvexol Oral Tablet	BE	
Zyvit Oral Tablet	BE	
*Dietary Management Products***		
5-MTHF ES Oral Capsule 8500 MCG	N/A	
Availnex Oral Tablet Chewable 750 MG	BE	
Elfolate Oral Tablet 15 MG, 7.5 MG	BE	
EnteraGam Oral Packet 5 GM	BE	
Galaxtra Oral Powder	BE	
Limbrel Oral Capsule 250 MG, 500 MG	BE	
L-methylfolate Calcium Oral Tablet 15 MG, 7.5 MG	BE	
L-Methylfolate Oral Tablet 15 MG, 7.5 MG	BE	
Luvira Oral Capsule 1.22 GM	BE	
Vascazen Oral Capsule 1 GM	BE	
XaQuil XR Oral Tablet Extended Release 25.5 MG, 30 MG	BE	
*Nutritional Supplements - Diet Aids***		
Acai Weight Control Oral Capsule	BE	
App Slim Rms Oral Capsule	BE	

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Drug Name	Preference Details	Coverage Details
Carb Intercept/Phase 2 Oral Capsule	BE	
Dexatrim Max Complex 7 Oral Capsule	BE	
Dieters Detox Oral Capsule	BE	
Dietex Forte Oral Capsule	BE	
Minus Weight Plus Energy Oral Capsule	BE	
Ultra Diet Aid Oral Capsule	BE	
*Nutritional Supplements***		
3232A Infant Formula Oral Powder	BE	
5-HTP Tryptophan Oral Tablet 50 MG	BE	
A/G Pro Oral Tablet	BE	
Acerflex Oral Powder	BE	
Advera Oral Liquid	BE	
AlitraQ Oral Packet	BE	
AminoPMrms Oral Capsule	BE	
Anti-Inflammatory Enzyme Oral Capsule	BE	
Antioxidant Formula Oral Capsule	BE	
Arginaid Extra Oral Liquid	BE	
Arginaid Oral Packet	BE	
AsilNasalrms Oral Capsule	BE	
A-Soy Oral Liquid	BE	
Balance Total Nutritional Snac Oral Liquid	BE	
Balanced Nutritional Drink Oral Liquid	BE	
Balanced Nutritional Drink Pls Oral Liquid	BE	
Balanced Nutritional Shake Pls Oral Liquid	BE	
BCAD 1 Oral Powder	BE	
BCAD 2 Oral Powder	BE	
Beef/Potatoes/Spinach Oral Liquid	BE	
Benecalorie Oral Liquid	BE	
Bio-Immunex Oral Capsule	BE	
Bladder 2.2 Oral Tablet	BE	
Boost 100 Calorie Smart Oral Liquid	BE	
Boost Breeze Oral Liquid	BE	
Boost Compact Oral Liquid	BE	
Boost Glucose Control Oral Liquid	BE	
Boost High Protein Oral Liquid	BE	

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Drug Name	Preference Details	Coverage Details
Boost High Protein Oral Powder	BE	
Boost Kid Essentials 1.0 Cal Oral Liquid	BE	
Boost Kid Essentials 1.5 Cal Oral Liquid	BE	
Boost Kid Essentials 1.5/Fiber Oral Liquid	BE	
Boost Kid Essentials Oral Liquid	BE	
Boost Kids Essentials Oral Liquid	BE	
Boost Max 30G Protein Oral Liquid	BE	
Boost Max Men Oral Liquid	BE	
Boost Oral Liquid	BE	
Boost Plus Oral Liquid	BE	
Boost Smoothie Oral Liquid	BE	
Boost Very High Calorie Oral Liquid	BE	
Boost VHC Oral Liquid	BE	
Boost Women Oral Liquid	BE	
Boost/Benefiber Oral Liquid	BE	
Bright Beginnings Pediatric Oral Liquid	BE	
Bromase Oral Capsule 15-500 MG	BE	
Camino Pro 15PE Oral Liquid	BE	
Camino Pro Complete/Glytactin Oral Bar	BE	
Camino Pro PKU Oral Liquid	BE	
Cardio Complete Oral Capsule	BE	
Carnation Breakfast Essentials Oral Liquid	BE	
Carnation Breakfast Essentials Oral Packet	BE	
Carnation Inst Breakfast Juice Oral Liquid	BE	
Carnation Inst Breakfast Plus Oral Liquid	BE	
Carnation Inst Breakfast VHC Oral Liquid	BE	
Carnation Instant Breakfast Oral Liquid	BE	
Catalytic Formula Oral Tablet	BE	
CFpreop Oral Liquid	BE	
Chicken/Carrots/Brown Rice Oral Liquid	BE	
Chlorella-Spirulina Complex Oral Tablet	BE	
Choice DM Oral Liquid	BE	
Choice DM TF Oral Liquid	BE	
Cholesterol Defense Oral Tablet	BE	
Cholextra Oral Powder	BE	

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Drug Name	Preference Details	Coverage Details
ChronoFlex Oral Tablet	BE	
ChronoVision Oral Capsule	BE	
Click Espresso Protein Drink Oral Powder	BE	
Colon Formula Oral Capsule 166.67-500 MG	BE	
Compleat Oral Liquid	BE	
Compleat Organic Blends Oral Liquid	BE	
Compleat Pedi Peptide 1.5 Oral Liquid	BE	
Compleat Pediatric Oral Liquid	BE	
Compleat Pediatric Org Blends Oral Liquid	BE	
Compleat Peptide 1.5 Oral Liquid	BE	
Complete Protein/Vitamin Shake Oral Powder	BE	
ConceptionXR Reproductive Oral Tablet	BE	
Creatine Oral Capsule 750 MG	BE	
Criticare HN Oral Liquid	BE	
Crucial Oral Liquid	BE	
CVS Nutrition Liquid Oral Liquid	BE	
CVS Nutrition Plus Chocolate Oral Liquid	BE	
CVS Nutrition Plus Oral Liquid	BE	
CVS Nutrition Plus Vanilla Oral Liquid	BE	
CVS Nutritional Shake Oral Liquid	BE	
Cyclinex-1 Oral Powder	BE	
Cyclinex-2 Oral Powder	BE	
DHEA Oral Capsule 15-50 MG	BE	
DiaB Extra Oral Tablet	BE	
DiaB Nutri Oral Tablet	BE	
Diabetic TF Oral Liquid	BE	
DiabetiShield Oral Liquid	BE	
Diabetisource AC Oral Liquid	BE	
DiabetiSource Oral Liquid	BE	
DiaResQ Childrens Oral Packet	BE	
DiaResQ Oral Packet	BE	
Duocal Oral Powder	BE	
EAA Supplement Oral Packet	BE	
Echinacea/Golden Seal Oral Capsule	BE	
Echinacea/Goldenseal Immune Oral Capsule	BE	

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Drug Name	Preference Details	Coverage Details
Egg/Pro Oral Powder	BE	
Eggs/Apples/Oats Oral Liquid	BE	
EleCare DHA/ARA Infant Oral Powder	BE	
EleCare DHA/ARA Oral Powder	BE	
EleCare Jr Oral Powder	BE	
EleCare Oral Powder	BE	
Encala Oral Packet	BE	
Encala Oral Powder	BE	
Enlive Oral Liquid	BE	
Ensure Active Heart Health Oral Liquid	BE	
Ensure Active High Protein Oral Liquid	BE	
Ensure Active Light Oral Liquid	BE	
Ensure Active Oral Liquid	BE	
Ensure Bone Health Revigor Oral Liquid	BE	
Ensure Clear Oral Liquid	BE	
Ensure Clinical St Revigor Oral Liquid	BE	
Ensure Compact Oral Liquid	BE	
Ensure Complete Oral Liquid	BE	
Ensure Complete Shake Oral Liquid	BE	
Ensure Enlive Oral Liquid	BE	
Ensure Harvest 1.2 Cal Enteral Liquid	BE	
Ensure Healthy Mom Oral Bar	BE	
Ensure Healthy Mom Oral Liquid	BE	
Ensure High Calcium Oral Liquid	BE	
Ensure High Protein Oral Liquid	BE	
Ensure High Protein Oral Powder	BE	
Ensure Immune Health Oral Liquid	BE	
Ensure Max Protein Oral Liquid	BE	
Ensure Muscle Health Revigor Oral Liquid	BE	
Ensure Nutra Shake Hi-Cal Oral Liquid	BE	
Ensure Nutrition Shake Oral Liquid	BE	
Ensure Oral Bar	BE	
Ensure Oral Liquid	BE	
Ensure Oral Powder	BE	
Ensure Orig Therapeutic Nutri Oral Liquid	BE	

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Drug Name	Preference Details	Coverage Details
Ensure Original Oral Liquid	BE	
Ensure Plant-Based Protein Oral Liquid	BE	
Ensure Plus HN Oral Liquid	BE	
Ensure Plus Oral Liquid	BE	
Ensure Pre-Surgery Oral Liquid	BE	
Ensure Surgery Oral Liquid	BE	
Ensure Surgical Nutrition Oral Liquid	BE	
Ensure/Fiber Oral Liquid	BE	
Enterade Oral Liquid	BE	
enu Complete Nutrition Shake Oral Liquid	BE	
ENU Nutritional Shake Oral Liquid	BE	
Enu Pro3 Plus Oral Powder	BE	
EO28 Splash Oral Liquid	BE	
EQ Estroblend Menopause Oral Tablet	BE	
EQ Nutritional Shake Oral Liquid	BE	
EQ Nutritional Shake Plus Oral Liquid	BE	
EQ Weight Loss Shake Oral Liquid	BE	
EquaCare Jr Oral Powder	BE	
Equate Oral Liquid	BE	
Equate Plus Oral Liquid	BE	
Essential Care Jr Oral Powder	BE	
Estro Support ES Oral Tablet	BE	
EstroNatural Extra Strength Oral Tablet	BE	
EstroNatural Oral Tablet	BE	
Estroven Nighttime Oral Tablet	BE	
Estroven Weight Management Oral Capsule	BE	
Ex-L Oral Tablet	BE	
F.A.A. Oral Liquid	BE	
Fiber Flow Oral Liquid	BE	
Fibersource HN Oral Liquid	BE	
Fibersource Oral Liquid	BE	
Fiber-Stat Oral Liquid	BE	
Forta Drink Oral Powder	BE	
Forta Shake Oral Powder	BE	
Fruit & Vegetable Daily Oral Capsule	BE	

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Drug Name	Preference Details	Coverage Details
FruitiVits Oral Packet	BE	
GA Express15 Oral Packet	BE	
GA Gel Oral Packet	BE	
GA Oral Powder	BE	
GA-1 Anamix Early Years Oral Powder	BE	
Glucerna 1.0 Cal Oral Liquid	BE	
Glucerna 1.0 Cal/CarbSteady Oral Liquid	BE	
Glucerna 1.0 Cal/Fiber Oral Liquid	BE	
Glucerna 1.2 Cal Oral Liquid	BE	
Glucerna 1.5 Cal Oral Liquid	BE	
Glucerna Advance Shake Oral Liquid	BE	
Glucerna Carbsteady Oral Liquid	BE	
Glucerna Crispy Delights Oral Bar	BE	
Glucerna Hunger Smart Shake Oral Liquid	BE	
Glucerna Meal Oral Bar	BE	
Glucerna Meal Replacement Oral Bar	BE	
Glucerna Mini Snack Oral Bar	BE	
Glucerna Mini Snacks Oral Bar	BE	
Glucerna Oral Bar	BE	
Glucerna Oral Liquid	BE	
Glucerna OS Oral Liquid	BE	
Glucerna Select Oral Liquid	BE	
Glucerna Shake Oral Liquid	BE	
Glucerna Snack Oral Bar	BE	
Glucerna Snack Shake Oral Liquid	BE	
Glucerna Weight Loss Shake Oral Liquid	BE	
Gluco Burst Oral Liquid	BE	
Glucosamine Complex Oral Tablet	BE	
Glucosamine Forte Oral Capsule	BE	
Glucose Management Oral Tablet	BE	
Glutarex-1 Oral Powder	BE	
Glutarex-2 Oral Powder	BE	
Glycosade Oral Packet	BE	
Glytactin Bettermilk 15 Oral Packet	BE	
Glytactin Bettermilk De-Lite Oral Packet	BE	

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Drug Name	Preference Details	Coverage Details
Glytactin Build 10PE Oral Packet	BE	
Glytactin Build 20/20 Oral Packet	BE	
Glytactin Build 20/20 PKU Oral Packet	BE	
Glytactin Burst Oral Packet	BE	
Glytactin Complete 10PE Oral Bar	BE	
Glytactin Restore 10 Oral Liquid	BE	
Glytactin Restore 5 Oral Packet	BE	
Glytactin Restore Lite 10 Oral Liquid	BE	
Glytactin Restore Lite 10PE Oral Packet	BE	
Glytactin RTD 10 Oral Liquid	BE	
Glytactin RTD 15 Oral Liquid	BE	
Glytactin RTD Lite 15 Oral Liquid	BE	
Glytactin Swirl 15PE Oral Packet	BE	
Glytrol Oral Liquid	BE	
Glytrol Prebio1 Oral Liquid	BE	
GNP Nutritional Drink Oral Liquid	BE	
GNP Nutritional Drink Plus Oral Liquid	BE	
Goat Milk Oral Powder	BE	
GoodSense NutriSure Original Oral Liquid	BE	
GoodSense NutriSure Plus Oral Liquid	BE	
Grapeseed Extract Oral Capsule 500-50 MG	BE	
Haelan 951 Fermented Soy Oral Liquid	BE	
Haelan HTPI Fermented Soy Oral Liquid	BE	
HCU Anamix Early Years Oral Powder	BE	
HCU Anamix Next Oral Powder	BE	
HCU Cooler Oral Liquid	BE	
HCU Easy Oral Tablet	BE	
HCU Express Oral Packet	BE	
HCU Express20 Oral Packet	BE	
HCU Gel Oral Packet	BE	
HCU Lophlex LQ Oral Liquid	BE	
HCU Maxamum Oral Powder	BE	
HCY 1 Oral Powder	BE	
HCY 2 Oral Powder	BE	
Health Source Oral Powder	BE	

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Drug Name	Preference Details	Coverage Details
Healthy Accents Nutra Fit Oral Liquid	BE	
Healthy Accents Nutra Fit Plus Oral Liquid	BE	
HeartBar Oral Bar	BE	
Hi-Cal Oral Liquid	BE	
High-Protein Nutritional Shake Oral Liquid	BE	
HM NutriSure Oral Liquid	BE	
HM NutriSure Plus Oral Liquid	BE	
HOM 2 Oral Powder	BE	
Homactin AA Plus Oral Liquid	BE	
Homactin AA Plus Oral Packet	BE	
Hominex-1 Oral Powder	BE	
Hominex-2 Oral Powder	BE	
Homocysteine Support Oral Capsule	BE	
Immulife Oral Powder	BE	
Immune Enhance Oral Tablet	BE	
ImmunoPro Rx Oral Powder	BE	
Impact 1.5 Oral Liquid	BE	
Impact Advanced Recovery Oral Liquid	BE	
Impact Glutamine Oral Liquid	BE	
Impact Oral Liquid	BE	
Impact Peptide 1.5 Oral Liquid	BE	
Impact/Fiber Oral Liquid	BE	
Imuplus Oral Packet	BE	
Innovacin Oral Liquid	BE	
Introlite Oral Liquid	BE	
Isocal HN Oral Liquid	BE	
Isocal HN Plus Oral Liquid	BE	
Isocal Oral Liquid	BE	
Isosource 1.5 Cal Oral Liquid	BE	
Isosource HN Oral Liquid	BE	
Isosource Oral Liquid	BE	
Isosource VHN Oral Liquid	BE	
Isovactin AA Plus Oral Liquid	BE	
Isovactin AA Plus Oral Packet	BE	
IVA Anamix Early Years Oral Powder	BE	

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Drug Name	Preference Details	Coverage Details
IVA Anamix Next Oral Powder	BE	
IVA Maxamum Oral Powder	BE	
I-Valex-1 Oral Powder	BE	
I-Valex-2 Oral Powder	BE	
Jevity 1 Cal Oral Liquid	BE	
Jevity 1 Cal/Fiber Oral Liquid	BE	
Jevity 1.2 Cal Oral Liquid	BE	
Jevity 1.2 Cal/Fiber Oral Liquid	BE	
Jevity 1.5 Cal Oral Liquid	BE	
Jevity 1.5 Cal/Fiber Oral Liquid	BE	
Juice Plus Fibre Oral Liquid	BE	
Juven Nutrivigor Oral Packet	BE	
Juven Oral Packet	BE	
Juven Oral Powder	BE	
Juven Revigor Oral Packet	BE	
Kate Farms Core Essentials 1.0 Oral Liquid	BE	
Kate Farms Core Essentials 1.2 Oral Liquid	BE	
Kate Farms Core Essentials 1.5 Oral Liquid	BE	
Kate Farms Ped Peptide 1.0 Oral Liquid	BE	
Kate Farms Ped Peptide 1.5 Oral Liquid	BE	
Kate Farms Ped Standard 1.2 Oral Liquid	BE	
Kate Farms Peptide 1.0 Oral Liquid	BE	
Kate Farms Peptide 1.5 Enteral Liquid	BE	
Kate Farms Peptide 1.5 Oral Liquid	BE	
Kate Farms Standard 1.0 Oral Liquid	BE	
Kate Farms Standard 1.4 Enteral Liquid	BE	
Kate Farms Standard 1.4 Oral Liquid	BE	
Keto Oral Liquid	BE	
KetoCal 2.5:1 LQ Multi Fiber Oral Liquid	BE	
KetoCal 3:1 Oral Powder	BE	
KetoCal 4:1 LQ Multi Fiber Oral Liquid	BE	
KetoCal 4:1 Oral Liquid	BE	
KetoCal 4:1 Oral Powder	BE	
KetoGEN Oral Powder	BE	
Ketonex-1 Oral Powder	BE	

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Drug Name	Preference Details	Coverage Details
Ketonex-2 Oral Powder	BE	
KetoVie 4:1 Oral Liquid	BE	
KetoVie Oral Liquid	BE	
KetoVie Peptide Oral Liquid	BE	
KetoVolve 4:1 Oral Powder	BE	
Kidney Oral Capsule	BE	
Kids Protein Organic Shake Oral Liquid	BE	
K-Pax Protein Blend Immune Oral Powder	BE	
Lanaflex Oral Packet	BE	
LEU-Free Cooler Oral Liquid	BE	
L-Glutamine/Choline/Inositol Oral Tablet 500-400-50 MG	BE	
Lipistart Oral Powder	BE	
Liquid Hope Oral Liquid	BE	
Liquid Hope Peptide Berry Oral Liquid	BE	
Liquid Hope Peptide Oral Liquid	BE	
Lithate Oral Capsule 166.67 MG, 20 MG	BE	
Liver Defense Oral Tablet	BE	
LMD Oral Powder	BE	
Lophlex LQ 20 Oral Liquid	BE	
Lophlex Oral Packet	BE	
LPS Critical Care Sugar Free Oral Liquid	BE	
LPS Sugar Free Oral Liquid	BE	
Lutrish Chocolate Shake Oral Packet	BE	
Lutrish Vanilla Shake Oral Packet	BE	
Male Support Oral Capsule	BE	
Malic B6 Oral Capsule 700-50 MG	BE	
MCT Pro-Cal Oral Packet	BE	
MCT Procal Oral Powder	BE	
Menopause Formula Oral Tablet	BE	
Meritene Oral Powder	BE	
Metaform Oral Packet	BE	
Methionaid Oral Powder	BE	
Methionine-200 Oral Capsule	BE	
MMA/PA Anamix Early Years Oral Powder	BE	

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Drug Name	Preference Details	Coverage Details
MMA/PA Anamix Next Oral Powder	BE	
MMA/PA Cooler Oral Liquid	BE	
MMA/PA Cooler15 Oral Liquid	BE	
MMA/PA Gel Oral Packet	BE	
MMA/PA Maxamum Oral Powder	BE	
Modulen IBD Oral Powder	BE	
Modulen Oral Powder	BE	
Monogen Oral Powder	BE	
MSUD 2 Oral Powder	BE	
MSUD Aid Oral Powder	BE	
MSUD Anamix Early Years Oral Powder	BE	
MSUD Cooler Oral Liquid	BE	
MSUD Easy Oral Tablet	BE	
MSUD Express Oral Packet	BE	
MSUD Express20 Oral Packet	BE	
MSUD Gel Oral Packet	BE	
MSUD Lophlex LQ Oral Liquid	BE	
MSUD Maxamaid Oral Powder	BE	
MSUD Maxamum Oral Powder	BE	
Neocate Infant DHA/ARA Oral Powder	BE	
Neocate Junior Oral Powder	BE	
Neocate Junior Prebiotics Oral Powder	BE	
Neocate Nutra Oral Powder	BE	
Neocate Splash Oral Liquid	BE	
Nepro Oral Liquid	BE	
Nepro/CarbSteady Oral Liquid	BE	
NewPhase Complete ES Oral Tablet	BE	
NewPhase Complete Oral Tablet	BE	
Nourish Oral Liquid	BE	
Nourish Peptide Formula Oral Liquid	BE	
NovaSource Pulmonary Oral Liquid	BE	
NovaSource Renal Oral Liquid	BE	
Nutra Balance Diabetic/Fiber Oral Bar	BE	
Nutra/Shake Oral Liquid	BE	
Nutrament Oral Liquid	BE	

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Drug Name	Preference Details	Coverage Details
Nutramine Amino Bites Oral Packet	BE	
Nutramine Oral Packet	BE	
Nutren 1.0 Oral Liquid	BE	
Nutren 1.0/Fiber Oral Liquid	BE	
Nutren 1.5 Fiber Oral Liquid	BE	
Nutren 1.5 Oral Liquid	BE	
Nutren 2.0 Oral Liquid	BE	
Nutren Jr Fiber Oral Liquid	BE	
Nutren Jr Oral Liquid	BE	
Nutren Junior 1.0 Oral Liquid	BE	
Nutren Junior Oral Liquid	BE	
Nutren Junior/Fiber Oral Liquid	BE	
Nutren Pulmonary Oral Liquid	BE	
Nutren Renal Oral Liquid	BE	
Nutricia PreOp Oral Packet	BE	
Nutrifocus Oral Liquid	BE	
NutriHeal Oral Liquid	BE	
NutriHep 1.5 Cal Oral Liquid	BE	
Nutrirenal Oral Liquid	BE	
Nutritional Drink Mix Oral Powder	BE	
Nutritional Drink Oral Liquid	BE	
Nutritional Drink Plus Oral Liquid	BE	
Nutritional Drink Shake Mix Oral Powder	BE	
Nutritional Shake Complete Oral Liquid	BE	
Nutritional Shake High Protein Oral Liquid	BE	
Nutritional Shake Oral Liquid	BE	
Nutritional Shake Plus Oral Liquid	BE	
Nutritional Shake Plus Protein Oral Liquid	BE	
Nutritional Supplement Oral Liquid	BE	
Nutritional Supplement Plus Oral Liquid	BE	
Nutrivent 1.5 Oral Liquid	BE	
Nutrivent Oral Liquid	BE	
OA 1 Oral Powder	BE	
OA 2 Oral Powder	BE	
OptiCleanse GHI Oral Powder	BE	

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Drug Name	Preference Details	Coverage Details
Optimental Oral Liquid	BE	
Optisource Oral Liquid	BE	
Organic Nutrition Shake Oral Liquid	BE	
Organic Pedia Smart Oral Powder	BE	
OS 2 Oral Powder	BE	
Osmolite 1 Cal Oral Liquid	BE	
Osmolite 1.2 Cal Oral Liquid	BE	
Osmolite 1.5 Cal Oral Liquid	BE	
Osmolite HN Oral Liquid	BE	
Osmolite Oral Liquid	BE	
Osteo Advance Oral Tablet	BE	
Ovary Oral Capsule	BE	
Oxepa 1.5 Oral Liquid	BE	
Oxepa Oral Liquid	BE	
PediaSure 1.0 Cal/Fiber Oral Liquid	BE	
PediaSure 1.5 Cal Oral Liquid	BE	
PediaSure 1.5 Cal/Fiber Enteral Liquid	BE	
PediaSure 1.5 Cal/Fiber Oral Liquid	BE	
PediaSure Enteral 1.0 Cal Enteral Liquid	BE	
PediaSure Enteral 1.0 Cal Oral Liquid	BE	
PediaSure Enteral 1.0Cal/Fiber Enteral Liquid	BE	
PediaSure Grow & Gain Oral Liquid	BE	
PediaSure Grow & Gain Oral Powder	BE	
PediaSure Grow & Gain Organic Oral Liquid	BE	
PediaSure Grow & Gain/Fiber Oral Liquid	BE	
PediaSure Harvest 1.0 Cal Enteral Liquid	BE	
PediaSure Harvest 1.0 Cal Oral Liquid	BE	
PediaSure NutriPals Oral Bar	BE	
PediaSure NutriPals Oral Liquid	BE	
PediaSure Oral Liquid	BE	
PediaSure Pediatric Oral Liquid	BE	
PediaSure Peptide 1.0 Cal Enteral Liquid	BE	
PediaSure Peptide 1.0 Cal Oral Liquid	BE	
PediaSure Peptide 1.5 Cal Enteral Liquid	BE	
PediaSure Peptide 1.5 Cal Oral Liquid	BE	

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Drug Name	Preference Details	Coverage Details
PediaSure Reduced Calorie Oral Liquid	BE	
PediaSure Shake Mix Oral Powder	BE	
PediaSure Shake/Fiber Oral Liquid	BE	
PediaSure SideKicks Clear Oral Liquid	BE	
PediaSure SideKicks Oral Liquid	BE	
PediaSure SideKicks Oral Powder	BE	
PediaSure SideKicks Shake Oral Liquid	BE	
PediaSure/Fiber Oral Liquid	BE	
Pediatric Drink Oral Liquid	BE	
Pediatric Peptinex DT Oral Liquid	BE	
Pediatric Peptinex DT/Fiber Oral Liquid	BE	
Peptide Junior Oral Packet	BE	
Peptamen 1 Cal Oral Liquid	BE	
Peptamen 1 Cal/Prebio1 Oral Liquid	BE	
Peptamen 1.5 Cal Oral Liquid	BE	
Peptamen 1.5 Cal/Prebio1 Oral Liquid	BE	
Peptamen 1.5 Oral Liquid	BE	
Peptamen AF Oral Liquid	BE	
Peptamen Bariatric Oral Liquid	BE	
Peptamen Intense VHP Oral Liquid	BE	
Peptamen Junior 1 Cal Oral Liquid	BE	
Peptamen Junior 1 Cal/Prebio1 Oral Liquid	BE	
Peptamen Junior 1.5 Cal Oral Liquid	BE	
Peptamen Junior 1.5 Oral Liquid	BE	
Peptamen Junior Fiber Oral Liquid	BE	
Peptamen Junior HP Oral Liquid	BE	
Peptamen Junior Oral Liquid	BE	
Peptamen Junior Oral Powder	BE	
Peptamen Junior PHGG 1.2 Oral Liquid	BE	
Peptamen Junior/Prebio1 Oral Liquid	BE	
Peptamen Oral Liquid	BE	
Peptamen OS 1.5 Oral Liquid	BE	
Peptamen OS Oral Liquid	BE	
Peptamen VHP Oral Liquid	BE	
Peptamen/Prebio1 Oral Liquid	BE	

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Drug Name	Preference Details	Coverage Details
Peptinex 1.0 Oral Liquid	BE	
Peptinex 1.5 Oral Liquid	BE	
Peptinex DT Oral Liquid	BE	
Peptinex DT/Prebiotics Oral Liquid	BE	
Perative 1.3 Cal Oral Liquid	BE	
Perative Oral Liquid	BE	
Periflex Advance Oral Powder	BE	
Periflex Junior Oral Powder	BE	
PFD 2 Oral Powder	BE	
PFD Toddler Oral Powder	BE	
Phenactin AA Plus Oral Liquid	BE	
Phenex-1 Oral Powder	BE	
Phenex-2 Oral Powder	BE	
PhenylAde Drink Mix Oral Powder	BE	
PhenylAde Essential Drink Mix Oral Packet	BE	
PhenylAde Essential Drink Mix Oral Powder	BE	
PhenylAde Essential Mix/Fiber Oral Packet	BE	
PhenylAde Essential Mix/Fiber Oral Powder	BE	
Phenylade GMP Mix-In Oral Packet	BE	
Phenylade GMP Mix-In Oral Powder	BE	
PhenylAde GMP Oral Packet	BE	
PhenylAde GMP Oral Powder	BE	
PhenylAde GMP Ready Oral Liquid	BE	
PhenylAde GMP Ultra Oral Packet	BE	
PhenylAde RTD PKU 10 Oral Liquid	BE	
PhenylAde60 Drink Mix Oral Packet	BE	
PhenylAde60 Drink Mix Oral Powder	BE	
Phenyl-Free 2 Oral Powder	BE	
Phenyl-Free 2HP Oral Powder	BE	
Phlexy-10 Oral Packet	BE	
Pivot 1.5 Cal Oral Liquid	BE	
PKU 2 Oral Powder	BE	
PKU 3 Oral Powder	BE	
PKU Air15 Gold Oral Liquid	BE	
PKU Air15 Green Oral Liquid	BE	

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Drug Name	Preference Details	Coverage Details
PKU Air15 Yellow Oral Liquid	BE	
PKU Air20 Gold Oral Liquid	BE	
PKU Air20 Green Oral Liquid	BE	
PKU Air20 Yellow Oral Liquid	BE	
PKU Cooler 10 Oral Liquid	BE	
PKU Cooler 15 Oral Liquid	BE	
PKU Cooler 20 Oral Liquid	BE	
PKU Easy Microtabs Oral Tablet Delayed Release	BE	
PKU Easy Oral Tablet	BE	
PKU Explore10 Oral Packet	BE	
PKU Explore5 Oral Packet	BE	
PKU Express Oral Packet	BE	
PKU Express20 Oral Packet	BE	
PKU Gel Oral Packet	BE	
PKU Go Oral Packet	BE	
PKU Lophlex LQ 20 Oral Liquid	BE	
PKU Periflex Early Years Oral Powder	BE	
PKU Periflex Junior Plus Oral Powder	BE	
PKU Sphere 15 Oral Packet	BE	
PKU Sphere 20 Oral Liquid	BE	
PKU Sphere 20 Oral Packet	BE	
PKU Trio Oral Powder	BE	
Polycal Oral Powder	BE	
Portagen Oral Powder	BE	
PPA/MMA Express Oral Packet	BE	
Probalance Oral Liquid	BE	
Pro-Cal Oral Packet	BE	
Pro-Cal Oral Powder	BE	
Promactin AA Plus 20PE Oral Suspension	BE	
Promactin AA Plus Oral Liquid	BE	
ProMod Oral Liquid	BE	
ProMod Oral Powder	BE	
Promote 1.0 Oral Liquid	BE	
Promote 1.0 with Fiber Oral Liquid	BE	

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Drug Name	Preference Details	Coverage Details
Promote Oral Liquid	BE	
Promote/Fiber Oral Liquid	BE	
Pronourish Oral Liquid	BE	
Pro-Phree Oral Powder	BE	
Propimex-1 Oral Powder	BE	
Propimex-2 Oral Powder	BE	
ProSource No Carb Oral Liquid	BE	
ProSource Oral Liquid	BE	
ProSource Oral Powder	BE	
ProSource Plus Oral Liquid	BE	
ProSource TF Oral Liquid	BE	
ProSource ZAC Oral Liquid	BE	
Prostamen Oral Capsule	BE	
Prostate 2.4 Oral Capsule	BE	
Prostate Oral Capsule 140 MG	BE	
Pros-Tech Plus Oral Capsule	BE	
ProSure Oral Liquid	BE	
Protain XL Oral Liquid	BE	
Proteolin Oral Capsule	BE	
Proteolytic Formula Oral Tablet	BE	
ProViMin Oral Powder	BE	
Pulmocare 1.5 Oral Liquid	BE	
Pulmocare Oral Liquid	BE	
PureCarb Oral Powder	BE	
PX Vanilla Plus Oral Liquid	BE	
Pycnogenol Oral Capsule 300-30 MG	BE	
Quinoa/Kale/Hemp Oral Liquid	BE	
RA Balanced Nutritional Oral Liquid	BE	
RA Balanced Nutritional Plus Oral Liquid	BE	
RA Melatonin/B-6 Oral Tablet 500-5 MCG-MG	BE	
RA Nutritional Supplement Oral Liquid	BE	
RA Nutritional Support Oral Powder	BE	
RA Pediatric Nutritional Drink Oral Liquid	BE	
Re/Neph LP/HC Oral Liquid	BE	

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Drug Name	Preference Details	Coverage Details
Re/Neph Oral Liquid	BE	
Re/Neph Reduced Sugar Oral Liquid	BE	
Renalcal Oral Liquid	BE	
Renastart Oral Powder	BE	
Renastep Oral Liquid	BE	
Replete Fiber 1 Cal Oral Liquid	BE	
Replete Fiber Oral Liquid	BE	
Replete Oral Liquid	BE	
Replete/Fiber Oral Liquid	BE	
Resource 2.0 Oral Liquid	BE	
Resource Arginaid Oral Packet	BE	
Resource Dairy Thick Oral Liquid	BE	
Resource Diabetic TF Oral Liquid	BE	
Resource Just for Kids Oral Liquid	BE	
Resource Just For Kids/Fiber Oral Liquid	BE	
Resource Support Oral Liquid	BE	
Resource ThickenUp Dairy Oral Liquid	BE	
Resource ThickenUp Juice Oral Liquid	BE	
Respalor Oral Liquid	BE	
Resurgex Oral Packet	BE	
Resurgex Plus Oral Packet	BE	
Resurgex Select Oral Packet	BE	
S.O.S. 15 Oral Packet	BE	
S.O.S. 20 Oral Packet	BE	
S.O.S. 25 Oral Packet	BE	
Salmon Oil Oral Capsule	BE	
Salmon/Oats/Squash Oral Liquid	BE	
SB Complete Nutrition Oral Liquid	BE	
SB Complete Nutrition Plus Oral Liquid	BE	
ScandiCal Oral Powder	BE	
Scandishake (Aspartame) Oral Packet	BE	
Scandishake (Lactose Free) Oral Packet	BE	
Scandishake Oral Packet	BE	
Scandishake Oral Powder	BE	
Silica Oral Capsule 12.5 MG	BE	

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Drug Name	Preference Details	Coverage Details
SM Estro Vital Nutrients Ex St Oral Tablet	BE	
SM Estroplus Extra Strength Oral Tablet	BE	
SM Nutri-Drink + Oral Liquid	BE	
SM Nutri-Drink Oral Liquid	BE	
Sodium Benzoate Oral Capsule 100 MG	BE	
Sol Carb Oral Powder	BE	
Source Cookie Oral Bar	BE	
Soy Protein Shake Oral Powder	BE	
Stress Shield Oral Tablet	BE	
Subdue Oral Liquid	BE	
Subdue Plus Oral Liquid	BE	
Suplena 1.8/CarbSteady Oral Liquid	BE	
Suplena Oral Liquid	BE	
Suplena/Carb Steady Oral Liquid	BE	
Sytrinol Oral Capsule	BE	
TheraLith XR Oral Tablet	BE	
Thick-It Thickened Cranberry Oral Liquid	BE	
Thrivacin 30 Oral Liquid	BE	
Thrivacin Detox Oral Liquid	BE	
Tolerex Oral Packet	BE	
Turkey/Sweet Potatoes/Peaches Oral Liquid	BE	
TwoCal HN 2.0 Oral Liquid	BE	
TwoCal HN Oral Liquid	BE	
Tylactin Build 20PE TYR Oral Packet	BE	
Tylactin Complete 15 PE Oral Bar	BE	
Tylactin Restore 10 Oral Liquid	BE	
Tylactin Restore 5PE Oral Packet	BE	
Tylactin RTD 15 Oral Liquid	BE	
TYR Anamix Early Years Oral Powder	BE	
TYR Anamix Next Oral Powder	BE	
TYR Cooler Oral Liquid	BE	
TYR Cooler20 Oral Liquid	BE	
TYR Easy Oral Tablet	BE	
TYR Express Oral Packet	BE	
TYR Express20 Oral Packet	BE	

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Drug Name	Preference Details	Coverage Details
TYR Gel Oral Packet	BE	
TYR Lophlex GMP Mix-In Oral Packet	BE	
TYR Lophlex LQ Oral Liquid	BE	
Tyrex-1 Oral Powder	BE	
Tyrex-2 Oral Powder	BE	
Tyros 1 Oral Powder	BE	
Tyros 2 Oral Powder	BE	
UCD 2 Oral Powder	BE	
UCD Anamix Junior Oral Powder	BE	
UCD Trio Oral Powder	BE	
Ultra Energy Oral Tablet	BE	
Ultracal HN Plus Oral Liquid	BE	
Ultracal Oral Liquid	BE	
Ultramino Soy Protein Oral Powder	BE	
Ultrient 1.5 Safe-T Feed Oral Liquid	BE	
UtyMax Oral Packet	BE	
VHC 2.25 Oral Liquid	BE	
Vigraplex Oral Tablet	BE	
Vilactin AA Plus Oral Liquid	BE	
Vilactin AA Plus Oral Packet	BE	
Vitajoule Oral Powder	BE	
Vital 1.0 Cal Oral Liquid	BE	
Vital 1.5 Cal Oral Liquid	BE	
Vital AF 1.2 Cal Adv Formula Oral Liquid	BE	
Vital AF 1.2 Cal Oral Liquid	BE	
Vital High Protein Oral Liquid	BE	
Vital HN Oral Packet	BE	
Vital HP 1.0 Cal Oral Liquid	BE	
Vital Jr Oral Liquid	BE	
Vital Peptide 1.5 Cal Oral Liquid	BE	
Vitamin D Plus CoFactors Oral Tablet	BE	
Vitapro Oral Powder	BE	
Vitaquick Oral Powder	BE	
Viteyes Tear Support Oral Capsule	BE	
Vivonex Pediatric Oral Packet	BE	

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Drug Name	Preference Details	Coverage Details
Vivonex Plus Oral Packet	BE	
Vivonex Plus Oral Powder	BE	
Vivonex RTF Oral Liquid	BE	
Vivonex T.E.N. Oral Packet	BE	
WND 1 Oral Powder	BE	
WND 2 Oral Powder	BE	
XLeu Maxamaid Oral Powder	BE	
XLeu Maxamum Oral Powder	BE	
XLys-XTrp Maxamaid Oral Powder	BE	
XLys-XTrp Maxamum Oral Powder	BE	
XMet Maxamaid Oral Powder	BE	
XMet XCys Maxamaid Oral Powder	BE	
XMTVI Maxamaid Oral Powder	BE	
XMTVI Maxamum Oral Powder	BE	
XPhe Maxamaid Oral Powder	BE	
XPhe-XTyr Maxamaid Oral Powder	BE	
Xtracal Plus Oral Liquid	BE	
Digestive Aids		
*Digestive Enzymes***		
Creon Capsule Delayed Release Particles 12000-38000 UNIT Oral	P	
Creon CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT Oral	P	
Creon CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL	P	
Creon Capsule Delayed Release Particles 36000-114000 UNIT Oral	P	
Creon Capsule Delayed Release Particles 6000- 19000 UNIT Oral	P	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500- 35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-6200 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	S	
Pertzye Capsule Delayed Release Particles 16000-57500 UNIT Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Pertzye CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT Oral	NP	ST
Pertzye Capsule Delayed Release Particles 4000-14375 UNIT Oral	NP	ST
Pertzye Capsule Delayed Release Particles 8000-28750 UNIT Oral	NP	ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML	S	
Viokace Tablet 10440-39150 UNIT Oral	NP	ST
Viokace Tablet 20880-78300 UNIT Oral	NP	ST
Zenpep Capsule Delayed Release Particles 10000-32000 UNIT Oral	P	
Zenpep Capsule Delayed Release Particles 15000-47000 UNIT Oral	P	
Zenpep Capsule Delayed Release Particles 20000-63000 UNIT Oral	P	
Zenpep Capsule Delayed Release Particles 25000-79000 UNIT Oral	P	
Zenpep Capsule Delayed Release Particles 3000-10000 UNIT Oral	P	
Zenpep Capsule Delayed Release Particles 40000-126000 UNIT Oral	P	
Zenpep Capsule Delayed Release Particles 5000-24000 UNIT Oral	P	
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	S	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	S	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	S	
KEVEYIS ORAL TABLET 50 MG	S	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	S	
*Diuretic Combinations***		
ALDACTAZIDE ORAL TABLET 50-50 MG	S	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	S	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	S	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	S	
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	S	
<i>ethacrynic acid oral tablet 25 mg</i>	S	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	S	
<i>furosemide in sodium chloride intravenous solution 100-0.9 mg/100ml-%</i>	S	
<i>furosemide injection solution 10 mg/ml</i>	S	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	S	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	S	
<i>furosemide powder</i>	S	
SOAANZ ORAL TABLET 40 MG, 60 MG	S	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	S	
*Osmotic Diuretics***		
<i>mannitol intravenous solution 25 %</i>	S	
Osmitrol Intravenous Solution 10 %, 15 %, 5 %	BE	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	S	
CAROSPIR ORAL SUSPENSION 25 MG/5ML	S	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	S	
<i>triamterene oral capsule 100 mg, 50 mg</i>	S	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	S	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	S	
DIURIL ORAL SUSPENSION 250 MG/5ML	S	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	S	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	S	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	S	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
Endocrine And Metabolic Agents - Misc.		
*Acid Sphingomyelinase Deficiency (Asmd) - Agents***		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG	S	
*Adenosine Deaminase Scid Treatment - Agents***		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	S	
*Alpha-Mannosidosis Treatment - Agents***		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	S	
*Bisphosphonates***		
Actonel TABLET 150 MG ORAL	NP	ST
Actonel TABLET 35 MG ORAL	NP	ST
Alendronate Sodium Solution 70 MG/75ML Oral	NP	ST
Alendronate Sodium Tablet 10 MG Oral	P	
Alendronate Sodium TABLET 35 MG ORAL	P	
Alendronate Sodium TABLET 5 MG ORAL	P	
Alendronate Sodium TABLET 70 MG ORAL	P	
Atelvia TABLET DELAYED RELEASE 35 MG ORAL	NP	ST
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	S	
Binosto Tablet Effervescent 70 MG Oral	NP	ST
Fosamax Plus D Tablet 70-2800 MG-UNIT Oral	NP	ST
Fosamax Plus D Tablet 70-5600 MG-UNIT Oral	NP	ST
Fosamax Tablet 70 MG Oral	NP	ST
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	S	
Ibandronate Sodium Tablet 150 MG Oral	NP	ST
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	S	
Risedronate Sodium TABLET 150 MG ORAL	NP	ST
Risedronate Sodium TABLET 30 MG ORAL	NP	ST
Risedronate Sodium Tablet 35 MG Oral	NP	ST
Risedronate Sodium TABLET 5 MG ORAL	NP	ST
Risedronate Sodium Tablet Delayed Release 35 MG Oral	NP	ST
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	S	
<i>zoledronic acid intravenous solution reconstituted 4 mg</i>	S	
ZOMETA INTRAVENOUS SOLUTION 4 MG/100ML	S	
*Calcimimetic Agents***		
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML	S	
*Calcitonins***		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	S	
Calcitonin (Salmon) SOLUTION 200 UNIT/ACT NASAL	NP	ST
*Carnitine Replenisher - Agents***		
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	S	
<i>levocarnitine oral solution 1 gml/10ml</i>	S	
<i>levocarnitine oral tablet 330 mg</i>	S	
<i>levocarnitine sf oral solution 1 gml/10ml</i>	S	
MCCARNITINE ORAL TABLET 330 MG	S	
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
Xphozah Tablet 20 MG Oral	NP	ST
Xphozah Tablet 30 MG Oral	NP	ST
*Corticotropin***		
ACTHAR HP INJECTION GEL 80 UNIT/ML	S	
ACTHAR INJECTION GEL 80 UNIT/ML	S	

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Drug Name	Preference Details	Coverage Details
HP ACTHER INJECTION GEL 80 UNIT/ML	S	
*Cortisol Synthesis Inhibitors***		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	S	
RECORLEV ORAL TABLET 150 MG	S	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	S	
*Fabry Disease - Agents***		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML	S	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	S	
GALAFOLD ORAL CAPSULE 123 MG	S	
*Gaa Deficiency Treatment - Agents***		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	S	
*Gnrh/Lhrh Antagonists***		
ORLISSA ORAL TABLET 150 MG, 200 MG	S	
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	S	
*Growth Hormone Releasing Hormones (Ghrh)***		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	S	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	S	
*Growth Hormones***		
Genotropin Cartridge 12 MG Subcutaneous	P	PA; PA Required
Genotropin Cartridge 5 MG Subcutaneous	P	PA; PA Required
Genotropin MiniQuick Prefilled Syringe 0.2 MG Subcutaneous	P	PA; PA Required
Genotropin MiniQuick Prefilled Syringe 0.4 MG Subcutaneous	P	PA; PA Required

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Drug Name	Preference Details	Coverage Details
Genotropin MiniQuick Prefilled Syringe 0.6 MG Subcutaneous	P	PA; PA Required
Genotropin MiniQuick Prefilled Syringe 0.8 MG Subcutaneous	P	PA; PA Required
Genotropin MiniQuick Prefilled Syringe 1 MG Subcutaneous	P	PA; PA Required
Genotropin MiniQuick Prefilled Syringe 1.2 MG Subcutaneous	P	PA; PA Required
Genotropin MiniQuick Prefilled Syringe 1.4 MG Subcutaneous	P	PA; PA Required
Genotropin MiniQuick Prefilled Syringe 1.6 MG Subcutaneous	P	PA; PA Required
Genotropin MiniQuick Prefilled Syringe 1.8 MG Subcutaneous	P	PA; PA Required
Genotropin MiniQuick Prefilled Syringe 2 MG Subcutaneous	P	PA; PA Required
Humatrope Cartridge 12 MG Injection	NP	PA; ST; PA Required
Humatrope Cartridge 24 MG Injection	NP	PA; ST; PA Required
Humatrope Cartridge 6 MG Injection	NP	PA; ST; PA Required
Ngenla Solution Pen-Injector 24 MG/1.2ML Subcutaneous	NP	ST
Ngenla Solution Pen-Injector 60 MG/1.2ML Subcutaneous	NP	ST
Norditropin FlexPro Solution Pen-Injector 10 MG/1.5ML Subcutaneous	P	PA; PA Required
Norditropin FlexPro Solution Pen-Injector 15 MG/1.5ML Subcutaneous	P	PA; PA Required
Norditropin FlexPro Solution Pen-Injector 30 MG/3ML Subcutaneous	P	PA; PA Required
Norditropin FlexPro Solution Pen-Injector 5 MG/1.5ML Subcutaneous	P	PA; PA Required
Nutropin AQ NuSpin 10 Solution Pen-Injector 10 MG/2ML Subcutaneous	NP	PA; ST; PA Required
Nutropin AQ NuSpin 20 Solution Pen-Injector 20 MG/2ML Subcutaneous	NP	PA; ST; PA Required
Nutropin AQ NuSpin 5 Solution Pen-Injector 5 MG/2ML Subcutaneous	NP	PA; ST; PA Required
Omnitrope Solution Cartridge 10 MG/1.5ML Subcutaneous	NP	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
Omnitrope Solution Cartridge 5 MG/1.5ML Subcutaneous	NP	PA; ST; PA Required
Omnitrope SOLUTION RECONSTITUTED 5.8 MG Subcutaneous	NP	PA; ST; PA Required
Saizen SOLUTION RECONSTITUTED 5 MG INJECTION	NP	PA; ST; PA Required
Saizen SOLUTION RECONSTITUTED 8.8 MG INJECTION	NP	PA; ST; PA Required
Serostim SOLUTION RECONSTITUTED 4 MG Subcutaneous	NP	ST
Serostim SOLUTION RECONSTITUTED 4 MG Subcutaneous	P	PA; PA Required
Serostim SOLUTION RECONSTITUTED 5 MG Subcutaneous	NP	ST
Serostim SOLUTION RECONSTITUTED 5 MG Subcutaneous	P	PA; PA Required
Serostim SOLUTION RECONSTITUTED 6 MG Subcutaneous	NP	ST
Serostim SOLUTION RECONSTITUTED 6 MG Subcutaneous	P	PA; PA Required
Skytrofa Cartridge 11 MG Subcutaneous	NP	ST
Skytrofa Cartridge 13.3 MG Subcutaneous	NP	ST
Skytrofa Cartridge 3 MG Subcutaneous	NP	ST
Skytrofa Cartridge 3.6 MG Subcutaneous	NP	ST
Skytrofa Cartridge 4.3 MG Subcutaneous	NP	ST
Skytrofa Cartridge 5.2 MG Subcutaneous	NP	ST
Skytrofa Cartridge 6.3 MG Subcutaneous	NP	ST
Skytrofa Cartridge 7.6 MG Subcutaneous	NP	ST
Skytrofa Cartridge 9.1 MG Subcutaneous	NP	ST
Sogroya Solution Pen-Injector 10 MG/1.5ML Subcutaneous	P	
Sogroya Solution Pen-Injector 15 MG/1.5ML Subcutaneous	P	
Sogroya Solution Pen-Injector 5 MG/1.5ML Subcutaneous	P	
Zomacton (for Zoma-Jet 10) Solution Reconstituted 10 MG Subcutaneous	NP	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
Zomacton SOLUTION RECONSTITUTED 10 MG Subcutaneous	NP	PA; ST; PA Required
Zomacton SOLUTION RECONSTITUTED 5 MG Subcutaneous	NP	PA; ST; PA Required
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN ORAL PACKET 2 GM	S	
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	S	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	S	
ORFADIN ORAL CAPSULE 20 MG	S	
ORFADIN ORAL SUSPENSION 4 MG/ML	S	
*Homocystinuria Treatment - Agents***		
CYSTADANE ORAL POWDER	S	
*Hyperammonemia Treatment - Agents***		
CARBAGLU ORAL TABLET 200 MG	S	
CARBAGLU ORAL TABLET SOLUBLE 200 MG	S	
*Hyperparathyroid Treatment - Vitamin D Analog***		
<i>calcitriol intravenous solution 1 mcg/ml</i>	S	
<i>calcitriol oral solution 1 mcg/ml</i>	S	
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	S	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	S	
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML	S	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	S	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	S	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	S	
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	S	

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Drug Name	Preference Details	Coverage Details
*Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)***		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	S	
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	S	PA; PA Required
*Leptin Analogues***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	S	
*Lhrh/Gnrh Agonist Analog Combinations***		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG	S	
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	S	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	S	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	S	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	S	
SYNAREL NASAL SOLUTION 2 MG/ML	S	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG	S	
*Lysosomal Acid Lipase (Lal) Deficiency - Agents***		
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	S	
*Molybdenum Cofactor Deficiency (Mocd) - Agents***		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	S	

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Drug Name	Preference Details	Coverage Details
*Mucopolysaccharidosis Vii (Mps Vii) - Agents***		
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML	S	
*Natriuretic Peptides***		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	S	
*Neurokinin 3 (Nk3) Receptor Antagonists***		
VEOZAH ORAL TABLET 45 MG	S	
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA ORAL TABLET 10 MG, 20 MG	S	
*Ovulation Stimulants-Gonadotropins***		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	S	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT	S	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	S	
*Parathyroid Hormone And Derivatives***		
Forteo Solution Pen-Injector 600 MCG/2.4ML Subcutaneous	NP	ST
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	S	
Teriparatide (Recombinant) Solution Pen-Injector 600 MCG/2.4ML Subcutaneous	NP	ST
Teriparatide (Recombinant) Solution Pen-Injector 620 MCG/2.48ML Subcutaneous	NP	ST
Teriparatide Solution Pen-Injector 600 MCG/2.4ML Subcutaneous	NP	ST
Tymlos Solution Pen-injector 3120 MCG/1.56ML Subcutaneous	NP	ST

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Drug Name	Preference Details	Coverage Details
*Phenylketonuria Treatment - Agents***		
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	S	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	S	
*Rank Ligand (Rankl) Inhibitors***		
Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous	NP	ST
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	S	
*Sclerostin Inhibitors***		
Evenity Solution Prefilled Syringe 105 MG/1.17ML Subcutaneous	NP	ST
*Selective Estrogen Receptor Modulators (Serms)***		
Evista TABLET 60 MG Oral	NP	ST
OSPHENA ORAL TABLET 60 MG	S	
Raloxifene HCl Oral Tablet 60 MG	P	
*Selective Vasopressin V2-Receptor Antagonists***		
JYNARQUE ORAL TABLET 15 MG, 30 MG	S	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	S	
SAMSCA ORAL TABLET 15 MG	S	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	S	
*Somatostatic Agents***		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML	S	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	S	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	S	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	S	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	S	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	S	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	S	
*Tripeptidyl Peptidase 1 Deficiency Treatment - Agents***		
BRINEURA KIT 2 X 150 MG/5ML	S	
*Urea Cycle Disorder - Agents***		
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM	S	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM	S	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	S	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	S	
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	S	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	S	
PHEBURANE ORAL PELLETT 483 MG/GM	S	
RAVICTI ORAL LIQUID 1.1 GM/ML	S	
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	S	
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	S	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
*V1a/V2-Arginine Vasopressin (Avp) Receptor Antagonists***		
VAPRISOL INTRAVENOUS SOLUTION 20-5 MG/100ML-%	S	
*Vasopressin***		
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	S	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	S	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	S	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	S	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	S	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	S	
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML	S	
STIMATE NASAL SOLUTION 1.5 MG/ML	S	
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED 0.85 MG	S	
Vasopressin Intravenous Solution Prefilled Syringe 5 UNIT/5ML	BE	
Vasopressin-Dextrose Intravenous Solution 20-5 UT/100ML-%, 50-5 UT/50ML-%	BE	
Vasopressin-Dextrose Intravenous Solution Prefilled Syringe 5-5 UNIT/5ML-%	BE	
Vasopressin-Sodium Chloride Intravenous Solution 20-0.9 UT/100ML-%, 40-0.9 UT/100ML-%	BE	
VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML, 20 UNIT/ML	S	
*X-Linked Hypophosphatemia (Xlh) Treatment - Agents***		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	S	
Estrogens		
*Estrogen & Androgen***		
Covaryx HS TABLET 0.625-1.25 MG ORAL	BE	

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Drug Name	Preference Details	Coverage Details
Covaryx TABLET 1.25-2.5 MG ORAL	BE	
EEMT HS TABLET 0.625-1.25 MG ORAL	BE	
EEMT TABLET 1.25-2.5 MG ORAL	BE	
Est Estrogens-Methyltest DS TABLET 1.25-2.5 MG ORAL	BE	
Est Estrogens-Methyltest HS Tablet 0.625-1.25 MG Oral	BE	
Est Estrogens-Methyltest Tablet 0.625-1.25 MG Oral	BE	
Est Estrogens-Methyltest TABLET 1.25-2.5 MG ORAL	BE	
*Estrogen & Progestin***		
Activella TABLET 0.5-0.1 MG ORAL	P	
Activella Tablet 1-0.5 MG Oral	P	
Amabelz Tablet 0.5-0.1 MG Oral	P	
Amabelz Tablet 1-0.5 MG Oral	P	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	S	
Bijuva Capsule 0.5-100 MG Oral	NP	ST
Bijuva Capsule 1-100 MG Oral	NP	ST
Climara Pro PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL	P	
CombiPatch Patch Twice Weekly 0.05-0.14 MG/DAY Transdermal	P	
CombiPatch Patch Twice Weekly 0.05-0.25 MG/DAY Transdermal	P	
Estradiol-Norethindrone Acet Tablet 0.5-0.1 MG Oral	P	
Estradiol-Norethindrone Acet Tablet 1-0.5 MG Oral	P	
Fyavolv TABLET 0.5-2.5 MG-MCG ORAL	P	
Fyavolv TABLET 1-5 MG-MCG ORAL	P	
Jinteli TABLET 1-5 MG-MCG Oral	P	
Mimvey TABLET 1-0.5 MG ORAL	P	
Norethindrone-Eth Estradiol TABLET 0.5-2.5 MG-MCG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Norethindrone-Eth Estradiol TABLET 1-5 MG-MCG ORAL	P	
Prefest TABLET 1/1-0.09 MG (15/15) ORAL	NP	ST
Premphase TABLET 0.625-5 MG ORAL	P	
Prempro TABLET 0.3-1.5 MG ORAL	P	
Prempro TABLET 0.45-1.5 MG ORAL	P	
Prempro TABLET 0.625-2.5 MG ORAL	P	
Prempro TABLET 0.625-5 MG ORAL	P	
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	S	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	S	
*Estrogens***		
Alora Patch Twice Weekly 0.025 MG/24HR Transdermal	NP	ST
Alora Patch Twice Weekly 0.05 MG/24HR Transdermal	NP	ST
Climara Patch Weekly 0.025 MG/24HR Transdermal	NP	ST
Climara PATCH WEEKLY 0.0375 MG/24HR TRANSDERMAL	NP	ST
Climara PATCH WEEKLY 0.05 MG/24HR TRANSDERMAL	NP	ST
Climara PATCH WEEKLY 0.06 MG/24HR TRANSDERMAL	NP	ST
Climara Patch Weekly 0.075 MG/24HR Transdermal	NP	ST
Climara PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL	NP	ST
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	S	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	S	
Divigel GEL 0.25 MG/0.25GM TRANSDERMAL	NP	ST
Divigel GEL 0.5 MG/0.5GM TRANSDERMAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Divigel Gel 0.75 MG/0.75GM Transdermal	NP	ST
Divigel GEL 1 MG/GM TRANSDERMAL	NP	ST
Divigel Gel 1.25 MG/1.25GM Transdermal	NP	ST
Dotti Patch Twice Weekly 0.025 MG/24HR Transdermal	NP	ST
Dotti Patch Twice Weekly 0.0375 MG/24HR Transdermal	NP	ST
Dotti Patch Twice Weekly 0.05 MG/24HR Transdermal	NP	ST
Dotti Patch Twice Weekly 0.075 MG/24HR Transdermal	NP	ST
Dotti Patch Twice Weekly 0.1 MG/24HR Transdermal	NP	ST
EC-RX Estradiol Transdermal Cream 0.4 %, 0.6 %	BE	
Elestrin GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL	NP	ST
Estrace TABLET 0.5 MG ORAL	NP	ST
Estrace TABLET 1 MG ORAL	NP	ST
Estrace TABLET 2 MG ORAL	NP	ST
Estradiol Gel 0.25 MG/0.25GM Transdermal	NP	ST
Estradiol Gel 0.5 MG/0.5GM Transdermal	NP	ST
Estradiol Gel 0.75 MG/0.75GM Transdermal	NP	ST
Estradiol Gel 1 MG/GM Transdermal	NP	ST
Estradiol Gel 1.25 MG/1.25GM Transdermal	NP	ST
Estradiol Patch Twice Weekly 0.025 MG/24HR Transdermal	P	
Estradiol Patch Twice Weekly 0.0375 MG/24HR Transdermal	P	
Estradiol Patch Twice Weekly 0.05 MG/24HR Transdermal	P	
Estradiol Patch Twice Weekly 0.075 MG/24HR Transdermal	P	
Estradiol Patch Twice Weekly 0.1 MG/24HR Transdermal	P	
Estradiol PATCH WEEKLY 0.025 MG/24HR Transdermal	P	

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Drug Name	Preference Details	Coverage Details
Estradiol Patch Weekly 0.0375 MG/24HR Transdermal	P	
Estradiol Patch Weekly 0.05 MG/24HR Transdermal	P	
Estradiol PATCH WEEKLY 0.06 MG/24HR TRANSDERMAL	P	
Estradiol Patch Weekly 0.075 MG/24HR Transdermal	P	
Estradiol PATCH WEEKLY 0.1 MG/24HR Transdermal	P	
Estradiol Tablet 0.5 MG Oral	P	
Estradiol Tablet 1 MG Oral	P	
Estradiol Tablet 2 MG Oral	P	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	S	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	S	
Evamist SOLUTION 1.53 MG/SPRAY TRANSDERMAL	P	
Lyllana Patch Twice Weekly 0.025 MG/24HR Transdermal	NP	ST
Lyllana Patch Twice Weekly 0.0375 MG/24HR Transdermal	NP	ST
Lyllana Patch Twice Weekly 0.05 MG/24HR Transdermal	NP	ST
Lyllana Patch Twice Weekly 0.075 MG/24HR Transdermal	NP	ST
Lyllana Patch Twice Weekly 0.1 MG/24HR Transdermal	NP	ST
Menest TABLET 0.3 MG ORAL	P	
Menest TABLET 0.625 MG ORAL	P	
Menest TABLET 1.25 MG ORAL	P	
Menest TABLET 2.5 MG ORAL	P	
Menostar PATCH WEEKLY 14 MCG/24HR TRANSDERMAL	NP	ST
Minivelle Patch Twice Weekly 0.025 MG/24HR Transdermal	NP	ST

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Drug Name	Preference Details	Coverage Details
Minivelle Patch Twice Weekly 0.0375 MG/24HR Transdermal	NP	ST
Minivelle Patch Twice Weekly 0.05 MG/24HR Transdermal	NP	ST
Minivelle Patch Twice Weekly 0.075 MG/24HR Transdermal	NP	ST
Minivelle Patch Twice Weekly 0.1 MG/24HR Transdermal	NP	ST
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	S	
Premarin TABLET 0.3 MG ORAL	P	
Premarin TABLET 0.45 MG ORAL	P	
Premarin TABLET 0.625 MG ORAL	P	
Premarin TABLET 0.9 MG ORAL	P	
Premarin TABLET 1.25 MG ORAL	P	
Vivelle-Dot Patch Twice Weekly 0.025 MG/24HR Transdermal	NP	ST
Vivelle-Dot Patch Twice Weekly 0.0375 MG/24HR Transdermal	NP	ST
Vivelle-Dot Patch Twice Weekly 0.05 MG/24HR Transdermal	NP	ST
Vivelle-Dot Patch Twice Weekly 0.075 MG/24HR Transdermal	NP	ST
Vivelle-Dot Patch Twice Weekly 0.1 MG/24HR Transdermal	NP	ST
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
Duavee TABLET 0.45-20 MG ORAL	NP	ST
Fluoroquinolones		
*Fluoroquinolones***		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	S	
Baxdela TABLET 450 MG Oral	NP	ST
Cipro SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL	P	
Cipro SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	P	
Cipro TABLET 250 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Cipro TABLET 500 MG ORAL	NP	ST
Ciprofloxacin HCl TABLET 100 MG ORAL	P	
Ciprofloxacin HCl Tablet 250 MG Oral	P	
Ciprofloxacin HCl Tablet 500 MG Oral	P	
Ciprofloxacin HCl Tablet 750 MG Oral	P	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	S	
Ciprofloxacin Suspension Reconstituted 250 MG/5ML (5%) Oral	NP	ST
Ciprofloxacin Suspension Reconstituted 500 MG/5ML (10%) Oral	NP	ST
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	S	
<i>levofloxacin intravenous solution 25 mg/ml</i>	S	
LevoFLOXacin Solution 25 MG/ML Oral	NP	ST
Levofloxacin TABLET 250 MG ORAL	P	
Levofloxacin TABLET 500 MG ORAL	P	
Levofloxacin TABLET 750 MG ORAL	P	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	S	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	S	
Moxifloxacin HCl TABLET 400 MG ORAL	P	
Ofloxacin Tablet 300 MG Oral	NP	ST
Ofloxacin Tablet 400 MG Oral	NP	ST
Gastrointestinal Agents - Misc.		
*5-Ht4 Receptor Agonists***		
Motegrity Tablet 1 MG Oral	NP	ST
Motegrity Tablet 2 MG Oral	NP	ST
*Bile Acid Synthesis Disorder Agents***		
Cholbam CAPSULE 250 MG ORAL	NP	ST
Cholbam CAPSULE 50 MG ORAL	NP	ST
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***		
Trulance Tablet 3 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
*Farnesoid X Receptor (Fxr) Agonists***		
Ocaliva TABLET 10 MG ORAL	NP	ST
Ocaliva TABLET 5 MG ORAL	NP	ST
*Gallstone Solubilizing Agents***		
Chenodal TABLET 250 MG ORAL	NP	ST
Reltone Capsule 200 MG Oral	NP	ST
Reltone Capsule 400 MG Oral	NP	ST
Urso 250 TABLET 250 MG ORAL	NP	ST
Urso Forte TABLET 500 MG ORAL	NP	ST
Ursodiol Capsule 300 MG Oral	NP	ST
Ursodiol Capsule 300 MG Oral	P	
Ursodiol Tablet 250 MG Oral	P	
Ursodiol Tablet 500 MG Oral	P	
Ursodiol+SyrSpend SF Oral Suspension 30 MG/ML	BE	
*Gastrointestinal Chloride Channel Activators***		
Amitiza CAPSULE 24 MCG ORAL	P	
Amitiza CAPSULE 8 MCG ORAL	P	
Lubiprostone Capsule 24 MCG Oral	NP	ST
Lubiprostone Capsule 8 MCG Oral	NP	ST
*Gastrointestinal Stimulants***		
Dexpanthenol Injection Solution 250 MG/ML	BE	
Gimoti Solution 15 MG/ACT Nasal	NP	ST
Metoclopramide HCl SOLUTION 10 MG/10ML ORAL	P	
Metoclopramide HCl SOLUTION 5 MG/5ML ORAL	P	
Metoclopramide HCl SOLUTION 5 MG/ML INJECTION	NP	ST
Metoclopramide HCl TABLET 10 MG ORAL	P	
Metoclopramide HCl Tablet 5 MG Oral	P	
Metoclopramide HCl TABLET DISPERSIBLE 10 MG Oral	NP	ST
Metoclopramide HCl TABLET DISPERSIBLE 5 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Reglan TABLET 10 MG ORAL	NP	ST
Reglan TABLET 5 MG ORAL	NP	ST
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX SUBCUTANEOUS KIT 5 MG	S	PA; PA Required
*Ibs Agent - 5-Ht4 Receptor Partial Agonists***		
ZELNORM ORAL TABLET 6 MG	S	
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LinzeSS CAPSULE 145 MCG ORAL	P	
LinzeSS CAPSULE 290 MCG ORAL	P	
LinzeSS CAPSULE 72 MCG Oral	P	
*Ibs Agent - Mu-Opioid Receptor Agonists***		
Viberzi TABLET 100 MG ORAL	NP	ST
Viberzi TABLET 75 MG ORAL	NP	ST
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
Alosetron HCl Tablet 0.5 MG Oral	NP	ST
Alosetron HCl Tablet 1 MG Oral	NP	ST
Lotronex TABLET 0.5 MG ORAL	NP	ST
Lotronex TABLET 1 MG ORAL	NP	ST
*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
Ibsrela Tablet 50 MG Oral	NP	ST
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
Bylvay (Pellets) Capsule Sprinkle 200 MCG Oral	NP	ST
Bylvay (Pellets) Capsule Sprinkle 600 MCG Oral	NP	ST
Bylvay Capsule 1200 MCG Oral	NP	ST
Bylvay Capsule 400 MCG Oral	NP	ST
Livmarli Oral Solution 9.5 MG/ML	NP	ST
*Inflammatory Bowel Agents***		
Apriso CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL	P	

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Drug Name	Preference Details	Coverage Details
Asacol HD Tablet Delayed Release 800 MG Oral	NP	ST
Azulfidine EN-tabs Tablet Delayed Release 500 MG Oral	NP	ST
Azulfidine Tablet 500 MG Oral	NP	ST
Balsalazide Disodium CAPSULE 750 MG ORAL	P	
Canasa SUPPOSITORY 1000 MG Rectal	NP	ST
Colazal CAPSULE 750 MG ORAL	NP	ST
Delzicol CAPSULE DELAYED RELEASE 400 MG ORAL	NP	ST
Dipentum CAPSULE 250 MG ORAL	NP	ST
Lialda Tablet Delayed Release 1.2 GM Oral	P	
Mesalamine Capsule Delayed Release 400 MG Oral	NP	ST
Mesalamine ENEMA 4 GM Rectal	P	
Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	NP	ST
Mesalamine ER Capsule Extended Release 500 MG Oral	NP	PA; ST; Click here
Mesalamine Suppository 1000 MG Rectal	P	ST
Mesalamine Tablet Delayed Release 1.2 GM Oral	NP	ST
Mesalamine Tablet Delayed Release 800 MG Oral	NP	ST
Mesalamine-Cleanser KIT 4 GM Rectal	NP	ST
Pentasa Capsule Extended Release 250 MG Oral	NP	ST
Pentasa Capsule Extended Release 500 MG Oral	NP	ST
Rowasa KIT 4 GM Rectal	NP	ST
SfRowasa ENEMA 4 GM/60ML Rectal	NP	ST
SulfaSALazine Tablet 500 MG Oral	P	
SulfaSALazine Tablet Delayed Release 500 MG Oral	P	
*Integrin Receptor Antagonists***		
Entyvio Solution Pen-Injector 108 MG/0.68ML Subcutaneous	NP	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
Entyvio SOLUTION RECONSTITUTED 300 MG Intravenous	NP	PA; ST; PA Required
Entyvio Subcutaneous Solution Pen-Injector 108 MG/0.68ML	NP	PA; PA Required
*Interleukin Antagonists***		
OmvoH Solution 300 MG/15ML Intravenous	NP	ST
OmvoH Solution Auto-Injector 100 MG/ML Subcutaneous	NP	ST
Skyrizi Intravenous Solution 600 MG/10ML	NP	PA; ST; PA Required
Skyrizi Solution 600 MG/10ML Intravenous	NP	ST
Skyrizi Solution Cartridge 180 MG/1.2ML Subcutaneous	NP	ST
Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous	NP	ST
Skyrizi Subcutaneous Solution Cartridge 180 MG/1.2ML, 360 MG/2.4ML	NP	PA; ST; PA Required
Stelara SOLUTION 130 MG/26ML Intravenous	NP	PA; ST; PA Required
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	S	
<i>generlac oral solution 10 gm/15ml</i>	S	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	S	
*Live Fecal Microbiota (Human)**		
REBYOTA RECTAL SUSPENSION 150 ML	S	
Vowst Capsule Oral	NP	ST
*Peripheral Opioid Receptor Antagonists***		
Movantik Tablet 12.5 MG Oral	NP	ST
Movantik Tablet 25 MG Oral	NP	ST
Relistor SOLUTION 12 MG/0.6ML Subcutaneous	NP	PA; ST; PA Required
Relistor SOLUTION 8 MG/0.4ML Subcutaneous	NP	PA; ST; PA Required
Relistor TABLET 150 MG ORAL	NP	PA; ST; PA Required
Symproic Tablet 0.2 MG Oral	NP	ST
*Phosphate Binder Agents***		
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Calcium Acetate (Phos Binder) Capsule 667 MG Oral	P	
Calcium Acetate (Phos Binder) Tablet 667 MG Oral (Rx)	P	
Calcium Acetate Tablet 667 MG Oral	P	
Fosrenol PACKET 1000 MG ORAL	NP	ST
Fosrenol PACKET 750 MG ORAL	NP	ST
Fosrenol TABLET CHEWABLE 1000 MG ORAL	NP	ST
Fosrenol TABLET CHEWABLE 500 MG ORAL	NP	ST
Fosrenol TABLET CHEWABLE 750 MG ORAL	NP	ST
Lanthanum Carbonate Tablet Chewable 1000 MG Oral	NP	ST
Lanthanum Carbonate Tablet Chewable 500 MG Oral	NP	ST
Lanthanum Carbonate Tablet Chewable 750 MG Oral	NP	ST
Renagel TABLET 800 MG ORAL	NP	ST
Renvela PACKET 0.8 GM ORAL	P	ST
Renvela PACKET 2.4 GM ORAL	P	ST
Renvela Tablet 800 MG Oral	P	
Sevelamer Carbonate Oral Packet 0.8 GM, 2.4 GM	P	
Sevelamer Carbonate PACKET 0.8 GM Oral	NP	ST
Sevelamer Carbonate PACKET 2.4 GM Oral	NP	ST
Sevelamer Carbonate Tablet 800 MG Oral	NP	ST
Sevelamer HCl Tablet 400 MG Oral	NP	ST
Sevelamer HCl Tablet 800 MG Oral	NP	ST
Velphoro TABLET CHEWABLE 500 MG ORAL	NP	ST
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***		
Velsipity Tablet 2 MG Oral	NP	ST
*Tryptophan Hydroxylase Inhibitors***		
XERMELO ORAL TABLET 250 MG	S	

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Drug Name	Preference Details	Coverage Details
*Tumor Necrosis Factor Alpha Blockers***		
Avsola Solution Reconstituted 100 MG Intravenous	NP	PA; ST; PA Required
Cimzia KIT 2 X 200 MG Subcutaneous	NP	PA; ST; PA Required
Cimzia Prefilled Syringe Kit 2 X 200 MG/ML Subcutaneous	NP	PA; ST; PA Required
Cimzia Starter Kit Prefilled Syringe Kit 6 X 200 MG/ML Subcutaneous	NP	PA; ST; PA Required
Inflectra SOLUTION RECONSTITUTED 100 MG Intravenous	NP	PA; ST; PA Required
inFLIXimab Solution Reconstituted 100 MG Intravenous	P	PA; ST; PA Required
Remicade SOLUTION RECONSTITUTED 100 MG Intravenous	NP	ST
Renflexis SOLUTION RECONSTITUTED 100 MG Intravenous	NP	ST
Renflexis SOLUTION RECONSTITUTED 100 MG Intravenous	NP	PA; ST; PA Required
General Anesthetics		
*Anesthetics - Misc.***		
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML	S	
<i>fresenius propoven intravenous emulsion 2000 mg/100ml</i>	S	
Ketamine HCl Injection Solution Prefilled Syringe 100 MG/2ML	BE	
<i>ketamine hcl-sodium chloride intravenous solution 1000-0.9 mg/100ml-%</i>	S	
*Barbiturate Anesthetics***		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 2.5 GM, 500 MG	S	
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
Avodart CAPSULE 0.5 MG ORAL	NP	ST
Dutasteride CAPSULE 0.5 MG Oral	P	
Finasteride Tablet 5 MG Oral	P	
Proscar Tablet 5 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
*Alpha 1-Adrenoceptor Antagonists***		
Alfuzosin HCl ER Tablet Extended Release 24 Hour 10 MG Oral	P	
Cardura XL Tablet Extended Release 24 Hour 4 MG Oral	NP	ST
Cardura XL Tablet Extended Release 24 Hour 8 MG Oral	NP	ST
Flomax Capsule 0.4 MG Oral	NP	ST
Rapaflo Capsule 4 MG Oral	NP	ST
Rapaflo Capsule 8 MG Oral	NP	ST
Silodosin Capsule 4 MG Oral	NP	ST
Silodosin Capsule 8 MG Oral	NP	ST
Tamsulosin HCl Capsule 0.4 MG Oral	P	
*Anti-Infective Genitourinary Irrigants***		
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	S	
*Citrates***		
Cytra-2 SOLUTION 500-334 MG/5ML ORAL	BE	
Cytra-3 SYRUP 550-500-334 MG/5ML ORAL	BE	
Cytra-K SOLUTION 1100-334 MG/5ML ORAL	BE	
ORACIT ORAL SOLUTION 490-640 MG/5ML	S	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	S	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	S	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	S	
<i>virtrate-3 oral solution 550-500-334 mg/5ml</i>	S	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	S	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	S	

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Drug Name	Preference Details	Coverage Details
PROCYSBI ORAL PACKET 300 MG, 75 MG	S	
*Genitourinary Irrigants***		
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	S	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 %	S	
Renacidin Irrigation Solution	BE	
Resectisol Irrigation Solution 5 %	BE	
<i>sodium chloride irrigation solution 0.9 %</i>	S	
Sorbitol Irrigation Solution 3 %, 3.3 %	BE	
Sorbitol-Mannitol Irrigation Solution 2.7-0.54 GM/100ML	BE	
*Igan Agents - Endothelin & Angiotensin Ii Receptor Antag***		
FILSPARI ORAL TABLET 200 MG, 400 MG	S	PA; PA Required
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG	S	
<i>pentosan polysulfate sodium oral capsule delayed release 150 mg, 200 mg</i>	S	
RIMSO-50 INTRAVESICAL SOLUTION 50 %	S	
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG	S	
*Prostatic Hypertrophy Agent Combinations***		
Dutasteride-Tamsulosin HCl Capsule 0.5-0.4 MG Oral	NP	ST
Entadfi Oral Capsule 5-5 MG	BE	
Jalyn CAPSULE 0.5-0.4 MG ORAL	NP	ST
*Urinary Analgesics***		
PHENAZO ORAL TABLET 200 MG	S	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	S	
*Urinary Stone Agents***		
LITHOSTAT ORAL TABLET 250 MG	S	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	S	

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Drug Name	Preference Details	Coverage Details
<i>tiopronin oral tablet 100 mg</i>	S	
Gout Agents		
*Gout Agent Combinations***		
Colchicine-Probenecid Tablet 0.5-500 MG Oral	P	
*Gout Agents***		
Allopurinol Tablet 100 MG Oral	P	
Allopurinol Tablet 200 MG Oral	NP	ST
Allopurinol Tablet 300 MG Oral	P	
Colchicine Capsule 0.6 MG Oral	NP	ST
Colchicine Oral Tablet 0.6 MG	NP	ST
Colchicine Tablet 0.6 MG Oral	P	
Colcrys TABLET 0.6 MG ORAL	NP	ST
Febuxostat Tablet 40 MG Oral	NP	ST
Febuxostat Tablet 80 MG Oral	NP	ST
Gloperba Solution 0.6 MG/5ML Oral	NP	ST
Krystexxa SOLUTION 8 MG/ML Intravenous	NP	ST
Mitigare Capsule 0.6 MG Oral	NP	ST
Uloric TABLET 40 MG ORAL	NP	ST
Uloric TABLET 80 MG ORAL	NP	ST
Zyloprim Tablet 100 MG Oral	NP	ST
*Uricosurics***		
Probenecid TABLET 500 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Hematological Agents - Misc.		
*Antihemophilic Products - Gene Therapy Agents***		
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML	S	
ROCTAVIAN INTRAVENOUS SUSPENSION 2000000000000000 VG/ML	S	
*Antihemophilic Products - Monoclonal Antibodies***		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	S	
*Antihemophilic Products***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	S	
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	S	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	S	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	S	

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Drug Name	Preference Details	Coverage Details
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	S	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	S	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	S	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	S	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	S	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	S	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	S	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	S	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	S	
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	S	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	S	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	S	

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Drug Name	Preference Details	Coverage Details
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	S	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	S	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	S	
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT	S	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	S	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	S	
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	S	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	S	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	S	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	S	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	S	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	S	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	S	

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Drug Name	Preference Details	Coverage Details
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	S	
<i>obizur intravenous solution reconstituted 500 unit</i>	S	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	S	
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	S	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	S	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	S	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	S	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	S	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT, 2500 UNIT	S	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	S	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	S	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	S	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	S	
*Bradykinin B2 Receptor Antagonists***		
Firazyr Solution Prefilled Syringe 30 MG/3ML Subcutaneous	NP	ST
Icatibant Acetate Solution Prefilled Syringe 30 MG/3ML Subcutaneous	P	

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Drug Name	Preference Details	Coverage Details
Sajazir Solution Prefilled Syringe 30 MG/3ML Subcutaneous	P	
*C1 Esterase Inhibitors***		
Beriner KIT 500 UNIT Intravenous	P	
Cinryze Solution Reconstituted 500 UNIT Intravenous	NP	ST
Haegarda SOLUTION RECONSTITUTED 2000 UNIT Subcutaneous	P	
Haegarda SOLUTION RECONSTITUTED 3000 UNIT Subcutaneous	P	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	S	
Ruconest Solution Reconstituted 2100 UNIT Intravenous	NP	ST
*Complement C1 Inhibitors***		
Enjymo Intravenous Solution 1100 MG/22ML	BE	
*Complement C3 Inhibitors***		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	S	
*Complement C5a Inhibitors***		
Gohibic Intravenous Solution 200 MG/20ML	BE	
*Complement C5a Receptor Inhibitors***		
Tavneos Capsule 10 MG Oral	P	
TAVNEOS ORAL CAPSULE 10 MG	S	
*Direct-Acting P2y12 Inhibitors***		
Brilinta TABLET 60 MG ORAL	P	
Brilinta TABLET 90 MG ORAL	P	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	S	
*Glycoprotein Iib/Iiia Receptor Inhibitors***		
AGGRASTAT INTRAVENOUS CONCENTRATE 3.75 MG/15ML	S	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	S	

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Drug Name	Preference Details	Coverage Details
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	S	
*Plasma Expanders***		
HEXTEND INTRAVENOUS SOLUTION 6 %	S	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 %	S	
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 %	S	
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
Takhzyro Solution 300 MG/2ML Subcutaneous	NP	ST
Takhzyro Solution Prefilled Syringe 150 MG/ML Subcutaneous	NP	ST
Takhzyro Solution Prefilled Syringe 300 MG/2ML Subcutaneous	NP	ST
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	S	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	S	
*Plasma Kallikrein Inhibitors***		
Kalbitor SOLUTION 10 MG/ML Subcutaneous	P	
Orladeyo Capsule 110 MG Oral	P	
Orladeyo Capsule 150 MG Oral	P	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	S	
*Plasma Proteins***		
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	S	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	S	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	S	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	S	

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Drug Name	Preference Details	Coverage Details
PLASMANATE INTRAVENOUS SOLUTION 5 %	S	
Ryplazim Intravenous Solution Reconstituted 68.8 MG	BE	
*Platelet Aggregation Inhibitor Combinations***		
Aspirin-Dipyridamole ER Capsule Extended Release 12 Hour 25-200 MG Oral	NP	ST
Aspirin-Omeprazole Oral Tablet Delayed Release 325-40 MG, 81-40 MG	BE	
Clopidogrel & Aspirin Oral Therapy Pack 75 & 81 MG	BE	
Yosprala Oral Tablet Delayed Release 325-40 MG, 81-40 MG	BE	
*Platelet Aggregation Inhibitors***		
Dipyridamole TABLET 25 MG ORAL	P	
Dipyridamole TABLET 50 MG ORAL	P	
Dipyridamole TABLET 75 MG ORAL	P	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG	S	
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG	S	
*Pyruvate Kinase Activators***		
PYRUKYND ORAL TABLET 20 MG, 50 MG	S	
PYRUKYND ORAL TABLET 5 MG	S	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	S	
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
Tavalisse Tablet 100 MG Oral	NP	ST
Tavalisse Tablet 150 MG Oral	NP	ST
*Thienopyridine Derivatives***		
Clopidogrel Bisulfate Tablet 300 MG Oral	P	
Clopidogrel Bisulfate Tablet 75 MG Oral	P	
Effient Tablet 10 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Effient Tablet 5 MG Oral	NP	ST
Plavix TABLET 75 MG ORAL	NP	ST
Prasugrel HCl TABLET 10 MG Oral	P	
Prasugrel HCl TABLET 5 MG Oral	P	
*Tissue Plasminogen Activators***		
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	S	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	S	
TNKASE INTRAVENOUS KIT 50 MG	S	
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA ORAL CAPSULE 84 MG	S	
<i>miglustat oral capsule 100 mg</i>	S	
*Amino Acids***		
ENDARI ORAL PACKET 5 GM	S	
*Cobalamin Combinations***		
Folic + B12 Oral Tablet 800-1000 MCG	N/A	
Foltrate Oral Tablet 500-1 MCG-MG	N/A	
MTX Support Oral Tablet	N/A	
Opurity B12/Folic Acid Oral Tablet 1000-200 MCG	N/A	
Vitamin B12-Folic Acid Oral Tablet 500-400 MCG	N/A	
*Cobalamins***		
B-12 Compliance Injection Injection Kit 1000 MCG/ML	BE	
Cyanocobalamin Injection Solution 2000 MCG/ML	BE	
Hydroxocobalamin Acetate Intramuscular Solution 1000 MCG/ML	BE	
Methyl B-12 Oral Tablet Chewable 500 MCG	N/A	
Methylcobalamin Injection Solution 150 MG/30ML, 30 MG/30ML, 300 MG/30ML	BE	
Methylcobalamin Injection Solution Reconstituted 10000 MCG, 50000 MCG	BE	

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Drug Name	Preference Details	Coverage Details
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	S	
Physicians EZ Use B-12 Injection Kit 1000 MCG/ML	BE	
Vitamin Deficiency System-B12 Injection Kit 1000 MCG/ML	BE	
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	S	
SIKLOS ORAL TABLET 100 MG, 1000 MG	S	
*Erythroid Maturation Agents***		
Reblozyl Solution Reconstituted 25 MG Subcutaneous	NP	ST
Reblozyl Solution Reconstituted 75 MG Subcutaneous	NP	ST
*Erythropoiesis-Stimulating Agents (Esas)***		
Aranesp (Albumin Free) SOLUTION 100 MCG/ML INJECTION	P	PA; PA Required
Aranesp (Albumin Free) SOLUTION 200 MCG/ML INJECTION	P	PA; PA Required
Aranesp (Albumin Free) SOLUTION 25 MCG/ML INJECTION	P	PA; PA Required
Aranesp (Albumin Free) SOLUTION 300 MCG/ML INJECTION	P	PA; PA Required
Aranesp (Albumin Free) SOLUTION 40 MCG/ML INJECTION	P	PA; PA Required
Aranesp (Albumin Free) SOLUTION 60 MCG/ML INJECTION	P	PA; PA Required
Aranesp (Albumin Free) Solution Prefilled Syringe 10 MCG/0.4ML Injection	P	PA; PA Required
Aranesp (Albumin Free) Solution Prefilled Syringe 100 MCG/0.5ML Injection	P	PA; PA Required
Aranesp (Albumin Free) Solution Prefilled Syringe 150 MCG/0.3ML Injection	P	PA; PA Required
Aranesp (Albumin Free) Solution Prefilled Syringe 200 MCG/0.4ML Injection	P	PA; PA Required
Aranesp (Albumin Free) Solution Prefilled Syringe 25 MCG/0.42ML Injection	P	PA; PA Required

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Drug Name	Preference Details	Coverage Details
Aranesp (Albumin Free) Solution Prefilled Syringe 300 MCG/0.6ML Injection	P	PA; PA Required
Aranesp (Albumin Free) Solution Prefilled Syringe 40 MCG/0.4ML Injection	P	PA; PA Required
Aranesp (Albumin Free) Solution Prefilled Syringe 500 MCG/ML Injection	P	PA; PA Required
Aranesp (Albumin Free) Solution Prefilled Syringe 60 MCG/0.3ML Injection	P	PA; PA Required
Epogen SOLUTION 10000 UNIT/ML INJECTION	P	PA; ST; PA Required
Epogen SOLUTION 2000 UNIT/ML INJECTION	P	PA; ST; PA Required
Epogen SOLUTION 20000 UNIT/ML INJECTION	P	PA; ST; PA Required
Epogen SOLUTION 3000 UNIT/ML INJECTION	P	PA; ST; PA Required
Epogen SOLUTION 4000 UNIT/ML INJECTION	P	PA; ST; PA Required
Mircera Solution Prefilled Syringe 100 MCG/0.3ML Injection	NP	PA; ST; PA Required
Mircera Solution Prefilled Syringe 120 MCG/0.3ML Injection	NP	PA; ST; PA Required
Mircera Solution Prefilled Syringe 150 MCG/0.3ML Injection	NP	PA; ST; PA Required
Mircera Solution Prefilled Syringe 200 MCG/0.3ML Injection	NP	PA; ST; PA Required
Mircera Solution Prefilled Syringe 30 MCG/0.3ML Injection	NP	PA; ST; PA Required
Mircera Solution Prefilled Syringe 50 MCG/0.3ML Injection	NP	PA; ST; PA Required
Mircera Solution Prefilled Syringe 75 MCG/0.3ML Injection	NP	PA; ST; PA Required
Procrit SOLUTION 10000 UNIT/ML INJECTION	NP	PA; ST; PA Required
Procrit SOLUTION 2000 UNIT/ML INJECTION	NP	PA; ST; PA Required
Procrit SOLUTION 20000 UNIT/ML INJECTION	NP	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
Procrit SOLUTION 3000 UNIT/ML INJECTION	NP	PA; ST; PA Required
Procrit SOLUTION 4000 UNIT/ML INJECTION	NP	PA; ST; PA Required
Procrit SOLUTION 40000 UNIT/ML INJECTION	NP	PA; ST; PA Required
Retacrit Solution 10000 UNIT/ML Injection	P	PA; ST; PA Required
Retacrit Solution 2000 UNIT/ML Injection	P	PA; ST; PA Required
Retacrit Solution 20000 UNIT/ML Injection	P	PA; ST; PA Required
Retacrit Solution 3000 UNIT/ML Injection	P	PA; ST; PA Required
Retacrit Solution 4000 UNIT/ML Injection	P	PA; ST; PA Required
Retacrit Solution 40000 UNIT/ML Injection	P	PA; ST; PA Required
*Folic Acid/Folate Combinations***		
<i>bp vit 3 oral capsule 1 mg</i>	S	
<i>fabb oral tablet 2.2-25-1 mg</i>	S	
<i>folite oral tablet</i>	S	
NeurophX DPN Oral Capsule 2-5.1-35 MG	N/A	
TALIVA ORAL CAPSULE 1 MG	S	
<i>tl gard rx oral tablet 2.2-25-1 mg</i>	S	
VIRT-GARD ORAL TABLET 2.2-25-1 MG	S	
VITAMEZ ORAL CAPSULE 1 MG	S	
<i>westab mini oral tablet 2.2-25-1 mg</i>	S	
*Folic Acid/Folates***		
<i>folic acid injection solution 5 mg/ml</i>	S	
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
Fulphila Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	NP	ST
Granix Solution 300 MCG/ML Subcutaneous	NP	ST
Granix Solution 480 MCG/1.6ML Subcutaneous	NP	ST
Granix Solution Prefilled Syringe 300 MCG/0.5ML Subcutaneous	NP	ST
Granix Solution Prefilled Syringe 480 MCG/0.8ML Subcutaneous	NP	ST
Neulasta Onpro Prefilled Syringe Kit 6 MG/0.6ML Subcutaneous	NP	ST

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Drug Name	Preference Details	Coverage Details
Neulasta Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	NP	ST
Neupogen SOLUTION 300 MCG/ML INJECTION	P	
Neupogen SOLUTION 480 MCG/1.6ML INJECTION	P	
Neupogen Solution Prefilled Syringe 300 MCG/0.5ML Injection	P	
Neupogen Solution Prefilled Syringe 480 MCG/0.8ML Injection	P	
Nivestym Solution 300 MCG/ML Injection	NP	ST
Nivestym Solution 480 MCG/1.6ML Injection	NP	ST
Nivestym Solution Prefilled Syringe 300 MCG/0.5ML Injection	NP	ST
Nivestym Solution Prefilled Syringe 480 MCG/0.8ML Injection	NP	ST
Nyvepria Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	P	
Releuko Solution 300 MCG/ML Injection	NP	ST
Releuko Solution 480 MCG/1.6ML Injection	NP	ST
Releuko Solution Prefilled Syringe 300 MCG/0.5ML Subcutaneous	NP	ST
Releuko Solution Prefilled Syringe 480 MCG/0.8ML Subcutaneous	NP	ST
Stimufend Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	NP	ST
Udenyca Solution Auto-Injector 6 MG/0.6ML Subcutaneous	NP	ST
Udenyca Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	P	
Zarxio Solution Prefilled Syringe 300 MCG/0.5ML Injection	NP	ST
Zarxio Solution Prefilled Syringe 480 MCG/0.8ML Injection	NP	ST
Ziextenzo Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	NP	ST

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Drug Name	Preference Details	Coverage Details
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
Leukine Solution Reconstituted 250 MCG Injection	NP	ST
*Hematopoietic Autologous Cellular Gene Therapy**		
Zynteglo Intravenous Suspension	N/A	
*Hemoglobin S (Hbs) Polymerization Inhibitors***		
OXBRYTA ORAL TABLET 300 MG, 500 MG	S	
OXBRYTA ORAL TABLET SOLUBLE 300 MG	S	
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***		
Jesduvroq Tablet 1 MG Oral	NP	ST
Jesduvroq Tablet 2 MG Oral	NP	ST
Jesduvroq Tablet 4 MG Oral	NP	ST
Jesduvroq Tablet 6 MG Oral	NP	ST
Jesduvroq Tablet 8 MG Oral	NP	ST
*Iron Combinations***		
<i>active fe oral tablet 75-1.25 mg</i>	S	
CENTRATEX ORAL CAPSULE 106-1 MG	S	
CORVITA 150 ORAL TABLET 150-1.25 MG	S	
CORVITE 150 ORAL TABLET , 150-1.25 MG	S	
<i>corvite fe oral tablet</i>	S	
FE PLUS PROTEIN ORAL TABLET 25 MG	S	
FEonyx Oral Tablet	BE	
FERIVAFA ORAL CAPSULE 110-1 MG	S	
<i>ferocon oral capsule</i>	S	
<i>ferotrinsic oral capsule</i>	S	
FERRO-plex Oral Tablet 115-1 MG	BE	
Ferrotrin Oral Capsule	BE	
FOLIVANE-PLUS ORAL CAPSULE	S	
<i>foltrin oral capsule</i>	S	

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Drug Name	Preference Details	Coverage Details
Folvite-Fe Oral Tablet 90-120-0.012-1 MG	BE	
FUSION PLUS ORAL CAPSULE	S	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	S	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	S	
Hematron-AF Oral Tablet 150-1 MG	N/A	
Hemax Ezy-Dose Oral Tablet 150-1 MG	N/A	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG	S	
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	S	
INTEGRA PLUS ORAL CAPSULE	S	
IROSPAN 24/6 ORAL	S	
IS 24/6 ORAL	S	
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	S	
MaxFe Oral Tablet 160-1 MG, 160-1.7 MG	BE	
Multigen Folic Oral Tablet 70-150-2-1 MG	BE	
Multigen Oral Tablet 70 MG	BE	
Multigen Plus Oral Tablet 50-101-1 MG	BE	
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	S	
NEPHRON FA ORAL TABLET	S	
NIFEREX ORAL TABLET	S	
NUFERA ORAL TABLET	S	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	S	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	S	
<i>purefe plus oral capsule 106-1 mg</i>	S	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	S	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	S	
Tandem Oral Capsule 53-53 MG	N/A	
<i>taron forte oral capsule</i>	S	
<i>tl icon oral capsule</i>	S	

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Drug Name	Preference Details	Coverage Details
TRICON ORAL CAPSULE	S	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	S	
<i>virt-fefa plus oral capsule</i>	S	
*Iron W/ Folic Acid***		
Bentivite Oral Tablet 35-1 MG	BE	
FOLIVANE-F ORAL CAPSULE 125-1 MG	S	
FUSION SPRINKLES ORAL PACKET 7-0.25-50-5 MG	S	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	S	
HEMOCYTE-F ORAL TABLET 324-1 MG	S	
INTEGRA F ORAL CAPSULE 125-1 MG	S	
*Iron***		
ACCRUFER ORAL CAPSULE 30 MG	S	
Ferrous Sulfate Oral Liquid 300 MG/5ML	N/A	
Ferrous Sulfate Oral Solution 300 (60 Fe) MG/5ML, 300 MG/6.8ML	N/A	
Hematex Iron Complex Oral Tablet 150 MG	N/A	
Hematex Oral Liquid 100 MG/5ML	N/A	
Icar Oral Tablet Chewable 15 MG	N/A	
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML	S	
Iron Chews Pediatric Oral Tablet Chewable 15 MG	N/A	
Triferic AVNU Intravenous Solution 6.75 MG/4.5ML	BE	
*Iron-B12-Folate***		
FERIVA 21/7 ORAL TABLET 75-1 MG	S	
FERRALET 90 ORAL TABLET 90-1 MG	S	
<i>ferraplus 90 oral tablet 90-1 mg</i>	S	
FOCALGIN DSS ORAL TABLET 90-1 MG	S	
*Thrombopoietin (Tpo) Receptor Agonists***		
DOPTELET ORAL TABLET 20 MG	S	
MULPLETA ORAL TABLET 3 MG	S	
Nplate Solution Reconstituted 125 MCG Subcutaneous	P	

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Drug Name	Preference Details	Coverage Details
Nplate SOLUTION RECONSTITUTED 250 MCG Subcutaneous	P	
Nplate SOLUTION RECONSTITUTED 500 MCG Subcutaneous	P	
Promacta Packet 12.5 MG Oral	P	
Promacta Packet 25 MG Oral	P	
Promacta TABLET 12.5 MG ORAL	P	
Promacta TABLET 25 MG ORAL	P	
Promacta TABLET 50 MG ORAL	P	
Promacta TABLET 75 MG ORAL	P	
Hemostatics		
*Hemostatic Combinations - Topical***		
ARTISS EXTERNAL SOLUTION	S	
Evicel External Kit 2 ML, 5 ML	BE	
Raplixa External Powder 79-699 MG-UNIT/GM	BE	
TISSEEL EXTERNAL KIT 10 ML, 4 ML	S	
Tisseel External Kit 2 ML	BE	
TISSEEL EXTERNAL SOLUTION	S	
TISSEEL VH EXTERNAL KIT 10 ML, 4 ML	S	
Tisseel VH External Kit 2 ML	BE	
TISSEEL VHSD EXTERNAL SOLUTION	S	
*Hemostatics - Systemic***		
AMICAR ORAL SOLUTION 0.25 GM/ML	S	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	S	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	S	
<i>tranexamic acid oral tablet 650 mg</i>	S	
<i>tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%</i>	S	
*Hemostatics - Topical***		
Astringyn External Solution 259 MG/GM	BE	
Evithrom External Solution 800-1200 UNIT/ML	BE	
Monsels Ferric Sub sulfate External Solution	BE	

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Drug Name	Preference Details	Coverage Details
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	S	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT	S	
TachoSil External Patch 4.8 X 4.8 CM, 9.5 X 4.8 CM	BE	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT	S	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT	S	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	S	
Thrombogen External Kit 10000 UNIT	BE	
Thrombogen External Solution Reconstituted 1000 UNIT, 10000 UNIT	BE	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	S	
<i>pentobarbital sodium injection solution 50 mg/ml</i>	S	
<i>pentobarbital sodium powder</i>	S	
PHENobarbital Elixir 20 MG/5ML Oral	P	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	S	
PHENobarbital Tablet 100 MG Oral	P	
PHENobarbital Tablet 15 MG Oral	P	
PHENobarbital Tablet 16.2 MG Oral	P	
PHENobarbital Tablet 30 MG Oral	BE	
PHENobarbital Tablet 30 MG Oral	P	
PHENobarbital Tablet 32.4 MG Oral	P	
PHENobarbital Tablet 60 MG Oral	P	
PHENobarbital Tablet 64.8 MG Oral	P	
PHENobarbital Tablet 97.2 MG Oral	P	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	S	PA; PA Required

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Drug Name	Preference Details	Coverage Details
*Benzodiazepine Hypnotics***		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	S	
DALMANE ORAL CAPSULE 15 MG, 30 MG	S	
Doral TABLET 15 MG ORAL	NP	PA; ST; PA Required
Estazolam TABLET 1 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Estazolam TABLET 2 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Flurazepam HCl Capsule 15 MG Oral	P	PA; PA Required; QL (15 EA per 30 days)
Flurazepam HCl Capsule 30 MG Oral	P	PA; PA Required; QL (15 EA per 30 days)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	S	
Halcion TABLET 0.25 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml</i>	S	
<i>midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml</i>	S	
Midazolam HCl Intravenous Solution 150 MG/30ML	BE	
Midazolam HCl-NaCl Intravenous Solution Prefilled Syringe 50-0.9 MG/50ML-%	BE	
Midazolam HCl-Sodium Chloride Intravenous Solution 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%	BE	
Midazolam HCl-Sodium Chloride Intravenous Solution Prefilled Syringe 2-0.9 MG/2ML-%	BE	
<i>midazolam injection solution prefilled syringe 2 mg/2ml, 5 mg/5ml</i>	S	
Midazolam Injection Solution Prefilled Syringe 3 MG/3ML	BE	
Midazolam Intravenous Solution 100 MG/100ML, 50 MG/50ML	BE	
Midazolam Intravenous Solution Prefilled Syringe 2 MG/2ML, 25 MG/25ML	BE	

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Drug Name	Preference Details	Coverage Details
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	S	
Midazolam-Sodium Chloride (PF) Intravenous Solution 100-0.8 MG/100ML-%	BE	
Midazolam-Sodium Chloride Intravenous Solution 50-0.9 MG/50ML-%	BE	
Midazolam-Sodium Chloride Intravenous Solution Prefilled Syringe 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 60-0.9 MG/30ML-%	BE	
Quazepam Tablet 15 MG Oral	NP	PA; ST; PA Required
Restoril CAPSULE 15 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Restoril CAPSULE 22.5 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Restoril CAPSULE 30 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Restoril CAPSULE 7.5 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Temazepam Capsule 15 MG Oral	P	PA
Temazepam CAPSULE 15 MG ORAL	P	PA; PA Required; QL (15 EA per 30 days)
Temazepam Capsule 22.5 MG Oral	NP	PA; ST
Temazepam CAPSULE 22.5 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Temazepam Capsule 30 MG Oral	P	PA
Temazepam CAPSULE 30 MG ORAL	P	PA; PA Required; QL (15 EA per 30 days)
Temazepam Capsule 7.5 MG Oral	NP	PA; ST
Temazepam CAPSULE 7.5 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Triazolam TABLET 0.125 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Triazolam TABLET 0.25 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
*Hypnotics - Tricyclic Agents***		
Doxepin HCl Tablet 3 MG Oral	NP	ST
Doxepin HCl Tablet 3 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
Doxepin HCl Tablet 6 MG Oral	NP	ST
Doxepin HCl Tablet 6 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
Ambien CR Tablet Extended Release 12.5 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Ambien CR Tablet Extended Release 6.25 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Ambien TABLET 10 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Ambien TABLET 5 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Edluar Sublingual Tablet Sublingual 5 MG	NP	ST
Edluar Tablet Sublingual 10 MG Sublingual	NP	ST; Click here to search Step Therapy criteria for this drug.
Edluar TABLET SUBLINGUAL 5 MG SUBLINGUAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Eszopiclone Tablet 1 MG Oral	P	PA; ST; QL (2 EA per 1 day)
Eszopiclone TABLET 1 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Eszopiclone TABLET 1 MG ORAL	P	PA; ST; PA Required; QL (15 EA per 30 days)
Eszopiclone TABLET 2 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Eszopiclone TABLET 2 MG ORAL	P	PA; ST; PA Required; QL (15 EA per 30 days)
Eszopiclone TABLET 3 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Eszopiclone TABLET 3 MG ORAL	P	PA; ST; PA Required; QL (15 EA per 30 days)
Lunesta TABLET 1 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Lunesta Tablet 2 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Lunesta Tablet 3 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Zaleplon Capsule 10 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
Zaleplon CAPSULE 10 MG ORAL	P	PA; ST; PA Required; QL (15 EA per 30 days)
Zaleplon Capsule 5 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Zaleplon CAPSULE 5 MG ORAL	P	PA; ST; PA Required; QL (15 EA per 30 days)
Zolpidem Tartrate Capsule 7.5 MG Oral	P	PA; PA Required; QL (15 EA per 30 days)
Zolpidem Tartrate ER Tablet Extended Release 12.5 MG Oral	NP	ST
Zolpidem Tartrate ER Tablet Extended Release 12.5 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Zolpidem Tartrate ER Tablet Extended Release 6.25 MG Oral	NP	ST
Zolpidem Tartrate ER Tablet Extended Release 6.25 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Zolpidem Tartrate Tablet 10 MG Oral	P	PA; PA Required; QL (15 EA per 30 days)
Zolpidem Tartrate Tablet 5 MG Oral	P	PA; PA Required; QL (15 EA per 30 days)
Zolpidem Tartrate TABLET SUBLINGUAL 1.75 MG SUBLINGUAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Zolpidem Tartrate Tablet Sublingual 3.5 MG Sublingual	NP	PA; ST; PA Required; QL (15 EA per 30 days)
ZOLPIMIST ORAL SOLUTION 5 MG/ACT	S	
*Orexin Receptor Antagonists***		
Belsomra TABLET 10 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Belsomra TABLET 15 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Belsomra TABLET 20 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Belsomra TABLET 5 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
DayVigo Tablet 10 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
DayVigo Tablet 5 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Quviviq Tablet 25 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Quviviq Tablet 50 MG Oral	NP	ST
*Selective Alpha2-Adrenoreceptor Agonist Sedatives***		
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%</i>	S	
<i>dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 400 mcg/4ml</i>	S	
<i>dexmedetomidine hcl-dextrose intravenous solution 200mcg/50ml -5%, 400mcg/100ml -5%</i>	S	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	S	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML	S	
*Selective Melatonin Receptor Agonists***		
Hetlioz CAPSULE 20 MG ORAL	NP	PA; ST; PA Required; QL (30 EA per 30 days)
Hetlioz LQ Suspension 4 MG/ML Oral	NP	ST
Hetlioz LQ Suspension 4 MG/ML Oral	NP	PA; ST; PA Required
Ramelteon Tablet 8 MG Oral	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Ramelteon Tablet 8 MG Oral	P	PA; ST; PA Required; QL (15 EA per 30 days)
Rozerem TABLET 8 MG ORAL	NP	PA; ST; PA Required; QL (15 EA per 30 days)
Tasimelteon Capsule 20 MG Oral	NP	ST
Laxatives		
*Bowel Evacuant Combinations***		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	S	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	S	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	S	
GAVILYTE-H ORAL KIT 5-210 MG-GM	S	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	S	

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Drug Name	Preference Details	Coverage Details
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	S	
PCP 100 Combination Kit	BE	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	S	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	S	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	S	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	S	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	S	
PEG-PREP ORAL KIT 5-210 MG-GM	S	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	S	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM	S	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	S	
SUTAB ORAL TABLET 1479-225-188 MG	S	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	S	
*Bulk Laxatives***		
Konsyl-D Oral Powder 52.3 %	N/A	
*Laxative Combinations***		
Senokot Laxative Oral Tea Bag	N/A	
*Laxatives - Miscellaneous***		
CLEARLAX ORAL POWDER 17 GM/SCOOP	S	
<i>constulose oral solution 10 gml/15ml</i>	S	
CVS PURELAX ORAL PACKET 17 GM	S	
CVS PURELAX ORAL POWDER 17 GM/SCOOP	S	
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP	S	
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP	S	

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Drug Name	Preference Details	Coverage Details
<i>gavilax oral packet 17 gm</i>	S	
<i>gavilax oral powder 17 gmlscoop</i>	S	
<i>gentlelax oral powder 17 gmlscoop</i>	S	
GLYCOLAX ORAL POWDER 17 GM/SCOOP	S	
GNP CLEARLAX ORAL PACKET 17 GM	S	
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	S	
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	S	
HEALTHYLAX ORAL PACKET 17 GM	S	
HM CLEARLAX ORAL PACKET 17 GM	S	
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	S	
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP	S	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	S	
<i>lactulose oral packet 10 gm</i>	S	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	S	
MM CLEARLAX ORAL POWDER 17 GM/SCOOP	S	
<i>peg 3350 oral packet 17 gm</i>	S	
<i>peg 3350 oral powder 17 gmlscoop</i>	S	
PEGYLAX ORAL POWDER 17 GM/SCOOP	S	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	S	
<i>polyethylene glycol 3350 oral powder 17 gmlscoop</i>	S	
<i>qc natura-lax oral powder 17 gmlscoop</i>	S	
<i>ra laxative oral packet 17 gm</i>	S	
<i>ra laxative oral powder 17 gmlscoop</i>	S	
<i>sb polyethylene glycol 3350 oral powder 17 gmlscoop</i>	S	
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	S	
SMOOTH LAX ORAL PACKET 17 GM	S	

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Drug Name	Preference Details	Coverage Details
SMOOTH LAX ORAL POWDER 17 GM/SCOOP	S	
SW CLEARLAX ORAL POWDER 17 GM/SCOOP	S	
TGT POWDERLAX ORAL PACKET 17 GM	S	
TGT POWDERLAX ORAL POWDER 17 GM/SCOOP	S	
*Laxatives & Dss***		
Medi-Laxx Oral Capsule 8.6-50 MG	N/A	
Senna Plus Oral Capsule 50-8.6 MG	N/A	
Stool Softener/Laxative Oral Capsule 50-8.6 MG	N/A	
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM	S	
Local Anesthetics-Parenteral		
*Local Anesthetic & Sympathomimetic***		
Articadent Dental Injection Solution Cartridge 4 %-1:200000	BE	
BL Injection Combination Kit 0.5 & 2 %	BE	
Bupivacaine-EPINEPHrine Injection Solution Prefilled Syringe 0.75% -1:400000	BE	
Citanest Forte Dental Injection Solution 4% - 1:200000	BE	
D-Care 100X Injection Kit 1 %-1:200000	BE	
LETS Kit	BE	
Lidocaine(Bufferd)-EPINEPHrine Injection Solution Prefilled Syringe 0.5 %-1:100000, 1 %-1:100000	BE	
<i>lidocaine-epinephrine (3 ml) injection solution prefilled syringe 0.5 %-1:100000</i>	S	
Lidocaine-EPINEPHrine Injection Solution 2 %-1:50000	BE	
Orabloc Injection Solution Cartridge 4 %-1:200000	BE	
RECK Solution Prefilled Syringe 123-0.25-0.04- 15 MG/50ML	BE	

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Drug Name	Preference Details	Coverage Details
Ropiv-cloNIDine-Ketorolac Solution Prefilled Syringe 123-0.04-15 MG/50ML	BE	
Sensorcaine-MPF/Epinephrine Injection Solution 0.75-1:200000 %	BE	
Xylocaine Dental Injection Solution 2 %-1:50000	BE	
Xylocaine-MPF/Epinephrine Injection Solution 1 %-1:200000	BE	
*Local Anesthetic Combinations***		
Active Injection LM-2 Injection Kit 1 & 0.25 %	BE	
Buffered Lidocaine Injection Solution Prefilled Syringe 0.5-8.4 %, 0.9-8.4 %, 1-8.4 %, 1.8-8.4 %	BE	
Lidocaine HCl-Sodium Chloride Injection Solution 0.25-0.9 %	BE	
Lidocaine HCl-Sodium Chloride Injection Solution Prefilled Syringe 0.5-0.9 % (1 ML), 1-0.9 %, 1-0.9 % (1 ML), 1-0.9 % (10 ML), 1-0.9 % (3 ML)	BE	
<i>lidocaine hcl-tetracaine hcl injection solution 0.4-0.2 %</i>	S	
Lidocaine-Sodium Bicarbonate Injection Solution Prefilled Syringe 0.9-8.4 %, 1-8.4 %	BE	
Lidomar Injection Solution 50-18.75 MG/5ML	BE	
Marlido Injection Kit 2 & 0.5 %	BE	
Marlido-25 Injection Kit 1 & 0.25 %	BE	
Marvona SUIK Combination Kit 0.5 %	BE	
MLD Injection Kit 2-0.5-50 %	BE	
P-Care 100MX Injection Kit 1 & 0.5 %	BE	
P-Care MG Combination Kit 0.5 %	BE	
Point of Care LM-2.2 Injection Kit 1 & 0.25 %	BE	
Point of Care LM-2.5 Injection Kit 1 & 0.25 %	BE	
ReadySharp-A Injection Kit 1 & 0.5 %	BE	
*Local Anesthetics - Amides***		
<i>bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml</i>	S	
<i>bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %</i>	S	

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Drug Name	Preference Details	Coverage Details
Bupivacaine HCl Injection Solution Prefilled Syringe 0.25 % (10 ML)	BE	
Bupivacaine HCl-NaCl Epidural Solution 0.0625-0.9 %, 0.1-0.9 %, 0.125-0.9 %, 0.15-0.9 %, 0.2-0.9 %, 0.25-0.9 %	BE	
Bupivacaine HCl-NaCl Epidural Solution Prefilled Syringe 0.1-0.9 %, 0.25-0.9 %, 0.5-0.9 %	BE	
Bupivacaine HCl-NaCl Injection Solution 0.03-0.9 %, 0.0625-0.9 %, 0.1-0.9 %, 0.125-0.9 %, 0.2-0.9 %, 0.25-0.9 %, 0.375-0.9 %, 0.5-0.9 %	BE	
Bupivacaine HCl-NaCl Injection Solution Prefilled Syringe 0.0625-0.9 % (50 ML), 0.1-0.9 % (50 ML), 0.125-0.9 % (50 ML), 0.25-0.9 %, 0.25-0.9 % (20 ML), 0.25-0.9 % (30 ML), 0.375-0.9 %	BE	
Bupivacaine in Dextrose Solution Prefilled Syringe 0.75-8.25 % (2 ML)	BE	
Citanest Plain Dental Injection Solution 4 %	BE	
Exparel Injection Suspension 1.3 %	BE	
Lidocaine HCl (Buffered) Injection Solution Prefilled Syringe 100 MG/10ML	BE	
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %</i>	S	
Lidocaine HCl Epidural Solution Prefilled Syringe 400 MG/20ML	BE	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	S	
Lidocaine HCl Injection Solution Prefilled Syringe 10 MG/ML, 100 MG/10ML, 100 MG/5ML, 200 MG/10ML, 40 MG/2ML, 400 MG/20ML, 60 MG/3ML, 9 MG/ML	BE	
Lidocaine HCl Intradermal Jet-Injector 0.5 MG	BE	
Lidocaine in Dextrose Solution 5-7.5 %	BE	
Lidomark 2/5 Injection Kit 2 %	BE	
<i>mepivacaine hcl powder</i>	S	
P-Care M Injection Kit 0.5 %	BE	
POLOCAINE INJECTION SOLUTION 1 %, 2 %	S	

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Drug Name	Preference Details	Coverage Details
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 %	S	
Posimir Injection Solution 660 MG/5ML	BE	
ReadySharp Bupivacaine Injection Kit 0.5 %	BE	
Ropivacaine HCl Epidural Solution 0.2 %	BE	
<i>ropivacaine hcl epidural solution prefilled syringe 0.5 %</i>	S	
<i>ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 33.4 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	S	
<i>ropivacaine hcl injection solution prefilled syringe 0.2 %, 0.5 %</i>	S	
Ropivacaine HCl-NaCl Epidural Solution 0.07-0.9 %, 0.1-0.9 %, 0.125-0.9 %, 0.15-0.9 %, 0.2-0.9 %, 0.25-0.9 %	BE	
Ropivacaine HCl-NaCl Epidural Solution Prefilled Syringe 0.2-0.9 %	BE	
Ropivacaine HCl-NaCl Injection Solution 0.1-0.9 %, 0.15-0.9 %, 0.2-0.9 %, 0.25-0.9 %	BE	
Ropivacaine HCl-NaCl Injection Solution Prefilled Syringe 0.1-0.9 %, 0.2-0.9 %	BE	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 %, 0.5 %	S	
Zingo Intradermal Jet-Injector 0.5 MG	BE	
*Local Anesthetics - Esters***		
<i>chloroprocaine hcl (pf) injection solution 2 %, 3 %</i>	S	
Chloroprocaine HCl Injection Solution 3 %	BE	
CLOROTEKAL INTRATHECAL SOLUTION 50 MG/5ML	S	
NESACAINE INJECTION SOLUTION 1 %, 2 %	S	
Macrolides		
*Azithromycin***		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	S	
Azithromycin Packet 1 GM Oral	P	
Azithromycin SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	P	

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Drug Name	Preference Details	Coverage Details
Azithromycin SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	P	
Azithromycin Tablet 250 MG Oral	P	
Azithromycin Tablet 500 MG Oral	P	
Azithromycin Tablet 600 MG Oral	P	
Zithromax PACKET 1 GM ORAL	NP	ST
Zithromax SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	NP	ST
Zithromax SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	NP	ST
Zithromax Tablet 250 MG Oral	NP	ST
Zithromax TABLET 500 MG ORAL	NP	ST
Zithromax Tri-Pak TABLET 500 MG ORAL	NP	ST
Zithromax Z-Pak TABLET 250 MG ORAL	NP	ST
*Clarithromycin***		
Clarithromycin ER Tablet Extended Release 24 Hour 500 MG Oral	NP	ST
Clarithromycin SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	P	
Clarithromycin SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	P	
Clarithromycin Tablet 250 MG Oral	P	
Clarithromycin Tablet 500 MG Oral	P	
*Erythromycins***		
E.E.S. 400 Tablet 400 MG Oral	P	
E.E.S. Granules SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	P	
EryPed 200 SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	NP	ST
EryPed 400 SUSPENSION RECONSTITUTED 400 MG/5ML ORAL	NP	ST
Ery-Tab Tablet Delayed Release 250 MG Oral	NP	ST
Ery-Tab Tablet Delayed Release 333 MG Oral	NP	ST
Ery-Tab Tablet Delayed Release 500 MG Oral	NP	ST
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	S	

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Drug Name	Preference Details	Coverage Details
Erythrocin Stearate Tablet 250 MG Oral	P	
Erythromycin Base CAPSULE DELAYED RELEASE PARTICLES 250 MG ORAL	P	
Erythromycin Base Tablet 250 MG Oral	P	
Erythromycin Base Tablet 500 MG Oral	P	
Erythromycin Base Tablet Delayed Release 250 MG Oral	P	
Erythromycin Base Tablet Delayed Release 333 MG Oral	P	
Erythromycin Base Tablet Delayed Release 500 MG Oral	P	
Erythromycin Ethylsuccinate Suspension Reconstituted 200 MG/5ML Oral	P	ST
Erythromycin Ethylsuccinate Suspension Reconstituted 400 MG/5ML Oral	P	ST
Erythromycin Ethylsuccinate Tablet 400 MG Oral	P	
Erythromycin Tablet Delayed Release 250 MG Oral	P	
Erythromycin Tablet Delayed Release 250 MG Oral	P	ST
Erythromycin Tablet Delayed Release 333 MG Oral	P	ST
Erythromycin Tablet Delayed Release 500 MG Oral	P	
Erythromycin Tablet Delayed Release 500 MG Oral	P	ST
*Fidaxomicin***		
Dificid Suspension Reconstituted 40 MG/ML Oral	NP	ST
Dificid TABLET 200 MG ORAL	NP	ST
Medical Devices And Supplies		
*Adhesive Bandages***		
2nd Skin Blister Kit	BE	
2nd Skin Blister Pads	BE	
2nd Skin QuikStik Adh Bandages	BE	
2nd Skin Self Seal Cut Closure	BE	
Adhesive Bandages	BE	

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Drug Name	Preference Details	Coverage Details
Adhesive Bandages Antibacteria	BE	
Adhesive Bandages Clear	BE	
Adhesive Bandages Flexible	BE	
Adhesive Bandages Foam	BE	
Adhesive Bandages Health Aware	BE	
Adhesive Bandages Plastic	BE	
Adhesive Bandages Sheer	BE	
Adhesive Bandages Strong Strip	BE	
Adhesive Bandages Water Shield	BE	
Advanced Curad Aqua-Protect	BE	
Advanced Curad Blister-Care	BE	
Advanced Curad Cool-Wrap	BE	
Advanced Curad Sof-Gel	BE	
Antibacterial Bandages	BE	
Antibacterial Clear Bandage	BE	
Antibacterial Clear Spot 7/8"	BE	
Antibacterial Plastic Bandages	BE	
Bandages Fabric Knuckle/Finger	BE	
Bandages Fabric Strips 3/4"	BE	
Band-Aid	BE	
Band-Aid Activ-Flex/Regular	BE	
Band-Aid Adv Healing Blister	BE	
Band-Aid Baby Shark	BE	
Band-Aid Butterfly Closure	BE	
Band-Aid Clear Plastic	BE	
Band-Aid Clear Spots	BE	
Band-Aid Clear Strips	BE	
Band-Aid Family Pack	BE	
Band-Aid Flexible	BE	
Band-Aid Flexible Assorted	BE	
Band-Aid Flexible Fabric	BE	
Band-Aid Glow in the Dark	BE	
Band-Aid Hot Colors	BE	
Band-Aid Hydro Seal	BE	
Band-Aid Hydro Seal Fingers	BE	

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Drug Name	Preference Details	Coverage Details
Band-Aid Medicated Strips	BE	
Band-Aid Ourtone	BE	
Band-Aid Plastic	BE	
Band-Aid Plastic Strips	BE	
Band-Aid Sheer Comfort-Flex	BE	
Band-Aid Sheer Strips	BE	
Band-Aid Skin-Flex	BE	
Band-Aid Sport Strip Ex Wide	BE	
Band-Aid Super Strips	BE	
Band-Aid Tough-Strips	BE	
Band-Aid Variety Pack	BE	
Band-Aid Water Block Flex	BE	
Band-Aid Water Block Plus	BE	
Band-Aid/Extra Large	BE	
Blister Relief Bandage	BE	
Butterfly Closures	BE	
CarpalAid Employee Survival Lg	BE	
CarpalAid Employee Survival Sm	BE	
CarpalAid Large	BE	
CarpalAid Practioner Pack Lg	BE	
CarpalAid Practioner Pack Smal	BE	
CarpalAid Small	BE	
Clear Bandages	BE	
Coverlet Strips	BE	
Crayon Bandages Strips	BE	
Curad Acti-Flex Foam Bandages	BE	
Curad Adhesive Bandages	BE	
Curad Comfort Fabric	BE	
Curad Kid Size Bandages	BE	
Curad Sensitive Skin Bandages	BE	
Curity Curad Adhesive Bandages	BE	
Curity Curad Fabric Bandages	BE	
Curity Curad Neon Strips	BE	
Curity Wound Closure 1/2"x4"	BE	
Curity Wound Closure 1/4"x1.5"	BE	

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Drug Name	Preference Details	Coverage Details
Curity Wound Closure 1/4"x3"	BE	
Curity Wound Closure 1/4"x4"	BE	
Curity Wound Closure 1/8"x3"	BE	
CVS Adhesive Bandages	BE	
CVS Advance Healing Bandages	BE	
CVS Anti-Bact Bandages Child 0.1 %	BE	
CVS Anti-Bact Bandages Waterpr	BE	
CVS Anti-Bacterial Bandages	BE	
CVS Butterfly Closures	BE	
CVS Clear Bandages	BE	
CVS Flexible Fabric Bandage , 0.1 %	BE	
CVS Plastic Bandages	BE	
CVS Sheer Bandages	BE	
CVS Sheer Bandages Extra Large	BE	
CVS Sheer Strip	BE	
CVS Spot Bandage Sheer	BE	
EQ Flexible Fabric Bandages	BE	
EQ Strong Strips Bandages	BE	
EQL Adhesive Bandages Pack	BE	
EQL Adhesive Pads	BE	
EQL Advanced Healing	BE	
EQL Animal Print Strips	BE	
EQL Antibacterial Fabric Strip	BE	
EQL Butterfly Closures	BE	
EQL First Aid Bandages	BE	
EQL Flexible Fabric Bandages	BE	
EQL Flexible Foam Strips	BE	
EQL Gentle Strips	BE	
EQL Heavy Duty Bandages	BE	
EQL Heavy Duty Fabric Strips	BE	
EQL Plastic Strips	BE	
EQL Sheer Spots Small	BE	
EQL Sheer Strips	BE	
EQL Sheer Strips Extra Large	BE	
EQL Strips	BE	

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Drug Name	Preference Details	Coverage Details
EQL Strong Strips Waterproof	BE	
Fabric Bandages	BE	
Flexible Fabric Bandages	BE	
Gentle Adhesive Bandages XL	BE	
GNP Clear Strips	BE	
GNP Plastic Strips 3/4"	BE	
GNP Sheer Strips	BE	
GNP Sheer Strips Assorted	BE	
GNP Super Strip Waterseal	BE	
HM Adhesive Bandages	BE	
HM Butterfly Closures	BE	
Leukostrip 1/2"x4"	BE	
Leukostrip 1/4"X3"	BE	
Leukostrip 1/4"X4"	BE	
Leukostrip 1/8"x1-1/2"	BE	
Nexcare Active Brights Bandage	BE	
Nexcare Active Sport Bandages	BE	
Nexcare Comfort Fabric Bandage	BE	
Nexcare Heavy Duty Clr Bandage	BE	
Nexcare Heavy Duty Fab Bandage	BE	
Nexcare Soft 'n Flex Bandages	BE	
Nexcare Tattoo Bandages	BE	
Nexcare Waterproof Bandages	BE	
Peanuts Bandages	BE	
Plastic Adhesive Bandages	BE	
Plastic Bandages 3/4"	BE	
Proxi-Strips	BE	
PX Superstrip 1"x3"	BE	
Qwikstrip Flex Fabric	BE	
Qwikstrip Plastic	BE	
Qwikstrip Sheer	BE	
RA Adhesive Bandages	BE	
RA Adhesive Bandages Flex Foam	BE	
RA Adhesive Bandages Flexible	BE	
RA Adhesive Bandages Plastic	BE	

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Drug Name	Preference Details	Coverage Details
RA Adhesive Bandages Sheer	BE	
RA Adhesive Pads	BE	
RA Bandages Clear	BE	
RA Bandages Clear Assorted	BE	
RA Bandages Flex Fabric 3/4"x3	BE	
RA Bandages Flex Fabric Assort	BE	
RA Bandages Flexible Fabric	BE	
RA Bandages Flexible Fabric XL	BE	
RA Bandages Flexible Foam	BE	
RA Bandages Hypo-Allergenic	BE	
RA Bandages/Extra Long Fabric	BE	
RA Bandages/Strong-Strips XL	BE	
RA Butterfly Bandages Medium	BE	
RA First Aid Adv Antibacterial	BE	
RA First Aid Clear Spot 7/8"	BE	
RA First Aid Sheer Bandage	BE	
RA Strong Strips Bandages	BE	
RA Super Strip 1"x3"	BE	
Self-Adhesive Retention Sheet	BE	
Sheer Adhesive Bandages	BE	
Sheer Bandages	BE	
Sheer Bandages 3/4"	BE	
Sheer Bandages/Assorted	BE	
Sheer Bandages/Ex-Large	BE	
SM Bandages Clear Spots	BE	
SM Bandages Fabric 3/4"	BE	
SM Bandages Fabric Extra Large	BE	
SM Bandages Foam	BE	
SM Bandages Foam Extra Large	BE	
SM Bandages Plastic	BE	
SM Bandages Sheer	BE	
SM Bandages Sheer Extra Large	BE	
SM Bandages Strong Strips 1"	BE	
SM Bandages Watershield	BE	
SM Bandages/Antibacterial	BE	

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Drug Name	Preference Details	Coverage Details
SM Bandages/Clear/Assorted	BE	
SM Bandages/Flexible/Assorted	BE	
SM Fabric Knuckle/Fingertip	BE	
SM Hypo-Allergenic Bandages	BE	
SM Strong Strips	BE	
SM Sturdy Strip Fabric Bandage	BE	
Sorespot Blister/Skin Bandages	BE	
Spenco Adhesive Knit 3"x5"	BE	
Steri-Strip	BE	
Steri-Strip Dressing	BE	
SureSeal	BE	
WaterShield Bandages	BE	
*Applicators, Cotton Balls, Etc***		
Advocate Alcohol Prep Pads Pad 70 %	BE	
Alcoh-Glove Contoured Wipe Pad	BE	
Alcohol Pads Pad 70 %	BE	
Alcohol Prep Pad , 70 %	BE	
Alcohol Swabs Pad , 70 %	BE	
Alcohol Swabstick Pad , 70 %	BE	
Alcohol Wipes Pad 70 %	BE	
Alcoh-Wipe Sheet	BE	
Aplicare Alcohol Swabstick Pad 70 %	BE	
BD Swab Single Use Regular Pad	BE	
BD Swabs Single Use Butterfly Pad	BE	
CareTouch Alcohol Prep Pad 70 %	BE	
Comfort Touch Alcohol Prep Pad 70 %	BE	
Curity Alcohol Preps Pad 70 %	BE	
Curity Alcohol Swabs Pad	BE	
CVS Alcohol Prep Pads Pad 70 %	BE	
CVS Prep Pad 70 %	BE	
Easy Comfort Alcohol Pads Pad	BE	
Easy Touch Alcohol Prep Medium Pad 70 %	BE	
EQL Alcohol Swabs Pad 70 %	BE	
Essentra Wipes 9x9" Sheet 70 %	BE	
Fifty50 Alcohol Prep Pad 70 %	BE	

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Drug Name	Preference Details	Coverage Details
Global Alcohol Prep Ease Pad 70 %	BE	
GNP Alcohol Swabs Pad 70 %	BE	
H-E-B inControl Alcohol Pad	BE	
HM Sterile Alcohol Prep Pad	BE	
Meijer Alcohol Swabs Pad 70 %	BE	
Pharmacist Choice Alcohol Pad	BE	
Pro Comfort Alcohol Pad 70 %	BE	
Pure Comfort Alcohol Prep Pad	BE	
QC Alcohol Swabs Pad 70 %	BE	
RA Alcohol Swabs Pad 70 %	BE	
Reality Swabs Pad	BE	
ReliOn Alcohol Swabs Pad , 70 %	BE	
SAPS care Alcohol Prep Pad 70 %	BE	
SAPS Health Alcohol Prep Pad , 70 %	BE	
SAPS Health Care Alcohol Prep Pad 70 %	BE	
SB Alcohol Prep Pad 70 %	BE	
Shopko Alcohol Swabs Pad 70 %	BE	
SM Alcohol Prep Pad , 70 %	BE	
Sure Comfort Alcohol Prep Pad 70 %	BE	
Sure-Prep Alcohol Prep Pad 70 %	BE	
TGT Alcohol Swabs Pad 70 %	BE	
True Comfort Alcohol Prep Pads Pad 70 %	BE	
True Comfort Pro Alcohol Prep Pad 70 %	BE	
UltiCare Alcohol Swabs Pad , 70 %	BE	
Ultilet Alcohol Swabs Pad	BE	
Ultra-Care Alcohol Prep Pads Pad 70 %	BE	
Webcol Alcohol Prep Large Pad 70 %	BE	
Webcol Alcohol Prep Medium Pad 70 %	BE	
ZevRx Sterile Alcohol Prep Pad Pad 70 %	BE	
*Cervical Caps***		
FemCap Vaginal Device 22 MM, 26 MM, 30 MM	BE	
*Dental Desensitizing Products***		
Remesense Dental 3 %	BE	

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Drug Name	Preference Details	Coverage Details
*Dentifrices***		
Aquafresh Cavity Protection Dental Paste 0.15 %, 0.25 %	BE	
Aquafresh Dental Paste	BE	
Aquafresh Extreme Clean Dental Paste 0.25 %	BE	
Aquafresh for Kids Dental Paste	BE	
Aquafresh Sensitive Dental Paste 5 %	BE	
Aquafresh Sensitive Max Str Dental Paste 5-0.24 %	BE	
Aquafresh Whitening Dental Paste	BE	
Biotene Dry Mouth Dental Paste	BE	
Biotene Dry Mouth Gentle Dental Paste	BE	
Crest Dental Paste , 0.243 %	BE	
Crest Tartar Control Dental Paste	BE	
Crest TC/Baking Soda Dental Paste	BE	
Lumineux Clean/Fresh Toothpste Dental Paste	BE	
Lumineux Kids Toothpaste Dental Paste	BE	
Lumineux Sensitivity Toothpste Dental Paste	BE	
Lumineux Whitening Toothpaste Dental Paste	BE	
MI Paste Dental Paste	BE	
MI Paste Plus Dental Paste	BE	
Pearl Drops Extra Strength Dental Paste	BE	
QC Sensitive Extreme Dental Paste	BE	
RA Fluoride Toothpaste Dental Paste 0.15 %	BE	
RA Sensitive Toothpaste/FI Dental Paste 5-0.14 %	BE	
RA Whitening Toothpaste/FI Dental Paste 0.76 %	BE	
Sensitive Extra Whitening Dental Paste 5-0.243 %	BE	
Sensitive Toothpaste/Fluoride Dental Paste 5-0.243 %	BE	
Sensodyne Max St/Fluoride Dental Paste 5-0.25 %	BE	
Sensodyne Maximum Strength Dental Paste 5-0.13 %, 5-0.25 %	BE	

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Drug Name	Preference Details	Coverage Details
Sensodyne Pronamel Dental Paste , 5-0.25 %	BE	
*Diaphragms***		
Caya Vaginal Diaphragm	BE	
Omniflex Diaphragm Vaginal Diaphragm	BE	
Ortho Diaphragm All-Flex Vaginal Diaphragm 65 MM, 70 MM, 75 MM, 80 MM	BE	
Wide-Seal Diaphragm 60 Vaginal Diaphragm 2 %	BE	
Wide-Seal Diaphragm 65 Vaginal Diaphragm 2 %	BE	
Wide-Seal Diaphragm 70 Vaginal Diaphragm 2 %	BE	
Wide-Seal Diaphragm 75 Vaginal Diaphragm 2 %	BE	
Wide-Seal Diaphragm 80 Vaginal Diaphragm 2 %	BE	
Wide-Seal Diaphragm 85 Vaginal Diaphragm 2 %	BE	
Wide-Seal Diaphragm 90 Vaginal Diaphragm 2 %	BE	
Wide-Seal Diaphragm 95 Vaginal Diaphragm 2 %	BE	
*Enteral Nutrition Supplies***		
<i>enteral feeding piston syringe</i>	S	
MONOJECT ENTERAL SYRINGE CAP	S	
MONOJECT ENTERAL SYRINGE/12ML (OTC)	S	
MONOJECT ENTERAL SYRINGE/12ML (RX)	S	
MONOJECT ENTERAL SYRINGE/1ML (OTC)	S	
MONOJECT ENTERAL SYRINGE/1ML (RX)	S	
MONOJECT ENTERAL SYRINGE/35ML (OTC)	S	
MONOJECT ENTERAL SYRINGE/35ML (RX)	S	
MONOJECT ENTERAL SYRINGE/3ML	S	

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Drug Name	Preference Details	Coverage Details
MONOJECT ENTERAL SYRINGE/60ML (OTC)	S	
MONOJECT ENTERAL SYRINGE/60ML (RX)	S	
MONOJECT ENTERAL SYRINGE/6ML (OTC)	S	
MONOJECT ENTERAL SYRINGE/6ML (RX)	S	
*Foot Care Products***		
Air Foam Insoles Mens	BE	
Air Foam Insoles Womens	BE	
All Gel Bunion Toe Spreader	BE	
BIOfrequency Insoles	BE	
Callus Remover	BE	
Callus/Corn Shaver	BE	
Callus/Corn Shaver Blades	BE	
CVS Advanced Gel Orthotics	BE	
Double Air Foam Insoles Mens	BE	
Double Air Foam Insoles Womens	BE	
Dr Scholls Cmft/Eng Mas/M/8-14	BE	
Dr Scholls Cmft/Engy Wk/M/8-14	BE	
Dr Scholls Cmft/Engy Wk/W/6-10	BE	
Dr Scholls Hvy Dty Supp/M/8-14	BE	
Dr Scholls Plantar Fasc/M/8-13	BE	
Dr Scholls Plantar Fasc/W/6-10	BE	
Dr Scholls Tri-Comfort/Wm/6-10	BE	
Dual Gel Insoles Men Sz 8-13	BE	
Dual Gel Insoles Women Sz 6-10	BE	
Easy Grip Callus Remover	BE	
EQL Dual Gel Insoles Womens	BE	
EQL Pumice Stone/Rope	BE	
EQL Toenail Clipper	BE	
Exfoliating Stone File	BE	
Foam Toe Separators	BE	
Foot Comfort Stabilizer	BE	

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Drug Name	Preference Details	Coverage Details
Foot Sleep Support	BE	
Foot Smoother Dual Surface	BE	
Futuro Therapeutic Arch Supprt	BE	
Gel Ball Of Foot Cushions	BE	
Gel Corn Protectors	BE	
Gel Insoles Mens	BE	
Gel Insoles Womens	BE	
Gel Toe Protector	BE	
Gel Toe Separators	BE	
Gel Toe Spacers	BE	
GNP Cushion Comfort Insoles	BE	
Health Slippers/Unisex	BE	
Medicools Diasox	BE	
Memory Work/Sport Insoles	BE	
Odor Control Insoles Men/Women	BE	
Odor Eaters Ultra Comfort	BE	
Prevalon	BE	
Prevalon Foot/Leg Wedge	BE	
Prevalon Heel Protector	BE	
Prevalon Heel Protector/Petite	BE	
Prevalon Heel Protector/Wedge	BE	
PRoFoot Plantar Fasciitis	BE	
Pumice Stone	BE	
RA Arch Sleeve	BE	
RA Cushion Insoles Mens	BE	
RA Cushion Insoles Womens	BE	
RA Foam Insoles Womens	BE	
RA Gel Heel Cushions Mens	BE	
RA Gel Toe Separator	BE	
RA Nail Clipper	BE	
RA Pumice Stone	BE	
RA Renewal Toenail Nipper	BE	
RA Toenail Clipper	BE	
Rolling Foot Massager	BE	
Shoe Horn	BE	

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Drug Name	Preference Details	Coverage Details
Sleep-n-Heel Nght Heel Sleeves	BE	
Sleep-n-Heel+ Heel Sleeves	BE	
Sock Aid	BE	
Soft Foam Toe Separators Med	BE	
Spenco Arch Support Insoles	BE	
Spenco Arthritis Foot Cradles	BE	
Spenco Comfort Insoles	BE	
Spenco For Her Insoles	BE	
Spenco Gel Arch Insoles Large	BE	
Spenco Gel Arch Insoles Medium	BE	
Spenco Gel Arch Insoles Small	BE	
Spenco Gel Ball of Foot One Sz	BE	
Spenco Gel Heel Cup Med/Lg	BE	
Spenco Gel Heel Cup Sm/Med	BE	
Spenco Gel Heel Insoles One Sz	BE	
Spenco Gel Insoles	BE	
Spenco Ironman Gel Insoles Lg	BE	
Spenco Ironman Gel Insoles Sm	BE	
Spenco Ironman Plus Insoles	BE	
Spenco Kids Comfort Insoles	BE	
Spenco Kids Polysorb Insoles	BE	
Spenco Orthotic Arch Supports	BE	
Spenco PolySorb Insoles	BE	
Spenco PolySorb OS Insoles	BE	
Spenco Rx Arch Insoles	BE	
Spenco Rx Ball of Foot Large	BE	
Spenco Rx Ball of Foot Medium	BE	
Spenco Rx Ball of Foot Small	BE	
Spenco Rx Diabetic Support	BE	
Spenco Rx Heel Insoles	BE	
Spenco Rx Insoles	BE	
Spenco Slim Fit Insoles	BE	
Sport & Work Cushion Insoles	BE	
Toenail Clipper	BE	
Toenail Clipper/File Deluxe	BE	

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Drug Name	Preference Details	Coverage Details
Toenail Nipper	BE	
ValuLine Pneumatic Leg Wlkr Lg	BE	
ValuLine Pneumatic Leg Wlkr Md	BE	
ValuLine Pneumatic Leg Wlkr Sm	BE	
ValuLine Short Leg Walker Lg	BE	
ValuLine Short Leg Walker Med	BE	
ValuLine Short Leg Walker Sm	BE	
ValuLine Short Leg Walker XL	BE	
ValuLine Short Leg Walker XSm	BE	
*Gauze Pads & Dressings***		
Allevyn Plus Cavity Pad 4"X4"	BE	
Allevyn Thin Pad 4"X4"	BE	
AMD Foam Dressing Pad 3-1/2"X3" , 4"X4" , 6"X6"	BE	
AMD Foam Dressing Topsheet Pad 4"X4"	BE	
Band-Aid Flexible Rolled Gauze	BE	
Band-Aid Gauze Small Pad 2"X2"	BE	
Band-Aid Island Surg Dressing Pad 4"X10" , 4"X14"	BE	
Band-Aid Kling Rolled Gauze LG	BE	
Band-Aid Kling Rolled Gauze MD	BE	
Band-Aid Kling Rolled Gauze SM	BE	
Band-Aid Mirasorb Gauze Sponge Pad 4"X4"	BE	
Band-Aid Tru-Absorb Gauze Pad 4"X4"	BE	
Biatain Adhesive Foam Dressing Pad 4"X4"	BE	
Biatain Foam Dressing Pad 4"X4" , 6"X6"	BE	
Bioguard Barrier Dressing	BE	
Bioguard Gauze Sponges Pad 2"X2" , 4"X4"	BE	
Bioguard Island Dressings Pad 4"X10" , 4"X14" , 4"X5"	BE	
Bioguard Non-Adherent Dressing Pad 3"X4" , 3"X8"	BE	
Bordered Gauze Pad 4"X4" , 6"X6"	BE	
CarraSmart Foam Pad 4"X4"	BE	
CarraSmart Pad 4"X4" , 6"X6"	BE	

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Drug Name	Preference Details	Coverage Details
Compeed Skin Protector Dress	BE	
Copa Island Bordered Foam Pad 4"X4" , 6"X6"	BE	
Copa Plus Hydrophilic Foam Pad 4"X4" , 4"X8" , 6"X6"	BE	
Covrsite Cover Dressing Pad 4"X4" , 6"X6"	BE	
Covrsite Plus Composite Dress Pad 4"X4" , 6"X6"	BE	
Curad Gauze Pad 4"X4"	BE	
Curad Hold Tite Bandage	BE	
Curad Non-Stick Pad 3"X4"	BE	
Curity #10 Burn Dress 12"x12"	BE	
Curity #10 Burn Dress 18"x18"	BE	
Curity #10 Burn Dress 36"x36"	BE	
Curity #10 Gauze Bolt 36"x300'	BE	
Curity All Purpose Sponges Pad 2"X2" , 3"X4" , 4"X4"	BE	
Curity AMD Antimicrobial Spnge Pad 2"X2" , 4"X4"	BE	
Curity AMD Antimicrobial Strip	BE	
Curity Cover Sponge Pad 3"X4" , 4"X4"	BE	
Curity Dressing Sponges Pad 3"X4" , 4"X4"	BE	
Curity Gauze Pad 2"X2" , 4"X4"	BE	
Curity Gauze Sponge Pad 2"X2" , 3"X4" , 4"X4" , 4"X8"	BE	
Curity Iodoform Packing Strip	BE	
Curity Kerlix Bandage Roll	BE	
Curity Kerlix Roll	BE	
Curity Mesh Gauze Bndg 1"x30'	BE	
Curity Mesh Gauze Bndg 2"x30'	BE	
Curity Mesh Gauze Bndg 3"x30'	BE	
Curity Mesh Gauze Bndg 4"x30'	BE	
Curity Non-Adherent Strips	BE	
Curity Non-Adherent Strips Pad 3"X8"	BE	
Curity Non-Adhering Dressing Pad 3"X8"	BE	
Curity Plain Packing Strip	BE	

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Drug Name	Preference Details	Coverage Details
Curity Sponges Pad 2"X2" , 4"X4"	BE	
Curity Stretch Gauze Bandage	BE	
Curity Telfa Adhesive Pad 3"X4"	BE	
Curity Telfa Non-Stick Pad 3"X4"	BE	
Curity Triangular Bandage	BE	
Curity Wet Dressing Pad 4"X8"	BE	
CVS Adhesive Gauze Pad 4"X8"	BE	
CVS Gauze Pad 2"X2" , 4"X4"	BE	
CVS Gauze Pad Sterile Pad 4"X8"	BE	
CVS Gauze Sterile Pad 4"X4"	BE	
CVS Non-Stick Pad 3"X4"	BE	
CVS Non-Stick Pads Pad 3"X8"	BE	
CVS Tubular Gauze	BE	
Dermacea Drain Sponges Pad 4"X4"	BE	
Dermacea Gauze Fluff Roll	BE	
Dermacea Gauze Roll 2"x4-1/8yd	BE	
Dermacea Gauze Roll 3"x4-1/8yd	BE	
Dermacea Gauze Roll 4"x4-1/8yd	BE	
Dermacea Gauze Roll 6"x4-1/8yd	BE	
Dermacea Gauze Sponge Pad 2"X2" , 4"X4"	BE	
Dermacea IV Drain Sponges Pad 2"X2" , 4"X4"	BE	
Dermacea IV Sponges Pad 2"X2"	BE	
Dermacea Non-Adherent Dressing Pad 3"X4"	BE	
Dermacea Non-Woven Sponges Pad 2"X2" , 3"X4" , 4"X4"	BE	
Dermacea Stretch Bandage	BE	
Dermacea Stretch Bandage Roll	BE	
Dermacea Super Sponge Pad 6"X6-3/4"	BE	
Dermacea Type VII Gauze Pad 2"X2" , 4"X4"	BE	
Dermacea X-Ray Sponges Pad 4"X4" , 4"X8"	BE	
DermaDress Waterproof Dressing	BE	
DermaLevin Adhesive Pad 4"X4" , 6"X6"	BE	
DryMax Extra Pad 4"X4" , 4"X8"	BE	
EQL Gauze Pad 2"X2" , 4"X4"	BE	

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Drug Name	Preference Details	Coverage Details
EQL Non-Stick Pad 3"X4"	BE	
Excilon AMD Drain Sponges Pad 4"X4"	BE	
Excilon AMD Non-Woven Sponges Pad 4"X4"	BE	
Excilon Drain Sponges Pad 4"X4"	BE	
Excilon IV Sponges Pad 2"X2"	BE	
Flexzan Pad 4"X8"	BE	
Gauze Bandage	BE	
Gauze Bandage 3"	BE	
Gauze Dressing Pad 4"X4"	BE	
Gauze Pads Pad 2"X2" , 4"X4"	BE	
Gauze Sponge Pad 4"X4"	BE	
Gauze Stretch Bandage	BE	
Gauze Type VII Medi-Pak Pad 2"X2"	BE	
GNP Sterile Gauze Pad 2"X2"	BE	
HM Non-Stick 3"x4" Pad 3"X4"	BE	
HM Sterile Pads Pad 2"X2" , 4"X4"	BE	
Hydrocell Adhesive Dressing Pad 4"X4" , 6"X6"	BE	
Hydrocell Dressing Pad 4"X4" , 6"X6"	BE	
J & J Gauze Pad 2"X2" , 4"X4"	BE	
J & J Gauze Sponges 12-Ply 4"X4"	BE	
J & J Gauze Sponges 16-Ply 4"X4"	BE	
J & J Gauze Sponges 8-Ply 4"X4"	BE	
Kendall Hydrophilic Foam Dress Pad 2"X2" , 4"X4" , 4"X8" , 6"X6"	BE	
Kendall Hydrophilic Foam Plus Pad 2"X2"	BE	
Kerlix AMD Antimicrobial	BE	
Kerlix AMD Super Sponges Pad 6"X6-3/4"	BE	
Kerlix Bandage Roll	BE	
Kerlix Bandage Roll 2-1/4"x9'	BE	
Kerlix Bandage Roll 4.5"x9.3'	BE	
Kerlix Gauze Roll Large	BE	
Kerlix Gauze Roll Medium	BE	
Kerlix Gauze Roll Small	BE	
Kerlix Sponges Pad 4"X4"	BE	

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Drug Name	Preference Details	Coverage Details
Kerlix Super Sponges Medium Pad 6"X6-3/4"	BE	
Kerlix X-Ray Detectable Sponge	BE	
Kling Fluff	BE	
Kling Fluff Sponge 6"X6-3/4"	BE	
Medipore + Pad Adhesive Dress Pad 6"X6"	BE	
Mirasorb Sponges 2"X2" , 4"X4"	BE	
Nexcare Adhesive Dressing/Pad Pad 6"X6"	BE	
Nexcare Non-Stick Pad 3"X4"	BE	
Nexcare Premium Adhesive Gauze Pad 6"X6"	BE	
Nexcare Waterproof Premium Pad	BE	
Non-Stick Pad 3"X4"	BE	
Nu Gauze 4ply Pad 4"X4"	BE	
Nu Gauze General-Use Sponges 4"X4"	BE	
Nu Gauze Packing Strips	BE	
Nu Gauze Uterine Packing Strip	BE	
Optifoam Pad 4"X4" , 6"X6"	BE	
Polymem Cloth Dot Dressing	BE	
Polymem Cloth Island Dressing Pad 4"X5" , 6"X6"	BE	
Polymem Cloth Strip Dressing	BE	
Polymem Dot Dressing	BE	
Polymem Dressing Pad 4"X4"	BE	
Polymem Island Dressing Pad 4"X10" , 4"X5" , 6"X6"	BE	
PolyMem Non-Adhesive Pad 4"X4"	BE	
Polymem Roll Dressing	BE	
Polymem Strip Dressing	BE	
Polymem Surgical Dressing Pad 4"X8"	BE	
Polywic Wound Filler	BE	
Primapore 11-3/4"x4"	BE	
Primapore 13-3/4"x4"	BE	
Primapore 2-7/8"x2"	BE	
Primapore 4"x3-1/8"	BE	
Primapore 6"x3-1/8"	BE	
Primapore 8"x4"	BE	

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Drug Name	Preference Details	Coverage Details
QC All Purpose Dressings Pad 4"X4"	BE	
QC Border Island Gauze Pad 2"X2"	BE	
QC Non-Adherent Pad 3"X4"	BE	
QC Sterile Pads Pad 2"X2" , 4"X4"	BE	
RA All Purpose Dressings Pad 4"X4"	BE	
RA Conformed Bandage	BE	
RA Dressing Sponges Pad 4"X4"	BE	
RA Gauze Bandage	BE	
RA Gauze Sponges Pad 4"X4"	BE	
RA Sterile Pad 2"X2" , 4"X4"	BE	
RA Tubular Gauze/Finger	BE	
Ray-Tec X-Ray Detectable Spnge 4"X4" , 4"X8"	BE	
Release Non-Adhering Dressing Pad 3"X4"	BE	
Restore Contact Layer Pad 2"X2"	BE	
Restore Duo Dressing Pad 4"X5"	BE	
Restore Foam Dressing Pad 4"X4" , 6"X6"	BE	
Restore Lite Foam Dressing Pad 4"X5" , 6"X6"	BE	
Restore Odor Absorbing Dress Pad 4"X4"	BE	
Restore Trio Absorbent Dress Pad 4"X5"	BE	
SM Bandage Roll	BE	
SM Gauze Pad 2"X2" , 4"X4"	BE	
SM Rolled Gauze 2"x4.1yd	BE	
SM Rolled Gauze 3"x4.1yd	BE	
SM Sterile Pad 2"X2" , 4"X4"	BE	
Sof-Wick Pad 4"X4"	BE	
Sof-Wik	BE	
Sterile Bandage Roll 2.25"x3yd	BE	
Sterile Gauze Pad 2"X2"	BE	
Sterile Pad 2"X2" , 4"X4"	BE	
Stretch Gauze Bandage	BE	
Surgical Gauze Sponge Pad 2"X2"	BE	
Tegaderm Contact Layer Pad 3"X4" , 3"X8"	BE	
Tegaderm Film 1-3/4"x1-3/4"	BE	
Tegaderm Foam Pad 2"X2" , 4"X4" , 4"X8"	BE	

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Drug Name	Preference Details	Coverage Details
Tegaderm Foam Roll 4"x24"	BE	
Telfa Adhesive Dressing Pad 3"X4"	BE	
Telfa AMD Adhesive Bandage	BE	
Telfa AMD Island Dressing Pad 4"X5" , 4"X8"	BE	
Telfa AMD Non-Adherent Pad 3"X8"	BE	
Telfa Island Dressing Pad 4"X10" , 4"X14" , 4"X5" , 4"X8"	BE	
Telfa Non-Adherent Dressing Pad 3"X4"	BE	
Telfa Non-Adherent Pad 3"X4" , 3"X8"	BE	
Tenderol Undercast Padding	BE	
TheraGauze Pad 2"X2"	BE	
Topper Dressing Sponges 3"X4" , 4"X4"	BE	
Versiva XC Pad 4"X4" , 6"X6"	BE	
*Glucose Monitoring Test Supplies***		
Accu-Chek Aviva SOLUTION IN VITRO	P	QL (4 EA per 365 days)
Accu-Chek FastClix Lancet KIT	P	QL (2 EA per 365 days)
Accu-Chek FastClix Lancets	P	QL (204 EA per 30 days)
Accu-Chek Guide Control Liquid In Vitro	P	QL (4 EA per 365 days)
Accu-Chek Multiclix Lancets	P	QL (204 EA per 30 days)
Accu-Chek SmartView Control Liquid In Vitro	P	QL (4 EA per 365 days)
Accu-Chek Softclix Lancet Dev KIT	P	QL (2 EA per 365 days)
Accu-Chek Softclix Lancets	P	QL (200 EA per 30 days)
Dexcom G6 Receiver Device	P	PA; PA Required; QL (1 EA per 365 days)
Dexcom G6 Sensor	P	PA; PA Required; QL (0.1 EA per 1 day)
Dexcom G6 Transmitter	P	PA; PA Required; QL (1 EA per 90 days)
Dexcom G7 Receiver Device	P	
Dexcom G7 Sensor	P	PA; PA Required; QL (0.1 EA per 1 day)
FreeStyle Libre 14 Day Reader Device	NP	PA; ST; PA Required; QL (1 EA per 365 days)
FreeStyle Libre 14 Day Sensor	NP	PA; ST; PA Required; QL (0.07 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
FreeStyle Libre 2 Reader Device	P	PA; PA Required; QL (1 EA per 365 days)
FreeStyle Libre 2 Sensor	P	PA; PA Required; QL (2 EA per 28 days)
FreeStyle Libre 3 Sensor	P	
FreeStyle Libre 3 Sensor	P	PA; PA Required; QL (0.07 EA per 1 day)
*Insulin Administration Supplies***		
EASY TOUCH INSULIN BARRELS 1ML	S	
<i>insulin cartridge 3ml</i>	S	
MINIMED PUMP RESERVOIR 3ML	S	
MINIMED RESERVOIR 1.8ML	S	
MINIMED RESERVOIR 3ML	S	
Omnipod 5 G6 Intro (Gen 5) Kit	P	QL (1 EA per 365 days)
Omnipod 5 G6 Pod (Gen 5)	P	QL (0.5 EA per 1 day)
Omnipod DASH Intro (Gen 4) Kit	P	QL (1 EA per 365 days)
Omnipod DASH Pods (Gen 4)	P	QL (0.5 EA per 1 day)
PARADIGM PUMP RESERVOIR 1.8ML	S	
PARADIGM PUMP RESERVOIR 3ML	S	
POLYFIN INFUSION SET 24"	S	
POLYFIN INFUSION SET 42"	S	
PRODIGY COUNT-A-DOSE	S	
*Irrigation-Type Syringes***		
BD CATHETER TIP SYRINGE 50 ML	S	
DOVER BULB SYRINGE 60 ML	S	
*Misc. Devices***		
<i>chemo transfer pin</i>	S	
<i>filter 0.2 micron/25mm</i>	S	
<i>filter/millex-gp/50mm/clear</i>	S	
HURRICAIN DISPENSING CAP	S	
<i>luer tip cap tray</i>	S	
<i>mini transfer pin</i>	S	
<i>transfer pin</i>	S	
*Needles & Syringes***		
<i>1st tier unifine pentips 29g x 12mm</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>1st tier unifine pentips 31g x 5 mm</i>	S	
<i>1st tier unifine pentips 31g x 6 mm</i>	S	
<i>1st tier unifine pentips 31g x 8 mm</i>	S	
<i>1st tier unifine pentips 32g x 4 mm</i>	S	
<i>1st tier unifine pentips 32g x 6 mm</i>	S	
<i>1st tier unifine pentips 33g x 4 mm</i>	S	
<i>1st tier unifine pentips plus 29g x 12mm</i>	S	
<i>1st tier unifine pentips plus 31g x 5 mm</i>	S	
<i>1st tier unifine pentips plus 31g x 6 mm</i>	S	
<i>1st tier unifine pentips plus 31g x 8 mm</i>	S	
<i>1st tier unifine pentips plus 32g x 4 mm</i>	S	
<i>1st tier unifine pentips plus 33g x 4 mm</i>	S	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	S	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	S	
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	S	
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	S	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	S	
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	S	
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	S	

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Drug Name	Preference Details	Coverage Details
ALLERGIST PACKAGE KIT 26G X 1/2" 1 ML	S	
ALLERGIST TRAY KIT 26G X 1/2" 1 ML	S	
ALLERGIST TRAY KIT 26G X 3/8" 1 ML	S	
<i>allergy syringe 27g x 1/2" 1 ml</i>	S	
<i>allergy syringe 27g x 3/8" 1 ml</i>	S	
<i>anti-stick allergy syringe 27g x 3/8" 1 ml</i>	S	
<i>anti-stick immun syringe 23g x 1" 1 ml</i>	S	
<i>anti-stick immun syringe 25g x 5/8" 1 ml</i>	S	
<i>anti-stick insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>anti-stick insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>anti-stick insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>anti-stick luer lock syringe 3 ml</i>	S	
<i>anti-stick tuberculin syringe 25g x 5/8" 1 ml</i>	S	
<i>anti-stick tuberculin syringe 27g x 1/2" 1 ml</i>	S	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (OTC)	S	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (RX)	S	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	S	
ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM	S	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	S	
ASSURE ID SAFETY PEN NEEDLES 31G X 5 MM	S	
<i>aurora pen needles 29g x 12mm</i>	S	
<i>aurora pen needles 31g x 6 mm</i>	S	
<i>aurora pen needles 31g x 8 mm</i>	S	
<i>aurora unifine pentips 31g x 5 mm</i>	S	
<i>aurora unifine pentips 32g x 4 mm</i>	S	
BARDIA BULB IRRIGATION SYRINGE 60 ML	S	
BARDIA PISTON IRRIGATION SYR 60 ML	S	

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Drug Name	Preference Details	Coverage Details
BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML	S	
BD ALLERGY SYRINGE 27G X 1/2" 0.5 ML	S	
BD ALLERGY SYRINGE 27G X 3/8" 0.5 ML	S	
BD ALLERGY SYRINGE 27G X 3/8" 1 ML	S	
BD ALLERGY SYRINGE 28G X 1/2" 1 ML	S	
BD AUTOSHIELD 29G X 5MM	S	
BD AUTOSHIELD 29G X 8MM	S	
BD AUTOSHIELD DUO 30G X 5 MM	S	
BD BLUNT FILL NEEDLE 18G X 1-1/2"	S	
BD BLUNT FILTER NEEDLE 18G X 1-1/2"	S	
BD CONTROL SYRING LUER-LOK 10 ML	S	
BD DISP NEEDLE 22G X 3/4"	S	
BD DISP NEEDLE 23G X 1"	S	
BD DISP NEEDLE 23G X 1-1/4"	S	
BD DISP NEEDLE 25G X 1"	S	
BD DISP NEEDLE 27G X 1-1/4"	S	
BD DISP NEEDLE 30G X 1"	S	
BD DISP NEEDLES 16G X 1-1/2"	S	
BD DISP NEEDLES 18G X 1-1/2"	S	
BD DISP NEEDLES 19G X 1"	S	
BD DISP NEEDLES 20G X 1"	S	
BD DISP NEEDLES 20G X 1-1/2"	S	
BD DISP NEEDLES 21G X 1-1/2"	S	
BD DISP NEEDLES 22G X 1-1/2"	S	
BD DISP NEEDLES 25G X 5/8"	S	
BD DISP NEEDLES 25G X 7/8"	S	
BD DISP NEEDLES 27G X 1/2"	S	
BD DISP NEEDLES 30G X 1/2"	S	
BD ECLIPSE NEEDLE 21G X 1"	S	
BD ECLIPSE NEEDLE 21G X 1-1/2"	S	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	S	

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Drug Name	Preference Details	Coverage Details
BD ECLIPSE NEEDLE 25G X 1-1/2"	S	
BD ECLIPSE NEEDLE 25G X 5/8"	S	
BD ECLIPSE NEEDLE 27G X 1/2"	S	
BD ECLIPSE NEEDLE 30G X 1/2"	S	
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2"	S	
BD ECLIPSE SHIELDED NEEDLE 22G X 1"	S	
BD ECLIPSE SYRINGE 21G X 1" 3 ML	S	
BD ECLIPSE SYRINGE 22G X 1-1/2" 3 ML	S	
BD ECLIPSE SYRINGE 25G X 1" 3 ML	S	
BD ECLIPSE SYRINGE 25G X 5/8" 1 ML	S	
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML	S	
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML	S	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML	S	
BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML	S	
BD ECLIPSE SYRINGE/NEEDLE 25G X 5/8" 3 ML	S	
BD FILTER NEEDLE 18G X 1-1/2"	S	
BD FILTER NEEDLE/5 MICRON	S	
BD HYPODERMIC NEEDLE 16G X 1"	S	
BD HYPODERMIC NEEDLE 18G X 1"	S	
BD HYPODERMIC NEEDLE 18G X 1-1/2"	S	
BD HYPODERMIC NEEDLE 19G X 1"	S	
BD HYPODERMIC NEEDLE 19G X 1-1/2"	S	
BD HYPODERMIC NEEDLE 20G X 1-1/2"	S	
BD HYPODERMIC NEEDLE 21G X 1"	S	
BD HYPODERMIC NEEDLE 21G X 1-1/2"	S	
BD HYPODERMIC NEEDLE 21G X 2"	S	
BD HYPODERMIC NEEDLE 22G X 1"	S	
BD HYPODERMIC NEEDLE 22G X 1-1/2"	S	
BD HYPODERMIC NEEDLE 23G X 1"	S	
BD HYPODERMIC NEEDLE 23G X 3/4"	S	
BD HYPODERMIC NEEDLE 25G X 1"	S	

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Drug Name	Preference Details	Coverage Details
BD HYPODERMIC NEEDLE 25G X 1-1/2"	S	
BD HYPODERMIC NEEDLE 25G X 5/8"	S	
BD HYPODERMIC NEEDLE 26G X 1/2"	S	
BD HYPODERMIC NEEDLE 26G X 3/8"	S	
BD HYPODERMIC NEEDLE 26G X 5/8"	S	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	S	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	S	
BD INSULIN SYRINGE 25G X 1" 1 ML	S	
BD INSULIN SYRINGE 25G X 5/8" 1 ML	S	
BD INSULIN SYRINGE 26G X 1/2" 1 ML	S	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	S	
BD INSULIN SYRINGE 27G X 1/2" 1 ML	S	
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
BD INSULIN SYRINGE 29G X 1/2" 1 ML	S	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	S	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	S	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	S	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML	S	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	S	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML	S	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML	S	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	S	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	S	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML	S	

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Drug Name	Preference Details	Coverage Details
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	S	
BD INSULIN SYRINGE U-100 1 ML	S	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	S	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	S	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	S	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML	S	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	S	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	S	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	S	
BD INTEGRA NEEDLE 23G X 1"	S	
BD INTEGRA NEEDLE 25G X 5/8"	S	
BD INTEGRA SYRINGE 21G X 1" 3 ML	S	
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML	S	
BD INTEGRA SYRINGE 22G X 1-1/2" 3 ML	S	
BD INTEGRA SYRINGE 23G X 1" 3 ML	S	
BD INTEGRA SYRINGE 25G X 1" 3 ML	S	
BD INTEGRA SYRINGE 25G X 5/8" 3 ML	S	
BD LUER-LOCK SYRINGE 18G X 1-1/2" 3 ML	S	
BD LUER-LOK SYRINGE 10 ML	S	
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML	S	
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML	S	
BD LUER-LOK SYRINGE 20G X 1" 1 ML	S	
BD LUER-LOK SYRINGE 20G X 1" 10 ML	S	
BD LUER-LOK SYRINGE 20G X 1" 3 ML	S	
BD LUER-LOK SYRINGE 20G X 1" 5 ML	S	

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Drug Name	Preference Details	Coverage Details
BD LUER-LOK SYRINGE 20G X 1-1/2" 10 ML	S	
BD LUER-LOK SYRINGE 20G X 1-1/2" 3 ML	S	
BD LUER-LOK SYRINGE 20G X 1-1/2" 5 ML	S	
BD LUER-LOK SYRINGE 21G X 1" 10 ML	S	
BD LUER-LOK SYRINGE 21G X 1" 3 ML	S	
BD LUER-LOK SYRINGE 21G X 1" 5 ML	S	
BD LUER-LOK SYRINGE 21G X 1-1/2" 10 ML	S	
BD LUER-LOK SYRINGE 21G X 1-1/2" 3 ML	S	
BD LUER-LOK SYRINGE 21G X 1-1/2" 5 ML	S	
BD LUER-LOK SYRINGE 22G X 1" 10 ML	S	
BD LUER-LOK SYRINGE 22G X 1" 3 ML	S	
BD LUER-LOK SYRINGE 22G X 1" 5 ML	S	
BD LUER-LOK SYRINGE 22G X 1-1/2" 3 ML	S	
BD LUER-LOK SYRINGE 22G X 1-1/2" 5 ML	S	
BD LUER-LOK SYRINGE 22G X 3/4" 3 ML	S	
BD LUER-LOK SYRINGE 23G X 1" 3 ML (OTC)	S	
BD LUER-LOK SYRINGE 23G X 1" 3 ML (RX)	S	
BD LUER-LOK SYRINGE 23G X 1-1/2" 3 ML	S	
BD LUER-LOK SYRINGE 23G X 1-1/4" 10 ML	S	
BD LUER-LOK SYRINGE 25G X 1" 3 ML	S	
BD LUER-LOK SYRINGE 25G X 1-1/2" 3 ML	S	
BD LUER-LOK SYRINGE 25G X 5/8" 1 ML	S	
BD LUER-LOK SYRINGE 25G X 5/8" 3 ML	S	
BD LUER-LOK SYRINGE 26G X 5/8" 3 ML	S	

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Drug Name	Preference Details	Coverage Details
BD MULTIFIT REUSABLE SYRINGE 3 ML	S	
BD NOKOR ADMIX NEEDLE 18G X 1-1/2"	S	
BD PEN NEEDLE MICRO U/F 32G X 6 MM	S	
BD PEN NEEDLE MINI U/F 31G X 5 MM	S	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	S	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)	S	
BD PEN NEEDLE NANO U/F 32G X 4 MM (RX)	S	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	S	
BD PEN NEEDLE SHORT U/F 31G X 8 MM	S	
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	S	
BD PLASTIPAK SYRINGE 3 ML	S	
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2"	S	
BD PRECISIONGLIDE NEEDLE 27G X 1-1/2"	S	
BD SAFETYGLIDE ALLERGY SYRINGE 26G X 3/8" 1 ML	S	
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML	S	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	S	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	S	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	S	

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Drug Name	Preference Details	Coverage Details
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
BD SAFETYGLIDE NEEDLE 18G X 1-1/2"	S	
BD SAFETYGLIDE NEEDLE 21G X 1"	S	
BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML	S	
BD SAFETYGLIDE NEEDLE 25G X 1"	S	
BD SAFETYGLIDE NEEDLE 25G X 5/8"	S	
BD SAFETYGLIDE NEEDLE 27G X 5/8"	S	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	S	
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 10 ML	S	
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2"	S	
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML	S	
BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	S	
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	S	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	S	
BD SYRINGE 50 ML	S	
BD SYRINGE BLUNT CANNULA 17G 10 ML	S	
BD SYRINGE BLUNT CANNULA 17G 5 ML	S	
BD SYRINGE CATH TIP 60 ML	S	
BD SYRINGE DISPOSABLE 50 ML	S	
BD SYRINGE DUAL CANNULA 10 ML	S	
BD SYRINGE LUER SLIP TIP 20 ML (OTC)	S	
BD SYRINGE LUER SLIP TIP 20 ML (RX)	S	
BD SYRINGE LUER SLIP TIP 5 ML	S	
BD SYRINGE LUER-LOK 1 ML	S	
BD SYRINGE LUER-LOK 10 ML	S	

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Drug Name	Preference Details	Coverage Details
BD SYRINGE LUER-LOK 20 ML	S	
BD SYRINGE LUER-LOK 3 ML (RX)	S	
BD SYRINGE LUER-LOK 30 ML	S	
BD SYRINGE LUER-LOK 5 ML (OTC)	S	
BD SYRINGE LUER-LOK 5 ML (RX)	S	
BD SYRINGE LUER-LOK 60 ML	S	
BD SYRINGE SLIP TIP 1 ML	S	
BD SYRINGE SLIP TIP 10 ML	S	
BD SYRINGE SLIP TIP 20 ML	S	
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML	S	
BD SYRINGE SLIP TIP 26G X 3/8" 1 ML	S	
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML	S	
BD SYRINGE SLIP TIP 3 ML (RX)	S	
BD SYRINGE SLIP TIP 30 ML	S	
BD SYRINGE SLIP TIP 5 ML	S	
BD SYRINGE SLIP TIP 60 ML	S	
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML	S	
BD SYRINGE/NEEDLE 23G X 1" 3 ML	S	
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML	S	
BD SYRINGE/NEEDLE 25G X 5/8" 3 ML	S	
BD SYRINGE/NEEDLE SLIP TIP 25G X 5/8" 1 ML	S	
BD TB SYRINGE 21G X 1" 1 ML	S	
BD TB SYRINGE 26G X 3/8" 1 ML	S	
BD TB SYRINGE 27G X 1/2" 0.5 ML	S	
BD TB SYRINGE 27G X 1/2" 1 ML	S	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	S	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	S	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	S	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	S	
BD YALE LNR REUSABLE NEEDLE 26G X 1/2"	S	

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Drug Name	Preference Details	Coverage Details
BD YALE LNR REUSABLE NEEDLE 30G X 1/2"	S	
CAREFINE PEN NEEDLES 29G X 12MM	S	
CAREFINE PEN NEEDLES 30G X 8 MM	S	
CAREFINE PEN NEEDLES 31G X 6 MM	S	
CAREFINE PEN NEEDLES 31G X 8 MM	S	
CAREFINE PEN NEEDLES 32G X 4 MM	S	
CAREFINE PEN NEEDLES 32G X 5 MM	S	
CAREFINE PEN NEEDLES 32G X 6 MM	S	
<i>careone insulin syringe 30g x 1/2" 0.3 ml</i>	S	
<i>careone insulin syringe 30g x 1/2" 0.5 ml</i>	S	
<i>careone insulin syringe 30g x 1/2" 1 ml</i>	S	
<i>careone insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>careone insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>careone insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>careone unifine pentips 29g x 12mm</i>	S	
<i>careone unifine pentips 31g x 5 mm</i>	S	
<i>careone unifine pentips 31g x 6 mm</i>	S	
<i>careone unifine pentips 31g x 8 mm</i>	S	
<i>careone unifine pentips 32g x 4 mm</i>	S	
<i>careone unifine pentips plus 29g x 12mm</i>	S	
<i>careone unifine pentips plus 31g x 5 mm</i>	S	
<i>careone unifine pentips plus 31g x 6 mm</i>	S	
<i>careone unifine pentips plus 31g x 8 mm</i>	S	
<i>careone unifine pentips plus 32g x 4 mm</i>	S	
CARETOUCH PEN NEEDLES 31G X 5 MM	S	
CARETOUCH PEN NEEDLES 31G X 6 MM	S	
CARETOUCH PEN NEEDLES 31G X 8 MM	S	
CARETOUCH PEN NEEDLES 32G X 4 MM	S	
CARETOUCH PEN NEEDLES 32G X 5 MM	S	

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Drug Name	Preference Details	Coverage Details
CLEVER CHOICE COMFORT EZ 29G X 12MM	S	
CLEVER CHOICE COMFORT EZ 33G X 4 MM	S	
CLICKFINE PEN NEEDLES 31G X 5 MM	S	
CLICKFINE PEN NEEDLES 31G X 6 MM	S	
<i>clickfine pen needles 31g x 8 mm</i>	S	
CLICKFINE PEN NEEDLES 32G X 4 MM	S	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	S	
COMFORT ASSIST INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
COMFORT ASSIST INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
COMFORT ASSIST INSULIN SYRINGE 30G X 5/16" 1 ML	S	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 1 ML	S	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	S	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	S	
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	S	
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	S	

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Drug Name	Preference Details	Coverage Details
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	S	
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	S	
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	S	
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	S	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	S	
COMFORT EZ PEN NEEDLES 31G X 5 MM	S	
COMFORT EZ PEN NEEDLES 31G X 6 MM	S	
COMFORT EZ PEN NEEDLES 31G X 8 MM	S	
COMFORT EZ PEN NEEDLES 32G X 4 MM	S	
COMFORT EZ PEN NEEDLES 32G X 5 MM	S	
COMFORT EZ PEN NEEDLES 32G X 6 MM	S	
COMFORT EZ PEN NEEDLES 32G X 8 MM	S	
COMFORT EZ PEN NEEDLES 33G X 4 MM	S	
COMFORT EZ PEN NEEDLES 33G X 5 MM	S	
COMFORT EZ PEN NEEDLES 33G X 6 MM	S	

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Drug Name	Preference Details	Coverage Details
COMFORT EZ PEN NEEDLES 33G X 8 MM	S	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	S	
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	S	
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	S	
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	S	
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML	S	
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	S	
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML	S	
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	S	
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	S	
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	S	
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	S	
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	S	
DROPLET PEN NEEDLES 29G X 10MM	S	
DROPLET PEN NEEDLES 29G X 12MM	S	
DROPLET PEN NEEDLES 31G X 5 MM	S	
DROPLET PEN NEEDLES 31G X 6 MM	S	
DROPLET PEN NEEDLES 31G X 8 MM	S	

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Drug Name	Preference Details	Coverage Details
DROPLET PEN NEEDLES 32G X 4 MM	S	
DROPLET PEN NEEDLES 32G X 5 MM	S	
DROPLET PEN NEEDLES 32G X 6 MM	S	
DROPLET PEN NEEDLES 32G X 8 MM	S	
<i>dropsafe safety pen needles 31g x 6 mm</i>	S	
<i>dropsafe safety pen needles 31g x 8 mm</i>	S	
<i>drug mart unifine pentips 29g x 12mm</i>	S	
<i>drug mart unifine pentips 31g x 5 mm</i>	S	
<i>drug mart unifine pentips 31g x 6 mm</i>	S	
<i>drug mart unifine pentips 31g x 8 mm</i>	S	
<i>drug mart unifine pentips 32g x 4 mm</i>	S	
<i>drug mart unifine pentips plus 32g x 4 mm</i>	S	
<i>easy comfort insulin syringe 30g x 1/2" 0.5 ml</i>	S	
<i>easy comfort insulin syringe 30g x 1/2" 1 ml</i>	S	
<i>easy comfort insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>easy comfort insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>easy comfort insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>easy comfort insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>easy comfort pen needles 31g x 5 mm</i>	S	
<i>easy comfort pen needles 31g x 6 mm</i>	S	
<i>easy comfort pen needles 31g x 8 mm</i>	S	
<i>easy comfort pen needles 32g x 4 mm</i>	S	
EASY GLIDE LUER LOCK SYRINGE 1 ML	S	
<i>easy glide pen needles 33g x 4 mm</i>	S	
EASY TOUCH ALLERGY SYRINGE 26G X 3/8" 1 ML	S	
EASY TOUCH ALLERGY SYRINGE 27G X 1/2" 1 ML	S	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	S	
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	S	
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	S	

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Drug Name	Preference Details	Coverage Details
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	S	
EASY TOUCH FLIPLOCK NEEDLES 18G X 1"	S	
EASY TOUCH FLIPLOCK NEEDLES 18G X 1-1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 19G X 1"	S	
EASY TOUCH FLIPLOCK NEEDLES 19G X 1-1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 20G X 1"	S	
EASY TOUCH FLIPLOCK NEEDLES 20G X 1-1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 21G X 1"	S	
EASY TOUCH FLIPLOCK NEEDLES 21G X 1-1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 22G X 1"	S	
EASY TOUCH FLIPLOCK NEEDLES 22G X 1-1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 22G X 3/4"	S	
EASY TOUCH FLIPLOCK NEEDLES 23G X 1"	S	
EASY TOUCH FLIPLOCK NEEDLES 23G X 1-1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 23G X 5/8"	S	
EASY TOUCH FLIPLOCK NEEDLES 25G X 1"	S	
EASY TOUCH FLIPLOCK NEEDLES 25G X 1-1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 25G X 5/8"	S	
EASY TOUCH FLIPLOCK NEEDLES 26G X 1/2"	S	

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Drug Name	Preference Details	Coverage Details
EASY TOUCH FLIPLOCK NEEDLES 27G X 1"	S	
EASY TOUCH FLIPLOCK NEEDLES 27G X 1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 28G X 1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 29G X 1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 30G X 1/2"	S	
EASY TOUCH FLIPLOCK NEEDLES 30G X 5/16"	S	
EASY TOUCH FLIPLOCK NEEDLES 31G X 5/16"	S	
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 5 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1.5" 10 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 19G X 1" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 19G X 1.5" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 10 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1" 5 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 10 ML	S	

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Drug Name	Preference Details	Coverage Details
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 20G X 1-1/2" 5 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 10 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 5 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 10 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1-1/2" 5 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 10 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 22G X 1-1/2" 5 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1-1/2" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 1 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 10 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 3 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 5 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 3 ML	S	

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Drug Name	Preference Details	Coverage Details
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 5/8" 5 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 26G X 3/8" 1 ML	S	
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	S	
EASY TOUCH FLURINGE 25G X 1" 1 ML	S	
EASY TOUCH FLURINGE 25G X 5/8" 1 ML	S	
EASY TOUCH FLURINGE FLIPLOCK 25G X 1" 1 ML	S	
EASY TOUCH FLURINGE FLIPLOCK 25G X 5/8" 1 ML	S	
EASY TOUCH FLURINGE SHEATHLOCK 25G X 1" 1 ML	S	
EASY TOUCH FLURINGE SHEATHLOCK 25G X 5/8" 1 ML	S	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1-1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 18G X 1"	S	
EASY TOUCH HYPODERMIC NEEDLE 18G X 1.25"	S	
EASY TOUCH HYPODERMIC NEEDLE 18G X 1-1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 19G X 1"	S	
EASY TOUCH HYPODERMIC NEEDLE 19G X 1-1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 20G X 1"	S	
EASY TOUCH HYPODERMIC NEEDLE 20G X 1-1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 21G X 1"	S	
EASY TOUCH HYPODERMIC NEEDLE 21G X 1-1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 22G X 1"	S	

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Drug Name	Preference Details	Coverage Details
EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 23G X 1"	S	
EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/4"	S	
EASY TOUCH HYPODERMIC NEEDLE 23G X 3/4"	S	
EASY TOUCH HYPODERMIC NEEDLE 24G X 1"	S	
EASY TOUCH HYPODERMIC NEEDLE 24G X 1.25"	S	
EASY TOUCH HYPODERMIC NEEDLE 25G X 1"	S	
EASY TOUCH HYPODERMIC NEEDLE 25G X 1-1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8"	S	
EASY TOUCH HYPODERMIC NEEDLE 26G X 1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8"	S	
EASY TOUCH HYPODERMIC NEEDLE 26G X 5/8"	S	
EASY TOUCH HYPODERMIC NEEDLE 27G X 1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/4"	S	
EASY TOUCH HYPODERMIC NEEDLE 30G X 1"	S	
EASY TOUCH HYPODERMIC NEEDLE 30G X 1/2"	S	
EASY TOUCH HYPODERMIC NEEDLE 31G X 5/16"	S	

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Drug Name	Preference Details	Coverage Details
EASY TOUCH HYPODERMIC NEEDLE 32G X 5/16"	S	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	S	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	S	
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	S	
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	S	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	S	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	S	
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	S	
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	S	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	S	
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	S	
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	S	
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	S	
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	S	
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	

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Drug Name	Preference Details	Coverage Details
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	S	
EASY TOUCH PEN NEEDLES 29G X 12MM	S	
EASY TOUCH PEN NEEDLES 30G X 8 MM	S	
EASY TOUCH PEN NEEDLES 31G X 5 MM	S	
EASY TOUCH PEN NEEDLES 31G X 6 MM	S	
EASY TOUCH PEN NEEDLES 31G X 8 MM	S	
EASY TOUCH PEN NEEDLES 32G X 4 MM	S	
EASY TOUCH PEN NEEDLES 32G X 5 MM	S	
EASY TOUCH PEN NEEDLES 32G X 6 MM	S	
EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML	S	
EASY TOUCH SAFETY SYRINGE 21G X 1" 3 ML	S	
EASY TOUCH SAFETY SYRINGE 22G X 1" 3 ML	S	
EASY TOUCH SAFETY SYRINGE 22G X 1-1/2" 3 ML	S	
EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML	S	
EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML	S	
EASY TOUCH SAFETY SYRINGE 25G X 1" 3 ML	S	
EASY TOUCH SAFETY SYRINGE 25G X 5/8" 1 ML	S	
EASY TOUCH SAFETY SYRINGE 25G X 5/8" 3 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML	S	

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Drug Name	Preference Details	Coverage Details
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 3 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 5 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1" 3 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 10 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 3 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 5 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 10 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 3 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 5 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 25G X 5/8" 3 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	S	
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	S	
EASY TOUCH SYRINGE BARREL 10ML	S	
EASY TOUCH SYRINGE BARREL 1ML	S	
EASY TOUCH SYRINGE BARREL 3ML	S	
EASY TOUCH SYRINGE BARREL 5ML	S	
EASY TOUCH TB FLIPLOCK SYRINGE 26G X 5/8" 1 ML	S	

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Drug Name	Preference Details	Coverage Details
EASY TOUCH TB FLIPLOCK SYRINGE 27G X 1/2" 1 ML	S	
EASY TOUCH TB FLIPLOCK SYRINGE 28G X 1/2" 1 ML	S	
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML	S	
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML	S	
EASY TOUCH TB SHEATHLOCK SYR 27G X 1/2" 1 ML	S	
EASY TOUCH TB SHEATHLOCK SYR 28G X 1/2" 1 ML	S	
EASYPPOINT NEEDLE/SYRINGE 18G X 1- 1/2" 3 ML	S	
<i>elite-thin insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>elite-thin insulin syringe 28g x 1/2" 1 ml</i>	S	
<i>elite-thin insulin syringe 28g x 5/16" 0.5 ml</i>	S	
<i>elite-thin insulin syringe 28g x 5/16" 1 ml</i>	S	
<i>elite-thin insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>elite-thin insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>elite-thin insulin syringe 29g x 5/16" 0.5 ml</i>	S	
<i>elite-thin insulin syringe 29g x 5/16" 1 ml</i>	S	
<i>elite-thin insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>elite-thin insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>elite-thin insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>elite-thin insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>elite-thin insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>eql insulin syringe 29g x 1/2" 0.3 ml</i>	S	
<i>eql insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>eql insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>eql insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>eql insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>eql insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>eql insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>eql insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>eql insulin syringe 31g x 5/16" 1 ml</i>	S	

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Drug Name	Preference Details	Coverage Details
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML	S	
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 1 ML	S	
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.3 ML	S	
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML	S	
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML	S	
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.3 ML	S	
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML	S	
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML	S	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	S	
EXEL COMFORT POINT PEN NEEDLE 31G X 4 MM	S	
EXEL COMFORT POINT PEN NEEDLE 31G X 6 MM	S	
EXEL COMFORT POINT PEN NEEDLE 31G X 8 MM	S	
FIFTY50 PEN NEEDLES 31G X 5 MM	S	
FIFTY50 PEN NEEDLES 31G X 8 MM	S	
FIFTY50 PEN NEEDLES 32G X 4 MM	S	
FIFTY50 PEN NEEDLES 32G X 6 MM	S	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML	S	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML	S	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML	S	
<i>flow-eze vented needle</i>	S	
<i>freds pharmacy unifine pentip+ 31g x 5 mm</i>	S	
<i>freds pharmacy unifine pentip+ 31g x 8 mm</i>	S	
<i>freds pharmacy unifine pentips 32g x 4 mm</i>	S	

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Drug Name	Preference Details	Coverage Details
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML	S	
FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML	S	
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML	S	
FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML	S	
<i>global ease inject pen needles 29g x 12mm</i>	S	
<i>global ease inject pen needles 31g x 5 mm</i>	S	
<i>global ease inject pen needles 31g x 8 mm</i>	S	
<i>global ease inject pen needles 32g x 4 mm</i>	S	
<i>global easy glide insulin syr 31g x 15/64" 0.3 ml</i>	S	
<i>global easy glide insulin syr 31g x 15/64" 0.5 ml</i>	S	
<i>global easy glide insulin syr 31g x 15/64" 1 ml</i>	S	
<i>global easy glide insulin syr 31g x 5/16" 0.3 ml</i>	S	
<i>global easy glide pen needles 32g x 4 mm</i>	S	
<i>global inject ease insulin syr 28g x 1/2" 0.5 ml</i>	S	
<i>global inject ease insulin syr 28g x 1/2" 1 ml</i>	S	
<i>global inject ease insulin syr 29g x 1/2" 0.3 ml</i>	S	
<i>global inject ease insulin syr 29g x 1/2" 0.5 ml</i>	S	
<i>global inject ease insulin syr 29g x 1/2" 1 ml</i>	S	
<i>global inject ease insulin syr 30g x 1/2" 0.3 ml</i>	S	
<i>global inject ease insulin syr 30g x 1/2" 0.5 ml</i>	S	
<i>global inject ease insulin syr 30g x 1/2" 1 ml</i>	S	
<i>global inject ease insulin syr 30g x 5/16" 0.3 ml</i>	S	
<i>global inject ease insulin syr 30g x 5/16" 0.5 ml</i>	S	
<i>global inject ease insulin syr 30g x 5/16" 1 ml</i>	S	
<i>global inject ease insulin syr 31g x 5/16" 0.3 ml</i>	S	
<i>global inject ease insulin syr 31g x 5/16" 0.5 ml</i>	S	
<i>global inject ease insulin syr 31g x 5/16" 1 ml</i>	S	
<i>global insulin syringes 30g x 1/2" 0.3 ml</i>	S	
<i>global insulin syringes 30g x 5/16" 0.3 ml</i>	S	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	S	

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Drug Name	Preference Details	Coverage Details
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	S	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	S	
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	S	
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	S	
<i>gnp clickfine pen needles 31g x 6 mm</i>	S	
<i>gnp clickfine pen needles 31g x 8 mm</i>	S	
<i>gnp insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>gnp insulin syringe 28g x 1/2" 1 ml</i>	S	
<i>gnp insulin syringe 29g x 1/2" 0.3 ml</i>	S	
<i>gnp insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>gnp insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>gnp insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>gnp insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>gnp insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>gnp insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>gnp insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>gnp insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>gnp ultra com insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>	S	
<i>gnp ultra com insulin syringe 29g x 1/2" 0.3 ml</i>	S	
<i>gnp ultra com insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>gnp ultra com insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>gnp ultra com insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>gnp ultra com insulin syringe 30g x 5/16" 0.5 ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>gnp ultra com insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>gnp ultra com insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>gnp ultra com insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>gnp ultra com insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>goodsense clickfine pen needle 31g x 5 mm</i>	S	
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	S	
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	S	
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	S	
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	S	
<i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml</i>	S	
<i>healthwise insulin syr/needle 30g x 5/16" 0.5 ml</i>	S	
<i>healthwise insulin syr/needle 30g x 5/16" 1 ml</i>	S	
<i>healthwise insulin syr/needle 31g x 5/16" 0.3 ml</i>	S	
<i>healthwise insulin syr/needle 31g x 5/16" 0.5 ml</i>	S	
<i>healthwise insulin syr/needle 31g x 5/16" 1 ml</i>	S	
<i>healthwise micron pen needles 32g x 4 mm</i>	S	
<i>healthwise mini pen needles 31g x 6 mm</i>	S	
<i>healthwise pen needles 29g x 12mm</i>	S	
<i>healthwise short pen needles 31g x 5 mm</i>	S	
<i>healthwise short pen needles 31g x 8 mm</i>	S	
<i>healthwise unifine pentips 32g x 4 mm</i>	S	
<i>healthy accents unifine pentip 29g x 12mm</i>	S	
<i>healthy accents unifine pentip 31g x 5 mm</i>	S	
<i>healthy accents unifine pentip 31g x 6 mm</i>	S	
<i>healthy accents unifine pentip 31g x 8 mm</i>	S	
<i>healthy accents unifine pentip 32g x 4 mm</i>	S	
<i>h-e-b incontrol pen needles 29g x 12mm</i>	S	
<i>h-e-b incontrol pen needles 31g x 5 mm</i>	S	
<i>h-e-b incontrol pen needles 31g x 6 mm</i>	S	
<i>h-e-b incontrol pen needles 31g x 8 mm</i>	S	
<i>h-e-b incontrol pen needles 32g x 4 mm</i>	S	

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Drug Name	Preference Details	Coverage Details
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM	S	
<i>huber needle 22g x 1"</i>	S	
<i>huber needle 22g x 3/4"</i>	S	
HUMATROPEN FOR 12MG DEVICE	S	
HUMATROPEN FOR 24MG DEVICE	S	
HUMATROPEN FOR 6MG DEVICE	S	
<i>hypodermic needle 18g x 1"</i>	S	
<i>hypodermic needle 18g x 1-1/2"</i>	S	
<i>hypodermic needle 19g x 1"</i>	S	
<i>hypodermic needle 19g x 1-1/2"</i>	S	
<i>hypodermic needle 20g x 1"</i>	S	
<i>hypodermic needle 20g x 1-1/2"</i>	S	
<i>hypodermic needle 20g x 3/4"</i>	S	
<i>hypodermic needle 21g x 1"</i>	S	
<i>hypodermic needle 21g x 1-1/2"</i>	S	
<i>hypodermic needle 22g x 1"</i>	S	
<i>hypodermic needle 22g x 1-1/2"</i>	S	
<i>hypodermic needle 22g x 3/4"</i>	S	
<i>hypodermic needle 23g x 1"</i>	S	
<i>hypodermic needle 23g x 3/4"</i>	S	
<i>hypodermic needle 25g x 1"</i>	S	
<i>hypodermic needle 25g x 1-1/2"</i>	S	
<i>hypodermic needle 25g x 3/4"</i>	S	
<i>hypodermic needle 25g x 5/8"</i>	S	
<i>hypodermic needle 26g x 1/2"</i>	S	
<i>hypodermic needle 26g x 3/8"</i>	S	
<i>hypodermic needle 26g x 5/8"</i>	S	
<i>hypodermic needle 27g x 1/2"</i>	S	
<i>hypodermic needle 27g x 1-1/2"</i>	S	
<i>hypodermic needle 30g x 1/2"</i>	S	
<i>inject-ease</i>	S	
<i>insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>insulin syringe 28g x 1/2" 1 ml</i>	S	
<i>insulin syringe 29g x 1" 0.3 ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>insulin syringe 29g x 1/2" 0.3 ml</i>	S	
<i>insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>insulin syringe 30g x 1/2" 0.5 ml</i>	S	
<i>insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>insulin syringe/needle 27g x 1/2" 0.5 ml</i>	S	
<i>insulin syringe/needle 28g x 1/2" 0.5 ml</i>	S	
<i>insulin syringe/needle 28g x 1/2" 1 ml</i>	S	
<i>insulin syringe-needle u-100 29g x 1/2" 0.5 ml (otc)</i>	S	
<i>insulin syringe-needle u-100 29g x 1/2" 1 ml (otc)</i>	S	
<i>insulin syringe-needle u-100 30g x 5/16" 0.3 ml</i>	S	
<i>insulin syringe-needle u-100 30g x 5/16" 0.5 ml (otc)</i>	S	
<i>insulin syringe-needle u-100 30g x 5/16" 1 ml</i>	S	
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml</i>	S	
<i>insulin syringe-needle u-100 31g x 1/4" 0.5 ml</i>	S	
<i>insulin syringe-needle u-100 31g x 1/4" 1 ml</i>	S	
<i>insulin syringe-needle u-100 31g x 5/16" 0.3 ml</i>	S	
<i>insulin syringe-needle u-100 31g x 5/16" 0.5 ml (otc)</i>	S	
<i>insulin syringe-needle u-100 31g x 5/16" 1 ml (otc)</i>	S	
<i>insupen pen needles 29g x 12mm</i>	S	
<i>insupen pen needles 31g x 5 mm</i>	S	
<i>insupen pen needles 31g x 8 mm</i>	S	
<i>insupen pen needles 32g x 4 mm</i>	S	
<i>insupen pen needles 33g x 4 mm</i>	S	
INSUPEN SENSITIVE 32G X 6 MM	S	
INSUPEN SENSITIVE 32G X 8 MM	S	

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Drug Name	Preference Details	Coverage Details
INSUPEN ULTRAFIN 29G X 12MM	S	
INSUPEN ULTRAFIN 30G X 8 MM	S	
INSUPEN ULTRAFIN 31G X 6 MM	S	
INSUPEN ULTRAFIN 31G X 8 MM	S	
J-TIP KIT W/VIAL ADAPTERS KIT	S	
<i>kinray insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>kinray insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>kinray insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>kmart valu insulin syringe 29g u-100 0.5 ml</i>	S	
<i>kmart valu insulin syringe 29g u-100 1 ml</i>	S	
<i>kmart valu insulin syringe 30g u-100 0.3 ml</i>	S	
<i>kmart valu insulin syringe 30g u-100 0.5 ml</i>	S	
<i>kmart valu insulin syringe 30g u-100 1 ml</i>	S	
<i>croger insulin syringe 29g x 1/2" 0.3 ml</i>	S	
<i>croger insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>croger insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>croger insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>croger insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>croger insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>croger insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>croger insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>croger insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>croger pen needles 29g x 12mm</i>	S	
<i>croger pen needles 31g x 6 mm</i>	S	
<i>croger pen needles 31g x 8 mm</i>	S	
<i>leader insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>leader insulin syringe 28g x 1/2" 1 ml</i>	S	
<i>leader insulin syringe 29g x 1/2" 0.3 ml</i>	S	
<i>leader insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>leader insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>leader insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>leader insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>leader insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>leader insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>leader insulin syringe 31g x 5/16" 0.5 ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>leader insulin syringe 31g x 5/16" 1 ml</i>	S	
LEADER UNIFINE PENTIPS 31G X 5 MM	S	
LEADER UNIFINE PENTIPS 32G X 4 MM	S	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	S	
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	S	
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM	S	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	S	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	S	
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	S	
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	S	
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	S	
LITETOUCH PEN NEEDLES 29G X 12.7MM	S	
LITETOUCH PEN NEEDLES 31G X 5 MM	S	
LITETOUCH PEN NEEDLES 31G X 6 MM	S	
LITETOUCH PEN NEEDLES 31G X 8 MM	S	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	S	

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Drug Name	Preference Details	Coverage Details
LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML	S	
LUER LOCK SAFETY SYRINGES 22G X 1" 3 ML	S	
LUER LOCK SAFETY SYRINGES 22G X 1-1/2" 3 ML	S	
LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML	S	
LUER LOCK SAFETY SYRINGES 25G X 1" 3 ML	S	
LUER LOCK SAFETY SYRINGES 25G X 5/8" 3 ML	S	
LUER LOCK SAFETY SYRINGES 3 ML	S	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	S	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	S	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	S	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	S	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	S	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	S	
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML	S	
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML	S	
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML	S	
MARATHON MEDICAL PENTIPS 29G X 12MM	S	
MARATHON MEDICAL PENTIPS 31G X 5 MM	S	
MARATHON MEDICAL PENTIPS 31G X 8 MM	S	
MARATHON MEDICAL PENTIPS 32G X 4 MM	S	

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Drug Name	Preference Details	Coverage Details
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	S	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	S	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	S	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM	S	
<i>medicine shoppe pen needles 29g x 12mm</i>	S	
<i>medicine shoppe pen needles 31g x 6 mm</i>	S	
<i>medicine shoppe pen needles 31g x 8 mm</i>	S	
<i>meijer pen needles 29g x 12mm</i>	S	
<i>meijer pen needles 31g x 6 mm</i>	S	
<i>meijer pen needles 31g x 8 mm</i>	S	
MICRODOT PEN NEEDLE 31G X 6 MM	S	
MICRODOT PEN NEEDLE 32G X 4 MM	S	
MICRODOT PEN NEEDLE 33G X 4 MM	S	
<i>mm insulin syringe/needle 30g x 5/16" 0.3 ml</i>	S	
<i>mm insulin syringe/needle 30g x 5/16" 0.5 ml</i>	S	
<i>mm insulin syringe/needle 30g x 5/16" 1 ml</i>	S	
<i>mm insulin syringe/needle 31g x 5/16" 0.3 ml</i>	S	
<i>mm insulin syringe/needle 31g x 5/16" 0.5 ml</i>	S	
<i>mm insulin syringe/needle 31g x 5/16" 1 ml</i>	S	
MM PEN NEEDLES 31G X 5 MM	S	
MM PEN NEEDLES 31G X 6 MM	S	
MM PEN NEEDLES 31G X 8 MM	S	
MM PEN NEEDLES 32G X 4 MM	S	
MONOJECT ALLERGIST TRAY KIT 27G X 1/2" 1 ML	S	
MONOJECT ALLERGIST TRAY KIT 28G X 1/2" 0.5 ML	S	
MONOJECT ALLERGIST TRAY KIT 28G X 1/2" 1 ML	S	
MONOJECT BLOOD COLLECTION NDL 20G X 1"	S	
MONOJECT BLOOD COLLECTION NDL 20G X 1-1/2"	S	

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Drug Name	Preference Details	Coverage Details
MONOJECT BLOOD COLLECTION NDL 21G X 1"	S	
MONOJECT BLOOD COLLECTION NDL 22G X 1"	S	
MONOJECT BLUNT CANNULA 15G X 1-1/2"	S	
MONOJECT BLUNT CANNULA 16G X 1-1/2"	S	
MONOJECT BLUNT CANNULA 17G X 1-1/2"	S	
MONOJECT BLUNT CANNULA 18G X 1"	S	
MONOJECT BLUNT CANNULA 19G X 1-1/2"	S	
MONOJECT BLUNT CANNULA 22G X 1-1/2"	S	
MONOJECT BLUNT CANNULA 23G X 1"	S	
MONOJECT BLUNTIP CANNULA 20G X 1-1/2"	S	
MONOJECT BLUNTIP CANNULA 21G X 1"	S	
MONOJECT CONTROL SYRINGE 12 ML	S	
MONOJECT FILTER ASPIRATOR	S	
MONOJECT FILTER NEEDLE 18G X 1-1/2"	S	
MONOJECT FILTER NEEDLE 20G X 1-1/2"	S	
MONOJECT HYPODERMIC NEEDLE 14G X 1"	S	
MONOJECT HYPODERMIC NEEDLE 14G X 1-1/2"	S	
MONOJECT HYPODERMIC NEEDLE 14G X 2"	S	
MONOJECT HYPODERMIC NEEDLE 16G X 1"	S	
MONOJECT HYPODERMIC NEEDLE 16G X 1-1/2"	S	
MONOJECT HYPODERMIC NEEDLE 16G X 3/4"	S	

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Drug Name	Preference Details	Coverage Details
MONOJECT HYPODERMIC NEEDLE 16G X 5/8"	S	
MONOJECT HYPODERMIC NEEDLE 18G X 1" (RX)	S	
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2"	S	
MONOJECT HYPODERMIC NEEDLE 19G X 1" (RX)	S	
MONOJECT HYPODERMIC NEEDLE 19G X 1-1/2" (RX)	S	
MONOJECT HYPODERMIC NEEDLE 19G X 1-1/4"	S	
MONOJECT HYPODERMIC NEEDLE 20G X 1" (RX)	S	
MONOJECT HYPODERMIC NEEDLE 20G X 1-1/2" (RX)	S	
MONOJECT HYPODERMIC NEEDLE 21G X 1" (RX)	S	
MONOJECT HYPODERMIC NEEDLE 21G X 1-1/2" (RX)	S	
MONOJECT HYPODERMIC NEEDLE 21G X 2"	S	
MONOJECT HYPODERMIC NEEDLE 22G X 1"	S	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	S	
MONOJECT HYPODERMIC NEEDLE 23G X 1"	S	
MONOJECT HYPODERMIC NEEDLE 23G X 1/2"	S	
MONOJECT HYPODERMIC NEEDLE 23G X 3/4"	S	
MONOJECT HYPODERMIC NEEDLE 25G X 1"	S	
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/2"	S	
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/4"	S	

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Drug Name	Preference Details	Coverage Details
MONOJECT HYPODERMIC NEEDLE 25G X 2"	S	
MONOJECT HYPODERMIC NEEDLE 25G X 5/8"	S	
MONOJECT HYPODERMIC NEEDLE 26G X 1/2"	S	
MONOJECT HYPODERMIC NEEDLE 26G X 1-1/2"	S	
MONOJECT HYPODERMIC NEEDLE 27G X 1/2"	S	
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/2"	S	
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/4"	S	
MONOJECT HYPODERMIC NEEDLE 30G X 3/4"	S	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	S	
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	S	
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (RX)	S	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (OTC)	S	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	S	
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	S	
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	S	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	S	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	

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Drug Name	Preference Details	Coverage Details
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	S	
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (OTC)	S	
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	S	
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	S	
MONOJECT INSULIN SYRINGE U-100 1 ML	S	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 1 ML	S	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML	S	
MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML	S	
MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML	S	
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML	S	
MONOJECT MEDICATION TRANSF NDL	S	
MONOJECT PHARMACY TRAY 1 ML	S	
MONOJECT PHARMACY TRAY 12 ML	S	
MONOJECT PHARMACY TRAY 20 ML	S	
MONOJECT PHARMACY TRAY 3 ML	S	
MONOJECT PHARMACY TRAY 35 ML	S	
MONOJECT PHARMACY TRAY 6 ML	S	
MONOJECT PHARMACY TRAY 60 ML	S	
MONOJECT PISTON SYRINGE 140 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 12 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 20G X 1-1/2" 12 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 20G X 1-1/2" 3 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 20G X 1-1/2" 6 ML	S	

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Drug Name	Preference Details	Coverage Details
MONOJECT SAFETY SYRINGE/SHIELD 21G X 1" 3 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 21G X 1-1/2" 12 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 21G X 1-1/2" 3 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 21G X 1-1/2" 6 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 22G X 1" 3 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 22G X 1-1/2" 3 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 23G X 1" 3 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 25G X 5/8" 3 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 3 ML	S	
MONOJECT SAFETY SYRINGE/SHIELD 6 ML	S	
MONOJECT SOFTPACK/CATHTIP 35 ML	S	
MONOJECT SOFTPACK/CATHTIP 60 ML	S	
MONOJECT SOFTPACK/LLOCK 20 ML	S	
MONOJECT SOFTPACK/LLOCK 35 ML	S	
MONOJECT SOFTPACK/LLOCK 60 ML	S	
MONOJECT SOFTPACK/LTIP 20 ML	S	
MONOJECT SOFTPACK/RG LOCK 35 ML	S	
MONOJECT SOFTPACK/RG LUER 60 ML	S	
MONOJECT SYRINGE 12 ML	S	
MONOJECT SYRINGE 18G X 1" 12 ML (OTC)	S	
MONOJECT SYRINGE 18G X 1" 12 ML (RX)	S	
MONOJECT SYRINGE 20G X 1" 3 ML	S	
MONOJECT SYRINGE 20G X 1-1/2" 12 ML (OTC)	S	
MONOJECT SYRINGE 20G X 1-1/2" 3 ML	S	
MONOJECT SYRINGE 20G X 1-1/2" 6 ML	S	

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Drug Name	Preference Details	Coverage Details
MONOJECT SYRINGE 20G X 3/4" 3 ML (RX)	S	
MONOJECT SYRINGE 21G X 1" 12 ML (OTC)	S	
MONOJECT SYRINGE 21G X 1" 3 ML	S	
MONOJECT SYRINGE 21G X 1" 6 ML	S	
MONOJECT SYRINGE 21G X 1-1/2" 12 ML (OTC)	S	
MONOJECT SYRINGE 21G X 1-1/2" 3 ML	S	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	S	
MONOJECT SYRINGE 22G X 1" 3 ML	S	
MONOJECT SYRINGE 22G X 1-1/2" 3 ML	S	
MONOJECT SYRINGE 22G X 1-1/2" 6 ML	S	
MONOJECT SYRINGE 23G X 1" 3 ML	S	
MONOJECT SYRINGE 25G X 1" 3 ML	S	
MONOJECT SYRINGE 25G X 1-1/4" 3 ML	S	
MONOJECT SYRINGE 25G X 5/8" 3 ML	S	
MONOJECT SYRINGE 27G X 1/2" 1 ML	S	
MONOJECT SYRINGE 27G X 1-1/4" 3 ML	S	
MONOJECT SYRINGE 3 ML	S	
MONOJECT SYRINGE 6 ML	S	
MONOJECT SYRINGE CATH TIP 35 ML	S	
MONOJECT SYRINGE CATH TIP 60 ML (RX)	S	
MONOJECT SYRINGE ECC LUER 35 ML	S	
MONOJECT SYRINGE ECCENTRIC TIP 12 ML	S	
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	S	
MONOJECT SYRINGE LUER LOCK 20 ML	S	
MONOJECT SYRINGE LUER LOCK 35 ML	S	
MONOJECT SYRINGE LUER LOCK 6 ML	S	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	S	

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Drug Name	Preference Details	Coverage Details
MONOJECT SYRINGE LUER-LOCK TIP 60 ML	S	
MONOJECT SYRINGE PHARMACY TRAY 1 ML	S	
MONOJECT SYRINGE REG LUER 12 ML (OTC)	S	
MONOJECT SYRINGE REG LUER 20 ML	S	
MONOJECT SYRINGE REG LUER 3 ML	S	
MONOJECT SYRINGE REG LUER 35 ML	S	
MONOJECT SYRINGE REG LUER 6 ML	S	
MONOJECT SYRINGE REGULAR TIP 20 ML	S	
MONOJECT SYRINGE REGULAR TIP 3 ML	S	
MONOJECT SYRINGE REGULAR TIP 6 ML	S	
MONOJECT SYRINGE REGULAR TIP 60 ML	S	
MONOJECT SYRINGE TOOMEY TYPE 60 ML	S	
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML	S	
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML	S	
MONOJECT TB SYRINGE 1 ML (OTC)	S	
MONOJECT TB SYRINGE 1 ML (RX)	S	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML (OTC)	S	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML (RX)	S	
MONOJECT TB SYRINGE 26G X 3/8" 1 ML (OTC)	S	
MONOJECT TB SYRINGE 26G X 3/8" 1 ML (RX)	S	
MONOJECT TB SYRINGE 27G X 1/2" 1 ML	S	
MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML	S	

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Drug Name	Preference Details	Coverage Details
MONOJECT TB SYRINGE 28G X 1/2" 1 ML (OTC)	S	
MONOJECT TB SYRINGE 28G X 1/2" 1 ML (RX)	S	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	S	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	S	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	S	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (RX)	S	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML	S	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	S	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	S	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	S	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	S	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (OTC)	S	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	S	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 1 ML	S	
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML	S	
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML	S	
<i>ms insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>ms insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>ms insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>multi-draw needle 20g x 1"</i>	S	
<i>multi-draw needle 21g x 1"</i>	S	
<i>multi-draw needle 22g x 1"</i>	S	

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Drug Name	Preference Details	Coverage Details
NOKOR VENTED NEEDLE 16G X 1"	S	
NOKOR VENTED NEEDLE 18G X 1"	S	
NORDIPEN 5 INJECTION DEVICE	S	
NORDIPEN DELIVERY SYSTEM	S	
NORM-JECT LUER LOCK SYRINGE 10 ML	S	
NORM-JECT LUER LOCK SYRINGE 20 ML	S	
NORM-JECT LUER SLIP SYRINGE 1 ML	S	
NOVOFINE 30G X 8 MM	S	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	S	
NOVOFINE PEN NEEDLE 32G X 6 MM	S	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	S	
NOVOTWIST PEN NEEDLE 32G X 5 MM	S	
OMNITROPE PEN 5 INJ DEVICE (RX)	S	
<i>pc unifine pentips 29g x 12mm</i>	S	
<i>pc unifine pentips 31g x 5 mm</i>	S	
<i>pc unifine pentips 31g x 6 mm</i>	S	
<i>pc unifine pentips 31g x 8 mm</i>	S	
<i>pen needles 1/2" 29g x 12mm</i>	S	
<i>pen needles 3/16" 31g x 5 mm</i>	S	
<i>pen needles 31g x 5 mm (otc)</i>	S	
<i>pen needles 31g x 6 mm</i>	S	
<i>pen needles 31g x 8 mm (otc)</i>	S	
<i>pen needles 32g x 4 mm (otc)</i>	S	
<i>pen needles 32g x 5 mm</i>	S	
<i>pen needles 32g x 6 mm</i>	S	
<i>pen needles 5/16" 30g x 8 mm</i>	S	
<i>pen needles 5/16" 31g x 8 mm</i>	S	
PENTIPS 29G X 12MM (OTC)	S	
PENTIPS 29G X 12MM (RX)	S	
PENTIPS 31G X 5 MM (OTC)	S	
PENTIPS 31G X 5 MM (RX)	S	

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Drug Name	Preference Details	Coverage Details
PENTIPS 31G X 6 MM	S	
PENTIPS 31G X 8 MM (OTC)	S	
PENTIPS 31G X 8 MM (RX)	S	
PENTIPS 32G X 4 MM (OTC)	S	
PENTIPS 32G X 4 MM (RX)	S	
<i>poly hub needle 18g x 1"</i>	S	
<i>poly hub needle 18g x 1-1/2"</i>	S	
<i>poly hub needle 21g x 1"</i>	S	
<i>poly hub needle 21g x 1-1/2"</i>	S	
<i>poly hub needle 22g x 1"</i>	S	
<i>poly hub needle 22g x 1-1/2"</i>	S	
<i>poly hub needle 23g x 1"</i>	S	
<i>poly hub needle 23g x 1-1/2"</i>	S	
<i>poly hub needle 25g x 1"</i>	S	
<i>poly hub needle 25g x 1-1/2"</i>	S	
<i>poly hub needle 25g x 5/8"</i>	S	
<i>poly hub needle 27g x 1/2"</i>	S	
<i>poly hub needle 27g x 1-1/4"</i>	S	
<i>poly hub needle 30g x 1/2"</i>	S	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML	S	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML	S	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML	S	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML	S	
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML	S	
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML	S	
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	S	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>preferred plus insulin syringe 28g x 1/2" 1 ml</i>	S	
<i>preferred plus insulin syringe 29g x 1/2" 0.3 ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>preferred plus insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>preferred plus insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>preferred plus insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>preferred plus insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>preferred plus insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>preferred plus unifine pentips 29g x 12mm</i>	S	
<i>preferred plus unifine pentips 31g x 5 mm</i>	S	
<i>preferred plus unifine pentips 31g x 6 mm</i>	S	
<i>preferred plus unifine pentips 31g x 8 mm</i>	S	
<i>preferred plus unifine pentips 32g x 4 mm</i>	S	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	S	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	S	
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	S	
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	S	
<i>pro comfort pen needles 31g x 8 mm</i>	S	
<i>pro comfort pen needles 32g x 4 mm</i>	S	
<i>pro comfort pen needles 32g x 5 mm</i>	S	
<i>pro comfort pen needles 32g x 6 mm</i>	S	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	S	
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
<i>px extra short pen needles 31g x 6 mm</i>	S	
<i>px insulin syringe 30g x 1/2" 0.3 ml</i>	S	
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>	S	
<i>px insulin syringe 30g x 1/2" 1 ml</i>	S	
<i>px insulin syringe 31g x 5/16" 0.3 ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>px insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>px insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>px mini pen needles 31g x 5 mm</i>	S	
<i>px pen needle 29g x 12mm</i>	S	
<i>px pen needle 31g x 8 mm</i>	S	
<i>px shortlength pen needles 31g x 8 mm</i>	S	
<i>qc pen needles 29g x 12mm</i>	S	
<i>qc pen needles 31g x 6 mm</i>	S	
<i>qc pen needles 31g x 8 mm</i>	S	
<i>qc unifine pentips 32g x 4 mm</i>	S	
<i>ra insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>ra insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>ra insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>ra insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>ra pen needles 31g x 5 mm</i>	S	
<i>ra pen needles 31g x 8 mm</i>	S	
<i>reality insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>reality insulin syringe 28g x 1/2" 1 ml</i>	S	
<i>reality insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>reality insulin syringe 29g x 1/2" 1 ml</i>	S	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	S	
RELI-ON INSULIN SYRINGE 29G 0.5 ML	S	
RELION INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
RELION INSULIN SYRINGE 29G X 1/2" 1 ML	S	
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML	S	
RELI-ON INSULIN SYRINGE 30G 0.3 ML	S	
RELI-ON INSULIN SYRINGE 30G 0.5 ML	S	
RELI-ON INSULIN SYRINGE 30G 1 ML	S	
RELION INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	

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Drug Name	Preference Details	Coverage Details
RELION INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
RELION INSULIN SYRINGE 30G X 5/16" 1 ML	S	
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	S	
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	S	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	S	
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
RELION INSULIN SYRINGE 31G X 5/16" 1 ML	S	
RELION MINI PEN NEEDLES 31G X 6 MM	S	
RELION PEN NEEDLES 29G X 12MM	S	
RELION PEN NEEDLES 31G X 6 MM	S	
RELION PEN NEEDLES 31G X 8 MM	S	
RELION PEN NEEDLES 32G X 4 MM	S	
RELION SHORT PEN NEEDLES 31G X 8 MM	S	
SAFESNAP ALLERGY SYRINGE 27G X 1/2" 1 ML	S	
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML	S	
SAFESNAP INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
SAFESNAP INSULIN SYRINGE 29G X 1/2" 1 ML	S	
SAFESNAP INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
SAFESNAP INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
SAFESNAP SYRINGE 10 ML	S	
SAFESNAP SYRINGE 20G X 1" 10 ML	S	

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Drug Name	Preference Details	Coverage Details
SAFESNAP SYRINGE 20G X 1" 3 ML	S	
SAFESNAP SYRINGE 20G X 1" 5 ML	S	
SAFESNAP SYRINGE 20G X 1-1/2" 10 ML	S	
SAFESNAP SYRINGE 20G X 1-1/2" 3 ML	S	
SAFESNAP SYRINGE 20G X 1-1/2" 5 ML	S	
SAFESNAP SYRINGE 21G X 1" 10 ML	S	
SAFESNAP SYRINGE 21G X 1" 3 ML	S	
SAFESNAP SYRINGE 21G X 1" 5 ML	S	
SAFESNAP SYRINGE 21G X 1-1/2" 10 ML	S	
SAFESNAP SYRINGE 21G X 1-1/2" 3 ML	S	
SAFESNAP SYRINGE 21G X 1-1/2" 5 ML	S	
SAFESNAP SYRINGE 22G X 1" 10 ML	S	
SAFESNAP SYRINGE 22G X 1" 3 ML	S	
SAFESNAP SYRINGE 22G X 1" 5 ML	S	
SAFESNAP SYRINGE 22G X 1-1/2" 10 ML	S	
SAFESNAP SYRINGE 22G X 1-1/2" 3 ML	S	
SAFESNAP SYRINGE 22G X 1-1/2" 5 ML	S	
SAFESNAP SYRINGE 23G X 1" 3 ML	S	
SAFESNAP SYRINGE 23G X 1-1/2" 3 ML	S	
SAFESNAP SYRINGE 25G X 1" 3 ML	S	
SAFESNAP SYRINGE 25G X 5/8" 3 ML	S	
SAFESNAP SYRINGE 3 ML	S	
SAFESNAP SYRINGE 5 ML	S	
SAFESNAP TUBERCULIN SYRINGE 25G X 5/8" 1 ML	S	
SAFESNAP TUBERCULIN SYRINGE 27G X 1/2" 1 ML	S	
SAFETY-LOK SYRINGE 10 ML	S	
SAFETY-LOK SYRINGE 21G X 1-1/2" 10 ML	S	
SAFETY-LOK SYRINGE 21G X 1-1/2" 3 ML	S	
SAFETY-LOK SYRINGE 21G X 1-1/2" 5 ML	S	
SAFETY-LOK SYRINGE 22G X 1" 3 ML	S	

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Drug Name	Preference Details	Coverage Details
SAFETY-LOK SYRINGE 22G X 1-1/2" 3 ML	S	
SAFETY-LOK SYRINGE 23G X 1" 3 ML	S	
SAFETY-LOK SYRINGE 25G X 5/8" 3 ML	S	
SAFETY-LOK SYRINGE 3 ML	S	
SAFETY-LOK SYRINGE 5 ML	S	
SAFETY-LOK TB SYRINGE 25G X 5/8" 1 ML	S	
SAFETY-LOK TB SYRINGE 27G X 1/2" 1 ML	S	
<i>sb insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>sb insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>sb insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>sb insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>sb insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>schnucks insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>schnucks insulin syringe 30g x 5/16" 0.5 ml</i>	S	
SHOPKO UNIFINE PENTIPS 29G X 12MM	S	
SHOPKO UNIFINE PENTIPS 31G X 5 MM	S	
SHOPKO UNIFINE PENTIPS 31G X 8 MM	S	
SHOPKO UNIFINE PENTIPS 32G X 4 MM	S	
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM	S	
SHOPKO UNIFINE PENTIPS PLUS 31G X 5 MM	S	
SHOPKO UNIFINE PENTIPS PLUS 31G X 8 MM	S	
SHOPKO UNIFINE PENTIPS PLUS 32G X 4 MM	S	
<i>sm insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>spinal needle 19g x 3"</i>	S	
<i>spinal needle 20g x 2-1/2"</i>	S	
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>sure comfort insulin syringe 28g x 1/2" 1 ml</i>	S	
<i>sure comfort insulin syringe 29g x 1/2" 0.3 ml (rx)</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>sure comfort insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>sure comfort insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>sure comfort insulin syringe 30g x 1/2" 0.3 ml (rx)</i>	S	
<i>sure comfort insulin syringe 30g x 1/2" 0.5 ml (rx)</i>	S	
<i>sure comfort insulin syringe 30g x 1/2" 1 ml</i>	S	
<i>sure comfort insulin syringe 30g x 5/16" 0.3 ml (rx)</i>	S	
<i>sure comfort insulin syringe 30g x 5/16" 0.5 ml (rx)</i>	S	
<i>sure comfort insulin syringe 30g x 5/16" 1 ml (rx)</i>	S	
<i>sure comfort insulin syringe 31g x 1/4" 0.3 ml</i>	S	
<i>sure comfort insulin syringe 31g x 1/4" 0.5 ml</i>	S	
<i>sure comfort insulin syringe 31g x 1/4" 1 ml</i>	S	
<i>sure comfort insulin syringe 31g x 5/16" 0.3 ml (otc)</i>	S	
<i>sure comfort insulin syringe 31g x 5/16" 0.3 ml (rx)</i>	S	
<i>sure comfort insulin syringe 31g x 5/16" 0.5 ml (rx)</i>	S	
<i>sure comfort insulin syringe 31g x 5/16" 1 ml (rx)</i>	S	
<i>sure comfort pen needles 29g x 12.7mm</i>	S	
<i>sure comfort pen needles 30g x 8 mm</i>	S	
<i>sure comfort pen needles 31g x 5 mm</i>	S	
<i>sure comfort pen needles 31g x 8 mm</i>	S	
<i>sure comfort pen needles 32g x 4 mm (otc)</i>	S	
<i>sure comfort pen needles 32g x 6 mm</i>	S	
SURE-FINE PEN NEEDLES 29G X 12.7MM	S	
SURE-FINE PEN NEEDLES 31G X 5 MM	S	
SURE-FINE PEN NEEDLES 31G X 8 MM	S	
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML	S	

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Drug Name	Preference Details	Coverage Details
SURE-JECT INSULIN SYRINGE 28G X 1/2" 1 ML	S	
SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
SURE-JECT INSULIN SYRINGE 29G X 1/2" 1 ML	S	
SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
SURE-JECT INSULIN SYRINGE 30G X 5/16" 1 ML	S	
<i>syringe 10-12 ml 12 ml</i>	S	
<i>syringe 18g x 1-1/2" 3 ml</i>	S	
<i>syringe 20-25 ml 25 ml</i>	S	
<i>syringe 20g x 1" 3 ml</i>	S	
<i>syringe 20g x 1-1/2" 3 ml</i>	S	
<i>syringe 21g x 1" 3 ml</i>	S	
<i>syringe 21g x 1-1/2" 3 ml</i>	S	
<i>syringe 22g x 1" 3 ml</i>	S	
<i>syringe 22g x 1-1/2" 3 ml</i>	S	
<i>syringe 22g x 3/4" 3 ml</i>	S	
<i>syringe 2-3 ml 3 ml</i>	S	
<i>syringe 23g x 1" 3 ml</i>	S	
<i>syringe 25g x 1" 3 ml</i>	S	
<i>syringe 27g x 1-1/4" 3 ml</i>	S	
<i>syringe 30 ml</i>	S	
<i>syringe 30-35 ml 35 ml</i>	S	
<i>syringe 50-60 ml 60 ml</i>	S	
<i>syringe 5-6 ml 6 ml</i>	S	
<i>syringe disposable 10 ml</i>	S	
<i>syringe eccentric tip 10 ml</i>	S	
<i>syringe luer lock 30 ml (rx)</i>	S	
<i>syringe luer slip 1 ml (otc)</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>syringe luer slip 1 ml (rx)</i>	S	
<i>syringelcannula 10 ml</i>	S	
<i>syringelcannula 3 ml</i>	S	
<i>tb syringe 1 ml</i>	S	
<i>techlite insulin syringe 29g x 1/2" 0.3 ml</i>	S	
<i>techlite insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>techlite insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>techlite insulin syringe 30g x 1/2" 0.3 ml</i>	S	
<i>techlite insulin syringe 30g x 1/2" 0.5 ml</i>	S	
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	S	
<i>techlite insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>techlite insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>techlite insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>techlite insulin syringe 31g x 15/64" 0.3 ml</i>	S	
<i>techlite insulin syringe 31g x 15/64" 0.5 ml</i>	S	
<i>techlite insulin syringe 31g x 15/64" 1 ml</i>	S	
<i>techlite insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>techlite insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>techlite insulin syringe 31g x 5/16" 1 ml</i>	S	
TECHLITE PEN NEEDLES 29G X 10MM	S	
TECHLITE PEN NEEDLES 29G X 12MM	S	
TECHLITE PEN NEEDLES 31G X 5 MM	S	
TECHLITE PEN NEEDLES 31G X 6 MM	S	
TECHLITE PEN NEEDLES 31G X 8 MM	S	
TECHLITE PEN NEEDLES 32G X 4 MM	S	
TECHLITE PEN NEEDLES 32G X 6 MM	S	
TECHLITE PEN NEEDLES 32G X 8 MM	S	
<i>today's health mini pen needles 31g x 6 mm</i>	S	
<i>today's health pen needles 29g x 12mm</i>	S	
<i>today's health short pen needle 31g x 8 mm</i>	S	
<i>toomey syringe 70 ml</i>	S	
<i>topcare clickfine pen needles 31g x 6 mm</i>	S	
<i>topcare clickfine pen needles 31g x 8 mm</i>	S	
<i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml</i>	S	
<i>topcare ultra comfort ins syr 29g x 1/2" 0.5 ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>topcare ultra comfort ins syr 29g x 1/2" 1 ml</i>	S	
<i>topcare ultra comfort ins syr 30g x 5/16" 0.3 ml</i>	S	
<i>topcare ultra comfort ins syr 30g x 5/16" 0.5 ml</i>	S	
<i>topcare ultra comfort ins syr 30g x 5/16" 1 ml</i>	S	
<i>topcare ultra comfort ins syr 31g x 5/16" 0.3 ml</i>	S	
<i>topcare ultra comfort ins syr 31g x 5/16" 0.5 ml</i>	S	
<i>topcare ultra comfort ins syr 31g x 5/16" 1 ml</i>	S	
<i>topco insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>topco insulin syringe 28g x 1/2" 1 ml</i>	S	
<i>topco insulin syringe 29g x 1/2" 0.3 ml</i>	S	
<i>topco insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>topco insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>true comfort insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>true comfort insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>true comfort pen needles 31g x 5 mm</i>	S	
<i>true comfort pen needles 31g x 6 mm</i>	S	
<i>true comfort pen needles 32g x 4 mm</i>	S	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	S	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	S	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	S	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	S	
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	S	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	S	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	S	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	S	

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Drug Name	Preference Details	Coverage Details
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	S	
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	S	
TRUEPLUS PEN NEEDLES 29G X 12MM	S	
TRUEPLUS PEN NEEDLES 31G X 5 MM	S	
TRUEPLUS PEN NEEDLES 31G X 6 MM	S	
TRUEPLUS PEN NEEDLES 31G X 8 MM	S	
TRUEPLUS PEN NEEDLES 32G X 4 MM	S	
<i>tuberculin syringe 25g x 5/8" 1 ml</i>	S	
<i>tuberculin syringe 26g x 3/8" 1 ml</i>	S	
<i>tuberculin syringe 27g x 1/2" 1 ml</i>	S	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	S	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	S	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML	S	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	S	
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	S	
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	S	
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	S	

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Drug Name	Preference Details	Coverage Details
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	S	
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	S	
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	S	
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	S	
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	S	
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	S	
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	S	
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	S	
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	S	
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML	S	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	S	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM	S	
ULTICARE MICRO PEN NEEDLES 31G X 8 MM	S	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	S	
ULTICARE MINI PEN NEEDLES 31G X 6 MM	S	
ULTICARE MINI PEN NEEDLES 32G X 6 MM	S	
ULTICARE PEN NEEDLES 29G X 12.7MM	S	
ULTICARE PEN NEEDLES 31G X 5 MM	S	
ULTICARE SAFETY SYRINGE 22G X 1-1/2" 1.5 ML	S	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM	S	

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Drug Name	Preference Details	Coverage Details
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML	S	
ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML	S	
ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML	S	
ULTICARE TUBERCULIN SAFETY SYR 27G X 5/8" 1 ML	S	
ULTICARE TUBERCULIN SAFETY SYR 28G X 1/2" 1 ML	S	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	S	
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	S	
ULTILET PEN NEEDLE 32G X 4 MM	S	
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>ultracare insulin syringe 30g x 1/2" 0.5 ml</i>	S	
<i>ultracare insulin syringe 30g x 1/2" 1 ml</i>	S	
<i>ultracare insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>ultracare insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>ultracare insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>ultracare insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>ultracare insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>ultracare insulin syringe 31g x 5/16" 1 ml</i>	S	
<i>ultracare pen needles 31g x 5 mm</i>	S	
<i>ultracare pen needles 31g x 6 mm</i>	S	
<i>ultracare pen needles 31g x 8 mm</i>	S	
<i>ultracare pen needles 32g x 4 mm</i>	S	
<i>ultracare pen needles 32g x 5 mm</i>	S	
<i>ultracare pen needles 32g x 6 mm</i>	S	
<i>ultracare pen needles 33g x 4 mm</i>	S	
<i>ultra-comfort insulin syringe 28g x 1/2" 0.5 ml</i>	S	
<i>ultra-comfort insulin syringe 28g x 1/2" 1 ml</i>	S	
<i>ultra-comfort insulin syringe 29g x 1/2" 0.3 ml</i>	S	
<i>ultra-comfort insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>ultra-comfort insulin syringe 29g x 1/2" 1 ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>ultra-comfort insulin syringe 30g x 5/16" 0.3 ml</i>	S	
<i>ultra-comfort insulin syringe 30g x 5/16" 0.5 ml</i>	S	
<i>ultra-comfort insulin syringe 30g x 5/16" 1 ml</i>	S	
<i>ultra-comfort insulin syringe 31g x 5/16" 0.3 ml</i>	S	
<i>ultra-comfort insulin syringe 31g x 5/16" 0.5 ml</i>	S	
<i>ultra-comfort insulin syringe 31g x 5/16" 1 ml</i>	S	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	S	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	S	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	S	
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	S	
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	S	
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	S	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.3 ML	S	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	S	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	S	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	S	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	S	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	S	
UNIFINE PENTIPS 29G X 12MM	S	
UNIFINE PENTIPS 31G X 5 MM	S	
UNIFINE PENTIPS 31G X 6 MM	S	
UNIFINE PENTIPS 31G X 8 MM	S	
UNIFINE PENTIPS 32G X 4 MM	S	
UNIFINE PENTIPS 32G X 6 MM	S	
UNIFINE PENTIPS 33G X 4 MM	S	

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Drug Name	Preference Details	Coverage Details
UNIFINE PENTIPS PLUS 29G X 12MM	S	
UNIFINE PENTIPS PLUS 31G X 5 MM	S	
UNIFINE PENTIPS PLUS 31G X 6 MM	S	
UNIFINE PENTIPS PLUS 31G X 8 MM	S	
UNIFINE PENTIPS PLUS 32G X 4 MM	S	
UNIFINE PENTIPS PLUS 33G X 4 MM	S	
<i>value health insulin syringe 29g x 1/2" 0.5 ml</i>	S	
<i>value health insulin syringe 29g x 1/2" 1 ml</i>	S	
<i>valumark pen needles 29g x 12mm</i>	S	
<i>valumark pen needles 31g x 6 mm</i>	S	
<i>valumark pen needles 31g x 8 mm</i>	S	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML	S	
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML	S	
VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML	S	
VANISHPOINT SAFETY SYRINGE 21G X 1" 3 ML	S	
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML	S	
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 10 ML	S	
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 3 ML	S	
VANISHPOINT SAFETY SYRINGE 21G X 1-1/2" 5 ML	S	
VANISHPOINT SAFETY SYRINGE 22G X 1" 3 ML	S	
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 3 ML	S	
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML	S	
VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML	S	
VANISHPOINT SAFETY SYRINGE 23G X 1-1/2" 3 ML	S	

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Drug Name	Preference Details	Coverage Details
VANISHPOINT SAFETY SYRINGE 25G X 1" 3 ML	S	
VANISHPOINT SAFETY SYRINGE 25G X 5/8" 3 ML	S	
VANISHPOINT SYRINGE 20G X 1" 3 ML	S	
VANISHPOINT SYRINGE 21G X 1" 3 ML	S	
VANISHPOINT SYRINGE 21G X 1-1/2" 10 ML	S	
VANISHPOINT SYRINGE 21G X 1-1/2" 3 ML	S	
VANISHPOINT SYRINGE 21G X 1-1/2" 5 ML	S	
VANISHPOINT SYRINGE 22G X 1" 3 ML	S	
VANISHPOINT SYRINGE 22G X 1-1/2" 3 ML	S	
VANISHPOINT SYRINGE 23G X 1" 3 ML	S	
VANISHPOINT SYRINGE 23G X 1-1/2" 3 ML	S	
VANISHPOINT SYRINGE 25G X 1" 1 ML	S	
VANISHPOINT SYRINGE 25G X 1" 3 ML	S	
VANISHPOINT SYRINGE 25G X 5/8" 3 ML	S	
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML	S	
VANISHPOINT TUBERCULIN SYRINGE 25G X 5/8" 1 ML	S	
VANISHPOINT TUBERCULIN SYRINGE 27G X 1/2" 1 ML	S	
VIDA MIA UNIFINE PENTIPS 29G X 12MM	S	
VIDA MIA UNIFINE PENTIPS 31G X 6 MM	S	
VIDA MIA UNIFINE PENTIPS 31G X 8 MM	S	
VIDA MIA UNIFINE PENTIPS 32G X 4 MM	S	
<i>vp insulin syringe 29g x 1/2" 0.3 ml</i>	S	
<i>wegmans unifine pentips plus 31g x 5 mm</i>	S	
<i>wegmans unifine pentips plus 31g x 6 mm</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>wegmans unifine pentips plus 31g x 8 mm</i>	S	
<i>wegmans unifine pentips plus 32g x 4 mm</i>	S	
YALE DISP NEEDLES 21G X 1-1/4"	S	
YALE REUSABLE NEEDLE 27G X 1"	S	
*Ocular Implants***		
Susvimo Ocular Implant Intravitreal Implant	BE	
*Parenteral Therapy Supplies***		
BD INTERLINK BLUNT CANNULA	S	
BD SYRINGE TIP CAP	S	
INTERLINK LEVER LOCK CANNULA	S	
INTERLINK SYRINGE CANNULA	S	
J-TIP NEEDLE/FREE INJECTOR	S	
KENDALL LUER DISINFECTANT CAP	S	
MILLEX-OR FILTER	S	
MONOJECT FINGER GRIP EXTENDERS	S	
MONOJECT LIFESHIELD CANNULA (RX)	S	
MONOJECT SAFETY SYR TIP CAPS	S	
MONOJECT SMARTIP SYR/CANNULA	S	
MONOJECT SYRINGE TIP CAPS	S	
MONOJECT TIP CAPS	S	
MONOJECT VIAL ACCESS CANNULA	S	
PHASEAL PROTECTOR 14	S	
PHASEAL PROTECTOR 21	S	
PHASEAL PROTECTOR 28	S	
PHASEAL PROTECTOR 50	S	
<i>spinal introducer 20gx1-1/4"</i>	S	
<i>syringe filter/millex-gs/25mm</i>	S	
<i>syringe luer tip cap</i>	S	
<i>syringe storage bin</i>	S	
<i>syringe tip connector</i>	S	
<i>universal syringe tip adaptor</i>	S	
*Urinary Drainage & Irrigation Supplies***		
BARD IRRIGATION SYRINGE/BULB	S	

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Drug Name	Preference Details	Coverage Details
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
Nurtec Tablet Dispersible 75 MG Oral	P	PA; ST; PA Required
Qulipta Oral Tablet 10 MG, 30 MG, 60 MG	NP	PA; PA Required
Qulipta Tablet 10 MG Oral	NP	PA; ST; PA Required
Qulipta Tablet 30 MG Oral	NP	PA; ST; PA Required
Qulipta Tablet 60 MG Oral	NP	PA; ST; PA Required
Ubrelvy Tablet 100 MG Oral	P	PA; PA Required
Ubrelvy Tablet 50 MG Oral	P	PA; PA Required
Zavzpret Solution 10 MG/ACT Nasal	NP	ST
*Cgrp Receptor Antagonists - Monoclonal Antibodies***		
Aimovig Solution Auto-Injector 140 MG/ML Subcutaneous	P	PA; PA Required
Aimovig Solution Auto-Injector 70 MG/ML Subcutaneous	P	PA; PA Required
Ajovy Solution Auto-Injector 225 MG/1.5ML Subcutaneous	P	PA; ST; PA Required
Ajovy Solution Prefilled Syringe 225 MG/1.5ML Subcutaneous	NP	PA; ST; PA Required
Ajovy Solution Prefilled Syringe 225 MG/1.5ML Subcutaneous	P	PA; ST; PA Required
Emgality (300 MG Dose) Solution Prefilled Syringe 100 MG/ML Subcutaneous	P	PA; PA Required
Emgality Solution Auto-Injector 120 MG/ML Subcutaneous	P	PA; PA Required
Emgality Solution Prefilled Syringe 120 MG/ML Subcutaneous	P	PA; PA Required
Vyepti Solution 100 MG/ML Intravenous	NP	PA; ST; PA Required
*Ergot Combinations***		
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	S	
*Migraine Combinations***		
Isometheptene-Caffeine-APAP TABLET 65-20-325 MG ORAL	BE	
Isometheptene-Dichloral-APAP CAPSULE 65-100-325 MG ORAL	BE	

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Drug Name	Preference Details	Coverage Details
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & %	S	PA; PA Required
Nodolor CAPSULE 325-65-100 MG ORAL	BE	
Prodrin TABLET 65-20-325 MG ORAL	BE	
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***		
Elyxyb Oral Solution 120 MG/4.8ML	NP	PA; ST; PA Required
Elyxyb Solution 120 MG/4.8ML Oral	NP	ST
Elyxyb Solution 120 MG/4.8ML Oral	NP	PA; ST; PA Required
*Migraine Products - Nsaids***		
Cambia Oral Packet 50 MG	NP	PA; PA Required
Diclofenac Potassium(Migraine) Oral Packet 50 MG	NP	PA; PA Required
Diclofenac Potassium(Migraine) Packet 50 MG Oral	NP	ST
*Migraine Products***		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	S	
<i>dihydroergotamine mesylate powder</i>	S	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	S	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT	S	PA; PA Required
*Selective Serotonin Agonist-Nsaid Combinations***		
Sumatriptan-Naproxen Sodium Tablet 85-500 MG Oral	NP	PA; ST; PA Required; QL (12 EA per 30 days)
TREXIMET ORAL TABLET 10-60 MG	S	PA; PA Required
Treximet TABLET 85-500 MG ORAL	NP	PA; ST; PA Required; QL (12 EA per 30 days)
*Selective Serotonin Agonists 5-Ht(1)***		
Almotriptan Malate TABLET 12.5 MG ORAL	NP	ST; QL (12 EA per 30 days)
Almotriptan Malate TABLET 6.25 MG ORAL	NP	ST; QL (12 EA per 30 days)
Eletriptan Hydrobromide TABLET 20 MG Oral	NP	ST; QL (12 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
Eletriptan Hydrobromide TABLET 40 MG Oral	NP	ST; QL (12 EA per 30 days)
Frova TABLET 2.5 MG ORAL	NP	ST; QL (12 EA per 30 days)
Frovatriptan Succinate Tablet 2.5 MG Oral	NP	ST
Frovatriptan Succinate TABLET 2.5 MG ORAL	NP	ST; QL (12 EA per 30 days)
Imitrex SOLUTION 20 MG/ACT NASAL	NP	ST; QL (12 EA per 30 days)
Imitrex SOLUTION 5 MG/ACT NASAL	NP	ST; QL (12 EA per 30 days)
Imitrex STATdose Refill Solution Cartridge 4 MG/0.5ML Subcutaneous	NP	ST; QL (12 ML per 30 days)
Imitrex STATdose Refill Solution Cartridge 6 MG/0.5ML Subcutaneous	NP	ST; QL (12 ML per 30 days)
Imitrex STATdose System Solution Auto-injector 4 MG/0.5ML Subcutaneous	NP	ST
Imitrex STATdose System Solution Auto-injector 6 MG/0.5ML Subcutaneous	NP	ST; QL (12 ML per 30 days)
Imitrex TABLET 100 MG ORAL	NP	ST; QL (12 EA per 30 days)
Imitrex TABLET 25 MG ORAL	NP	ST; QL (12 EA per 30 days)
Imitrex TABLET 50 MG ORAL	NP	ST; QL (12 EA per 30 days)
Maxalt Tablet 10 MG Oral	NP	ST
Maxalt-MLT Tablet Dispersible 10 MG Oral	NP	ST
Maxalt-MLT TABLET DISPERSIBLE 10 MG ORAL	NP	ST; QL (12 EA per 30 days)
Naratriptan HCl TABLET 1 MG ORAL	NP	ST; QL (12 EA per 30 days)
Naratriptan HCl TABLET 2.5 MG ORAL	NP	ST; QL (12 EA per 30 days)
Relpax TABLET 20 MG ORAL	NP	ST; QL (12 EA per 30 days)
Relpax TABLET 40 MG Oral	NP	ST; QL (12 EA per 30 days)
Rizatriptan Benzoate TABLET 10 MG ORAL	P	QL (12 EA per 30 days)
Rizatriptan Benzoate TABLET 5 MG ORAL	P	QL (12 EA per 30 days)
Rizatriptan Benzoate Tablet Dispersible 10 MG Oral	P	QL (12 EA per 30 days)
Rizatriptan Benzoate Tablet Dispersible 5 MG Oral	P	QL (12 EA per 30 days)
SUMatriptan Solution 20 MG/ACT Nasal	P	QL (12 EA per 30 days)
SUMatriptan SOLUTION 5 MG/ACT NASAL	P	QL (12 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
SUMatriptan Succinate Refill Solution Cartridge 4 MG/0.5ML Subcutaneous	NP	ST; QL (12 ML per 30 days)
SUMatriptan Succinate Refill Solution Cartridge 6 MG/0.5ML Subcutaneous	NP	ST; QL (12 ML per 30 days)
SUMatriptan Succinate Solution 6 MG/0.5ML Subcutaneous	P	QL (12 ML per 30 days)
SUMatriptan Succinate Solution Auto-injector 4 MG/0.5ML Subcutaneous	NP	ST
SUMatriptan Succinate Solution Auto-Injector 6 MG/0.5ML Subcutaneous	NP	ST; QL (12 ML per 30 days)
SUMatriptan Succinate Subcutaneous Solution 6 MG/0.5ML	P	QL (12 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	S	QL (12 ML per 30 days)
SUMatriptan Succinate Tablet 100 MG Oral	P	QL (12 EA per 30 days)
SUMatriptan Succinate Tablet 25 MG Oral	P	QL (12 EA per 30 days)
SUMatriptan Succinate Tablet 50 MG Oral	P	QL (12 EA per 30 days)
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML	S	
Tosymra Solution 10 MG/ACT Nasal	NP	ST
Tosymra Solution 10 MG/ACT Nasal	NP	ST; QL (12 EA per 30 days)
Tosymra Solution 10 MG/ACT Nasal	NP	ST; PA Required
Zembrace SymTouch Solution Auto-Injector 3 MG/0.5ML Subcutaneous	NP	ST; QL (12 ML per 30 days)
ZOLMiptriptan Solution 2.5 MG Nasal	NP	ST; QL (12 EA per 30 days)
ZOLMiptriptan Solution 5 MG Nasal	NP	ST
ZOLMiptriptan Solution 5 MG Nasal	NP	ST; QL (12 EA per 30 days)
ZOLMiptriptan Solution 5 MG Nasal	NP	ST; PA Required
ZOLMiptriptan Tablet 2.5 MG Oral	NP	ST; QL (12 EA per 30 days)
ZOLMiptriptan Tablet 2.5 MG Oral	NP	ST; PA Required
ZOLMiptriptan Tablet 5 MG Oral	NP	ST; PA Required
ZOLMiptriptan TABLET 5 MG ORAL	NP	ST; QL (12 EA per 30 days)
ZOLMiptriptan TABLET DISPERSIBLE 2.5 MG Oral	NP	ST; QL (12 EA per 30 days)
ZOLMiptriptan TABLET DISPERSIBLE 5 MG Oral	NP	ST; QL (12 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
Zomig SOLUTION 2.5 MG NASAL	NP	ST; QL (12 EA per 30 days)
Zomig SOLUTION 5 MG NASAL	NP	ST; QL (12 EA per 30 days)
Zomig Tablet 2.5 MG Oral	NP	ST; QL (12 EA per 30 days)
Zomig Tablet 5 MG Oral	NP	ST; QL (12 EA per 30 days)
*Selective Serotonin Agonists 5-Ht(1F)***		
Reyvow Tablet 100 MG Oral	NP	ST; QL (12 EA per 30 days)
Reyvow Tablet 50 MG Oral	NP	ST; QL (12 EA per 30 days)
Minerals & Electrolytes		
*Bicarbonates***		
<i>sodium bicarbonate intravenous solution 7.5 %, 8.4 %</i>	S	
*Calcium Combinations***		
<i>calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 1-0.9 gm/100ml-%, 2-0.675 gm/100ml-%, 2-0.9 gm/100ml-%</i>	S	
MagneBind 400 Tablet 80-115 MG Oral	NP	ST
*Calcium***		
<i>calcium gluconate intravenous solution 10 %</i>	S	
*Electrolytes & Dextrose***		
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	S	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	S	
<i>kcl in dextrose-nacl intravenous solution 40-5-0.9 meq/l-%-%</i>	S	
*Electrolytes Parenteral***		
ISOLYTE-S INTRAVENOUS SOLUTION	S	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	S	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	S	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	S	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	S	

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Drug Name	Preference Details	Coverage Details
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	S	
PLASMA-LYTE A INTRAVENOUS SOLUTION	S	
*Fluoride Combinations***		
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML	S	
*Fluoride***		
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	S	
LUDENT ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	S	
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	S	
<i>sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml</i>	S	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	S	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	S	
*Magnesium Combinations***		
CholeRex Oral Capsule 100-10 MG	N/A	
K-Mg Citrate Oral Capsule 70-99 MG	N/A	
*Magnesium***		
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%, 1-5 gm/50ml-%, 10-5 gm/250ml-%, 2-5 gm/100ml-%, 2-5 gm/50ml-%, 3-5 gm/50ml-%, 4-5 gm/50ml-%, 50-5 gm/500ml-%, 6-5 gm/100ml-%, 6-5 gm/50ml-%</i>	S	
<i>magnesium sulfate injection solution 50 %</i>	S	
<i>magnesium sulfate intravenous solution 1000 mg/1.6ml, 2 gm/50ml, 20 gm/500ml, 2000 mg/3.2ml, 3000 mg/4.8ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml, 4000 mg/6.4ml</i>	S	
<i>magnesium sulfate-lact ringers intravenous solution 10 gm/250ml, 20 gm/500ml, 25 gm/250ml, 40 gm/1000ml, 40 gm/500ml, 50 gm/500ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>magnesium sulfate-nacl intravenous solution 1-0.9 gm/50ml-%, 2-0.9 gm/100ml-%, 2-0.9 gm/50ml-%, 20-0.9 gm/250ml-%, 3-0.9 gm/150ml-%, 3-0.9 gm/50ml-%, 4-0.9 gm/100ml-%, 4-0.9 gm/50ml-%, 6-0.9 gm/100ml-%, 6-0.9 gm/150ml-%, 6-0.9 gm/50ml-%</i>	S	
YumVs Magnesium Oral Tablet Chewable 83 MG	N/A	
*Manganese***		
Manganese Chloride Intravenous Solution 0.1 MG/ML	BE	
*Mineral Combinations***		
CVS Calcium 600 Plus Oral Tablet Chewable	N/A	
YumVs Calc-Mag-Zinc-Vit D Oral Tablet Chewable	N/A	
*Phosphate***		
Glycophos Intravenous Solution 1 MMOLE/ML	BE	
K-PHOS ORAL TABLET 500 MG	S	
Potassium Phosphate-NaCl Intravenous Solution 15 MMOL/100ML	BE	
Potassium Phosphates Intravenous Solution 15 MMOLE/5ML, 150 MMOLE/50ML	BE	
Potassium Phosphates(71 mEq K) Intravenous Solution 45 MMOLE/15ML	BE	
Potassium Phosphates-Dextrose Intravenous Solution 15 MMOL/250ML, 30 MMOL/500ML, 7.5 MMOL/100ML, 9 MMOL/50ML	BE	
Potassium Phosphates-NaCl Intravenous Solution 10 MMOL/100ML, 10 MMOL/250ML, 15 MMOL/150ML, 15 MMOL/250ML, 20 MMOL/100ML, 22 MMOL/500ML, 30 MMOL/250ML, 30 MMOL/500ML, 40 MMOL/250ML, 5 MMOL/250ML, 7 MMOL/100ML, 7.5 MMOL/100ML, 9 MMOL/100ML	BE	

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Drug Name	Preference Details	Coverage Details
Sodium Phosphate-NaCl Intravenous Solution 10 MMOL/100ML, 15 MMOL/100ML, 15 MMOL/250ML, 30 MMOL/250ML, 40 MMOL/250ML, 7.5 MMOL/100ML, 9 MMOL/50ML	BE	
Sodium Phosphates Intravenous Solution 15 MMOLE/5ML	BE	
Sodium Phosphates-Dextrose Intravenous Solution 15 MMOL/100ML, 15 MMOL/250ML	BE	
*Potassium Combinations***		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	S	
*Potassium***		
<i>potassium chloride er oral tablet extended release 8 meq</i>	S	
<i>potassium chloride granules</i>	S	
<i>potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	S	
POTASSIUM CHLORIDE PROAMP INTRAVENOUS SOLUTION 2 MEQ/ML	S	
*Sodium***		
Liquivida Hydration Intravenous Kit 0.9 %	BE	
<i>sodium chloride intravenous solution 23.4 %, 4 meq/ml</i>	S	
*Trace Mineral Combinations***		
Multitrace-4 Concentrate Intravenous Solution 0.01-1-0.5-5 MG/ML	BE	
Multitrace-4 Intravenous Solution 4-400-100- 1000 MCG/ML	BE	
Multitrace-4 Neonatal Intravenous Solution 100-25-1500 MCG/ML	BE	
Multitrace-4 Pediatric Intravenous Solution 1- 100-25-1000 MCG/ML	BE	
Multitrace-5 Concentrate Intravenous Solution 10-1000-500-60 MCG/ML	BE	
Multitrace-5 Intravenous Solution 4-400-100- 20 MCG/ML	BE	

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Drug Name	Preference Details	Coverage Details
The LiquiLift Trace Intravenous Kit 10-1000-500-60 MCG/ML	BE	
Trace Elements 4/Pediatric Intravenous Solution 1-100-30-500 MCG/ML	BE	
Tralement Intravenous Solution 300-55-60-3000 MCG/ML	BE	
*Trace Minerals***		
Chromic Chloride Intravenous Solution 40 MCG/10ML	BE	
Cupric Chloride Intravenous Solution 0.4 MG/ML	BE	
Selenious Acid Intravenous Solution 12 MCG/2ML, 60 MCG/ML	BE	
Selenium Intravenous Solution 40 MCG/ML	BE	
*Zinc***		
GALZIN ORAL CAPSULE 25 MG, 50 MG	S	
WILZIN ORAL CAPSULE 25 MG	S	
Miscellaneous Therapeutic Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA ORAL TABLET 70 MG	S	
*Antileprotics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	S	
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	S	PA; PA Required
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	S	PA; PA Required
*Chelating Agents***		
CLOVIQUE ORAL CAPSULE 250 MG	S	
CUVRIOR ORAL TABLET 300 MG	S	
<i>penicillamine oral capsule 250 mg</i>	S	
<i>penicillamine oral tablet 250 mg</i>	S	
<i>trientine hcl oral capsule 250 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
*Continuous Renal Replacement Therapy (Crrt) Solutions***		
Phoxillum B22K4/0 Extracorporeal Solution 22-4-1 MEQ-MMOL/L	BE	
Phoxillum BK4/2.5 Extracorporeal Solution 32-4-2.5-1 MEQ-MMOL/L	BE	
PrismaSol B22GK 4/0 Extracorporeal Solution 22-4 MEQ/L	BE	
PrismaSol BGK 0/2.5 Extracorporeal Solution 32-2.5 MEQ/L	BE	
PrismaSol BGK 2/0 Extracorporeal Solution 32-2 MEQ/L	BE	
PrismaSol BGK 2/3.5 Extracorporeal Solution 32-2-3.5 MEQ/L	BE	
PrismaSol BGK 4/0/1.2 Extracorporeal Solution 32-4-1.2 MEQ/L	BE	
PrismaSol BGK 4/2.5 Extracorporeal Solution 32-4-2.5 MEQ/L	BE	
PrismaSol BK 0/0/1.2 Extracorporeal Solution 32-1.2 MEQ/L	BE	
Regiocit Extracorporeal Solution 0.529 %	BE	
Trisodium Citrate/CRRT Extracorporeal Solution	BE	
*Cyclosporine Analogs***		
CycloSPORINE CAPSULE 100 MG ORAL	P	
CycloSPORINE CAPSULE 25 MG ORAL	P	
CycloSPORINE Modified Capsule 100 MG Oral	P	
CycloSPORINE Modified Capsule 25 MG Oral	P	
cycloSPORINE Modified Capsule 50 MG Oral	P	
CycloSPORINE Modified SOLUTION 100 MG/ML ORAL	P	
Gengraf CAPSULE 100 MG ORAL	P	
Gengraf CAPSULE 25 MG ORAL	P	
Gengraf SOLUTION 100 MG/ML ORAL	P	
LUPKYNIS ORAL CAPSULE 7.9 MG	S	PA; PA Required
Neoral CAPSULE 100 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Neoral CAPSULE 25 MG ORAL	P	
Neoral SOLUTION 100 MG/ML ORAL	P	
SandIMMUNE CAPSULE 100 MG ORAL	P	
SandIMMUNE CAPSULE 25 MG ORAL	P	
SandIMMUNE SOLUTION 100 MG/ML ORAL	P	
*Digital Therapy Application - Behavior & Mental Health***		
CVS Sleep Application	BE	
EndeavorRx	BE	
Modia	BE	
ReSET	BE	
ReSET for Android APP	BE	
ReSET for iOS APP	BE	
ReSET for iOS or Android APP	BE	
ReSET Non-Monetary CM	BE	
ReSET-O	BE	
ReSET-O for Android APP	BE	
ReSET-O for iOS APP	BE	
ReSET-O for iOS or Android APP	BE	
ReSET-O Non-Monetary CM	BE	
Sleepio	BE	
Sleepio/Daylight App Bundle	BE	
Sleepio/Daylight Step Bundle	BE	
Somryst	BE	
Vorvida	BE	
*Digital Therapy Application - Gastrointestinal***		
Mahana IBS	BE	
Regulora	BE	
*Digital Therapy Application - Genitourinary***		
Leva Pelvic Health System Kit	BE	
*Digital Therapy Application - Visual***		
Luminopia	BE	

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Drug Name	Preference Details	Coverage Details
Luminopia One	BE	
*Enzymes***		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	S	
HYLENEX INJECTION SOLUTION 150 UNIT/ML	S	
VITRASE INJECTION SOLUTION 200 UNIT/ML	S	
*Farnesyltransferase Inhibitors***		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	S	
*Homeopathic Products***		
Aches/Pains Medicine Oral Tablet	BE	
Acunol Oral Tablet	BE	
Antacid Medicine Oral Tablet	BE	
Arnicare Arnica External Cream	BE	
Arnicare Arnica External Ointment	BE	
Arnicare Bruise External Gel	BE	
Arnicare External Gel	BE	
Avenoc External Ointment	BE	
AZO Yeast Plus Oral Tablet	BE	
BHI Acne Relief Oral Tablet	BE	
BHI Allergy Relief Oral Tablet	BE	
BHI Allergy Relief Oral Tablet Dispersible	BE	
BHI Arnica+ Pain Relief Oral Tablet	BE	
BHI Arthritis Pain Relief Oral Tablet	BE	
BHI Arthritis Pain Relief Oral Tablet Dispersible	BE	
BHI Back Pain Relief Oral Tablet	BE	
BHI Back Pain Relief Oral Tablet Dispersible	BE	
BHI Body Pure Cleansing Oral Tablet	BE	
BHI Calming Oral Tablet	BE	
BHI Calming Oral Tablet Dispersible	BE	
BHI Cold Symptom Relief Oral Tablet	BE	
BHI Constipation Relief Oral Tablet	BE	
BHI Cough Relief Oral Tablet	BE	

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Drug Name	Preference Details	Coverage Details
BHI Cough Relief Oral Tablet Dispersible	BE	
BHI Diarrhea Relief Oral Tablet	BE	
BHI Diarrhea Relief Oral Tablet Dispersible	BE	
BHI Flu+ Multi-Symptom Relief Oral Tablet	BE	
BHI Flu+ Multi-Symptom Relief Oral Tablet Dispersible	BE	
BHI Hemorrhoid Relief Oral Tablet	BE	
BHI Hemorrhoid Relief Oral Tablet Dispersible	BE	
BHI Migraine Relief Oral Tablet	BE	
BHI Migraine Relief Oral Tablet Dispersible	BE	
BHI Mucus Relief Oral Tablet	BE	
BHI Nausea Relief Oral Tablet	BE	
BHI Sinus Relief Oral Tablet	BE	
BHI Sinus Relief Oral Tablet Dispersible	BE	
BHI Skin Eczema Relief Oral Tablet	BE	
BHI Spasm Pain Cramp/Spasm Oral Tablet	BE	
BHI Spasm Pain Cramp/Spasm Oral Tablet Dispersible	BE	
BHI Throat Sore Throat Relief Oral Tablet	BE	
BHI Uri-Control Oral Tablet	BE	
BioRX Sponix Nail External Gel	BE	
BodyAnew Fatigue Oral Tablet	BE	
Calendula External Cream	BE	
Calendula External Gel	BE	
Calendula External Ointment	BE	
ClearLife Allergy Relief Oral Tablet	BE	
ColciGel External Gel	BE	
CopperFixx Pain Relief External Cream	BE	
CVS Arnica External Gel	BE	
CVS Leg Cramps Pain Relief Oral Tablet	BE	
CVS Nerve Pain Relief External Ointment	BE	
Eczemol Oral Tablet	BE	
Engystol Injection Injectable	BE	
Humphreys Delayed Menses #11 Oral Tablet	BE	

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Drug Name	Preference Details	Coverage Details
Hylafem pH Vaginal Suppository	BE	
Hylafem Vaginal Suppository	BE	
Ichthammol Drawing Salve External Ointment	BE	
Leg Cramp Relief Oral Tablet	BE	
Leg Cramps Oral Tablet	BE	
Licefreee External Gel	BE	
Loma Asthma Oral Tablet	BE	
Loma Eczema Oral Tablet	BE	
Loma Lux AcnePill Oral Tablet	BE	
Loma Sinus/Allergy Oral Tablet	BE	
Lymphomyosot X Injection Injectable	BE	
Morcin External Cream	BE	
Muscle Therapy/Arnica External Gel	BE	
Neuragen External Gel	BE	
Neuragen Pain Relief External Cream	BE	
Neuragen PN External Ointment	BE	
Neuralgo-Rheum Injection Injectable	BE	
Nexco 75 External Cream	BE	
Noxicare External Cream	BE	
PRID External Ointment	BE	
Prosacea External Gel	BE	
Psorizide Forte Oral Tablet 30-1-15 MG	BE	
Psorizide Ultra Oral Tablet	BE	
Puralin Arthritis Formula Oral Tablet	BE	
Puralin Decongestant Oral Tablet	BE	
Puralin pm Nighttime Sleep-Aid Oral Tablet	BE	
Puralin Weight Loss Oral Tablet	BE	
RA Yeast Relief Plus Oral Tablet	BE	
Rapid Gel Rx External Gel	BE	
ReBoost Immune Support Oral Tablet	BE	
Sleep Medicine Oral Tablet	BE	
Spascupreel Injection Injectable	BE	
SpeedGel External Gel	BE	
SpeedGel Rx External Gel	BE	
Streptococcinum 30C Sublingual Pellet	BE	

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Drug Name	Preference Details	Coverage Details
Tecnu Extreme Med Poison Ivy External Gel	BE	
Tranzgel External Gel	BE	
Traumanil External Gel	BE	
Traumeel External Gel	BE	
Traumeel External Ointment	BE	
Traumeel Injection Injectable	BE	
Traumeel Oral Tablet	BE	
T-Relief Arthritis Mobility External Cream	BE	
T-Relief Extra Strength External Cream	BE	
T-Relief Pain Relief External Cream	BE	
T-Relief Pain Relief External Gel	BE	
T-Relief Pro Arthritis Oral Tablet	BE	
T-Relief Pro External Cream	BE	
T-Relief Pro Oral Tablet	BE	
T-Relief Pro Spasm/Cramp Oral Tablet	BE	
T-Relief Spasm Relief Oral Tablet	BE	
WellMind Tension Relief Oral Tablet	BE	
WellMind Vertigo Oral Tablet	BE	
Yeast-Gard Adv Homeopathic Vaginal Suppository	BE	
Zeel External Ointment	BE	
Zeel Injection Injectable	BE	
*Immune Globulin Immunosuppressants***		
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	S	
*Immunomodulators - Combinations***		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML	S	
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	S	
*Inosine Monophosphate Dehydrogenase Inhibitors***		
CellCept CAPSULE 250 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
CellCept SUSPENSION RECONSTITUTED 200 MG/ML ORAL	P	
CellCept TABLET 500 MG ORAL	P	
Mycophenolate Mofetil Capsule 250 MG Oral	P	
Mycophenolate Mofetil Suspension Reconstituted 200 MG/ML Oral	P	
Mycophenolate Mofetil Tablet 500 MG Oral	P	
Mycophenolate Sodium Oral Tablet Delayed Release 180 MG, 360 MG	P	
Myfortic TABLET DELAYED RELEASE 180 MG ORAL	P	
Myfortic TABLET DELAYED RELEASE 360 MG ORAL	P	
*Macrolide Immunosuppressants***		
Astagraf XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	P	
Astagraf XL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG ORAL	P	
Astagraf XL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	P	
Envarsus XR Tablet Extended Release 24 Hour 0.75 MG Oral	P	
Envarsus XR Tablet Extended Release 24 Hour 1 MG Oral	P	
Envarsus XR Tablet Extended Release 24 Hour 4 MG Oral	P	
Everolimus Tablet 0.25 MG Oral	P	
Everolimus Tablet 0.5 MG Oral	P	
Everolimus Tablet 0.75 MG Oral	P	
Everolimus Tablet 1 MG Oral	P	
Prograf CAPSULE 0.5 MG ORAL	P	
Prograf CAPSULE 1 MG ORAL	P	
Prograf CAPSULE 5 MG ORAL	P	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	S	
Prograf Packet 0.2 MG Oral	P	
Prograf Packet 1 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Rapamune SOLUTION 1 MG/ML ORAL	P	
Rapamune TABLET 0.5 MG ORAL	P	
Rapamune TABLET 1 MG ORAL	P	
Rapamune TABLET 2 MG ORAL	P	
Sirolimus Oral Tablet 0.5 MG, 1 MG, 2 MG	P	
Sirolimus Solution 1 MG/ML Oral	P	
Tacrolimus Capsule 0.5 MG Oral	P	
Tacrolimus Capsule 1 MG Oral	P	
Tacrolimus Capsule 5 MG Oral	P	
Zortress TABLET 0.25 MG ORAL	P	
Zortress TABLET 0.5 MG ORAL	P	
Zortress TABLET 0.75 MG ORAL	P	
Zortress Tablet 1 MG Oral	P	
*Misc Natural Products***		
7-Keto Lean Oral Capsule	BE	
Adrenal Oral Capsule , 200 MG	BE	
Adv Turmeric Curcumin Complex Oral Capsule	BE	
Advanced Joint Relief Oral Capsule	BE	
Alga-K Oral Capsule	BE	
ALZ Oral Capsule	BE	
Artemisia Oral Capsule 500 MG	BE	
Atrantil Oral Capsule	BE	
Azalgia Oral Capsule	BE	
Beta-Sitosterol Plant Sterols Oral Capsule	BE	
Bio-Flav Oral Capsule	BE	
Blood Sugar 360 Oral Capsule	BE	
Breast Solutions Oral Capsule	BE	
Calcium Pyruvate Oral Capsule 600 MG	BE	
Chlorella Oral Capsule 500 MG	BE	
Cholesterol Relief Oral Capsule	BE	
Cold Defense Fighter Oral Capsule	BE	
Colon Cleanse Oral Capsule	BE	
Colon Cleanser Oral Capsule	BE	
Colon Herbal Cleanser Oral Capsule	BE	

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Drug Name	Preference Details	Coverage Details
Colox Oral Capsule	BE	
CordyMax CS-4 Oral Capsule 525 MG	BE	
Cortisolv Oral Capsule	BE	
Cosamin ASU Advanced Formula Oral Capsule	BE	
Cosamin ASU for Joint Health Oral Capsule	BE	
Cramp ReLeaf Oral Capsule	BE	
CranBladder ReLeaf Oral Capsule	BE	
Deep Health Oral Capsule	BE	
Deep Sleep Oral Capsule	BE	
Detox Oral Capsule	BE	
Detoxarex Oral Capsule	BE	
Early Alert Oral Capsule	BE	
Echinacea Goldenseal Plus Oral Capsule	BE	
End Fatigue Revitalizing Sleep Oral Capsule	BE	
Energel Oral Capsule	BE	
Essiac Tonic Oral Capsule	BE	
Germanium Oral Capsule 10 MG	BE	
Ginkgo Biloba Xtra Oral Capsule	BE	
Ginseng Xtra Oral Capsule	BE	
Gluciless Oral Capsule	BE	
Glucosa Factor High Blood Gluc Oral Capsule	BE	
Glucosa Immune Booster Oral Capsule	BE	
Glucosamine Chondroitin Vit D3 Oral Capsule	BE	
GNP Mens Prostate Health Oral Capsule	BE	
GNP Resveratrol Red Wine Ext Oral Capsule	BE	
Grape Seed Complex Oral Capsule	BE	
Grape Seed Xtra Oral Capsule	BE	
HM Saw Palmetto Complex Oral Capsule	BE	
Horny Goat Weed Oral Capsule	BE	
Horny Goat Weed Plus Oral Capsule	BE	
HyProst Oral Capsule	BE	
Imuhance Oral Capsule	BE	
In-Fla-Mend Oral Capsule	BE	
ITI Man Oral Capsule	BE	

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Drug Name	Preference Details	Coverage Details
ITI Woman Oral Capsule	BE	
Joint Health Oral Capsule	BE	
Joint Support Complex Oral Capsule	BE	
Joint Support Oral Capsule	BE	
Loviral Oral Capsule	BE	
Lung Tonic Oral Capsule	BE	
Lutein 20 Oral Capsule	BE	
Lutein Vision Blend Oral Capsule	BE	
Lymphatonic Oral Capsule	BE	
Menopautonic Oral Capsule	BE	
Milkflow Max Oral Capsule	BE	
Milkflow Oral Capsule	BE	
Mitochondrial Renewal Kit Oral Therapy Pack	N/A	
Mixed Tocotrienols w/ Vita E Oral Capsule	BE	
Narcosoft Herbal Lax Oral Capsule	BE	
Narcosoft II Oral Capsule	BE	
Neuriva Oral Capsule	BE	
NF Formulas Chromium Forte Oral Capsule	BE	
NF Formulas Cranberry Forte Oral Capsule	BE	
NF Formulas Testosterone Oral Capsule	BE	
Noxicare Natural Pain Relief Oral Capsule	BE	
Omega 3-Green Tea-CLA Oral Capsule	BE	
Para-Gard Oral Capsule	BE	
Pau D Arco Oral Capsule 500 MG	BE	
Petadolex 50 Oral Capsule 50 MG	BE	
Petadolex 75 Oral Capsule 75 MG	BE	
Phytocillin Oral Capsule	BE	
Pro Cut Oral Capsule	BE	
ProAntho Oral Capsule 470-30 MG	BE	
Prostate Control Oral Capsule	BE	
Prostate Health Oral Capsule	BE	
Prostate Oral Capsule	BE	
Prostate Therapy Complex Oral Capsule	BE	
Pumpkin Seed Oil Oral Capsule	BE	

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Drug Name	Preference Details	Coverage Details
Pycnogenol Plus Oral Capsule 300-25-30 MG	BE	
RA Xydra EF Oral Capsule	BE	
Recharge Oral Capsule	BE	
Red Wine Complex Oral Capsule	BE	
Red Wine Extract Oral Capsule	BE	
Red Wine Extract Plus Oral Capsule	BE	
Refex Oral Capsule	BE	
Respiratonic Oral Capsule	BE	
Rest/Relaxation Oral Capsule	BE	
Resveratrol Diet Oral Capsule	BE	
Resveratrol Ultra Oral Capsule	BE	
Sarapin Injection Solution	BE	
Saw Palmetto Complex Ex St Oral Capsule	BE	
Saw Palmetto Oral Capsule	BE	
Saw Palmetto Plus Oral Capsule	BE	
Saw Palmetto Xtra Oral Capsule	BE	
Seredyn Oral Capsule	BE	
Sintralyne-PM Oral Capsule	BE	
Skelagesic Oral Capsule	BE	
SM Echinacea-Goldenseal Oral Capsule	BE	
SM Saw Palmetto Complex Oral Capsule	BE	
South African Hoodia Plus Oral Capsule	BE	
Spleen Oral Capsule	BE	
St Johns Wort Xtra Oral Capsule	BE	
Stress ReLeaf Oral Capsule	BE	
Super Green Tea Diet Oral Capsule	BE	
Super Snooze Oral Capsule	BE	
Super-D3+ Oral Capsule 5000 UNIT	BE	
Tart Cherry Advanced Oral Capsule	BE	
Theradophilus Oral Capsule	BE	
Thisilibin Oral Capsule 300 MG	BE	
Toprophan Oral Capsule	BE	
Total Cardio Health Formula Oral Capsule	BE	
Triple Flex Oral Capsule	BE	
Turmeric Curcumin Oral Capsule	BE	

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Drug Name	Preference Details	Coverage Details
Tyler Indoplex Oral Capsule	BE	
Ultra Hers Rx Oral Capsule	BE	
Ultra His Oral Capsule	BE	
Ultra PCOS Oral Capsule	BE	
UpSpring Fertility Oral Capsule	BE	
UpSpring Milkflow Oral Capsule	BE	
Urinozinc Prostate Oral Capsule	BE	
Valinex Oral Capsule	BE	
Vivaben Oral Capsule	BE	
Xtreme Lean Oral Capsule	BE	
Xyzmune Oral Capsule	BE	
*Monoclonal Antibodies***		
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NP	PA; ST; PA Required
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	S	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	S	
Uplizna Solution 100 MG/10ML Intravenous	NP	ST
Uplizna Solution 100 MG/10ML Intravenous	NP	PA; ST; PA Required
*Neonatal Fc Receptor (FcRn) Antagonists***		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML	S	
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML	S	PA; PA Required
*Peritoneal Dialysis Solutions***		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	S	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 394 MOSM/L	S	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 483 MOSM/L	S	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 347 MOSM/L	S	

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Drug Name	Preference Details	Coverage Details
DELFLX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 398 MOSM/L	S	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION 344 MOSM/L	S	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION 395 MOSM/L	S	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L	S	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 346 MOSM/L	S	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 396 MOSM/L	S	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 485 MOSM/L	S	
EXTRANEAL INTRAPERITONEAL SOLUTION 7.5 %	S	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION 346 MOSM/L	S	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION 396 MOSM/L	S	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION 485 MOSM/L	S	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	S	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 395 MOSM/L	S	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L	S	

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Drug Name	Preference Details	Coverage Details
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	S	
*Potassium Removing Agents***		
KIONEX ORAL POWDER	S	
KIONEX ORAL SUSPENSION 15 GM/60ML	S	
LOKELMA ORAL PACKET 10 GM, 5 GM	S	
<i>sodium polystyrene sulfonate oral powder</i>	S	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	S	
SPS ORAL SUSPENSION 15 GM/60ML	S	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	S	
*Purine Analogs***		
Azasan TABLET 100 MG ORAL	P	
Azasan TABLET 75 MG ORAL	P	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	S	
azaTHIOprine Tablet 100 MG Oral	P	
azaTHIOprine Tablet 50 MG Oral	P	
azaTHIOprine Tablet 75 MG Oral	P	
Imuran TABLET 50 MG Oral	P	
*Rock Inhibitors***		
REZUROCK ORAL TABLET 200 MG	S	
Rezurock Tablet 200 MG Oral	P	
*Sclerosing Agents***		
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 %	S	
ETHAMOLIN INTRAVENOUS SOLUTION 5 %	S	
Polidocanol Intravenous Solution 5 %	BE	
SOTRADECOL INTRAVENOUS SOLUTION 1 %	S	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML	S	

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Drug Name	Preference Details	Coverage Details
*Type I Interferon (Ifn) Receptor Antagonists***		
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML	S	
*Uremic Pruritus Agents***		
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML	S	
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral - Combinations***		
Cepacol Mouth/Throat Lozenge 15-2.3 MG	N/A	
*Anesthetics Topical Oral***		
<i>lidocaine hcl mouth/throat solution 4 %</i>	S	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	S	
*Anti-Infectives - Throat***		
Clotrimazole TROCHE 10 MG MOUTH/THROAT	P	
Nystatin Suspension 100000 UNIT/ML Mouth/Throat	P	
Oravig Tablet 50 MG Buccal	NP	ST
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	S	
PAROEX MOUTH/THROAT SOLUTION 0.12 %	S	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	S	
*Dental Products - Combinations***		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	S	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED 1 MG/5ML	S	
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	S	
<i>sodium fluoride 5000 enamel dental paste 1.1-5 %</i>	S	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	S	
<i>sodium fluoride 5000 sensitive dental paste 1.1-5 %</i>	S	

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Drug Name	Preference Details	Coverage Details
*Dry Mouth Agents And Artificial Saliva***		
Aquoral Mouth/Throat Solution	BE	
Biotene Dry Mouth Moisturizing Mouth/Throat Solution	BE	
BocaSal Mouth/Throat Packet	BE	
Caphosol Mouth/Throat Solution	BE	
CVS Dry Mouth Mouth/Throat Solution	BE	
EQL Dry Mouth Oral Rinse Mouth/Throat Solution	BE	
Moi-Stir Mouth/Throat Solution	BE	
Mouth Kote Mouth/Throat Solution	BE	
Mouth Kote Remint Mouth/Throat Solution	BE	
MucositisRx Mouth/Throat Packet	BE	
NeutraSal Mouth/Throat Packet	BE	
Numoisyn Mouth/Throat Liquid	BE	
Oral Relief Spray Mouth/Throat Solution	BE	
RA Dry Mouth Mouth/Throat Solution	BE	
SalivaMAX Mouth/Throat Packet	BE	
Salivate Rx Mouth/Throat Packet	BE	
Xerostomia Relief Spray Mouth/Throat Solution	BE	
XyliGel Mouth/Throat Gel 17 %	N/A	
*Fluoride Dental Products***		
CAVAREST DENTAL GEL 1.1 %	S	
CLINPRO 5000 DENTAL PASTE 1.1 %	S	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	S	
DENTAGEL DENTAL GEL 1.1 %	S	
<i>dentall 1100 plus dental cream 1.1 %</i>	S	
FLUORIDEX DENTAL PASTE 1.1 %	S	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	S	
KARIGEL DENTAL GEL 1.1 %	S	
KARIGEL-N DENTAL GEL 1.1 %	S	

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Drug Name	Preference Details	Coverage Details
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 %	S	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 %	S	
NEUTRAGARD ADVANCED DENTAL GEL 1.1 %	S	
PreviDent Dental Gel 1.1 %	N/A	
<i>sf 5000 plus dental cream 1.1 %</i>	S	
<i>sf dental gel 1.1 %</i>	S	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	S	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	S	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	S	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	S	
<i>sodium fluoride dental cream 1.1 %</i>	S	
<i>sodium fluoride dental gel 1.1 %</i>	S	
*Periodontal Anti-Infectives***		
Arestin Dental 1 MG	BE	
*Protectants - Mouth/Throat***		
Gelclair Mouth/Throat Gel	BE	
Orafate Mouth/Throat Paste 10 %	BE	
ProThelial Mouth/Throat Paste 10 %	BE	
<i>silatrix mouth/throat gel 10 %</i>	S	
*Saliva Stimulants***		
<i>cevimeline hcl oral capsule 30 mg</i>	S	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	S	
*Steroids - Mouth/Throat/Dental***		
ORALONE MOUTH/THROAT PASTE 0.1 %	S	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	S	
Multivitamins		
*B-Complex Vitamins***		
EB-N3 DR Oral Capsule Delayed Release	BE	

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Drug Name	Preference Details	Coverage Details
*B-Complex W/ C-Biotin-E-Folic Acid & Iron***		
Renatabs with Iron Oral 1 & 100 MG	BE	
*B-Complex W/ Lysine-Min-Fe & Folic Acid***		
Actrivot Oral Liquid 800-15-1 MG/15ML	BE	
Nutrivot Oral Liquid	BE	
*Multiple Vitamins & Fluoride-Folic Acid***		
Multivitamin/Fluoride Oral Tablet Chewable 0.25-0.3 MG, 0.5-0.3 MG, 1-0.3 MG	BE	
*Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid***		
Quflora FE Oral Tablet Chewable 0.25 MG	BE	
*Multiple Vitamins W/ Minerals***		
50+ Adult Eye Health Oral Capsule	BE	
50+ Companion Womens Oral Tablet	BE	
A Thru Z Advanced Adult Oral Tablet	BE	
A Thru Z Advanced Oral Tablet	BE	
A Thru Z High Potency Oral Tablet	BE	
A Thru Z Select 50+ Advanced Oral Tablet	BE	
A Thru Z Select 50+ Mens Oral Tablet	BE	
A Thru Z Select Advanced Oral Tablet	BE	
A Thru Z Select Oral Tablet	BE	
A Thru Z Select Ultimate Women Oral Tablet	BE	
A Thru Z Select Ultimate Mens Oral Tablet	BE	
ABC Complete Senior Womens 50+ Oral Tablet	BE	
ABC Plus Oral Tablet	BE	
ABC Plus Senior Adults 50+ Oral Tablet	BE	
ABC Plus Senior Oral Tablet	BE	
ABDEK Oral Capsule	BE	
Actical Oral Capsule	BE	
ActivNutrients Oral Capsule	BE	
Advanced Diabetic Multivitamin Oral Tablet	BE	
Advanced Eye Health Oral Capsule	BE	
Algae Based Calcium Oral Tablet	BE	

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Drug Name	Preference Details	Coverage Details
Alive Energy 50+ Oral Tablet	BE	
Alive Mens Energy Oral Tablet	BE	
Alive Once Daily Womens 50+ Oral Tablet	BE	
Alive Once Daily Womens Oral Tablet	BE	
Alive Ultra Potency Womens 50+ Oral Tablet	BE	
Alive Womens 50+ Oral Tablet	BE	
Alive Womens Energy Oral Tablet	BE	
Amoryn Mood Booster Oral Capsule	BE	
Antioxidant A/C/E/Selenium Oral Tablet	BE	
Anti-Oxidant Formula Oral Capsule	BE	
Antioxidant Formula Oral Tablet	BE	
Antioxidant Formula/Minerals Oral Capsule	BE	
AntiOxidant Forte Oral Tablet	BE	
Antioxidant Oral Capsule	BE	
Antioxidant Oral Tablet	BE	
Antioxidant Protection Formula Oral Tablet	BE	
Antioxidant Ultra Formula Oral Capsule	BE	
Antioxidant Vitamin/Mineral Oral Capsule	BE	
Antioxidant Vitamins Oral Tablet	BE	
Antioxidants Protector Oral Tablet	BE	
AntiOxin 4000 Oral Capsule	BE	
AP-Zel Oral Tablet	BE	
AquADEKs Oral Capsule	BE	
AZO Hormonal Health Cycle Care Oral Tablet	BE	
AZO Hormonal Health Happy Cycl Oral Tablet	BE	
B Complex Vitamins Plus Oral Tablet	BE	
B-50 Formula Oral Tablet	BE	
Bacmin Oral Tablet	BE	
Bariatric Multivitamins/Iron Oral Capsule	BE	
Basic AM Oral Tablet	BE	
Basic PM Oral Tablet	BE	
Bio-35 Gluten-Free Oral Capsule	BE	
Bio-35 Iron Free Oral Capsule	BE	

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Drug Name	Preference Details	Coverage Details
Biocal Oral Capsule	BE	
Biocel Oral Tablet	BE	
Biotect Plus Oral Capsule	BE	
Biotin Plus/Calcium/Vit D3 Oral Tablet	BE	
BL Balanced Care Oral Tablet	BE	
BL Balanced Care Seniors Oral Tablet	BE	
BL Century Advantage Oral Tablet	BE	
BL Century Senior Oral Tablet	BE	
BL Century-Lutein Oral Tablet	BE	
BL Maximum One Daily Oral Tablet	BE	
BL Mens MultiPlus Oral Tablet	BE	
BL Mens One Daily Oral Tablet	BE	
BL Multiple Vitamins Oral Tablet	BE	
Body/Hair/Skin/Nails Oral Capsule	BE	
B-Plex Plus Oral Tablet	BE	
B-Redi/Red Hearts/Red Roosters Oral Tablet	BE	
CardioDaily Oral Capsule	BE	
Celebrate Multi-Complete 18 Oral Capsule	BE	
Celebrate Multi-Complete 36 Oral Capsule	BE	
Celebrate Multi-Complete 45 Oral Capsule	BE	
Celebrate Multi-Complete 60 Oral Capsule	BE	
Cellular Security Oral Capsule	BE	
Centrum Men Oral Tablet	BE	
ChoiceFul Multivitamin Oral Capsule	BE	
Clinical Nutrients Antioxidant Oral Capsule	BE	
Complete Formulation D3000 Oral Capsule	BE	
Complete Formulation D5000 Oral Capsule	BE	
Complete Formulation Oral Capsule	BE	
Complete PMS Support Complex Oral Capsule	BE	
Coral Calcium Plus Oral Capsule	BE	
CVS Adult 50+ Eye Health Oral Capsule	BE	
CVS Eye Health Adult 50+ Oral Capsule	BE	
CVS Vision Health Oral Capsule	BE	
Daily Multivitamin Oral Capsule	BE	

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Drug Name	Preference Details	Coverage Details
Daily Vitamin Plus Oral Capsule	BE	
Decubi-Vite Oral Capsule	BE	
DEKAs Plus Ocean Oral Capsule	BE	
DEKAs Plus Oral Capsule	BE	
Dry Eye Formula Oral Capsule	BE	
Echinacea ACZ Oral Capsule	BE	
EQ Vision Formula 50+ Oral Capsule	BE	
EQL Protectavision Oral Capsule	BE	
Eye Health Oral Capsule	BE	
Eye Vitamins Oral Capsule	BE	
Eye-Vite Extra Oral Capsule	BE	
Eye-Vite Plus Lutein Oral Capsule	BE	
Fortavit Oral Capsule	BE	
GenADEK Step 1 Oral Capsule	BE	
*Ped Multi Vitamins W/Fl & Fe***		
Escavite D Oral Tablet Chewable 0.25-6 MG	BE	
Escavite LQ Oral Liquid 0.25-6 MG/ML	BE	
Escavite LQ Oral Solution 0.25-10 MG/ML	BE	
Escavite Oral Tablet Chewable 0.25-7.5 MG	BE	
Multi-Vit/Fluoride/Iron Oral Solution 0.25-10 MG/ML	BE	
Multi-Vit/Iron/Fluoride Oral Solution 0.25-10 MG/ML	BE	
Multivitamin/Fluoride/Iron Oral Solution 0.25-10 MG/ML	BE	
Multi-Vitamin/Fluoride/Iron Oral Solution 0.25-10 MG/ML	BE	
PhluoriVit + Fe Oral Solution 0.25-10 MG/ML	BE	
Poly-Vi-Flor/Iron Oral Suspension 0.25-7 MG/ML	BE	
Poly-Vi-Flor/Iron Oral Tablet Chewable 0.5-10 MG	BE	
Poly-Vitamin/Fluoride/Iron Oral Solution 0.25-10 MG/ML	BE	
Polyvits/Fluoride/Iron Oral Solution 0.25-10 MG/ML	BE	

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Drug Name	Preference Details	Coverage Details
Quflora FE Pediatric Oral Liquid 0.25-9.5 MG/ML	BE	
TL-Fluorivite Oral Tablet Chewable 0.25-7.5 MG	BE	
*Ped Multiple Vitamins W/ Minerals & C***		
AquADEKs Oral Liquid	BE	
Multivitamins Pediatric Oral Solution	BE	
Multivitamins Plus Zinc Oral Solution	BE	
*Ped Multiple Vitamins W/ Minerals***		
ABDEK Pediatric Oral Solution	BE	
Vitamax Pediatric Oral Solution	BE	
*Ped Mv W/ Fluoride***		
Floriva Plus Oral Solution 0.25 MG/ML	BE	
Multi Vit/FI Oral Tablet Chewable 0.25 MG	BE	
Multi Vita-Bets/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	BE	
Multi Vitamin/Fluoride Oral Tablet Chewable 0.25 MG, 1 MG	BE	
Multiple Vitamins/Fluoride Oral Tablet Chewable 1 MG	BE	
Multi-Vit/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML	BE	
Multi-Vit/Fluoride Oral Tablet Chewable 1 MG	BE	
MultiVitamin + Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	BE	
Multivitamin/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML	BE	
Multi-Vitamin/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML	BE	
Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	BE	
Multi-Vitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	BE	
Multi-Vitamins/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML	BE	
Multivitamins/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	BE	

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Drug Name	Preference Details	Coverage Details
Multi-Vitamins/Fluoride Oral Tablet Chewable 1 MG	BE	
Multi-Vits/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG	BE	
Multi-Vitamin/Fluoride Oral Tablet Chewable 0.5 MG	BE	
MVC-Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	BE	
PhluoriVit Oral Solution 0.25 MG/ML, 0.5 MG/ML	BE	
Poly-Vi-Flor FS Oral Strip 0.25 MG, 0.5 MG, 1 MG	BE	
Poly-Vi-Flor Oral Suspension 0.25 MG/ML	BE	
Poly-Vi-Flor Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	BE	
PolyVitamin/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML	BE	
Poly-Vitamin/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML	BE	
Polyvitamin/Fluoride Oral Tablet Chewable 0.5 MG	BE	
Quflora Gummies Oral Tablet Chewable 0.125 MG	BE	
Quflora Pediatric Oral Solution 0.25 MG/ML, 0.5 MG/ML	BE	
Quflora Pediatric Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	BE	
RE MultiVit with Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	BE	
*Ped Vitamins Acd & Fa W/ Fluoride***		
Tri-Vi-Flor Oral Suspension 0.25 MG/ML, 0.5 MG/ML	BE	
Tri-Vi-Floro Oral Suspension 0.25 MG/ML, 0.5 MG/ML	BE	
*Ped Vitamins Acd W/ Fluoride***		
MultiVitamin Select/Fluoride Oral Solution 0.25 MG/ML	BE	
TriPhluoriVit Oral Solution 0.25 MG/ML	BE	

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Drug Name	Preference Details	Coverage Details
Triple-Vitamin/Fluoride Oral Solution 0.25 MG/ML	BE	
Tri-Vit/Fluoride Oral Solution 0.25 MG/ML	BE	
Tri-Vitamin/Fluoride Oral Solution 0.25 MG/ML	BE	
Tri-Vite/Fluoride Oral Solution 0.25 MG/ML	BE	
Vitamins ACD-Fluoride Oral Solution 0.25 MG/ML	BE	
*Pediatric Multiple Vitamins & Minerals W/ Fluoride***		
Floriva Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	BE	
*Pediatric Multiple Vitamins W/Fluoride-Iron-Zinc***		
TexaVite LQ Oral Liquid 0.25-7-3 MG/ML	BE	
*Prenatal Mv & Min W/Fe-Fa***		
Advanced Natalcare Oral Tablet 90-1 MG	BE	
Aminate Fe-90 Oral Tablet Extended Release	BE	
Atabex EC Oral Tablet Delayed Release 29-1 MG	BE	
Atabex Oral Tablet Chewable 18-0.8 MG	BE	
<i>azeschew prenatalallpostnatal oral tablet chewable 13-1 mg</i>	S	
<i>azesco oral tablet 13-1 mg</i>	S	
Bal-Care DHA Oral 27-1 & 430 MG	BE	
BP MultiNatal Plus Oral Tablet Chewable 40-1 MG	BE	
<i>calcium pnv oral capsule 28-1-250 mg</i>	S	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	S	
CITRANATAL BLOOM ORAL TABLET 90-1 MG	S	
CITRANATAL RX ORAL TABLET 27-1 MG	S	
<i>c-nate dha oral capsule 28-1-200 mg</i>	S	
<i>completenate oral tablet chewable 29-1 mg</i>	S	
CO-NATAL FA ORAL TABLET	S	

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Drug Name	Preference Details	Coverage Details
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	S	
Concept OB Oral Capsule 130-92.4-1 MG	BE	
DERMACINRX PRETRATE ORAL TABLET 1 MG	S	
<i>dothelle dha oral capsule 53.5-38-1 mg</i>	S	
Duet DHA 400 Oral 25-1 & 400 MG	BE	
Duet DHA Balanced Oral 25-1 & 267 MG, 27-1 & 430 MG	BE	
Duet DHA Complete Oral 27-1 & 430 MG	BE	
Duet DHA Oral 25-1 & 400 MG	BE	
ELITE-OB ORAL TABLET 50-1.25 MG	S	
ENBRACE HR ORAL CAPSULE	S	
FOLCAPS OMEGA 3 ORAL CAPSULE 27-1 MG	S	
Folivane-OB Oral Capsule 130-92.4-1 MG	BE	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	S	
Healthy Mama Be Well Rounded Oral Therapy Pack 28-0.8 & 450 MG	BE	
Inatal Advance Oral Tablet 90-1 MG	BE	
Inatal GT Oral Tablet	BE	
iNatal Ultra Oral Tablet , 90-1 MG	BE	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	S	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	S	
Marnatal-F Oral Capsule 60-1 MG	BE	
Multi-Mac Oral Tablet 15-0.75-1 MG	BE	
Mynatal Advance Oral Tablet	BE	
MYNATAL ORAL CAPSULE	S	
Mynatal Oral Tablet 90-1 MG	BE	
<i>mynatal plus oral tablet</i>	S	
<i>mynatal-z oral tablet</i>	S	
Mynate 90 Plus Oral Tablet Extended Release	BE	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	S	
<i>natal pnv oral tablet 6-0.5 mg</i>	S	
NatalCare GlossTabs Oral Tablet 90-1 MG	BE	

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Drug Name	Preference Details	Coverage Details
NATALVIT ORAL TABLET	S	
NATELLE ONE ORAL CAPSULE 28-1-250 MG	S	
Neevo DHA Oral Capsule 27-1.13 MG	BE	
<i>neonatal complete oral tablet 29-1 mg</i>	S	
<i>neonatal fe oral tablet 90-1 mg</i>	S	
NESTABS DHA ORAL 32-1 MG	S	
NESTABS ORAL TABLET 32-1 MG	S	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG	S	
OB COMPLETE ORAL TABLET 50-1.25 MG	S	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG	S	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	S	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG	S	
Obstetrix DHA Oral 29-1 & 387 MG	BE	
Obstetrix EC (with Docusate) Oral Tablet 29-1 MG	BE	
Obstetrix EC Oral Tablet 29-1 MG	BE	
Obtrex DHA Oral 29-1 & 387 MG	BE	
Obtrex Oral Tablet	BE	
O-CAL PRENATAL ORAL TABLET	S	
<i>pnv fe fum/docusate/folic acid oral tablet 29-1 mg</i>	S	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	S	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	S	
<i>pnv tabs 29-1 oral tablet 29-1 mg</i>	S	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	S	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	S	
Precare Oral Tablet Chewable 40-1 MG	BE	
<i>pregenna oral tablet 20-1 mg</i>	S	
Prenal Pearl Oral Capsule Extended Release 30-1.4-200 MG	BE	

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Drug Name	Preference Details	Coverage Details
PrenaCare Oral Tablet 90-1 MG	BE	
<i>prenara oral capsule 15-1 mg</i>	S	
PRENATABS RX ORAL TABLET 29-1 MG	S	
<i>prenatal 19 oral tablet 29-1 mg</i>	S	
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	S	
Prenatal AD Oral Tablet	BE	
Prenatal Advantage Oral Tablet	BE	
Prenatal MR 90 Fe Oral Tablet Extended Release 90-1 MG	BE	
Prenatal Multivitamin-Ultra Oral Tablet	BE	
<i>prenatal oral tablet 27-0.8 mg</i>	S	
<i>prenatal plus iron oral tablet 29-1 mg</i>	S	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	S	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	S	
<i>prenatvite complete oral tablet 1 mg</i>	S	
<i>prenatvite plus oral tablet 1 mg</i>	S	
<i>prenatvite rx oral tablet 0.8 mg</i>	S	
<i>pretab oral tablet 29-1 mg</i>	S	
PRIMACARE ORAL CAPSULE 30-1-470 MG	S	
Provida OB Oral Capsule 20-20-1.25 MG	BE	
<i>relnate dha oral capsule 28-1-200 mg</i>	S	
Se-Care Oral Tablet Chewable 40-1 MG	BE	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG	S	
<i>se-natal 19 oral tablet 29-1 mg</i>	S	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	S	
Se-Natal 90 Oral Tablet Extended Release 90-1 MG	BE	
TARON-BC ORAL 20-1 MG & 2 X 25 MG	S	
TARON-C DHA ORAL CAPSULE 35-1 MG, 53.5-38-1 MG	S	
<i>thrivite rx oral tablet 29-1 mg</i>	S	
<i>tl folate oral tablet 27-0.5-0.5 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>tl-care dha oral capsule 27-1-500 mg</i>	S	
TriAdvance Oral Tablet 90-1 MG	BE	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	S	
Trinatal GT Oral Tablet 90-1 MG	BE	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	S	
Trinatal Ultra Oral Tablet 90-1 MG	BE	
TRINATE ORAL TABLET	S	
<i>trinaz oral tablet 12-1 mg</i>	S	
<i>tri-tabs dha oral 32-1 mg</i>	S	
<i>ultimatecare one oral capsule 27-1 mg</i>	S	
Ultra Natal Oral Tablet	BE	
Ultra NatalCare Oral Tablet 90-1 MG	BE	
Ultra Tabs Oral Tablet	BE	
Ultra-Natal Oral Tablet	BE	
UpSpring Prenatal Complete Oral Capsule 9-0.267-191.67 MG	BE	
Vena-Bal DHA Oral 27-1 & 430 MG	BE	
Venatal Complete DHA Oral 27-1 & 430 MG	BE	
<i>vil-rx oral tablet 29-1 mg</i>	S	
Vinate Care Oral Tablet Chewable 40-1 MG	BE	
Vinate DHA RF Oral Capsule 27-1.13 MG	BE	
Vinate GT Oral Tablet 90-1 MG	BE	
VINATE II ORAL TABLET 29-1 MG	S	
VINATE ONE ORAL TABLET 60-1 MG	S	
Vinate Ultra Oral Tablet	BE	
Virt-Advance Oral Tablet 90-1 MG	BE	
<i>virt-c dha oral capsule 53.5-38-1 mg</i>	S	
<i>virt-nate dha oral capsule 28-1-200 mg</i>	S	
<i>virt-pn oral tablet 27-0.6-0.4 mg</i>	S	
<i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i>	S	
Virt-Vite GT Oral Tablet 90-1 MG	BE	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	S	

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Drug Name	Preference Details	Coverage Details
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG	S	
Vitafol-Nano Tablet 18-0.6-0.4 MG Oral	BE	
VITAFOL-OB ORAL TABLET	S	
VitaPearl Oral Capsule Extended Release 30-1.4-200 MG	BE	
VIVA DHA ORAL CAPSULE 28-1-200 MG	S	
<i>vol-nate oral tablet 28-1 mg</i>	S	
<i>vol-tab rx oral tablet 29-1 mg</i>	S	
<i>vp-pnv-dha oral capsule 28-1-215.8 mg</i>	S	
<i>zalvit oral tablet 13-1 mg</i>	S	
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG	S	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha oral 29-1-200 & 200 mg, 29-1-200 & 250 mg</i>	S	
PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR)	S	
PR NATAL 400 ORAL 29-1-200 & 400 MG	S	
PR NATAL 430 EC ORAL 29-1-200 & 430 MG (DR)	S	
PR NATAL 430 ORAL 29-1-200 & 430 MG	S	
TRIVEEN-DUO DHA ORAL 29-1-200 & 300 MG, 29-1-200 & 400 MG	S	
*Prenatal Mv & Min W/Fe-Fa-Dha***		
<i>active ob oral capsule 20-1-320 mg</i>	S	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	S	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	S	
CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG	S	
CITRANATAL DHA ORAL 27-1 & 250 MG	S	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG	S	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	S	

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Drug Name	Preference Details	Coverage Details
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG	S	
FOCALGIN 90 DHA ORAL 90-1 & 300 MG	S	
FOCALGIN CA ORAL 35-1 & 300 MG	S	
<i>folcal dha oral capsule 27-1.25-300 mg</i>	S	
FOLET DHA ORAL THERAPY PACK 38-1 & 350 MG	S	
FOLET ONE ORAL CAPSULE 38-1-225 MG	S	
MACNATAL CN DHA ORAL CAPSULE 28-1-250 MG	S	
<i>neonatal + dha oral 29-1 & 200 mg</i>	S	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	S	
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG	S	
OBSTETRIX ONE (WITH DOCUSATE) ORAL CAPSULE 38-1-225 MG	S	
OBSTETRIX ONE ORAL CAPSULE 38-1- 225 MG	S	
<i>pnv ob+dha oral 27-1 & 250 mg</i>	S	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	S	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	S	
<i>pregen dha oral capsule 28-1-35 mg</i>	S	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	S	
<i>prenaissance oral capsule 29-1.25-325 mg</i>	S	
<i>prenaissance plus oral capsule 28-1-250 mg</i>	S	
PRENATAL + DHA ORAL THERAPY PACK 27-1 & 250 MG	S	
PRENATE DHA ORAL CAPSULE 18-0.6- 0.4-300 MG	S	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG	S	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	S	
PRENATE MINI ORAL CAPSULE 18-0.6- 0.4-350 MG	S	

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Drug Name	Preference Details	Coverage Details
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG	S	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG	S	
R-NATAL OB ORAL CAPSULE 20-1-320 MG	S	
<i>rulavite dha oral capsule 27-0.6-0.4-300 mg</i>	S	
SELECT-OB+DHA ORAL 29-1 & 250 MG	S	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG	S	
<i>tl-select oral capsule 29-1.25-325 mg</i>	S	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	S	
TRISTART FREE ORAL CAPSULE 33-1 MG	S	
TRISTART ONE ORAL CAPSULE 35-1-215 MG	S	
VEMAVITE-PRX 2 ORAL CAPSULE 27-1.25-300 MG	S	
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>	S	
<i>virt-select oral capsule 29-1.25-325 mg</i>	S	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG	S	
VITAFOL FE+ ORAL CAPSULE THERAPY PACK 90-1-200 & 50 MG	S	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG	S	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG	S	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG	S	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG	S	
VITATRUE ORAL 30-1.4 & 300 MG	S	
<i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>	S	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	S	

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Drug Name	Preference Details	Coverage Details
*Prenatal Mv & Minerals W/Fa Without Iron***		
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG	S	
*Prenatal Vitamins***		
<i>neonatal 19 oral tablet 1 mg</i>	S	
PREMESISRX ORAL TABLET 1 MG	S	
<i>prenal oral tablet chewable 1.4 mg</i>	S	
PRENATE AM ORAL TABLET 1 MG	S	
VITAFOL STRIPS ORAL FILM 1 MG	S	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG	S	
*Vitamin D & K***		
Decara K Oral Capsule 1250-200 MCG	BE	
Vitamin K2-Vitamin D3 Oral Capsule 45-2000 MCG-UNIT	BE	
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
Amrix CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	NP	ST
Amrix CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	NP	ST
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml</i>	S	
<i>baclofen powder</i>	S	
Baclofen Solution 10 MG/5ML Oral	NP	ST
Baclofen Solution 5 MG/5ML Oral	NP	ST
Baclofen Suspension 25 MG/5ML Oral	NP	ST
Baclofen Tablet 10 MG Oral	P	
Baclofen Tablet 20 MG Oral	P	
Baclofen Tablet 5 MG Oral	P	
Carisoprodol TABLET 250 MG ORAL	NP	ST
Carisoprodol Tablet 350 MG Oral	NP	ST
Chlorzoxazone Tablet 250 MG Oral	NP	ST
Chlorzoxazone Tablet 375 MG Oral	NP	ST
Chlorzoxazone Tablet 375 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Chlorzoxazone TABLET 500 MG ORAL	NP	ST
Chlorzoxazone Tablet 750 MG Oral	NP	ST
Cyclobenzaprine HCl ER Capsule Extended Release 24 Hour 15 MG Oral	NP	ST
Cyclobenzaprine HCl ER Capsule Extended Release 24 Hour 30 MG Oral	NP	ST
Cyclobenzaprine HCl Tablet 10 MG Oral	P	
Cyclobenzaprine HCl Tablet 5 MG Oral	P	
Cyclobenzaprine HCl Tablet 7.5 MG Oral	P	
Fexmid TABLET 7.5 MG Oral	NP	ST
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	S	
Fleqsuvy Suspension 25 MG/5ML Oral	NP	ST
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	S	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	S	
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML, 10 MG/5ML, 40 MG/20ML	S	
Lorzone TABLET 375 MG ORAL	NP	ST
Lorzone TABLET 750 MG ORAL	NP	ST
Lyvispah Packet 10 MG Oral	NP	PA; ST; Click here
Lyvispah Packet 10 MG Oral	NP	PA; ST; PA Required
Lyvispah Packet 20 MG Oral	NP	PA; ST; Click here
Lyvispah Packet 20 MG Oral	NP	PA; ST; PA Required
Lyvispah Packet 5 MG Oral	NP	PA; ST; Click here
Lyvispah Packet 5 MG Oral	NP	PA; ST; PA Required
Metaxall TABLET 800 MG ORAL	NP	ST
Metaxalone Tablet 400 MG Oral	NP	ST
Metaxalone Tablet 800 MG Oral	NP	ST
<i>methocarbamol injection solution 1000 mg/10ml</i>	S	
Methocarbamol Tablet 500 MG Oral	P	
Methocarbamol Tablet 750 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Orphenadrine Citrate ER Tablet Extended Release 12 Hour 100 MG Oral	NP	ST
<i>orphenadrine citrate powder</i>	S	
Orphenadrine Citrate SOLUTION 30 MG/ML INJECTION	NP	ST
OZOBAX ORAL SOLUTION 5 MG/5ML	S	
Skelaxin TABLET 800 MG ORAL	NP	ST
Soma TABLET 250 MG ORAL	NP	ST
Soma TABLET 350 MG ORAL	NP	ST
TiZANidine HCl Capsule 2 MG Oral	NP	ST
TiZANidine HCl Capsule 4 MG Oral	NP	ST
tiZANidine HCl Capsule 6 MG Oral	NP	ST
TiZANidine HCl TABLET 2 MG Oral	P	
TiZANidine HCl TABLET 4 MG Oral	P	
Zanaflex Capsule 2 MG Oral	NP	ST
Zanaflex Capsule 4 MG Oral	NP	ST
Zanaflex Capsule 6 MG Oral	NP	ST
Zanaflex Tablet 4 MG Oral	NP	ST
*Direct Muscle Relaxants***		
Dantrium CAPSULE 25 MG ORAL	NP	ST
Dantrium CAPSULE 50 MG ORAL	NP	ST
Dantrium SOLUTION RECONSTITUTED 20 MG Intravenous	NP	ST
Dantrolene Sodium CAPSULE 100 MG ORAL	NP	ST
Dantrolene Sodium Capsule 25 MG Oral	NP	ST
Dantrolene Sodium Capsule 25 MG Oral	NP	ST; Click here
Dantrolene Sodium CAPSULE 50 MG ORAL	NP	ST
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG	S	PA; PA Required
*Muscle Relaxant Combinations***		
Carisoprodol-Aspirin TABLET 200-325 MG ORAL	NP	ST
Carisoprodol-Aspirin-Codeine Tablet 200-325-16 MG Oral	NP	ST
Norgesic Forte Tablet 50-770-60 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Norgesic Tablet 25-385-30 MG Oral	NP	ST
Orphenadrine-Aspirin-Caffeine Tablet 25-385-30 MG Oral	NP	ST
Orphengesic Forte Tablet 50-770-60 MG Oral	NP	ST
*Viscosupplement Combinations***		
Hyronan Injection Kit 1 & 2 %	BE	
Sod Hyaluronate-Lidocaine Intra-Articular Solution Prefilled Syringe 20-1 MG/2ML-%, 30-1 MG/2ML-%, 60-2 MG/3ML-%	BE	
*Viscosupplements***		
Durolane Intra-Articular Prefilled Syringe 60 MG/3ML	BE	
Euflexxa Intra-Articular Solution 20 MG/2ML	BE	
Euflexxa Intra-Articular Solution Prefilled Syringe 20 MG/2ML	BE	
Gel-One Intra-Articular Gel 30 MG/3ML	BE	
Gel-One Intra-Articular Prefilled Syringe 30 MG/3ML	BE	
Gelsyn-3 Intra-Articular Solution Prefilled Syringe 16.8 MG/2ML	BE	
GenVisc 850 Intra-Articular Solution Prefilled Syringe 25 MG/2.5ML	BE	
Hyalgan Intra-Articular Solution 20 MG/2ML	BE	
Hyalgan Intra-Articular Solution Prefilled Syringe 20 MG/2ML	BE	
Hymovis Intra-Articular Solution Prefilled Syringe 24 MG/3ML	BE	
Monovisc Intra-Articular Solution Prefilled Syringe 88 MG/4ML	BE	
OrthoVisc Intra-Articular Solution 15 MG/ML	BE	
OrthoVisc Intra-Articular Solution Prefilled Syringe 30 MG/2ML	BE	
Sodium Hyaluronate (Viscosup) Intra-Articular Solution Prefilled Syringe 20 MG/2ML	BE	
Supartz FX Intra-Articular Solution Prefilled Syringe 25 MG/2.5ML	BE	

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Drug Name	Preference Details	Coverage Details
Supartz Intra-Articular Solution 25 MG/2.5ML	BE	
Supartz Intra-Articular Solution Prefilled Syringe 25 MG/2.5ML	BE	
Synvisc Intra-Articular Injectable 8 MG/ML	BE	
Synvisc Intra-Articular Solution Prefilled Syringe 16 MG/2ML	BE	
Synvisc One Intra-Articular Injectable 8 MG/ML	BE	
Synvisc One Intra-Articular Solution Prefilled Syringe 48 MG/6ML	BE	
Triluron Intra-Articular Solution Prefilled Syringe 20 MG/2ML	BE	
TriVisc Intra-Articular Solution Prefilled Syringe 25 MG/2.5ML	BE	
Visco-3 Intra-Articular Solution 25 MG/2.5ML	BE	
Visco-3 Intra-Articular Solution Prefilled Syringe 25 MG/2.5ML	BE	
Nasal Agents - Systemic And Topical		
*Antihistamine-Steroid***		
Azelastine-Fluticasone Suspension 137-50 MCG/ACT Nasal	NP	ST
Dymista SUSPENSION 137-50 MCG/ACT NASAL	P	ST
*Nasal Anesthetics***		
<i>cocaine hcl nasal solution 40 mg/ml</i>	S	
<i>goprelto nasal solution 40 mg/ml</i>	S	
NUMBRINO NASAL SOLUTION 40 MG/ML	S	
*Nasal Anticholinergics***		
Ipratropium Bromide Nasal Solution 0.03 %, 0.06 %	P	
*Nasal Antihistamines***		
Azelastine HCl SOLUTION 0.1 % NASAL	P	
Azelastine HCl Solution 0.15 % Nasal	NP	ST
Azelastine HCl Solution 137 MCG/SPRAY Nasal	P	

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Drug Name	Preference Details	Coverage Details
Olopatadine HCl Solution 0.6 % Nasal	P	
Patanase Solution 0.6 % Nasal	NP	ST
*Nasal Steroids***		
Beconase AQ SUSPENSION 42 MCG/SPRAY NASAL	NP	ST
Flunisolide Solution 25 MCG/ACT (0.025%) Nasal	NP	ST
Fluticasone Propionate SUSPENSION 50 MCG/ACT NASAL (Rx)	P	
Mometasone Furoate SUSPENSION 50 MCG/ACT NASAL	NP	ST
Omnaris Suspension 50 MCG/ACT Nasal	NP	ST
Qnasl Aerosol Solution 80 MCG/ACT Nasal	NP	ST
Qnasl Childrens Aerosol Solution 40 MCG/ACT Nasal	NP	ST
Sinuva IMPLANT 1350 MCG Nasal	NP	ST
Xhance Exhaler Suspension 93 MCG/ACT Nasal	NP	ST
Zetonna Aerosol Solution 37 MCG/ACT Nasal	NP	ST
Neuromuscular Agents		
*Als Agent Combinations***		
RELYVRIO ORAL PACKET 3-1 GM	S	
Relyvrio Packet 3-1 GM Oral	NP	ST
*Als Agents - Antisense Oligonucleotides***		
Qalsody Intrathecal Solution 100 MG/15ML	BE	
*Als Agents - Miscellaneous***		
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	S	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	S	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	S	
Radicava ORS Starter Kit Suspension 105 MG/5ML Oral	NP	ST
Radicava ORS Suspension 105 MG/5ML Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Radicava SOLUTION 30 MG/100ML Intravenous	NP	ST
*Benzothiazoles***		
Exservan Film 50 MG Oral	NP	ST
EXSERVAN ORAL FILM 50 MG	S	
<i>riluzole oral tablet 50 mg</i>	S	
Riluzole TABLET 50 MG ORAL	P	
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	S	
Tiglutik Suspension 50 MG/10ML Oral	NP	ST
*Depolarizing Muscle Relaxants***		
ANECTINE INJECTION SOLUTION 20 MG/ML	S	
<i>succinylcholine chloride injection solution 20 mg/ml</i>	S	
<i>succinylcholine chloride injection solution prefilled syringe 100 mg/5ml, 140 mg/7ml, 200 mg/10ml</i>	S	
<i>succinylcholine chloride intravenous solution prefilled syringe 100 mg/5ml, 140 mg/7ml, 200 mg/10ml</i>	S	
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
SKYCLARYS ORAL CAPSULE 50 MG	S	PA; PA Required
*Muscular Dystrophy - Gene Therapy Agents***		
Elevidys 10.0-10.4 kg Intravenous Kit 10 x 10 ML	BE	
Elevidys 10.5-11.4 kg Intravenous Kit 11 x 10 ML	BE	
Elevidys 11.5-12.4 kg Intravenous Kit 12 x 10 ML	BE	
Elevidys 12.5-13.4 kg Intravenous Kit 13 x 10 ML	BE	
Elevidys 13.5-14.4 kg Intravenous Kit 14 x 10 ML	BE	
Elevidys 14.5-15.4 kg Intravenous Kit 15 x 10 ML	BE	

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Drug Name	Preference Details	Coverage Details
Elevidys 15.5-16.4 kg Intravenous Kit 16 x 10 ML	BE	
Elevidys 16.5-17.4 kg Intravenous Kit 17 x 10 ML	BE	
Elevidys 17.5-18.4 kg Intravenous Kit 18 x 10 ML	BE	
Elevidys 18.5-19.4 kg Intravenous Kit 19 x 10 ML	BE	
Elevidys 19.5-20.4 kg Intravenous Kit 20 x 10 ML	BE	
Elevidys 20.5-21.4 kg Intravenous Kit 21 x 10 ML	BE	
Elevidys 21.5-22.4 kg Intravenous Kit 22 x 10 ML	BE	
Elevidys 22.5-23.4 kg Intravenous Kit 23 x 10 ML	BE	
Elevidys 23.5-24.4 kg Intravenous Kit 24 x 10 ML	BE	
Elevidys 24.5-25.4 kg Intravenous Kit 25 x 10 ML	BE	
Elevidys 25.5-26.4 kg Intravenous Kit 26 x 10 ML	BE	
Elevidys 26.5-27.4 kg Intravenous Kit 27 x 10 ML	BE	
Elevidys 27.5-28.4 kg Intravenous Kit 28 x 10 ML	BE	
Elevidys 28.5-29.4 kg Intravenous Kit 29 x 10 ML	BE	
Elevidys 29.5-30.4 kg Intravenous Kit 30 x 10 ML	BE	
Elevidys 30.5-31.4 kg Intravenous Kit 31 x 10 ML	BE	
Elevidys 31.5-32.4 kg Intravenous Kit 32 x 10 ML	BE	
Elevidys 32.5-33.4 kg Intravenous Kit 33 x 10 ML	BE	
Elevidys 33.5-34.4 kg Intravenous Kit 34 x 10 ML	BE	

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Drug Name	Preference Details	Coverage Details
Elevidys 34.5-35.4 kg Intravenous Kit 35 x 10 ML	BE	
Elevidys 35.5-36.4 kg Intravenous Kit 36 x 10 ML	BE	
Elevidys 36.5-37.4 kg Intravenous Kit 37 x 10 ML	BE	
Elevidys 37.5-38.4 kg Intravenous Kit 38 x 10 ML	BE	
Elevidys 38.5-39.4 kg Intravenous Kit 39 x 10 ML	BE	
Elevidys 39.5-40.4 kg Intravenous Kit 40 x 10 ML	BE	
Elevidys 40.5-41.4 kg Intravenous Kit 41 x 10 ML	BE	
Elevidys 41.5-42.4 kg Intravenous Kit 42 x 10 ML	BE	
Elevidys 42.5-43.4 kg Intravenous Kit 43 x 10 ML	BE	
Elevidys 43.5-44.4 kg Intravenous Kit 44 x 10 ML	BE	
Elevidys 44.5-45.4 kg Intravenous Kit 45 x 10 ML	BE	
Elevidys 45.5-46.4 kg Intravenous Kit 46 x 10 ML	BE	
Elevidys 46.5-47.4 kg Intravenous Kit 47 x 10 ML	BE	
Elevidys 47.5-48.4 kg Intravenous Kit 48 x 10 ML	BE	
Elevidys 48.5-49.4 kg Intravenous Kit 49 x 10 ML	BE	
Elevidys 49.5-50.4 kg Intravenous Kit 50 x 10 ML	BE	
Elevidys 50.5-51.4 kg Intravenous Kit 51 x 10 ML	BE	
Elevidys 51.5-52.4 kg Intravenous Kit 52 x 10 ML	BE	
Elevidys 52.5-53.4 kg Intravenous Kit 53 x 10 ML	BE	

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Drug Name	Preference Details	Coverage Details
Elevidys 53.5-54.4 kg Intravenous Kit 54 x 10 ML	BE	
Elevidys 54.5-55.4 kg Intravenous Kit 55 x 10 ML	BE	
Elevidys 55.5-56.4 kg Intravenous Kit 56 x 10 ML	BE	
Elevidys 56.5-57.4 kg Intravenous Kit 57 x 10 ML	BE	
Elevidys 57.5-58.4 kg Intravenous Kit 58 x 10 ML	BE	
Elevidys 58.5-59.4 kg Intravenous Kit 59 x 10 ML	BE	
Elevidys 59.5-60.4 kg Intravenous Kit 60 x 10 ML	BE	
Elevidys 60.5-61.4 kg Intravenous Kit 61 x 10 ML	BE	
Elevidys 61.5-62.4 kg Intravenous Kit 62 x 10 ML	BE	
Elevidys 62.5-63.4 kg Intravenous Kit 63 x 10 ML	BE	
Elevidys 63.5-64.4 kg Intravenous Kit 64 x 10 ML	BE	
Elevidys 64.5-65.4 kg Intravenous Kit 65 x 10 ML	BE	
Elevidys 65.5-66.4 kg Intravenous Kit 66 x 10 ML	BE	
Elevidys 66.5-67.4 kg Intravenous Kit 67 x 10 ML	BE	
Elevidys 67.5-68.4 kg Intravenous Kit 68 x 10 ML	BE	
Elevidys 68.5-69.4 kg Intravenous Kit 69 x 10 ML	BE	
Elevidys 69.5 kg plus Intravenous Kit 70 x 10 ML	BE	
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML	S	PA; PA Required
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML	S	PA; PA Required

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Drug Name	Preference Details	Coverage Details
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML	S	PA; PA Required
*Neuromuscular Blocking Agent - Neurotoxins***		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	S	PA; PA Required
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	S	PA; PA Required
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	S	PA; PA Required
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	S	PA; PA Required
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE ORAL SOLUTION 200 MG/ML	S	
*Spinal Muscular Atrophy-Gene Therapy Agents***		
ZOLGENSMA 20.6-21.0 KG INTRAVENOUS KIT 14X8.3 ML	S	PA; PA Required
ZOLGENSMA 10.1-10.5 KG INTRAVENOUS KIT 7X8.3 ML	S	PA; PA Required
ZOLGENSMA 10.6-11.0 KG INTRAVENOUS KIT 2X5.5ML & 6X8.3ML	S	PA; PA Required
ZOLGENSMA 11.1-11.5 KG INTRAVENOUS KIT 1X5.5ML & 7X8.3ML	S	PA; PA Required
ZOLGENSMA 11.6-12.0 KG INTRAVENOUS KIT 8X8.3 ML	S	PA; PA Required
ZOLGENSMA 12.1-12.5 KG INTRAVENOUS KIT 2X5.5ML & 7X8.3ML	S	PA; PA Required
ZOLGENSMA 12.6-13.0 KG INTRAVENOUS KIT 1X5.5ML & 8X8.3ML	S	PA; PA Required
ZOLGENSMA 13.1-13.5 KG INTRAVENOUS KIT 9X8.3 ML	S	PA; PA Required
ZOLGENSMA 13.6-14.0 KG INTRAVENOUS KIT 2X5.5ML & 8X8.3ML	S	PA; PA Required
ZOLGENSMA 14.1-14.5 KG INTRAVENOUS KIT 1X5.5ML & 9X8.3ML	S	PA; PA Required

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Drug Name	Preference Details	Coverage Details
ZOLGENSMA 14.6-15.0 KG INTRAVENOUS KIT 10X8.3 ML	S	PA; PA Required
ZOLGENSMA 15.1-15.5 KG INTRAVENOUS KIT 2X5.5ML & 9X8.3ML	S	PA; PA Required
ZOLGENSMA 15.6-16.0 KG INTRAVENOUS KIT 1X5.5ML & 10X8.3ML	S	PA; PA Required
ZOLGENSMA 16.1-16.5 KG INTRAVENOUS KIT 11X8.3 ML	S	PA; PA Required
ZOLGENSMA 16.6-17.0 KG INTRAVENOUS KIT 2X5.5ML & 10X8.3ML	S	PA; PA Required
ZOLGENSMA 17.1-17.5 KG INTRAVENOUS KIT 1X5.5ML & 11X8.3ML	S	PA; PA Required
ZOLGENSMA 17.6-18.0 KG INTRAVENOUS KIT 12X8.3 ML	S	PA; PA Required
ZOLGENSMA 18.1-18.5 KG INTRAVENOUS KIT 2X5.5ML & 11X8.3ML	S	PA; PA Required
ZOLGENSMA 18.6-19.0 KG INTRAVENOUS KIT 1X5.5ML & 12X8.3ML	S	PA; PA Required
ZOLGENSMA 19.1-19.5 KG INTRAVENOUS KIT 13X8.3 ML	S	PA; PA Required
ZOLGENSMA 19.6-20.0 KG INTRAVENOUS KIT 2X5.5ML & 12X8.3ML	S	PA; PA Required
ZOLGENSMA 2.6-3.0 KG INTRAVENOUS KIT 2X8.3 ML	S	PA; PA Required
ZOLGENSMA 20.1-20.5 KG INTRAVENOUS KIT 1X5.5ML & 13X8.3ML	S	PA; PA Required
ZOLGENSMA 3.1-3.5 KG INTRAVENOUS KIT 2X5.5ML & 1X8.3ML	S	PA; PA Required
ZOLGENSMA 3.6-4.0 KG INTRAVENOUS KIT 1X5.5ML & 2X8.3ML	S	PA; PA Required
ZOLGENSMA 4.1-4.5 KG INTRAVENOUS KIT 3X8.3 ML	S	PA; PA Required

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Drug Name	Preference Details	Coverage Details
ZOLGENSMA 4.6-5.0 KG INTRAVENOUS KIT 2X5.5ML & 2X8.3ML	S	PA; PA Required
ZOLGENSMA 5.1-5.5 KG INTRAVENOUS KIT 1X5.5ML & 3X8.3ML	S	PA; PA Required
ZOLGENSMA 5.6-6.0 KG INTRAVENOUS KIT 4X8.3 ML	S	PA; PA Required
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT 2X5.5ML & 3X8.3ML	S	PA; PA Required
ZOLGENSMA 6.6-7.0 KG INTRAVENOUS KIT 1X5.5ML & 4X8.3ML	S	PA; PA Required
ZOLGENSMA 7.1-7.5 KG INTRAVENOUS KIT 5X8.3 ML	S	PA; PA Required
ZOLGENSMA 7.6-8.0 KG INTRAVENOUS KIT 2X5.5ML & 4X8.3ML	S	PA; PA Required
ZOLGENSMA 8.1-8.5 KG INTRAVENOUS KIT 1X5.5ML & 5X8.3ML	S	PA; PA Required
ZOLGENSMA 8.6-9.0 KG INTRAVENOUS KIT 6X8.3 ML	S	PA; PA Required
ZOLGENSMA 9.1-9.5 KG INTRAVENOUS KIT 2X5.5ML & 5X8.3ML	S	PA; PA Required
ZOLGENSMA 9.6-10.0 KG INTRAVENOUS KIT 1X5.5ML & 6X8.3ML	S	PA; PA Required
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	S	PA; PA Required
Nutrients		
*Amino Acid Mixtures***		
Amino Acid Intravenous Solution 10 %, 5 %	BE	
<i>amino acid-calcium-hep in d10w intravenous solution 4 %</i>	S	
<i>amino acid-calcium-hep in d5w intravenous solution 3 %</i>	S	
AminoProtect Intravenous Solution 5 %	BE	
Aminosyn II Intravenous Solution 10 %, 8.5 %	BE	
Aminosyn II/Electrolytes Intravenous Solution 8.5 %	BE	
Aminosyn Intravenous Solution 10 %, 8.5 %	BE	

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Drug Name	Preference Details	Coverage Details
Aminosyn M Intravenous Solution 3.5 %	BE	
Aminosyn/Electrolytes Intravenous Solution 7 %, 8.5 %	BE	
Aminosyn-HBC Intravenous Solution 7 %	BE	
Aminosyn-PF Intravenous Solution 10 %, 7 %	BE	
Aminosyn-RF Intravenous Solution 5.2 %	BE	
BCAA Injection Solution 15-10-40 MG/ML	BE	
BCAA Intravenous Solution 15-10-40 MG/ML	BE	
Clinimix E/Dextrose (2.75/10) Intravenous Solution 2.75 %	BE	
Clinimix E/Dextrose (2.75/5) Intravenous Solution 2.75 %	BE	
Clinimix E/Dextrose (4.25/10) Intravenous Solution 4.25 %	BE	
Clinimix E/Dextrose (4.25/25) Intravenous Solution 4.25 %	BE	
Clinimix E/Dextrose (4.25/5) Intravenous Solution 4.25 %	BE	
Clinimix E/Dextrose (5/15) Intravenous Solution 5 %	BE	
Clinimix E/Dextrose (5/20) Intravenous Solution 5 %	BE	
Clinimix E/Dextrose (5/25) Intravenous Solution 5 %	BE	
Clinimix E/Dextrose (8/10) Intravenous Solution 8 %	BE	
Clinimix E/Dextrose (8/14) Intravenous Solution 8 %	BE	
Clinimix N14G30E Intravenous Solution 4.25 %	BE	
Clinimix N9G15E Intravenous Solution 2.75 %	BE	
Clinimix N9G20E Intravenous Solution 2.75 %	BE	
Clinimix/Dextrose (2.75/5) Intravenous Solution 2.75 %	BE	
Clinimix/Dextrose (4.25/10) Intravenous Solution 4.25 %	BE	
Clinimix/Dextrose (4.25/20) Intravenous Solution 4.25 %	BE	

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Drug Name	Preference Details	Coverage Details
Clinimix/Dextrose (4.25/25) Intravenous Solution 4.25 %	BE	
Clinimix/Dextrose (4.25/5) Intravenous Solution 4.25 %	BE	
Clinimix/Dextrose (5/15) Intravenous Solution 5 %	BE	
Clinimix/Dextrose (5/20) Intravenous Solution 5 %	BE	
Clinimix/Dextrose (5/25) Intravenous Solution 5 %	BE	
Clinimix/Dextrose (6/5) Intravenous Solution 6 %	BE	
Clinimix/Dextrose (8/10) Intravenous Solution 8 %	BE	
Clinimix/Dextrose (8/14) Intravenous Solution 8 %	BE	
FreAmine HBC Intravenous Solution 6.9 %	BE	
FreAmine III Intravenous Solution 10 %	BE	
Hepatamine Intravenous Solution 8 %	BE	
NephrAmine Intravenous Solution 5.4 %	BE	
Premasol Intravenous Solution 10 %, 6 %	BE	
Procalamine Intravenous Solution 3 %	BE	
Prosol Intravenous Solution 20 %	BE	
Synthamin 17 Intravenous Solution 10 %	BE	
Travasol Intravenous Solution 10 %	BE	
TrophAmine Intravenous Solution 10 %, 6 %	BE	
*Amino Acids-Single***		
Arginine HCl Injection Solution 6 GM/30ML	BE	
Cyto Carn Oral Powder	BE	
Elcys Intravenous Solution 50 MG/ML	BE	
GABA Injection Solution 1000 MG/10ML	BE	
Glutathione Injection Solution 200 MG/ML, 6 GM/30ML	BE	
Glutathione Intravenous Solution 6 GM/30ML	BE	
Glycine Injection Solution 50 MG/ML	BE	

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Drug Name	Preference Details	Coverage Details
L-Cysteine HCl Intravenous Solution 50 MG/ML	BE	
L-Tryptophan Oral Capsule 500 MG	BE	
Lysine HCl Injection Solution 100 MG/ML	BE	
NeoKe Alcar Oral Powder	BE	
NutreStore Oral Packet 5 GM	BE	
Taurine Injection Solution 50 MG/ML	BE	
Tryptophan Oral Capsule 500 MG	BE	
*Carbohydrates***		
Dextrose Intravenous Solution 20 %, 30 %, 40 %, 50 %	BE	
<i>dextrose intravenous solution 250 mg/ml</i>	S	
*Lipids***		
Clinolipid Intravenous Emulsion 20 %	BE	
Dojolvi Oral Liquid 100 %	P	
Intralipid Intravenous Emulsion 20 %, 30 %	BE	
Neoke MCT70 Oral Powder 70 GM/100GM	BE	
Nutriliipid Intravenous Emulsion 20 %	BE	
Omegaven Intravenous Emulsion 10 GM/100ML, 5 GM/50ML	BE	
SMOFlipid Intravenous Emulsion 20 %	BE	
*Misc. Nutritional Substances Combinations***		
CardioVid Plus Oral Capsule	BE	
*Misc. Nutritional Substances***		
Creatine Oral Powder	BE	
Cytotine Oral Powder	BE	
*Protein Combinations***		
Calm Injection Solution	BE	
N-Acetyl Tyrosine Oral Capsule 350-5 MG	N/A	
Tri-Amino Injection Solution 100-100-100 MG/ML	BE	
*Protein-Carbohydrate-Lipid With Electrolyte Combinations***		
Kabiven Intravenous Emulsion 3.3-9.8-3.9-0.7 %	BE	

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Drug Name	Preference Details	Coverage Details
Perikabiven Intravenous Emulsion 2.4-6.8-3.5-0.5 %	BE	
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
<i>brimonidine-dorzolamide ophthalmic solution</i> 0.15-2 %	S	
Simbrinza SUSPENSION 1-0.2 % OPHTHALMIC	P	
*Artificial Tear And Lubricant Combinations***		
FreshKote PF Ophthalmic Solution 2.7-2 %	N/A	
Polyvinyl Alcohol-Povidone PF Ophthalmic Solution 2.7-2 %	N/A	
Refresh Optive Ophthalmic Gel 1-0.9 %	N/A	
Refresh Relieva PF Ophthalmic Solution 0.5-1 %	N/A	
Systane Daytime/Nighttime Ophthalmic Therapy Pack 0.4-0.3 %	N/A	
*Artificial Tear Inserts***		
LACRISERT OPHTHALMIC INSERT 5 MG	S	
*Artificial Tears And Lubricants***		
Systane Complete PF Ophthalmic Solution 0.6 %	N/A	
*Beta-Blockers - Ophthalmic Combinations***		
Brimonidine Tartrate-Timolol Ophthalmic Solution 0.2-0.5 %	NP	ST
Combigan SOLUTION 0.2-0.5 % OPHTHALMIC	P	
Cosopt PF Solution 2-0.5 % Ophthalmic	NP	ST
Cosopt Solution 2-0.5 % Ophthalmic	NP	ST
Dorzolamide HCl-Timolol Mal PF Solution 2-0.5 % Ophthalmic	NP	ST
Dorzolamide HCl-Timolol Mal Solution 2-0.5 % Ophthalmic	P	

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Drug Name	Preference Details	Coverage Details
*Beta-Blockers - Ophthalmic***		
Betaxolol HCl SOLUTION 0.5 % OPHTHALMIC	NP	ST
Betimol Solution 0.25 % Ophthalmic	NP	ST
Betimol Solution 0.5 % Ophthalmic	NP	ST
Betoptic-S SUSPENSION 0.25 % OPHTHALMIC	NP	ST
Carteolol HCl SOLUTION 1 % OPHTHALMIC	NP	ST
Istalol SOLUTION 0.5 % OPHTHALMIC	NP	ST
Levobunolol HCl SOLUTION 0.5 % OPHTHALMIC	NP	ST
Timolol Maleate (Once-Daily) Solution 0.5 % Ophthalmic	NP	ST
Timolol Maleate Gel Forming Solution 0.25 % Ophthalmic	P	
Timolol Maleate Gel Forming Solution 0.5 % Ophthalmic	P	
Timolol Maleate OcuDose Solution 0.5 % Ophthalmic	NP	ST
Timolol Maleate PF Solution 0.25 % Ophthalmic	NP	ST
Timolol Maleate PF Solution 0.5 % Ophthalmic	NP	ST
Timolol Maleate SOLUTION 0.25 % OPHTHALMIC	P	
Timolol Maleate Solution 0.5 % Ophthalmic	P	
Timoptic OcuDose SOLUTION 0.25 % OPHTHALMIC	NP	ST
Timoptic OcuDose SOLUTION 0.5 % OPHTHALMIC	NP	ST
Timoptic SOLUTION 0.25 % Ophthalmic	NP	ST
Timoptic SOLUTION 0.5 % Ophthalmic	NP	ST
Timoptic-XE GEL FORMING SOLUTION 0.25 % Ophthalmic	NP	ST
Timoptic-XE Gel Forming Solution 0.5 % Ophthalmic	NP	ST

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Drug Name	Preference Details	Coverage Details
*Cholinergic Agonists***		
Tyrvaya Solution 0.03 MG/ACT Nasal	NP	ST
*Cycloplegic Mydriatic Combinations***		
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	S	
*Cycloplegic Mydriatics***		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	S	
<i>atropine sulfate ophthalmic ointment 1 %</i>	S	
<i>atropine sulfate ophthalmic solution 0.025 %, 0.05 %</i>	S	PA; PA Required
<i>atropine sulfate ophthalmic solution 1 %</i>	S	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	S	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	S	
<i>homatropine hbr ophthalmic solution 5 %</i>	S	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	S	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	S	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
Xiidra Solution 5 % Ophthalmic	P	
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	S	
*Miotics - Direct Acting***		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG	S	
MIOSTAT INTRAOCULAR SOLUTION 0.01 %	S	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	S	
VUITY OPHTHALMIC SOLUTION 1.25 %	S	
*Ophthalmic - Multiple Receptor Angiogenesis Inhibitors***		
Vabysmo Intravitreal Solution 6 MG/0.05ML	BE	

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Drug Name	Preference Details	Coverage Details
*Ophthalmic Antiallergic***		
Alocril SOLUTION 2 % OPHTHALMIC	NP	ST
Alomide Solution 0.1 % Ophthalmic	NP	ST
Azelastine HCl Solution 0.05 % Ophthalmic	NP	ST
Bepotastine Besilate Solution 1.5 % Ophthalmic	NP	ST
Bepreve SOLUTION 1.5 % OPHTHALMIC	NP	ST
Cromolyn Sodium SOLUTION 4 % OPHTHALMIC	P	
Epinastine HCl SOLUTION 0.05 % OPHTHALMIC	NP	ST
LASTACRAFT OPHTHALMIC SOLUTION 0.25 %	S	
Lastacaft Solution 0.25 % Ophthalmic (OTC)	BE	
Olopatadine HCl Solution 0.1 % Ophthalmic (Rx)	P	ST
Olopatadine HCl Solution 0.2 % Ophthalmic (Rx)	P	
PATADAY OPHTHALMIC SOLUTION 0.7 %	S	
Zerviate Solution 0.24 % Ophthalmic	NP	ST
*Ophthalmic Antibiotics***		
AzaSite Solution 1 % Ophthalmic	NP	ST
Baciguent Ointment 500 UNIT/GM Ophthalmic	NP	ST
Bacitracin OINTMENT 500 UNIT/GM OPHTHALMIC	NP	ST
Besivance SUSPENSION 0.6 % OPHTHALMIC	NP	ST
Ciloxan Ointment 0.3 % Ophthalmic	NP	ST
Ciprofloxacin HCl SOLUTION 0.3 % OPHTHALMIC	P	
Erythromycin Ointment 5 MG/GM Ophthalmic	P	
GARAMYCIN OPHTHALMIC OINTMENT 0.3 %	S	
Gatifloxacin SOLUTION 0.5 % OPHTHALMIC	NP	ST

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Drug Name	Preference Details	Coverage Details
GENTAK OPHTHALMIC OINTMENT 0.3 %	S	
<i>gentamicin sulfate ophthalmic ointment 0.3 %</i>	S	
Gentamicin Sulfate SOLUTION 0.3 % OPHTHALMIC	P	
<i>levofloxacin ophthalmic solution 0.5 %</i>	S	
Levofloxacin SOLUTION 0.5 % OPHTHALMIC	NP	ST
Moxeza SOLUTION 0.5 % OPHTHALMIC	NP	ST
Moxifloxacin HCl (2X Day) Solution 0.5 % Ophthalmic	NP	ST
Moxifloxacin HCl Solution 0.5 % Ophthalmic	P	
Ocuflox SOLUTION 0.3 % OPHTHALMIC	NP	ST
Ofloxacin SOLUTION 0.3 % OPHTHALMIC	P	
QUIXIN OPHTHALMIC SOLUTION 0.5 %	S	
Tobramycin SOLUTION 0.3 % OPHTHALMIC	P	
Tobrex Ointment 0.3 % Ophthalmic	NP	ST; Click here to search Step Therapy criteria for this drug.
Vigamox Solution 0.5 % Ophthalmic	NP	ST
Zymaxid SOLUTION 0.5 % OPHTHALMIC	NP	ST
*Ophthalmic Antifungal***		
Natacyn Suspension 5 % Ophthalmic	NP	ST
*Ophthalmic Anti-Infective Combinations***		
Bacitracin-Polymyxin B OINTMENT 500-10000 UNIT/GM OPHTHALMIC	P	
Neomycin-Bacitracin Zn-Polymyx Ointment 3.5-400-10000 Ophthalmic	NP	ST
Neomycin-Bacitracin Zn-Polymyx OINTMENT 5-400-10000 OPHTHALMIC	NP	ST
Neomycin-Polymyxin-Gramicidin SOLUTION 1.75-10000-.025 OPHTHALMIC	NP	ST
Neo-Polycin OINTMENT 3.5-400-10000 OPHTHALMIC	NP	ST
Polycin OINTMENT 500-10000 UNIT/GM OPHTHALMIC	P	
Polymyxin B-Trimethoprim SOLUTION 10000-0.1 UNIT/ML-% OPHTHALMIC	P	

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Drug Name	Preference Details	Coverage Details
Tobramycin-Vancomycin HCl Ophthalmic Solution 1.5-5 %	BE	
*Ophthalmic Antivirals***		
ZIRGAN OPHTHALMIC GEL 0.15 %	S	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
Azopt Suspension 1 % Ophthalmic	NP	ST
Brinzolamide Suspension 1 % Ophthalmic	NP	ST
Dorzolamide HCl Solution 2 % Ophthalmic	P	
*Ophthalmic Complement C3 Inhibitors***		
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML	S	
*Ophthalmic Decongestant Combinations***		
Clear Eyes Triple Action SOLUTION 0.05-0.5-0.6 % OPHTHALMIC	BE	
Murine Tears Plus SOLUTION 0.05-0.5-0.6 % OPHTHALMIC	BE	
*Ophthalmic Diagnostic Products***		
AK-Fluor Intravenous Solution 25 %	BE	
Fluorescein Sodium/Benoxinate Ophthalmic Solution 0.3-0.4 %	BE	
Flura-Safe Ophthalmic Solution 0.35-0.4 %	BE	
Ful-Glo Ophthalmic Strip 0.6 MG	BE	
Green Glo Lissamine Green Ophthalmic Strip 1.5 MG	BE	
Lissamine Green Ophthalmic Strip 1.5 MG	BE	
Paremyd Ophthalmic Solution 1-0.25 %	BE	
Rose Glo Ophthalmic Strip 1.5 MG	BE	
*Ophthalmic Immunomodulators***		
Cequa Solution 0.09 % Ophthalmic	NP	ST
cycloSPORINE Emulsion 0.05 % Ophthalmic	NP	ST
Restasis EMULSION 0.05 % OPHTHALMIC	P	
Restasis Multidose EMULSION 0.05 % Ophthalmic	P	
Veveye Solution 0.1 % Ophthalmic	NP	ST
*Ophthalmic Irrigation Solutions***		
<i>balanced salt intraocular solution</i>	S	

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Drug Name	Preference Details	Coverage Details
BSS PLUS INTRAOCULAR SOLUTION	S	
*Ophthalmic Kinase Inhibitors - Combinations***		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	S	
rocklatan Solution 0.02-0.005 % Ophthalmic	P	
*Ophthalmic Local Anesthetics***		
AKTEN OPHTHALMIC GEL 3.5 %	S	
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	S	
IHEEZO OPHTHALMIC GEL 3 %	S	PA; PA Required
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	S	
TETCAINE OPHTHALMIC SOLUTION 0.5 %	S	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	S	
TETRAVISC FORTE OPHTHALMIC SOLUTION 0.5 %	S	
TETRAVISC OPHTHALMIC SOLUTION 0.5 %	S	
*Ophthalmic Nerve Growth Factors***		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	S	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
Acular LS SOLUTION 0.4 % OPHTHALMIC	NP	ST
Acular SOLUTION 0.5 % OPHTHALMIC	NP	ST
Acuvail Solution 0.45 % Ophthalmic	NP	ST
Bromfenac Sodium (Once-Daily) Solution 0.09 % Ophthalmic	NP	ST
BromSite SOLUTION 0.075 % OPHTHALMIC	NP	ST
Diclofenac Sodium SOLUTION 0.1 % OPHTHALMIC	P	
Flurbiprofen Sodium Solution 0.03 % Ophthalmic	P	
Ilevro Suspension 0.3 % Ophthalmic	NP	ST
Ketorolac Tromethamine SOLUTION 0.4 % OPHTHALMIC	P	

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Drug Name	Preference Details	Coverage Details
Ketorolac Tromethamine Solution 0.5 % Ophthalmic	P	
Nevanac Suspension 0.1 % Ophthalmic	P	ST
Prolensa SOLUTION 0.07 % OPHTHALMIC	NP	ST
*Ophthalmic Rho Kinase Inhibitors***		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	S	
Rhopressa Solution 0.02 % Ophthalmic	P	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
Alphagan P SOLUTION 0.1 % OPHTHALMIC	P	
Alphagan P SOLUTION 0.15 % OPHTHALMIC	P	
Apraclonidine HCl SOLUTION 0.5 % OPHTHALMIC	NP	ST
Brimonidine Tartrate Solution 0.1 % Ophthalmic	NP	ST
Brimonidine Tartrate Solution 0.15 % Ophthalmic	NP	ST
Brimonidine Tartrate Solution 0.2 % Ophthalmic	P	
Iopidine SOLUTION 1 % OPHTHALMIC	NP	ST
*Ophthalmic Steroid Combinations***		
Bacitra-Neomycin-Polymyxin-HC OINTMENT 1 % OPHTHALMIC	NP	ST
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	S	PA; PA Required
Maxitrol OINTMENT 3.5-10000-0.1 OPHTHALMIC	NP	ST
Maxitrol Suspension 0.1 % Ophthalmic	NP	ST
Maxitrol SUSPENSION 3.5-10000-0.1 OPHTHALMIC	NP	ST
Neomycin-Polymyxin-Dexameth OINTMENT 3.5-10000-0.1 OPHTHALMIC	P	
Neomycin-Polymyxin-Dexameth SUSPENSION 3.5-10000-0.1 OPHTHALMIC	P	

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Drug Name	Preference Details	Coverage Details
Neomycin-Polymyxin-HC SUSPENSION 3.5-10000-1 OPHTHALMIC	NP	ST
Neo-Polycin HC OINTMENT 1 % OPHTHALMIC	NP	ST
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	S	PA; PA Required
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	S	PA; PA Required
Pred-G SUSPENSION 0.3-1 % OPHTHALMIC	NP	ST
Sulfacetamide-Prednisolone SOLUTION 10-0.23 % OPHTHALMIC	NP	ST
TobraDex Ointment 0.3-0.1 % Ophthalmic	P	
TobraDex ST Suspension 0.3-0.05 % Ophthalmic	NP	ST
TobraDex Suspension 0.3-0.1 % Ophthalmic	P	
Tobramycin-Dexamethasone Suspension 0.3-0.1 % Ophthalmic	NP	ST
Zylet SUSPENSION 0.5-0.3 % OPHTHALMIC	NP	ST
*Ophthalmic Steroids***		
Alrex SUSPENSION 0.2 % OPHTHALMIC	NP	ST
Dexamethasone Sodium Phosphate SOLUTION 0.1 % OPHTHALMIC	P	
Dextenza Insert 0.4 MG Ophthalmic	NP	ST
Dexycu Suspension 9 % Intraocular	NP	ST
Difluprednate Emulsion 0.05 % Ophthalmic	P	ST
Durezol Emulsion 0.05 % Ophthalmic	NP	ST
Eysuvis Suspension 0.25 % Ophthalmic	P	
Flarex Suspension 0.1 % Ophthalmic	P	
Fluorometholone SUSPENSION 0.1 % OPHTHALMIC	P	
FML Forte SUSPENSION 0.25 % OPHTHALMIC	NP	ST
FML Liquifilm SUSPENSION 0.1 % OPHTHALMIC	NP	ST
FML OPHTHALMIC OINTMENT 0.1 %	S	PA; PA Required
Iluvien IMPLANT 0.19 MG Intravitreal	NP	ST

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Drug Name	Preference Details	Coverage Details
Inveltys Suspension 1 % Ophthalmic	NP	ST
Lotemax GEL 0.5 % OPHTHALMIC	NP	ST
Lotemax OINTMENT 0.5 % OPHTHALMIC	NP	ST
Lotemax SM Gel 0.38 % Ophthalmic	NP	ST
Lotemax SUSPENSION 0.5 % OPHTHALMIC	P	
Loteprednol Etabonate Gel 0.5 % Ophthalmic	NP	ST
Loteprednol Etabonate Suspension 0.5 % Ophthalmic	NP	ST
Ozurdex IMPLANT 0.7 MG Intravitreal	NP	ST
Pred Forte SUSPENSION 1 % OPHTHALMIC	NP	ST
Pred Mild SUSPENSION 0.12 % OPHTHALMIC	P	
PrednisoLONE Acetate SUSPENSION 1 % OPHTHALMIC	P	
PrednisoLONE Sodium Phosphate SOLUTION 1 % OPHTHALMIC	NP	ST
Retisert IMPLANT 0.59 MG Intravitreal	NP	ST
Triesence SUSPENSION 40 MG/ML INTRAOCULAR	NP	ST
Xipere Intraocular Suspension 40 MG/ML	BE	
Xipere Suspension 40 MG/ML Intraocular	NP	ST
Yutiq Implant 0.18 MG Intravitreal	NP	ST
*Ophthalmic Sulfonamides***		
Bleph-10 SOLUTION 10 % OPHTHALMIC	NP	ST
Sulfacetamide Sodium OINTMENT 10 % OPHTHALMIC	NP	ST
Sulfacetamide Sodium SOLUTION 10 % OPHTHALMIC	P	
*Ophthalmics - Blepharoptosis Agents**		
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	S	
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	S	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	S	

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Drug Name	Preference Details	Coverage Details
*Ophthalmics Misc. - Other***		
Miebo Solution 1.338 GM/ML Ophthalmic	NP	ST
*Prostaglandins - Ophthalmic***		
Bimatoprost Solution 0.03 % Ophthalmic	NP	ST
Durysta Implant 10 MCG Intraocular	NP	ST
Iyuzeh Solution 0.005 % Ophthalmic	NP	ST
Latanoprost Solution 0.005 % Ophthalmic	P	
Lumigan SOLUTION 0.01 % OPHTHALMIC	NP	ST
Tafluprost (PF) Solution 0.0015 % Ophthalmic	NP	ST
Travatan Z Solution 0.004 % Ophthalmic	P	
Travoprost (BAK Free) Solution 0.004 % Ophthalmic	NP	ST
Vyzulta Solution 0.024 % Ophthalmic	NP	ST
Xalatan SOLUTION 0.005 % OPHTHALMIC	NP	ST
Xelpros Emulsion 0.005 % Ophthalmic	NP	ST
Zioptan Solution 0.0015 % Ophthalmic	NP	ST
*Vascular Endothelial Growth Factor (Vegf) Antagonists***		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML	S	
Byooviz Intravitreal Solution 0.5 MG/0.05ML	BE	
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	S	
Susvimo (Implant 1st Fill) Intravitreal Solution 10 MG/0.1ML	BE	
Susvimo (Implant Refill) Intravitreal Solution 10 MG/0.1ML	BE	
Otic Agents		
*Otic Agents - Miscellaneous***		
Acetic Acid Solution 2 % Otic	P	
*Otic Analgesic Combinations***		
Cortane-B Aqueous SOLUTION 10-10-1 MG/ML OTIC	BE	
Cortane-B SOLUTION 10-10-1 MG/ML OTIC	BE	

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Drug Name	Preference Details	Coverage Details
Cortic-ND SOLUTION 10-10-1 MG/ML OTIC	BE	
Exotic-HC SOLUTION 10-10-1 MG/ML OTIC	BE	
Oticin HC NR SOLUTION 10-10-1 MG/ML OTIC	BE	
*Otic Anti-Infectives***		
Ciprofloxacin HCl SOLUTION 0.2 % OTIC	NP	ST
Ofloxacin Solution 0.3 % Otic	P	
OTIPRIO INTRATYMPANIC SUSPENSION 6 %	S	
*Otic Steroid-Anti-Infective Combinations***		
Cipro HC Suspension 0.2-1 % Otic	NP	PA; ST; Click here
Ciprodex Suspension 0.3-0.1 % Otic	P	
Ciprofloxacin-Dexamethasone Suspension 0.3-0.1 % Otic	P	ST
Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	NP	ST
Cortisporin-TC Suspension 3.3-3-10-0.5 MG/ML Otic	NP	ST
Neomycin-Polymyxin-HC SOLUTION 1 % OTIC	P	
Neomycin-Polymyxin-HC SOLUTION 3.5-10000-1 OTIC	P	
Neomycin-Polymyxin-HC Suspension 3.5-10000-1 Otic	P	
*Otic Steroids***		
DermOtic OIL 0.01 % OTIC	P	
Flac Oil 0.01 % Otic	NP	ST
Fluocinolone Acetonide Oil 0.01 % Otic	NP	ST
Hydrocortisone-Acetic Acid SOLUTION 1-2 % OTIC	NP	ST
Oxytocics		
*Abortifacient Combinations***		
MPM Pak Oral Therapy Pack 200-0.2-8-800 MG	BE	

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Drug Name	Preference Details	Coverage Details
*Abortifacients/Cervical Ripening - Prostaglandins***		
<i>carboprost tromethamine intramuscular solution 250 mcg/ml</i>	S	
CERVIDIL VAGINAL INSERT 10 MG	S	
PREPIDIL VAGINAL GEL 0.5 MG/3GM	S	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	S	
*Oxytocics***		
METHERGINE ORAL TABLET 0.2 MG	S	
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	S	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	S	
<i>oxytocin injection solution 10 unit/ml</i>	S	
<i>oxytocin-dextrose intravenous solution 20-5 unit/l-%, 30-5 ut/500ml-%</i>	S	
Oxytocin-Lactated Ringers Intravenous Solution 15 UNIT/250ML	BE	
<i>oxytocin-lactated ringers intravenous solution 20 unit/l, 30 unit/500ml</i>	S	
<i>oxytocin-sodium chloride intravenous solution 15-0.9 ut/250ml-%, 20-0.9 unit/l-%, 20-0.9 ut/l-%, 20-0.9 ut/500ml-%, 30-0.9 unit/l-%, 30-0.9 ut/500ml-%, 40-0.9 unit/l-%</i>	S	
Passive Immunizing And Treatment Agents		
*Antitoxins-Antivenins***		
<i>antivenin latrodectus mactans injection kit</i>	S	
<i>antivenin micrurus fulvius intravenous solution reconstituted</i>	S	
*Antiviral Monoclonal Antibodies***		
<i>bamlanivimab intravenous solution 700 mg/20ml</i>	S	
<i>bebtelovimab intravenous solution 175 mg/2ml</i>	S	
<i>casirivimab injection solution 1332 mg/11.1ml, 300 mg/2.5ml</i>	S	
<i>casirivimab intravenous solution 1332 mg/11.1ml, 300 mg/2.5ml</i>	S	
<i>etesevimab intravenous solution 700 mg/20ml</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>imdevimab injection solution 1332 mg/11.1ml, 300 mg/2.5ml</i>	S	
<i>imdevimab intravenous solution 1332 mg/11.1ml, 300 mg/2.5ml</i>	S	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	S	PA; PA Required
*Bacterial Monoclonal Antibodies***		
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML	S	
*Immune Serums***		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML	S	
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	S	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	S	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	S	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	S	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	S	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML	S	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	S	
GAMASTAN INTRAMUSCULAR INJECTABLE	S	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	S	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	S	

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Drug Name	Preference Details	Coverage Details
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	S	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	S	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	S	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	S	
HEPAGAM B INJECTION SOLUTION , 312 UNIT/ML	S	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	S	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	S	
HYPERHEP B INTRAMUSCULAR SOLUTION , 220 UNIT/ML	S	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML	S	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML	S	
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	S	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT	S	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML	S	
HYPERTET S/D INTRAMUSCULAR INJECTABLE 250 UNIT/ML	S	
HYPERTET S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML	S	

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Drug Name	Preference Details	Coverage Details
IMOGAM RABIES-HT INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	S	
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	S	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	S	
NABI-HB INTRAMUSCULAR SOLUTION , 312 UNIT/ML	S	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	S	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	S	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	S	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	S	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	S	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	S	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	S	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	S	
*Monoclonal Antibody - Combinations***		
Evusheld Intramuscular Solution 150 & 150 MG/1.5ML	BE	
Regen-COV Injection Solution 300 & 300 MG/2.5ML	BE	

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Drug Name	Preference Details	Coverage Details
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	S	
Penicillins		
*Aminopenicillins***		
Amoxicillin CAPSULE 250 MG ORAL	P	
Amoxicillin CAPSULE 500 MG ORAL	P	
Amoxicillin SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	P	
Amoxicillin SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	P	
Amoxicillin SUSPENSION RECONSTITUTED 250 MG/5ML ORAL	P	
Amoxicillin SUSPENSION RECONSTITUTED 400 MG/5ML ORAL	P	
Amoxicillin TABLET 500 MG ORAL	P	
Amoxicillin TABLET 875 MG ORAL	P	
Amoxicillin TABLET CHEWABLE 125 MG ORAL	P	
Amoxicillin TABLET CHEWABLE 250 MG ORAL	P	
Ampicillin CAPSULE 500 MG ORAL	P	
Ampicillin Sodium Injection Solution Reconstituted 250 MG, 500 MG	P	
Ampicillin Sodium Solution Reconstituted 1 GM Injection	P	
Ampicillin Sodium SOLUTION RECONSTITUTED 1 GM Intravenous	P	
Ampicillin Sodium Solution Reconstituted 10 GM Intravenous	P	
Ampicillin Sodium SOLUTION RECONSTITUTED 125 MG INJECTION	P	
Ampicillin Sodium Solution Reconstituted 2 GM Injection	P	
Ampicillin Sodium SOLUTION RECONSTITUTED 2 GM Intravenous	P	

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Drug Name	Preference Details	Coverage Details
Ampicillin Sodium Solution Reconstituted 250 MG Injection	P	
Ampicillin Sodium SOLUTION RECONSTITUTED 500 MG INJECTION	P	
*Natural Penicillins***		
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	S	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	S	
<i>penicillin g pot in dextrose intravenous solution 20000 unit/ml, 40000 unit/ml, 60000 unit/ml</i>	S	
Penicillin G Sodium SOLUTION RECONSTITUTED 5000000 UNIT INJECTION	P	
Penicillin V Potassium SOLUTION RECONSTITUTED 125 MG/5ML ORAL	P	
Penicillin V Potassium SOLUTION RECONSTITUTED 250 MG/5ML ORAL	P	
Penicillin V Potassium TABLET 250 MG Oral	P	
Penicillin V Potassium TABLET 500 MG ORAL	P	
*Penicillin Combinations***		
Amoxicillin-Pot Clavulanate ER Tablet Extended Release 12 Hour 1000-62.5 MG Oral	P	
Amoxicillin-Pot Clavulanate SUSPENSION RECONSTITUTED 200-28.5 MG/5ML ORAL	P	
Amoxicillin-Pot Clavulanate Suspension Reconstituted 250-62.5 MG/5ML Oral	P	
Amoxicillin-Pot Clavulanate SUSPENSION RECONSTITUTED 400-57 MG/5ML ORAL	P	
Amoxicillin-Pot Clavulanate SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ORAL	P	
Amoxicillin-Pot Clavulanate TABLET 250-125 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Amoxicillin-Pot Clavulanate TABLET 500-125 MG ORAL	P	
Amoxicillin-Pot Clavulanate TABLET 875-125 MG ORAL	P	
Amoxicillin-Pot Clavulanate TABLET CHEWABLE 200-28.5 MG ORAL	NP	ST
Amoxicillin-Pot Clavulanate TABLET CHEWABLE 400-57 MG ORAL	NP	ST
Ampicillin-Sulbactam Sodium Solution Reconstituted 1.5 (1-0.5) GM Injection	P	
Ampicillin-Sulbactam Sodium SOLUTION RECONSTITUTED 1.5 (1-0.5) GM Intravenous	P	
Ampicillin-Sulbactam Sodium Solution Reconstituted 15 (10-5) GM Intravenous	P	
Ampicillin-Sulbactam Sodium Solution Reconstituted 3 (2-1) GM Injection	P	
Ampicillin-Sulbactam Sodium SOLUTION RECONSTITUTED 3 (2-1) GM Intravenous	P	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	S	
Augmentin Suspension Reconstituted 125-31.25 MG/5ML Oral	NP	ST
Augmentin XR Tablet Extended Release 12 Hour 1000-62.5 MG Oral	NP	ST
Bicillin C-R 900/300 SUSPENSION 900000-300000 UNIT/2ML Intramuscular	P	
Bicillin C-R SUSPENSION 1200000 UNIT/2ML Intramuscular	P	
Piperacillin Sod-Tazobactam So SOLUTION RECONSTITUTED 13.5 (12-1.5) GM Intravenous	P	
Piperacillin Sod-Tazobactam So Solution Reconstituted 2.25 (2-0.25) GM Intravenous	P	
Piperacillin Sod-Tazobactam So Solution Reconstituted 3.375 (3-0.375) GM Intravenous	P	
Piperacillin Sod-Tazobactam So Solution Reconstituted 4.5 (4-0.5) GM Intravenous	P	
Piperacillin Sod-Tazobactam So Solution Reconstituted 40.5 (36-4.5) GM Intravenous	P	

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Drug Name	Preference Details	Coverage Details
Piperacillin Sod-Tazobactam So Solution Reconstituted 4-0.5 GM Intravenous	P	
Unasyn SOLUTION RECONSTITUTED 1.5 (1-0.5) GM INJECTION	P	
Unasyn Solution Reconstituted 15 (10-5) GM Intravenous	P	
Unasyn SOLUTION RECONSTITUTED 3 (2-1) GM INJECTION	P	
Zosyn SOLUTION 2-0.25 GM/50ML Intravenous	P	
Zosyn SOLUTION 3-0.375 GM/50ML Intravenous	P	
Zosyn SOLUTION 4-0.5 GM/100ML Intravenous	P	
Zosyn SOLUTION RECONSTITUTED 2.25 (2-0.25) GM Intravenous	P	
Zosyn SOLUTION RECONSTITUTED 3.375 (3-0.375) GM Intravenous	P	
Zosyn SOLUTION RECONSTITUTED 4.5 (4-0.5) GM Intravenous	P	
Zosyn SOLUTION RECONSTITUTED 40.5 (36-4.5) GM Intravenous	P	
*Penicillinase-Resistant Penicillins***		
Dicloxacillin Sodium CAPSULE 250 MG ORAL	P	
Dicloxacillin Sodium CAPSULE 500 MG ORAL	P	
Nafcillin Sodium in Dextrose SOLUTION 1 GM/50ML Intravenous	P	
Nafcillin Sodium in Dextrose SOLUTION 2 GM/100ML Intravenous	P	
<i>nafcillin sodium intravenous solution reconstituted 2 gm</i>	S	
Nafcillin Sodium SOLUTION RECONSTITUTED 1 GM Injection	P	
Nafcillin Sodium Solution Reconstituted 10 GM Intravenous	P	
Nafcillin Sodium SOLUTION RECONSTITUTED 2 GM Injection	P	

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Drug Name	Preference Details	Coverage Details
Nafcillin Sodium SOLUTION RECONSTITUTED 2 GM Intravenous	P	
Oxacillin Sodium in Dextrose Solution 1 GM/50ML Intravenous	P	
Oxacillin Sodium in Dextrose Solution 2 GM/50ML Intravenous	P	
Oxacillin Sodium Solution Reconstituted 1 GM Injection	P	
Oxacillin Sodium Solution Reconstituted 10 GM Intravenous	P	
Oxacillin Sodium Solution Reconstituted 2 GM Injection	P	
Pharmaceutical Adjuvants		
*External Vehicles***		
ADA External Shampoo	BE	
Collodion Flexible External Liquid	BE	
Foamil External Liquid	BE	
Rheospray External Liquid	BE	
U-Mild External Shampoo	BE	
VersaPro External Shampoo	BE	
*Flavoring Agents***		
Almond Oil Bitter Flavor Liquid	BE	
Anise Extract Liquid	BE	
Anise Flavor Oil	BE	
Apple Flavor Liquid	BE	
Apricot Flavor Liquid	BE	
Bacon Flavor Liquid	BE	
Banana Concentrate Liquid	BE	
Banana Cream Flavor Liquid	BE	
Banana Creme Flavor Liquid	BE	
Banana Flavor Liquid	BE	
Beef (Grilled) Flavor Oil Sol Liquid	BE	
Beef Braised Natural Flavor Liquid	BE	
Beef Flavor Liquid	BE	
Beef Type Flavor Natural Liquid	BE	
Beef Type Flavor OS Liquid	BE	

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Drug Name	Preference Details	Coverage Details
Bitter Stop Flavor Liquid	BE	
Bitterness Mask Flavor Liquid	BE	
Bitterness Suppressor Flavor Liquid	BE	
Black Walnut Flavor Liquid	BE	
Blackberry Flavor Liquid	BE	
Blueberry Flavor Liquid	BE	
Bubble Gum Concentrate Liquid	BE	
Bubble Gum Flavor Liquid	BE	
Butter Flavor Liquid	BE	
Butter Rum Flavor Liquid	BE	
Butterscotch Flavor Liquid	BE	
Caramel Flavor Liquid	BE	
Cheese Cheddar Type Flavor Nat Liquid	BE	
Cheese Flavor Liquid	BE	
Cheesecake Flavor Liquid	BE	
Cherry Flavor Liquid	BE	
Chicken (Grilled) Flavor Liquid	BE	
Chicken (Roasted) Flavor Liquid	BE	
Chicken Flavor Liquid	BE	
Chicken Flavor Oil Miscible Liquid	BE	
Chicken Flavor Oil Soluble Liquid	BE	
Chicken Flavor Water Miscible Liquid	BE	
Chicken Roasted Concentrate Liquid	BE	
Chocolate Flavor Liquid	BE	
Chocolate Hazelnut Flavor Liquid	BE	
Cinnamon Flavor Oil	BE	
Coconut Flavor Liquid	BE	
Coffee Flavor Liquid	BE	
Cola Flavor Liquid	BE	
Cotton Candy Flavor Liquid	BE	
Cran-Raspberry Flavor Liquid	BE	
Creme de Menthe Flavor Liquid	BE	
Creme de Menthe Flavor Oil	BE	
Creme DeMenthe Flavor Liquid	BE	
Eggnog Flavor Liquid	BE	

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Drug Name	Preference Details	Coverage Details
English Toffee Flavor Liquid	BE	
Eucalyptol Flavor Liquid	BE	
Eucalyptus Flavor Oil	BE	
Eugenol Flavor Liquid	BE	
Grapefruit Flavor Oil	BE	
Lemon Flavor Oil	BE	
Lemonade Flavor Oil	BE	
Lime Flavor Oil	BE	
Peanut Butter Flavor Oil	BE	
Peppermint Flavor Oil	BE	
Spearmint Flavor Oil	BE	
Tangerine Flavor Oil	BE	
Teaberry Flavor Oil	BE	
*Misc. Vehicles***		
Seraqua External Liquid	BE	
Solydra External Liquid	BE	
*Oral Vehicles***		
Corn (Syrup) Oral Syrup	BE	
PCCA Acacia Syrup Base Oral Syrup	BE	
*Parenteral Vehicles***		
<i>bacteriostatic water(benz alc) injection solution</i>	S	
<i>diluent for lefamulin intravenous solution 0.9 %</i>	S	
<i>diluent for treprostinil intravenous solution</i>	S	
IV STABILIZER FOR LUMOXITI INTRAVENOUS SOLUTION 0.7-6.5-6.4 MG/ML	S	
<i>saline-phenol injection solution 0.4-0.9 %</i>	S	
<i>sterile diluentlepoprostenol intravenous solution</i>	S	
<i>sterile water for injection injection solution</i>	S	
*Placebos***		
Placebo #00 Oral Capsule	BE	
*Semi Solid Vehicles***		
Alcohol Base Gel	BE	
Alcohol Base Gel Gel	BE	
Baby Skin Protectant External Ointment 41 %	BE	

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Drug Name	Preference Details	Coverage Details
BL Petroleum Jelly External Ointment	BE	
Cream Base Niosomes External Cream	BE	
Cream-Heavy Base Niosomes External Cream	BE	
Daily Moisturizer External Ointment 41 %	BE	
Dover Lubricating Jelly External Ointment	BE	
DPI Alcohol Gel Gel	BE	
Freedom Alcohol Gel Gel	BE	
Hormone Cr Heavy Base Niosomes External Cream	BE	
Hormone Cream Base Niosomes External Cream	BE	
Medihol Base Gel	BE	
Petrolatum External Ointment 42 %	BE	
Petroleum Jelly Baby External Ointment	BE	
Petroleum Jelly External Ointment	BE	
Polyethylene Glycol 8000 External Ointment	BE	
RA Petroleum Jelly External Ointment	BE	
Secura Protective External Ointment 98.789 %	BE	
Skin Protectant External Ointment 44.28 %	BE	
Universal Water Gel	BE	
Water Base Gel Gel	BE	
Yellow Petrolatum External Ointment	BE	
Progestins		
*Progestins***		
Megestrol Acetate SUSPENSION 625 MG/5ML ORAL	NP	ST
<i>progesterone intramuscular oil 50 mg/ml</i>	S	
Psychotherapeutic And Neurological Agents - Misc.		
*Agents For Opioid Withdrawal***		
LUCEMYRA ORAL TABLET 0.18 MG	S	
Lucemyra Tablet 0.18 MG Oral	NP	ST
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	S	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
*Alzheimer's Treatment - Anti-Amyloid Antibodies***		
Aduhelm Solution 170 MG/1.7ML Intravenous	NP	PA; ST; PA Required
Aduhelm Solution 300 MG/3ML Intravenous	NP	PA; ST; PA Required
Leqembi Intravenous Solution 200 MG/2ML, 500 MG/5ML	NP	PA; PA Required
Leqembi Solution 200 MG/2ML Intravenous	NP	ST
Leqembi Solution 500 MG/5ML Intravenous	NP	ST
*Anti-Cataplectic Agents***		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	S	
XYREM ORAL SOLUTION 500 MG/ML	S	PA; PA Required
*Anti-Cataplectic Combinations***		
XYWAV ORAL SOLUTION 500 MG/ML	S	PA; PA Required
*Antidementia Agent Combinations***		
Namzaric Capsule ER 24 Hour Therapy Pack 7 & 14 & 21 & 28 -10 MG Oral	NP	ST
Namzaric CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	NP	ST
Namzaric CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	NP	ST
Namzaric CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	NP	ST
Namzaric CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	NP	ST
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	S	
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	S	
*Cald - Autologous Cellular Gene Therapy Agents***		
SKYSONA INTRAVENOUS SUSPENSION	S	

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Drug Name	Preference Details	Coverage Details
*Cholinomimetics - Ache Inhibitors***		
Adlarity Patch Weekly 10 MG/DAY Transdermal	NP	ST
Adlarity Patch Weekly 5 MG/DAY Transdermal	NP	ST
Aricept TABLET 10 MG ORAL	NP	ST
Aricept TABLET 23 MG ORAL	NP	ST
Aricept TABLET 5 MG ORAL	NP	ST
Donepezil HCl Tablet 10 MG Oral	P	
Donepezil HCl TABLET 23 MG ORAL	NP	ST
Donepezil HCl Tablet 5 MG Oral	P	
Donepezil HCl Tablet Dispersible 10 MG Oral	P	
Donepezil HCl Tablet Dispersible 5 MG Oral	P	
Exelon Patch 24 Hour 13.3 MG/24HR Transdermal	P	
Exelon Patch 24 Hour 4.6 MG/24HR Transdermal	P	
Exelon Patch 24 Hour 9.5 MG/24HR Transdermal	P	
Galantamine Hydrobromide ER CAPSULE EXTENDED RELEASE 24 HOUR 16 MG ORAL	NP	ST
Galantamine Hydrobromide ER CAPSULE EXTENDED RELEASE 24 HOUR 24 MG ORAL	NP	ST
Galantamine Hydrobromide ER CAPSULE EXTENDED RELEASE 24 HOUR 8 MG ORAL	NP	ST
Galantamine Hydrobromide SOLUTION 4 MG/ML ORAL	NP	ST
Galantamine Hydrobromide TABLET 12 MG ORAL	NP	ST
Galantamine Hydrobromide TABLET 4 MG ORAL	NP	ST
Galantamine Hydrobromide TABLET 8 MG ORAL	NP	ST
Rivastigmine Patch 24 Hour 13.3 MG/24HR Transdermal	NP	ST

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Drug Name	Preference Details	Coverage Details
Rivastigmine Patch 24 Hour 4.6 MG/24HR Transdermal	NP	ST
Rivastigmine Patch 24 Hour 9.5 MG/24HR Transdermal	NP	ST
Rivastigmine Tartrate Capsule 1.5 MG Oral	P	
Rivastigmine Tartrate Capsule 3 MG Oral	P	
Rivastigmine Tartrate Capsule 4.5 MG Oral	P	
Rivastigmine Tartrate Capsule 6 MG Oral	P	
*Fibromyalgia Agent - Snris***		
Savella TABLET 100 MG ORAL	NP	ST; QL (2 EA per 1 day)
Savella TABLET 12.5 MG ORAL	NP	ST; QL (2 EA per 1 day)
Savella TABLET 25 MG ORAL	NP	ST; QL (2 EA per 1 day)
Savella TABLET 50 MG ORAL	NP	ST; QL (2 EA per 1 day)
Savella Titration Pack 12.5 & 25 & 50 MG ORAL	NP	ST; QL (55 EA per 180 days)
*Melanocortin Receptor Agonists***		
Vyleesi Subcutaneous Solution Auto-Injector 1.75 MG/0.3ML	N/A	
*Movement Disorder Drug Therapy***		
Austedo Patient Titration Kit Oral Tablet Therapy Pack 6 & 9 & 12 MG	NP	PA; PA Required
Austedo TABLET 12 MG Oral	P	PA; PA Required
Austedo TABLET 6 MG Oral	P	PA; PA Required
Austedo TABLET 9 MG Oral	P	PA; PA Required
Austedo XR Oral Tablet Extended Release 24 Hour 12 MG, 24 MG, 6 MG	NP	PA; PA Required
Austedo XR Patient Titration Oral Tablet Extended Release Therapy Pack 6 & 12 & 24 MG	NP	PA; PA Required
Austedo XR Patient Titration Tablet Extended Release Therapy Pack 6 & 12 & 24 MG Oral	NP	PA; ST; PA Required
Austedo XR Tablet Extended Release 24 Hour 12 MG Oral	NP	PA; ST; PA Required
Austedo XR Tablet Extended Release 24 Hour 24 MG Oral	NP	PA; ST; PA Required
Austedo XR Tablet Extended Release 24 Hour 6 MG Oral	NP	PA; ST; PA Required

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Drug Name	Preference Details	Coverage Details
Ingrezza Capsule 40 MG Oral	P	PA; PA Required
Ingrezza Capsule 60 MG Oral	P	PA; PA Required
Ingrezza CAPSULE 80 MG Oral	P	PA; PA Required
Ingrezza Capsule Therapy Pack 40 & 80 MG Oral	P	PA; PA Required; AL (Min 18 Years)
Tetrabenazine TABLET 12.5 MG ORAL	P	PA; PA Required
Tetrabenazine TABLET 25 MG ORAL	P	PA; PA Required
Xenazine TABLET 12.5 MG ORAL	NP	PA; ST; PA Required
Xenazine TABLET 25 MG ORAL	NP	PA; ST; PA Required
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
Aubagio TABLET 14 MG ORAL	NP	ST
Aubagio TABLET 7 MG ORAL	NP	ST
Teriflunomide Tablet 14 MG Oral	P	ST
Teriflunomide Tablet 7 MG Oral	P	ST
*Multiple Sclerosis Agents - Antimetabolites***		
Mavenclad (10 Tabs) Tablet Therapy Pack 10 MG Oral	NP	ST
Mavenclad (4 Tabs) Tablet Therapy Pack 10 MG Oral	NP	ST
Mavenclad (5 Tabs) Tablet Therapy Pack 10 MG Oral	NP	ST
Mavenclad (6 Tabs) Tablet Therapy Pack 10 MG Oral	NP	ST
Mavenclad (7 Tabs) Tablet Therapy Pack 10 MG Oral	NP	ST
Mavenclad (8 Tabs) Tablet Therapy Pack 10 MG Oral	NP	ST
Mavenclad (9 Tabs) Tablet Therapy Pack 10 MG Oral	NP	ST
*Multiple Sclerosis Agents - Interferons***		
Avonex Pen Auto-injector Kit 30 MCG/0.5ML Intramuscular	P	
Avonex Prefilled Prefilled Syringe Kit 30 MCG/0.5ML Intramuscular	P	
Betaseron KIT 0.3 MG Subcutaneous	P	
Extavia KIT 0.3 MG Subcutaneous	NP	ST

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Drug Name	Preference Details	Coverage Details
Plegridy Solution Pen-injector 125 MCG/0.5ML Subcutaneous	NP	ST
Plegridy Solution Prefilled Syringe 125 MCG/0.5ML Intramuscular	NP	ST
Plegridy Solution Prefilled Syringe 125 MCG/0.5ML Subcutaneous	NP	ST
Plegridy Starter Pack Solution Pen-injector 63 & 94 MCG/0.5ML Subcutaneous	NP	ST
Plegridy Starter Pack Solution Prefilled Syringe 63 & 94 MCG/0.5ML Subcutaneous	NP	ST
Rebif Rebidose Solution Auto-injector 22 MCG/0.5ML Subcutaneous	P	
Rebif Rebidose Solution Auto-injector 44 MCG/0.5ML Subcutaneous	P	
Rebif Rebidose Titration Pack Solution Auto-injector 6X8.8 & 6X22 MCG Subcutaneous	P	
Rebif Solution Prefilled Syringe 22 MCG/0.5ML Subcutaneous	P	
Rebif Solution Prefilled Syringe 44 MCG/0.5ML Subcutaneous	P	
Rebif Titration Pack Solution Prefilled Syringe 6X8.8 & 6X22 MCG Subcutaneous	P	
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
Briumvi Solution 150 MG/6ML Intravenous	NP	ST
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	P	ST
Lemtrada SOLUTION 12 MG/1.2ML Intravenous	NP	ST
Ocrevus SOLUTION 300 MG/10ML Intravenous	NP	PA; ST
Tysabri CONCENTRATE 300 MG/15ML Intravenous	NP	ST
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
Bafiertam Capsule Delayed Release 95 MG Oral	NP	ST
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	P	
Dimethyl Fumarate Starter Pack Capsule Delayed Release Therapy Pack 120 & 240 MG Oral	P	
Tecfidera CAPSULE DELAYED RELEASE 120 MG ORAL	NP	ST
Tecfidera CAPSULE DELAYED RELEASE 240 MG ORAL	NP	ST
Tecfidera Capsule Delayed Release Therapy Pack 120 & 240 MG Oral	NP	ST
Vumerity Capsule Delayed Release 231 MG Oral	NP	ST
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
Ampyra Tablet Extended Release 12 Hour 10 MG Oral	NP	ST
Dalfampridine ER Tablet Extended Release 12 Hour 10 MG Oral	P	
*Multiple Sclerosis Agents***		
Copaxone Solution Prefilled Syringe 20 MG/ML Subcutaneous	P	
Copaxone Solution Prefilled Syringe 40 MG/ML Subcutaneous	P	
Glatiramer Acetate Solution Prefilled Syringe 20 MG/ML Subcutaneous	NP	ST
Glatiramer Acetate Solution Prefilled Syringe 40 MG/ML Subcutaneous	NP	ST
Glatopa Solution Prefilled Syringe 20 MG/ML Subcutaneous	NP	ST
Glatopa Solution Prefilled Syringe 40 MG/ML Subcutaneous	NP	ST
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
Memantine HCl ER Capsule Extended Release 24 Hour 14 MG Oral	NP	ST
Memantine HCl ER Capsule Extended Release 24 Hour 21 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Memantine HCl ER Capsule Extended Release 24 Hour 28 MG Oral	NP	ST
Memantine HCl ER Capsule Extended Release 24 Hour 7 MG Oral	NP	ST
Memantine HCl SOLUTION 2 MG/ML ORAL	NP	ST
Memantine HCl Tablet 10 MG Oral	P	
Memantine HCl Tablet 28 x 5 MG & 21 x 10 MG Oral	P	
Memantine HCl Tablet 5 MG Oral	P	
Namenda TABLET 10 MG ORAL	NP	ST
Namenda TABLET 5 MG ORAL	NP	ST
Namenda Titration Pak Tablet 28 x 5 MG & 21 x 10 MG Oral	NP	ST
Namenda XR CAPSULE EXTENDED RELEASE 24 HOUR 14 MG ORAL	NP	ST
Namenda XR CAPSULE EXTENDED RELEASE 24 HOUR 21 MG ORAL	NP	ST
Namenda XR CAPSULE EXTENDED RELEASE 24 HOUR 28 MG ORAL	NP	ST
Namenda XR CAPSULE EXTENDED RELEASE 24 HOUR 7 MG ORAL	NP	ST
Namenda XR Titration Pak CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG ORAL	NP	ST
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	S	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***		
Gralise 300 (9) & 600(24) MG Oral	NP	ST
Gralise Tablet 300 MG Oral	NP	ST
Gralise Tablet 450 MG Oral	NP	ST
Gralise Tablet 600 MG Oral	NP	ST
Gralise Tablet 750 MG Oral	NP	ST
Gralise Tablet 900 MG Oral	NP	ST
Lyrica CR Tablet Extended Release 24 Hour 165 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Lyrica CR Tablet Extended Release 24 Hour 330 MG Oral	NP	ST
Lyrica CR Tablet Extended Release 24 Hour 82.5 MG Oral	NP	ST
Pregabalin ER Tablet Extended Release 24 Hour 165 MG Oral	NP	ST
Pregabalin ER Tablet Extended Release 24 Hour 330 MG Oral	NP	ST
Pregabalin ER Tablet Extended Release 24 Hour 82.5 MG Oral	NP	ST
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
FLUoxetine HCl (PMDD) TABLET 10 MG ORAL	NP	ST; QL (3 EA per 1 day)
FLUoxetine HCl (PMDD) TABLET 20 MG ORAL	NP	ST; QL (3 EA per 1 day)
*Pseudobulbar Affect Agent Combinations***		
NUEDEXTA ORAL CAPSULE 20-10 MG	S	
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral tablet 1 mg</i>	S	
<i>pimozide oral tablet 1 mg, 2 mg</i>	S	
*Restless Leg Syndrome (Rls) Agents***		
Horizant Tablet Extended Release 300 MG Oral	NP	ST
Horizant Tablet Extended Release 600 MG Oral	NP	ST
*Small Interfering Ribonucleic Acid (Sirna) Agents***		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	S	
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	S	
*Smoking Deterrents***		
buPROPion HCl ER (Smoking Det) Tablet Extended Release 12 Hour 150 MG Oral	P	
Chantix Continuing Month Pak TABLET 1 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Chantix Starting Month Pak Oral Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42	NP	ST; QL (180 EA per 365 days)
Chantix Starting Month Pak Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42 Oral	P	
Chantix TABLET 1 MG ORAL	P	
GNP Nicotine Gum 2 MG Mouth/Throat	P	
GNP Nicotine Gum 4 MG Mouth/Throat	P	
GNP Nicotine Mini Lozenge 2 MG Mouth/Throat	P	
GNP Nicotine Mini Lozenge 4 MG Mouth/Throat	P	
GNP Nicotine Patch 24 Hour 14 MG/24HR Transdermal	P	
GNP Nicotine Patch 24 Hour 21 MG/24HR Transdermal	P	
GNP Nicotine Patch 24 Hour 7 MG/24HR Transdermal	P	
GNP Nicotine Polacrilex Gum 2 MG Mouth/Throat	P	
GNP Nicotine Polacrilex Gum 4 MG Mouth/Throat	P	
GNP Nicotine Polacrilex LOZENGE 2 MG MOUTH/THROAT	P	
GNP Nicotine Polacrilex LOZENGE 4 MG MOUTH/THROAT	P	
GoodSense Nicotine Gum 2 MG Mouth/Throat	P	
GoodSense Nicotine GUM 4 MG MOUTH/THROAT	P	
GoodSense Nicotine LOZENGE 2 MG Mouth/Throat	P	
GoodSense Nicotine Lozenge 4 MG Mouth/Throat	P	
HM Nicotine Patch 24 Hour 14 MG/24HR Transdermal	P	
HM Nicotine Patch 24 Hour 21 MG/24HR Transdermal	P	
HM Nicotine Patch 24 Hour 7 MG/24HR Transdermal	P	

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Drug Name	Preference Details	Coverage Details
HM Nicotine Polacrilex GUM 2 MG MOUTH/THROAT	P	
HM Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	P	
HM Nicotine Polacrilex LOZENGE 4 MG MOUTH/THROAT	P	
Nicotine KIT 21-14-7 MG/24HR TRANSDERMAL	P	
Nicotine Mini Lozenge 2 MG Mouth/Throat	P	
Nicotine Mini Lozenge 2 MG Mouth/Throat	P	PA; PA Required
Nicotine Mini Lozenge 4 MG Mouth/Throat	P	
Nicotine Mini Lozenge 4 MG Mouth/Throat	P	PA; PA Required
Nicotine Patch 24 Hour 14 MG/24HR Transdermal (OTC)	P	
Nicotine Patch 24 Hour 21 MG/24HR Transdermal (OTC)	P	
Nicotine Patch 24 Hour 7 MG/24HR Transdermal (OTC)	P	
Nicotine Polacrilex Gum 2 MG Mouth/Throat	P	
Nicotine Polacrilex Gum 4 MG Mouth/Throat	P	
Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	P	
Nicotine Polacrilex Lozenge 4 MG Mouth/Throat	P	
Nicotine Polacrilex Mini Lozenge 2 MG Mouth/Throat	P	
Nicotine Step 1 Patch 24 Hour 21 MG/24HR Transdermal	P	
Nicotine Step 2 Patch 24 Hour 14 MG/24HR Transdermal	P	
Nicotine Step 3 Patch 24 Hour 7 MG/24HR Transdermal	P	
Nicotrol INHALER 10 MG INHALATION	NP	ST
Nicotrol NS SOLUTION 10 MG/ML NASAL	NP	ST
SM Nicotine GUM 4 MG MOUTH/THROAT	P	
SM Nicotine Lozenge 2 MG Mouth/Throat	P	

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Drug Name	Preference Details	Coverage Details
SM Nicotine Patch 24 Hour 14 MG/24HR Transdermal	P	
SM Nicotine Patch 24 Hour 21 MG/24HR Transdermal	P	
SM Nicotine Patch 24 Hour 7 MG/24HR Transdermal	P	
SM Nicotine Polacrilex Gum 2 MG Mouth/Throat	P	
SM Nicotine Polacrilex Gum 4 MG Mouth/Throat	P	
SM Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	P	
SM Nicotine Polacrilex Lozenge 4 MG Mouth/Throat	P	
Varenicline Tartrate (Starter) Oral Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42	NP	ST; QL (180 EA per 365 days)
Varenicline Tartrate (Starter) Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42 Oral	NP	ST; Click hereto search Step Therapy criteria for this drug.
Varenicline Tartrate (Starter) Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42 Oral	P	
Varenicline Tartrate Oral Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42	NP	ST; QL (180 EA per 365 days)
Varenicline Tartrate Tablet 0.5 MG Oral	P	
Varenicline Tartrate Tablet 1 MG Oral	P	
Varenicline Tartrate(Continue) Tablet 1 MG Oral	P	
*Snris & Anesthetics/Analgesics***		
DermacinRx DPN Pak Combination Therapy Pack 60-5-3 MG-%	BE	
Duloxicaine Combination Kit 30 & 4 MG & %	BE	
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
Fingolimod HCl Capsule 0.5 MG Oral	P	ST
Gilenya Capsule 0.25 MG Oral	NP	ST
Gilenya CAPSULE 0.5 MG ORAL	NP	ST
Gilenya CAPSULE 0.5 MG ORAL	P	
Mayzent Starter Pack Tablet Therapy Pack 12 x 0.25 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Mayzent Starter Pack Tablet Therapy Pack 7 x 0.25 MG Oral	NP	ST
Mayzent Tablet 0.25 MG Oral	NP	ST
Mayzent Tablet 1 MG Oral	NP	ST
Mayzent Tablet 2 MG Oral	NP	ST
Ponvory Starter Pack Tablet Therapy Pack 2-3-4-5-6-7-8-9 & 10 MG Oral	NP	ST
Ponvory Tablet 20 MG Oral	NP	ST
Tascenso ODT Tablet Dispersible 0.5 MG Oral	NP	ST
Zeposia 7-Day Starter Pack Capsule Therapy Pack 4 x 0.23MG & 3 x 0.46MG Oral	NP	ST
Zeposia Capsule 0.92 MG Oral	NP	ST
Zeposia Starter Kit Capsule Therapy Pack 0.23MG & 0.46MG & 0.92MG Oral	NP	ST
Zeposia Starter Kit Capsule Therapy Pack 0.23MG & 0.46MG 0.92MG(21) Oral	NP	ST
*Thienbenzodiazepines & Opioid Antagonists***		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	S	
Lybalvi Tablet 10-10 MG Oral	NP	ST; QL (1 EA per 1 day)
Lybalvi Tablet 15-10 MG Oral	NP	ST; QL (1 EA per 1 day)
Lybalvi Tablet 20-10 MG Oral	NP	ST; QL (1 EA per 1 day)
Lybalvi Tablet 5-10 MG Oral	NP	ST; QL (1 EA per 1 day)
*Thienbenzodiazepines & SsrIs***		
OLANZapine-FLUoxetine HCl CAPSULE 12-25 MG ORAL	NP	ST; QL (1 EA per 1 day)
OLANZapine-FLUoxetine HCl CAPSULE 12-50 MG ORAL	NP	ST; QL (1 EA per 1 day)
OLANZapine-FLUoxetine HCl CAPSULE 3-25 MG ORAL	NP	ST; QL (1 EA per 1 day)
OLANZapine-FLUoxetine HCl CAPSULE 6-25 MG ORAL	NP	ST; QL (1 EA per 1 day)
OLANZapine-FLUoxetine HCl CAPSULE 6-50 MG ORAL	NP	ST; QL (1 EA per 1 day)
Symbyax CAPSULE 3-25 MG ORAL	P	QL (1 EA per 1 day)
Symbyax CAPSULE 6-25 MG ORAL	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
*Vasomotor Symptom Agents - Ssris***		
Brisdelle CAPSULE 7.5 MG Oral	NP	ST
PARoxetine Mesylate CAPSULE 7.5 MG Oral	NP	ST
Respiratory Agents - Misc.		
*Alpha-Proteinase Inhibitor (Human)***		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	S	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	S	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	S	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	S	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	S	
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG	S	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	S	PA; PA Required
KALYDECO ORAL TABLET 150 MG	S	PA; PA Required
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	S	PA; PA Required
ORKAMBI ORAL PACKET 75-94 MG	S	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	S	PA; PA Required
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	S	PA; PA Required
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	S	PA; PA Required
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	S	PA; PA Required
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL INHALATION CAPSULE 40 MG	S	

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Drug Name	Preference Details	Coverage Details
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	S	
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML	S	
*Pleural Sclerosing Agents***		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM	S	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM	S	
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV ORAL CAPSULE 100 MG, 150 MG	S	
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE 267 MG	S	
ESBRIET ORAL TABLET 267 MG, 801 MG	S	
<i>pirfenidone oral tablet 534 mg</i>	S	
*Respiratory Agents - Misc.***		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML	S	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-%	S	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-%	S	
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>	S	
Tetracyclines		
*Aminomethylcyclines***		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	S	
Nuzyra Tablet 150 MG Oral	NP	ST
*Fluorocyclines***		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	S	

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Drug Name	Preference Details	Coverage Details
*Glycylcyclines***		
<i>tigecycline intravenous solution reconstituted 50 mg</i>	S	
*Tetracyclines***		
Demeclocycline HCl Tablet 150 MG Oral	NP	ST
Demeclocycline HCl TABLET 300 MG ORAL	NP	ST
Doryx MPC Tablet Delayed Release 120 MG Oral	NP	ST
Doryx MPC Tablet Delayed Release 60 MG Oral	NP	ST; Click here
Doryx TABLET DELAYED RELEASE 200 MG ORAL	NP	ST
Doryx TABLET DELAYED RELEASE 50 MG ORAL	NP	ST
Doryx Tablet Delayed Release 80 MG Oral	NP	ST
Doxycycline Hyclate Oral Capsule 100 MG, 50 MG	P	
Doxycycline Hyclate Tablet 100 MG Oral	P	
Doxycycline Hyclate Tablet 150 MG Oral	P	
Doxycycline Hyclate Tablet 20 MG Oral	P	
Doxycycline Hyclate Tablet 50 MG Oral	P	
Doxycycline Hyclate Tablet 75 MG Oral	P	
Doxycycline Hyclate TABLET DELAYED RELEASE 100 MG ORAL	NP	ST
Doxycycline Hyclate TABLET DELAYED RELEASE 150 MG ORAL	NP	ST
Doxycycline Hyclate Tablet Delayed Release 200 MG Oral	NP	ST
Doxycycline Hyclate TABLET DELAYED RELEASE 50 MG ORAL	NP	ST
Doxycycline Hyclate TABLET DELAYED RELEASE 75 MG ORAL	NP	ST
Doxycycline Hyclate Tablet Delayed Release 80 MG Oral	NP	ST
Doxycycline Monohydrate Capsule 100 MG Oral	P	
Doxycycline Monohydrate CAPSULE 150 MG ORAL	NP	ST

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Drug Name	Preference Details	Coverage Details
Doxycycline Monohydrate Capsule 50 MG Oral	P	
Doxycycline Monohydrate Capsule 75 MG Oral	NP	ST
Doxycycline Monohydrate Suspension Reconstituted 25 MG/5ML Oral	NP	ST
Doxycycline Monohydrate Tablet 100 MG Oral	NP	ST
Doxycycline Monohydrate TABLET 150 MG ORAL	NP	ST
Doxycycline Monohydrate Tablet 50 MG Oral	NP	ST
Doxycycline Monohydrate TABLET 75 MG ORAL	NP	ST
Lymepak Tablet 100 MG Oral	NP	ST
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	S	
Minocycline HCl CAPSULE 100 MG Oral	P	
Minocycline HCl CAPSULE 50 MG Oral	P	
Minocycline HCl CAPSULE 75 MG ORAL	P	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	S	
Minocycline HCl ER Tablet Extended Release 24 Hour 105 MG Oral	NP	ST
Minocycline HCl ER Tablet Extended Release 24 Hour 105 MG Oral	NP	PA; ST; PA Required
Minocycline HCl ER Tablet Extended Release 24 Hour 115 MG Oral	NP	ST
Minocycline HCl ER Tablet Extended Release 24 Hour 135 MG Oral	NP	ST
Minocycline HCl ER Tablet Extended Release 24 Hour 45 MG Oral	NP	ST
Minocycline HCl ER Tablet Extended Release 24 Hour 55 MG Oral	NP	ST
Minocycline HCl ER Tablet Extended Release 24 Hour 55 MG Oral	NP	PA; ST; PA Required
Minocycline HCl ER Tablet Extended Release 24 Hour 65 MG Oral	NP	ST
Minocycline HCl ER Tablet Extended Release 24 Hour 80 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Minocycline HCl ER Tablet Extended Release 24 Hour 80 MG Oral	NP	PA; ST; PA Required
Minocycline HCl ER Tablet Extended Release 24 Hour 90 MG Oral	NP	ST
Minocycline HCl Tablet 100 MG Oral	NP	ST
Minocycline HCl Tablet 100 MG Oral	P	
Minocycline HCl Tablet 50 MG Oral	NP	ST
Minocycline HCl Tablet 50 MG Oral	P	
Minocycline HCl Tablet 75 MG Oral	NP	ST
Minocycline HCl Tablet 75 MG Oral	P	
Minolira Tablet Extended Release 24 Hour 105 MG Oral	NP	ST
Minolira Tablet Extended Release 24 Hour 135 MG Oral	NP	ST
Morgidox CAPSULE 100 MG ORAL	NP	ST
Morgidox CAPSULE 50 MG ORAL	NP	ST
Morgidox KIT 1 x 100 MG COMBINATION	NP	ST
Morgidox KIT 1 x 50 MG COMBINATION	NP	ST
Morgidox KIT 2 x 100 MG COMBINATION	NP	ST
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	S	
Solodyn Tablet Extended Release 24 Hour 105 MG Oral	NP	ST
Solodyn Tablet Extended Release 24 Hour 115 MG Oral	NP	ST
Solodyn Tablet Extended Release 24 Hour 55 MG Oral	NP	ST
Solodyn Tablet Extended Release 24 Hour 65 MG Oral	NP	ST
Solodyn Tablet Extended Release 24 Hour 80 MG Oral	NP	ST
Tetracycline HCl Capsule 250 MG Oral	NP	ST
Tetracycline HCl Capsule 250 MG Oral	NP	ST; Click here
Tetracycline HCl Capsule 500 MG Oral	NP	ST
Vibramycin CAPSULE 100 MG ORAL	NP	ST
Vibramycin Syrup 50 MG/5ML Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	S	
Thyroid Agents		
*Antithyroid Agents - Radiopharmaceuticals***		
<i>sodium iodide i-131 oral solution 1000 mcilml</i>	S	
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	S	
<i>propylthiouracil oral tablet 50 mg</i>	S	
*Thyroid Hormones***		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	S	
ERMEZA ORAL SOLUTION 150 MCG/5ML	S	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	S	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	S	
<i>levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml</i>	S	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	S	
<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>	S	
<i>levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	S	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	S	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	S	

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Drug Name	Preference Details	Coverage Details
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	S	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	S	
Synthroid Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	N/A	Narrow Therapeutic Index Drug- When utilizing a brand NTI drug in accordance with the state policy 5.8.2, use Dispense as Written (DAW) 7 to indicate brand required and to override any NADAC generic rate or MAC.
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	S	
<i>thyroid oral tablet 120 mg, 130 mg, 15 mg, 195 mg, 30 mg, 32.5 mg, 60 mg, 65 mg, 90 mg</i>	S	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	S	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	S	
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	S	
WESTHROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	S	
WESTHROID-P ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 97.5 MG	S	

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Drug Name	Preference Details	Coverage Details
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	S	
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	S	AL (Min 19 Years and Max 64 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	S	AL (Min 19 Years and Max 64 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	S	AL (Min 19 Years and Max 64 Years)
DAPTACEL SUSPENSION 23-15-5 INTRAMUSCULAR	S	AL (Min 19 Years)
<i>diphtheria-tetanus toxoids dt suspension 25-5 lful0.5ml intramuscular</i>	S	
DIPHThERIA-TETANUS TOXOIDS INTRAMUSCULAR INJECTABLE 2-5 LFU	S	AL (Min 19 Years)
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR	S	AL (Min 19 Years and Max 64 Years)
KINRIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	S	AL (Min 19 Years)
Pediarix Intramuscular Suspension Prefilled Syringe	NP	AL (Min 19 Years)
Pentacel Intramuscular Suspension Reconstituted	NP	AL (Min 19 Years)
QUADRACEL SUSPENSION INTRAMUSCULAR	S	AL (Min 19 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	S	AL (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	S	AL (Min 19 Years)
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lful0.5ml</i>	S	AL (Min 19 Years)
Vaxelis Intramuscular Suspension	NP	AL (Min 19 Years)
Vaxelis Intramuscular Suspension Prefilled Syringe	NP	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-30 mg, 16.2-60 mg	S	
Chlordiazepoxide-Clidinium CAPSULE 5-2.5 MG ORAL	BE	
Donnatal ELIXIR 16.2 MG/5ML ORAL	BE	
Donnatal TABLET 16.2 MG ORAL	BE	
PB-Hyoscy-Atropine-Scopolamine Elixir 16.2 MG/5ML Oral	BE	
PB-Hyoscy-Atropine-Scopolamine TABLET 16.2 MG Oral	BE	
PHENobarbital-Belladonna Alk Elixir 16.2 MG/5ML Oral	BE	
PHENobarbital-Belladonna Alk Tablet 16.2 MG Oral	BE	
Phenohydro Elixir 16.2 MG/5ML Oral	BE	
Phenohydro TABLET 16.2 MG ORAL	BE	
*Antispasmodics***		
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	S	
<i>dicyclomine hcl oral capsule 10 mg</i>	S	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	S	
<i>dicyclomine hcl oral tablet 20 mg</i>	S	
*Belladonna Alkaloids***		
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.25 MG/0.3ML, 0.5 MG/0.7ML, 1 MG/0.7ML, 2 MG/0.7ML	S	
<i>atropine sulfate (pf) injection solution 0.4 mg/ml, 1 mg/ml</i>	S	
<i>atropine sulfate injection solution 0.4 mg/ml, 1 mg/ml, 8 mg/20ml</i>	S	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 0.8 mg/2ml, 1 mg/10ml</i>	S	
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	S	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
<i>hyoscyamine sulfate injection solution 0.5 mg/ml</i>	S	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	S	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	S	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	S	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	S	
<i>hyoscyamine sulfate powder</i>	S	
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	S	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	S	
Hyoscyamine Sulfate TABLET 0.125 MG ORAL	BE	
Hyoscyamine Sulfate TABLET DISPERSIBLE 0.125 MG ORAL	BE	
Hyoscyamine Sulfate TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	BE	
Hyosyne ELIXIR 0.125 MG/5ML ORAL	BE	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	S	
<i>hyosyne oral solution 0.125 mg/ml</i>	S	
Hyosyne SOLUTION 0.125 MG/ML ORAL	BE	
LEVSIN INJECTION SOLUTION 0.5 MG/ML	S	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	S	
<i>oscimin oral tablet 0.125 mg</i>	S	
<i>oscimin oral tablet dispersible 0.125 mg</i>	S	
<i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i>	S	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	S	
SYMAX-SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	S	
Symax-SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	BE	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	S	

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Drug Name	Preference Details	Coverage Details
*H-2 Antagonists***		
AXID ORAL SOLUTION 15 MG/ML	S	
Cimetidine HCl Solution 400 MG/6.67ML Oral	NP	ST
Cimetidine TABLET 200 MG ORAL (Rx)	NP	ST
Cimetidine TABLET 300 MG ORAL	NP	ST
Cimetidine TABLET 400 MG ORAL	NP	ST
Cimetidine TABLET 800 MG ORAL	NP	ST
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	S	
Famotidine Suspension Reconstituted 40 MG/5ML Oral	P	
Famotidine Tablet 20 MG Oral (Rx)	P	
Famotidine Tablet 40 MG Oral	P	
Nizatidine CAPSULE 150 MG ORAL	NP	ST
Nizatidine CAPSULE 300 MG ORAL	NP	ST
<i>nizatidine oral solution 15 mg/ml</i>	S	
Pepcid TABLET 20 MG ORAL	NP	ST
Pepcid TABLET 40 MG ORAL	NP	ST
Ranitidine HCl CAPSULE 150 MG ORAL	P	
Ranitidine HCl CAPSULE 300 MG ORAL	P	
<i>ranitidine hcl injection solution 1000 mg/40ml, 150 mg/6ml, 50 mg/2ml</i>	S	
Ranitidine HCl SYRUP 15 MG/ML ORAL	P	
Ranitidine HCl TABLET 150 MG ORAL (Rx)	P	
Ranitidine HCl TABLET 300 MG ORAL	P	
ZANTAC INJECTION SOLUTION 1000 MG/40ML	S	
*Misc. Anti-Ulcer***		
<i>sucralfate oral suspension 1 gm/10ml</i>	S	
<i>sucralfate oral tablet 1 gm</i>	S	
*Proton Pump Inhibitor-Antacid Combinations***		
Konvomep Suspension Reconstituted 2-84 MG/ML Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
Omeprazole-Sodium Bicarbonate Capsule 20-1100 MG Oral (Rx)	NP	ST
Omeprazole-Sodium Bicarbonate CAPSULE 40-1100 MG ORAL	NP	ST
Omeprazole-Sodium Bicarbonate PACKET 20-1680 MG ORAL	NP	ST
Omeprazole-Sodium Bicarbonate PACKET 40-1680 MG ORAL	NP	ST
Zegerid CAPSULE 20-1100 MG ORAL	NP	ST
Zegerid CAPSULE 40-1100 MG ORAL	NP	ST
Zegerid PACKET 20-1680 MG ORAL	NP	ST
Zegerid PACKET 40-1680 MG ORAL	NP	ST
*Proton Pump Inhibitors***		
Acid Reducer CAPSULE DELAYED RELEASE 20.6 (20 Base) MG Oral	NP	ST
Aciphex TABLET DELAYED RELEASE 20 MG ORAL	NP	ST
Dexilant CAPSULE DELAYED RELEASE 30 MG ORAL	P	ST
Dexilant CAPSULE DELAYED RELEASE 60 MG ORAL	P	ST
Dexlansoprazole Capsule Delayed Release 30 MG Oral	NP	ST
Dexlansoprazole Capsule Delayed Release 60 MG Oral	NP	ST
Esomeprazole Magnesium Capsule Delayed Release 20 MG Oral (OTC)	NP	ST
Esomeprazole Magnesium Capsule Delayed Release 20 MG Oral (Rx)	P	
Esomeprazole Magnesium Capsule Delayed Release 40 MG Oral	P	
Esomeprazole Magnesium Packet 10 MG Oral	NP	ST
Esomeprazole Magnesium Packet 20 MG Oral	NP	ST
Esomeprazole Magnesium Packet 40 MG Oral	NP	ST
<i>esomeprazole sodium intravenous solution reconstituted 20 mg</i>	S	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
First-Lansoprazole Oral Suspension 3 MG/ML	BE	
First-Omeprazole Oral Suspension 2 MG/ML	BE	
FT Acid Reducer Capsule Delayed Release 15 MG Oral	NP	ST
GNP Esomeprazole Magnesium Capsule Delayed Release 20 MG Oral	NP	ST
GNP Lansoprazole Capsule Delayed Release 15 MG Oral	NP	ST
GNP Omeprazole Tablet Delayed Release 20 MG Oral	NP	ST
GNP Omeprazole Tablet Delayed Release Dispersible 20 MG Oral	NP	ST
GoodSense Esomeprazole CAPSULE DELAYED RELEASE 20 MG Oral	NP	ST
GoodSense Lansoprazole Capsule Delayed Release 15 MG Oral	NP	ST
HM Esomeprazole Magnesium DR CAPSULE DELAYED RELEASE 20 MG Oral	NP	ST
Lansoprazole Capsule Delayed Release 15 MG Oral (OTC)	NP	ST
Lansoprazole Capsule Delayed Release 15 MG Oral (Rx)	P	
Lansoprazole Capsule Delayed Release 30 MG Oral	P	
Lansoprazole Oral Tablet Delayed Release Dispersible 15 MG, 30 MG	NP	ST
NexIUM CAPSULE DELAYED RELEASE 20 MG ORAL	NP	ST
NexIUM CAPSULE DELAYED RELEASE 40 MG ORAL	NP	ST
NexIUM PACKET 10 MG ORAL	P	
NexIUM PACKET 2.5 MG ORAL	P	
NexIUM PACKET 20 MG ORAL	P	
NexIUM PACKET 40 MG ORAL	P	
NexIUM PACKET 5 MG ORAL	P	
Omeprazole CAPSULE DELAYED RELEASE 10 MG ORAL	P	

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Drug Name	Preference Details	Coverage Details
Omeprazole Capsule Delayed Release 20 MG Oral	P	
Omeprazole Capsule Delayed Release 40 MG Oral	P	
Omeprazole Magnesium CAPSULE DELAYED RELEASE 20.6 (20 Base) MG ORAL	NP	ST
Omeprazole Magnesium Tablet Delayed Release 20 MG Oral	NP	ST
Omeprazole Tablet Delayed Release 20 MG Oral	NP	ST
Omeprazole Tablet Delayed Release Dispersible 20 MG Oral	NP	ST
Omeprazole+Syrspend SF Alka Oral Suspension 2 MG/ML	BE	
Pantoprazole Sodium Packet 40 MG Oral	NP	ST
Pantoprazole Sodium Tablet Delayed Release 20 MG Oral	P	
Pantoprazole Sodium Tablet Delayed Release 40 MG Oral	P	
Prevacid 24HR Capsule Delayed Release 15 MG Oral	NP	ST
Prevacid CAPSULE DELAYED RELEASE 30 MG ORAL	NP	ST
Prevacid SoluTab Tablet Delayed Release Dispersible 15 MG Oral	NP	ST
Prevacid SoluTab Tablet Delayed Release Dispersible 30 MG Oral	NP	ST
PriLOSEC PACKET 10 MG Oral	NP	ST
PriLOSEC PACKET 2.5 MG Oral	NP	ST
Protonix PACKET 40 MG ORAL	P	
Protonix TABLET DELAYED RELEASE 20 MG ORAL	NP	ST
Protonix TABLET DELAYED RELEASE 40 MG ORAL	NP	ST
RABEprazole Sodium Tablet Delayed Release 20 MG Oral	NP	ST
SM Esomeprazole Magnesium CAPSULE DELAYED RELEASE 20 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
SM Omeprazole Tablet Delayed Release 20 MG Oral	NP	ST
Voquezna Tablet 10 MG Oral	NP	ST
Voquezna Tablet 20 MG Oral	NP	ST
*Quaternary Anticholinergics***		
CUVPOSA ORAL SOLUTION 1 MG/5ML	S	
DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG	S	
GLYCATE ORAL TABLET 1.5 MG	S	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>	S	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	S	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	S	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML	S	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	S	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	S	
<i>propantheline bromide oral tablet 15 mg</i>	S	
*Ulcer Anti-Infective W/ Bismuth Combinations***		
Bis Subcit-Metronid-Tetracyc Capsule 140-125-125 MG Oral	NP	ST
Bismuth/Metronidaz/Tetracyclin Capsule 140-125-125 MG Oral	NP	ST
HELIDAC ORAL	S	PA; PA Required
HELIDAC THERAPY ORAL	S	PA; PA Required
Pylera CAPSULE 140-125-125 MG ORAL	P	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
Amoxicill-Clarithro-Lansopraz Therapy Pack 500 & 500 & 30 MG Oral	NP	ST
Omeclamox-Pak 500-500-20 MG ORAL	NP	ST
Talicia Capsule Delayed Release 250-12.5-10 MG Oral	NP	ST

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Drug Name	Preference Details	Coverage Details
*Ulcer Anti-Infective-Pcab Combinations***		
Voquezna Dual Pak Therapy Pack 500-20 MG Oral	NP	ST
Voquezna Triple Pak Therapy Pack 500-500-20 MG Oral	NP	ST
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
Darifenacin Hydrobromide ER Tablet Extended Release 24 Hour 15 MG Oral	NP	ST
Darifenacin Hydrobromide ER Tablet Extended Release 24 Hour 7.5 MG Oral	NP	ST
Detrol LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL	NP	ST
Detrol LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL	NP	ST
Detrol TABLET 1 MG ORAL	NP	ST
Detrol TABLET 2 MG ORAL	NP	ST
Fesoterodine Fumarate ER Tablet Extended Release 24 Hour 4 MG Oral	NP	ST
Fesoterodine Fumarate ER Tablet Extended Release 24 Hour 8 MG Oral	NP	ST
Gelnique Gel 10 % Transdermal	NP	ST
Oxybutynin Chloride ER Tablet Extended Release 24 Hour 10 MG Oral	P	
Oxybutynin Chloride ER Tablet Extended Release 24 Hour 15 MG Oral	P	
Oxybutynin Chloride ER Tablet Extended Release 24 Hour 5 MG Oral	P	
Oxybutynin Chloride Solution 5 MG/5ML Oral	P	
Oxybutynin Chloride Tablet 2.5 MG Oral	NP	ST
Oxybutynin Chloride Tablet 5 MG Oral	P	
Oxytrol Patch Twice Weekly 3.9 MG/24HR Transdermal	NP	ST
Solifenacin Succinate Tablet 10 MG Oral	P	
Solifenacin Succinate Tablet 5 MG Oral	P	

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Drug Name	Preference Details	Coverage Details
Tolterodine Tartrate ER Capsule Extended Release 24 Hour 2 MG Oral	NP	ST
Tolterodine Tartrate ER CAPSULE EXTENDED RELEASE 24 HOUR 4 MG Oral	NP	ST
Tolterodine Tartrate TABLET 1 MG ORAL	NP	ST
Tolterodine Tartrate Tablet 2 MG Oral	NP	ST
Tolterodine Tartrate Tablet 2 MG Oral	NP	ST; Click here
Toviaz Tablet Extended Release 24 Hour 4 MG Oral	P	
Toviaz Tablet Extended Release 24 Hour 8 MG Oral	P	
Trospium Chloride ER Capsule Extended Release 24 Hour 60 MG Oral	NP	ST
Trospium Chloride TABLET 20 MG ORAL	NP	ST
VESIcare LS Suspension 5 MG/5ML Oral	NP	ST
VESIcare TABLET 10 MG ORAL	NP	ST
VESIcare TABLET 5 MG ORAL	NP	ST
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
Gemtesa Tablet 75 MG Oral	NP	ST
Myrbetriq Suspension Reconstituted ER 8 MG/ML Oral	NP	ST
Myrbetriq Tablet Extended Release 24 Hour 25 MG Oral	NP	ST
Myrbetriq Tablet Extended Release 24 Hour 50 MG Oral	NP	ST
*Urinary Antispasmodics - Direct Muscle Relaxants***		
FlavoxATE HCl TABLET 100 MG ORAL	NP	ST
Vaccines		
*Bacterial Vaccine Combinations**		
MENHIBRIX INTRAMUSCULAR SOLUTION RECONSTITUTED 5-5-2.5 MCG	S	AL (Min 19 Years)
*Bacterial Vaccines***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	S	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
<i>bcg vaccine solution reconstituted 50 mg injection</i>	S	AL (Min 19 Years)
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	S	AL (Min 19 Years)
BioThrax Intramuscular Suspension	P	AL (Min 19 Years)
HIBERIX INTRAMUSCULAR SOLUTION RECONSTITUTED 10-25 MCG	S	AL (Min 19 Years)
HIBERIX SOLUTION RECONSTITUTED 10 MCG INJECTION	S	AL (Min 19 Years)
MENQUADFI INTRAMUSCULAR INJECTABLE	S	AL (Min 19 Years)
MenQuadfi Intramuscular Solution	NP	AL (Min 19 Years)
Menveo Intramuscular Solution	NP	AL (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	S	AL (Min 19 Years)
PEDVAX HIB INTRAMUSCULAR SOLUTION	S	AL (Min 19 Years)
PEDVAX HIB SUSPENSION 7.5 MCG/0.5ML INTRAMUSCULAR	S	AL (Min 19 Years)
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	S	AL (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION	S	AL (Min 19 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	S	AL (Min 19 Years)
PREVNAR INTRAMUSCULAR SUSPENSION 16 MCG/0.5ML	S	AL (Min 19 Years)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	S	AL (Min 19 Years)
Typhim VI Intramuscular Solution 25 MCG/0.5ML	P	AL (Min 19 Years)
Typhim VI Intramuscular Solution Prefilled Syringe 25 MCG/0.5ML	P	AL (Min 19 Years)
Vaxchora Oral Suspension Reconstituted	P	AL (Min 19 Years)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	S	AL (Min 19 Years)
Vivotif Oral Capsule Delayed Release	P	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
*Mixed Vaccine Combinations***		
COMVAX INTRAMUSCULAR SUSPENSION 7.5-5 MCG/0.5ML	S	AL (Min 19 Years)
*Viral Vaccine Combinations***		
M-M-R II SOLUTION RECONSTITUTED INJECTION	S	AL (Min 19 Years)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	S	AL (Min 19 Years)
PROQUAD SUSPENSION RECONSTITUTED SUBCUTANEOUS	S	AL (Min 19 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	S	AL (Min 19 Years)
*Viral Vaccines***		
Abrysvo Intramuscular Solution Reconstituted 120 MCG/0.5ML	P	CAN OVERRIDE AGE LIMIT FOR PREGNANT MEMBERS BETWEEN 32 AND 36 WEEKS, RPH MAY O/R BY SUBMITTING PAMC CODE 01710007220; PAMC Code 01710007220 to override age edit only, lookback period = 365, Max DS = 30. There are no limits to how many times PAMC can be used.; AL (Min 60 Years)
ACAM2000 Injection Solution Reconstituted	P	AL (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	S	AL (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	S	AL (Min 19 Years)
Arexvy Intramuscular Suspension Reconstituted 120 MCG/0.5ML	P	AL (Min 60 Years)
AstraZeneca COVID-19 Vaccine Intramuscular Suspension 0.5 ML	NP	AL (Min 3 Years)
Comirnaty Intramuscular Suspension 30 MCG/0.3ML	P	AL (Min 3 Years)
Comirnaty Intramuscular Suspension Prefilled Syringe 30 MCG/0.3ML	P	AL (Min 3 Years)

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Drug Name	Preference Details	Coverage Details
Dengvaxia Subcutaneous Suspension Reconstituted	BE	AL (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	S	AL (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	S	AL (Min 19 Years)
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	S	AL (Min 19 Years)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	S	AL (Min 65 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	S	AL (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	S	AL (Min 19 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	S	AL (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	S	AL (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	S	AL (Min 19 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	S	AL (Min 19 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION	S	AL (Min 19 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	S	AL (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	S	AL (Min 19 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	S	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
GARDASIL 9 INTRAMUSCULAR SUSPENSION	S	AL (Min 19 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	S	AL (Min 19 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	S	AL (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	S	AL (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	S	AL (Min 19 Years)
Imovax Rabies Intramuscular Suspension Reconstituted 2.5 UNIT/ML	P	AL (Min 19 Years)
IMOVAX RABIES SUSPENSION RECONSTITUTED 2.5 UNIT/ML INTRAMUSCULAR	S	AL (Min 19 Years)
Ipol Injection Injectable	P	AL (Min 19 Years)
Ixiaro Intramuscular Suspension	P	AL (Min 19 Years)
<i>janssen covid-19 vaccine intramuscular suspension 0.5 ml</i>	S	AL (Min 3 Years)
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	S	AL (Min 19 Years)
<i>moderna covid-19 bival 6m-5y intramuscular suspension 10 mcg/0.2ml</i>	S	AL (Min 3 Years)
<i>moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml</i>	S	AL (Min 3 Years)
<i>moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml</i>	S	AL (Min 3 Years)
<i>moderna covid-19 vac (booster) suspension 50 mcg/0.5ml intramuscular</i>	S	
Moderna COVID-19 Vac 6m-11y Intramuscular Suspension 25 MCG/0.25ML	P	AL (Min 3 Years)
<i>moderna covid-19 vacc 6-11y intramuscular suspension 50 mcg/0.5ml</i>	S	AL (Min 3 Years)
<i>moderna covid-19 vacc 6m-5y intramuscular suspension 25 mcg/0.25ml</i>	S	AL (Min 3 Years)
<i>moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml</i>	S	AL (Min 3 Years)

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Drug Name	Preference Details	Coverage Details
Novavax COVID-19 Vaccine Intramuscular Suspension 5 MCG/0.5ML	P	AL (Min 3 Years)
<i>pfizer covid-19 bival 6mo-4yr intramuscular suspension 3 mcg/0.2ml</i>	S	AL (Min 3 Years)
<i>pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml</i>	S	AL (Min 3 Years)
<i>pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml</i>	S	AL (Min 3 Years)
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml</i>	S	AL (Min 3 Years)
Pfizer COVID-19 Vac-TriS 5-11y Intramuscular Suspension 10 MCG/0.3ML	P	AL (Min 3 Years)
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml</i>	S	AL (Min 3 Years)
Pfizer COVID-19 Vac-TriS 6m-4y Intramuscular Suspension 3 MCG/0.3ML	P	AL (Min 3 Years)
<i>pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml</i>	S	AL (Min 3 Years)
<i>pfizer-biont covid-19 vac-tris suspension 30 mcg/0.3ml intramuscular</i>	S	
<i>pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml</i>	S	AL (Min 3 Years)
<i>prehevbrio intramuscular suspension 10 mcg/ml</i>	S	AL (Min 19 Years)
RabAvert Intramuscular Suspension Reconstituted	P	AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	S	AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	S	AL (Min 19 Years)
Rotarix Oral Suspension	P	AL (Min 19 Years)
ROTARIX SUSPENSION RECONSTITUTED ORAL	S	
RotaTeq Oral Solution	P	AL (Min 19 Years)
Sanofi COVID-19 Vac (Booster) Intramuscular Emulsion 5 MCG/0.5ML	NP	AL (Min 3 Years)

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Drug Name	Preference Details	Coverage Details
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	S	AL (Min 50 Years)
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML	S	AL (Min 3 Years)
Spikevax COVID-19 Vaccine Suspension 100 MCG/0.5ML Intramuscular	P	
SPIKEVAX COVID-19 VACCINE SUSPENSION 100 MCG/0.5ML INTRAMUSCULAR	S	
Spikevax Intramuscular Suspension 50 MCG/0.5ML	P	AL (Min 3 Years)
Spikevax Intramuscular Suspension Prefilled Syringe 50 MCG/0.5ML	P	AL (Min 3 Years)
Stamaril Injection Suspension Reconstituted	P	AL (Min 19 Years)
Ticovac Intramuscular Suspension Prefilled Syringe 1.2 MCG/0.25ML	BE	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	S	AL (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	S	AL (Min 19 Years)
VARIVAX INJECTABLE 1350 PFU/0.5ML SUBCUTANEOUS	S	AL (Min 19 Years)
YF-VAX Subcutaneous Injectable	P	AL (Min 19 Years)
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	S	AL (Min 50 Years)
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 %	S	
<i>miconazole 3 vaginal suppository 200 mg</i>	S	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	S	
<i>terconazole vaginal suppository 80 mg</i>	S	
*Miscellaneous Vaginal Combinations***		
Fem pH GEL 0.9-0.025 % VAGINAL	BE	
FEM PH VAGINAL GEL 0.9-0.025 %	S	

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Drug Name	Preference Details	Coverage Details
RELAGARD VAGINAL GEL 0.9-0.025 %	S	
TRIMO-SAN VAGINAL GEL 0.025-0.01 %	S	
*Miscellaneous Vaginal Products***		
Intrarosa INSERT 6.5 MG Vaginal	NP	ST
Intrarosa Vaginal Insert 6.5 MG	BE	
Trimo-San GEL 0.025 % VAGINAL	BE	
VH Essentials Vitamin C Vaginal Tablet 250 MG	N/A	
*Vaginal Anti-Infectives***		
Cleocin CREAM 2 % VAGINAL	NP	ST
Cleocin SUPPOSITORY 100 MG VAGINAL	P	
Clindamycin Phosphate CREAM 2 % VAGINAL	NP	ST
Clindesse CREAM 2 % VAGINAL	P	
MetroGel-Vaginal GEL 0.75 % VAGINAL	NP	ST
metroNIDAZOLE Vaginal Gel 0.75 %	P	
Nuvessa GEL 1.3 % Vaginal	P	ST
Vandazole GEL 0.75 % VAGINAL	NP	ST
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	S	
*Vaginal Estrogens***		
Estrace CREAM 0.1 MG/GM VAGINAL	NP	ST
Estradiol Cream 0.1 MG/GM Vaginal	NP	ST
Estradiol TABLET 10 MCG Vaginal	NP	ST
Estring RING 2 MG VAGINAL	P	
Estring Ring 7.5 MCG/24HR Vaginal	P	
Femring RING 0.05 MG/24HR Vaginal	NP	ST
Femring Ring 0.1 MG/24HR Vaginal	NP	ST
Imvexxy Maintenance Pack Insert 10 MCG Vaginal	NP	ST
Imvexxy Maintenance Pack Insert 4 MCG Vaginal	NP	ST
Imvexxy Starter Pack Insert 10 MCG Vaginal	NP	ST
Imvexxy Starter Pack Insert 4 MCG Vaginal	NP	ST
Premarin CREAM 0.625 MG/GM VAGINAL	P	

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Drug Name	Preference Details	Coverage Details
Vagifem TABLET 10 MCG VAGINAL	P	
Yuvafem TABLET 10 MCG VAGINAL	NP	ST
*Vaginal Progestins***		
CRINONE VAGINAL GEL 4 %	S	
CRINONE VAGINAL GEL 8 %	S	PA; PA Required
Vasopressors		
*Anaphylaxis Therapy Agents***		
ADRENALIN INJECTION SOLUTION 1 MG/ML	S	
ADYPHREN AMP II INJECTION KIT 1 MG/ML	S	
ADYPHREN AMP INJECTION KIT 1 MG/ML	S	
ADYPHREN II INJECTION KIT 1 MG/ML	S	
ADYPHREN INJECTION KIT 1 MG/ML	S	
Auvi-Q Solution Auto-Injector 0.1 MG/0.1ML Injection	NP	ST
Auvi-Q Solution Auto-injector 0.15 MG/0.15ML Injection	NP	ST
Auvi-Q Solution Auto-injector 0.3 MG/0.3ML Injection	NP	ST
<i>epinephrine professional injection kit 1 mg/ml</i>	S	
EPINEPHrine Solution Auto-injector 0.15 MG/0.15ML Injection	NP	PA; ST; PA Required; QL (6 EA per 180 days)
EPINEPHrine Solution Auto-injector 0.15 MG/0.3ML Injection	P	ST; QL (6 EA per 180 days)
EPINEPHrine Solution Auto-injector 0.3 MG/0.3ML Injection	NP	PA; ST; PA Required; QL (6 EA per 180 days)
EPINEPHrine Solution Auto-Injector 0.3 MG/0.3ML Injection	P	ST; QL (6 EA per 180 days)
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	S	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	S	
EpiPen 2-Pak Solution Auto-Injector 0.3 MG/0.3ML Injection	P	PA; PA Required; QL (6 EA per 180 days)
EpiPen Jr 0.15 MG/0.3ML INJECTION	P	PA; PA Required; QL (6 EA per 180 days)

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Drug Name	Preference Details	Coverage Details
EpiPen Jr 2-Pak Solution Auto-injector 0.15 MG/0.3ML Injection	P	PA; PA Required; QL (6 EA per 180 days)
EPISNAP INJECTION KIT 1 MG/ML	S	
Symjepi Solution Prefilled Syringe 0.15 MG/0.3ML Injection	NP	PA; ST; PA Required; QL (6 EA per 180 days)
Symjepi Solution Prefilled Syringe 0.3 MG/0.3ML Injection	NP	PA; ST; PA Required; QL (6 EA per 180 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	S	
*Vasopressors***		
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML	S	
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML	S	
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	S	
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	S	
<i>epinephrine injection solution prefilled syringe 0.2 mg/0.2ml, 1 mg/10ml</i>	S	
EPINEPHrine Injection Solution Prefilled Syringe 1 MG/ML	BE	
<i>epinephrine intravenous solution 1 mg/10ml</i>	S	
<i>epinephrine intravenous solution prefilled syringe 0.1 mg/10ml, 1 mg/10ml</i>	S	
EPINEPHrine-Dextrose Intravenous Solution 2-5 MG/250ML-%, 5-5 MG/250ML-%	BE	
EPINEPHrine-Dextrose Intravenous Solution Prefilled Syringe 100-5 MCG/10ML-%	BE	
EPINEPHrine-NaCl Intravenous Solution 2-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	BE	
EPINEPHrine-NaCl Intravenous Solution Prefilled Syringe 1-0.9 MG/10ML-%	BE	
Giapreza Intravenous Solution 2.5 MG/ML	BE	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	S	

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Drug Name	Preference Details	Coverage Details
Norepinephrine-Dextrose Intravenous Solution 16-5 MG/250ML-%, 8-5 MG/250ML-%	BE	
Norepinephrine-Sodium Chloride Intravenous Solution 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	BE	
Phenylephrine HCl (Pressors) Intravenous Solution 0.4 MG/10ML	BE	
<i>phenylephrine hcl (pressors) intravenous solution 10 mg/ml</i>	S	
Phenylephrine HCl (Pressors) Intravenous Solution Prefilled Syringe 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML	BE	
Phenylephrine HCl Intravenous Solution Prefilled Syringe 0.8 MG/10ML, 1 MG/10ML	BE	
Phenylephrine HCl-NaCl Intravenous Solution 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	BE	
Phenylephrine HCl-NaCl Intravenous Solution Prefilled Syringe 0.1-0.9 MG/10ML-%, 0.4-0.9 MG/10ML-%, 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	BE	
REZIPRES INTRAVENOUS SOLUTION 23.5 MG/5ML	S	
Vitamins		
*Biotin***		
YumVs Biotin High Potency ZERO Oral Tablet Chewable 2500 MCG	N/A	
YumVs Biotin Max Potency Oral Tablet Chewable 5000 MCG	N/A	
*Paba***		
Aminobenzoate Potassium PACKET 2 GM ORAL	BE	
PABA TABLET 100 MG ORAL	BE	
Potaba CAPSULE 500 MG ORAL	BE	
Potassium Aminobenzoate POWDER	BE	

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Drug Name	Preference Details	Coverage Details
*Vitamin A***		
Aquasol A Intramuscular Solution 15 MG/ML, 50000 UNIT/ML	BE	
*Vitamin B-6***		
Pyridoxal-5 Phosphate Injection Solution 100 MG/ML	BE	
Pyridoxine HCl Injection Solution 100 MG/ML	BE	
*Vitamin C***		
Ascor Intravenous Solution 25000 MG/50ML	BE	
Ascorbic Acid Injection Solution 500 MG/ML	BE	
Ascorbic Acid Intravenous Solution 15000 MG/30ML	BE	
Buffered C Powder Oral Packet	N/A	
Mega-C/A Plus Injection Solution 500 MG/ML	BE	
*Vitamin D***		
D3 Oral Tablet Chewable 62.5 MCG (2500 UT)	N/A	
Ergocal Oral Capsule 62.5 MCG (2500 UT)	BE	
YumVs Vitamin D3 ZERO Oral Tablet Chewable 62.5 MCG, 62.5 MCG (2500 UT)	N/A	
*Vitamin E***		
Wheat Germ Oil Oral Oil	BE	
*Vitamin K***		
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	S	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	S	

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Medical Benefit

Drug Name	Preference Details	Coverage Details
12-Panel POC Toxicology System In Vitro Kit	BE	
Ablysinol Intra-arterial Solution	BE	
ACAT SUK Test In Vitro Kit	BE	
ACST Kit In Vitro Kit	BE	
ACT Kit In Vitro Kit	BE	
Acthrel Intravenous Solution Reconstituted 100 MCG	BE	
Activase Intravenous Solution Reconstituted 100 MG, 50 MG	BE	
Active-Medicated Spec Collect Combination Kit	BE	
Adakveo Intravenous Solution 100 MG/10ML	BE	
Adasuve Inhalation Aerosol Powder Breath Activated 10 MG	BE	
Adenosine (Diagnostic) Intravenous Solution 3 MG/ML	BE	
Adenosine Intravenous Solution 3 MG/ML	BE	
AdreView Intravenous Solution 10 MCI/5ML	BE	
Advanced DNA Collection Combination Kit	BE	
Advanced DNA Collection II Combination Kit	BE	
Advanced DNA Collection III Combination Kit	BE	
Albuked 25 Intravenous Solution 25 %	BE	
Albuked 5 Intravenous Solution 5 %	BE	
Albumin Human Intravenous Solution 25 %, 5 %	BE	
Albuminar-25 Intravenous Solution 25 %	BE	
Albuminar-5 Intravenous Solution 5 %	BE	
Albuminex Intravenous Solution 25 %, 5 %	BE	
Albumin-ZLB Intravenous Solution 25 %, 5 %	BE	
AlbuRx Intravenous Solution 5 %	BE	
Albutein Intravenous Solution 25 %, 5 %	BE	
Almond (Diagnostic) Injection Solution 1:10	BE	
Alzair Allergy Nasal Spray Nasal Powder	BE	

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Drug Name	Preference Details	Coverage Details
Amiodarone HCl in Dextrose Intravenous Solution 1000-5 MG/500ML-%, 150-5 MG/100ML-%, 450-5 MG/250ML-%, 750-5 MG/500ML-%, 900-5 MG/500ML-%	BE	
Ammonia N 13 Intravenous Solution 3.75-37.5 mCi/ML	BE	
Amyvid Intravenous Solution 500-1900 MBQ/ML	BE	
Andexxa Intravenous Solution Reconstituted 100 MG, 200 MG	BE	
Anesthesia S/I-40 Intravenous Kit 200 MG/20ML	BE	
ANESTHESIA S/I-40A Intravenous Kit 200 MG/20ML	BE	
Anesthesia S/I-40H Intravenous Kit 200 MG/20ML	BE	
ANESTHESIA S/I-40S Intravenous Kit 200 MG/20ML	BE	
Anesthesia S/I-60 Intravenous Kit 200 MG/20ML	BE	
Aplisol Intradermal Solution 5 UNIT/0.1ML	BE	
Apple (Diagnostic) Injection Solution 1:10	BE	
Aridol Inhalation Kit 0 & 5 & 10 & 20 & 40 MG	BE	
Aspergillus Fumigatus Intradermal Solution 1:20 , 1:500	BE	
Atgam Intravenous Injectable 50 MG/ML	BE	
Atropine Sulfate Intravenous Solution 0.4 MG/ML, 1 MG/ML	BE	
Atropine Sulfate Intravenous Solution Prefilled Syringe 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML, 2 MG/5ML	BE	
Aureobasidium Pullulans Intradermal Solution 1:20	BE	
Avocado (Diagnostic) Injection Solution 1:10	BE	
Axumin Intravenous Solution 9-221 MCI/ML	BE	
Azedra Dosimetric Intravenous Solution 15 MCI/ML	BE	

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Drug Name	Preference Details	Coverage Details
Azedra Therapeutic Intravenous Solution 15 MCI/ML	BE	
Bal in Oil Intramuscular Solution 100 MG/ML	BE	
Banana (Diagnostic) Injection Solution 1:10	BE	
Barium Sulfate Powder	BE	
BD Heparin PosiFlush Intravenous Solution 10 UNIT/ML, 100 UNIT/ML	BE	
BD Pudendal/Local Tray/1% Lido Injection Kit 1 %	BE	
BD Veritor SARS-CoV-2/Flu A+B In Vitro Kit	BE	
BD Veritor System Group A Strp In Vitro Kit	BE	
BD Veritor System SARS-CoV-2 In Vitro Kit	BE	
Beef (Diagnostic) Injection Solution 1:10	BE	
Benlysta Intravenous Solution Reconstituted 120 MG, 400 MG	BE	
Beovu Intravitreal Solution 6 MG/0.05ML	BE	
Berinert Intravenous Kit 500 UNIT	BE	
Bevacizumab Intraocular Solution Prefilled Syringe 2.75 MG/0.11ML, 3.75 MG/0.15ML	BE	
Bevacizumab Intravitreal Solution Prefilled Syringe 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	BE	
BinaxNOW COVID-19 Ag Card In Vitro Kit	BE	
BinaxNOW COVID-19 Ag Home Test In Vitro Kit	BE	
Botrytis Cinerea (Diagnostic) Intradermal Solution 1:20	BE	
Bretylum Tosylate Injection Solution 50 MG/ML	BE	
Bridion Intravenous Solution 200 MG/2ML, 500 MG/5ML	BE	
Buminate Intravenous Solution 25 %, 5 %	BE	
CAAT Kit In Vitro Kit	BE	
Cablivi Injection Kit 11 MG	BE	
Calcium Disodium Versenate Injection Solution 1 GM/5ML	BE	

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Drug Name	Preference Details	Coverage Details
Cantaloupe (Diagnostic) Injection Solution 1:10	BE	
Carticel Intra-Articular Implant	BE	
Carvykti Intravenous Suspension 100000000 CELLS	BE	
CAS Kit In Vitro Kit	BE	
Casein (Diagnostic) Injection Solution 1:100	BE	
Cathflo Activase Injection Solution Reconstituted 2 MG	BE	
Ceprotin Intravenous Solution Reconstituted 1000 UNIT, 500 UNIT	BE	
Ceretec Intravenous Kit	BE	
Cerezyme Intravenous Solution Reconstituted 400 UNIT	BE	
Cerianna Intravenous Solution 4-100 MCI/ML	BE	
Chemstrip 2 In Vitro Strip	BE	
Chicken Meat (Diagnostic) Injection Solution 1:10	BE	
ChiRhoStim Intravenous Solution Reconstituted 16 MCG	BE	
Choletec Intravenous Kit	BE	
Cinryze Intravenous Solution Reconstituted 500 UNIT	BE	
Cisatracurium Besylate Intravenous Solution Prefilled Syringe 10 MG/5ML, 20 MG/10ML	BE	
Cocoa Bean (Diagnostic) Injection Solution 1:10	BE	
Conray 30 Intravenous Solution 30 %	BE	
Conray 43 Intravenous Solution 43 %	BE	
Conray Injection Solution 60 %	BE	
Constant Trichophyton Intradermal Injectable 1:500	BE	
Cosyntropin Injection Solution Reconstituted 0.25 MG	BE	
Crab (Diagnostic) Injection Solution 1:10	BE	
Cryoserv Solution	BE	
Cushing Syndrome Diagnostic Oral Kit 0.5 MG	BE	

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Drug Name	Preference Details	Coverage Details
Cysto-Conray II Urethral Solution 17.2 %	BE	
Cystografin Urethral Solution 30 %	BE	
Cystografin-Dilute Urethral Solution 18 %	BE	
Cysview Intravesical Solution Reconstituted 100 MG	BE	
DaTscan Intravenous Solution 185 MBQ/2.5ML	BE	
Deferoxamine Mesylate Injection Solution Reconstituted 2 GM, 500 MG	BE	
Definity Intravenous Suspension 6.52 MG/ML	BE	
Defitelio Intravenous Solution 200 MG/2.5ML	BE	
Detectnet Intravenous Solution 1 MCI/ML	BE	
Dextrose in Lactated Ringers Intravenous Solution 5 %	BE	
Dextrose Intravenous Solution 5 %	BE	
Dextrose-NaCl Intravenous Solution 5-0.9 %	BE	
Dextrose-Sodium Chloride Intravenous Solution 5-0.9 %	BE	
Diagnostic Injection Kit	BE	
DigiFab Intravenous Solution Reconstituted 40 MG	BE	
Dimethyl Sulfoxide Solution , 100 %	BE	
Dipyridamole Intravenous Solution 5 MG/ML	BE	
DMSA Intravenous Kit	BE	
Doribax Intravenous Solution Reconstituted 250 MG, 500 MG	BE	
Doripenem Intravenous Solution Reconstituted 250 MG, 500 MG	BE	
DOTATOC Ga 68 Intravenous Solution 0.5-4 mCi/ML	BE	
DuoDote Intramuscular Solution Auto-Injector 2.1-600 MG	BE	
Durasafe Spinal/Epidural Tray Injection Kit 1 %	BE	
Durysta Intraocular Implant 10 MCG	BE	
Dx1 OraGenomic DNA Screen Combination Kit	BE	

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Drug Name	Preference Details	Coverage Details
Dx2 OraGenomic DNA Screen Combination Kit	BE	
D-Xylose Powder	BE	
DyNAmic Combination Kit	BE	
DyNAmic Plus Pak Combination Kit	BE	
Ecotest COVID-19 Rapid Test In Vitro Kit	BE	
Edetate Calcium Disodium Powder	BE	
Egg White (Diagnostic) Injection Solution 1:100	BE	
Elelyso Intravenous Solution Reconstituted 200 UNIT	BE	
Entero VU Oral Suspension 24 %	BE	
Eovist Intravenous Solution 0.25 MOL/L	BE	
Eylea Intravitreal Solution 2 MG/0.05ML	BE	
Eylea Intravitreal Solution Prefilled Syringe 2 MG/0.05ML	BE	
E-Z-Cat Dry Oral Packet 2 %	BE	
E-Z-Disk Oral Tablet 700 MG	BE	
E-Z-Dose Rectal Enema 105 %	BE	
E-Z-HD Oral Suspension Reconstituted 98 %	BE	
E-Z-Paque Oral Suspension Reconstituted 96 %	BE	
E-Z-Paste Oral Cream 60 %	BE	
FaStep COVID-19 Rapid Test In Vitro Kit	BE	
Feiba Intravenous Solution Reconstituted 1000 UNIT, 2500 UNIT, 500 UNIT	BE	
Fibryga Intravenous Solution Reconstituted	BE	
Flexbumin Intravenous Solution 25 %, 5 %	BE	
Fludeoxyglucose F 18 Intravenous Solution 20-300 MCI/ML, 20-500 MCI/ML	BE	
Gadavist Intravenous Solution 1 MMOL/ML	BE	
Gadavist Intravenous Solution Prefilled Syringe 10 MMOL/10ML, 15 MMOL/15ML, 7.5 MMOL/7.5ML	BE	
Gallium Citrate Ga 67 Intravenous Solution 2 MCI/ML	BE	

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Drug Name	Preference Details	Coverage Details
Gallium Ga 68 Gozetotide Intravenous Solution 0.5-5 MCI/ML	BE	
Gastrografin Oral Solution 66-10 %	BE	
Givlaari Subcutaneous Solution 189 MG/ML	BE	
Gleolan Oral Solution Reconstituted 1.5 GM	BE	
Gliadel Wafer Implant Wafer 7.7 MG	BE	
Glofil-125 Intravenous Solution 0.1 %	BE	
GlucaGen Diagnostic Injection Solution Reconstituted 1 MG	BE	
Glucagon HCl (Diagnostic) Injection Solution Reconstituted 1 MG	BE	
Glucose Intravenous Solution 5 %	BE	
Heparin (Porcine) in NaCl Intravenous Solution 1000-0.9 UT/500ML-%, 12500-0.45 UT/250ML-%, 2000-0.9 UNIT/L-%, 2500-0.9 UT/500ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%, 30000-0.9 UNIT/L-%, 4000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	BE	
Heparin (Porcine) in NaCl Intravenous Solution Prefilled Syringe 20-0.9 UNT/20ML-%, 50-0.9 UNT/50ML-%	BE	
Heparin Na (Pork) Lock Flsh PF Intravenous Solution 1 UNIT/ML, 10 UNIT/ML, 100 UNIT/ML	BE	
Heparin Sod (Porcine) in D5W Intravenous Solution 100 UNIT/ML, 25000-5 UT/500ML-%, 40-5 UNIT/ML-%	BE	
Heparin Sod (Pork) Lock Flush Intravenous Solution 1 UNIT/ML, 10 UNIT/ML, 100 UNIT/ML	BE	
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML	BE	
Heparin Sodium (Porcine) Injection Solution Prefilled Syringe 5000 UNIT/0.5ML	BE	
Heparin Sodium (Porcine) PF Injection Solution 5000 UNIT/0.5ML, 5000 UNIT/ML	BE	
Heparin Sodium Powder	BE	

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Drug Name	Preference Details	Coverage Details
Hepatology Intravenous Kit	BE	
Histatrol Injection Solution 2.75 MG/ML	BE	
Histatrol Intradermal Solution 0.275 MG/ML	BE	
Home Pap Kit In Vitro Kit 2.5 %	BE	
Human Albumin Grifols Intravenous Solution 25 %	BE	
Hyskon Solution 32-10 %	BE	
Icatibant Acetate Subcutaneous Solution 30 MG/3ML	BE	
Icatibant Acetate Subcutaneous Solution Prefilled Syringe 30 MG/3ML	BE	
ID Now COVID-19 Control In Vitro Kit	BE	
ID Now Influenza A & B 2 Contr In Vitro Kit	BE	
ID Now Influenza A & B 2 In Vitro Kit	BE	
ID NOW Strep A2 In Vitro Kit	BE	
Indiclor Intravenous Solution	BE	
Indigo Carmine Injection Solution 8 MG/ML	BE	
Indium In 111 DTPA Intrathecal Solution	BE	
Indium In 111 Oxyquinoline Intravenous Solution 1 MCI/ML	BE	
Infed Injection Solution 50 MG/ML	BE	
Injectafer Intravenous Solution 750 MG/15ML	BE	
Inulin Intravenous Solution 100-0.9 MG/ML-%	BE	
Iohexol Epidural Solution 240 MG/ML, 300 MG/ML	BE	
Isovue-200 Intravenous Solution 41 %	BE	
Isovue-250 Intravenous Solution 51 %	BE	
Isovue-300 Intravenous Solution 61 %	BE	
Isovue-370 Intravenous Solution 76 %	BE	
Isovue-M 200 Injection Solution 41 %	BE	
Isovue-M 300 Injection Solution 61 %	BE	
Jetrea Intravitreal Solution 0.375 MG/0.3ML, 0.5 MG/0.2ML	BE	
Kalbitor Subcutaneous Solution 10 MG/ML	BE	

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Drug Name	Preference Details	Coverage Details
KCl (0.149%) in NaCl Intravenous Solution 20-0.45 MEQ/L-%, 20-0.9 MEQ/L-%	BE	
KCl (0.298%) in NaCl Intravenous Solution 40-0.9 MEQ/L-%	BE	
KCl (in NaCl 0.9%) Intravenous Solution 10 MEQ/100ML, 20 MEQ/250ML, 40 MEQ/250ML, 40 MEQ/500ML	BE	
KCl in D5W Lactated Ringers Intravenous Solution 40 MEQ/L	BE	
KCl-Lactated Ringers-D5W Intravenous Solution 20 MEQ/L	BE	
Kedbumin Intravenous Solution 25 %	BE	
Kinevac Injection Solution Reconstituted 5 MCG	BE	
Kymriah Intravenous Suspension	BE	
Lactated Ringers Intravenous Solution	BE	
Lactated Ringers Irrigation Solution	BE	
LEU TechneLite Combination Kit	BE	
Levulan Kerastick External Solution Reconstituted 20 %	BE	
Lidocaine in D5W Intravenous Solution 3-5 MG/ML-%	BE	
Lidomark 1/5 Injection Kit 1 %	BE	
Lipiodol Injection Oil	BE	
Liquid E-Z-Paque Oral Suspension 60 %	BE	
Liquid Polibar Plus Combination Suspension 105 %	BE	
LORazepam-Dextrose Intravenous Solution 100-5 MG/100ML-%	BE	
LORazepam-Sodium Chloride Intravenous Solution 100-0.9 MG/100ML-%	BE	
Lucentis Intravitreal Solution 0.3 MG/0.05ML, 0.5 MG/0.05ML	BE	
Lucentis Intravitreal Solution Prefilled Syringe 0.3 MG/0.05ML, 0.5 MG/0.05ML	BE	
Lucira COVID-19 All-In-One In Vitro Kit	BE	
Lumason Intravenous Suspension Reconstituted 60.7-25 MG	BE	

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Drug Name	Preference Details	Coverage Details
Lutathera Intravenous Solution 370 MBQ/ML	BE	
MACI Intra-Articular Sheet	BE	
Macrilen Oral Packet 60 MG	BE	
Macugen Intraocular Solution 0.3 MG	BE	
Magnevist Intravenous Solution 469.01 MG/ML	BE	
MD-76 R Injection Solution 66-10 %	BE	
MD-Gastroview Oral Solution 66-10 %	BE	
Medicated DNA Collection 2 Combination Kit	BE	
Medicated DNA Collection Combination Kit	BE	
Menactra Intramuscular Injectable	BE	
MENACTRA INTRAMUSCULAR SOLUTION	S	AL (Min 19 Years)
Metastron Intravenous Solution 1 MCI/ML	BE	
Methacholine Chloride Inhalation Kit	BE	
Methohexital Sodium Intravenous Solution Prefilled Syringe 100 MG/10ML, 50 MG/5ML	BE	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	S	
Metopirone Oral Capsule 250 MG	BE	
mitoMYcin Intravesical Solution Prefilled Syringe 20 MG/40ML	BE	
Mitosol Ophthalmic Kit 0.2 MG	BE	
Mivacron Intravenous Solution 10 MG/5ML, 20 MG/10ML	BE	
Monoferic Intravenous Solution 1000 MG/10ML	BE	
Monoject Bone Marrow Biopsy Injection Kit 1 %	BE	
Monoject Marrow Biopsy Tray Injection Kit 1 %	BE	
Mosquito (Diagnostic) Intradermal Solution 1:100	BE	
Mozobil Subcutaneous Solution 24 MG/1.2ML	BE	

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Drug Name	Preference Details	Coverage Details
MultiHance Intravenous Solution 529 MG/ML	BE	
Mustargen Injection Solution Reconstituted 10 MG	BE	
Myoview 30mL Intravenous Kit	BE	
Na Ferric Gluc Cplx in Sucrose Intravenous Solution 12.5 MG/ML	BE	
Netspot Intravenous Kit	BE	
NeuLumEX Oral Suspension 0.1 %	BE	
NeuraCeq Intravenous Solution 1.4-135 MCI/ML	BE	
Nexterone Intravenous Solution 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-%	BE	
Nexviazyme Intravenous Solution Reconstituted 100 MG	BE	
NitraTest Paper In Vitro Diagnostic Test	BE	
Oat Grain (Diagnostic) Injection Solution 1:10	BE	
Omidria Intraocular Solution 1-0.3 %	BE	
Omnipaque Combination Solution 300 MG/ML, 350 MG/ML	BE	
Omnipaque Injection Solution 180 MG/ML, 240 MG/ML, 300 MG/ML	BE	
Omnipaque Intravenous Solution 140 MG/ML, 350 MG/ML	BE	
Omnipaque Oral Solution 12 MG/ML, 9 MG/ML	BE	
Omniscan Injection Injectable 287 MG/ML	BE	
Omniscan Intravenous Solution 287 MG/ML	BE	
Omniscan/Sodium Chloride Intravenous Solution 287-0.9 MG/ML-%	BE	
OptiMARK Intravenous Solution 330.9 MG/ML	BE	
Optiray 240 Injection Solution 51 %	BE	
Optiray 300 Injection Solution 64 %	BE	
Optiray 320 Injection Solution 68 %	BE	
Optiray 350 Injection Solution 74 %	BE	
Optison Intravenous Suspension	BE	

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Drug Name	Preference Details	Coverage Details
Orange (Diagnostic) Injection Solution 1:10	BE	
Pancuronium Bromide Intravenous Solution 1 MG/ML	BE	
Panhematin Intravenous Solution Reconstituted 350 MG	BE	
P-Care X Injection Kit 1 %	BE	
Peanut (Diagnostic) Injection Solution 1:10	BE	
Pecan Nut (Diagnostic) Injection Solution 1:10	BE	
Penicillium Notatum (Diagnost) Intradermal Solution 1:20	BE	
Pepaxto Intravenous Solution Reconstituted 20 MG	BE	
pH Strips In Vitro Diagnostic Test	BE	
Photrexa Viscous Ophthalmic Solution Prefilled Syringe 0.146-20 %	BE	
Photrexa-Photrexa Viscous Kit Ophthalmic Solution Prefilled Syringe 0.146 & 0.146-20 %	BE	
Pistachio Nut (Diagnostic) Injection Solution 1:10	BE	
Plasbumin-25 Intravenous Solution 25 %	BE	
Plasbumin-5 Intravenous Solution 5 %	BE	
Pork (Diagnostic) Injection Solution 1:10	BE	
Potassium Chloride Crystals	BE	
Potassium Chloride in NaCl Intravenous Solution 20-0.45 MEQ/L-%, 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%	BE	
Potassium Cl in Dextrose 5% Intravenous Solution 20 MEQ/250ML, 20 MEQ/L, 40 MEQ/L	BE	
Pralidoxime Chloride Intramuscular Solution Auto-Injector 600 MG/2ML	BE	
Praxbind Intravenous Solution 2.5 GM/50ML	BE	
Pre-Pen Intradermal Solution 0.25 ML	BE	
Pro DNA Collection Combination Kit 2 %	BE	
Professional DNA Collection Combination Kit	BE	
Prohance Intravenous Solution 279.3 MG/ML	BE	
ProstaScint Intravenous Kit	BE	

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Drug Name	Preference Details	Coverage Details
Protamine Sulfate Intravenous Solution 10 MG/ML	BE	
Protopam Chloride Intravenous Solution Reconstituted 1 GM	BE	
ProvayBlue Intravenous Solution 50 MG/10ML	BE	
Provenge Intravenous Suspension	BE	
Provocholine Inhalation Solution Reconstituted 100 MG	BE	
Pylarify Intravenous Solution Prefilled Syringe 9 MCI	BE	
Quadramet Intravenous Solution 1850 MBQ/ML	BE	
QuickVue + Strep A Test In Vitro Kit	BE	
QuickVue At-Home Covid-19 Test In Vitro Kit	BE	
QuickVue Dipstick Strep A Test In Vitro Kit	BE	
QuickVue Influenza A+B Test In Vitro Kit	BE	
QuickVue In-Line Strep A Test In Vitro Kit	BE	
QuickVue SARS Antigen Test In Vitro Kit	BE	
quiNIDine Gluconate Injection Solution 80 MG/ML	BE	
Rapid Response COVID-19 In Vitro Kit	BE	
Readi-Cat 2 Oral Suspension 2 %, 2.1 %	BE	
ReadySharp Lidocaine Injection Kit 1 %	BE	
Regen-COV Injection Solution (4)300 & (4)300 MG/2.5ML, (4)300MG &1332/ 2.5&11.1ML, 1332 & 1332 MG/11.1ML, 1332 &(4)300MG/ 11.1	BE	
Regen-COV Intravenous Solution (4)300 & (4)300 MG/2.5ML, (4)300MG &1332/ 2.5&11.1ML, 1332 &(4)300MG/ 11.1&2.5ML, 1332-1332 MG/11.1ML	BE	
Regonol Intravenous Solution 10 MG/2ML	BE	
R-Gene 10 Intravenous Solution 10 %	BE	
RiaSTAP Intravenous Solution Reconstituted	BE	
Rice (Diagnostic) Injection Solution 1:10	BE	

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Drug Name	Preference Details	Coverage Details
Rocuronium Bromide Intravenous Solution Prefilled Syringe 100 MG/10ML, 20 MG/2ML, 50 MG/5ML, 75 MG/7.5ML	BE	
Ruconest Intravenous Solution Reconstituted 2100 UNIT	BE	
Rx-Specimen Collection Combination Kit	BE	
Saccharomyces Cerevisiae Intradermal Solution 1:20	BE	
Saline Bacteriostatic Injection Solution 0.9 %	BE	
SecreFlo Intravenous Solution Reconstituted 16 MCG	BE	
Sermorelin Acetate Diagnostic Injection Solution Reconstituted 15 MG, 6 MG, 9 MG	BE	
Sesame Seed (Diagnostic) Injection Solution 1:10	BE	
Shrimp (Diagnostic) Injection Solution 1:10	BE	
Sinografin Injection Solution 52.7-26.8 %	BE	
Sitzmarks Combo Package Oral Capsule Therapy Pack	BE	
Sitzmarks Oral Capsule	BE	
Sitzmarks Radiopaque Markers Oral Capsule	BE	
Sodium Bicarbonate-Dextrose Intravenous Solution 150-5 MEQ/L-%	BE	
Sodium Chloride (PF) Injection Solution 0.9 %	BE	
Sodium Chloride Bacteriostatic Injection Solution 0.9 %	BE	
Sodium Chloride Injection Solution 0.9 %, 2.5 MEQ/ML	BE	
Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 5 %	BE	
Sodium Chloride Oral Solution 4 MEQ/ML	BE	
Sodium Iodide I-123 Oral Capsule 3.7 MBQ, 7.4 MBQ	BE	
Sodium Lactate Intravenous Solution 5 MEQ/ML	BE	
Sofia Influenza A+B FIA In Vitro Kit	BE	
Sofia SARS Antigen FIA In Vitro Kit	BE	
Sofia Strep A FIA In Vitro Kit	BE	

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Drug Name	Preference Details	Coverage Details
Sofia Strep A+ FIA In Vitro Kit	BE	
Sofia2 Flu+SARS Antigen FIA In Vitro Kit	BE	
Sofia2 SARS Antigen FIA In Vitro Kit	BE	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	S	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	S	
Sotrovimab Intravenous Solution 500 MG/8ML	BE	
Soybean (Diagnostic) Injection Solution 1:10	BE	
Specimen Collection Combination Kit	BE	
Spherusol Intradermal Solution 127 MCG/0.1ML	BE	
Strawberry (Diagnostic) Injection Solution 1:10	BE	
Strontium Chloride Sr-89 Intravenous Solution 1 MCI/ML	BE	
Sweet Corn (Diagnostic) Injection Solution 1:10	BE	
Sylatron Subcutaneous Kit 600 MCG	BE	
T.R.U.E. Test External Diagnostic Test	BE	
Tagitol V Oral Suspension 40 %	BE	
TechneLite Combination Kit	BE	
Technet Tc 99m Sulfur Colloid Combination Kit	BE	
Technetium Tc 99m Mebrofenin Intravenous Kit	BE	
Technetium Tc 99m Medronate Intravenous Kit	BE	
Technetium Tc 99m Pyrophos Intravenous Kit	BE	
Technetium Tc 99m Sestamibi Intravenous Kit	BE	
Thallous Chloride TL 201 Intravenous Solution 1 MCI/ML, 2 MCI/ML	BE	
Tham Intravenous Solution 30 MEQ/100ML	BE	
Thrombate III Intravenous Solution Reconstituted 1000 UNIT, 500 UNIT	BE	

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Drug Name	Preference Details	Coverage Details
Thyrogen Intramuscular Solution Reconstituted 0.9 MG, 1.1 MG	BE	
Tomato (Diagnostic) Injection Solution 1:10	BE	
Toxicology Med Collection Sys In Vitro Kit	BE	
Toxicology Saliva Collection Oral Kit	BE	
Trichophyton Intradermal Injectable 1000 PNU/ML	BE	
Trichophyton Mentag (Diagnost) Subcutaneous Solution 1:20	BE	
Triferic Hemodialysis Packet 272 MG	BE	
Triferic Hemodialysis Solution 27.2 MG/5ML	BE	
Tubersol Intradermal Solution 5 UNIT/0.1ML	BE	
Ultomiris Intravenous Solution 1100 MG/11ML, 300 MG/30ML, 300 MG/3ML	BE	
Ultravist Injection Solution 50 %, 62 %, 77 %	BE	
Universal pH In Vitro Strip	BE	
Uvadex Extracorporeal Solution 20 MCG/ML	BE	
Uvadex Injection Solution 20 MCG/ML	BE	
Varibar Honey Oral Suspension 40 %	BE	
Varibar Nectar Oral Suspension 40 %	BE	
Varibar Pudding Oral Paste 40 %	BE	
Varibar Thin Honey Oral Suspension 40 %	BE	
Varibar Thin Liquid Oral Suspension Reconstituted 40 %	BE	
Vecuronium Bromide Intravenous Solution Prefilled Syringe 10 MG/10ML	BE	
Vecuronium Bromide-NaCl Intravenous Solution 100-0.9 MG/100ML-%	BE	
Venofer Intravenous Solution 20 MG/ML	BE	
Viaspan Solution	BE	
VisionBlue Intraocular Solution Prefilled Syringe 0.06 %	BE	
VisionBlue Ophthalmic Solution 0.06 %	BE	
Visipaque Intravenous Solution 270 MG/ML, 320 MG/ML	BE	
Visudyne Intravenous Solution Reconstituted 15 MG	BE	

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Drug Name	Preference Details	Coverage Details
Vizamyl Intravenous Solution 4.05 MCI/ML	BE	
VoLumen Oral Suspension 0.1 %	BE	
Volumex Intravenous Solution Prefilled Syringe 25 MCCI/ML	BE	
Vpriv Intravenous Solution Reconstituted 400 UNIT	BE	
Whole Egg (Diagnostic) Injection Solution 1:100	BE	
Xenon Xe 133 Inhalation Gas 10 MCI, 20 MCI	BE	
Xiaflex Injection Solution Reconstituted 0.9 MG	BE	
Xofigo Intravenous Solution 30 MCCI/ML	BE	
Yescarta Intravenous Suspension	BE	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	S	

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lowercase italics=Generic drugs

Index

12HR Allergy & Congestion..234	ABC Plus Senior.....479	ACD-A noClot-50.....75
12-Panel POC Toxicology	ABC Plus Senior Adults 50+ . 479	Acebutolol HCl..... 195
System..... 573	ABDEK.....479	Acerflex..... 294
<i>1st tier unifine pentips</i> 392, 393	ABDEK Pediatric.....483	Acetaminophen-Codeine..... 36
<i>1st tier unifine pentips plus</i>.....393	Abilify..... 182, 183	<i>acetazolamide</i>.....315
24HR Allergy Relief..... 121	Abilify Asimtufii.....182	<i>acetazolamide er</i>.....315
2nd Skin Blister Kit..... 372	Abilify Maintena..... 182	<i>acetazolamide sodium</i>.....315
2nd Skin Blister Pads.....372	Abilify MyCite Maintenance	Acetic Acid.....519
2nd Skin Moist Burn 1.5"x2" . 274	Kit..... 182	<i>acetylcysteine</i>.....114, 236
2nd Skin Moist Burn 2"x3" ....274	Abilify MyCite Starter Kit....182	Aches/Pains Medicine.....464
2nd Skin Moist Burn 3"x4" ....274	<i>abiraterone acetate</i> 150	Acid Reducer.....556
2nd Skin Moist Dressing Kit. 274	Ablysinol.....573	Acioxia.....272
2nd Skin Moist Gel 1"x1" 274	ABRAXANE.....165	<i>acioksiay</i>.....238
2nd Skin Moist Gel 3" Round274	Abirilada.....23	Aciphex.....556
2nd Skin QuikStik Adh	Abrysvo.....563	Acitretin.....249
Bandages.....372	ABSORICA LD.....242	AcneFree Acne Clearing
2nd Skin ScarGel.....268	Acacia.....14	System.....243
2nd Skin Self Seal Cut Closure	Acacia Pollen.....14	AcneFree Severe Clearing Syst
.....372	Acai Weight Control.....293	.....243
3232A Infant Formula.....294	ACAM2000.....563	ACST Kit.....573
5 Day.....265	<i>acamprosate calcium</i>.....532	ACT Kit.....573
50+ Adult Eye Health.....479	Acanya.....238	Actemra.....29
50+ Companion Womens.....479	Acarbose.....99	Actemra ACTPen.....29
5-HTP Tryptophan.....294	ACAT SUK Test.....573	ACTHAR.....318
5-MTHF ES.....293	Accolate.....71	ACTHAR HP.....318
7-Keto Lean.....469	ACCRUFER.....357	ACTHIB.....561
7Topic.....265	Accu-Chek Aviva.....391	Acthrel.....573
A Thru Z Advanced.....479	Accu-Chek Aviva Plus.....289	Actical.....479
A Thru Z Advanced Adult....479	Accu-Chek Compact Plus.....289	Acticoat Flex 3 4"x4".....274
A Thru Z High Potency.....479	Accu-Chek FastClix Lancet...391	ActiMaris All-Natural Wound
A Thru Z Select.....479	Accu-Chek FastClix Lancets. 391	.....273
A Thru Z Select 50+	Accu-Chek Guide.....289	ActiMaris Wound.....274
Advanced.....479	Accu-Chek Guide Control....391	ACTIMMUNE.....162
A Thru Z Select 50+ Mens....479	Accu-Chek Multiclix Lancets 391	Actiq.....39
A Thru Z Select Advanced....479	Accu-Chek SmartView.....289	Activase.....573
A Thru Z Select Ultimate	Accu-Chek SmartView	<i>active fe</i>.....355
Women.....479	Control.....391	<i>active injection blm-1</i>.....231
A Thru Z Ultimate Mens.....479	Accu-Chek Softclix Lancet	<i>active injection bm</i>.....231
A/G Pro.....294	Dev.....391	<i>active injection d</i>.....227
<i>abacavir sulfate</i>.....189	Accu-Chek Softclix Lancets...391	<i>active injection dl</i>.....231
<i>abacavir sulfate-lamivudine</i>.....186	Accula SARS-CoV-2.....289	<i>active injection kl-3</i>.....231
<i>abacavir-lamivudine-zidovudine</i>	Accupril.....132	<i>active injection km</i>.....231
.....186	Accuretic.....131	Active Injection LM-2.....368
ABC Complete Senior	ACCUTANE.....242	<i>active injection m-1</i>.....232
Womens 50+ .....479	ACD Formula A.....75	<i>active ob</i>.....490
ABC Plus.....479	ACD Formula B.....75	Activella.....328

S=Supplemental, BE=Benefit Exclusion, 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

Active-Medicated Spec	Adhesive Bandages	ADVOCATE INSULIN
Collect..... 573	Antibacteria..... 373	SYRINGE..... 393
ActivNutrients..... 479	Adhesive Bandages Clear..... 373	<i>adynovate</i> 343
Actonel..... 317	Adhesive Bandages Fexible... 373	ADYPHREN..... 569
Actoplus Met..... 113	Adhesive Bandages Foam..... 373	ADYPHREN AMP..... 569
Actos..... 113	Adhesive Bandages Health	ADYPHREN AMP II..... 569
Actrivot..... 479	Aware..... 373	ADYPHREN II..... 569
Acuicyn..... 260	Adhesive Bandages Plastic..... 373	ADZENYS ER..... 4
Acular..... 515	Adhesive Bandages Sheer..... 373	Adzenys XR-ODT..... 4
Acular LS..... 515	Adhesive Bandages Strong	Aemcolo..... 142
Acunol..... 464	Strip..... 373	AFINITOR..... 158
Acuvail..... 515	Adhesive Bandages Water	AFINITOR DISPERZ..... 158
Acyclovir..... 192, 252	Shield..... 373	AFIRMELLE..... 215
<i>acyclovir sodium</i> 192	Adlarity..... 534	AFLURIA
Acyclovix..... 190	Admelog..... 103	QUADRIVALENT..... 563
ADA..... 529	Admelog SoloStar..... 103	Afrezza..... 103
ADACEL..... 552	Adrenal..... 469	AFSTYLA..... 343
<i>adainzde</i> 238	ADRENALIN..... 569	AFTERA..... 222
<i>adainzoxia</i> 238	AdreView..... 573	AGGRASTAT..... 347
Adakveo..... 573	ADRIAMYCIN..... 160	Aimovig..... 453
Adalat CC..... 198	<i>adriamycin</i> 160	Air Foam Insoles Mens..... 382
Adalimumab-aacf..... 23	ADRUCIL..... 151	Air Foam Insoles Womens... 382
Adalimumab-adaz..... 23	Aduhelm..... 533	AirDuo Digihaler..... 66
Adalimumab-adbm..... 23	Adv Turmeric Curcumin	AirDuo RespiClick 113/14..... 66
Adalimumab-fkjp..... 23, 24	Complex..... 469	AirDuo RespiClick 232/14..... 66
Adapalene..... 243	Advair Diskus..... 65	AirDuo RespiClick 55/14..... 66
<i>adapalene</i> 243	Advair HFA..... 66	Airsupra..... 66
<i>adapalene-benzoyl per-</i>	Advanced Curad Aqua-	Ajovy..... 453
<i>clindamy</i> 238	Protect..... 373	AK-Fluor..... 514
<i>adapalene-benzoyl per-</i>	Advanced Curad Blister-Care 373	AKLIEF..... 243
<i>niacinam</i> 238	Advanced Curad Cool-Wrap. 373	AKTEN..... 515
Adapalene-Benzoyl Peroxide. 238	Advanced Curad Sof-Gel..... 373	Akynzeo..... 116
Adaptic Non-Adhering	Advanced Diabetic	Akynzeo (Ready-to-Use)..... 116
Dressing..... 274	Multivitamin..... 479	Akynzeo (To-be-Diluted)..... 116
Adasuve..... 573	Advanced DNA Collection... 573	ALA SCALP..... 253
Adbry..... 252	Advanced DNA Collection II 573	ALAmox Protect..... 20
Adcirca..... 209	Advanced DNA Collection III	Ala-Quin..... 245
Adderall..... 2	..... 573	<i>albendazole</i> 59
Adderall XR..... 2	Advanced Eye Health..... 479	Albuked 25..... 573
Adefovir Dipivoxil..... 190	Advanced Joint Relief..... 469	Albuked 5..... 573
<i>adeinzde</i> 238	Advanced Natalcare..... 485	Albumin Human..... 573
Adempas..... 208	Advanced Scar..... 270	Albuminar-25..... 573
<i>adenosine</i> 63	ADVATE..... 343	Albuminar-5..... 573
Adenosine..... 573	Advera..... 294	Albuminex..... 573
Adenosine (Diagnostic)..... 573	Advocate Alcohol Prep Pads. 378	Albumin-ZLB..... 573
Adhesive Bandages..... 372	ADVOCATE INSULIN PEN	AlbuRx..... 573
	NEEDLES..... 393	Albutein..... 573

S=Supplemental, BE=Benefit Exclusion, 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

Albuterol Sulfate.....	68, 69	All Day Allergy Childrens.....	121	Almond (Diagnostic).....	285, 573
Albuterol Sulfate ER.....	68	All Day Allergy-D.....	234	Almond Oil Bitter Flavor.....	529
Albuterol Sulfate HFA.....	68	All Gel Bunion Toe Spreader	382	Almotriptan Malate.....	454
Alclometasone Dipropionate.	253	Aller-Ease.....	121	Alocane Emergency Burn	
Alcoh-Glove Contoured Wipe		ALLERGIST PACKAGE....	394	Max Str.....	263
.....	378	ALLERGIST TRAY.....	394	Alocril.....	512
Alcohol Base.....	531	Allergy 24-HR.....	121	Alogliptin Benzoate.....	101
Alcohol Base Gel.....	531	Allergy Childrens.....	121	Alogliptin-metFORMIN HCl	102
Alcohol Pads.....	378	Allergy Rel Child		Alogliptin-Metformin HCl....	102
Alcohol Prep.....	378	(Loratadine).....	121	Alogliptin-Pioglitazone.....	103
Alcohol Swabs.....	378	Allergy Relief.....	121	Alomide.....	512
Alcohol Swabstick.....	378	Allergy Relief (Cetirizine).....	121	Aloquin.....	245
Alcohol Wipes.....	378	Allergy Relief (Loratadine)....	121	Alora.....	329
Alcoh-Wipe.....	378	Allergy Relief Childrens.....	121	Alosetron HCl.....	335
Alcortin A.....	245	Allergy Relief D.....	234	Aloxi.....	115
ALDACTAZIDE.....	315	Allergy Relief D-12.....	234	Alphagan P.....	516
Aldara.....	262	Allergy Relief D-24.....	234	Alpha-Lipoic Acid.....	19
Alder.....	14	Allergy		ALPHANATE.....	343
ALECENSA.....	152	Relief/Indoor/Outdoor.....	122	ALPHANATE/VWF	
Alendronate Sodium.....	317	Allergy Relief/Nasal		COMPLEX/HUMAN.....	344
AlevaMax.....	265	Decongest.....	234	ALPHANINE SD.....	344
Alevazol.....	261	Allergy Relief-D.....	234	<i>alprazolam</i>	63
Alevicyn Antipruritic.....	265	<i>allergy syringe</i>	394	<i>alprazolam er</i>	62
Alevicyn Antipruritic SG.....	265	Allergy/Congestion Relief.....	234	ALPRAZOLAM INTENSOL	62
Alevicyn Dermal Spray.....	273	Allewyn Adhesive.....	274	<i>alprazolam xr</i>	63
Alevicyn Plus.....	265	Allewyn Compression.....	274	ALPROLIX.....	344
<i>alfentanil hcl</i>	39	Allewyn Gentle.....	275	Alrex.....	517
ALFERON N.....	162	Allewyn Gentle Border.....	274	ALTABAX.....	245
Alfuzosin HCl ER.....	340	Allewyn Gentle Border Heel...275		ALTACAINE.....	515
Algae Based Calcium.....	479	Allewyn Gentle Border Lite...275		Altace.....	133
Alga-K.....	469	Allewyn Gentle Border		ALTAFRIN.....	511
Algesis.....	291	Sacrum.....	275	ALTAVERA.....	215
ALINIA.....	143	Allewyn Gentle Bordr		Alternaria alternat (Diagnost)	
ALIQOPA.....	167	Multisite.....	275	.....	285
Aliskiren Fumarate.....	142	Allewyn Heel.....	275	Alternaria alternata.....	14
AlitraQ.....	294	Allewyn Life.....	275	Altoprev.....	127
Alive Energy 50+.....	480	Allewyn Life Heel.....	275	Altreno.....	243
Alive Mens Energy.....	480	Allewyn Life Sacrum.....	275	ALTUVIIIIO.....	344
Alive Once Daily Womens.....	480	Allewyn Non-Adhesive.....	275	ALUNBRIG.....	152
Alive Once Daily Womens		Allewyn Plus Adhesive.....	275	Alvesco.....	71
50+.....	480	Allewyn Plus Cavity.....	275, 385	<i>alyacen 1/35</i>	215
Alive Ultra Potency Womens		Allewyn Plus Sacrum.....	275	<i>alyacen 7/7/7</i>	225
50+.....	480	Allewyn Sacrum.....	275	ALYMSYS.....	169
Alive Womens 50+.....	480	Allewyn Thin.....	385	Alyq.....	209
Alive Womens Energy.....	480	Allewyn Tracheostomy.....	275	ALZ.....	469
Alkindi Sprinkle.....	227	Allopurinol.....	342	Alzair Allergy Nasal Spray....	573
All Day Allergy.....	121	ALLZITAL.....	35	Amabelz.....	328

S=Supplemental, BE=Benefit Exclusion, 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

Amantadine HCl.....	170	Amiodarone HCl in Dextrose	574	AMZEEQ.....	237
Ambien.....	362	Amitiza.....	334	Anacaine.....	263
Ambien CR.....	362	<i>amitriptyline hcl</i>	99	ANADROL-50.....	56
AMBISOME.....	118	Amjevita.....	24	Analpram HC.....	58
Ambrisentan.....	208	Amjevita-Ped 15kg to ..	24	Analpram HC Singles.....	58
Amcinonide.....	253	AMJEVITA-PED.15KG.TO..	24	Analpram-HC.....	58
<i>amcinonide</i>	253	amLODIPine Besy-Benazepril		<i>anastrozole</i>	163
AMD Foam Dressing.....	385	HCl.....	130, 131	Ancobon.....	118
AMD Foam Dressing		Amlodipine Besy-Benazepril		Andexxa.....	574
Topsheet.....	385	HCl.....	131	Androderm.....	56
AMELUZ.....	268	amLODIPine Besylate.....	198	AndroGel.....	56
American Beech.....	14	amLODIPine Besylate-		AndroGel Pump.....	56
American Beech Pollen.....	14	Valsartan.....	135	ANECTINE.....	499
American Cockroach.....	14	amLODIPine-Atorvastatin....	206	Anesthesia S/I-40.....	574
American Elm.....	14	Amlodipine-Olmesartan.....	135	ANESTHESIA S/I-40A.....	574
American Elm (Diagnostic)...	285	amLODIPine-Valsartan-		Anesthesia S/I-40H.....	574
American Lobster		HCTZ.....	138, 139	ANESTHESIA S/I-40S.....	574
(Diagnostic).....	285	Ammonia N 13.....	574	Anesthesia S/I-60.....	574
American Sycamore.....	14	AMNESTEEM.....	243	ANGELIQ.....	328
Amerigel Wound Dressing.....	275	Amoryn Mood Booster.....	480	Anise Extract.....	529
Amerigel Wound Wash.....	273	<i>amoxapine</i>	99	Anise Flavor.....	529
AMETHIA.....	223	Amoxicill-Clarithro-		ANJESO.....	30
AMETHIA LO.....	223	Lansopraz.....	559	ANNOVERA.....	222
AMETHYST.....	222	Amoxicillin.....	525	Anoro Ellipta.....	66
AMICAR.....	358	Amoxicillin-Pot Clavulanate		Antacid Medicine.....	464
<i>amikacin sulfate</i>	21	.....	526, 527	Antara.....	126
<i>amiloride hcl</i>	316	Amoxicillin-Pot Clavulanate		Antibacterial Bandages.....	373
<i>amiloride-hydrochlorothiazide</i>	315	ER.....	526	Antibacterial Clear Bandage..	373
Aminate Fe-90.....	485	AMPHADASE.....	464	Antibacterial Clear Spot 7/8"	373
Amino Acid.....	505	<i>amphetamine er</i>	4	Antibacterial Plastic Bandages	
<i>amino acid-calcium-hep in</i>		Amphetamine Sulfate.....	4	.....	373
<i>d10w</i>	505	Amphetamine-Dextroamphet		Anticoagulant Cit Dext Soln	
<i>amino acid-calcium-hep in d5w</i>	505	ER.....	2, 3	A.....	75
Aminobenzoate Potassium....	571	Amphetamine-		Anticoagulant Compound.....	75
<i>aminocaproic acid</i>	358	Dextroamphetamine.....	3	Anticoagulant Sodium Citrate.	75
<i>aminophylline</i>	73	Amphet-Dextroamphet 3-		Antihistamine & Nasal	
AminoPMrms.....	294	Bead ER.....	3, 4	Deconges.....	234
AminoProtect.....	505	<i>amphotericin b</i>	118	Anti-Inflammatory Enzyme...294	
Aminosyn.....	505	Ampicillin.....	525	Antioxidant.....	480
Aminosyn II.....	505	Ampicillin Sodium.....	525, 526	Antioxidant A/C/E/Selenium.	480
Aminosyn II/Electrolytes.....	505	Ampicillin-Sulbactam Sodium		Antioxidant Formula.....	294, 480
Aminosyn M.....	506	.....	527	Anti-Oxidant Formula.....	480
Aminosyn/Electrolytes.....	506	Ampyra.....	538	Antioxidant	
Aminosyn-HBC.....	506	Amrix.....	493	Formula/Minerals.....	480
Aminosyn-PF.....	506	AMVUTTRA.....	540	AntiOxidant Forte.....	480
Aminosyn-RF.....	506	AMYTAL SODIUM.....	359	Antioxidant Protection	
Amiodarone HCl.....	65	Amyvid.....	574	Formula.....	480

S=Supplemental, BE=Benefit Exclusion, 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

Antioxidant Ultra Formula... 480	Aquacel Extra Hydrofiber 2x2	Arginaid..... 294
Antioxidant Vitamin/Mineral 480	.....275	Arginaid Extra.....294
Antioxidant Vitamins..... 480	Aquacel Extra Hydrofiber 6x6	Arginine HCl..... 507
Antioxidants Protector..... 480	.....275	Arglaes Island 4"x4-3/4" 276
AntiOxin 4000..... 480	Aquacel Foam 3.2"x3.2" 275	ARGYLE STERILE
<i>anti-stick allergy syringe</i>.....394	Aquacel Foam 4"x4" .....275	SALINE..... 341
<i>anti-stick immun syringe</i>.....394	Aquacel Foam 5"x5" .....275	Aricept.....534
<i>anti-stick insulin syringe</i> 394	Aquacel Foam 6"x6" .....275	Aridol..... 574
<i>anti-stick luer lock syringe</i> 394	Aquacel Foam 6"X8" .....275	Arikayce..... 21
<i>anti-stick tuberculin syringe</i> 394	Aquacel Foam 7"x7" .....275	ARIPiprazole..... 183
<i>antivenin latrosectus mactans</i> . 521	Aquacel Foam 8"x5.5" .....275	Aristada..... 183
<i>antivenin micrurus fulvius</i> 521	Aquacel Foam 8"x7" .....275	Aristada Initio..... 183
Antivert..... 117	Aquacel Hydrofiber 0.39"x18"	Arixtra.....77
Anucort-HC..... 59	.....275	Arizona Cypress..... 14
Anusol-HC..... 59	Aquacel-Ag Extra Hydrofiber	Armodafinil..... 7, 8
ANZEMET..... 115	.....275	ArmonAir Digihaler..... 71
Anzemet..... 115	AquADEKs..... 480, 483	ARMOUR THYROID..... 550
APADAZ..... 52	Aquafresh..... 380	Arnica.....214
APAP-Caff-Dihydrocodeine... 37	Aquafresh Cavity Protection. 380	Arnica Flower..... 268
<i>apap-caff-dihydrocodeine</i> 37	Aquafresh Extreme Clean.....380	Arnicare.....464
ApexiCon E..... 253	Aquafresh for Kids..... 380	Arnicare Arnica..... 464
Apidra..... 103	Aquafresh Sensitive..... 380	Arnicare Bruise.....464
Apidra SoloStar..... 103	Aquafresh Sensitive Max Str. 380	Arnuity Ellipta..... 71, 72
Aplenzin..... 92	Aquafresh Whitening.....380	ARRANON..... 151
Aplicare Alcohol Swabstick... 378	Aquasite Impreg Dressing	<i>arsenic trioxide</i> 162
Aplisol..... 574	2"x2" 275	Artemisia..... 469
Apokyn..... 172	Aquasite Impreg Dressing	<i>artesanate</i> 148
Apomorphine HCl..... 172	4"x4" 275	Arthrotec..... 30
Aponvie..... 118	Aquasite Impreg Dressing	Articadent Dental..... 367
App Slim Rms..... 293	4"x8" 275	ARTISS..... 358
Apple (Diagnostic)..... 285, 574	Aquasite Impreg Gauze 2"x2" 276	Arze-Ject-A..... 227
Apple Flavor..... 529	Aquasite Impreg Gauze 4"x4" 276	Asacol HD..... 336
Apraclonidine HCl..... 516	Aquasite Sheet Dressing 4"x4"	ASCENIV..... 522
Aprepitant..... 118	.....276	ASCLERA..... 475
APRETUDE..... 187	Aquasol A..... 572	Ascomp-Codeine..... 36
APRI..... 215	Aquoral..... 477	Ascor..... 572
Apricot Flavor..... 529	ARAKODA..... 148	Ascorbic Acid..... 572
Apriso..... 335	ARALAST NP..... 545	Asenapine Maleate..... 179
Aptensio XR..... 7	ARANELLE..... 225	ASHLYNA..... 223
Aptiom..... 80	Aranesp (Albumin Free) 351, 352	AsilNasalrms..... 294
APTIVUS..... 188	Arazlo..... 243	Asmanex (120 Metered Doses) 72
AP-Zel..... 480	Arcalyst..... 29	Asmanex (14 Metered Doses).. 72
Aqua Glycolic HC Scalp &	Arestin..... 478	Asmanex (30 Metered Doses).. 72
Body..... 253	Arexvy..... 563	Asmanex (60 Metered Doses).. 72
Aquacel Ag Advantage.....275	Arformoterol Tartrate..... 69	Asmanex HFA..... 72
Aquacel Ag Burn.....275	<i>argatroban</i> 78	A-Soy..... 294
Aquacel Extra Hydrofiber..... 275	<i>argatroban in sodium chloride</i> ... 78	ASPARLAS..... 161

S=Supplemental, BE=Benefit Exclusion, 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

Aspergillus fumigat (Diagnost).....	285	Atrovent HFA.....	70	Avsola.....	339
Aspergillus Fumigatus.....	574	Aubagio.....	536	AVYCAZ.....	210
Aspirin-Dipyridamole ER.....	349	AUBRA.....	215	AXID.....	555
Aspirin-Omeprazole.....	349	AUBRA EQ.....	215	Axona.....	291
Aspruzyo Sprinkle.....	59, 60	AUGMENTIN.....	527	Axumin.....	574
ASSURE ID INSULIN SAFETY SYR.....	394	Augmentin.....	527	AYUNA.....	216
ASSURE ID SAFETY PEN NEEDLES.....	394	Augmentin XR.....	527	AYVAKIT.....	159
Astagraf XL.....	468	Aureobasidium Pullulans.....	574	<i>azacitidine</i>	151
AstaMed MYO.....	291	<i>aurora pen needles</i>	394	Azalgia.....	469
Astero.....	263	<i>aurora unifine pentips</i>	394	Azasan.....	475
AstraZeneca COVID-19 Vaccine.....	563	AUROVELA 1.5/30.....	216	AzaSite.....	512
Astringyn.....	358	AUROVELA 1/20.....	216	azaTHIOprine.....	475
Atabex.....	485	AUROVELA 24 FE.....	216	<i>azathioprine sodium</i>	475
Atabex EC.....	485	AUROVELA FE 1.5/30.....	216	Azedra Dosimetric.....	574
Atacand.....	137	AUROVELA FE 1/20.....	216	Azedra Therapeutic.....	575
Atacand HCT.....	135	Auryxia.....	337	Azelaic Acid.....	268
<i>atazanavir sulfate</i>	188	Austedo.....	535	<i>azelaic acid-niacinamide</i>	238
Atelvia.....	317	Austedo Patient Titration Kit.....	535	Azelastine HCl.....	497, 512
Atenolol.....	195	Austedo XR.....	535	Azelastine-Fluticasone.....	497
Atenolol-Chlorthalidone.....	141	Austedo XR Patient Titration.....	535	<i>azeschew prenatal/postnatal</i>	485
Atgam.....	574	Australian Pine.....	14	<i>azesco</i>	485
Atlantic Cod (Diagnostic).....	285	Auvi-Q.....	569	Azilect.....	170
Atlantic Salmon (Diagnostic).....	286	Availnex.....	293	<i>azithromycin</i>	370
Atlantic/Eastern Oyster(Diagn).....	286	Avalide.....	136	Azithromycin.....	370, 371
Atomoxetine HCl.....	1, 2	Avapro.....	137	AZO Hormonal Health Cycle Care.....	480
Atopaderm.....	265	Avar.....	238	AZO Hormonal Health Happy Cycl.....	480
Atopiclair.....	265	Avar Cleanser.....	238	AZO Yeast Plus.....	464
Atorvaliq.....	127	Avar LS.....	238	Azopt.....	514
Atorvastatin Calcium.....	127	Avar LS Cleanser.....	238	Azor.....	135
<i>atovaquone</i>	143	Avar-e Emollient.....	238	Azstarys.....	7
<i>atovaquone-proguanil hcl</i>	148	Avar-e Green.....	238	Azulfidine.....	336
Atralin.....	243	Avar-e LS.....	238	Azulfidine EN-tabs.....	336
Atrantil.....	469	AVEED.....	57	AZURETTE.....	215
Atrapro CP.....	276	<i>aveida</i>	269	B Complex Vitamins Plus.....	480
Atrapro Dermal Spray.....	273	Avenoc.....	464	B-12 Compliance Injection....	350
Atrapro Hydrogel.....	276	Avenova.....	260	B-50 Formula.....	480
ATRIPLA.....	186	Avenova/Neutrox.....	260	Baby Skin Protectant.....	531
Atrix System 1.....	262	AVIANE.....	216	BABYBIG.....	522
ATROPEN.....	553	Avita.....	243	BAC.....	35
<i>atropine sulfate</i>	511, 553	Avocado (Diagnostic).....	574	Baciguent.....	512
Atropine Sulfate.....	574	Avodart.....	339	Bacitracin.....	512
<i>atropine sulfate (pf)</i>	553	Avogel Dressing 4"x4".....	276	Bacitracin-Polymyxin B.....	513
		Avogel Dressing 6"x48".....	276	Bacitra-Neomycin- Polymyxin-HC.....	516
		Avogel Dressing 8"x8".....	276	<i>baclofen</i>	493
		Avogel Sheet.....	276		
		Avonex Pen.....	536		
		Avonex Prefilled.....	536		

S=Supplemental, BE=Benefit Exclusion, 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

Baclofen.....	493	Band-Aid Glow in the Dark..	373	Basic AM.....	480
Bacmin.....	480	Band-Aid Hot Colors.....	373	Basic PM.....	480
Bacon Flavor.....	529	Band-Aid Hydro Seal.....	373	BAXDELA.....	332
<i>bacteriostatic water (benz alc)</i>	531	Band-Aid Hydro Seal Fingers	373	Baxdela.....	332
Bafiertam.....	537	Band-Aid Island Surg		Bayberry (Wax Myrtle).....	14
Bahia.....	14	Dressing.....	385	BCAA.....	506
Bal in Oil.....	575	Band-Aid Kling Rolled Gauze		BCAD 1.....	294
Balance Total Nutritional		LG.....	385	BCAD 2.....	294
Snac.....	294	Band-Aid Kling Rolled Gauze		<i>bcg vaccine</i>	562
Balanced Nutritional Drink...	294	MD.....	385	BD ALLERGIST TRAY.....	395
Balanced Nutritional Drink		Band-Aid Kling Rolled Gauze		BD ALLERGY SYRINGE..	395
Pls.....	294	SM.....	385	BD AUTOSHIELD.....	395
Balanced Nutritional Shake		Band-Aid Medicated Strips...	374	BD AUTOSHIELD DUO....	395
Pls.....	294	Band-Aid Mirasorb Gauze		BD BLUNT FILL NEEDLE	395
<i>balanced salt</i>	514	Sponge.....	385	BD BLUNT FILTER	
Bal-Care DHA.....	485	Band-Aid Ourtone.....	374	NEEDLE.....	395
BALCOLTRA.....	216	Band-Aid Plastic.....	374	BD CATHETER TIP	
Bald Cypress.....	14	Band-Aid Plastic Strips.....	374	SYRINGE.....	392
Balsalazide Disodium.....	336	Band-Aid Sheer Comfort-Flex		BD CONTROL SYRING	
Balsam Peru-Castor Oil.....	273	.....	374	LUER-LOK.....	395
BALVERSA.....	156	Band-Aid Sheer Strips.....	374	BD DISP NEEDLE.....	395
BALZIVA.....	216	Band-Aid Skin-Flex.....	374	BD DISP NEEDLES.....	395
<i>bamlanivimab</i>	521	Band-Aid Sport Strip Ex		BD ECLIPSE NEEDLE	395, 396
Banana (Diagnostic).....	286, 575	Wide.....	374	BD ECLIPSE SHIELDED	
Banana Concentrate.....	529	Band-Aid Super Strips.....	374	NEEDLE.....	396
Banana Cream Flavor.....	529	Band-Aid Tough-Strips.....	374	BD ECLIPSE SYRINGE.....	396
Banana Creme Flavor.....	529	Band-Aid Tru-Absorb Gauze	385	BD ECLIPSE	
Banana Flavor.....	529	Band-Aid Variety Pack.....	374	SYRINGE/NEEDLE.....	396
Bandages Fabric		Band-Aid Water Block Flex..	374	BD FILTER NEEDLE.....	396
Knuckle/Finger.....	373	Band-Aid Water Block Plus...	374	BD FILTER NEEDLE/5	
Bandages Fabric Strips 3/4"...	373	Band-Aid/Extra Large.....	374	MICRON.....	396
Band-Aid.....	373	Banzel.....	80	BD Heparin PosiFlush.....	575
Band-Aid Activ-Flex/Regular	373	BAQSIMI ONE PACK.....	100	BD HYPODERMIC	
Band-Aid Adv Healing Blister		BAQSIMI TWO PACK.....	101	NEEDLE.....	396, 397
.....	373	Baraclude.....	190	BD INSULIN SYR	
Band-Aid Baby Shark.....	373	BARD IRRIGATION		ULTRAFINE II.....	397
Band-Aid Butterfly Closure...	373	SYRINGE/BULB.....	452	BD INSULIN SYRINGE	
Band-Aid Clear Plastic.....	373	BARDIA BULB		.....	397, 398
Band-Aid Clear Spots.....	373	IRRIGATION SYRINGE....	394	BD INSULIN SYRINGE	
Band-Aid Clear Strips.....	373	BARDIA PISTON		HALF-UNIT.....	397
Band-Aid Family Pack.....	373	IRRIGATION SYR.....	394	BD INSULIN SYRINGE	
Band-Aid Flexible.....	373	BARHEMSYS.....	117	MICROFINE.....	397
Band-Aid Flexible Assorted..	373	Barhemsys.....	117	BD INSULIN SYRINGE	
Band-Aid Flexible Fabric.....	373	Bariatric Multivitamins/Iron.	480	U/F.....	397, 398
Band-Aid Flexible Rolled		Barium Sulfate.....	575	BD INSULIN SYRINGE	
Gauze.....	385	Barrigel.....	58	U/F 1/2UNIT.....	397
Band-Aid Gauze Small.....	385	Basaglar KwikPen.....	104		

S=Supplemental, BE=Benefit Exclusion, 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

BD INSULIN SYRINGE U-500.....	398	BD Swabs Single Use Butterfly.....	378	Belsomra.....	363
BD INSULIN SYRINGE ULTRAFINE.....	398	BD SYRINGE.....	401	Benazepril HCl.....	133
BD INTEGRA NEEDLE.....	398	BD SYRINGE BLUNT CANNULA 17G.....	401	Benazepril-hydroCHLORothiazide.....	131
BD INTEGRA SYRINGE... ..	398	BD SYRINGE CATH TIP... ..	401	<i>bendamustine hcl</i>	149
BD INTERLINK BLUNT CANNULA.....	452	BD SYRINGE DISPOSABLE.....	401	BENDEKA.....	149
BD LUER-LOCK SYRINGE.....	398	BD SYRINGE DUAL CANNULA.....	401	Benecalorie.....	294
BD LUER-LOK SYRINGE.....	398, 399	BD SYRINGE LUER SLIP TIP.....	401	BENEFIX.....	344
BD MULTIFIT REUSABLE SYRINGE.....	400	BD SYRINGE LUER-LOK.....	401, 402	Benicar.....	137
BD NOKOR ADMIX NEEDLE.....	400	BD SYRINGE SLIP TIP.....	402	Benicar HCT.....	136
BD PEN NEEDLE MICRO U/F.....	400	BD SYRINGE TIP CAP.....	452	BENLYSTA.....	461
BD PEN NEEDLE MINI U/F.....	400	BD SYRINGE/NEEDLE.....	402	Benlysta.....	575
BD PEN NEEDLE NANO 2ND GEN.....	400	SLIP TIP.....	402	Bensal HP.....	262
BD PEN NEEDLE NANO U/F.....	400	BD TB SYRINGE.....	402	Bentivite.....	357
BD PEN NEEDLE ORIGINAL U/F.....	400	BD VEO INSULIN SYR U/F 1/2UNIT.....	402	<i>benz per-clind-niacin-tretin</i>	238
BD PEN NEEDLE SHORT U/F.....	400	BD VEO INSULIN SYRINGE U/F.....	402	BenzaClin.....	238
BD PLASTIPAK SYRINGE.....	400	BD Veritor SARS-CoV-2/Flu A+B.....	575	BenzaClin with Pump.....	239
BD PRECISIONGLIDE NEEDLE.....	400	BD Veritor System Group A Strp.....	575	Benzamycin.....	239
BD Pudental/Local Tray/1% Lido.....	575	BD Veritor System SARS-CoV-2.....	575	BENZASHAVE.....	243
BD SAFETYGLIDE ALLERGY SYRINGE.....	400	BD YALE LNR REUSABLE NEEDLE.....	402, 403	<i>benzhydrocodone-acetaminophen</i>	52
BD SAFETYGLIDE INSULIN SYRINGE.....	400, 401	Beau Rx.....	270	<i>benznidazole</i>	59
BD SAFETYGLIDE NEEDLE.....	401	<i>bebtelovimab</i>	521	<i>benzonatate</i>	233
BD SAFETYGLIDE SHIELDED NEEDLE.....	401	Beconase AQ.....	498	Benzoyl Peroxide.....	243
BD SAFETYGLIDE SYRINGE/NEEDLE.....	401	Beef (Diagnostic).....	286, 575	Benzoyl Peroxide-Erythromycin.....	239
BD SAFETY-LOK INSULIN SYRINGE.....	401	Beef (Grilled) Flavor Oil Sol..	529	Benzotropine Mesylate.....	169, 170
BD Swab Single Use Regular	378	Beef Braised Natural Flavor..	529	BEOVU.....	519
		Beef Flavor.....	529	Beovu.....	575
		Beef Type Flavor Natural.....	529	Bepotastine Besilate.....	512
		Beef Type Flavor OS.....	529	Bepreve.....	512
		Beef/Potatoes/Spinach.....	294	Berinert.....	347, 575
		BEKYREE.....	215	Bermuda Grass.....	14
		Belbuca.....	53	Beser.....	254, 272
		BELEODAQ.....	157	Besivance.....	512
		<i>belladonna alkaloids-opium</i>	553	BESREMI.....	162
		BELRAPZO.....	149	Betadine.....	185
				Betadine Antiseptic.....	185
				BETALIDO.....	232
				<i>betamethasone combo</i>	232
				Betamethasone Dipropionate	254
				Betamethasone Dipropionate Aug.....	254
				Betamethasone Diprop-Minoxidil.....	261

S=Supplemental, BE=Benefit Exclusion, 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

<i>betamethasone sod phos & acet</i>	BiDil.....	207	Bipolaris sorokin (Diagnostic)	286
.....	Bijuva.....	328	.....	286
Betamethasone Valerate.....	BIKTARVY.....	186	Bipolaris sorokiniana.....	14
Betapace.....	Bimatoprost.....	519	Bis Subcit-Metronid-Tetracyc	559
Betapace AF.....	Bimzelx.....	249	Bismuth/Metronidaz/Tetracyc	
Betaseron.....	BinaxNOW COVID-19 Ag		lin.....	559
Beta-Sitosterol Plant Sterols..	Card.....	575	Bisoprolol Fumarate.....	195
Betaxolol HCl.....	BINAXNOW COVID-19 AG		Bisoprolol-	
Bethkis.....	HOME TEST.....	289	hydroCHLOROthiazide.....	141
Betimol.....	BinaxNOW COVID-19 Ag		Bitter Stop Flavor.....	530
Betoptic-S.....	Home Test.....	575	Bitterness Mask Flavor.....	530
Bevacizumab.....	BINOSTO.....	317	Bitterness Suppressor Flavor.	530
Bevespi Aerosphere.....	Binosto.....	317	<i>bivalirudin rtu</i>	77
<i>bexagliflozin</i>	Bio-35 Gluten-Free.....	480	<i>bivalirudin-sodium chloride</i>	78
<i>bexarotene</i>	Bio-35 Iron Free.....	480	BIVIGAM.....	522
BEXSERO.....	Biobrane 10"x15".....	276	BL Balanced Care.....	481
BHI Acne Relief.....	Biobrane 15"x20".....	276	BL Balanced Care Seniors.....	481
BHI Allergy Relief.....	Biobrane 5"x15".....	276	BL Century Advantage.....	481
BHI Arnica+ Pain Relief.....	Biobrane 5"x5".....	276	BL Century Senior.....	481
BHI Arthritis Pain Relief.....	Biobrane Gloves Large.....	276	BL Century-Lutein.....	481
BHI Back Pain Relief.....	Biobrane Gloves Medium.....	276	BL Injection.....	367
BHI Body Pure Cleansing.....	Biobrane Gloves Pediatric.....	276	BL Maximum One Daily.....	481
BHI Calming.....	Biobrane Gloves Small.....	276	BL Mens MultiPlus.....	481
BHI Cold Symptom Relief....	Biobrane-L 10"x15".....	276	BL Mens One Daily.....	481
BHI Constipation Relief.....	Biobrane-L 5"x15".....	276	BL Multiple Vitamins.....	481
BHI Cough Relief.....	Biobrane-L 5"x5".....	276	BL Petroleum Jelly.....	532
BHI Diarrhea Relief.....	Biocal.....	481	Black Walnut (Diagnostic)....	286
BHI Flu+ Multi-Symptom	Biocel.....	481	Black Walnut Flavor.....	530
Relief.....	Bio-Flav.....	469	Black Walnut Pollen.....	14
BHI Hemorrhoid Relief.....	BIOfrequency Insoles.....	382	Black Walnut Pollen (1:10).....	14
BHI Migraine Relief.....	Bioguard Barrier Dressing....	385	Black Walnut Pollen (1:20).....	14
BHI Mucus Relief.....	Bioguard Gauze Sponges.....	385	Black Walnut Pollen Extract...	14
BHI Nausea Relief.....	Bioguard Island Dressings....	385	Black Willow.....	14, 15
BHI Sinus Relief.....	Bioguard Non-Adherent		Black Willow (Diagnostic)....	286
BHI Skin Eczema Relief.....	Dressing.....	385	Blackberry Flavor.....	530
BHI Spasm Pain	Bio-Immunex.....	294	Bladder 2.2.....	294
Cramp/Spasm.....	BIORPHEN.....	570	BLNREP.....	153
BHI Throat Sore Throat	BioRX Sponix Nail.....	465	<i>bleomycin sulfat</i>	160
Relief.....	Biotect Plus.....	481	Bleph-10.....	518
BHI Uri-Control.....	Biotene Dry Mouth.....	380	BLEPHAMIDE S.O.P.....	516
Biatain Adhesive Foam	Biotene Dry Mouth Gentle....	380	BLINCYTO.....	155
Dressing.....	Biotene Dry Mouth		BLISOVI 24 FE.....	216
Biatain Foam Dressing.....	Moisturizing.....	477	BLISOVI FE 1.5/30.....	216
<i>bicalutamide</i>	BioThrax.....	562	BLISOVI FE 1/20.....	216
Bicillin C-R.....	Biotin Plus/Calcium/Vit D3...	481	Blister Relief Bandage.....	374
Bicillin C-R 900/300.....			Blood Sugar 360.....	469
BICILLIN L-A.....			BLUDIGO.....	288

S=Supplemental, BE=Benefit Exclusion, 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

Blue Crab (Diagnostic).....	286	BRENZAVVY.....	110	Buffered C Powder.....	572
Blueberry Flavor.....	530	Breo Ellipta.....	66	Buffered Lidocaine.....	368
BocaSal.....	477	Bretylium Tosylate.....	575	<i>bumetanide</i>	316
Body/Hair/Skin/Nails.....	481	BREVITAL SODIUM.....	339	Buminate.....	575
BodyAnew Fatigue.....	465	Brexafemme.....	118	BUPAP.....	35
Bonjesta.....	116	Breyna.....	66	<i>bupivacaine fisiopharma</i>	368
Boost.....	295	Breztri Aerosphere.....	66	Bupivacaine HCl.....	369
Boost 100 Calorie Smart.....	294	Bridion.....	575	<i>bupivacaine hcl (pf)</i>	368
Boost Breeze.....	294	<i>brilinty</i>	216	Bupivacaine HCl-NaCl.....	369
Boost Compact.....	294	Bright Beginnings Pediatric...	295	Bupivacaine in Dextrose.....	369
Boost Glucose Control.....	294	Brilinta.....	347	Bupivacaine-EPINEPHrine...	367
Boost High Protein.....	294, 295	Brimonidine Tartrate.....	268, 516	<i>bupivilog</i>	232
Boost Kid Essentials.....	295	Brimonidine Tartrate-Timolol		Buprenorphine.....	54, 55
Boost Kid Essentials 1.0 Cal..	295	.....	509	Buprenorphine HCl.....	53, 54
Boost Kid Essentials 1.5 Cal..	295	<i>brimonidine-dorzolamide</i>	509	Buprenorphine HCl-Naloxone	
Boost Kid Essentials 1.5/Fiber		BRINEURA.....	326	HCl.....	54
.....	295	Brinzolamide.....	514	buPROPion HCl.....	92
Boost Kids Essentials.....	295	Brisdelle.....	545	buPROPion HCl ER	
Boost Max 30G Protein.....	295	Briumvi.....	537	(Smoking Det).....	540
Boost Max Men.....	295	BRIVIACT.....	80	buPROPion HCl ER (SR).....	92
Boost Plus.....	295	Briviact.....	80	buPROPion HCl ER (XL).....	92
Boost Smoothie.....	295	Brixadi.....	53	BuPROPion HCl ER (XL).....	92
Boost Very High Calorie.....	295	Brixadi (Weekly).....	53	Burn Relief.....	263
Boost VHC.....	295	Bromase.....	295	<i>bupirone hcl</i>	62
Boost Women.....	295	Brome.....	15	<i>busulfan</i>	149
Boost/Benefiber.....	295	BROMFED DM.....	236	<i>butalbital-acetaminophen</i>	35
BOOSTRIX.....	552	Bromfenac Sodium (Once-		<i>butalbital-apap</i>	35
Bordered Gauze.....	385	Daily).....	515	Butalbital-APAP-Caff-Cod....	37
Boric Acid.....	268	Bromi-Lotion.....	265	<i>butalbital-apap-caffeine</i>	35
<i>bortezomib</i>	159	Bromocriptine Mesylate.....	170	Butalbital-ASA-Caff-Codeine.	37
Bosentan.....	208	BromSite.....	515	<i>butalbital-asa-caffeine</i>	35
BOSULIF.....	155	BRONCHITOL.....	545	<i>butalbital-aspirin-caffeine</i>	35
BOTOX.....	503	BRONCHITOL		<i>butorphanol tartrate</i>	55
Botrytis Cinerea (Diagnostic)	575	TOLERANCE TEST.....	546	Butorphanol Tartrate.....	55
Box Elder Pollen.....	15	Brovana.....	69	Butrans.....	55
BP 10-1.....	239	Brown Shrimp (Diagnostic)...	286	Butter Flavor.....	530
BP Cleansing Wash.....	239	BRUKINSA.....	155	Butter Rum Flavor.....	530
BP MultiNatal Plus.....	485	Bryhali.....	254	Butterfly Closures.....	374
<i>bp vit 3</i>	353	BSS PLUS.....	515	Butterscotch Flavor.....	530
BPCO.....	273	<i>bt injection</i>	232	Bydureon.....	108
B-Plex Plus.....	481	Bubble Gum Concentrate.....	530	Bydureon BCise.....	108
BPO.....	243	Bubble Gum Flavor.....	530	Byetta 10 MCG Pen.....	108
BRAFTOVI.....	155	Bucalsep.....	184	Byetta 5 MCG Pen.....	108
Brazil Nut (Diagnostic).....	286	Budesonide.....	58, 72, 227	BYFAVO.....	360
Breast Solutions.....	469	Budesonide ER.....	227	Bylvay.....	335
B-Redi/Red Hearts/Red		Budesonide-Formoterol		Bylvay (Pellets).....	335
Roosters.....	481	Fumarate.....	66	BYNFEZIA PEN.....	325

S=Supplemental, BE=Benefit Exclusion, 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

Byooviz.....	519	CAMZYOS.....	206	CAREFINE PEN NEEDLES	403
Bystolic.....	195	Canasa.....	336	.....	403
CAAT Kit.....	575	Candesartan Cilexetil.....	137	<i>careone insulin syringe</i>	403
<i>cabenuva</i>	186	Candesartan Cilexetil-HCTZ.....	136	<i>careone unifine pentips</i>	403
<i>cabergoline</i>	319	Candida Albicans Extract.....	15	<i>careone unifine pentips plus</i>	403
Cablivi.....	575	<i>candida albicans skn tst antgn</i>	286	CARESTART COVID-19	
CABOMETYX.....	158	Cantaloupe (Diagnostic).....	576	HOME TEST.....	289
Cabtreo.....	239	CAPACET.....	35	CareTouch Alcohol Prep.....	378
CadiraMD.....	271	CAPASTAT SULFATE.....	149	CARETOUCH PEN	
Caduet.....	206	<i>capecitabine</i>	151	NEEDLES.....	403
<i>caffeine citrate</i>	7	Capex.....	254	CARIMUNE NF.....	522
Calan SR.....	198, 199	Caphosol.....	477	Carisoprodol.....	493
Calcipotriene.....	250	Caplyta.....	174	Carisoprodol-Aspirin.....	495
Calcipotriene-Betameth		CAPRELSA.....	158	Carisoprodol-Aspirin-Codeine	
Diprop.....	272	Captopril.....	133	.....	495
<i>calcitonin (salmon)</i>	318	Captopril-		<i>carmustine</i>	167
Calcitonin (Salmon).....	318	hydroCHLOROthiazide.....	131, 132	Carnation Breakfast	
Calcitriol.....	250	CARAC.....	247	Essentials.....	295
<i>calcitriol</i>	322	Caramel Flavor.....	530	Carnation Inst Breakfast Juice	
Calcium Acetate.....	338	Carb Intercept/Phase 2.....	294	.....	295
Calcium Acetate (Phos		CARBAGLU.....	322	Carnation Inst Breakfast Plus.....	295
Binder).....	338	carBAMazepine.....	80, 81	Carnation Inst Breakfast	
Calcium Disodium Versenate.....	575	carBAMazepine ER.....	80	VHC.....	295
<i>calcium gluconate</i>	457	CarBAMazepine ER.....	80	Carnation Instant Breakfast.....	295
<i>calcium gluconate-nacl</i>	457	Carbaphen 12.....	236	CARNITOR.....	318
<i>calcium pnv</i>	485	Carbaphen 12 Ped.....	236	CAROSPIR.....	316
Calcium Pyruvate.....	469	Carbatrol.....	81	CarpalAid Employee Survival	
CALDOLOR.....	30	Carbidopa.....	171	Lg.....	374
Calendula.....	465	Carbidopa-Levodopa.....	171	CarpalAid Employee Survival	
Calicylic.....	265	Carbidopa-Levodopa ER.....	171	Sm.....	374
California Pepper Tree.....	15	Carbidopa-Levodopa-		CarpalAid Large.....	374
Callus Remover.....	382	Entacapone.....	171	CarpalAid Practioner Pack Lg	
Callus/Corn Shaver.....	382	<i>carbinoxamine maleate</i>	120, 121	.....	374
Callus/Corn Shaver Blades....	382	Carbinoxamine Maleate.....	121	CarpalAid Practioner Pack	
Calm.....	508	CarboFlex Odor Control.....	276	Smal.....	374
CALQUENCE.....	156	<i>carboplatin</i>	149	CarpalAid Small.....	374
Calsodore.....	248	<i>carboprost tromethamine</i>	521	CarraColloid 4"X4".....	276
Cambia.....	454	CARDENE IV.....	199	CarraColloid 6"X6".....	276
CAMCEVI.....	165	Cardio Complete.....	295	CarraDres.....	276
CAMILA.....	224	CardioDaily.....	481	CarraGauze.....	276
Camino Pro 15PE.....	295	CardioVid Plus.....	508	CarraKlenz.....	273
Camino Pro		Cardizem.....	199	CarraSmart.....	276, 385
Complete/Glytactin.....	295	Cardizem CD.....	199	CarraSmart Foam.....	385
Camino Pro PKU.....	295	Cardizem LA.....	199	CarraSorb M DriGel.....	276
CAMRESE.....	223	Cardura.....	140	Carrasyn Hydrogel Wound	
CAMRESE LO.....	223	Cardura XL.....	340	Dress.....	276
Camzyos.....	206			Carrasyn V Wound Dressing.....	276

S=Supplemental, BE=Benefit Exclusion, 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

Carteolol HCl.....	510	Celacyn.....	270	Chantix Starting Month Pak .	541
Cartia XT.....	199	Celacyn Post-Procedure Pack	276	CHARLOTTE 24 FE.....	216
Carticel.....	576	Celebrate Multi-Complete 18	481	CHATEAL.....	216
Carvedilol.....	194	Celebrate Multi-Complete 36	481	CHATEAL EQ.....	216
Carvedilol Phosphate ER.....	194	Celebrate Multi-Complete 45	481	Cheese Cheddar Type Flavor	
Carvykti.....	576	Celebrate Multi-Complete 60	481	Nat.....	530
CAS Kit.....	576	CeleBREX.....	28, 29	Cheese Flavor.....	530
Casein (Diagnostic).....	576	Celecoxib.....	29	Cheesecake Flavor.....	530
Cashew Nut (Diagnostic).....	286	Celery (Diagnostic).....	286	CHEMET.....	114
<i>casirivimab</i>	521	CeleXA.....	93	<i>chemo transfer pin</i>	392
<i>caspofungin acetate</i>	118	CellCept.....	467, 468	Chemstrip 2.....	576
Cat Hair Extract.....	15	Cellular Security.....	481	Chenodal.....	334
Catalytic Formula.....	295	Celontin.....	90	Cherry Flavor.....	530
Catapres.....	139	CEM-Urea.....	259	Chicken (Grilled) Flavor.....	530
Catapres-TTS-1.....	139	Centany.....	245	Chicken (Roasted) Flavor.....	530
Catapres-TTS-2.....	139	Centany AT.....	245	Chicken Flavor.....	530
Catapres-TTS-3.....	139	CENTRATEX.....	355	Chicken Flavor Oil Miscible..	530
Cathflo Activase.....	576	Centrum Men.....	481	Chicken Flavor Oil Soluble...	530
Cattle Epithelium.....	15	Cepacol.....	476	Chicken Flavor Water	
CAVAREST.....	477	Cephalexin.....	211	Miscible.....	530
Caya.....	381	Ceprotrin.....	576	Chicken Meat (Diagnostic)	
Cayston.....	146	Cequa.....	514	.....	286, 576
CAZIENT.....	225	Ceracade.....	265	Chicken Roasted Concentrate	
Cedar Elm.....	15	Ceramax.....	265	.....	530
Cefaclor.....	211	CERDELGA.....	350	Chicken/Carrots/Brown Rice.	295
<i>cefaclor</i>	211	Cerefolin NAC.....	291	Childrens Loratadine.....	122
Cefaclor ER.....	211	Ceretec.....	576	ChiRhoStim.....	576
Cefadroxil.....	210	Cerezyme.....	576	<i>chloramphenicol sod succinate</i>	143
<i>cefazolin sodium</i>	210, 211	Cerianna.....	576	<i>chlordiazepoxide hcl</i>	63
<i>cefazolin sodium-dextrose</i>	211	CEROVEL.....	259	<i>chlordiazepoxide-amitriptyline</i>	533
Cefdinir.....	212	Cervical Specimen Collection	289	chlordiazePOXIDE-Clidinium	
<i>cefepime hcl</i>	213	CERVIDIL.....	521	.....	553
<i>cefepime-dextrose</i>	213	CESIA.....	225	Chlorella.....	469
Cefixime.....	212	Cetacaine.....	271	Chlorella-Spirulina Complex.	295
<i>cefotaxime sodium</i>	212	Cetirizine HCl.....	122	<i>chlorhexidine gluconate</i>	476
<i>cefotetan disodium-dextrose</i> ...	211	Cetirizine HCl Allergy Child.	122	Chloroprocaine HCl.....	370
<i>cefoxitin sodium</i>	211, 212	Cetirizine HCl Childrens.....	122	<i>chloroprocaine hcl (pf)</i>	370
<i>cefoxitin sodium-dextrose</i>	212	Cetirizine HCl Childrens		<i>chloroquine phosphate</i>	148
Cefpodoxime Proxetil.....	212	Alrgy.....	122	<i>chlorothiazide sodium</i>	316
Cefprozil.....	212	Cetirizine HCl Hives Relief..	122	<i>chlorpromazine hcl</i>	181
<i>ceftazidime</i>	213	Cetirizine-Pseudoephedrine		<i>chlorthalidone</i>	316
<i>ceftazidime and dextrose</i>	213	ER.....	234	Chlorzoxazone.....	493, 494
<i>ceftriaxone sodium</i>	213	<i>cevimeline hcl</i>	478	Chocolate Flavor.....	530
<i>ceftriaxone sodium in dextrose</i>	213	CFpreop.....	295	Chocolate Hazelnut Flavor...	530
<i>ceftriaxone sodium-dextrose</i> ...	213	Chantix.....	541	Choice DM.....	295
Cefuroxime Axetil.....	212	Chantix Continuing Month		Choice DM TF.....	295
<i>cefuroxime sodium</i>	212	Pak.....	540	ChoiceFul Multivitamin.....	481

S=Supplemental, BE=Benefit Exclusion, 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

Cholbam.....	333	Ciprofloxacin-		Click Espresso Protein Drink	296
CholeRex.....	458	Dexamethasone.....	520	CLICKFINE PEN	
Cholesterol and Lipid Test....	289	Ciprofloxacin-Fluocinolone		NEEDLES.....	404
Cholesterol Defense.....	295	PF.....	520	<i>clickfine pen needles</i>	404
Cholesterol Relief.....	469	Cisatracurium Besylate.....	576	Climara.....	329
Cholestyramine.....	125	<i>cisplatin</i>	149, 150	Climara Pro.....	328
Cholestyramine Light.....	125	Citalopram Hydrobromide.....	93	Clindacin ETZ.....	237, 239
Choletec.....	576	Citanest Forte Dental.....	367	Clindacin Pac.....	239
CholexMax.....	291	Citanest Plain Dental.....	369	Clindacin-P.....	237
Cholextra.....	295	Citicoline.....	214	Clindagel.....	237
Cholextra t/f.....	291	CITRANATAL 90 DHA.....	490	<i>clindamy-benzoyl per-niacinam</i>	
Choline-Mag Trisaliclylate.....	36	CITRANATAL ASSURE....	490	.....	239
<i>chorionic gonadotropin</i>	324	CITRANATAL B-CALM....	485	Clindamy-Benzoyl Per-	
Chromic Chloride.....	461	CITRANATAL BLOOM.....	485	Niacinam.....	239
ChronoFlex.....	296	CITRANATAL BLOOM		Clindamycin HCl.....	145
ChronoVision.....	296	DHA.....	490	Clindamycin Palmitate HCl...	145
Cialis.....	209	CITRANATAL DHA.....	490	Clindamycin Phos-Benzoyl	
Cibinqo.....	252	CITRANATAL ESSENCE..	490	Perox.....	239
Cica-Care.....	276	CITRANATAL HARMONY		<i>clindamycin phos-niacinamide</i> ..	239
Ciclodan.....	246	.....	490	Clindamycin Phosphate	
Ciclodan Cream.....	246	CITRANATAL MEDLEY ..	491	.....	146, 237, 568
Ciclodan Solution.....	246	CITRANATAL RX.....	485	Clindamycin Phosphate in	
Ciclopirox.....	246	Citrus Bergamot.....	20	D5W.....	145
Ciclopirox Olamine.....	246	Cladosporium sphaer		Clindamycin Phosphate in	
Ciclopirox Treatment.....	246	(Diagnost).....	286	NaCl.....	145
<i>ciclopirox-clobetasol</i>	251	Cladosporium		<i>clindamycin-niacin-tretinoin</i> ...	239
<i>ciclopirox-salicylic acid</i>	251	Sphaerospermum.....	15	Clindamycin-Tretinoin.....	239
Cidatrine-TM.....	59	<i>cladribine</i>	151	Clindesse.....	568
<i>cidofovir</i>	190	CLARAVIS.....	243	<i>clind-niacin-spiro-nolac-tretin</i> ..	239
Ciloxan.....	512	Clarinox.....	122	Clinical Nutrients Antioxidant	
CIMDUO.....	186	Clarinox-D 12 Hour.....	234	.....	481
CIMERLI.....	519	Clarithromycin.....	371	Clinimix E/Dextrose (2.75/10)	506
Cimetidine.....	555	Clarithromycin ER.....	371	Clinimix E/Dextrose (2.75/5).	506
Cimetidine HCl.....	555	Clear Bandages.....	374	Clinimix E/Dextrose (4.25/10)	506
<i>cimetidine-lido-salicylic acid</i> ...	262	Clear Eyes Triple Action.....	514	Clinimix E/Dextrose (4.25/25)	506
Cimzia.....	339	CLEARLAX.....	365	Clinimix E/Dextrose (4.25/5).	506
Cimzia Starter Kit.....	339	ClearLife Allergy Relief.....	465	Clinimix E/Dextrose (5/15)....	506
Cinnamon Flavor.....	530	<i>clemastine fumarate</i>	121	Clinimix E/Dextrose (5/20)....	506
Cinryze.....	347, 576	Clemastine Fumarate.....	121	Clinimix E/Dextrose (5/25)....	506
Cinvanti.....	118	CLENPIQ.....	364	Clinimix E/Dextrose (8/10)....	506
Cipro.....	332, 333	Cleocin.....	145, 568	Clinimix E/Dextrose (8/14)....	506
Cipro HC.....	520	Cleocin Phosphate.....	145	Clinimix N14G30E.....	506
Ciprodex.....	520	Cleocin-T.....	237	Clinimix N9G15E.....	506
Ciprofloxacin.....	333	Clever Choice Comfort EZ....	271	Clinimix N9G20E.....	506
Ciprofloxacin HCl..	333, 512, 520	CLEVER CHOICE		Clinimix/Dextrose (2.75/5)....	506
<i>ciprofloxacin in d5w</i>	333	COMFORT EZ.....	404	Clinimix/Dextrose (4.25/10)...	506
		CLEVIPREX.....	200	Clinimix/Dextrose (4.25/20)...	506

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Clinimix/Dextrose (4.25/25)...	507	Cobas Liat SARS-CoV-2		COMETRIQ (60 MG DAILY	
Clinimix/Dextrose (4.25/5).....	507	Assay.....	289	DOSE).....	158
Clinimix/Dextrose (5/15).....	507	Cobas Liat SARS-CoV-2-AB		Comfeel Film.....	276
Clinimix/Dextrose (5/20).....	507	Assay.....	288	Comfeel Paste.....	276
Clinimix/Dextrose (5/25).....	507	Cobas Liat SARS-CoV-2-AB		Comfeel Plus Clear Dressing.	277
Clinimix/Dextrose (6/5).....	507	Cntrl.....	288	Comfeel Plus Contour	
Clinimix/Dextrose (8/10).....	507	<i>cocaine hcl</i>	497	Dressing.....	277
Clinimix/Dextrose (8/14).....	507	Cocklebur.....	15	Comfeel Plus Dressing.....	277
Clinoin.....	239	Cockroach Mixed		Comfeel Plus Triangle	
Clinolipid.....	508	(Diagnostic).....	290	Dressing.....	277
CLINPRO 5000.....	477	Cockroach Mixed Allergen		Comfeel Plus Ulcer Dressing.	277
cloBAZam.....	78	Ext.....	19	Comfeel Ulcer Care Dressing	277
CloBAZam.....	78, 79	Cocoa Bean (Diagnostic).....	576	COMFORT ASSIST	
Clobetasol Prop Emollient		Coconut (Diagnostic).....	286	INSULIN SYRINGE.....	404
Base.....	254	Coconut Flavor.....	530	Comfort EZ.....	271
Clobetasol Propionate....	254, 255	Codar AR.....	236	COMFORT EZ INSULIN	
Clobetasol Propionate E.....	254	Codeine Sulfate.....	39	SYRINGE.....	404, 405
Clobetasol Propionate		Coenzyme Q-10.....	20	COMFORT EZ MICRO	
Emulsion.....	254	Coffee Flavor.....	530	PEN NEEDLES.....	405
Clocortolone Pivalate.....	255	Cola Flavor.....	530	COMFORT EZ PEN	
Clodan.....	255, 272	Colazal.....	336	NEEDLES.....	405, 406
Cloderm.....	255	Colchicine.....	342	COMFORT EZ SHORT	
Cloderm Pump.....	255	Colchicine-Probenecid.....	342	PEN NEEDLES.....	406
<i>clomipramine hcl</i>	99	ColciGel.....	465	Comfort Touch Alcohol Prep	378
clonazepam.....	79	Colcrys.....	342	Comfort-Aid 1.5"x2.5".....	277
cloNIDine.....	140	Cold Defense Fighter.....	469	Comirnaty.....	563
<i>clonidine hcl</i>	140	Colesevelam HCl.....	125	Compeed Skin Protector	
cloNIDine HCl.....	140	Colestid.....	125, 126	Dress.....	386
cloNIDine HCl ER.....	1, 140	Colestid Flavored.....	125	Compleat.....	296
Clopidogrel & Aspirin.....	349	Colestipol HCl.....	126	Compleat Organic Blends.....	296
Clopidogrel Bisulfate.....	349	<i>colistimethate sodium (cba)</i> ...	147	Compleat Pedi Peptide 1.5.....	296
<i>clorazepate dipotassium</i>	63	Colladerm.....	265	Compleat Pediatric.....	296
CLOROTEKAL.....	370	Colliginix.....	273	Compleat Pediatric Org	
Clotrimazole.....	261, 476	Collodion Flexible.....	529	Blends.....	296
Clotrimazole-Betamethasone.	245	Colon Cleanse.....	469	Compleat Peptide 1.5.....	296
CLOVIQUE.....	461	Colon Cleanser.....	469	COMPLERA.....	186
cloZAPine.....	179	Colon Formula.....	296	Complete Formulation.....	481
CloZAPine.....	179	Colon Herbal Cleanser.....	469	Complete Formulation D3000	
Clozaril.....	179	Colox.....	470	.....	481
<i>c-nate dha</i>	485	COLUMVI.....	155	Complete Formulation D5000	
COAGADEX.....	344	Combigan.....	509	.....	481
COARTEM.....	148	CombiPatch.....	328	<i>complete natal dha</i>	490
Coats Aloe.....	260, 268	Combivent Respimat.....	67	Complete PMS Support	
Coats Aloe Liniment.....	263	COMETRIQ (100 MG		Complex.....	481
Coats Aloe Vera.....	268	DAILY DOSE).....	158	Complete Protein/Vitamin	
Co-Balamin.....	20	COMETRIQ (140 MG		Shake.....	296
		DAILY DOSE).....	158	<i>completenate</i>	485

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Compound W Total Care.....	262	Cortane-B Aqueous.....	519	Creme DeMenthe Flavor.....	530
Compro.....	181	Cortef.....	227	Creon.....	314
Comtan.....	174	Cortic-ND.....	520	Cresemba.....	119
COMVAX.....	563	CORTIFOAM.....	58	CRESEMBA.....	119
CO-NATAL FA.....	485	Corti-Sav.....	245	Crest.....	380
CONCEPT DHA.....	486	Cortisolv.....	470	Crest Tartar Control.....	380
Concept OB.....	486	Cortisone Acetate.....	227	Crest TC/Baking Soda.....	380
ConceptionXR Reproductive	296	Cortisporin-TC.....	520	Crestor.....	127
Concerta.....	8	CORVITA 150.....	355	CRINONE.....	569
Condylox.....	262	CORVITE 150.....	355	Criticare HN.....	296
Conformant 2 Wound Veil....	277	<i>corvite fe</i>	355	CRIXIVAN.....	188
CONJUPRI.....	200	Cosamin ASU Advanced		<i>cromolyn sodium</i>	68
Conray.....	576	Formula.....	470	Cromolyn Sodium.....	512
Conray 30.....	576	Cosamin ASU for Joint		Crotan.....	269
Conray 43.....	576	Health.....	470	Crucial.....	296
CONSENSI.....	198	COSELA.....	166	Cryoserv.....	576
Constant Trichophyton.....	576	Cosentyx.....	249	CRYSELLE-28.....	216
<i>constulose</i>	365	Cosentyx (300 MG Dose).....	249	CRYSVITA.....	327
Contreet Foam.....	277	Cosentyx Sensoready (300		C-Topical.....	263
Contreet Foam Cavity.....	277	MG).....	249	Culturelle IBS Complete.....	291
Contreet Foam Heel.....	277	Cosentyx Sensoready Pen.....	249	Cupric Chloride.....	461
Contreet Foam Sacral.....	277	Cosentyx UnoReady.....	249	Curad Acti-Flex Foam	
Contreet Hydrocolloid.....	277	Cosopt.....	509	Bandages.....	374
ConZip.....	40	Cosopt PF.....	509	Curad Adhesive Bandages....	374
CoolMagic.....	277	Cosyntropin.....	576	Curad Comfort Fabric.....	374
CoolMagic Tube Site		COTELLIC.....	157	Curad Gauze.....	386
Dressing.....	277	Cotempla XR-ODT.....	8	Curad Hold Tite Bandage.....	386
Copa Island Bordered Foam.	386	Cotton Candy Flavor.....	530	Curad Kid Size Bandages.....	374
Copa Plus Hydrophilic Foam	386	Covaryx.....	328	Curad Non-Stick.....	386
Copaderm.....	270	Covaryx HS.....	327	Curad Sensitive Skin	
CopaSil.....	270	Co-Veratrol.....	20	Bandages.....	374
Copaxone.....	538	Coverlet Strips.....	374	Curafil Wound Dressing.....	277
COPIKTRA.....	167	Covrsite Cover Dressing.....	386	Cure-All.....	265
CopperFixx Pain Relief.....	465	Covrsite Plus Composite		Curity #10 Burn Dress	
Coral Calcium Plus.....	481	Dress.....	386	12"x12".....	386
CORDRAN.....	255	Cow Milk (Diagnostic).....	286	Curity #10 Burn Dress	
CordyMax CS-4.....	470	Cozaar.....	137, 138	18"x18".....	386
Coreg.....	194	Cozima.....	252	Curity #10 Burn Dress	
Coreg CR.....	194	Crab (Diagnostic).....	576	36"x36".....	386
Corgard.....	196	Cramp ReLeaf.....	470	Curity #10 Gauze Bolt	
CORIFACT.....	344	CranBladder ReLeaf.....	470	36"x300'.....	386
CORLANOR.....	210	Cran-Raspberry Flavor.....	530	Curity Alcohol Preps.....	378
CORLOPAM.....	142	Crayon Bandages Strips.....	374	Curity Alcohol Swabs.....	378
Corn (Syrup).....	531	Cream Base Niosomes.....	532	Curity All Purpose Sponges...	386
Corn (Zea mays) (Diagnostic)	286	Cream-Heavy Base Niosomes	532	Curity AMD Antimicrobial	
Corn Pollen.....	15	Creatine.....	296, 508	Spnge.....	386
Cortane-B.....	270, 519	Creme de Menthe Flavor.....	530		

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Curity AMD Antimicrobial Strip.....	386	Curity Wound Closure 1/4"x3"	375	CVS Isopropyl Rubbing Alcohol.....	214
Curity Cover Sponge.....	386	Curity Wound Closure 1/4"x4"	375	CVS Ivermectin Lice Treatment.....	269
Curity Curad Adhesive Bandages.....	374	Curity Wound Closure 1/8"x3"	375	CVS Leg Cramps Pain Relief.....	465
Curity Curad Fabric Bandages.....	374	CUROSURF	546	CVS Manuka Honey Wound	277
Curity Curad Neon Strips.....	374	Cushing Syndrome Diagnostic	576	CVS Nerve Pain Relief.....	465
Curity Dressing Sponges.....	386	CUTAQUIG.....	522	CVS Non-Stick.....	387
Curity Gauze.....	386	Cuticerin 3"x16".....	277	CVS Non-Stick Pads.....	387
Curity Gauze Sponge.....	386	Cuticerin 3"x3".....	277	CVS Nutrition Liquid.....	296
Curity Heavy Drainage Pack.....	277	Cuticerin 3"x8".....	277	CVS Nutrition Plus.....	296
Curity Hypertonic NaCl Strip.....	277	Cuticerin 4"x4".....	277	CVS Nutrition Plus Chocolate	296
Curity Iodoform Packing Strip.....	386	Cuticerin 8"X16".....	277	CVS Nutrition Plus Vanilla... ..	296
Curity Kerlix Bandage Roll... ..	386	Cutinova Hydro 2"X2-3/8"	277	CVS Nutritional Shake.....	296
Curity Kerlix Roll.....	386	Cutinova Hydro 4"X4".....	277	CVS Plastic Bandages.....	375
Curity Mesh Gauze Bndg 1"x30'	386	Cutinova Hydro 6"x8".....	277	CVS Prep.....	378
Curity Mesh Gauze Bndg 2"x30'	386	Cutivate.....	255	CVS PURELAX.....	365
Curity Mesh Gauze Bndg 3"x30'	386	CUVITRU.....	522	CVS Scar.....	270
Curity Mesh Gauze Bndg 4"x30'	386	CUVPOSA.....	559	CVS Sheer Bandages.....	375
Curity NaCl Dressing 6"x6-3/4"	277	CUVRIOR.....	461	CVS Sheer Bandages Extra Large.....	375
Curity Non-Adherent Strips.. ..	386	CVS Adhesive Bandages.....	375	CVS Sheer Strip.....	375
Curity Non-Adhering Dressing.....	386	CVS Adhesive Gauze.....	387	CVS Sleep Application.....	463
Curity Plain Packing Strip.....	386	CVS Adult 50+ Eye Health... ..	481	CVS Spot Bandage Sheer.....	375
Curity Saline Dressing 8"x4" ..	277	CVS Advance Healing Bandages	375	CVS Tubular Gauze.....	387
Curity Sponges.....	387	CVS Advanced Gel Orthotics	382	CVS Vision Health.....	481
CURITY STERILE SALINE	341	CVS Alcohol Prep Pads.....	378	CVS Wound Wash Advanced.....	273
Curity Stretch Gauze Bandage	387	CVS Anti-Bact Bandages Child.....	375	Cyanocobalamin.....	350
Curity Telfa Adhesive.....	387	CVS Anti-Bact Bandages Waterpr	375	CYANOKIT.....	114
Curity Telfa Non-Stick.....	387	CVS Anti-Bacterial Bandages	375	CYCLAFEM 1/35.....	216
Curity Triangular Bandage....	387	CVS Arnica.....	465	CYCLAFEM 7/7/7.....	225
Curity Unna Boot.....	277	CVS Butterfly Closures.....	375	Cyclinex-1.....	296
Curity Wet Dressing.....	387	CVS Calcium 600 Plus.....	459	Cyclinex-2.....	296
Curity Wound Closure 1/2"x4"	374	CVS Clear Bandages.....	375	Cyclobenzaprine HCl.....	494
Curity Wound Closure 1/4"x1.5"	374	CVS Dry Mouth.....	477	Cyclobenzaprine HCl ER.....	494
		CVS Eye Health Adult 50+	481	CYCLOMYDRIL.....	511
		CVS Flexible Fabric Bandage.....	375	<i>cyclopentolate hcl</i>	511
		CVS Gauze.....	387	<i>cyclophosphamide</i>	166
		CVS Gauze Pad Sterile.....	387	<i>cycloserine</i>	149
		CVS Gauze Sterile.....	387	CYCLOSET.....	102
		CVS Hydrocolloid Pads.....	277	CycloSPORINE.....	462
		CVS Iodine Tincture.....	185	cycloSPORINE.....	514
		CVS Isopropyl Alcohol.....	214	cycloSPORINE Modified.....	462
				CycloSPORINE Modified.....	462
				Cyltezo.....	24, 25
				Cyltezo-CD/UC/HS Starter.....	25

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Cyltezo-Psoriasis Starter.....	25	Darifenacin Hydrobromide	DELYLA.....	216
Cymbalta.....	96	ER.....	Delzicol.....	336
<i>cyproheptadine hcl</i>	124	DARTISLA ODT.....	Demeclocycline HCl.....	547
Cyproheptadine HCl.....	125	DARZALEX FASPRO.....	DEMEROL.....	40
CYRED.....	216	DASETТА 1/35.....	Denavir.....	252
CYRED EQ.....	216	DASETТА 7/7/7.....	DENDRACIN	
CYSTADANE.....	322	DaTscan.....	NEURODENDRAXCIN.....	263
CYSTADROPS.....	518	<i>daunorubicin hcl</i>	Dengvaxia.....	564
CYSTAGON.....	340	DAURISMO.....	DENTA 5000 PLUS.....	477
CYSTARAN.....	518	DAYBUE.....	DENTAGEL.....	477
Cysto-Conray II.....	577	Daypro.....	<i>dentall 1100 plus</i>	477
Cystografin.....	577	DAYSEE.....	<i>deoxia</i>	239, 240
Cystografin-Dilute.....	577	Daytrana.....	<i>deoxiatar</i>	240
Cysview.....	577	DayVigo.....	<i>deoxiavar</i>	240
Cytalux.....	288	<i>dazaveidaoxia</i>	Depakote.....	91
<i>cytarabine</i>	151	<i>dazomon</i>	Depakote ER.....	90
<i>cytarabine (pf)</i>	151	D-Care 100X.....	Depakote Sprinkles.....	90
Cyto Carn.....	507	DDAVP RHINAL TUBE.....	Deplin 15.....	291
Cyto RALA.....	19	DEBLITANE.....	Deplin 7.5.....	291
CYTOGAM.....	522	Decara K.....	DEPO-ESTRADIOL.....	329
Cytotine.....	508	<i>decitabine</i>	DEPO-PROVERA.....	168
Cytra-2.....	340	Decolorized Iodine.....	DEPO-SUBQ PROVERA	
Cytra-3.....	340	Decon-G.....	104.....	224
Cytra-K.....	340	Decubi-Vite.....	Derma Pak-its Iodoform.....	277
D3.....	572	Deep Health.....	DERMA SILKRX SDS PAK	
Dabigatran Etxilate Mesylate	78	Deep Sleep.....	.....	272
<i>dacarbazine</i>	162	<i>deferasirox</i>	Dermacea Drain Sponges.....	387
<i>dactinomycin</i>	160	<i>deferasirox granules</i>	Dermacea Gauze Fluff Roll...387	
Daily Moisturizer.....	532	<i>deferiprone</i>	Dermacea Gauze Roll 2"x4-	
Daily Multivitamin.....	481	Deferoxamine Mesylate.....	1/8yd.....	387
Daily Vitamin Plus.....	482	Definity.....	Dermacea Gauze Roll 3"x4-	
Dalfampridine ER.....	538	Defitelio.....	1/8yd.....	387
Daliresp.....	71	DEKAs Plus.....	Dermacea Gauze Roll 4"x4-	
DALMANE.....	360	DEKAs Plus Ocean.....	1/8yd.....	387
DALVANCE.....	143	DELESTROGEN.....	Dermacea Gauze Roll 6"x4-	
<i>danazol</i>	57	DELFLEX-LC/1.5%	1/8yd.....	387
Dandelion.....	15	DEXTROSE.....	Dermacea Gauze Sponge.....	387
Dantrium.....	495	DELFLEX-LC/2.5%	Dermacea IV Drain Sponges.	387
Dantrolene Sodium.....	495	DEXTROSE.....	Dermacea IV Sponges.....	387
<i>dapsone</i>	144	DELFLEX-LC/4.25%	Dermacea Non-Adherent	
Dapsone.....	237	DEXTROSE.....	Dressing.....	387
<i>dapsone-niacinamide</i>	239	DELFLEX-SM/1.5%	Dermacea Non-Woven	
<i>dapsone-niacinamide-</i>		DEXTROSE.....	Sponges.....	387
<i>spironolac</i>	239	DELFLEX-SM/2.5%	Dermacea Stretch Bandage...387	
DAPTACEL.....	552	DEXTROSE.....	Dermacea Stretch Bandage	
<i>daptomycin</i>	143	DELSTRIGO.....	Roll.....	387
DARAPRIM.....	148	Deluo.....	Dermacea Super Sponge.....	387

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Dermacea Type VII Gauze.....	387	<i>desogestrel-ethinyl estradiol</i>	Dextroamphetamine Sulfate
Dermacea X-Ray Sponges.....	387	.....	ER.....
DermacinRx DPN Pak.....	543	Desonide.....	4, 5
DermacinRx Lidogel.....	263	DesOwen.....	Dextrose.....
DERMACINRX		Desoximetasone.....	508, 577
PRETRATE.....	486	Desoxyn.....	<i>dextrose</i>
<i>dermacinrx silapak</i>	272	Desvenlafaxine ER.....	508
DermacinRx Surgical		Desvenlafaxine Succinate ER..	Dextrose in Lactated Ringers
ComboPak.....	267	Detectnet.....	577
DermaDress Waterproof		Detox.....	Dextrose-NaCl.....
Dressing.....	387	Detoxarex.....	577
DermaGauze Dressing.....	277	Detrol.....	Dextrose-Sodium Chloride....
DermaGauze Hydrogel		Detrol LA.....	577
Dressing.....	277	<i>dexabliss</i>	Dexycu.....
Derma-Gel 4"x4".....	277	Dexamethasone.....	517
Dermagesic.....	271	<i>dexAMETHasone</i>	DFS DR/MS/Menth/Cap Pak. 30
Dermagran Hydrogel Wound	278	Dexamethasone Intensol.....	DHEA.....
Dermagran Hydrophilic		Dexamethasone Sod Phos-	Dhivy.....
Dressing.....	278	NaCl.....	171
Dermagran-B Hydrophilic....	278	<i>dexamethasone sod phosphate</i>	DiaB.....
DermaLevin Adhesive.....	387	<i>pf</i>	278
Derma-Smoother/FS Body.....	255	<i>dexamethasone sodium</i>	DiaB Daily Care.....
Derma-Smoother/FS Scalp.....	255	<i>phosphate</i>	278
Dermasorb AF.....	245	Dexamethasone Sodium	DiaB Extra.....
Dermasorb HC.....	255	Phosphate.....	296
Dermasorb XM.....	259	Dexatrim Max Complex 7.....	DiaB F.D.G. Freeze-Dried....
DermaSyn.....	278	<i>dexchlorpheniramine maleate</i> .	278
DERMAWERX SDS.....	272	Dexcom G6 Receiver.....	DiaB Klenz.....
DermaWerx Surgical Plus Pak		Dexcom G6 Sensor.....	273
.....	267	Dexcom G6 Transmitter.....	DiaB Nutri.....
Dermazene.....	245	Dexcom G7 Receiver.....	296
DermaZinc Cream.....	251	Dexcom G7 Sensor.....	Diabetic Basics Healthy Foot
Dermelle.....	270	Dexedrine.....	185
DerMend Bruise Formula.....	265	Dexeryl.....	Diabetic TF.....
Dermetazole.....	245	Dexilant.....	296
DermOtic.....	520	Dexlansoprazole.....	DiabetiDerm Massage
Dermovix.....	269	DEXLIDO.....	Stimulator.....
Dermulcera.....	273	<i>dexmedetomidine hcl</i>	265
Derpixa.....	278	<i>dexmedetomidine hcl in nacl</i> ...	DiabetiShield.....
DESCOVY.....	186	<i>dexmedetomidine hcl-dextrose</i>	296
<i>desipramine hcl</i>	99	Dexmethylphenidate HCl.....	DiabetiSource.....
Desloratadine.....	122	Dexmethylphenidate HCl ER 8, 9	296
<i>desmopressin ace spray refrig.</i>	327	Dexpanthenol.....	Diabetisource AC.....
<i>desmopressin acetate</i>	327	<i>dexrazoxane hcl</i>	296
<i>desmopressin acetate spray</i>	327	Dextenza.....	81
		Dextroamphetamine Sulfate.....	<i>diadimaxia</i>
			240
			Diagnostic.....
			577
			DIANEAL LOW
			CALCIUM/1.5% DEX.....
			474
			DIANEAL LOW
			CALCIUM/2.5% DEX.....
			474
			DIANEAL LOW
			CALCIUM/4.25% DEX.....
			474
			DIANEAL PD-2/1.5%
			DEXTROSE.....
			474
			DIANEAL PD-2/2.5%
			DEXTROSE.....
			474
			DIANEAL PD-2/4.25%
			DEXTROSE.....
			474
			<i>diaoxia</i>
			240
			DiaResQ.....
			296
			DiaResQ Childrens.....
			296
			<i>diasaxiatar</i>
			240
			<i>diasdimaxia</i>
			240
			<i>diasoxia</i>
			240
			Diastat AcuDial.....
			79
			Diastat Pediatric.....
			79

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DiaTrust COVID-19 Home Test.....	289	dilTIAZem HCl ER Beads....	200	Doral.....	360
<i>diazepam</i>	63	dilTIAZem HCl ER Coated Beads.....	200, 201	Doribax.....	577
diazePAM.....	79	DilTIAZem HCl ER Coated Beads.....	201	Doripenem.....	577
DiazePAM.....	79	Dilt-XR.....	201	Doryx.....	547
DIAZEPAM INTENSOL.....	63	<i>diluent for lefamulin</i>	531	Doryx MPC.....	547
<i>diazoxide</i>	101	<i>diluent for treprostinil</i>	531	Dorzolamide HCl.....	514
Diclegis.....	117	DimenhyDRINATE.....	117	Dorzolamide HCl-Timolol Mal.....	509
Diclofenac Epolamine.....	247	Dimethyl Fumarate.....	537, 538	Dorzolamide HCl-Timolol Mal PF.....	509
Diclofenac Potassium.....	30, 31	Dimethyl Fumarate Starter Pack.....	538	DOTATOC Ga 68.....	577
<i>diclofenac potassium</i>	30	Dimethyl Sulfoxide.....	577	<i>dothelle dha</i>	486
Diclofenac Potassium(Migraine).....	31, 454	<i>dimoxia</i>	240	Dotti.....	330
Diclofenac Sodium... 31, 247, 515		Diooxia.....	248	Double Air Foam Insoles Mens.....	382
<i>diclofenac sodium</i>	248	Diovan.....	138	Double Air Foam Insoles Womens.....	382
Diclofenac Sodium ER.....	31	Diovan HCT.....	136	DOUBLEDEX.....	228
Diclofenac-miSOPROStol.....	30	Dipentum.....	336	DOVATO.....	186
<i>diclofenac-na hyaluron-niacin</i>	248	<i>diphenatol</i>	113	DOVER BULB SYRINGE...392	
Diclofex DC.....	247	<i>diphenhydramine hcl</i>	121	Dover Lubricating Jelly.....	532
<i>diclona+</i>	247	<i>diphenoxylate-atropine</i>	113	Dovonex.....	250
Dicloxacillin Sodium.....	528	DIPHTHERIA-TETANUS TOXOIDS.....	552	Doxazosin Mesylate.....	140
<i>dicyclomine hcl</i>	553	<i>diphtheria-tetanus toxoids dt</i> ..	552	<i>doxepin hcl</i>	99, 248
<i>didanosine</i>	189	DIPRIVAN.....	339	Doxepin HCl.....	361, 362
Dieters Detox.....	294	Diprolene.....	255	<i>doxercalciferol</i>	322
Dietex Forte.....	294	Dipyridamole.....	349, 577	<i>doxorubicin hcl</i>	160
DIFFERIN.....	243	Disopyramide Phosphate.....	63	Doxycycline.....	268
Dificid.....	372	<i>disulfiram</i>	532	Doxycycline Hyclate.....	547
Difil-G Forte.....	73	DIURIL.....	316	Doxycycline Monohydrate.....	547, 548
Diflorasone Diacetate.....	255	Divalproex Sodium.....	91	Doxylamine-Pyridoxine.....	117
Diflucan.....	119	Divalproex Sodium ER.....	91	DPI Alcohol Gel.....	532
Diflunisal.....	36	Divigel.....	329, 330	Dr Scholls Cmft/Eng Mas/M/8-14.....	382
Difluprednate.....	517	DMSA.....	577	Dr Scholls Cmft/Eng Wk/M/8-14.....	382
DigiFab.....	577	<i>dobutamine hcl</i>	205	Dr Scholls Cmft/Eng Wk/W/6-10.....	382
DIGITEK.....	205	<i>docetaxel</i>	165	Dr Scholls Hvy Dty Supp/M/8-14.....	382
DIGOX.....	205	Dofetilide.....	65	Dr Scholls Plantar Fasc/M/8-13.....	382
<i>digoxin</i>	205	Dog Epithelium.....	15	Dr Scholls Plantar Fasc/W/6-10.....	382
<i>dihydroergotamine mesylate</i> ... 454		Dog Epithelium (Diagnostic).....	286	Dr Scholls Tri-Comfort/Wm/6-10.....	382
Dilantin.....	90	Dog Fennel.....	15		
Dilantin Infatabs.....	90	Dojolvi.....	508		
DILATRATE-SR.....	60	DOLISHALE.....	222		
DILAUDID.....	40	Dome-Paste Bandage.....	278		
Dilaudid.....	40	Donepezil HCl.....	534		
<i>diltiazem hcl</i>	201	Donnatal.....	553		
dilTIAZem HCl.....	201	DOPRAM.....	7		
dilTIAZem HCl ER.....	200, 201	DOPTLET.....	357		
Diltiazem HCl ER Beads.....	200				
DilTIAZem HCl ER Beads... 200					

S=Supplemental, BE=Benefit Exclusion, 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

Dr Smiths Adult Barrier.....	252	Dual Gel Insoles Women Sz		DynaDerm.....	278
Dr Smiths Diaper Rash.....	252	6-10.....	382	DynaDerm Hydrocolloid	
Dr Smiths Rash + Skin.....	252	Duavee.....	332	4"x4".....	278
Drawtex 2"x2".....	278	Dudress Island Dressing 4"x4"		DyNAMic.....	578
Drawtex 3"x3".....	278	.....	278	DyNAMic Plus Pak.....	578
Drawtex 3"x39".....	278	Dudress Island Dressing 6"x6"		DYSPORT.....	503
Drawtex 4"x39".....	278	.....	278	E.E.S. 400.....	371
Drawtex 4"X4".....	278	Duet DHA.....	486	E.E.S. Granules.....	371
Drawtex 6"X8".....	278	Duet DHA 400.....	486	EAA Supplement.....	296
Drawtex 8"x39".....	278	Duet DHA Balanced.....	486	Early Alert.....	470
Drawtex 8"X8".....	278	Duet DHA Complete.....	486	Eastern Cottonwood.....	15
<i>draxace</i>	240	Duetact.....	113	Eastern	
<i>draxace lotion cleanser</i>	240	Duexis.....	30	Cottonwood(Diagnostic).....	286
Drihep Arterial Line Syringe.	289	Dulera.....	67	Easy Comfort Alcohol Pads..	378
Drihep Plus Prefilled Syringe.	289	DULoxetine HCl.....	97	<i>easy comfort insulin syringe</i>	407
<i>drixece</i>	240	Duloxicaine.....	543	<i>easy comfort pen needles</i>	407
Drizalma Sprinkle.....	97	Duobrii.....	272	EASY GLIDE LUER LOCK	
Dronabinol.....	117	Duocal.....	296	SYRINGE.....	407
<i>droperidol</i>	62	DuoDERM Hydroactive.....	278	<i>easy glide pen needles</i>	407
Droperidol.....	62	DuoDote.....	577	Easy Grip Callus Remover....	382
DROPLET INSULIN		Duopa.....	172	Easy Touch Alcohol Prep	
SYRINGE.....	406	Dupixent.....	252, 253	Medium.....	378
DROPLET PEN NEEDLES		DUPIXENT.....	253	EASY TOUCH ALLERGY	
.....	406, 407	Durafiber 2"x2".....	278	SYRINGE.....	407
<i>dropsafe safety pen needles</i>	407	Durafiber 3/4"X18".....	278	EASY TOUCH FLIPLOCK	
<i>drospiren-eth estrad-levomefol</i> 217		Durafiber 4"x4".....	278	INSULIN SY.....	407, 408
<i>drospirenone-ethinyl estradiol</i> . 217		Durafiber 6"X6".....	278	EASY TOUCH FLIPLOCK	
DROXIA.....	351	<i>duramorph</i>	40	NEEDLES.....	408, 409
<i>droxidopa</i>	570	Durasafe Spinal/Epidural		EASY TOUCH FLIPLOCK	
Drs Choice Blister Care.....	278	Tray.....	577	SAFETY SYR.....	409, 410, 411
Drs Choice		Durezol.....	517	EASY TOUCH FLURINGE	411
Burns/Scalds/Abrasn.....	278	DURLAZA.....	349	EASY TOUCH FLURINGE	
Drs Choice Diabetic Bandages		Durolane.....	496	FLIPLOCK.....	411
.....	278	Durysta.....	519, 577	EASY TOUCH FLURINGE	
Drs Choice Skin Closure.....	278	Dust Mite Mixed Allergen Ext 19		SHEATHLOCK.....	411
Drs Choice Slow Heal		Dutasteride.....	339	EASY TOUCH	
Bandages.....	278	Dutasteride-Tamsulosin HCl.	341	HYPODERMIC NEEDLE	
Drs Choice Ultra-Flex.....	278	DUTOPROL.....	141	.....	411, 412, 413
<i>drug mart unifine pentips</i>	407	DVORAH.....	37	EASY TOUCH INSULIN	
<i>drug mart unifine pentips plus</i> .	407	Dx1 OraGenomic DNA		BARRELS 1ML.....	392
Dry Eye Formula.....	482	Screen.....	577	EASY TOUCH INSULIN	
DryMax Extra.....	387	Dx2 OraGenomic DNA		SAFETY SYR.....	413
Drysol.....	268	Screen.....	578	EASY TOUCH INSULIN	
Dsuvia.....	40	DXEVO 11-DAY.....	228	SYRINGE.....	413, 414
Duaklir Pressair.....	67	D-Xylose.....	578	EASY TOUCH PEN	
Dual Gel Insoles Men Sz 8-13	382	Dyanavel XR.....	5	NEEDLES.....	414
		Dymista.....	497		

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EASY TOUCH SAFETY SYRINGE.....	414	<i>efavirenz-emtricitab-tenofovir</i> .186	Elevidys 14.5-15.4 kg.....	499
EASY TOUCH SHEATHLOCK SYRINGE.....	414, 415	<i>efavirenz-lamivudine-tenofovir</i> 186	Elevidys 15.5-16.4 kg.....	500
EASY TOUCH SYRINGE BARREL 10ML.....	415	EFFER-K.....	Elevidys 16.5-17.4 kg.....	500
EASY TOUCH SYRINGE BARREL 1ML.....	415	Effexor XR.....	Elevidys 17.5-18.4 kg.....	500
EASY TOUCH SYRINGE BARREL 3ML.....	415	Effient.....	Elevidys 18.5-19.4 kg.....	500
EASY TOUCH SYRINGE BARREL 5ML.....	415	EGATEN.....	Elevidys 19.5-20.4 kg.....	500
EASY TOUCH TB FLIPLOCK SYRINGE.....	415, 416	Egg White (Diagnostic).....	Elevidys 20.5-21.4 kg.....	500
EASY TOUCH TB SHEATHLOCK SYR.....	416	Egg/Pro.....	Elevidys 21.5-22.4 kg.....	500
EASYPPOINT NEEDLE/SYRINGE.....	416	Eggnog Flavor.....	Elevidys 22.5-23.4 kg.....	500
EB-N3 DR.....	478	Eggs/Apples/Oats.....	Elevidys 23.5-24.4 kg.....	500
<i>eceoxia</i>	240	EGRIFTA.....	Elevidys 24.5-25.4 kg.....	500
Echinacea ACZ.....	482	EGRIFTA SV.....	Elevidys 25.5-26.4 kg.....	500
Echinacea Goldenseal Plus....	470	ELAHERE.....	Elevidys 26.5-27.4 kg.....	500
Echinacea/Golden Seal.....	296	Elasto-Gel 12"x12".....	Elevidys 27.5-28.4 kg.....	500
Echinacea/Goldenseal Immune.....	296	Elasto-Gel 2"x3".....	Elevidys 28.5-29.4 kg.....	500
EC-Naproxen.....	31	Elasto-Gel 3" Round.....	Elevidys 29.5-30.4 kg.....	500
Econazole Nitrate.....	261	Elasto-Gel 4"x4".....	Elevidys 30.5-31.4 kg.....	500
ECONTRA EZ.....	222	Elasto-Gel 5"x5".....	Elevidys 31.5-32.4 kg.....	500
ECONTRA ONE-STEP.....	222	Elasto-Gel 6"x8".....	Elevidys 32.5-33.4 kg.....	500
Ecotest COVID-19 Rapid Test.....	578	Elasto-Gel 8"x16".....	Elevidys 33.5-34.4 kg.....	500
ECOZA.....	261	Elasto-Gel Cast/Splint 12"x12".....	Elevidys 34.5-35.4 kg.....	501
EC-RX DHEA.....	20	Elasto-Gel Cast/Splint 4"x4".....	Elevidys 35.5-36.4 kg.....	501
EC-RX Estradiol.....	330	Elasto-Gel Cast/Splint 6"x8".....	Elevidys 36.5-37.4 kg.....	501
EC-RX Testosterone.....	57	Elasto-Gel Cast/Splint 8"x16".....	Elevidys 37.5-38.4 kg.....	501
Eczemol.....	465	Elasto-Gel Face Mask.....	Elevidys 38.5-39.4 kg.....	501
Edarbi.....	138	Elasto-Gel Plus 2"x3".....	Elevidys 39.5-40.4 kg.....	501
Edarbyclor.....	136	Elasto-Gel Plus 4"x4".....	Elevidys 40.5-41.4 kg.....	501
Edetate Calcium Disodium....	578	Elasto-Gel Plus 8"x8".....	Elevidys 41.5-42.4 kg.....	501
Edluar.....	362	Elcys.....	Elevidys 42.5-43.4 kg.....	501
<i>ed-spaz</i>	553	EleCare.....	Elevidys 43.5-44.4 kg.....	501
EDURANT.....	188	EleCare DHA/ARA.....	Elevidys 44.5-45.4 kg.....	501
EEMT.....	328	EleCare DHA/ARA Infant....	Elevidys 45.5-46.4 kg.....	501
EEMT HS.....	328	EleCare Jr.....	Elevidys 46.5-47.4 kg.....	501
<i>efavirenz</i>	188	Elelyso.....	Elevidys 47.5-48.4 kg.....	501
<i>efavirenz-emtricitab-tenofo df</i> .186		Elemar Patch.....	Elevidys 48.5-49.4 kg.....	501
		Elepsia XR.....	Elevidys 49.5-50.4 kg.....	501
		Elestrin.....	Elevidys 50.5-51.4 kg.....	501
		Eletone.....	Elevidys 51.5-52.4 kg.....	501
		Eletone Twinpack.....	Elevidys 52.5-53.4 kg.....	501
		Eletriptan Hydrobromide.....	Elevidys 53.5-54.4 kg.....	502
		.....	Elevidys 54.5-55.4 kg.....	502
		Elevidys 10.0-10.4 kg.....	Elevidys 55.5-56.4 kg.....	502
		Elevidys 10.5-11.4 kg.....	Elevidys 56.5-57.4 kg.....	502
		Elevidys 11.5-12.4 kg.....	Elevidys 57.5-58.4 kg.....	502
		Elevidys 12.5-13.4 kg.....	Elevidys 58.5-59.4 kg.....	502
		Elevidys 13.5-14.4 kg.....	Elevidys 59.5-60.4 kg.....	502
			Elevidys 60.5-61.4 kg.....	502

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Elevidys 61.5-62.4 kg.....	502	Analapril-	Ensure Immune Health.....	297
Elevidys 62.5-63.4 kg.....	502	Hydrochlorothiazide.....	Ensure Max Protein.....	297
Elevidys 63.5-64.4 kg.....	502	ENBRACE HR.....	Ensure Muscle Health	
Elevidys 64.5-65.4 kg.....	502	Enbrel.....	Revigor.....	297
Elevidys 65.5-66.4 kg.....	502	ENBREL.....	Ensure Nutra Shake Hi-Cal...	297
Elevidys 66.5-67.4 kg.....	502	Enbrel Mini.....	Ensure Nutrition Shake.....	297
Elevidys 67.5-68.4 kg.....	502	Enbrel SureClick.....	Ensure Orig Therapeutic	
Elevidys 68.5-69.4 kg.....	502	Encala.....	Nutri.....	297
Elevidys 69.5 kg plus.....	502	End Fatigue Revitalizing	Ensure Original.....	298
ELFABRIO.....	319	Sleep.....	Ensure Plant-Based Protein...	298
Elfolate.....	293	ENDARI.....	Ensure Plus.....	298
Elidel.....	264	EndeavorRx.....	Ensure Plus HN.....	298
ELIGARD.....	165	Endocet.....	Ensure Pre-Surgery.....	298
Elimite.....	269	Energel.....	Ensure Surgery.....	298
ELINEST.....	217	ENGERIX-B.....	Ensure Surgical Nutrition.....	298
Eliquis.....	75	English Plantain.....	Ensure/Fiber.....	298
Eliquis DVT/PE Starter Pack..	74	English Plantain (Diagnostic)	Entacapone.....	174
ELITEK.....	163	English Toffee Flavor.....	Entadfi.....	341
ELITE-OB.....	486	English Walnut (Diagnostic).	Entecavir.....	190
<i>elite-thin insulin syringe</i>	416	Engystol.....	Enterade.....	298
ELIXOPHYLLIN.....	73	ENHERTU.....	EnteraGam.....	293
ELLA.....	222	Enjaymo.....	<i>enteral feeding piston syringe</i> ..	381
<i>ellume covid-19 home test</i>	289	Enlive.....	Entero VU.....	578
ELMIRON.....	341	EnLyte.....	Entresto.....	207
ELOCTATE.....	344	EnovaRX-Amitriptyline.....	Entty Spray.....	265
ELUCIREM.....	290	Enoxaparin Sodium.....	Entyvio.....	336, 337
ELURYNG.....	222	ENOXILUV KIT.....	enu Complete Nutrition	
Elyxyb.....	454	ENPRESSE-28.....	Shake.....	298
ELZONRIS.....	162	ENSKYCE.....	ENU Nutritional Shake.....	298
EMCYT.....	164	Enspryng.....	Enu Pro3 Plus.....	298
Emend.....	118	Enstilar.....	<i>emulose</i>	337
Emend Tri-Pack.....	118	Ensure.....	Envarsus XR.....	468
EMERPHED.....	570	Ensure Active.....	EO28 Splash.....	298
Emetrol.....	59	Ensure Active Heart Health...	Eovist.....	578
Emflaza.....	228	Ensure Active High Protein...	Epaned.....	133
Emgality.....	453	Ensure Active Light.....	Epclusa.....	191
Emgality (300 MG Dose).....	453	Ensure Bone Health Revigor.	<i>ephedrine sulfate (pressors)</i>	570
EMOQUETTE.....	217	Ensure Clear.....	EpiCeram.....	265
EMPAVELI.....	347	Ensure Clinical St Revigor....	EpiCord.....	271
Emsam.....	93	Ensure Compact.....	Epidiolex.....	81
<i>emtricitabine</i>	189	Ensure Complete.....	EPIFOAM.....	270
<i>emtricitabine-tenofovir df</i>	186	Ensure Complete Shake.....	Epimide.....	265
EMTRIVA.....	189	Ensure Enlive.....	Epinastine HCl.....	512
Emulsion SB.....	265	Ensure Harvest 1.2 Cal.....	EPINEPHrine.....	569, 570
EMVERM.....	59	Ensure Healthy Mom.....	<i>epinephrine</i>	570
Analapril Maleate.....	133	Ensure High Calcium.....	<i>epinephrine professional</i>	569
		Ensure High Protein.....	EPINEPHrine-Dextrose.....	570

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EPINEPHrine-NaCl.....	570	<i>eql insulin syringe</i>	416	Escitalopram Oxalate .93, 94,	214
EPINEPHRINESNAP-EMS	569	EQL Non-Stick.....	388	ESGIC.....	36
EPINEPHRINESNAP-V.....	569	EQL Plastic Strips.....	375	<i>esmolol hcl</i>	195
EpiPen 2-Pak.....	569	EQL Protectavision.....	482	Esomeprazole Magnesium.....	556
EpiPen Jr.....	569	EQL Pumice Stone/Rope.....	382	<i>esomeprazole sodium</i>	556
EpiPen Jr 2-Pak.....	570	EQL Sheer Spots Small.....	375	<i>esomeprazole strontium</i>	556
<i>epirubicin hcl</i>	160	EQL Sheer Strips.....	375	ESPEROCT.....	344
EPISNAP.....	570	EQL Sheer Strips Extra Large		Essential Care Jr.....	298
Epitol.....	81	.....	375	Essentra Wipes 9x9".....	378
Epivir HBV.....	190	EQL Strips.....	375	Essiac Tonic.....	470
EPKINLY.....	155	EQL Strong Strips		Est Estrogens-Methyltest.....	328
Epogen.....	352	Waterproof.....	376	Est Estrogens-Methyltest DS.	328
<i>epoprostenol sodium</i>	207	EQL Toenail Clipper.....	382	Est Estrogens-Methyltest HS.	328
Eprontia.....	81	EquaCare Jr.....	298	ESTARYLLA.....	217
Eprosartan Mesylate.....	138	EquaPAX/Atorvastatin/CoQ1		Estazolam.....	360
EPSOLAY.....	243	0.....	127	Estrace.....	330, 568
EQ CLEARLAX.....	365	Equate.....	298	Estradiol.....	330, 331, 568
EQ Estroblend Menopause....	298	Equate Plus.....	298	<i>estradiol valerate</i>	331
EQ Flexible Fabric Bandages	375	Equetro.....	174, 175	Estradiol-Norethindrone Acet	
EQ Loratadine.....	122	Equipto-Amitriptyline.....	214	.....	328
EQ Nutritional Shake.....	298	ERAXIS.....	118	Estring.....	568
EQ Nutritional Shake Plus....	298	Ergocal.....	572	Estro Support ES.....	298
EQ Strong Strips Bandages...	375	<i>ergoloid mesylates</i>	540	ESTROGEL.....	331
EQ Vision Formula 50+.....	482	ERGOMAR.....	454	EstroNatural.....	298
EQ Weight Loss Shake.....	298	ERIVEDGE.....	157	EstroNatural Extra Strength.	298
EQL Adhesive Bandages Pack		ERLEADA.....	150	Estroven Nighttime.....	298
.....	375	ERMEZA.....	550	Estroven Weight Management	
EQL Adhesive Pads.....	375	ERRIN.....	224	.....	298
EQL Advanced Healing.....	375	Ertaczo.....	261	Eszopiclone.....	362
EQL Alcohol Swabs.....	378	<i>ertapenem sodium</i>	143	<i>etesevimab</i>	521
EQL Animal Print Strips.....	375	ERWINASE.....	161	<i>ethacrynic acid</i>	316
EQL Antibacterial Fabric		ERWINAZE.....	162	<i>ethambutol hcl</i>	149
Strip.....	375	Ery.....	237	ETHAMOLIN.....	475
EQL Butterfly Closures.....	375	Erygel.....	237	Ethosuximide.....	90
EQL CLEARLAX.....	365	EryPed 200.....	371	<i>ethoxia</i>	240
EQL Dry Mouth Oral Rinse..	477	EryPed 400.....	371	<i>ethynodiol diac-eth estradiol</i> ...	217
EQL Dual Gel Insoles		Ery-Tab.....	371	ETHYOL.....	169
Womens.....	382	ERYTHROCIN		Etodolac.....	31
EQL First Aid Bandages.....	375	LACTOBIONATE.....	371	Etodolac ER.....	31
EQL Flexible Fabric		Erythrocin Stearate.....	372	<i>etonogestrel-ethinyl estradiol</i> ..	222
Bandages.....	375	Erythromycin.....	237, 372, 512	ETOPOPHOS.....	166
EQL Flexible Foam Strips.....	375	Erythromycin Base.....	372	<i>etoposide</i>	166
EQL Gauze.....	387	Erythromycin Ethylsuccinate	372	<i>etravirine</i>	188
EQL Gentle Strips.....	375	ESBRIET.....	546	Eucalyptol Flavor.....	531
EQL Heavy Duty Bandages..	375	Escavite.....	482	Eucalyptus Flavor.....	531
EQL Heavy Duty Fabric		Escavite D.....	482	Eucrisa.....	268
Strips.....	375	Escavite LQ.....	482	Euflexxa.....	496

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Eugenol Flavor.....	531	Exuderm LP 6"x6".....	279	Exu-Dry Slit Tube 4"x6".....	280
Eurax.....	269	Exuderm RCD 4"x4".....	279	Eye Health.....	482
EUTHYROX.....	550	Exuderm RCD 6"x6".....	279	Eye Vitamins.....	482
Evamist.....	331	Exuderm RCD 8"x8".....	279	Eye-Vite Extra.....	482
Evekeo.....	5	Exuderm Sacrum 4"x3.6".....	279	Eye-Vite Plus Lutein.....	482
Evekeo ODT.....	5	Exuderm Satin 2"x2".....	279	Eylea.....	578
Evenity.....	325	Exuderm Satin 4"x4".....	279	Eysuvis.....	517
<i>everolimus</i>	158	Exuderm Satin 6"x6".....	279	Ezallor Sprinkle.....	128
Everolimus.....	468	Exuderm Satin 8"x8".....	279	E-Z-Cat Dry.....	578
Evicel.....	358	Exuderm Ultra 4"x4".....	279	E-Z-Disk.....	578
Evista.....	325	Exu-Dry 15"x18".....	279	E-Z-Dose.....	578
Evithrom.....	358	Exu-Dry 15"x24".....	279	Ezetimibe.....	129
EVKEEZA.....	125	Exu-Dry 20"x28".....	279	<i>ezetimibe-atorvastatin</i>	129
Evoclin.....	238	Exu-Dry 3"x4".....	279	Ezetimibe-Simvastatin.....	129
EVOTAZ.....	186	Exu-Dry 4"x6".....	279	E-Z-HD.....	578
EVRYSOI.....	505	Exu-Dry 6"x9".....	279	E-Z-Paque.....	578
Evusheld.....	524	Exu-Dry 9"x15".....	279	E-Z-Paste.....	578
Exactuss TR.....	233	Exu-Dry Arm 27"x31".....	279	F.A.A.....	298
ExaPhex TR.....	235	Exu-Dry Boot/Foot Child.....	279	<i>fabb</i>	353
Excel-Gel.....	279	Exu-Dry Burn Jacket 17"x20".....	279	Fabior.....	243
Excilon AMD Drain Sponges.....	388	Exu-Dry Burn Jacket 31"x32".....	280	FABRAZYME.....	319
Excilon AMD Non-Woven.....	388	Exu-Dry Burn Jacket 36"x40".....	280	Fabric Bandages.....	376
Sponges.....	388	Exu-Dry Burn Vest 26"x38".....	280	FALESSA.....	217
Excilon Drain Sponges.....	388	Exu-Dry Burn Vest Child.....	280	FALLBACK SOLO.....	222
Excilon IV Sponges.....	388	15x20".....	280	FALMINA.....	217
EXEL COMFORT POINT.....		Exu-Dry Buttocks 23"x53".....	280	Famciclovir.....	192
INSULIN SYR.....	417	Exu-Dry Disc 3".....	280	Famotidine.....	555
EXEL COMFORT POINT.....		Exu-Dry Elbow/Knee/Heel.....	280	<i>famotidine premixed</i>	555
PEN NEEDLE.....	417	10x17.....	280	Fanapt.....	176
EXELDERM.....	261	Exu-Dry Face 9"x14".....	280	Fanapt Titration Pack.....	176
Exelon.....	534	Exu-Dry Incision 3"x9".....	280	Farxiga.....	110
EXEM.....	290	Exu-Dry Leg 34"x37".....	280	FARYDAK.....	157
<i>exemestane</i>	163	Exu-Dry Non-Permeable.....	280	FASENRA.....	70
Exfoliating Stone File.....	382	24"x36".....	280	FASENRA PEN.....	70
Exforge.....	135	Exu-Dry Non-Permeable.....	280	FaStep COVID-19 Rapid Test.....	578
Exforge HCT.....	139	36"x72".....	280	FAYOSIM.....	223
EXKIVITY.....	156	Exu-Dry Pad Hand Child.....	280	FE PLUS PROTEIN.....	355
Ex-L.....	298	8"x8".....	280	Febuxostat.....	342
EXONDYS 51.....	502	Exu-Dry Padded Hand.....	280	Feiba.....	578
Exotic-HC.....	520	12"x13".....	280	Felbamate.....	88
Exparel.....	369	Exu-Dry Padded Neck 6"x25".....	280	Felbatol.....	89
Exservan.....	499	Exu-Dry Permeable 24"x36".....	280	Feldene.....	31
EXSERVAN.....	499	Exu-Dry Quilted 36"x72".....	280	Felodipine ER.....	201
Extavia.....	536	Exu-Dry Scalp 3"x14".....	280	Fem pH.....	567
Extina.....	261	Exu-Dry Slit Disc 3".....	280	FEM PH.....	567
EXTRANEAL.....	474	Exu-Dry Slit Tube 2"x3".....	280	FemCap.....	379
Exuderm LP 4"x4".....	279	Exu-Dry Slit Tube 3"x4".....	280		

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Femring.....	568	Fiasp FlexTouch.....	104	Flexible Fabric Bandages.....	376
FEMYNOR.....	217	Fiasp PenFill.....	104	Flexzan.....	388
Fenofibrate.....	126	Fiasp PumpCart.....	104	<i>flolipid</i>	128
Fenofibrate Micronized.....	126	Fiber Flow.....	298	Flomax.....	340
Fenofibric Acid.....	127	Fibersource.....	298	FLORIVA.....	458
Fenoglide.....	127	Fibersource HN.....	298	Floriva.....	485
Fenopropfen Calcium.....	31	Fiber-Stat.....	298	Floriva Plus.....	483
<i>fenopropfen calcium</i>	31	Fibracol.....	280	Flovent Diskus.....	72
FENORTHO.....	31	Fibryga.....	578	Flovent HFA.....	72
FentaNYL.....	41, 42	Fifty50 Alcohol Prep.....	378	<i>flow-eze vented needle</i>	417
fentaNYL.....	41, 42	FIFTY50 PEN NEEDLES... 417		FLOWFLEX COVID-19 AG	
<i>fentanyl citrate</i>	40	FIFTY50 SUPERIOR		HOME TEST.....	289
fentaNYL Citrate.....	40, 41	COMFORT SYR.....	417	Flowtuss.....	233
FentaNYL Citrate.....	41	FILSPARI.....	341	<i>floxuridine</i>	151
<i>fentanyl citrate (pf)</i>	40	<i>filter 0.2 micron/25mm</i>	392	FLUAD.....	564
<i>fentanyl citrate pf</i>	41	<i>filter/millex-gp/50mm/clear</i>	392	FLUAD QUADRIVALENT	564
<i>fentanyl citrate-nacl</i>	41	Finacea.....	268	FLUARIX	
Fentanyl Cit-Ropivacaine- NaCl.....	37	Finapod.....	261	QUADRIVALENT.....	564
fentaNYL Cit-Ropivacaine- NaCl.....	37	Finasteride.....	339	FLUBLOK	
Fentanyl-Bupivacaine-NaCl... 38		Finasteride-Minoxidil.....	261	QUADRIVALENT.....	564
fentaNYL-Bupivacaine-NaCl.. 38		Fingolimod HCl.....	543	FLUCELVAX	
fentaNYL-Ropivacaine-NaCl. 38		Fintepla.....	81	QUADRIVALENT.....	564
Fentora.....	42	Fioricet/Codeine.....	37	Fluconazole.....	119
FEonyx.....	355	Firazyr.....	346	<i>fluconazole in sodium chloride</i>	119
FERIVA 21/7.....	357	FIRDAPSE.....	148	Flucytosine.....	119
FERIVAF.....	355	Fire Ant.....	15	<i>fludarabine phosphate</i>	151
<i>ferocon</i>	355	FIRMAGON.....	164	Fludeoxyglucose F 18.....	578
<i>ferottrinsic</i>	355	FIRMAGON (240 MG		<i>fludrocortisone acetate</i>	231
FERRALET 90.....	357	DOSE).....	164	FLULAVAL	
<i>ferraplus 90</i>	357	First - Metoprolol.....	195	QUADRIVALENT.....	564
FERRIPROX.....	114	First-Atenolol.....	195	Flumadine.....	192
FERRIPROX TWICE-A- DAY.....	114	First-Hydrocortisone.....	256	FLUMIST	
FERRO-plex.....	355	First-Lansoprazole.....	557	QUADRIVALENT.....	564
Ferrotrin.....	355	First-Omeprazole.....	557	Flunisolide.....	498
Ferrous Sulfate.....	357	First-Testosterone.....	57	Fluocinolone Acetonide. 256, 520	
Fesoterodine Fumarate ER... 560		First-Testosterone MC.....	57	Fluocinolone Acetonide Body256	
FETROJA.....	214	Firvanq.....	143	Fluocinolone Acetonide Scalp	
Fetzima.....	97, 98	Flac.....	520	.....	256
Fetzima Titration.....	98	Flagyl.....	142	Fluocinonide.....	256
Fexmid.....	494	Flarex.....	517	Fluocinonide Emulsified Base256	
Fexofenadine HCl.....	122	FlavoxATE HCl.....	561	Fluorescein	
Fexofenadine-Pseudoephed		FLEBOGAMMA DIF.....	522	Sodium/Benoxinate.....	514
ER.....	234	Flecainide Acetate.....	64	FLUORIDEX.....	477
Fiasp.....	104	Flector.....	247	FLUORIDEX ENHANCED	
		FLEQSUVY.....	494	WHITENING.....	477
		Fleqsuvy.....	494	FLUORIDEX	
		Flexbumin.....	578	SENSITIVITY RELIEF.....	476

S=Supplemental, BE=Benefit Exclusion, 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

<i>fluoritab</i>	458	Focalin.....	10	FreAmine III.....	507
Fluorodopa F 18.....	288	Focalin XR.....	10	<i>freds pharmacy unifine pentip+</i>	
Fluorometholone.....	517	<i>folcal dha</i>	491	.....	417
FLUOROPLEX.....	247	FOLCAPS OMEGA 3.....	486	<i>freds pharmacy unifine pentips</i>	417
<i>fluorouracil</i>	151, 247, 248	FOLET DHA.....	491	Free & Clear.....	265
FLUOxetine HCl.....	94	FOLET ONE.....	491	FreeDerm Adhesive Remover	265
FLUOxetine HCl (PMDD)....	540	Folic + B12.....	350	Freedom Alcohol Gel.....	532
<i>fluoxia</i>	240	<i>folic acid</i>	353	FreeStyle Libre 14 Day	
fluPHENAZine Decanoate....	181	<i>folite</i>	353	Reader.....	391
<i>fluphenazine hcl</i>	181	FOLIVANE-F.....	357	FreeStyle Libre 14 Day Sensor	
Flurandrenolide.....	256	Folivane-OB.....	486	.....	391
Flura-Safe.....	514	FOLIVANE-OB.....	486	FreeStyle Libre 2 Reader.....	392
Flurazepam HCl.....	360	FOLIVANE-PLUS.....	355	FreeStyle Libre 2 Sensor.....	392
<i>flurazepam hcl</i>	360	FOLOTYN.....	151	FreeStyle Libre 3 Sensor.....	392
<i>flurbiprofen</i>	31	Foltrate.....	350	FREESTYLE PRECISION	
Flurbiprofen.....	31	<i>foltrin</i>	355	INS SYR.....	418
Flurbiprofen Sodium.....	515	Folvite-Fe.....	356	<i>fresenius propoven</i>	339
<i>flutamide</i>	150	Fondaparinux Sodium.....	77	FreshKote PF.....	509
Fluticasone Furoate-		Foot Comfort Stabilizer.....	382	Frova.....	455
Vilanterol.....	67	Foot Sleep Support.....	383	Frovatriptan Succinate.....	455
Fluticasone Propionate..	256, 498	Foot Smoother Dual Surface.	383	Fruit & Vegetable Daily.....	298
Fluticasone Propionate		Forfivo XL.....	92	FruitiVits.....	299
Diskus.....	72, 73	Formadon.....	185	FT Acid Reducer.....	557
Fluticasone Propionate HFA..	73	Formaldehyde.....	185	FT All Day Allergy.....	122
Fluticasone-Salmeterol.....	67	Forma-Ray.....	185	FT All Day Allergy-D.....	234
Fluvastatin Sodium.....	128	Formoterol Fumarate.....	69	FT Allergy & Congestion-D	
Fluvastatin Sodium ER.....	128	Forta Drink.....	298	12HR.....	234
fluvoxaMINE Maleate.....	94	Forta Shake.....	298	FT Allergy Relief-D.....	235
FluvoxaMINE Maleate.....	94	Fortavit.....	482	Ful-Glo.....	514
FluvoxaMINE Maleate ER....	94	FORTAZ.....	213	Fulphila.....	353
FLUZONE HIGH-DOSE		Forteo.....	324	<i>fulvestrant</i>	164
QUADRIVALENT.....	564	Fortesta.....	57	FUROSCIX.....	316
FLUZONE		Fosamax.....	317	<i>furosemide</i>	316
QUADRIVALENT.....	564	Fosamax Plus D.....	317	<i>furosemide in sodium chloride</i> .	316
FML.....	517	<i>fosamprenavir calcium</i>	188	FUSION PLUS.....	356
FML Forte.....	517	Fosaprepitant Dimeglumine..	118	FUSION SPRINKLES.....	357
FML Liquifilm.....	517	<i>foscarnet sodium</i>	190	Futuro Therapeutic Arch	
Foam Dressing Bordered.....	280	<i>fosfomycin tromethamine</i>	147	Supprt.....	383
Foam Dressing Circular		Fosinopril Sodium.....	133	FUZEON.....	187
Border.....	280	Fosinopril Sodium-HCTZ....	132	Fyarro.....	158
Foam Dressing Non-Bordered		Fosrenol.....	338	Fyavolv.....	328
.....	280	FOSTEUM.....	291	Fycompa.....	78
Foam Toe Separators.....	382	Fosteum Plus.....	291	GA.....	299
Foamil.....	529	FOTIVDA.....	158	GA Express15.....	299
FOCALGIN 90 DHA.....	491	Fovex.....	291	GA Gel.....	299
FOCALGIN CA.....	491	Fragmin.....	76, 77	GA-1 Anamix Early Years....	299
FOCALGIN DSS.....	357	FreAmine HBC.....	507	GABA.....	507

S=Supplemental, BE=Benefit Exclusion, 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

GABAdone.....	291	Gel Ball Of Foot Cushions....	383	Giltuss Cough & Cold.....	233
Gabapentin.....	81	Gel Corn Protectors.....	383	Giltuss Sinus & Congestion...	235
Gabitril.....	89	Gel Insoles Mens.....	383	Giltuss TR.....	233
GABLOFEN.....	494	Gel Insoles Womens.....	383	Gimoti.....	334
Gadavist.....	578	Gel Toe Protector.....	383	Ginkgo Biloba Xtra.....	470
GALAFOLD.....	319	Gel Toe Separators.....	383	Ginseng Xtra.....	470
Galantamine Hydrobromide.	534	Gel Toe Spacers.....	383	Givlaari.....	579
Galantamine Hydrobromide		Gelclair.....	478	Glass Syringe 3 ML.....	289
ER.....	534	Gelnique.....	560	Glass Syringe 5 ML.....	289
Galaxtra.....	293	Gelocast Unnas Boot.....	280	GLASSIA.....	545
Gallium Citrate Ga 67.....	578	Gel-One.....	496	Glatiramer Acetate.....	538
Gallium Ga 68 Gozetotide....	579	Gelsyn-3.....	496	Glatopa.....	538
GALZIN.....	461	<i>gemcitabine hcl</i>	151	Gleolan.....	579
GAMASTAN.....	522	Gemfibrozil.....	127	GLEOSTINE.....	167
GAMASTAN S/D.....	522	GEMMILY.....	217	Gliadel Wafer.....	579
GAMIFANT.....	473	Gemtesa.....	561	Glimepiride.....	112
GAMMAGARD.....	522	Genabio Covid-19 Rapid Test		glipiZIDE.....	112
GAMMAGARD S/D LESS		.....	289	glipiZIDE ER.....	112
IGA.....	523	GENABIO COVID-19		GlipiZIDE XL.....	112
GAMMAKED.....	523	RAPID TEST.....	289	glipiZIDE-metFORMIN HCl	
GAMMAPLEX.....	523	GenADEK Step 1.....	482	.....	111
GAMUNEX-C.....	523	Genadur.....	265	Global Alcohol Prep Ease.....	379
<i>ganciclovir</i>	190	<i>generlac</i>	337	<i>global ease inject pen needles..</i>	418
<i>ganciclovir sodium</i>	190	Gengraf.....	462	<i>global easy glide insulin syr.....</i>	418
Gapeam Budibac.....	214	Genotropin.....	319	<i>global easy glide pen needles...</i>	418
GARAMYCIN.....	512	Genotropin MiniQuick..	319, 320	<i>global inject ease insulin syr....</i>	418
GARDASIL 9.....	565	GENTAK.....	513	<i>global insulin syringes.....</i>	418
GarliX.....	20	<i>gentamicin in saline</i>	21	Glofil-125.....	579
Gastrografin.....	579	<i>gentamicin sulfate</i>	21, 513	Gloperba.....	342
Gatifloxacin.....	512	Gentamicin Sulfate.....	245, 513	GlucaGen Diagnostic.....	579
GATTEX.....	335	Gentle Adhesive Bandages XL		GLUCAGEN HYPOKIT.....	101
Gauze Bandage.....	388	.....	376	<i>glucagon emergency</i>	101
Gauze Bandage 3".....	388	<i>gentlelax</i>	366	Glucagon HCl (Diagnostic)...	579
Gauze Dressing.....	388	GenVisc 850.....	496	Glucerna.....	299
Gauze Pads.....	388	GENVOYA.....	186	Glucerna 1.0 Cal.....	299
Gauze Sponge.....	388	Geodon.....	175	Glucerna 1.0 Cal/CarbSteady	299
Gauze Stretch Bandage.....	388	German Cockroach.....	15	Glucerna 1.0 Cal/Fiber.....	299
Gauze Type VII Medi-Pak....	388	Germanium.....	470	Glucerna 1.2 Cal.....	299
<i>gavilax</i>	366	Germbloc Health.....	185	Glucerna 1.5 Cal.....	299
GAVILYTE-C.....	364	GIANVI.....	217	Glucerna Advance Shake.....	299
GAVILYTE-G.....	364	Giapreza.....	570	Glucerna Carbsteady.....	299
GAVILYTE-H.....	364	GILDAGIA.....	217	Glucerna Crispy Delights.....	299
GAVILYTE-N WITH		GILDESS FE 1.5/30.....	217	Glucerna Hunger Smart	
FLAVOR PACK.....	364	GILDESS FE 1/20.....	217	Shake.....	299
GAVRETO.....	159	Gilenya.....	543	Glucerna Meal.....	299
GAZYVA.....	153	GILOTRIF.....	156	Glucerna Meal Replacement.	299
<i>geametdray</i>	262	Gilphex TR.....	235	Glucerna Mini Snack.....	299

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Glucerna Mini Snacks.....	299	Glytactin Burst.....	300	GNP Sheer Strips Assorted... 376
Glucerna OS.....	299	Glytactin Complete 10PE.....	300	GNP Sterile Gauze.....
Glucerna Select.....	299	Glytactin Restore 10.....	300	GNP Super Strip Waterseal... 376
Glucerna Shake.....	299	Glytactin Restore 5.....	300	<i>gnp ultra com insulin syringe</i>
Glucerna Snack.....	299	Glytactin Restore Lite 10.....	300	..... 419, 420
Glucerna Snack Shake.....	299	Glytactin Restore Lite 10PE..	300	Goat Milk.....
Glucerna Weight Loss Shake.	299	Glytactin RTD 10.....	300	Gocovri.....
Gluco Burst.....	299	Glytactin RTD 15.....	300	Gohibic.....
Gluciless.....	470	Glytactin RTD Lite 15.....	300	Goldenrod.....
GLUCOPRO INSULIN		Glytactin Swirl 15PE.....	300	GOLYTELY.....
SYRINGE.....	418, 419	Glytrol.....	300	GoNitro.....
Glucosa Factor High Blood		Glytrol Prebio1.....	300	GoodSense All Day Allergy... 123
Gluc.....	470	Glyxambi.....	110	GoodSense All Day Allergy-D
Glucosa Immune Booster.....	470	GNP Alcohol Swabs.....	379	.....235
Glucosamine Chondroitin Vit		GNP All Day Allergy.....	122	GoodSense Aller-Ease.....
D3.....	470	GNP All Day Allergy		GoodSense Allergy Relief.....
Glucosamine Complex.....	299	Childrens.....	122	GOODSENSE CLEARLAX 366
Glucosamine Forte.....	299	GNP All Day Allergy-D.....	235	<i>goodsense clickfine pen needle</i> 420
Glucose.....	579	GNP Allergy & Congestion..	235	GoodSense Esomeprazole.....
Glucose Management.....	299	GNP Allergy Relief.....	122	GoodSense Iodine.....
Glucotrol XL.....	112	GNP Allergy/Congestion		GoodSense Isopropyl Alcohol
Glumetza.....	100	Relief.....	235	.....215
<i>glutaraldehyde</i>	185	GNP Clear Strips.....	376	GoodSense Lansoprazole.....
Glutarex-1.....	299	GNP CLEARLAX.....	366	GoodSense Nicotine.....
Glutarex-2.....	299	<i>gnp clickfine pen needles</i>	419	GoodSense NutriSure
Glutathione.....	507	GNP Cushion Comfort		Original.....
glyBURIDE.....	112	Insoles.....	383	..... 300
glyBURIDE Micronized.....	112	GNP Esomeprazole		GoodSense NutriSure Plus....
GlyBURIDE-MetFORMIN		Magnesium.....	557	GOODSENSE PEN
.....	111, 112	<i>gnp insulin syringe</i>	419	NEEDLE PENFINE.....
glyBURIDE-metFORMIN... 112		GNP Iodides.....	185	<i>goprelto</i>
GLYCATE.....	559	GNP Iodine.....	185	Gordons Urea.....
Glycine.....	507	GNP Isopropyl Alcohol.....	215	Gralise.....
GLYCOLAX.....	366	GNP Lansoprazole.....	557	Granisetron HCl.....
Glycolic Acid.....	251	GNP Loratadine.....	123	..... 115, 116
Glycophos.....	459	GNP Loratadine Childrens... 122		Granix.....
<i>glycopyrrolate</i>	559	GNP Mens Prostate Health... 470		..... 353
<i>glycopyrrolate pf</i>	559	GNP Nicotine.....	541	Grape Seed Complex.....
Glycosade.....	299	GNP Nicotine Mini.....	541	..... 470
Glygest.....	291	GNP Nicotine Polacrilex.....	541	Grape Seed Xtra.....
Glynase.....	112, 113	GNP Nutritional Drink.....	300	..... 470
GLYRX-PF.....	559	GNP Nutritional Drink Plus. 300		Grapefruit Flavor.....
Glytactin Bettermilk 15.....	299	GNP Omeprazole.....	557	..... 531
Glytactin Bettermilk De-Lite. 299		GNP Plastic Strips 3/4".....	376	Grapeseed Extract.....
Glytactin Build 10PE.....	300	GNP Resveratrol Red Wine		..... 300
Glytactin Build 20/20.....	300	Ext.....	470	Grass Pollen Mixture of 6.....
Glytactin Build 20/20 PKU....	300	GNP Sheer Strips.....	376	.....15
				Grass Pollen(K-O-R-T-Swt
				Vern).....
				..... 15
				Grastek.....
				.....15
				Green Glo Lissamine Green..
				..... 514
				Griseofulvin Microsize.....
				..... 119
				Griseofulvin Ultramicrosize..
			 119
				GRX Hydrogel Gauze 2X2... 280
				GRX Hydrogel Gauze 4X4... 280

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GRX Wound.....	280	HCU Gel.....	300	Hemp MonoPure.....	20
guaifenesin DAC.....	234	HCU Lophlex LQ.....	300	HEPAGAM B.....	523
<i>guanendrox</i>	262	HCU Maxamum.....	300	Heparin (Porcine) in NaCl.....	579
guanfacine HCl.....	140	HCY 1.....	300	Heparin Na (Pork) Lock Flsh	
guanfacine HCl ER.....	1	HCY 2.....	300	PF.....	579
<i>guanidine hcl</i>	148	Heal Aid Plus.....	265	Heparin Sod (Porcine) in	
GVOKE HYPOPEN.....	101	Health Slippers/Unisex.....	383	D5W.....	579
GVOKE HYPOPEN 1-		Health Source.....	300	Heparin Sod (Pork) Lock	
PACK.....	101	<i>healthwise insulin syrl/needle</i> ...	420	Flush.....	579
GVOKE HYPOPEN 2-		<i>healthwise micron pen needles</i>	420	Heparin Sodium.....	579
PACK.....	101	<i>healthwise mini pen needles</i>	420	Heparin Sodium (Porcine)....	579
GVOKE KIT.....	101	<i>healthwise pen needles</i>	420	Heparin Sodium (Porcine) PF	579
GVOKE PFS.....	101	<i>healthwise short pen needles</i>	420	Hepatamine.....	507
GYNAZOLE-1.....	567	<i>healthwise unifine pentips</i>	420	Hepatology.....	580
Hackberry.....	16	Healthy Accents Nutra Fit....	301	HEPLISAV-B.....	565
Hadlima.....	25	Healthy Accents Nutra Fit		HERCEPTIN.....	154
Hadlima PushTouch.....	25	Plus.....	301	HERCEPTIN HYLECTA....	161
Haegarda.....	347	<i>healthy accents unifine pentip</i>	420	HERZUMA.....	154
HAEGARDA.....	347	Healthy Mama Be Well		Hetlioz.....	364
Haelan 951 Fermented Soy....	300	Rounded.....	486	Hetlioz LQ.....	364
Haelan HTPI Fermented Soy	300	HEALTHYLAX.....	366	HEXATRIONE.....	228
HAILEY 1.5/30.....	217	HeartBar.....	301	<i>hexiounyl</i>	245
HAILEY 24 FE.....	217	HEATHER.....	224	HEXTEND.....	348
HAILEY FE 1.5/30.....	217	H-E-B inControl Alcohol.....	379	HIBERIX.....	562
HAILEY FE 1/20.....	217	<i>h-e-b incontrol pen needles</i>	420	Hi-Cal.....	301
HALAVEN.....	166	H-E-B INCONTROL		High-Protein Nutritional	
Halcinonide.....	256	UNIFINE PENTIP.....	421	Shake.....	301
Halcion.....	360	HECTOROL.....	322	Histatrol.....	580
Haldol Decanoate.....	178	HELIDAC.....	559	HIZENTRA.....	523
Halobetasol Propionate. 256, 257		HELIDAC THERAPY.....	559	HM Adhesive Bandages.....	376
Halog.....	257	HELIXATE FS.....	344	HM All Day Allergy.....	123
<i>haloperidol</i>	179	Hemady.....	228	HM All Day Allergy	
Haloperidol Decanoate.....	178	Hemangeol.....	196	Childrens.....	123
<i>haloperidol lactate</i>	179	Hematex.....	357	HM Allergy & Congestion....	235
Halucort.....	265	Hematex Iron Complex.....	357	HM Allergy Relief.....	123
Haproderm.....	280	<i>hematinic/folic acid</i>	357	HM Allergy Relief (Cetirizine)	
Harvoni.....	191	HEMATOGEN FA.....	356	.....	123
HAVRIX.....	565	HEMATOGEN FORTE.....	356	HM Allergy Relief/Nasal	
<i>haxchlo</i>	251	Hematron-AF.....	356	Decong.....	235
Hazelnut (Filbert)(Diagnostic)		Hemax Ezy-Dose.....	356	HM Butterfly Closures.....	376
.....	287	HEMGENIX.....	343	HM Cetirizine HCl.....	123
HCU Anamix Early Years.....	300	HEMLIBRA.....	343	HM CLEARLAX.....	366
HCU Anamix Next.....	300	Hemmorex-HC.....	59	HM Esomeprazole	
HCU Cooler.....	300	HEMOCYTE PLUS.....	356	Magnesium DR.....	557
HCU Easy.....	300	HEMOCYTE-F.....	357	HM Fexofenadine HCl.....	123
HCU Express.....	300	HEMOFIL M.....	344	HM Iodides.....	185
HCU Express20.....	300	Hemorrhoidal-HC.....	59	HM Iodine.....	185

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HM Isopropyl Alcohol.....	215	Humatrope.....	320	<i>hydrocodone bit-homatrop mbr</i>233
HM Loratadine.....	123	HUMATROPEN FOR			
HM Loratadine Childrens.....	123	12MG.....	421	HYDROcodone-	
HM Nicotine.....	541	HUMATROPEN FOR		Acetaminophen.....	38, 39
HM Nicotine Polacrilex.....	542	24MG.....	421	HYDROcodone-guaiFENesin	.....233
HM Non-Stick 3"x4".....	388	HUMATROPEN FOR 6MG	421	<i>hydrocodone-homatropine</i>	233
HM NutriSure.....	301	HUMIRA.....	26	HYDROcodone-Ibuprofen.....	39
HM NutriSure Plus.....	301	Humira (2 Pen).....	25, 26	Hydrocodone-Ibuprofen.....	39
HM Saw Palmetto Complex..	470	Humira (2 Syringe).....	26	Hydrocol.....	280
HM Sterile Alcohol Prep.....	379	HUMIRA (2 SYRINGE).....	26	Hydrocol II.....	281
HM Sterile Pads.....	388	Humira Pediatric Crohns		Hydrocol II Sacral.....	281
HOM 2.....	301	Start.....	26	Hydrocol II Thin.....	281
Homactin AA Plus.....	301	Humira Pen-Pediatric UC		Hydrocort Lotion Complete	
HOMATROPAIRE.....	511	Start.....	26	Kit.....	257
<i>homatropine hbr</i>	511	Humira Pen-Ps/UV/Adol HS		Hydrocortisone.....	228, 257
Home Pap Kit.....	580	Start.....	26	<i>hydrocortisone ace-pramoxine</i> ..	58
Hominex-1.....	301	Humira Pen-Psor/Uveit		Hydrocortisone Ace-	
Hominex-2.....	301	Starter.....	26	Pramoxine.....	270
Homocysteine Support.....	301	Humira-CD/UC/HS Starter....	26	Hydrocortisone Acetate.....	59
Honey Bee Venom Protein.....	16	Humphreys Delayed Menses		<i>hydrocortisone acetate</i>	257
Horizant.....	540	#11.....	465	Hydrocortisone Butyr Lipo	
Hormone Cr Heavy Base		HumuLIN 70/30.....	104	Base.....	257
Niosomes.....	532	HumuLIN 70/30 KwikPen....	104	Hydrocortisone Butyrate.....	257
Hormone Cream Base		HumuLIN N.....	104	Hydrocortisone Valerate.....	257
Niosomes.....	532	HumuLIN N KwikPen.....	104	Hydrocortisone-Acetic Acid..	520
Horny Goat Weed.....	470	HumuLIN R.....	104	Hydrocortisone-Iodoquinol...245	
Horny Goat Weed Plus.....	470	HumuLIN R U-500		Hydrocort-Pramoxine	
Horse Epithelium.....	16	(CONCENTRATED).....	105	(Perianal).....	58
Horse Epithelium		HumuLIN R U-500 KwikPen	105	Hydrofera Blue 4"x4".....	281
(Diagnostic).....	287	HURRICAIN		Hydrofera Blue 6"x6".....	281
HP ACTHER.....	319	DISPENSING CAP.....	392	Hydrofera Blue Foam	
HPR.....	265	Hyalgan.....	496	Dressing.....	281
HPR Plus.....	266	<i>hyalucil-4</i>	248	Hydrofera Blue	
HPR PLUS HydroGel.....	266	<i>hyaluronate-niacinam-tretinoin</i>		Foam/Tunneling.....	281
<i>huber needle</i>	421	.....	240	Hydrofera Blue MRF	
Hulio.....	25	HYCAMTIN.....	168	Dressing.....	281
HumaLOG.....	104	Hycofenix.....	234	Hydrofera Blue Ready Foam	281
HumaLOG Junior KwikPen..	104	Hycoloid-GRX.....	280	Hydrogel.....	281
HumaLOG KwikPen.....	104	<i>hydralazine hcl</i>	142	<i>hydrogen peroxide</i>	185
HumaLOG Mix 50/50.....	104	Hydrocell Adhesive Dressing..	388	<i>hydromet</i>	233
HumaLOG Mix 50/50		Hydrocell Dressing.....	388	<i>hydromorphone hcl</i>	43
KwikPen.....	104	<i>hydrochlorothiazide</i>	316	HYDROmorphone HCl....	43, 44
HumaLOG Mix 75/25.....	104	<i>hydrocod poli-chlorphe poli er</i> ..	236	HYDROmorphone HCl ER....	43
HumaLOG Mix 75/25		<i>hydrocod polst-cpm polst er</i>	236	<i>hydromorphone hcl pf</i>	43
KwikPen.....	104	HYDROcodone Bitartrate		<i>hydromorphone hcl-nacl</i>	44
Human Albumin Grifols.....	580	ER.....	42, 43	Hydroxocobalamin Acetate...350	
HUMATE-P.....	344				

S=Supplemental, BE=Benefit Exclusion, 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

<i>hydroxychloroquine sulfate</i>	148	Hyzaar.....	136	Iliderm.....	266
Hydroxym.....	257	<i>ibandronate sodium</i>	317	Illuccix Configuration A.....	288
<i>hydroxyurea</i>	162	Ibandronate Sodium.....	317	Illuccix Configuration B.....	289
<i>hydroxyzine hcl</i>	62	IBRANCE.....	163	Ilumya.....	249
hydrOXYzine HCl.....	62	Ibsrela.....	335	Iluvien.....	517
HydrOXYzine Pamoate.....	62	IBU.....	31	IMBRUVICA.....	156
hydrOXYzine Pamoate.....	62	Ibuprofen.....	32	<i>imdevimab</i>	522
<i>hydroxyzine pamoate</i>	62	Ibuprofen Comfort Pac.....	32	<i>imipenem-cilastatin</i>	143
Hyftor.....	264	Ibuprofen-Famotidine.....	30	<i>imipramine hcl</i>	99
Hylafem.....	466	<i>ibutilide fumarate</i>	65	<i>imipramine pamoate</i>	99
Hylafem pH.....	466	Icar.....	357	Imiquimod.....	262
Hylaguard.....	266	Icatibant Acetate.....	346, 580	Imiquimod Pump.....	262
Hylamix.....	266	Ichthammol.....	268	<i>imiquimod-levocetirizin-niacin</i>	248
Hylatopic Plus.....	266	Ichthammol Drawing Salve... 466		<i>imiquimod-levocet-tretinoin</i>	248
HYLENEX.....	464	ICLEVIA.....	223	Imitrex.....	455
Hymovis.....	496	ICLUSIG.....	155	Imitrex STATdose Refill.....	455
HYOLEV MB.....	147	Icosapent Ethyl.....	125	Imitrex STATdose System.....	455
<i>hyoscyamine sulfate</i>	554	ID NOW COVID-19.....	290	IMJUDO.....	154
Hyoscyamine Sulfate.....	554	ID Now COVID-19 2.0 Test..290		IMLYGIC.....	167
<i>hyoscyamine sulfate er</i>	553	ID Now COVID-19 Control. 580		Immulife.....	301
<i>hyoscyamine sulfate sl</i>	554	ID Now Influenza A & B 2... 580		Immune Enhance.....	301
Hyosyne.....	554	ID Now Influenza A & B 2		ImmunoPro Rx.....	301
<i>hyosyne</i>	554	Contr.....	580	IMOGAM RABIES-HT.....	524
Hypafix.....	281	ID Now RSV.....	290	Imovax Rabies.....	565
HYPERHEP B.....	523	ID Now RSV Control Swab.. 290		IMOVAX RABIES.....	565
HYPERRAB.....	523	ID NOW Strep A2.....	580	Impact.....	301
HYPERRAB S/D.....	523	ID Now Strep A2 Control		Impact 1.5.....	301
HYPERRHO S/D.....	523	Swab.....	290	Impact Advanced Recovery...301	
HyperSal.....	236	Idacio.....	27, 28	Impact Glutamine.....	301
Hypertensa.....	291	Idacio for Crohns Disease/UC.27		Impact Peptide 1.5.....	301
HYPERTET.....	523	Idacio for Plaque Psoriasis..... 27		Impact/Fiber.....	301
HYPERTET S/D.....	523	<i>idaoxia</i>	269	IMPAVIDO.....	142
Hypnosom.....	291	<i>idaran</i>	245	Impeklo.....	257
HypoCyn.....	260	<i>idarubicin hcl</i>	160	IMPOYZ.....	257
<i>hypodermic needle</i>	421	IDELVION.....	345	Imuhance.....	470
HyProst.....	470	IDHIFA.....	165	Imuplus.....	301
HYQVIA.....	525	<i>idyxiatar</i>	240	Imuran.....	475
Hyrimoz.....	26, 27	IFEREX 150 FORTE.....	356	Invexxy Maintenance Pack... 568	
Hyrimoz-Crohns/UC Starter... 27		IFEX.....	166	Invexxy Starter Pack.....	568
Hyrimoz-Ped.....	27	<i>ifosfamide</i>	166	Inatal Advance.....	486
Hyrimoz-Ped>=40kg Crohn		IGALMI.....	364	Inatal GT.....	486
Start.....	27	IHEALTH COVID-19		iNatal Ultra.....	486
Hyrimoz-Plaque Psoriasis		RAPID TEST.....	290	Inbrija.....	170
Start.....	27	IHEEZO.....	515	INCASSIA.....	224
Hyronan.....	496	Ilaris.....	29	INCRELEX.....	323
Hysingla ER.....	44, 45	ILARIS.....	29	Incruse Ellipta.....	70
Hyskon.....	580	Ilevro.....	515	<i>indapamide</i>	316

S=Supplemental, BE=Benefit Exclusion, 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

Inderal LA.....	196, 197	Insulin Lispro Junior		Iodoquinol-HC-Aloe	
Inderal XL.....	197	KwikPen.....	105	Polysacch.....	246
Indicaid COVID-19 Rapid		Insulin Lispro Prot & Lispro.	105	Iodoquinol-Hydrocortisone-	
Test.....	290	<i>insulin syringe</i>	421, 422	Aloe.....	246
Indiclor.....	580	<i>insulin syringe/needle</i>	422	Iohexol.....	580
Indigo Carmine.....	580	<i>insulin syringe-needle u-100</i>	422	IONOSOL-MB IN D5W.....	457
Indium In 111 DTPA.....	580	<i>insupen pen needles</i>	422	Iopidine.....	516
Indium In 111 Oxyquinoline..	580	INSUPEN SENSITIVE.....	422	Ipol.....	565
Indomethacin.....	32	INSUPEN ULTRAFIN.....	423	Ipratropium Bromide.....	70, 497
Indomethacin ER.....	32	INTEGRA F.....	357	Ipratropium-Albuterol.....	67
INFANRIX.....	552	INTEGRA PLUS.....	356	Irbesartan.....	138
INFASURF.....	546	INTELENCE.....	188	Irbesartan-	
Infed.....	580	INTELISWAB COVID-19		hydroCHLOROthiazide.....	136
In-Fla-Mend.....	470	RAPID TEST.....	290	Irbesartan-	
INFLATHERM.....	30	INTERARTICULAR JOINT		Hydrochlorothiazide.....	136
Inflectra.....	339	.....	232	IRESSA.....	156
inFLIXimab.....	339	InterDry 10"x144".....	270	<i>irinotecan hcl</i>	168
INFUGEM.....	151	InterDry 10"x36".....	270	Iron Chews Pediatric.....	357
Ingrezza.....	536	InterDry AG Textile 10"x144"		IROSPAN 24/6.....	356
INJECTAFER.....	357	.....	270	IS 24/6.....	356
Injectafer.....	580	INTERLINK LEVER LOCK		ISENTRESS.....	187, 188
<i>inject-ease</i>	421	CANNULA.....	452	ISENTRESS HD.....	187
INLYTA.....	169	INTERLINK SYRINGE		ISIBLOOM.....	217
InnoPran XL.....	197	CANNULA.....	452	Isocal.....	301
Innovacin.....	301	Intralipid.....	508	Isocal HN.....	301
INOVA.....	240	Intrarosa.....	568	Isocal HN Plus.....	301
INOVA 4/1 ACNE		Intrasite Gel Applipak.....	281	ISOLYTE-P IN D5W.....	457
CONTROL THERAPY.....	240	Introlite.....	301	ISOLYTE-S.....	457
INOVA 8/2 ACNE		INTRON A.....	162	ISOLYTE-S PH 7.4.....	457
CONTROL THERAPY.....	240	INTROVALE.....	223	Isometheptene-Caffeine-	
Inpefa.....	207	Intuniv.....	1	APAP.....	453
INQOVI.....	161	Inulin.....	580	Isometheptene-Dichloral-	
INREBIC.....	165	Invega.....	176	APAP.....	453
Insulin Asp Prot & Asp		Invega Hafyera.....	176	<i>isoniazid</i>	149
FlexPen.....	105	Invega Sustenna.....	176	Isopropanol.....	215
Insulin Aspart.....	105	Invega Trinza.....	176	Isopropyl Alcohol.....	215
Insulin Aspart FlexPen.....	105	Inveltys.....	518	<i>isoproterenol-sodium chloride</i> ...	69
Insulin Aspart PenFill.....	105	INVIRASE.....	188	ISOPTO ATROPINE.....	511
Insulin Aspart Prot & Aspart	105	Invokamet.....	110	Isordil Titradose.....	60
<i>insulin cartridge 3ml</i>	392	Invokamet XR.....	110, 111	Isosorb Dinitrate-	
Insulin Degludec.....	105	Invokana.....	110	hydrALAZINE.....	207
Insulin Degludec FlexTouch..	105	<i>inzdeaxiavar</i>	240	Isosorbide Dinitrate.....	60
Insulin Glargine.....	105	Iodides Tincture.....	185	Isosorbide Mononitrate.....	60
Insulin Glargine Solostar.....	105	Iodine.....	185	Isosorbide Mononitrate ER....	60
Insulin Glargine-yfgn.....	105	Iodine Tincture.....	185	Isosource.....	301
Insulin Lispro.....	105	IODOQUIMEZ-HC.....	246	Isosource 1.5 Cal.....	301
Insulin Lispro (1 Unit Dial)...	105			Isosource HN.....	301

S=Supplemental, BE=Benefit Exclusion, 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

Isosource VHN.....	301	JATENZO.....	57	Juxtapid.....	129
<i>isotretinoin</i>	243	JAYPIRCA.....	156	JUXTAPID.....	129
Isovactin AA Plus.....	301	JELMYTO.....	160	JYNARQUE.....	325
Isovue-200.....	580	JEMPERLI.....	154	JYNNEOS.....	565
Isovue-250.....	580	JENCYCLA.....	224	Kabiven.....	508
Isovue-300.....	580	<i>jenliva prenatal/postnatal</i>	486	KADCYLA.....	161
Isovue-370.....	580	Jentaducto.....	102	Kadian.....	45
Isovue-M 200.....	580	Jentaducto XR.....	102	KAITLIB FE.....	218
Isovue-M 300.....	580	Jesduvroq.....	355	Kalbitor.....	348, 580
<i>isoxsuprine hcl</i>	207	Jetrea.....	580	KALETRA.....	186
Isoxsuprine HCl.....	207	Jeuveau.....	261	KALLIGA.....	218
Isradipine.....	201	Jevity 1 Cal.....	302	Kaltostat 12"x24".....	281
Istalol.....	510	Jevity 1 Cal/Fiber.....	302	Kaltostat 2"x2".....	281
ISTURISA.....	319	Jevity 1.2 Cal.....	302	Kaltostat 4"x8".....	281
Itch-Ender!.....	266	Jevity 1.2 Cal/Fiber.....	302	Kaltostat 6"x9-1/2".....	281
<i>ithoxia</i>	240	Jevity 1.5 Cal.....	302	Kaltostat Fortex 4"x4".....	281
ITI Man.....	470	Jevity 1.5 Cal/Fiber.....	302	Kaltostat Rope.....	281
ITI Woman.....	471	Jinteli.....	328	Kaltostat Wound Dressing....	281
Itraconazole.....	119, 120	JIVI.....	345	KALYDECO.....	545
IV Infusion CPI.....	271	Jobst It Stays.....	266	Kamdoy.....	266
IV Novice Pack.....	271	JOENJA.....	461	KANJINTI.....	154
IV STABILIZER FOR		Johnson Grass.....	16	KANUMA.....	323
LUMOXITI.....	531	Joint Health.....	471	Kapsargo Sprinkle.....	195
IVA Anamix Early Years.....	301	Joint Support.....	471	KARBINAL ER.....	121
IVA Anamix Next.....	302	Joint Support Complex.....	471	Karbinal ER.....	121
IVA Maxamum.....	302	JOLESSA.....	223	KARIGEL.....	477
I-Valex-1.....	302	JOLIVETTE.....	224	KARIGEL-N.....	477
I-Valex-2.....	302	Jornay PM.....	10	KARIVA.....	215
<i>ivermectin</i>	59, 269	J-TIP KIT W/VIAL		Kate Farms Core Essentials	
Ivermectin.....	268, 269	ADAPTERS.....	423	1.0.....	302
Ixiaro.....	565	J-TIP NEEDLE/FREE		Kate Farms Core Essentials	
IXINITY.....	345	INJECTOR.....	452	1.2.....	302
Iyuzeh.....	519	<i>jtt physicians</i>	232	Kate Farms Core Essentials	
J & J Gauze.....	388	Jublia.....	261	1.5.....	302
J & J Gauze Sponges 12-Ply...388		Juice Plus Fibre.....	302	Kate Farms Ped Peptide 1.0..	302
J & J Gauze Sponges 16-Ply...388		JULEBER.....	218	Kate Farms Ped Peptide 1.5..	302
J & J Gauze Sponges 8-Ply....388		JULUCA.....	186	Kate Farms Ped Standard 1.2	302
JAIMIESS.....	223	June Grass Pollen		Kate Farms Peptide 1.0.....	302
JAKAFI.....	165	Standardized.....	16	Kate Farms Peptide 1.5.....	302
Jalyn.....	341	JUNEL 1.5/30.....	218	Kate Farms Standard 1.0.....	302
<i>janssen covid-19 vaccine</i>	565	JUNEL 1/20.....	218	Kate Farms Standard 1.4.....	302
Jantoven.....	74	JUNEL FE 1.5/30.....	218	Katerzia.....	202
Janumet.....	102	JUNEL FE 1/20.....	218	Kazano.....	102
Janumet XR.....	102	JUNEL FE 24.....	218	KCENTRA.....	345
Januvia.....	101	Juven.....	302	KCl (0.149%) in NaCl.....	581
Jardiance.....	110	Juven Nutrivigor.....	302	KCl (0.298%) in NaCl.....	581
JASMIEL.....	218	Juven Revigor.....	302	KCl (in NaCl 0.9%).....	581

S=Supplemental, BE=Benefit Exclusion, 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

KCl in D5W Lactated Ringers.....581	KERALYT..... 262	KetoVie Peptide..... 303
<i>kcl in dextrose-nacl</i>.....457	Keramatrix Replicine	KetoVolve 4:1.....303
KCl-Lactated Ringers-D5W..581	10cmX10cm.....282	KEVEYIS..... 315
Kedbumin.....581	Keramatrix Replicine	Kevzara..... 29, 30
<i>kedrab</i>.....524	5cmX5cm.....282	KHAPZORY..... 164
Keflex.....211	Kerasal Fungal Nail Renewal 266	Kidney.....303
KelaRx.....270	Kerasal Multi-Purp Nail	Kids Protein Organic Shake.. 303
KELNOR 1/35.....218	Repair.....266	KIMIDESS.....215
KELNOR 1/50.....218	KERASTAT.....282	Kimtrak.....155
Kelo-cote.....270	KERENDIA.....324	Kineret.....29
KENALOG.....228	Kerlix AMD Antimicrobial...388	Kinevac.....581
Kenalog.....257	Kerlix AMD Super Sponges..388	<i>kinray insulin syringe</i>.....423
KENALOG-80.....228	Kerlix Bandage Roll.....388	KINRIX.....552
Kendall Alginate 12" Rope...281	Kerlix Bandage Roll 2-1/4"x9'388	KIONEX.....475
Kendall Alginate Dress 2"x2" 281	Kerlix Bandage Roll 4.5"x9.3'388	KISQALI (200 MG DOSE)..163
Kendall Alginate Dress 4"x4" 281	Kerlix Gauze Roll Large.....388	KISQALI (400 MG DOSE)..163
Kendall Alginate Dress 4"x5" 281	Kerlix Gauze Roll Medium...388	KISQALI (600 MG DOSE)..163
Kendall Alginate Dress 4"x8" 281	Kerlix Gauze Roll Small.....388	KISQALI FEMARA (200
Kendall Alginate Dress 6"x6" 281	Kerlix Sponges.....388	MG DOSE).....161
Kendall Alginate Dress 6"x7" 281	Kerlix Super Sponge Saline...282	KISQALI FEMARA (400
Kendall Alginate Dress 8"x8" 281	Kerlix Super Sponges	MG DOSE).....161
Kendall Amorphous Wound. 281	Medium.....389	KISQALI FEMARA (600
Kendall Antimicrobial	Kerlix X-Ray Detectable	MG DOSE).....161
Bandage.....281	Sponge.....389	Kitabis Pak.....21
Kendall Hydrogel Gauze	Kerydin.....268	Kivik.....266
2"x2".....281	Kesimpta.....537	Klaron.....238
Kendall Hydrogel Gauze	Ketamine HCl.....339	Kling Fluff.....389
4"x4".....281	<i>ketamine hcl-sodium chloride</i> ..339	Kling Fluff Sponge.....389
Kendall Hydrogel Gauze	Keto.....302	KLISYRI.....265
4"x8".....281	KetoCal 2.5:1 LQ Multi Fiber	Klonopin.....79
Kendall Hydrogel Wound	.....302	Kloxxado.....115
Dress.....281	KetoCal 3:1.....302	KLS LAXACLEAR.....366
Kendall Hydrophilic Foam	KetoCal 4:1.....302	<i>kmart valu insulin syringe 29g</i> .423
Dress.....388	KetoCal 4:1 LQ Multi Fiber..302	<i>kmart valu insulin syringe 30g</i> .423
Kendall Hydrophilic Foam	Ketoconazole.....119, 261	K-Mg Citrate.....458
Plus.....388	Ketodan.....261	KOATE.....345
KENDALL LUER	KetoGEN.....302	KOATE-DVI.....345
DISINFECTANT CAP.....452	Ketonex-1.....302	Kochia.....16
Kendall Zinc Ca Alginate	Ketonex-2.....303	KOGENATE FS.....345
4"x4".....281	Ketoprofen.....32	KOGENATE FS BIO-SET...345
KENGREAL.....347	<i>ketoprofen</i>.....32	Kombiglyze XR.....102
KEPIVANCE.....163	Ketoprofen ER.....32	Konsyl-D.....365
Keppra.....81	<i>ketorolac tromethamine</i>.....32	Konvomep.....555
Keppra XR.....81, 82	Ketorolac Tromethamine	KORLYM.....109
Keragel.....281	.....32, 515, 516	KORSUVA.....476
KeragelT.....282	KetoVie.....303	KOSELUGO.....157
	KetoVie 4:1.....303	<i>kosher prenatal plus iron</i>.....486

S=Supplemental, BE=Benefit Exclusion, 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

KOVALTRY	345	LANOXIN PEDIATRIC	205	LENVIMA (24 MG DAILY DOSE)	169
K-Pax Protein Blend Immune	303	Lansoprazole	557	LENVIMA (4 MG DAILY DOSE)	169
K-PHOS	459	Lanthanum Carbonate	338	LENVIMA (8 MG DAILY DOSE)	169
K-PHOS NO 2	341	Lantus	106	Legembi	533
KRAZATI	157	Lantus SoloStar	106	LEQVIO	130
KRINTAFEL	148	LARIN 1.5/30	218	Lescol XL	128
KRISTALOSE	366	LARIN 1/20	218	LESSINA	218
<i> Kroger insulin syringe</i>	423	LARIN 24 FE	218	Letairis	208
<i> Kroger pen needles</i>	423	LARIN FE 1.5/30	218	<i> letrozole</i>	163
Krystexxa	342	LARIN FE 1/20	218	LETS	367
K-TAN PLUS	356	LARISSIA	218	LEU TechneLite	581
KURVELO	218	LASTACAFT	512	<i> leucovorin calcium</i>	164
KYBELLA	244	Lastacaft	512	LEU-Free Cooler	303
KYLEENA	224	Latanoprost	519	LEUKERAN	166
Kymriah	581	Latrix	259	Leukine	355
Kynmobi Titration Kit	172	Latuda	175	Leukostrip 1/2"x4"	376
<i> labetalol hcl</i>	194	Lavare Wound Wash	273	Leukostrip 1/4"x3"	376
Labetalol HCl	194	LAYOLIS FE	218	Leukostrip 1/4"x4"	376
<i> labetalol hcl-dextrose</i>	194	LAZANDA	45	Leukostrip 1/8"x1-1/2"	376
<i> labetalol hcl-sodium chloride</i> ..	194	L-Cysteine HCl	508	<i> leuprolide acetate</i>	165
Lacosamide	82	LDL Care	291	<i> leuprolide acetate (3 month)</i> ..	165
LACRISERT	509	LDO Plus	263	Leuprolide Acetate-	
Lactated Ringers	581	<i> leader insulin syringe</i>	423, 424	Bupivacaine	157
Lactic Acid	260	LEADER UNIFINE		Leva Pelvic Health System	463
Lactic Acid E	259	PENTIPS	424	Levalbuterol HCl	69
<i> lactulose</i>	366	LEADER UNIFINE		Levalbuterol Tartrate	69
<i> lactulose encephalopathy</i>	337	PENTIPS PLUS	424	<i> levamisole hcl</i>	157
Lambs Quarters (Diagnostic)	287	Ledipasvir-Sofosbuvir	191	Levamlodipine Maleate	202
LaMICTal	82, 83	LEENA	225	Levemir	106
LaMICTal ODT	82	Lefluniclo	34	Levemir FlexPen	106
LaMICTal Starter	82	<i> leflunomide</i>	34	Levemir FlexTouch	106
LaMICTal XR	83	Leg Cramp Relief	466	<i> levetiracetam</i>	84
<i> lamivudine</i>	189	Leg Cramps	466	levETIRAcetam	84
LamiVUDine	190	Lemon Flavor	531	levETIRAcetam ER	84
<i> lamivudine-zidovudine</i>	186	Lemonade Flavor	531	<i> levetiracetam in nacl</i>	84
lamoTRiGine	83, 84	Lemtrada	537	Levicyn	266
LamoTRiGine	84	Lenscale	16	Levicyn Dermal Spray	274
lamoTRiGine ER	83	LENVIMA (10 MG DAILY DOSE)	169	Levobunolol HCl	510
lamoTRiGine Starter Kit-Blue	84	LENVIMA (12 MG DAILY DOSE)	169	<i> levocarnitine</i>	318
lamoTRiGine Starter Kit-		LENVIMA (14 MG DAILY DOSE)	169	<i> levocarnitine sf</i>	318
Green	84	LENVIMA (18 MG DAILY DOSE)	169	Levocetirizine	
lamoTRiGine Starter Kit-		LENVIMA (20 MG DAILY DOSE)	169	Dihydrochloride	123
Orange	84			<i> levofloxacin</i>	333, 513
LAMPIT	143			levoFLOXacin	333, 513
LAMZEDE	317				
Lanaflex	303				
LANOXIN	205				

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<i>levofloxacin in d5w</i>	333	<i>lidocaine-epinephrine (3 ml)</i> ...	367	Liquihep Prefilled Syringe.....	289
<i>levoleucovorin calcium</i>	164	Lidocaine-Sodium		Liquidida Hydration.....	460
<i>levoleucovorin calcium pf</i>	164	Bicarbonate.....	368	Lisdexamfetamine Dimesylate	
LEVONEST.....	225	Lidocan.....	264	.....	5, 6
<i>levonorgest-eth est & eth est</i>	223	Lidocan II.....	264	Lisinopril.....	133
<i>levonorgest-eth estrad 91-day</i> .	223	Lidocan III.....	264	Lisinopril-	
<i>levonorgestrel</i>	222	Lidocilone I.....	232	hydroCHLOROthiazide.....	132
<i>levonorgestrel-ethinyl estrad</i>		Lidoderm.....	264	Lissamine Green.....	514
.....	218, 222	Lidogel.....	264	Lister-V.....	291
<i>levonorg-eth estrad triphasic</i> ...	225	<i>lidolog</i>	232	LITETOUCH INSULIN	
LEVORA 0.15/30 (28).....	219	Lidomar.....	368	SYRINGE.....	424
Levorphanol Tartrate.....	45	Lidomark 1/5.....	581	LITETOUCH PEN	
LEVO-T.....	550	Lidomark 2/5.....	369	NEEDLES.....	424
<i>levothyroxine sodium</i>	550	LIDOSYNC.....	271	Lithate.....	303
<i>levothyroxine-liothyronine</i>	550	Lidotrex (Aloe Vera).....	273	<i>lithium</i>	174
LEVOXYL.....	550	<i>lifems naloxone</i>	115	<i>lithium carbonate</i>	174
LEVSIN.....	554	LifEMS Naloxone.....	115	<i>lithium carbonate er</i>	174
Levulan Kerastick.....	581	Likmez.....	142	Lithium Heparin Prefilled Syr	289
Lexapro.....	94	LILETTA (52 MG).....	224	LITHOSTAT.....	341
Lexazin.....	291	LILLOW.....	219	Livalo.....	128
Lexette.....	257	Limbrel.....	293	Liver Defense.....	303
Lexiscan.....	288	Limbrel250.....	291	Livmarli.....	335
LEXIVA.....	188	Limbrel500.....	291	LIVTENCITY.....	190
L-Glutamine/Choline/Inositol	303	Lime Flavor.....	531	LMD.....	303
Lialda.....	336	Lincocin.....	146	LMD IN D5W.....	348
LIBTAYO.....	154	Lincomycin HCl.....	146	LMD IN NAACL.....	348
Licart.....	247	Lindane.....	269	L-Methylfolate.....	293
Licefreee.....	466	Linezolid.....	146	L-methylfolate Calcium.....	293
LidaFlex.....	263	Linezolid in Sodium Chloride	146	L-Methylfolate Formula 15...	291
Lidocaine.....	264	Linzess.....	335	L-Methylfolate Formula 7.5..	291
Lidocaine HCl.....	264, 369	LIORESAL.....	494	L-Methylfolate Forte.....	292
<i>lidocaine hcl</i>	369, 476	<i>liothyronine sodium</i>	550	L-Methylfolate-Algae.....	292
Lidocaine HCl (Buffered).....	369	LipiChol 540.....	291	L-Methyl-MC NAC.....	292
<i>lidocaine hcl (cardiac)</i>	64	LIPIODOL.....	291	LO LOESTRIN FE.....	215
Lidocaine HCl (Cardiac).....	64	Lipiodol.....	581	Locoid.....	258
<i>lidocaine hcl (cardiac) pf</i>	64	Lipistart.....	303	Locoid Lipocream.....	257
<i>lidocaine hcl (pf)</i>	369	Lipitor.....	128	Lodosyn.....	171
<i>lidocaine hcl urethral mucosal</i> ..	264	Lipofen.....	127	LOESTRIN 1.5/30 (21).....	219
Lidocaine HCl-Sodium		LIPTRUZET.....	129	LOESTRIN 1/20 (21).....	219
Chloride.....	368	Liqrev.....	209	LOESTRIN FE 1.5/30.....	219
<i>lidocaine hcl-tetracaine hcl</i>	368	Liquid Bandage.....	266	LOESTRIN FE 1/20.....	219
Lidocaine in D5W.....	64, 581	Liquid E-Z-Paque.....	581	Lofena.....	32
Lidocaine in Dextrose.....	369	Liquid Hope.....	303	LOJAIMIESS.....	223
<i>lidocaine viscous hcl</i>	476	Liquid Hope Peptide.....	303	LOKELMA.....	475
Lidocaine(Bufferd)-		Liquid Hope Peptide Berry...	303	Loma Asthma.....	466
EPINEPHrine.....	367	Liquid Polibar Plus.....	581	Loma Eczema.....	466
Lidocaine-EPINEPHrine.....	367	Liquihep II Prefilled Syringe..	289	Loma Lux AcnePill.....	466

S=Supplemental, BE=Benefit Exclusion, 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

Loma Sinus/Allergy.....	466	LPS Critical Care Sugar Free	303	LUPRON DEPOT-PED (1-	
LOMEDIA 24 FE.....	219	LPS Sugar Free.....	303	MONTH).....	323
<i>longs insulin syringe</i>	424	LT INJECTION KIT.....	232	LUPRON DEPOT-PED (3-	
LONSURF.....	161	L-Tryptophan.....	508	MONTH).....	323
Lophlex.....	303	Lubiprostone.....	334	LUPRON DEPOT-PED (6-	
Lophlex LQ 20.....	303	LUCEMYRA.....	532	MONTH).....	323
Lopid.....	127	Lucemyra.....	532	Lurasidone HCl.....	175
<i>lopinavir-ritonavir</i>	186	Lucentis.....	581	Lutathera.....	582
Lopressor.....	195	LUCIRA CHECK IT		Lutein 20.....	471
Loprox.....	246, 247	COVID-19 TEST.....	290	Lutein Vision Blend.....	471
Loratadine.....	123	Lucira COVID-19 All-In-One	581	LUTERA.....	219
Loratadine Childrens.....	123	LUDENT.....	458	Lutrish Chocolate Shake.....	303
Loratadine-D 12HR.....	235	LUER LOCK SAFETY		Lutrish Vanilla Shake.....	303
Loratadine-D 24HR.....	235	SYRINGES.....	425	Luvira.....	293
<i>lorazepam</i>	63	<i>luer tip cap tray</i>	392	Luxamend.....	282
LORAZEPAM INTENSOL... 63		Lugols.....	185	Luzu.....	261
LORazepam-Dextrose.....	581	Lugols Strong Iodine.....	185	LYBALVI.....	544
LORazepam-Sodium		Lukaid GLA.....	292	Lybalvi.....	544
Chloride.....	581	Luliconazole.....	261	LYLEQ.....	224
LORBRENA.....	152	LUMAKRAS.....	157	Lyllana.....	331
Lorcet.....	39	Lumason.....	581	Lymepak.....	548
Lorcet HD.....	39	Lumigan.....	519	Lymphatonic.....	471
Lorcet Plus.....	39	Lumineux Clean/Fresh		Lymphomyosot X.....	466
LOREEV XR.....	63	Toothpste.....	380	LYMPHOSEEK.....	288
LorMate.....	292	Lumineux Kids Toothpaste... 380		LYNPARZA.....	167
LORTAB.....	39	Lumineux Sensitivity		Lyophil Lith Hep Prefilled Syr	
LORYNA.....	219	Toothpste.....	380	.....	289
Lorzone.....	494	Lumineux Whitening		Lyra Direct SARS-CoV-2	
Losartan Potassium.....	138	Toothpaste.....	380	Assay.....	290
Losartan Potassium-HCTZ... 136		Luminopia.....	463	Lyra SARS-CoV-2 Assay.....	290
Lotemax.....	518	Luminopia One.....	464	Lyrica.....	84, 85
Lotemax SM.....	518	LUMIZYME.....	319	Lyrica CR.....	539, 540
Lotensin.....	133	LUMOXITI.....	153	Lysine HCl.....	508
Lotensin HCT.....	132	LUMRYZ.....	533	LYSODREN.....	150
Loteprednol Etabonate.....	518	Lunesta.....	362	LYTGOBI (12 MG DAILY	
Lotrel.....	131	Lung Tonic.....	471	DOSE).....	156
LOTREXONE.....	35	LUNSUMIO.....	155	LYTGOBI (16 MG DAILY	
Lotronex.....	335	LUPANETA PACK.....	323	DOSE).....	156
Loutrex.....	251	LUPKYNIS.....	462	LYTGOBI (20 MG DAILY	
Lovastatin.....	128	LUPRON DEPOT (1-		DOSE).....	156
Lovaza.....	125	MONTH).....	165	Lyumjev.....	106
Lovenox.....	77	LUPRON DEPOT (3-		Lyumjev KwikPen.....	106
Loviral.....	471	MONTH).....	165	Lyvispah.....	494
LOW-OGESTREL.....	219	LUPRON DEPOT (4-		LYZA.....	224
<i>loxapine succinate</i>	181	MONTH).....	165	MACI.....	582
Loyon.....	266	LUPRON DEPOT (6-		MACNATAL CN DHA.....	491
LO-ZUMANDIMINE.....	219	MONTH).....	165	Macrilen.....	582

S=Supplemental, BE=Benefit Exclusion, 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

Macugen.....	582	Mavyret.....	191	Medroloan II SUIK.....	232
Macutek.....	292	Maxalt.....	455	Medroloan SUIK.....	232
Macuzin.....	292	Maxalt-MLT.....	455	Medrox-Rx.....	263
<i>mafenide acetate</i>	253	MaxFe.....	356	<i>medroxyprogesterone acetate</i>	224
MAGELLAN INSULIN		MAXI-COMFORT		Mefenamic Acid.....	32
SAFETY SYR.....	425	INSULIN SYRINGE.....	426	<i>mefloquine hcl</i>	148
MAGELLAN SYRINGE-		MAXI-COMFORT SAFETY		Mega-C/A Plus.....	572
SAFETY NEEDLE.....	425	PEN NEEDLE.....	426	<i>megestrol acetate</i>	168
MAGELLAN		MAXIPIME.....	214	Megestrol Acetate.....	168, 532
TUBERCULIN SYRINGE..	425	Maxitrol.....	516	Meijer Alcohol Swabs.....	379
MagneBind 400.....	457	Mayzent.....	544	<i>meijer pen needles</i>	426
<i>magnesium sulfate</i>	458	Mayzent Starter Pack.....	543, 544	MEKINIST.....	157
<i>magnesium sulfate in d5w</i>	458	MB HydroGel.....	266	MEKTOVI.....	157
<i>magnesium sulfate-lact ringers</i>	458	MCCARNITINE.....	318	Melaleuca.....	16
<i>magnesium sulfate-nacl</i>	459	MCM.....	263	MELODETTA 24 FE.....	219
Magnevist.....	582	MCT Procal.....	303	Meloxicam.....	32
Mahana IBS.....	463	MCT Pro-Cal.....	303	Meloxicam Comfort Pac.....	32
Malathion.....	269	MD-76 R.....	582	<i>melphalan</i>	167
Male Support.....	303	MD-Gastroview.....	582	<i>melphalan hcl</i>	167
Malic B6.....	303	<i>melnaphos/mb/lyo1</i>	147	Memantine HCl.....	539
Manganese Chloride.....	459	Meadow Fescue Grass Pollen..	16	Memantine HCl ER.....	538, 539
<i>mannitol</i>	316	Mebolic.....	292	Memory Work/Sport Insoles.....	383
Maprotiline HCl.....	92	Meclizine HCl.....	117	Menactra.....	582
MARATHON MEDICAL		Meclofenamate Sodium.....	32	MENACTRA.....	582
PENTIPS.....	425	Mederma.....	270	Menest.....	331
MARBETA-25.....	232	Mederma For Kids.....	270	MENHIBRIX.....	561
MARBETA-L.....	232	Medfix EZ.....	282	Menopause Formula.....	303
MARDEX-25.....	232	Medicated DNA Collection..	582	Menopautonic.....	471
Marinol.....	117	Medicated DNA Collection 2	582	Menostar.....	331
Marlido.....	368	<i>medicine shoppe pen needles</i>	426	MENQUADFI.....	562
Marlido-25.....	368	Medicools Diasox.....	383	MenQuadfi.....	562
<i>marlissa</i>	219	Medi-Derm.....	263	Menveo.....	562
Marnatal-F.....	486	Medi-Derm-Rx.....	263	MENVEO.....	562
Marplan.....	93	Medihol Base.....	532	<i>meperidine hcl</i>	45
MARQIBO.....	166	Medihoney Ca Alginate 2"x2"	282	Meperidine HCl.....	45
<i>marten-tab</i>	36	Medihoney Ca Alginate 4"x5"	282	Meperidine-Promethazine.....	39
Marvona SUIK.....	368	Medihoney Wound & Burn		<i>mepivacaine hcl</i>	369
MAS CARE-PAK.....	228	Dressing.....	282	<i>meprobamate</i>	62
MATULANE.....	162	Medihoney Wound/Burn		MEPSEVII.....	324
Matzim LA.....	202	Dressing.....	282	<i>mercaptapurine</i>	151
Mavenclad (10 Tabs).....	536	Medi-Laxx.....	367	Meritene.....	303
Mavenclad (4 Tabs).....	536	Medi-Pak Performance Plus		<i>meropenem-sodium chloride</i>	143
Mavenclad (5 Tabs).....	536	ABD.....	282	MERZEE.....	219
Mavenclad (6 Tabs).....	536	Medipore + Pad Adhesive		Mesalamine.....	336
Mavenclad (7 Tabs).....	536	Dress.....	389	Mesalamine ER.....	336
Mavenclad (8 Tabs).....	536	medPREDkit.....	232	Mesalamine-Cleanser.....	336
Mavenclad (9 Tabs).....	536	Medrol.....	228, 229	<i>mesna</i>	169

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MESNEX.....	169	Methyldopa-	MICRHOGAM ULTRA-
Mesquite.....	16	hydroCHLOROthiazide.....	FILTERED PLUS.....
Metafolbic Plus.....	292	Methyldopate HCl.....	524
Metaform.....	303	<i>methylergonovine maleate</i>	Microcyn.....
Metaproterenol Sulfate.....	69	Methylin.....	274
Metastron.....	582	Methylphenidate.....	Microcyn Skin and Wound...274
Metaxall.....	494	Methylphenidate HCl.....	MICRODOT PEN NEEDLE
Metaxalone.....	494	Methylphenidate HCl ER.....	.....426
<i>metdray</i>	262	Methylphenidate HCl ER	MICROGESTIN 1.5/30.....
metFORMIN HCl.....	100	(CD).....	219
metFORMIN HCl ER.....	100	(LA).....	MICROGESTIN 1/20.....
metFORMIN HCl ER		(OSM).....	219
(MOD).....	100	Methylphenidate HCl ER	MICROGESTIN 24 FE.....
metFORMIN HCl ER (OSM)		(OSM).....	219
.....	100	Methylphenidate HCl ER	MICROGESTIN FE 1.5/30..
Methacholine Chloride.....	582	(XR).....	219
Methadone HCl.....	45, 46	methylPREDNISolone.....	MicroKlenz Wound Cleanser
<i>methadone hcl</i>	45	<i>methylprednisolone acetate</i>	<i>midazolam</i>
Methadone HCl Intensol.....	45	<i>methylprednisolone sodium</i>	360
<i>methadone hcl-nacl</i>	46	<i>succ</i>	Midazolam.....
<i>methadone hcl-sodium chloride</i>	46	<i>methyltestosterone</i>	360
Methadose.....	46	Metoclopramide HCl.....	<i>midazolam hcl</i>
Methadose Sugar-Free.....	46	<i>metolazone</i>	360
Methamphetamine HCl.....	6	METOPIC.....	Midazolam HCl.....
Methaver.....	292	Metopirone.....	<i>midazolam hcl (pf)</i>
Methazel.....	292	Metoprolol Succinate ER	Midazolam HCl-NaCl.....
<i>methazolamide</i>	315	.....	Midazolam HCl-Sodium
<i>methenamine hippurate</i>	147	.....	Chloride.....
<i>methenamine mandelate</i>	147	Metoprolol Tartrate.....	360
METHERGINE.....	521	<i>metoprolol-hctz er</i>	MIDAZOLAM+SYRSPEN
<i>methimazole</i>	550	Metoprolol-	D SF.....
Methionaid.....	303	hydroCHLOROthiazide.....	361
Methionine-200.....	303	MetroGel-Vaginal.....	Midazolam-Sodium Chloride
<i>methitest</i>	57	MetroNIDAZOLE.....	361
<i>methocarbamol</i>	494	metroNIDAZOLE..	(PF).....
Methocarbamol.....	494	<i>metyrosine</i>	MidNite Sleep Aid.....
Methohexital Sodium.....	582	Mexiletine HCl.....	<i>midodrine hcl</i>
<i>methotrexate</i>	151	MG217 Psoriasis Coal Tar....	570
<i>methotrexate sodium</i>	152	MI Paste.....	Miebo.....
<i>methotrexate sodium (pf)</i>	152	MI Paste Plus.....	519
Methoxsalen Rapid.....	249	Miaderm Radiation Relief.....	MIGERGOT.....
<i>methscopolamine bromide</i>	559	MIBELAS 24 FE.....	453
Methsuximide.....	90	Micardis.....	Miglitol.....
Methyl B-12.....	350	Micardis HCT.....	<i>miglustat</i>
Methyl Salicylate.....	263	<i>miconazole 3</i>	350
Methylcobalamin.....	350	Miconazole-Zinc Oxide-	MIGRANOW.....
Methyldopa.....	140	Petrolat.....	454
			MILI.....
			Milkflow.....
			Milkflow Max.....
			MILLEX-OR FILTER.....
			452
			Millipred.....
			229
			Millipred DP.....
			229
			Mimvey.....
			328
			MimyX.....
			266
			<i>mini transfer pin</i>
			392
			MINIMED PUMP
			RESERVOIR 3ML.....
			392
			MINIMED RESERVOIR
			1.8ML.....
			392
			MINIMED RESERVOIR
			3ML.....
			392

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Minitran.....	60	Mobic.....	32	MONOJECT ENTERAL	
Minivelle.....	331, 332	Modafinil.....	13	SYRINGE/60ML.....	382
MINOCIN.....	548	<i>moderna covid-19 bival 6m-5y</i>	565	MONOJECT ENTERAL	
Minocycline HCl.....	548, 549	<i>moderna covid-19 bival booster</i>		SYRINGE/6ML.....	382
<i>minocycline hcl er</i>	548	.....	565	MONOJECT FILTER	
Minocycline HCl ER.....	548, 549	<i>moderna covid-19 bivalent</i>	565	ASPIRATOR.....	427
Minolira.....	549	<i>moderna covid-19 vac</i>		MONOJECT FILTER	
Minoxidil-Progest-Tretinoin..	261	<i>(booster)</i>	565	NEEDLE.....	427
Minus Weight Plus Energy....	294	Moderna COVID-19 Vac 6m-		MONOJECT FINGER	
MIOCHOL-E.....	511	11y.....	565	GRIP EXTENDERS.....	452
MIOSTAT.....	511	<i>moderna covid-19 vacc 6-11y</i> ..	565	MONOJECT	
Mirapex ER.....	172	<i>moderna covid-19 vacc 6m-5y</i>	565	HYPODERMIC NEEDLE	
Mirasorb Sponges.....	389	<i>moderna covid-19 vaccine</i>	565	.....	427, 428, 429
Mircera.....	352	Modia.....	463	MONOJECT INSULIN	
MIRENA (52 MG).....	224	Modulen.....	304	SYRINGE.....	429, 430
Mirtazapine.....	91	Modulen IBD.....	304	MONOJECT LIFESHIELD	
Mite (D. farinae).....	16	Moexipril HCl.....	133	CANNULA.....	452
Mite (D. pteronyssinus).....	16	Moi-Stir.....	477	MONOJECT LIFESHIELD	
Mitigare.....	342	Moisture.....	266	SYRINGE.....	430
Mitochondrial Renewal Kit...471		<i>molindone hcl</i>	181	MONOJECT MAGELLAN	
<i>mitomycin</i>	160	Mometasone Furoate.....	258, 498	SYRINGE.....	430
mitoMYcin.....	582	MONJUVI.....	153	Monoject Marrow Biopsy	
Mitosol.....	582	Monoferric.....	582	Tray.....	582
<i>mitoxantrone hcl</i>	160	Monogen.....	304	MONOJECT	
Mivacron.....	582	MONOJECT ALLERGIST		MEDICATION TRANSF	
Mixed Feathers.....	19	TRAY.....	426	NDL.....	430
Mixed Ragweed.....	16	MONOJECT BLOOD		MONOJECT PHARMACY	
Mixed Tocotrienols w/ Vita E	471	COLLECTION NDL....	426, 427	TRAY.....	430
Mixed Vespid Venom Protein..	16	MONOJECT BLUNT		MONOJECT PISTON	
MLD.....	368	CANNULA.....	427	SYRINGE.....	430
<i>mlk f1</i>	232	MONOJECT BLUNTIP		MONOJECT SAFETY SYR	
<i>mlk f2</i>	232	CANNULA.....	427	TIP CAPS.....	452
<i>mlk f3</i>	232	Monoject Bone Marrow		MONOJECT SAFETY	
MLK F4.....	232	Biopsy.....	582	SYRINGE/SHIELD.....	430, 431
<i>mlp a-1</i>	232	MONOJECT CONTROL		MONOJECT SMARTIP	
MLP A-2.....	233	SYRINGE.....	427	SYR/CANNULA.....	452
MM CLEARLAX.....	366	MONOJECT ENTERAL		MONOJECT	
<i>mm insulin syringeneedle</i>	426	SYRINGE CAP.....	381	SOFTPACK/CATH TIP.....	431
MM PEN NEEDLES.....	426	MONOJECT ENTERAL		MONOJECT	
MMA/PA Anamix Early		SYRINGE/12ML.....	381	SOFTPACK/LLOCK.....	431
Years.....	303	MONOJECT ENTERAL		MONOJECT	
MMA/PA Anamix Next.....	304	SYRINGE/1ML.....	381	SOFTPACK/LTIP.....	431
MMA/PA Cooler.....	304	MONOJECT ENTERAL		MONOJECT	
MMA/PA Cooler15.....	304	SYRINGE/35ML.....	381	SOFTPACK/RG LOCK.....	431
MMA/PA Gel.....	304	MONOJECT ENTERAL		MONOJECT	
MMA/PA Maxamum.....	304	SYRINGE/3ML.....	381	SOFTPACK/RG LUER.....	431
M-M-R II.....	563				

S=Supplemental, BE=Benefit Exclusion, 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

MONOJECT SYRINGE 431, 432	Morphine Sulfate ER Beads 46, 47	Multigen..... 356
MONOJECT SYRINGE CATH TIP..... 432	<i>morphine sulfate in dextrose</i> 47	Multigen Folic..... 356
MONOJECT SYRINGE ECC LUER..... 432	<i>morphine sulfate-nacl</i> 48	Multigen Plus..... 356
MONOJECT SYRINGE ECCENTRIC TIP..... 432	Mosquito (Diagnostic)..... 582	MultiHance..... 583
MONOJECT SYRINGE LUER LOCK..... 432	Motegrity..... 333	Multi-Mac..... 486
MONOJECT SYRINGE LUER-LOCK TIP..... 432, 433	MOTOFEN..... 113	<i>multiple electro type 1 ph 5.5</i> .. 457
MONOJECT SYRINGE PHARMACY TRAY..... 433	Motpoly XR..... 85	<i>multiple electro type 1 ph 7.4</i> .. 457
MONOJECT SYRINGE REG LUER..... 433	Mounjaro..... 108	Multiple Vitamins/Fluoride... 483
MONOJECT SYRINGE REGULAR TIP..... 433	Mountain Cedar..... 16	Multitrace-4..... 460
MONOJECT SYRINGE TIP CAPS..... 452	Mountain Cedar (Diagnostic)287	Multitrace-4 Concentrate..... 460
MONOJECT SYRINGE TOOMEY TYPE..... 433	Mountain Cedar Pollen..... 16	Multitrace-4 Neonatal..... 460
MONOJECT TB SAFETY SYRINGE..... 433	Mouse Epithelium..... 16	Multitrace-4 Pediatric..... 460
MONOJECT TB SYRINGE 433, 434	Mouse Epithelium (Diagnostic)..... 287	Multitrace-5..... 460
MONOJECT TIP CAPS..... 452	Mouth Kote..... 477	Multitrace-5 Concentrate..... 460
MONOJECT ULTRA COMFORT SYRINGE..... 434	Mouth Kote Remint..... 477	Multi-Vit/Fluoride..... 483
MONOJECT VIAL ACCESS CANNULA..... 452	Movantik..... 337	Multi-Vit/Fluoride/Iron..... 482
MONO-LINYAH..... 219	Moxeza..... 513	Multi-Vit/Iron/Fluoride..... 482
MONONESSA..... 220	<i>moxifloxacin hcl</i> 333	MultiVitamin + Fluoride..... 483
MONONINE..... 345	Moxifloxacin HCl..... 333, 513	MultiVitamin Select/Fluoride 484
Monovisc..... 496	Moxifloxacin HCl (2X Day).. 513	Multivitamin/Fluoride... 479, 483
Monsels Ferric Subsulfate..... 358	<i>moxifloxacin hcl in nacl</i> 333	Multi-Vitamin/Fluoride..... 483
Montelukast Sodium..... 71	Mozobil..... 582	Multivitamin/Fluoride/Iron... 482
Morcin..... 466	MPM Pak..... 520	Multi-Vitamin/Fluoride/Iron. 482
Morgidox..... 549	MS Contin..... 48, 49	Multivitamins Pediatric..... 483
MorphaBond ER..... 46	<i>ms insulin syringe</i> 434	Multivitamins Plus Zinc..... 483
<i>morphine sulfate</i> 47, 48	MSUD 2..... 304	Multivitamins/Fluoride..... 483
Morphine Sulfate..... 48	MSUD Aid..... 304	Multi-Vitamins/Fluoride 483, 484
Morphine Sulfate (Concentrate)..... 46	MSUD Anamix Early Years.. 304	Multi-Vits/Fluoride..... 484
<i>morphine sulfate (pf)</i> 46	MSUD Cooler..... 304	Mult-Vitamin/Fluoride..... 484
Morphine Sulfate ER..... 47	MSUD Easy..... 304	Mupirocin..... 245
	MSUD Express..... 304	Mupirocin Calcium..... 245
	MSUD Express20..... 304	Murine Tears Plus..... 514
	MSUD Gel..... 304	Muscle Therapy/Arnica..... 466
	MSUD Lophlex LQ..... 304	MUSCUSOLICE..... 245
	MSUD Maxamaid..... 304	Mustargen..... 583
	MSUD Maxamum..... 304	MUTAMYCIN..... 160
	MTX Support..... 350	MVC-Fluoride..... 484
	MucositisRx..... 477	MY CHOICE..... 222
	Mugwort..... 16	MY WAY..... 222
	MULPLETA..... 357	MYALEPT..... 323
	Multaq..... 65	MYCAPSSA..... 325
	Multi Vit/Fl..... 483	Mycophenolate Mofetil..... 468
	Multi Vita-Bets/Fluoride..... 483	Mycophenolate Sodium..... 468
	Multi Vitamin/Fluoride..... 483	Mydayis..... 4
	<i>multi-draw needle</i> 434	MYFEMBREE..... 329
		<i>myferon 150 forte</i> 356
		Myfortic..... 468

S=Supplemental, BE=Benefit Exclusion, 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

MYLERAN.....	150	Nanran.....	245	NeoKe RA Lipoic.....	20
MYNATAL.....	486	Naprelan.....	33	Neomycin Sulfate.....	21
Mynatal.....	486	Naprotin.....	30	Neomycin-Bacitracin Zn-	
Mynatal Advance.....	486	Naproxen.....	33	Polymyx.....	513
<i>mynatal plus</i>	486	Naproxen Comfort Pac.....	33	<i>neomycin-polymyxin b gu</i>	340
<i>mynatal-z</i>	486	Naproxen DR.....	33	Neomycin-Polymyxin-	
Mynate 90 Plus.....	486	Naproxen Sodium.....	33	Dexameth.....	516
MYOBLOC.....	503	Naproxen Sodium ER.....	33	Neomycin-Polymyxin-	
MYORISAN.....	243	Naproxen-Esomeprazole Mg...30		Gramicidin.....	513
Myoview 30mL.....	583	Naratriptan HCl.....	455	Neomycin-Polymyxin-HC	
Myrbetriq.....	561	Narcan.....	115	.....	517, 520
Mysoline.....	85	Narcosoft Herbal Lax.....	471	<i>neonatal + dha</i>	491
MYTESI.....	113	Narcosoft II.....	471	<i>neonatal 19</i>	493
Myxredlin.....	106	Nardil.....	93	<i>neonatal complete</i>	487
MYZILRA.....	225	NasalGuard.....	266	<i>neonatal fe</i>	487
Na Ferric Gluc Cplx in		NASCOBAL.....	351	NeoPhe.....	292
Sucrose.....	583	NATACHEW.....	486	Neo-Polycin.....	513
NABI-HB.....	524	Natacyn.....	513	Neo-Polycin HC.....	517
Nabumetone.....	32, 33	<i>natal pnv</i>	486	Neoral.....	462, 463
N-Acetyl Tyrosine.....	508	NatalCare GlossTabs.....	486	Neosalus.....	266
Nadolol.....	197	NATALVIT.....	487	Neosalus CP.....	266
<i>nafcillin sodium</i>	528	NATAZIA.....	224	<i>neostigmine methylsulfate</i>	148
Nafcillin Sodium.....	528, 529	Nateglinide.....	109	NEO-SYNALAR.....	245
Nafcillin Sodium in Dextrose	528	NATELLE ONE.....	487	NeoTuss Plus.....	236
NAFRINSE.....	458	Natesto.....	57	NephrAmine.....	507
NAFRINSE DAILY		NATPARA.....	324	NEPHRON FA.....	356
ACIDULATED.....	476	Natroba.....	269	Nepro.....	304
NAFRINSE		NATURE-THROID.....	551	Nepro/CarbSteady.....	304
DAILY/NEUTRAL.....	478	Nayzilam.....	79	NERLYNX.....	158
NAFRINSE WEEKLY.....	478	Nebivolol HCl.....	196	NESACAINE.....	370
Naftifine HCl.....	247	Nebusal.....	236	Nesina.....	101
Naftin.....	247	NECON 0.5/35 (28).....	220	NESTABS.....	487
Nail Scrub.....	266	NECON 1/35 (28).....	220	NESTABS DHA.....	487
<i>nalbuphine hcl</i>	55	NECON 7/7/7.....	225	NESTABS ONE.....	491
Nalfon.....	33	Neevo DHA.....	487	Netspot.....	583
Nalmefene HCl.....	115	Nefazodone HCl.....	96	Nettle.....	16
<i>nalocet</i>	52	<i>nendrux</i>	271	Nettle (Diagnostic).....	287
Naloxone HCl.....	115	Neocate Infant DHA/ARA... 304		Neuac.....	240
Naltrex.....	35	Neocate Junior.....	304	Neulasta.....	354
NALTREX.....	35	Neocate Junior Prebiotics.....	304	Neulasta Onpro.....	353
Naltrexone.....	115	Neocate Nutra.....	304	NeuLumEX.....	583
Naltrexone HCl.....	115	Neocate Splash.....	304	Neupogen.....	354
Namenda.....	539	Neocera.....	266	Neupro.....	173
Namenda Titration Pak.....	539	NeoKe Alcar.....	508	NeuraCeq.....	583
Namenda XR.....	539	Neoke BCAA4.....	292	Neuragen.....	466
Namenda XR Titration Pack	539	NeoKe BHB.....	292	Neuragen Pain Relief.....	466
Namzaric.....	533	Neoke MCT70.....	508	Neuragen PN.....	466

S=Supplemental, BE=Benefit Exclusion, 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

Neuralgo-Rheum.....	466	Nexletol.....	125	NIPENT.....	162
Neurepa.....	292	Nexlizet.....	125	NIPRIDE RTU.....	142
Neuriva.....	471	NexoBrid.....	260	Nisoldipine ER.....	202, 203
NEUROLITE.....	288	NEXPLANON.....	224	Nitazoxanide.....	143
Neurontin.....	85	NEXT CHOICE ONE DOSE		NITHIODOTE.....	114
NeurophX DPN.....	353	.....	223	<i>nitisinone</i>	322
NEUTRAGARD		Nexterone.....	583	NitraTest Paper.....	583
ADVANCED.....	478	NEXTSTELLIS.....	220	Nitro-Bid.....	61
NeutraSal.....	477	Nexviazyme.....	583	Nitro-Dur.....	61
Nevanac.....	516	NF Formulas Chromium		<i>nitrofurantoin</i>	147
<i>nevirapine</i>	189	Forte.....	471	<i>nitrofurantoin macrocrystal</i>	147
<i>nevirapine er</i>	189	NF Formulas Cranberry		<i>nitrofurantoin monohyd macro</i>	147
NEW DAY.....	223	Forte.....	471	<i>nitroglycerin</i>	61
New Skin.....	266	NF Formulas Testosterone....	471	Nitroglycerin.....	61
NewPhase Complete.....	304	Ngenla.....	320	Nitroglycerin ER.....	61
NewPhase Complete ES.....	304	Niacin (Antihyperlipidemic)..	130	<i>nitroglycerin in d5w</i>	61
NEXA PLUS.....	491	Niacin ER		Nitrolingual.....	61
NEXAVAR.....	158	(Antihyperlipidemic).....	130	Nitrostat.....	62
Nexcare Active Brights		<i>niacinamide-spiroinolactone</i>	240	NITYR.....	322
Bandage.....	376	<i>niacinamide-sulfacetamide</i>	240	Nivatopic Plus.....	267
Nexcare Active Sport		<i>niacinamide-tazarotene</i>	240	Nivestym.....	354
Bandages.....	376	<i>niacinamide-tretinoin</i>	240, 241	Nizatidine.....	555
Nexcare Adhesive		<i>niacin-spiroinolacton-tretinoin</i> .	241	<i>nizatidine</i>	555
Dressing/Pad.....	389	Niacor.....	130	NOCDURNA.....	327
Nexcare Comfort Fabric		Niaspan.....	130	NOCTIVA.....	327
Bandage.....	376	Nicaprin.....	292	Nodolor.....	454
Nexcare Heavy Duty Clr		niCARDipine HCl.....	202	NOKOR VENTED	
Bandage.....	376	<i>nicardipine hcl in nacl</i>	202	NEEDLE.....	435
Nexcare Heavy Duty Fab		Nicazyme.....	292	Non-Stick.....	389
Bandage.....	376	Nicotine.....	542	NonyX.....	267
Nexcare Liquid Bandage		Nicotine Mini.....	542	NORA-BE.....	225
Drops.....	267	Nicotine Polacrilex.....	542	NORDIPEN 5 INJECTION	
Nexcare Liquid Bandage		Nicotine Polacrilex Mini.....	542	DEVICE.....	435
Spray.....	267	Nicotine Step 1.....	542	NORDIPEN DELIVERY	
Nexcare Non-Stick.....	389	Nicotine Step 2.....	542	SYSTEM.....	435
Nexcare Premium Adhesive		Nicotine Step 3.....	542	Norditropin FlexPro.....	320
Gauze.....	389	Nicotrol.....	542	Norepinephrine-Dextrose.....	571
Nexcare Soft 'n Flex Bandages		Nicotrol NS.....	542	Norepinephrine-Sodium	
.....	376	NIFEdipine.....	202	Chloride.....	571
Nexcare Tattoo Bandages.....	376	NIFEdipine ER.....	202	<i>norethin ace-eth estrad-fe</i>	220
Nexcare Waterproof		NIFEdipine ER Osmotic		<i>norethindrone</i>	225
Bandages.....	376	Release.....	202	<i>norethindrone acet-ethinyl est.</i>	220
Nexcare Waterproof Premium		NIFEREX.....	356	Norethindrone-Eth Estradiol	
Pad.....	389	NIKKI.....	220	.....	328, 329
Nexcare Wound Cleanser.....	274	<i>nilutamide</i>	150	<i>norethin-eth estradiol-fe</i>	220
Nexco 75.....	466	niMODipine.....	202	Norgesic.....	496
NexIUM.....	557	NINLARO.....	159	Norgesic Forte.....	495

S=Supplemental, BE=Benefit Exclusion, 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

<i>norgestimate-eth estradiol</i>	220	NovoLIN R.....	107	NULEV.....	554
<i>norgestim-eth estrad triphasic</i>	225	NovoLIN R FlexPen.....	106	NULIBRY.....	323
Noritate.....	269	NovoLIN R FlexPen ReliOn.....	106	NUMBRINO.....	497
Norliqva.....	203	NovoLIN R ReliOn.....	107	Numoisyn.....	477
NORLYDA.....	225	NovoLOG.....	107	Nuplazid.....	175
NORLYROC.....	225	NovoLOG 70/30 FlexPen		NuPrep 5% Povidone-Iodine.....	185
NORM-JECT LUER LOCK		ReliOn.....	107	Nurtec.....	453
SYRINGE.....	435	NovoLOG FlexPen.....	107	Nutra Balance Diabetic/Fiber.....	304
NORM-JECT LUER SLIP		NovoLOG FlexPen ReliOn... ..	107	Nutra/Shake.....	304
SYRINGE.....	435	NovoLOG Mix 70/30.....	107	Nutrament.....	304
NORMOSOL-R PH 7.4.....	457	NovoLOG Mix 70/30 FlexPen		Nutramine.....	305
Norpace.....	64	.....	107	Nutramine Amino Bites.....	305
Norpace CR.....	64	NovoLOG Mix 70/30 ReliOn.....	107	Nutraseb.....	251
Northern Quahog		NovoLOG PenFill.....	107	Nutren 1.0.....	305
Clam(Diagnost).....	287	NovoLOG ReliOn.....	107	Nutren 1.0/Fiber.....	305
NORTREL 0.5/35 (28).....	220	NOVOSEVEN RT.....	345	Nutren 1.5.....	305
NORTREL 1/35 (21).....	220	NOVOTWIST PEN		Nutren 1.5 Fiber.....	305
NORTREL 1/35 (28).....	220	NEEDLE.....	435	Nutren 2.0.....	305
NORTREL 7/7/7.....	225	NOXAFIL.....	120	Nutren Jr.....	305
<i>nortriptyline hcl</i>	99	Noxafil.....	120	Nutren Jr Fiber.....	305
Nortuss-Ex.....	233	Noxicare.....	466	Nutren Junior.....	305
Norvasc.....	203	Noxicare Natural Pain Relief.....	471	Nutren Junior 1.0.....	305
NORVIR.....	188	NP THYROID.....	551	Nutren Junior/Fiber.....	305
Nourianz.....	169	Nplate.....	357, 358	Nutren Pulmonary.....	305
Nourish.....	304	Nu Gauze 4ply.....	389	Nutren Renal.....	305
Nourish Peptide Formula.....	304	Nu Gauze General-Use		NutreStore.....	508
Novacort.....	271	Sponges.....	389	NUTRIARX CREAMPAK.....	272
NOVAREL.....	324	Nu Gauze Packing Strips.....	389	Nutricia PreOp.....	305
NovaSource Pulmonary.....	304	Nu Gauze Uterine Packing		Nutrifocus.....	305
NovaSource Renal.....	304	Strip.....	389	NutriHeal.....	305
Novavax COVID-19 Vaccine.....	566	NUBEQA.....	150	NutriHep 1.5 Cal.....	305
NOVOEIGHT.....	345	NUCALA.....	70	Nutrilipid.....	508
NOVOFINE.....	435	NUCARACLINPAK.....	241	Nutritional.....	305
NOVOFINE AUTOCOVER		NUCORT.....	258	Nutritional Drink.....	305
PEN NEEDLE.....	435	Nucynta.....	49	Nutritional Drink Mix.....	305
NOVOFINE PEN NEEDLE.....	435	Nucynta ER.....	49	Nutritional Drink Plus.....	305
NOVOFINE PLUS PEN		NuDermRxPAK 120.....	248	Nutritional Drink Shake Mix.....	305
NEEDLE.....	435	NuDermRxPAK 60.....	248	Nutritional Shake.....	305
NovoLIN 70/30.....	106	NuDroxiPAK DSDR-50.....	33	Nutritional Shake Complete.....	305
NovoLIN 70/30 FlexPen.....	106	NuDroxipak DSDR-75.....	33	Nutritional Shake High	
NovoLIN 70/30 FlexPen		NuDroxiPAK E-400.....	33	Protein.....	305
Relion.....	106	NuDroxiPAK I-800.....	33	Nutritional Shake Plus.....	305
NovoLIN 70/30 ReliOn.....	106	NuDroxiPAK M-15.....	33	Nutritional Shake Plus	
NovoLIN N.....	106	NuDroxiPAK N-500.....	34	Protein.....	305
NovoLIN N FlexPen.....	106	NUEDEXTA.....	540	Nutritional Supplement.....	305
NovoLIN N FlexPen ReliOn.....	106	NUFERA.....	356	Nutritional Supplement Plus.....	305
NovoLIN N ReliOn.....	106	Nu-Gel.....	282	Nutrivent.....	305

S=Supplemental, BE=Benefit Exclusion, 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

Nutrivent 1.5.....	305	OCTAPLAS BLOOD	Omeprazole-Sodium
Nutrivit.....	479	GROUP B.....	Bicarbonate.....
Nutropin AQ NuSpin 10.....	320	OCTAPLAS BLOOD	Omidria.....
Nutropin AQ NuSpin 20.....	320	GROUP O.....	OMISIRGE.....
Nutropin AQ NuSpin 5.....	320	<i>octreotide acetate</i>	Omnaris.....
Nuvail.....	267	Ocuflox.....	Omniflex Diaphragm.....
Nuversa.....	568	OcuSoft HypoChlor.....	Omnipaque.....
Nuvigil.....	13	Odactra.....	Omnipod 5 G6 Intro (Gen 5).....
NUWIQ.....	345, 346	ODEFSEY.....	Omnipod 5 G6 Pod (Gen 5).....
NUZYRA.....	546	ODOMZO.....	Omnipod DASH Intro (Gen
Nuzyra.....	546	Odor Control Insoles	4).....
Nyamyc.....	247	Men/Women.....	Omnipod DASH Pods (Gen
NYLIA 7/7/7.....	225	Odor Eaters Ultra Comfort...	4).....
Nymalize.....	203	OFEV.....	Omniquin.....
NYMYO.....	220	Ofloxacin.....	Omniscan.....
Nystatin.....	119, 247, 476	OGESTREL.....	Omniscan/Sodium Chloride...
Nystatin-Triamcinolone.....	246	OGIVRI.....	Omnitrope.....
Nystop.....	247	OLANZapine.....	OMNITROPE PEN 5 INJ
Nyvepria.....	354	OLANZapine-FLUoxetine	DEVICE.....
OA 1.....	305	HCl.....	Omnivex.....
OA 2.....	305	OLINVYK.....	OmvoH.....
Oat Grain (Diagnostic).....	583	Olive Tree.....	ONCASPAR.....
OB COMPLETE.....	487	Olmesartan Medoxomil.....	Ondansetron.....
OB COMPLETE ONE.....	487	Olmesartan Medoxomil-	Ondansetron HCl.....
OB COMPLETE PETITE....	487	HCTZ.....	Onexton.....
OB COMPLETE PREMIER	487	Olmesartan-amLODIPine-	Onfi.....
OB COMPLETE/DHA.....	487	HCTZ.....	Ongentys.....
<i>obizur</i>	346	Olmesartan-Amlodipine-	Onglyza.....
Obredon.....	233	HCTZ.....	ONIVYDE.....
Obstetrix DHA.....	487	Olopatadine HCl.....	ONPATTRO.....
Obstetrix EC.....	487	OLPRUVA (2 GM DOSE)...	ONTRUZANT.....
Obstetrix EC (with Docusate)	487	OLPRUVA (3 GM DOSE)...	ONUREG.....
OBSTETRIX ONE.....	491	OLPRUVA (4 GM DOSE)...	<i>onzdeaxiademtar</i>
OBSTETRIX ONE (WITH		OLPRUVA (5 GM DOSE)...	<i>onzdeaxiademvar</i>
DOCUSATE).....	491	OLPRUVA (6 GM DOSE)...	<i>onzdeaxiazar</i>
Obtrex.....	487	OLPRUVA (6.67 GM DOSE)	<i>onzdeoxia</i>
Obtrex DHA.....	487	.....	OPCICON ONE-STEP.....
OC8.....	267	Olumiant.....	OPDIVO.....
O-CAL PRENATAL.....	487	Olux.....	OPDUALAG.....
Ocaliva.....	334	Omeclamox-Pak.....	<i>opium</i>
OCELLA.....	220	Omega 3-Green Tea-CLA....	Opsumit.....
Ocrevus.....	537	Omega-3-acid Ethyl Esters....	OptiCleanse GHI.....
OCTAGAM.....	524	Omegaven.....	Optifoam.....
OCTAPLAS BLOOD		Omeprazole.....	OptiMARK.....
GROUP A.....	348	Omeprazole Magnesium.....	Optimental.....
OCTAPLAS BLOOD		Omeprazole+Syrspend SF	OPTION 2.....
GROUP AB.....	348	Alka.....	Optiray 240.....

S=Supplemental, BE=Benefit Exclusion, 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

Optiray 300.....	583	Oseni.....	103	oxyCODONE HCl ER.....	49
Optiray 320.....	583	Osmitrol.....	316	<i>oxycodone-acetaminophen</i>	52
Optiray 350.....	583	OSMOLEX ER.....	170	oxyCODONE-	
Optison.....	583	Osmolex ER.....	170	Acetaminophen.....	52, 53
Optisource.....	306	Osmolite.....	306	Oxycodone-Acetaminophen....	52
Opurity B12/Folic Acid.....	350	Osmolite 1 Cal.....	306	OxyCONTIN.....	50
Opvee.....	115	Osmolite 1.2 Cal.....	306	Oxymorphone HCl.....	50
Opzelura.....	252	Osmolite 1.5 Cal.....	306	oxyMORphone HCl ER.....	50
Orabloc.....	367	Osmolite HN.....	306	OxyMORphone HCl ER.....	50
ORACIT.....	340	OSMOPREP.....	367	<i>oxytocin</i>	521
Orafate.....	478	OSPHENA.....	325	<i>oxytocin-dextrose</i>	521
Oral Relief Spray.....	477	Osteo Advance.....	306	Oxytocin-Lactated Ringers....	521
ORALONE.....	478	Otezla.....	34	<i>oxytocin-lactated ringers</i>	521
Orange (Diagnostic).....	287, 584	Oticin HC NR.....	520	<i>oxytocin-sodium chloride</i>	521
Oravig.....	476	OTIPRIO.....	520	Oxytrol.....	560
ORBACTIV.....	144	OTREXUP.....	22	Ozempic (0.25 or 0.5	
Orchard Grass Pollen.....	16	Ovace Plus.....	251	MG/DOSE).....	108
Orencia.....	34	OVACE PLUS.....	251	Ozempic (1 MG/DOSE).....	108
Orencia ClickJect.....	34	Ovace Plus Wash.....	251	Ozempic (2 MG/DOSE).....	108
Orenitram.....	207, 208	Ovace Wash.....	251	OZOBAX.....	495
Orenitram Month 1.....	207	Ovary.....	306	Ozurdex.....	518
Orenitram Month 2.....	207	Ovide.....	269	PABA.....	571
Orenitram Month 3.....	207	Oxacillin Sodium.....	529	Pacerone.....	65
ORFADIN.....	322	Oxacillin Sodium in Dextrose	529	<i>paclitaxel</i>	166
Organic Nutrition Shake.....	306	<i>oxaliplatin</i>	150	PADCEV.....	154
Organic Pedia Smart.....	306	<i>oxandrolone</i>	56	PALFORZIA (12 MG	
ORGOVYX.....	164	Oxaprozin.....	34	DAILY DOSE).....	16
ORIAHNN.....	329	Oxaydo.....	49	PALFORZIA (120 MG	
ORILISSA.....	319	<i>oxazepam</i>	63	DAILY DOSE).....	16
ORKAMBI.....	545	OXBRYTA.....	355	PALFORZIA (160 MG	
Orladeyo.....	348	OXcarbazepine.....	85	DAILY DOSE).....	17
ORLADEYO.....	348	Oxepa.....	306	PALFORZIA (20 MG	
ORMECA.....	248	Oxepa 1.5.....	306	DAILY DOSE).....	17
<i>orphenadrine citrate</i>	495	OXERVATE.....	515	PALFORZIA (200 MG	
Orphenadrine Citrate.....	495	<i>oxiaice</i>	241	DAILY DOSE).....	17
Orphenadrine Citrate ER.....	495	Oxianuji.....	262	PALFORZIA (240 MG	
Orphenadrine-Aspirin-		<i>oxiatar</i>	241	DAILY DOSE).....	17
Caffeine.....	496	<i>oxiavarry</i>	241	PALFORZIA (3 MG DAILY	
Orphengesic Forte.....	496	<i>oxiazar</i>	241	DOSE).....	17
ORSERDU.....	168	Oxiconazole Nitrate.....	262	PALFORZIA (300 MG	
ORSYTHIA.....	220	Oxopod.....	261	TITRATION).....	17
Ortho Diaphragm All-Flex....	381	Oxtellar XR.....	85	PALFORZIA (40 MG	
OrthoVisc.....	496	oxyBUTYnin Chloride.....	560	DAILY DOSE).....	17
OS 2.....	306	Oxybutynin Chloride.....	560	PALFORZIA (6 MG DAILY	
<i>oscimin</i>	554	Oxybutynin Chloride ER.....	560	DOSE).....	17
<i>oscimin sr</i>	554	OxyCODONE HCl.....	49	PALFORZIA (80 MG	
Oseltamivir Phosphate.....	193	oxyCODONE HCl.....	49, 50	DAILY DOSE).....	17

S=Supplemental, BE=Benefit Exclusion, 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

PALFORZIA INITIAL	P-Care D80G.....	233	<i>peg 3350/electrolytes</i>	365
ESCALATION.....	P-Care K40.....	229	<i>peg 3350-kcl-na bicarb-nacl</i>	365
Paliperidone ER.....	P-Care K80.....	229	<i>peg-3350/electrolytes</i>	365
Palmers Scar Serum.....	P-Care M.....	369	<i>peg-3350/electrolytes/ascorbat</i>	365
Palonosetron HCl.....	P-Care MG.....	368	Pegasys.....	192
PALYNZIQ.....	P-Care X.....	584	<i>peg-kcl-nacl-nasulf-na asc-c</i> ...	365
<i>pamidronate disodium</i>	PCCA Acacia Syrup Base.....	531	PEG-PREP.....	365
PANCREAZE.....	PCP 100.....	365	PEGYLAX.....	366
Pancuronium Bromide.....	Peanut (Diagnostic).....	287, 584	PEMAZYRE.....	156
Pandel.....	Peanut Butter Flavor.....	531	<i>pemetrexed</i>	152
Panhematin.....	Peanuts Bandages.....	376	<i>pemetrexed disodium</i>	152
<i>panlor</i>	Pearl Drops Extra Strength...	380	<i>pemetrexed ditromethamine</i> ...	152
PANRETIN.....	Pecan Nut (Diagnostic)..	287, 584	PEMFEXY.....	152
Pantoprazole Sodium.....	Pecan Pollen.....	17	<i>pen needles</i>	435
PANZYGA.....	PediaClear 8 Childrens.....	121	<i>pen needles 1/2"</i>	435
<i>papaverine hcl</i>	Pediarix.....	552	<i>pen needles 3/16"</i>	435
PARADIGM PUMP	PediaSure.....	306	<i>pen needles 5/16"</i>	435
RESERVOIR 1.8ML.....	PediaSure 1.0 Cal/Fiber.....	306	Penciclovir.....	252
PARADIGM PUMP	PediaSure 1.5 Cal.....	306	Penciclovir (Bulk).....	214
RESERVOIR 3ML.....	PediaSure 1.5 Cal/Fiber.....	306	<i>penicillamine</i>	461
Para-Gard.....	PediaSure Enteral 1.0 Cal.....	306	<i>penicillin g pot in dextrose</i>	526
PARAGARD	PediaSure Enteral		Penicillin G Sodium.....	526
INTRAUTERINE COPPER	1.0Cal/Fiber.....	306	Penicillin V Potassium.....	526
PARAPLATIN.....	PediaSure Grow & Gain.....	306	Penicillium Notatum	
<i>paregoric</i>	PediaSure Grow & Gain		(Diagnost).....	287, 584
Paremyd.....	Organic.....	306	Penlen.....	267
<i>paricalcitol</i>	PediaSure Grow & Gain/Fiber		Pennsaid.....	247
Parlodol.....	.....	306	Pentacel.....	552
PAROEX.....	PediaSure Harvest 1.0 Cal....	306	<i>pentamidine isethionate</i>	142
Paromomycin Sulfate.....	PediaSure NutriPals.....	306	Pentasa.....	336
PARoxetine HCl.....	PediaSure Pediatric.....	306	Pentazocine-Naloxone HCl....	55
PARoxetine HCl ER.....	PediaSure Peptide 1.0 Cal.....	306	<i>pentetate calcium trisodium</i>	114
PARoxetine Mesylate.....	PediaSure Peptide 1.5 Cal.....	306	<i>pentetate zinc trisodium</i>	114
PARSABIV.....	PediaSure Reduced Calorie...	307	PENTIPS.....	435, 436
PASER.....	PediaSure Shake Mix.....	307	<i>pentobarbital sodium</i>	359
PATADAY.....	PediaSure Shake/Fiber.....	307	<i>pentosan polysulfate sodium</i>	341
Patanase.....	PediaSure SideKicks.....	307	<i>pentoxifylline er</i>	348
Pau D Arco.....	PediaSure SideKicks Clear ...	307	Pepaxto.....	584
Paxil.....	PediaSure SideKicks Shake...	307	Pepcid.....	555
Paxil CR.....	PediaSure/Fiber.....	307	Pepdite Junior.....	307
PB-Hyoscy-Atropine-	Pediatric Drink.....	307	Peppermint Flavor.....	531
Scopolamine.....	Pediatric Peptinex DT.....	307	Peptamen.....	307
<i>pc unifine pentips</i>	Pediatric Peptinex DT/Fiber..	307	Peptamen 1 Cal.....	307
P-Care 100MX.....	PediaVent.....	120	Peptamen 1 Cal/Prebio1.....	307
P-Care D40.....	PEDMARK.....	167	Peptamen 1.5.....	307
P-Care D40G.....	PEDVAX HIB.....	562	Peptamen 1.5 Cal.....	307
P-Care D80.....	<i>peg 3350</i>	366	Peptamen 1.5 Cal/Prebio1	307

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Peptamen AF.....	307	<i>pfizer covid-19 vac bivalent</i>	566	Phenylephrine HCl-NaCl.....	571
Peptamen Bariatric.....	307	<i>pfizer covid-19 vac-tris 5-11y</i> ..	566	Phenylephrine-guaiFENesin..	235
Peptamen Intense VHP.....	307	Pfizer COVID-19 Vac-TriS 5-		Phenyl-Free 2.....	308
Peptamen Junior.....	307	11y.....	566	Phenyl-Free 2HP.....	308
Peptamen Junior 1 Cal.....	307	<i>pfizer covid-19 vac-tris 6m-4y</i> .	566	Phenytek.....	90
Peptamen Junior 1		Pfizer COVID-19 Vac-TriS		Phenytol.....	90
Cal/Prebio1.....	307	6m-4y.....	566	Phenytol Infatabs.....	90
Peptamen Junior 1.5.....	307	<i>pfizer-biont covid-19 vac-tris</i> ...	566	<i>phenytol sodium</i>	90
Peptamen Junior 1.5 Cal.....	307	<i>pfizer-biontech covid-19 vacc</i> ..	566	Phenytol Sodium Extended...	90
Peptamen Junior Fiber.....	307	pH Strips.....	584	<i>pheoxia</i>	246
Peptamen Junior HP.....	307	Pharmacist Choice Alcohol...	379	PHESGO.....	161
Peptamen Junior PHGG 1.2..	307	Pharmacist Choice TSX.....	271	PHEXXI.....	568
Peptamen Junior/Prebio1.....	307	PHASEAL PROTECTOR 14452		PHILITH.....	220
Peptamen OS.....	307	PHASEAL PROTECTOR 21452		Phlag Spray.....	267
Peptamen OS 1.5.....	307	PHASEAL PROTECTOR 28452		Phlexy-10.....	308
Peptamen VHP.....	307	PHASEAL PROTECTOR 50452		PhluoriVit.....	484
Peptamen/Prebio1.....	307	PHEBURANE.....	326	PhluoriVit + Fe.....	482
Peptinex 1.0.....	308	<i>phedrax</i>	246	PHOSPHASAL.....	147
Peptinex 1.5.....	308	Phenactin AA Plus.....	308	PHOSPHOLINE IODIDE....	511
Peptinex DT.....	308	PHENAZO.....	341	PHOTOFRIN.....	162
Peptinex DT/Prebiotics.....	308	<i>phenazopyridine hcl</i>	341	Photrexa Viscous.....	584
Perative.....	308	Phenelzine Sulfate.....	93	Photrexa-Photrexa Viscous	
Perative 1.3 Cal.....	308	Phenergan.....	124	Kit.....	584
Percocet.....	53	Phenex-1.....	308	Phoxillum B22K4/0.....	462
Percura.....	292	Phenex-2.....	308	Phoxillum BK4/2.5.....	462
Perennial Rye Grass Pollen....	17	PHENobarbital.....	359	PHRENILIN FORTE.....	36
Perforomist.....	69	<i>phenobarbital sodium</i>	359	Physicians EZ Use B-12.....	351
Periflex Advance.....	308	PHENobarbital-Belladonna		<i>physicians ez use jltlt kit ii</i>	233
Periflex Junior.....	308	Alk.....	553	<i>physicians ez use joint/tunnel</i> ..	233
Perikabiven.....	509	Phenohydro.....	553	Phytocillin.....	471
Perindopril Erbumine.....	133	<i>phenoxybenzamine hcl</i>	134	<i>phytonadione</i>	572
PERIOGARD.....	476	<i>phentolamine mesylate</i>	134	PICATO.....	248
Permethrin.....	269	PhenylAde Drink Mix.....	308	Pico Wound Therapy System	282
<i>perphenazine</i>	181	PhenylAde Essential Drink		PIFELTRO.....	189
<i>perphenazine-amitriptyline</i>	539	Mix.....	308	<i>pilocarpine hcl</i>	478, 511
Perseris.....	177	PhenylAde Essential		Pimecrolimus.....	264
Pertzye.....	314, 315	Mix/Fiber.....	308	<i>pimozide</i>	540
Petadolex 50.....	471	PhenylAde GMP.....	308	PIMTREA.....	215
Petadolex 75.....	471	Phenylade GMP Mix-In.....	308	Pindolol.....	197
Petrolatum.....	532	PhenylAde GMP Ready.....	308	Pineapple (Diagnostic).....	287
Petroleum Jelly.....	532	PhenylAde GMP Ultra.....	308	Pioglitazone HCl.....	113
Petroleum Jelly Baby.....	532	PhenylAde RTD PKU 10.....	308	Pioglitazone HCl-Glimepiride	113
Pexeva.....	95	PhenylAde60 Drink Mix.....	308	Pioglitazone HCl-	
PFD 2.....	308	<i>phenylephrine hcl</i>	511	metFORMIN HCl.....	113
PFD Toddler.....	308	Phenylephrine HCl.....	571	Piperacillin Sod-Tazobactam	
<i>pfizer covid-19 bival 6mo-4yr</i> ..	566	Phenylephrine HCl (Pressors)	571	So.....	527, 528
<i>pfizer covid-19 vac bival 5-11</i> ..	566	<i>phenylephrine hcl (pressors)</i> ...	571		

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PIQRAY (200 MG DAILY DOSE).....	167	Plastic Bandages 3/4"	376	Polymem Roll Dressing.....	389
PIQRAY (250 MG DAILY DOSE).....	167	Plavix.....	350	Polymem Strip Dressing.....	389
PIQRAY (300 MG DAILY DOSE).....	167	Plegridy.....	537	Polymem Surgical Dressing...	389
<i>pirfenidone</i>	546	Plegridy Starter Pack.....	537	Polymyxin B-Trimethoprim...	513
PIRMELLA 1/35.....	220	PLENVU.....	365	<i>polysaccharide iron forte</i>	356
PIRMELLA 7/7/7.....	226	PLUVICTO.....	162	Poly-Vi-Flor.....	484
Piroxicam.....	34	PNEUMOVAX 23.....	562	Poly-Vi-Flor FS.....	484
Pistachio Nut (Diagnostic)....	584	<i>pnv fe fum/docusatelfolic acid</i> ..	487	Poly-Vi-Flor/Iron.....	482
Pitavastatin Calcium.....	128	<i>pnv ob+dha</i>	491	Polyvinyl Alcohol-Povidone	
Pivot 1.5 Cal.....	308	<i>pnv prenatal plus multivit+dha</i>	487	PF.....	509
PIXEL COVID-19 PCR HOME TEST	290	<i>pnv tabs 20-1</i>	487	PolyVitamin/Fluoride.....	484
PKU 2.....	308	<i>pnv tabs 29-1</i>	487	Polyvitamin/Fluoride.....	484
PKU 3.....	308	<i>pnv-dha</i>	491	Poly-Vitamin/Fluoride.....	484
PKU Air15 Gold.....	308	<i>pnv-dha+docusate</i>	491	Poly-Vitamin/Fluoride/Iron...	482
PKU Air15 Green.....	308	<i>pnv-omega</i>	487	Polyvits/Fluoride/Iron.....	482
PKU Air15 Yellow.....	309	<i>pnv-select</i>	487	Polywic Wound Filler.....	389
PKU Air20 Gold.....	309	Pod-Care 100K.....	229	POMALYST.....	157
PKU Air20 Green.....	309	Podiatrole.....	246	Ponvory.....	544
PKU Air20 Yellow.....	309	Podofilox.....	262, 263	Ponvory Starter Pack.....	544
PKU Cooler 10.....	309	Podprog.....	261	Pork (Diagnostic).....	287, 584
PKU Cooler 15.....	309	POINT OF CARE KM.....	233	Portagen.....	309
PKU Cooler 20.....	309	Point of Care LM-2.2.....	368	PORTIA-28.....	220
PKU Easy.....	309	Point of Care LM-2.5.....	368	Posaconazole.....	120
PKU Easy Microtabs.....	309	Polidocanol.....	475	Posimir.....	370
PKU Explore10.....	309	POLIVY.....	153	POSLUMA.....	289
PKU Explore5.....	309	POLOCAINE.....	369	<i>pot & sod cit-cit ac</i>	340
PKU Express.....	309	POLOCAINE-MPF.....	370	Potaba.....	571
PKU Express20.....	309	<i>poly hub needle</i>	436	Potassium Aminobenzoate....	571
PKU Gel.....	309	Polycal.....	309	<i>potassium chloride</i>	460
PKU Go.....	309	Polycin.....	513	Potassium Chloride.....	584
PKU Lophlex LQ 20.....	309	<i>polyethylene glycol 3350</i>	366	<i>potassium chloride er</i>	460
PKU Periflex Early Years.....	309	Polyethylene Glycol 8000.....	532	Potassium Chloride in NaCl..	584
PKU Periflex Junior Plus.....	309	POLYFIN INFUSION SET		POTASSIUM CHLORIDE	
PKU Sphere 15.....	309	24".....	392	PROAMP.....	460
PKU Sphere 20.....	309	POLYFIN INFUSION SET		<i>potassium citrate er</i>	340
PKU Trio.....	309	42".....	392	Potassium Cl in Dextrose 5%..	584
Placebo #00.....	531	<i>poly-iron 150 forte</i>	356	Potassium Hydroxide.....	214
Plasbumin-25.....	584	Polymem Alginate Dressing...282		Potassium Iodide (Antidote)..	114
Plasbumin-5.....	584	Polymem Cloth Dot Dressing	389	Potassium Phosphate-NaCl...	459
PLASMA-LYTE 148.....	458	Polymem Cloth Island Dressing.....	389	Potassium Phosphates.....	459
PLASMA-LYTE A.....	458	Polymem Cloth Strip Dressing		Potassium Phosphates(71	
PLASMANATE.....	349	.....	389	mEq K).....	459
Plastic Adhesive Bandages.....	376	Polymem Dot Dressing.....	389	Potassium Phosphates-	
		Polymem Dressing.....	389	Dextrose.....	459
		Polymem Island Dressing.....	389	Potassium Phosphates-NaCl..	459
		PolyMem Non-Adhesive.....	389	POTELIGEO.....	153
				PPA/MMA Express.....	309

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PR Cream.....	267	Pregabalin ER.....	540	Prevacid.....	558
PR NATAL 400.....	490	<i>pregen dha</i>	491	Prevacid 24HR.....	558
PR NATAL 400 EC.....	490	<i>pregenna</i>	487	Prevacid SoluTab.....	558
PR NATAL 430.....	490	PREGNYL.....	324	Prevalite.....	126
PR NATAL 430 EC.....	490	<i>prehevbrio</i>	566	Prevalon.....	383
Pradaxa.....	78	PREMARIN.....	332	Prevalon Foot/Leg Wedge.....	383
Praketamide.....	245	Premarin.....	332, 568	Prevalon Heel Protector.....	383
Pralidoxime Chloride.....	584	Premasol.....	507	Prevalon Heel Protector/Petite	
Praluent.....	130	PREMESISRX.....	493	.....	383
Pramipexole Dihydrochloride	173	Premphase.....	329	Prevalon Heel	
Pramipexole Dihydrochloride		Prempro.....	329	Protector/Wedge.....	383
ER.....	173	<i>prena 1 true</i>	491	Prevduo.....	114
Pramosone.....	271	<i>prenal</i>	493	PREVENTEZA.....	223
Pramosone E.....	271	Prenal Pearl.....	487	PreviDent.....	478
Pramoxine-HC.....	271	PrenaCare.....	488	PREVIFEM.....	221
Prasugrel HCl.....	350	<i>prenaissance</i>	491	PREVNAR.....	562
Pravastatin Sodium.....	128	<i>prenaissance plus</i>	491	PREVNAR 13.....	562
Praxbind.....	584	<i>prenara</i>	488	PREVNAR 20.....	562
<i>praziquantel</i>	59	PRENATABS RX.....	488	PREVYMIS.....	190
Pre & Post Sx Pouch.....	268	<i>prenatal</i>	488	PREZCOBIX.....	187
Precare.....	487	PRENATAL + DHA.....	491	PREZISTA.....	188
PRECEDEX.....	364	<i>prenatal 19</i>	488	PRIALT.....	36
PRECISION SUREDOSE		Prenatal AD.....	488	PRID.....	466
PLUS SYR.....	436	Prenatal Advantage.....	488	PRIFTIN.....	149
PRECISION SURE-DOSE		Prenatal MR 90 Fe.....	488	PriLOSEC.....	558
SYRINGE.....	436	Prenatal Multivitamin-Ultra..	488	PRIMACARE.....	488
Precose.....	99	<i>prenatal plus iron</i>	488	Primacol Bordered Dressing	
Pred Forte.....	518	PRENATAL-U.....	488	2x2.....	282
Pred Mild.....	518	PRENATE.....	493	Primacol Bordered Dressing	
PRED-G.....	517	PRENATE AM.....	493	4x4.....	282
Pred-G.....	517	PRENATE DHA.....	491	Primacol Bordered Dressing	
PRED-G S.O.P.....	517	PRENATE ELITE.....	488	6x6.....	282
Prednicarbate.....	258	PRENATE ENHANCE.....	491	Primacol Dressing 4"x4".....	282
prednisoLONE.....	230	PRENATE ESSENTIAL.....	491	Primacol Dressing 6"x6".....	282
prednisoLONE Acetate.....	518	PRENATE MINI.....	491	Primacol Dressing 8"x8".....	282
PrednisoLONE Sodium		PRENATE PIXIE.....	492	Primacol Specialty Dressing..	282
Phosphate.....	229, 518	PRENATE RESTORE.....	492	Primacol Thin Dressing 4"x4".....	282
prednisoLONE Sodium		<i>prenatvite complete</i>	488	Primacol Thin Dressing 6"x6".....	282
Phosphate.....	229, 230	<i>prenatvite plus</i>	488	Primapore 11-3/4"x4".....	389
PredniSONE.....	230	<i>prenatvite rx</i>	488	Primapore 13-3/4"x4".....	389
predniSONE.....	230	Pre-Pen.....	584	Primapore 2-7/8"x2".....	389
PredniSONE Intensol.....	230	PREPIDIL.....	521	Primapore 4"x3-1/8".....	389
<i>preferred plus insulin syringe</i>		PrepIV Supply.....	272	Primapore 6"x3-1/8".....	389
.....	436, 437	Presera.....	267	Primapore 8"x4".....	389
<i>preferred plus unifine pentips</i> ..	437	PRESTALIA.....	131	<i>primaquine phosphate</i>	148
Prefest.....	329	<i>pretab</i>	488	Primary Dressing Tray.....	283
Pregabalin.....	85, 86	<i>pretomanid</i>	149	Primer Modified Unna Boot..	283

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Primidone.....	86	Prodrin.....	454	Propranolol HCl.....	197
PRIMSOL.....	142	Professional DNA Collection	584	Propranolol HCl ER.....	197
PRIORIX.....	563	PROFILNINE.....	346	Propranolol-HCTZ.....	141
PrismaSol B22GK 4/0.....	462	PROFILNINE SD.....	346	<i>propylthiouracil</i>	550
PrismaSol BGK 0/2.5.....	462	PRoFoot Plantar Fasciitis....	383	PROQUAD.....	563
PrismaSol BGK 2/0.....	462	<i>progesterone</i>	532	Prosacea.....	466
PrismaSol BGK 2/3.5.....	462	Progesterone-Minoxidil.....	261	Proscar.....	339
PrismaSol BGK 4/0/1.2.....	462	Prograf.....	468	ProSilk.....	268
PrismaSol BGK 4/2.5.....	462	PROGRAF.....	468	Prosol.....	507
PrismaSol BK 0/0/1.2.....	462	Prohance.....	584	ProSource.....	310
Pristiq.....	98	PROLASTIN-C.....	545	ProSource No Carb.....	310
Privet.....	17	Prolate.....	53	ProSource Plus.....	310
PRIVIGEN.....	524	Proleeva.....	292	ProSource TF.....	310
Pro Comfort Alcohol.....	379	Prolensa.....	516	ProSource ZAC.....	310
PRO COMFORT INSULIN		PROLEUKIN.....	162	Prostamen.....	310
SYRINGE.....	437	Proleva.....	292	ProstaScint.....	584
<i>pro comfort pen needles</i>	437	Prolia.....	325	Prostate.....	310, 471
Pro Cut.....	471	Promacta.....	358	Prostate 2.4.....	310
Pro DNA Collection.....	584	Promactin AA Plus.....	309	Prostate Control.....	471
ProAir Digihaler.....	69	Promactin AA Plus 20PE.....	309	Prostate Health.....	471
ProAir HFA.....	69	Promethazine HCl.....	124	Prostate Therapy Complex....	471
ProAir RespiClick.....	69	<i>promethazine vc</i>	235	Pros-Tech Plus.....	310
ProAntho.....	471	<i>promethazine vc plain</i>	235	PROSTIN E2.....	521
Probalance.....	309	<i>promethazine vclcodeine</i>	237	ProSure.....	310
Probenecid.....	342	<i>promethazine-codeine</i>	236	Protain XL.....	310
Probuphine Implant Kit.....	55	<i>promethazine-dm</i>	236	Protamine Sulfate.....	585
<i>procainamide hcl</i>	64	<i>promethazine-phenyleph-</i>		Proteolin.....	292, 310
Pro-Cal.....	309	<i>codeine</i>	237	Proteolin DS.....	292
Procalamine.....	507	<i>promethazine-phenylephrine</i> ...	235	Proteolytic Formula.....	310
Procardia XL.....	203	Promethegan.....	124	Protexa.....	259
Pro-C-Dure 5.....	230	Promiseb.....	251	ProThelial.....	478
Pro-C-Dure 6.....	230	Promiseb Complete.....	251	Protonix.....	558
ProCentra.....	6	ProMod.....	309	Protopam Chloride.....	585
Prochlorperazine.....	181	Promote.....	310	Protopic.....	264
<i>prochlorperazine edisylate</i>	181	Promote 1.0.....	309	<i>protriptyline hcl</i>	99
Prochlorperazine Edisylate....	181	Promote 1.0 with Fiber.....	309	ProvayBlue.....	585
Prochlorperazine Maleate.....	181	Promote/Fiber.....	310	Provenge.....	585
ProCort.....	58	Pronal.....	260	Proventil HFA.....	69
Procrit.....	352, 353	Pronourish.....	310	Provida OB.....	488
Pro-Critic.....	292	Propafenone HCl.....	64, 65	Provigil.....	13
Proctocort.....	59	Propafenone HCl ER.....	64	ProViMin.....	310
PROCTOFOAM HC.....	58	<i>propantheline bromide</i>	559	Provocholine.....	585
PROCYSBI.....	340, 341	<i>proparacaine hcl</i>	515	Proxi-Strips.....	376
PRODIGY COUNT-A-		Pro-Phree.....	310	PROzac.....	95
DOSE.....	392	Propimex-1.....	310	PruClair.....	267
PRODIGY INSULIN		Propimex-2.....	310	PRUDOXIN.....	248
SYRINGE.....	437	<i>propranolol hcl</i>	197	PruMyx.....	267

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<i>pseudoeph-bromphen-dm</i>	236	PYRUKYND TAPER		QuickVue Influenza A+B Test	
Pseudoeph-Chlorphen-		PACK.....	349	585
Hydrocod.....	237	Qalsody.....	498	QuickVue In-Line Strep A	
Psorcon.....	258	Qbrelis.....	134	Test.....	585
Psorizide Forte.....	466	QBREXZA.....	268	QuickVue SARS Antigen Test	
Psorizide Ultra.....	466	QC Alcohol Swabs.....	379	.....	585
Pulmicort.....	73	QC All Purpose Dressings.....	390	Quidroxzar.....	248
Pulmicort Flexhaler.....	73	QC Border Island Gauze.....	390	<i>quihoxvar</i>	248
Pulmocare.....	310	QC Fexofenadine		QuilliChew ER.....	13
Pulmocare 1.5.....	310	Hydrochloride.....	123	Quillivant XR.....	13
Pulmona.....	292	QC Ichthammol.....	268	Quinapril HCl.....	134
PULMOZYME.....	546	QC Iodides.....	185	Quinapril-	
Pumice Stone.....	383	QC Iodine Tincture.....	185	hydroCHLOROthiazide.....	132
Pumpkin Seed Oil.....	471	<i>qc natura-lax</i>	366	quiNIDine Gluconate.....	585
Puracyn Plus Duo-Care.....	274	QC Non-Adherent.....	390	quiNIDine Gluconate ER.....	64
Puralin Arthritis Formula.....	466	<i>qc pen needles</i>	438	quiNIDine Sulfate.....	64
Puralin Decongestant.....	466	QC Sensitive Extreme.....	380	<i>quinine sulfate</i>	148
Puralin pm Nighttime Sleep-		QC Sterile Pads.....	390	Quinja.....	246
Aid.....	466	<i>qc unifine pentips</i>	438	Quinoa/Kale/Hemp.....	310
Puralin Weight Loss.....	466	Qdolo.....	50	Quinosone.....	272
Puralor Ci.....	292	Qelbree.....	2	Quitar.....	248
Pure Comfort Alcohol Prep...	379	QINLOCK.....	158	QUIXIN.....	513
PureCarb.....	310	QMIIZ ODT.....	34	Qulipta.....	453
<i>purefe plus</i>	356	Qnasl.....	498	Qutenza.....	264
<i>purevit dualfe plus</i>	356	Qnasl Childrens.....	498	Qutenza (2 Patch).....	264
Purilon.....	283	Qtern.....	110	Qutenza (4 Patch).....	264
PURIXAN.....	152	QUADRACEL.....	552	Quviviq.....	363, 364
<i>px extra short pen needles</i>	437	Quadramet.....	585	Quzyttir.....	123
<i>px insulin syringe</i>	437, 438	QUASENSE.....	223	Qvar RediHaler.....	73
<i>px mini pen needles</i>	438	Quazepam.....	361	Qwikstrip Flex Fabric.....	376
<i>px pen needle</i>	438	Qudexy XR.....	86	Qwikstrip Plastic.....	376
<i>px shortlength pen needles</i>	438	Queen Palm.....	17	Qwikstrip Sheer.....	376
PX Superstrip 1"x3".....	376	Questran.....	126	RA Adhesive Bandages.....	376
PX Vanilla Plus.....	310	Questran Light.....	126	RA Adhesive Bandages Flex	
Pycnogenol.....	310	QUETiapine Fumarate.....	180	Foam.....	376
Pycnogenol Plus.....	472	QUETiapine Fumarate ER.....	180	RA Adhesive Bandages	
Pylarify.....	585	Quflora FE.....	479	Flexible.....	376
Pylera.....	559	Quflora FE Pediatric.....	483	RA Adhesive Bandages	
<i>pyrazinamide</i>	149	Quflora Gummies.....	484	Plastic.....	376
Pyrethrins-Piperonyl Butoxide		Quflora Pediatric.....	484	RA Adhesive Bandages Sheer	377
.....	269	QuickVue + Strep A Test.....	585	RA Adhesive Pads.....	377
<i>pyridostigmine bromide</i> ...	148, 149	QUICKVUE AT-HOME		RA Alcohol Swabs.....	379
<i>pyridostigmine bromide er</i>	148	COVID-19 TEST.....	290	RA All Purpose Dressings.....	390
Pyridoxal-5 Phosphate.....	572	QuickVue At-Home Covid-19		RA Arch Sleeve.....	383
Pyridoxine HCl.....	572	Test.....	585	RA Balanced Nutritional.....	310
<i>pyrimethamine</i>	148	QuickVue Dipstick Strep A			
PYRUKYND.....	349	Test.....	585		

S=Supplemental, BE=Benefit Exclusion, 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

RA Balanced Nutritional Plus 310	RA Renewal Toenail Nipper. 383	RAYALDEE..... 322
RA Bandages Clear..... 377	RA Scar..... 270	RayaSal..... 263
RA Bandages Clear Assorted 377	RA Sensitive Toothpaste/Fl... 380	Rayos..... 230
RA Bandages Flex Fabric 3/4"x3..... 377	RA Sterile..... 390	Ray-Tec X-Ray Detectable Spnge..... 390
RA Bandages Flex Fabric Assort..... 377	RA Strong Strips Bandages... 377	RE MultiVit with Fluoride... 484
RA Bandages Flexible Fabric 377	RA Super Strip 1"x3"..... 377	Re/Neph..... 311
RA Bandages Flexible Fabric XL..... 377	RA Toenail Clipper..... 383	Re/Neph LP/HC..... 310
RA Bandages Flexible Foam. 377	RA Tubular Gauze/Finger... 390	Re/Neph Reduced Sugar..... 311
RA Bandages Hypo- Allergenic..... 377	RA Whitening Toothpaste/Fl 380	REA LO 39..... 259
RA Bandages/Extra Long Fabric..... 377	RA Xydra EF..... 472	REA LO 40..... 259
RA Bandages/Strong-Strips XL..... 377	RA Yeast Relief Plus..... 466	REACT..... 223
RA Butterfly Bandages Medium..... 377	RabAvert..... 566	READI-CAT 2..... 290
RA Conformed Bandage..... 390	Rabbit Epithelium..... 17	Readi-Cat 2..... 585
RA Cushion Insoles Mens..... 383	RABEprazole Sodium..... 558	ReadySharp Bupivacaine..... 370
RA Cushion Insoles Womens 383	RadiaCare Post Healing..... 283	READYSHARP DEXAMETHASONE..... 230
RA Dressing Sponges..... 390	Radiaderm System R1+R2... 267	ReadySharp Ketorolac..... 34
RA Dry Mouth..... 477	Radiaderm System R2..... 267	ReadySharp Lidocaine..... 585
RA First Aid Adv Antibacterial..... 377	RadiaDres Gel Sheet..... 283	ReadySharp Methylprednisolone..... 230
RA First Aid Clear Spot 7/8" 377	RadiaGel..... 283	ReadySharp Triamcinolone... 231
RA First Aid Iodine..... 185	RadiaKlenz..... 274	ReadySharp-A..... 368
RA First Aid Sheer Bandage. 377	RadiaPlexRx..... 283	<i>reality insulin syringe</i> 438
RA Fluoride Toothpaste..... 380	RADICAVA..... 498	Reality Swabs..... 379
RA Foam Insoles Womens... 383	Radicava..... 499	Rebif..... 537
RA Gauze Bandage..... 390	RADICAVA ORS..... 498	Rebif Rebidose..... 537
RA Gauze Sponges..... 390	Radicava ORS..... 498	Rebif Rebidose Titration Pack 537
RA Gel Heel Cushions Mens. 383	RADICAVA ORS STARTER KIT..... 498	Rebif Titration Pack..... 537
RA Gel Toe Separator..... 383	Radicava ORS Starter Kit.... 498	REBINYN..... 346
<i>ra insulin syringe</i> 438	RADIOGARDASE..... 114	Reblozyl..... 351
<i>ra laxative</i> 366	Ragwitek..... 17	ReBoost Immune Support.... 466
RA Melatonin/B-6..... 310	RAJANI..... 221	REBYOTA..... 337
RA Nail Clipper..... 383	Raloxifene HCl..... 325	RECARBRIO..... 143
RA Nutritional Supplement.. 310	Ramelteon..... 364	Recedo..... 270
RA Nutritional Support..... 310	Ramipril..... 134	Recharge..... 472
RA Pediatric Nutritional Drink..... 310	Ranexa..... 60	RECK..... 367
<i>ra pen needles</i> 438	raNITidine HCl..... 555	RECLIPSEN..... 221
RA Petroleum Jelly..... 532	<i>ranitidine hcl</i> 555	RECOMBINATE..... 346
RA Pumice Stone..... 383	Ranolazine ER..... 60	RECOMBIVAX HB..... 566
	Rapaflo..... 340	RECORLEV..... 319
	Rapamune..... 469	RECOTHROM..... 359
	Rapid Gel Rx..... 466	RECOTHROM SPRAY KIT 359
	Rapid Response COVID-19.. 585	RECTIV..... 58
	RAPIVAB..... 193	Red Alder Pollen..... 17
	Raplixa..... 358	
	Rasagiline Mesylate..... 170	
	RASUVO..... 22	
	RAVICTI..... 326	

S=Supplemental, BE=Benefit Exclusion, 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

Red Cedar.....	17	Rematex.....	263	ReSET-O for Android APP...463
Red Maple.....	17	<i>remdesivir</i>	192	ReSET-O for iOS APP..... 463
Red Maple (Diagnostic).....	287	Remedy 4-in-1 Body Cleanser	274	ReSET-O for iOS or Android
Red Mulberry.....	17	Remeron.....	92	APP.....463
Red Oak.....	17	Remeron SolTab.....	91, 92	ReSET-O Non-Monetary CM
Red Oak (Diagnostic).....	287	Remesense.....	379	.....463
Red Top Grass Pollen.....	18	Remicade.....	339	Resource 2.0.....
Red Wine Complex.....	472	Remigen.....	267	311
Red Wine Extract.....	472	Remove Adhesive Remover...267		Resource Arginaid.....
Red Wine Extract Plus.....	472	Renacidin.....	341	311
Red Yeast Rice.....	20	Renagel.....	338	Resource Dairy Thick.....
REDITREX.....	23	Renalcal.....	311	311
Refex.....	472	Renastart.....	311	Resource Diabetic TF.....
Refresh Optive.....	509	Renastep.....	311	311
Refresh Relieva PF.....	509	Renatabs with Iron.....	479	Resource Just for Kids.....
Regadenoson.....	288	Renflexis.....	339	311
Regen-COV.....	524, 585	Renuu NL.....	269	Resource Just For Kids/Fiber
Regenecare.....	273	Renvela.....	338	311
RegeneMax.....	20	Repaglinide.....	109	Resource Support.....
Regiocit.....	75, 462	Repatha.....	130	311
Reglan.....	335	Repatha Pushtronex System..	130	Resource ThickenUp Dairy...311
Regonol.....	585	Repatha SureClick.....	130	Resource ThickenUp Juice....
REGRANEX.....	273	Replete.....	311	311
Regulora.....	463	Replete Fiber.....	311	Respalor.....
Relafen DS.....	34	Replete Fiber 1 Cal.....	311	311
RELAGARD.....	568	Replete/Fiber.....	311	Respiratonic.....
Release Non-Adhering		Replicare 1-1/2"X2-1/2".....	283	472
Dressing.....	390	Replicare 4"X4".....	283	Rest/Relaxation.....
Relenza Diskhaler.....	193	Replicare 6"x6".....	283	472
Releuko.....	354	Replicare 8"X8".....	283	Resta Wound Cleanser.....
Relexxi.....	13	Replicare Thin 2"X2.75".....	283	274
ReliOn Alcohol Swabs.....	379	Replicare Thin 3.5"X5.5".....	283	Restasis.....
RELION INSULIN		Replicare Thin 6"x8".....	283	514
SYRINGE.....	438, 439	Replicare Ultra 4"X4".....	283	Restasis MultiDose.....
RELI-ON INSULIN		Replicare Ultra 6"X6".....	283	514
SYRINGE.....	438	Replicare Ultra Sacrum 7"x8"	283	Restizan.....
RELION MINI PEN		RESCRIPTOR.....	189	270
NEEDLES.....	439	Resectisol.....	341	RESTORA RX.....
RELION PEN NEEDLES...439		Reservapak.....	20	113
RELION SHORT PEN		Reservapak Plus.....	20	RESTORE CONTACT LAYER.....
NEEDLES.....	439	ReSET.....	463	390
Relistor.....	337	ReSET for Android APP.....	463	Restore CX Wound Care
<i>relnate dha</i>	488	ReSET for iOS APP.....	463	Dressing.....
Relpax.....	455	ReSET for iOS or Android		283
Reltone.....	334	APP.....	463	Restore Duo Dressing.....
RELYVRIO.....	498	ReSET Non-Monetary CM...463		390
Relyvrio.....	498	ReSET-O.....	463	Restore Extra Thin Dressing.
				283
				Restore Foam Dressing.....
				390
				Restore Hydrogel Dressing....
				283
				Restore Hydrogel Gauze.....
				283
				Restore Lite Foam Dressing..
				390
				Restore Odor Absorbing
				Dress.....
				390
				Restore Plus Wound Care
				Dress.....
				283
				Restore Trio Absorbent Dress
			
				390
				Restore Wound Care Dressing
			
				283
				Restoril.....
				361
				Resurgex.....
				311
				Resurgex Plus.....
				311
				Resurgex Select.....
				311
				Resveratrol Diet.....
				472

S=Supplemental, BE=Benefit Exclusion, 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

Resveratrol Ultra.....	472	RIMSO-50.....	341	Roxicodone.....	50, 51
Retacrit.....	353	Rinvoq.....	22	RoxyBond.....	51
RETAVASE.....	350	Riomet.....	100	Rozerem.....	364
RETAVASE HALF-KIT.....	350	Riomet ER.....	100	ROZLYTREK.....	159
RETEVMO.....	159	Risedronate Sodium.....	318	RTD Wound Care Dressing..	283
Retin-A.....	243	RisperDAL.....	177	RUBRACA.....	167
Retin-A Micro.....	244	RisperDAL Consta.....	177	Ruconest.....	347, 586
Retin-A Micro Pump.....	244	risperiDONE.....	177, 178	Rufinamide.....	86
Retisert.....	518	RisperiDONE.....	178	RUKOBIA.....	187
RETROVIR.....	189	risperiDONE ER.....	177	<i>rulavite dha</i>	492
Revatio.....	209	Ritalin.....	14	Russian Thistle.....	18
REVCOVI.....	317	Ritalin LA.....	13	RUXIENCE.....	153
RevitaDERM Wound Care...	283	<i>ritonavir</i>	188	RUZURGI.....	149
REVLIMID.....	467	RITUXAN HYCELA.....	161	Rx-Specimen Collection.....	586
Rexulti.....	183	Rivastigmine.....	534, 535	RYANODEX.....	495
REYATAZ.....	188	Rivastigmine Tartrate.....	535	Rybelsus.....	108, 109
Reyvow.....	457	RIVELSA.....	223	RYCLORA.....	120
REZIPRES.....	571	<i>rixubis</i>	346	RyClora.....	120
Rezira.....	237	Rizatriptan Benzoate.....	455	RYDAPT.....	158
REZLIDHIA.....	164	R-NATAL OB.....	492	Rykindo.....	178
REZUROCK.....	475	<i>roaoxia</i>	248	RYLAZE.....	162
Rezurock.....	475	ROCKLATAN.....	515	Rynoderm.....	259
Rezvoglar KwikPen.....	107	rocklatan.....	515	Ryplazim.....	349
REZZAYO.....	118	ROCTAVIAN.....	343	RYSTIGGO.....	473
R-Gene 10.....	585	Rocuronium Bromide.....	586	Rytary.....	172
Rheospray.....	529	Roflumilast.....	71	Rythmol SR.....	65
Rheumate.....	292	Rolling Foot Massager.....	383	RYVENT.....	121
Rhofade.....	269	rOPINIRole HCl.....	174	RyVent.....	121
RHOGAM ULTRA-		rOPINIRole HCl ER.....	174	S.O.S. 15.....	311
FILTERED PLUS.....	524	Ropivacaine HCl.....	370	S.O.S. 20.....	311
RHOPHYLAC.....	524	<i>ropivacaine hcl</i>	370	S.O.S. 25.....	311
RHOPRESSA.....	516	Ropivacaine HCl-NaCl.....	370	Sabril.....	89
Rhopressa.....	516	Ropiv-cloNIDine-Ketorolac..	368	Saccharomyces Cerevisiae....	586
RiaSTAP.....	585	Rosadan.....	269	SAF-Clens AF.....	274
Ribavirin.....	192	Rosanil Cleanser.....	241	SAFESNAP ALLERGY	
<i>ribavirin</i>	193	Rose Glo.....	514	SYRINGE.....	439
Ribozel.....	292	Rosula.....	241	SAFESNAP INSULIN	
Rice (Diagnostic).....	287, 585	Rosula Wash.....	241	SYRINGE.....	439
RIDAURA.....	29	Rosuvastatin Calcium.....	128	SAFESNAP SYRINGE	439, 440
<i>rifabutin</i>	149	ROSZET.....	129	SAFESNAP TUBERCULIN	
RIFAMATE.....	149	Rotarix.....	566	SYRINGE.....	440
<i>rifampin</i>	149	ROTARIX.....	566	SAFETY-LOK SYRINGE	
RIFATER.....	149	RotaTeq.....	566	.....	440, 441
<i>riluzole</i>	499	Rough Marsh Elder.....	18	SAFETY-LOK TB	
Riluzole.....	499	Rough Pigweed.....	18	SYRINGE.....	441
riMANTAdine HCl.....	192	Rowasa.....	336	SAF-Gel.....	283
<i>rimi</i>	247	Roweepra.....	86	Sagebrush.....	18

S=Supplemental, BE=Benefit Exclusion, 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

Sagebrush (Diagnostic).....	287	SB Complete Nutrition.....	311	Sensitive Toothpaste/Fluoride	.....	380
Saizen.....	321	SB Complete Nutrition Plus..	311	Sensodyne Max St/Fluoride...	380	
Sajazir.....	347	<i>sb insulin syringe</i>	441	Sensodyne Maximum		
SALEX.....	263	<i>sb polyethylene glycol 3350</i>	366	Strength.....	380	
<i>salicylic acid</i>	263	ScandiCal.....	311	Sensodyne Pronamel.....	381	
<i>salicylic acid in ammon lact</i>	262	Scandishake.....	311	SENSORCAINE-MPF.....	370	
<i>salicylic acid wart remover</i>	263	Scandishake (Aspartame).....	311	Sensorcaine-		
<i>salicylic acid-cleanser</i>	263	Scandishake (Lactose Free)...	311	MPF/Epinephrine.....	368	
<i>salicylic acid-sulfacetamide</i>	241	Scar.....	270	Sentra AM.....	292	
Saline Bacteriostatic.....	586	Scar Gel.....	270	Sentra PM.....	292	
<i>saline-phenol</i>	531	ScarAway.....	270	Seraqua.....	531	
SalivaMAX.....	477	Scarcin.....	270	Seredyn.....	472	
Salivate Rx.....	477	ScarSilk.....	270	Serevent Diskus.....	69	
SALKERA.....	262	SCSEMBLIX.....	155	Sermorelin Acetate Diagnostic	.....	586
Salmon Oil.....	311	Scenesse.....	264	SERNIVO.....	258	
Salmon/Oats/Squash.....	311	<i>schnucks insulin syringe</i>	441	SEROquel.....	180	
Salrix.....	259	SCLEROSOL		SEROquel XR.....	180	
SAM-e.....	20	INTRAPLEURAL.....	546	Serostim.....	321	
SAMSCA.....	325	Scopolamine.....	117	Sertraline HCl.....	95	
<i>sanadermr skin repair</i>	272	Sea Scallops (Diagnostic).....	287	Sesame Seed (Diagnostic)	.....	287, 586
Sancuso.....	116	Sea-Clens Wound Cleanser...	274	<i>se-tan plus</i>	356	
SandIMMUNE.....	463	SeaSorb-Ag.....	283	SETLAKIN.....	224	
SANDOSTATIN LAR		Sebuderm.....	267	Sevelamer Carbonate.....	338	
DEPOT.....	326	Se-Care.....	488	Sevelamer HCl.....	338	
Sanofi COVID-19 Vac		SecreFlo.....	586	SEVENFACT.....	346	
(Booster).....	566	Secuado.....	179, 180	SEYSARA.....	549	
SANTYL.....	260	Secura Protective.....	532	SEZABY.....	359	
SAPHNELO.....	476	Seglentis.....	56	<i>sf</i>	478	
Saphris.....	179	Segluromet.....	111	<i>sf 5000 plus</i>	478	
<i>sapropterin dihydrochloride</i>	325	SELECT-OB.....	488	SfRowasa.....	336	
SAPS care Alcohol Prep.....	379	SELECT-OB+DHA.....	492	Shagbark Hickory.....	18	
SAPS Health Alcohol Prep....	379	Selegiline HCl.....	170	SHAROBEL.....	225	
SAPS Health Care Alcohol		Selenious Acid.....	461	Sheep Sorrel.....	18	
Prep.....	379	Selenium.....	461	Sheep Sorrel-Dock (Diagostic)	.....	290
Sarapin.....	472	<i>selenium sulfide</i>	251	Sheep Sorrel-Yellow Dock.....	19	
SARCLISA.....	153	Self-Adhesive Retention Sheet	.....	Sheer Adhesive Bandages.....	377	
Savaysa.....	75	.....	377	Sheer Bandages.....	377	
Savella.....	535	SELZENTRY.....	187	Sheer Bandages 3/4".....	377	
Savella Titration Pack.....	535	Semglee.....	107	Sheer Bandages/Assorted.....	377	
Saw Palmetto.....	472	Semglee (yfgn).....	107	Sheer Bandages/Ex-Large.....	377	
Saw Palmetto Complex Ex St	472	<i>se-natal 19</i>	488	SHINGRIX.....	567	
Saw Palmetto Plus.....	472	Se-Natal 90.....	488	Shoe Horn.....	383	
Saw Palmetto Xtra.....	472	Senna Plus.....	367	Shopko Alcohol Swabs.....	379	
sAXagliptin HCl.....	101	Senokot Laxative.....	365			
sAXagliptin-metFORMIN		Sensitive Extra Whitening.....	380			
ER.....	102					
SB Alcohol Prep.....	379					

S=Supplemental, BE=Benefit Exclusion, 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

SHOPKO UNIFINE		Sitzmarks Combo Package....	586	SM Bandages Strong Strips 1"	
PENTIPS.....	441	Sitzmarks Radiopaque		.....	377
SHOPKO UNIFINE		Markers.....	586	SM Bandages Watershield.....	377
PENTIPS PLUS.....	441	Sivextro.....	146	SM Bandages/Antibacterial...	377
Short Ragweed Pollen Ext.....	18	Skarjel.....	270	SM Bandages/Clear/Assorted	378
Short Ragweed-Giant		Skelagesic.....	472	SM	
Ragweed.....	19	Skelaxin.....	495	Bandages/Flexible/Assorted...	378
Short-Giant Ragweed		Skin Protectant.....	532	SM CLEARLAX.....	366
(Diagnost).....	290	Skintegrity 2"x2".....	283	SM Echinacea-Goldenseal.....	472
Shrimp (Diagnostic).....	586	Skintegrity 4"x4".....	283	SM Esomeprazole Magnesium	
Shur-Clens.....	274	Skintegrity Hydrogel.....	284	.....	558
SIGNIFOR.....	326	Skintegrity Wound.....	274	SM Estro Vital Nutrients Ex	
SIGNIFOR LAR.....	326	Sklice.....	269	St.....	312
SIKLOS.....	351	SKYCLARYS.....	499	SM Estroplus Extra Strength.	312
<i>silatrix</i>	478	SKYLA.....	224	SM Fabric Knuckle/Fingertip	378
<i>sildenafil citrate</i>	209	Skyrizi.....	250, 337	SM Fexofenadine HCl.....	124
Sildenafil Citrate.....	209	SKYRIZI (150 MG DOSE)..	249	SM Gauze.....	390
Silica.....	311	Skyrizi Pen.....	250	SM Hypo-Allergenic	
Silipac.....	269	SKYSONA.....	533	Bandages.....	378
Siliq.....	249	Skytrofa.....	321	<i>sm insulin syringe</i>	441
Sil-K Pad Large.....	283	Sleep Medicine.....	466	SM Iodides.....	185
Sil-K Pad Medium.....	283	Sleepio.....	463	SM Iodine Tincture.....	185
Sil-K Pad Small.....	283	Sleepio/Daylight App Bundle	463	SM Isopropyl Alcohol.....	215
Silmanix Pain Relieving.....	263	Sleepio/Daylight Step Bundle	463	SM Loratadine.....	124
Silodosin.....	340	Sleep-n-Heel Nght Heel		SM Lorata-dine D.....	235
<i>silver nitrate</i>	253	Sleeves.....	384	SM Loratadine D 12HR.....	235
Silver Nitrate.....	253	Sleep-n-Heel+ Heel Sleeves...	384	SM Nicotine.....	542, 543
<i>silver sulfadiazine</i>	253	SLYND.....	225	SM Nicotine Polacrilex.....	543
SilverMed.....	274	SM Alcohol Prep.....	379	SM Nutri-Drink.....	312
Simbrinza.....	509	SM All Day Allergy.....	124	SM Nutri-Drink +.....	312
SIMLIYA.....	215	SM All Day Allergy Childrens		SM Omeprazole.....	559
SIMPESSE.....	224	.....	124	SM Rolled Gauze 2"x4.1yd...	390
Simponi.....	28	SM Allergy Childrens.....	124	SM Rolled Gauze 3"x4.1yd...	390
Simponi Aria.....	28	SM Allergy Relief.....	124	SM Saw Palmetto Complex...	472
SIMULECT.....	473	SM Bandage Roll.....	390	SM Sterile.....	390
<i>simvastatin</i>	128	SM Bandages Clear Spots.....	377	SM Strong Strips.....	378
Simvastatin.....	128, 129	SM Bandages Fabric 3/4".....	377	SM Sturdy Strip Fabric	
Sinemet.....	172	SM Bandages Fabric Extra		Bandage.....	378
Singulair.....	71	Large.....	377	SMOFlipid.....	508
Sinografin.....	586	SM Bandages Foam.....	377	SMOOTH LAX.....	366, 367
Sintra-ES.....	59	SM Bandages Foam Extra		SOANZ.....	316
Sintralayne-PM.....	472	Large.....	377	Sock Aid.....	384
Sinuva.....	498	SM Bandages Plastic.....	377	<i>sod benz-sod phenylacet</i>	326
Sirolimus.....	469	SM Bandages Sheer.....	377	Sod Hyaluronate-Lidocaine...	496
SIRTURO.....	149	SM Bandages Sheer Extra		Sodium Benzoate.....	312
Sitavig.....	192	Large.....	377	Sodium Bicarbonate.....	59
Sitzmarks.....	586			<i>sodium bicarbonate</i>	457

S=Supplemental, BE=Benefit Exclusion, 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

Sodium Bicarbonate-Dextrose	Soliqua.....	109	Spectragel.....	284
.....586	Solodyn.....	549	SpeedGel.....	466
<i>sodium chloride</i>	Solosec.....	21	SpeedGel Rx.....	466
341, 460	SoloSite Conformable Wound		Spenco Adhesive Knit 3"x5" ..	378
Sodium Chloride.....	.....	284	Spenco Arch Support Insoles.	384
Sodium Chloride (PF).....	Solosite Wound Gel.....	284	Spenco Arthritis Foot Cradles	
Sodium Chloride	SOLTAMOX.....	150	.....	384
Bacteriostatic.....	SOLU-CORTEF.....	587	Spenco Comfort Insoles.....	384
586	SOLU-MEDROL.....	231, 587	Spenco For Her Insoles.....	384
<i>sodium fluoride</i>	SOLU-MEDROL (PF).....	231	Spenco Gel Arch Insoles	
458, 478	Solydra.....	531	Large.....	384
<i>sodium fluoride 5000 enamel</i> ...	Soma.....	495	Spenco Gel Arch Insoles	
476	SOMATULINE DEPOT.....	326	Medium.....	384
<i>sodium fluoride 5000 plus</i>	SOMAVERT.....	319	Spenco Gel Arch Insoles	
478	Somryst.....	463	Small.....	384
<i>sodium fluoride 5000 ppm</i>	<i>sorafenib tosylate (bulk)</i>	214	Spenco Gel Ball of Foot One	
478	Sorbacell Foam Dressing		Sz.....	384
<i>sodium fluoride 5000 sensitive</i> ..	4"x4".....	284	Spenco Gel Heel Cup Med/Lg	
476	Sorbacell Foam Dressing		.....	384
Sodium Hyaluronate	Strip.....	284	Spenco Gel Heel Cup Sm/Med	
(Viscosup).....	Sorbitol.....	341	.....	384
496	Sorbitol-Mannitol.....	341	Spenco Gel Heel Insoles One	
Sodium Hydroxide.....	Sorbsan Wound Dressing.....	284	Sz.....	384
214	Sorespot Blister/Skin		Spenco Gel Insoles.....	384
Sodium Iodide I-123.....	Bandages.....	378	Spenco Ironman Gel Insoles	
586	Soriatane.....	250	Lg.....	384
<i>sodium iodide i-131</i>	Sorilux.....	250	Spenco Ironman Gel Insoles	
550	Sorine.....	197, 198	Sm.....	384
Sodium Lactate.....	Sorrel/Dock Mix.....	19	Spenco Ironman Plus Insoles.	384
586	<i>sotalol hcl</i>	198	Spenco Kids Comfort Insoles	384
<i>sodium nitrite</i>	Sotalol HCl.....	198	Spenco Kids Polysorb Insoles	384
114	Sotalol HCl (AF).....	198	Spenco Orthotic Arch	
<i>sodium phenylbutyrate</i>	SOTRADECOL.....	475	Supports.....	384
326	Sotrovimab.....	587	Spenco PolySorb Insoles.....	384
Sodium Phosphate-NaCl.....	Sotyktu.....	250	Spenco PolySorb OS Insoles..	384
460	Sotylize.....	198	Spenco Rx Arch Insoles.....	384
Sodium Phosphates.....	Source Cookie.....	312	Spenco Rx Ball of Foot Large	
460	South African Hoodia Plus....	472	.....	384
Sodium Phosphates-Dextrose	Sovaldi.....	192	Spenco Rx Ball of Foot	
460	Soy Protein Shake.....	312	Medium.....	384
<i>sodium polystyrene sulfonate</i> ..	Soybean (Diagnostic).....	287, 587	Spenco Rx Ball of Foot Small	384
475	SP Antipruritic.....	284	Spenco Rx Diabetic Support.	384
Sodium Polysulfthionate-FA..	SP Scar Management.....	270	Spenco Rx Heel Insoles.....	384
292	Spascupreel.....	466	Spenco Rx Insoles.....	384
Sodium Sulfacetamide.....	Spearmint Flavor.....	531	Spenco Slim Fit Insoles.....	384
251	Specimen Collection.....	587	Spevigo.....	250
Sodium Sulfacetamide Wash.	Specped.....	214	Spherusol.....	587
251				
Sodium Sulfacetamide-				
Bakuchiol.....				
251				
<i>sodium thiosulfate</i>				
114				
Sofia Influenza A+B FIA.....				
586				
Sofia SARS Antigen FIA.....				
586				
Sofia Strep A FIA.....				
586				
Sofia Strep A+ FIA.....				
587				
Sofia2 Flu+SARS Antigen				
FIA.....				
587				
Sofia2 SARS Antigen FIA.....				
587				
Sofosbuvir-Velpatasvir.....				
191				
Soft Foam Toe Separators				
Med.....				
384				
Sof-Wick.....				
390				
Sof-Wik.....				
390				
Sogroya.....				
321				
Sol Carb.....				
312				
<i>solaravix</i>				
248				
SOLIA.....				
221				
Solifenacin Succinate.....				
560				

S=Supplemental, BE=Benefit Exclusion, 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

Spikevax.....	567	Steri-Strip Dressing.....	378	Sulfacetamide Sod-Sulfur	
SPIKEVAX COVID-19		STIMATE.....	327	Wash.....	242
VACCINE.....	567	Stimufend.....	354	Sulfacetamide-Prednisolone...	517
Spikevax COVID-19 Vaccine	567	Stimulen.....	284	Sulfacetamide-Sulfur in Urea	242
<i>spinal introducer 20gx1-1/4" ...</i>	452	Stiolto Respimat.....	67	<i>sulfadiazine</i>	546
<i>spinal needle</i>	441	STIVARGA.....	158	<i>sulfamethoxazole-trimethoprim</i>	
Spinosad.....	269	Stool Softener/Laxative.....	367	.....	143
Spiny Pigweed.....	18	Strata ctx.....	267	SULFAMILYLON.....	253
Spiriva HandiHaler.....	70	Strata grt.....	284	sulfaSALazine.....	336
Spiriva Respimat.....	70	Strata mark.....	267	SulfaSALazine.....	336
<i>spironolactone</i>	316	Strata triz.....	270	SULFATRIM PEDIATRIC.	143
<i>spironolactone-hctz</i>	315	Strata xrt.....	267	Sulfzix.....	292
Spleen.....	472	Stratasorb Island Dressing....	284	Sulindac.....	34
Sporanox.....	120	Strattera.....	2	Sumadan.....	242
Sporanox Pulsepak.....	120	Strawberry (Diagnostic). 287,	587	Sumadan Wash.....	242
Sport & Work Cushion		STRENSIQ.....	322	Sumadan XLT.....	242
Insoles.....	384	Streptococcinum 30C.....	466	SUMAtriptan.....	455
SPRINTEC 28.....	221	<i>streptomycin sulfate</i>	21	SUMAtriptan Succinate.....	456
Spritam.....	86	Stress ReLeaf.....	472	<i>sumatriptan succinate</i>	456
SPRYCEL.....	155	Stress Shield.....	312	SUMAtriptan Succinate Refill	
SPS.....	475	Stretch Gauze Bandage.....	390	.....	456
SRONYX.....	221	STRIBILD.....	187	Sumatriptan-Naproxen	
SSD.....	253	Strip Ease Adhesive Remover	267	Sodium.....	454
SSD (SILVER		Striverdi Respimat.....	69	SUMAVEL DOSEPRO.....	456
SULFADIAZINE).....	253	Strontium Chloride Sr-89.....	587	Sumaxin.....	242
SSKI.....	236	Subdue.....	312	Sumaxin CP.....	242
SSS 10-5.....	241	Subdue Plus.....	312	Sumaxin TS.....	242
St Johns Wort Xtra.....	472	Sublocade.....	55	Sumaxin Wash.....	242
Stalevo 100.....	172	Suboxone.....	55, 56	Sun Burnt Plus.....	264
Stalevo 125.....	172	Subsys.....	51	SUNLENCA.....	187
Stalevo 150.....	172	Subvenite.....	86, 87	Sunosi.....	7
Stalevo 200.....	172	Subvenite Starter Kit-Blue.....	86	Supartz.....	497
Stalevo 50.....	172	Subvenite Starter Kit-Green....	86	Supartz FX.....	496
Stalevo 75.....	172	Subvenite Starter Kit-Orange..	86	Super Green Tea Diet.....	472
Stamaril.....	567	<i>succinylcholine chloride</i>	499	Super Snooze.....	472
<i>stavudine</i>	189	SUCRAID.....	315	Super-D3+.....	472
Steglatro.....	110	<i>sucralfate</i>	555	Suplena.....	312
Steglujan.....	110	SUFLAVE.....	365	Suplena 1.8/CarbSteady.....	312
Stelara.....	250, 337	Sular.....	203	Suplena/Carb Steady.....	312
Sterile.....	390	<i>sulconazole nitrate</i>	262	SUPPRELIN LA.....	323
Sterile Bandage Roll		Sulfacetamide Sodium....	252, 518	Suprax.....	213
2.25"x3yd.....	390	Sulfacetamide Sodium (Acne)	238	SUPREP BOWEL PREP KIT	
<i>sterile diluentlepoprostenol</i>	531	Sulfacetamide Sodium		.....	365
Sterile Gauze.....	390	(Cleans).....	252	Sure Comfort Alcohol Prep...	379
STERILE TALC POWDER.	546	Sulfacetamide Sodium-Sulfur		<i>sure comfort insulin syringe</i>	
<i>sterile water for injection</i>	531	.....	241, 242	.....	441, 442
Steri-Strip.....	378			<i>sure comfort pen needles</i>	442

S=Supplemental, BE=Benefit Exclusion, 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

<i>sure result tac pak</i>	272	Synjardy XR.....	111	<i>tamoxifen citrate</i>	150
SURE-FINE PEN		SYNRIBO.....	162	Tamsulosin HCl.....	340
NEEDLES.....	442	Synthamin 17.....	507	Tandem.....	356
SURE-JECT INSULIN		Synthroid.....	551	Tangerine Flavor.....	531
SYRINGE.....	442, 443	Synvisc.....	497	TaperDex 12-Day.....	231
Sure-Prep Alcohol Prep.....	379	Synvisc One.....	497	TaperDex 6-Day.....	231
SureSeal.....	378	<i>syringe</i>	443	TaperDex 7-Day.....	231
Surgical Gauze Sponge.....	390	<i>syringe 10-12 ml</i>	443	<i>tardeoxia</i>	242
SURVANTA.....	546	<i>syringe 20-25 ml</i>	443	<i>tardimaxia</i>	242
Sustol.....	116	<i>syringe 2-3 ml</i>	443	TARGRETIN.....	272
Susvimo (Implant 1st Fill).....	519	<i>syringe 30-35 ml</i>	443	TARINA 24 FE.....	221
Susvimo (Implant Refill).....	519	<i>syringe 50-60 ml</i>	443	TARINA FE 1/20.....	221
Susvimo Ocular Implant.....	452	<i>syringe 5-6 ml</i>	443	TARINA FE 1/20 EQ.....	221
SUTAB.....	365	<i>syringe disposable</i>	443	<i>taron forte</i>	356
SUTENT.....	158	<i>syringe eccentric tip</i>	443	TARON-BC.....	488
Suvicort.....	267	<i>syringe filter/millex-gs/25mm</i>	452	TARON-C DHA.....	488
SW CLEARLAX.....	367	<i>syringe luer lock</i>	443	TARON-PREX.....	492
SweatBlock Hands & Feet.....	267	<i>syringe luer slip</i>	443, 444	<i>taroxia</i>	242
Sweet Cherry (Diagnostic).....	287	<i>syringe luer tip cap</i>	452	Tarpeyo.....	231
Sweet Corn (Diagnostic).....	587	<i>syringe storage bin</i>	452	TARPEYO.....	231
Sweet Gum.....	18	<i>syringe tip connector</i>	452	Tart Cherry Advanced.....	472
Sweet Vernal Grass Pollen.....	18	<i>syringe/cannula</i>	444	Tascenso ODT.....	544
SYEDA.....	221	Systane Complete PF.....	509	TASIGNA.....	155
SYFOVRE.....	514	Systane Daytime/Nighttime.....	509	Tasimelteon.....	364
Sylatron.....	587	Sytrinol.....	312	Tasmar.....	171
SYMAX-SL.....	554	T.R.U.E. Test.....	587	Taurine.....	508
Symax-SL.....	554	TABLOID.....	152	TAUVID.....	288
SYMAX-SR.....	554	TABRECTA.....	158	Tavaborole.....	268
Symbicort.....	67	TachoSil.....	359	Tavalisse.....	349
Symbyax.....	544	Taclonex.....	272	Tavneos.....	347
SYMDEKO.....	545	Tacrolimus.....	264, 469	TAVNEOS.....	347
Symjepi.....	570	Tadalafil.....	210	Tazarotene.....	244, 250
SymlinPen 120.....	100	Tadalafil (PAH).....	209	TAZICEF.....	213
SymlinPen 60.....	100	Tadliq.....	209	Tazorac.....	251
Sympazan.....	79	TAFINLAR.....	155	Taztia XT.....	203
Symproic.....	337	Tafluprost (PF).....	519	TAZVERIK.....	158
SYMTUZA.....	187	Tagitol V.....	587	<i>tb syringe 1 ml</i>	444
SYNAGIS.....	522	TAGRISSO.....	156	TBC.....	260
Synalar.....	258	TAKE ACTION.....	223	TDVAX.....	552
Synalar (Cream).....	272	Takhzyro.....	348	Teaberry Flavor.....	531
Synalar (Ointment).....	272	TAKHZYRO.....	348	Tecfidera.....	538
Synalar TS.....	272	Talicia.....	559	<i>techlite insulin syringe</i>	444
SYNAREL.....	323	TALIVA.....	353	TECHLITE PEN NEEDLES.....	444
SYNDROS.....	117	Tall Ragweed.....	18	TechneLite.....	587
Synercid.....	147	Taltz.....	250	Technet Tc 99m Sulfur Colloid.....	587
SynerDerm.....	267	TALZENNA.....	167		
Synjardy.....	111	Tamiflu.....	193		

S=Supplemental, BE=Benefit Exclusion, 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

Technetium Tc 99m	Tenderol Undercast Padding. 391	TETRAVISC.....515
Mebrofenin.....587	TenderWet Active 1.6" 284	TETRAVISC FORTE.....515
Technetium Tc 99m	TenderWet Active 2.2" 284	Tetrix.....267
Medronate.....587	TenderWet Active 3"x3" 284	Texacort.....258
Technetium Tc 99m Pyrophos	TenderWet Active 4"x5" 284	TexaVite LQ.....485
.....587	TenderWet Active Cavity 1.6"	TEZSPIRE.....73
Technetium Tc 99m Sestamibi	.....284	TGT Alcohol Swabs.....379
.....587	TenderWet Active Cavity 2.2"	TGT POWDERLAX.....367
Tecnu Extreme Med Poison	.....284	Thallos Chloride TL 201 .....587
Ivy.....467	TenderWet Active Cavity	THALOMID.....461
TECVAYLI.....155	3"x3".....284	Tham.....587
TEFLARO.....214	TenderWet Active Cavity	The LiquiLift Trace.....461
Tegaderm Contact Layer.....390	3"x8".....284	THEO-24.....74
Tegaderm Film 1-3/4"x1-3/4" .390	TenderWet Active Cavity	THEOCHRON.....74
Tegaderm Foam.....390	4"x5".....284	<i>theophylline</i>.....74
Tegaderm Foam Roll 4"x24" .391	<i>teniposide</i>.....166	<i>theophylline er</i>.....74
Tegaderm High Gelling	TENIVAC.....552	<i>theophylline in d5w</i>.....74
Alginate.....284	Tenofovir Disoproxil	Theradophilus.....472
Tegaderm High Integ Alginate	Fumarate.....189	TheraGauze.....391
.....284	Tenoretic 100.....141	TheraHoney.....284
Tegaderm Hydrocolloid.....284	Tenoretic 50.....141	TheraLith XR.....312
Tegaderm Hydrocolloid Thin 284	Tenormin.....196	Theramine.....293
Tegaderm Hydrogel Wound	TEPADINA.....150	Theramine Plus.....293
Filler.....284	TEPEZZA.....323	TheraTears SteriLid Cleanser 260
TEGretol.....87	TEPMETKO.....158	THERMAZENE.....253
TEGretol-XR.....87	Terazosin HCl.....140	Thick-It Thickened Cranberry
TEGSEDI.....533	Terbinafine HCl.....119	.....312
Tekturna.....142	<i>terbutaline sulfate</i>.....69	THIOLA EC.....341
Tekturna HCT.....141	Terbutaline Sulfate.....70	<i>thioridazine hcl</i>.....181
Telfa Adhesive Dressing.....391	<i>terconazole</i>.....567	<i>thiotepa</i>.....150
Telfa AMD Adhesive	Teriflunomide.....536	<i>thiothixene</i>.....184
Bandage.....391	Teriparatide.....324	Thisilibin.....472
Telfa AMD Island Dressing.. 391	Teriparatide (Recombinant).. 324	Thrivacin 30.....312
Telfa AMD Non-Adherent....391	TERLIVAZ.....327	Thrivacin Detox.....312
Telfa Island Dressing.....391	Testim.....57	<i>thrivite rx</i>.....488
Telfa Non-Adherent.....391	TESTONE CIK.....57	Thrombate III.....587
Telfa Non-Adherent Dessing.391	TESTOPEL.....57	THROMBIN-JMI.....359
Telmisartan.....138	Testosterone.....57, 58	THROMBIN-JMI
Telmisartan-amLODIPine....135	<i>testosterone</i>.....58	EPISTAXIS.....359
Telmisartan-HCTZ.....137	Testosterone Compounding	Thrombogen.....359
Temazepam.....361	Kit.....57	Thum.....267
TEMBEXA.....193	<i>testosterone enanthate</i>.....57	THYMOGLOBULIN.....467
TEMIXYS.....187	<i>tetanus-diphtheria toxoids td.</i> 552	THYQUIDITY.....551
TEMODAR.....164	TETCAINE.....515	Thyrogen.....588
Temovate.....258	Tetrabenazine.....536	<i>thyroid</i>.....551
<i>temozolomide</i>.....164	<i>tetracaine hcl</i>.....515	ThyroShield.....115
TENCON.....36	Tetracycline HCl.....549	Tiadylt ER.....203, 204

S=Supplemental, BE=Benefit Exclusion, 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

tiaGABine HCl.....	89	Tobakient.....	293	Tosymra.....	456
Tiazac.....	204	Tobi.....	21	Total Cardio Health Formula	472
TIBSOVO.....	164	Tobi Podhaler.....	21	TOTECT.....	163
TICE BCG.....	163	TobraDex.....	517	Toujeo Max SoloStar.....	107
Ticovac.....	567	TobraDex ST.....	517	Toujeo SoloStar.....	107
TICOVAC.....	567	Tobramycin.....	21, 22, 513	Tovet.....	258
Tigan.....	117	<i>tobramycin sulfate</i>	22	Toviaz.....	561
<i>tigecycline</i>	547	Tobramycin-Dexamethasone.....	517	Toxicology Med Collection	
TIGLUTIK.....	499	Tobramycin-Vancomycin HCl		Sys.....	588
Tiglutik.....	499	.....	514	Toxicology Saliva Collection.....	588
Tikosyn.....	65	Tobrex.....	513	Tpoxx.....	193
TILIA FE.....	226	<i>today's health mini pen needles</i>	444	Trace Elements 4/Pediatric....	461
Timolol Maleate.....	198, 510	<i>today's health pen needles</i>	444	Tracleer.....	208
Timolol Maleate (Once-Daily)		<i>today's health short pen needle</i>	444	Tradjenta.....	101
.....	510	Toe-Aid.....	284	Tralement.....	461
Timolol Maleate OcuDose.....	510	Toenail Clipper.....	384	traMADol HCl.....	51
Timolol Maleate PF.....	510	Toenail Clipper/File Deluxe..	384	traMADol HCl (ER Biphasic).....	51
Timoptic.....	510	Toenail Nipper.....	385	traMADol HCl ER.....	51
Timoptic OcuDose.....	510	TOLAK.....	248	traMADol-Acetaminophen....	56
Timoptic-XE.....	510	<i>tolbutamide</i>	113	Trandolapril.....	134
Timothy Grass Pollen		Tolcapone.....	171	Trandolapril-Verapamil HCl	
Allergen.....	18	Tolerex.....	312	ER.....	131
Tinidazole.....	142	Tolmetin Sodium.....	34	<i>tranexamic acid</i>	358
<i>tiopronin</i>	342	Tolsura.....	120	<i>tranexamic acid-nacl</i>	358
Tiotropium Bromide		Tolterodine Tartrate.....	561	Transderm-Scop.....	117
Monohydrate.....	70	Tolterodine Tartrate ER.....	561	<i>transfer pin</i>	392
TIROSINT.....	551	<i>tolvaptan</i>	325	Tranlycypromine Sulfate.....	93
TIROSINT-SOL.....	551	Tomato (Diagnostic).....	287, 588	Tranzarel.....	264
TISSEEL.....	358	<i>toomey syringe</i>	444	Tranzgel.....	467
Tisseel.....	358	Topamax.....	87	Traumanil.....	467
TISSEEL VH.....	358	Topamax Sprinkle.....	87	Traumeel.....	467
Tisseel VH.....	358	<i>topcare clickfine pen needles</i>	444	Travasol.....	507
TISSEEL VHSD.....	358	<i>topcare ultra comfort ins syr</i>		Travatan Z.....	519
TIVDAK.....	154	.....	444, 445	Travoprost (BAK Free).....	519
TIVICAY.....	188	<i>topco insulin syringe</i>	445	TRAZIMERA.....	154
TIVICAY PD.....	188	Topicort.....	258	traZODone HCl.....	96
tiZANidine HCl.....	495	Topicort Spray.....	258	TraZODone HCl.....	96
<i>tl folate</i>	488	<i>topidex</i>	231	TRECATOR.....	149
<i>tl gard rx</i>	353	Topiramate.....	87, 88	Tree Mix 9.....	18
<i>tl icon</i>	356	Topiramate ER.....	87, 88	Trelegy Ellipta.....	68
TL Triseb.....	251	TOPOSAR.....	166	T-Relief Arthritis Mobility....	467
TLANDO.....	58	<i>topotecan hcl</i>	168	T-Relief Extra Strength.....	467
<i>tl-care dha</i>	489	Topper Dressing Sponges.....	391	T-Relief Pain Relief.....	467
TL-Fluorivite.....	483	Toprol XL.....	196	T-Relief Pro.....	467
TL-ICare.....	293	Toprophan.....	472	T-Relief Pro Arthritis.....	467
<i>tl-select</i>	492	<i>toremifene citrate</i>	151	T-Relief Pro Spasm/Cramp... ..	467
TNKASE.....	350	<i>torseamide</i>	316	T-Relief Spasm Relief.....	467

S=Supplemental, BE=Benefit Exclusion, 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

TRELSTAR MIXJECT.....	165	Triferic AVNU.....	357	TRISTART FREE.....	492
Tremfya.....	250	<i>trifluoperazine hcl</i>	181	TRISTART ONE.....	492
Trepadone.....	293	<i>trigels-f forte</i>	357	<i>tri-tabs dha</i>	489
<i>treprostinil</i>	208	<i>triheal-80</i>	273	TRIUMEQ.....	187
Tresiba.....	108	Trihexyphenidyl HCl.....	170	TRIUMEQ PD.....	187
Tresiba FlexTouch.....	107, 108	Trijardy XR.....	109, 110	TRIVEEN-DUO DHA.....	490
<i>tretinoin</i>	168	TRIKAFTA.....	545	Tri-Vi-Flor.....	484
Tretinoin.....	244	TRI-LEGEST FE.....	226	Tri-Vi-Floro.....	484
Tretinoin Microsphere.....	244	Trileptal.....	88	TriVisc.....	497
Tretinoin Microsphere Pump.....	244	TRI-LINYAH.....	226	Tri-Vit/Fluoride.....	485
Tretin-X.....	244	Trilipix.....	127	Tri-Vitamin/Fluoride.....	485
TRETTEN.....	346	TRI-LO-ESTARYLLA.....	226	Tri-Vite/Fluoride.....	485
TREXALL.....	152	TRI-LO-MARZIA.....	226	TRIVIX.....	273
TREXIMET.....	454	TRI-LO-MILI.....	226	TRIVORA (28).....	226
Treximet.....	454	TRI-LO-SPRINTEC.....	226	TRI-VYLIBRA.....	226
TRI FEMYNOR.....	226	Triluron.....	497	TRI-VYLIBRA LO.....	226
Triad Hydrophilic Wound Dress.....	284	TRILYTE.....	365	TRODELVY.....	168
<i>triadime</i>	273	Trimethobenzamide HCl.....	117	TROGARZO.....	187
<i>triadime-80</i>	273	<i>trimethoprim</i>	142	Trokendi XR.....	88
TriAdvance.....	489	TRI-MILI.....	226	TrophAmine.....	507
<i>triamcinolone acetonide</i> ...231, 478		<i>trimipramine maleate</i>	99	Trospium Chloride.....	561
Triamcinolone Acetonide	258, 259	TRIMO-SAN.....	568	Trospium Chloride ER.....	561
Triamcinolone in Absorbase..	259	Trimo-San.....	568	TRUDHESA.....	454
Tri-Amino.....	508	<i>trimpex</i>	142	True Comfort Alcohol Prep Pads.....	379
<i>triamterene</i>	316	Trinatal GT.....	489	<i>true comfort insulin syringe</i>	445
<i>triamterene-hctz</i>	316	<i>trinatal rx 1</i>	489	<i>true comfort pen needles</i>	445
Trianex.....	259	Trinatal Ultra.....	489	True Comfort Pro Alcohol Prep.....	379
Triazolam.....	361	TRINATE.....	489	TRUEPLUS 5-BEVEL PEN NEEDLES.....	445
Tribenzor.....	139	<i>trinaz</i>	489	TRUEPLUS INSULIN SYRINGE.....	445, 446
TRICARE PRENATAL DHA ONE.....	489	TRINESSA (28).....	226	TRUEPLUS PEN NEEDLES	446
Triceptin.....	272	TRINESSA LO.....	226	Trulance.....	333
Tri-Chlor.....	253	Trintellix.....	96	Trulicity.....	109
Trichophyton.....	588	TRI-NYMYO.....	226	TRUMENBA.....	562
Trichophyton Mentag (Diagnost).....	588	Trionex.....	249	TRUSELTIQ (100MG DAILY DOSE).....	156
TriCitrasol.....	75	TriPhluoriVit.....	484	TRUSELTIQ (125MG DAILY DOSE).....	156
<i>tricitrates</i>	340	Triple Flex.....	472	TRUSELTIQ (50MG DAILY DOSE).....	156
TRICON.....	357	Triple Helix Collagen 12" Rope.....	284	TRUSELTIQ (75MG DAILY DOSE).....	156
Tricor.....	127	Triple Helix Collagen 2"x2" ..	284	TRUVADA.....	187
Tridesilon.....	259	Triple-Vitamin/Fluoride.....	485		
<i>trientine hcl</i>	461	TRI-PREVIFEM.....	226		
Triesence.....	518	TRIPTODUR.....	323		
TRI-ESTARYLLA.....	226	TRISENOX.....	163		
Triferic.....	588	TRI-SILA.....	273		
		Trisodium Citrate/CRRT.....	462		
		TRI-SPRINTEC.....	226		
		<i>tristart dha</i>	492		

S=Supplemental, BE=Benefit Exclusion, 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

TRUXIMA.....	153	Tyros 2.....	313	Ultra PCOS.....	473
Tryptophan.....	508	Tyrvaya.....	511	Ultra Tabs.....	489
T-Support Max.....	293	Tysabri.....	537	ULTRABAG/DIANEAL	
<i>tuberculin syringe</i>	446	Tyvaso.....	208	PD-2/1.5% DEX.....	474
Tubersol.....	588	Tyvaso Refill.....	208	ULTRABAG/DIANEAL	
Tudorza Pressair.....	70	Tyvaso Starter.....	208	PD-2/2.5% DEX.....	474
TUKYSA.....	154	TZIELD.....	100	ULTRABAG/DIANEAL	
TULANA.....	225	Ubrelvy.....	453	PD-2/4.25%DEX.....	474
TURALIO.....	158	UCD 2.....	313	ULTRABAG/DIANEAL/1.5	
Turkey/Sweet		UCD Anamix Junior.....	313	% DEXTROSE.....	474
Potatoes/Peaches.....	312	UCD Trio.....	313	ULTRABAG/DIANEAL/2.5	
Turmeric Curcumin.....	472	Uceris.....	58, 231	% DEXTROSE.....	474
TUSSICAPS.....	236	Udenyca.....	354	ULTRABAG/DIANEAL/4.2	
TussiCaps.....	236	UKONIQ.....	158	5% DEX.....	474
TUSSIGON.....	233	Uloric.....	342	Ultracal.....	313
Tuxarin ER.....	236	UltiCare Alcohol Swabs.....	379	Ultracal HN Plus.....	313
Tuzistra XR.....	237	ULTICARE INSULIN		Ultra-Care Alcohol Prep Pads	
TWINRIX.....	563	SAFETY SYR.....	446	.....	379
TWIRLA.....	222	ULTICARE INSULIN SYR		<i>ultracare insulin syringe</i>	448
TwoCal HN.....	312	1/2 UNIT.....	446	<i>ultracare pen needles</i>	448
TwoCal HN 2.0.....	312	ULTICARE INSULIN		Ultracet.....	56
TWYNEO.....	242	SYRINGE.....	446, 447	<i>ultra-comfort insulin syringe</i>	
TYBLUME.....	221	ULTICARE MICRO PEN		.....	448, 449
TYBOST.....	190	NEEDLES.....	447	Ultra-Klenz.....	274
TYDEMY.....	221	ULTICARE MINI PEN		Ultram.....	51
Tylactin Build 20PE TYR.....	312	NEEDLES.....	447	Ultramino Soy Protein.....	313
Tylactin Complete 15 PE.....	312	ULTICARE PEN NEEDLES		Ultra-Natal.....	489
Tylactin Restore 10.....	312	.....	447	ULTRA-THIN II INS SYR	
Tylactin Restore 5PE.....	312	ULTICARE SAFETY		SHORT.....	449
Tylactin RTD 15.....	312	SYRINGE.....	447	ULTRA-THIN II INSULIN	
Tyler Indoplex.....	473	ULTICARE SHORT PEN		SYRINGE.....	449
Tymlos.....	324	NEEDLES.....	447	ULTRA-THIN II MINI PEN	
Typhim VI.....	562	ULTICARE TUBERCULIN		NEEDLE.....	449
TYR Anamix Early Years.....	312	SAFETY SYR.....	448	ULTRA-THIN II PEN	
TYR Anamix Next.....	312	ULTIGUARD SAFEPACK		NEEDLE SHORT.....	449
TYR Cooler.....	312	PEN NEEDLE.....	448	ULTRA-THIN II PEN	
TYR Cooler20.....	312	Ultilet Alcohol Swabs.....	379	NEEDLES.....	449
TYR Easy.....	312	ULTILET PEN NEEDLE....	448	Ultravate.....	259
TYR Express.....	312	<i>ultimatecare one</i>	489	Ultravist.....	588
TYR Express20.....	312	Ultomiris.....	588	Ultrient 1.5 Safe-T Feed.....	313
TYR Gel.....	313	<i>ultra comfort insulin syringe</i> ...	448	UMECTA MOUSSE.....	259
TYR Lophlex GMP Mix-In..	313	Ultra Diet Aid.....	294	U-Mild.....	529
TYR Lophlex LQ.....	313	Ultra Energy.....	313	Unasyn.....	528
TYR Sphere 20.....	293	Ultra Hers Rx.....	473	UNIFINE PENTIPS.....	449
Tyrex-1.....	313	Ultra His.....	473	UNIFINE PENTIPS PLUS..	450
Tyrex-2.....	313	Ultra Natal.....	489	Unisom Simple Slumbers.....	20
Tyros 1.....	313	Ultra NatalCare.....	489	UNITHROID.....	551

S=Supplemental, BE=Benefit Exclusion, 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

UNITUXIN.....	154	Uvadex.....	588	Vandazole.....	568
Universal pH.....	588	Uzedy.....	178	VANFLYTA.....	159
<i>universal syringe tip adaptor</i> ...	452	VABOMERE.....	143	VANILLA SILQ.....	291
Universal Water.....	532	Vabysmo.....	511	VANISHPOINT INSULIN	
Unna-Flex Elastic Unna Boot	285	VacuStim Black.....	285	SYRINGE.....	450
Unna-Flex Plus Venous Ulcer	285	VacuStim Silver.....	285	VANISHPOINT SAFETY	
Uplizna.....	473	Vagifem.....	569	SYRINGE.....	450, 451
UPNEEQ.....	518	valACYclovir HCl.....	192	VANISHPOINT SYRINGE.	451
UpSpring Fertility.....	473	VALCHLOR.....	247	VANISHPOINT	
UpSpring Milkflow.....	473	Valinex.....	473	TUBERCULIN SYRINGE..	451
UpSpring Prenatal Complete.	489	<i>valproate sodium</i>	91	Vanos.....	259
UPTRAVI.....	209	Valproic Acid.....	91	VANTAS.....	165
Uptravi.....	209	<i>valrubicin</i>	160	VAPRISOL.....	327
Uptravi Titration.....	209	Valsartan.....	138	VAQTA.....	567
<i>ur n-c</i>	147	Valsartan-		<i>vardimaxia</i>	242
Uraliss.....	259	hydroCHLOROthiazide.....	137	Varenicline Tartrate.....	543
Uramaxin.....	260	Valtoco 10 MG Dose.....	79	Varenicline Tartrate (Starter)	543
Uramaxin GT.....	260	Valtoco 15 MG Dose.....	80	Varenicline	
URAMIT MB.....	147	Valtoco 20 MG Dose.....	80	Tartrate(Continue).....	543
<i>urea</i>	260	Valtoco 5 MG Dose.....	80	Varibar Honey.....	588
Urea.....	260	Valtrex.....	192	Varibar Nectar.....	588
<i>urea hydrating</i>	260	<i>value health insulin syringe</i>	450	Varibar Pudding.....	588
Urea Nail.....	260	ValuLine Pneumatic Leg Wlkr		Varibar Thin Honey.....	588
<i>urea-c40</i>	260	Lg.....	385	Varibar Thin Liquid.....	588
UREA-SALICYLIC ACID..	262	ValuLine Pneumatic Leg Wlkr		VARITHENA.....	475
UREDEB.....	260	Md.....	385	VARIVAX.....	567
URELLE.....	147	ValuLine Pneumatic Leg Wlkr		VARIZIG.....	524
Urelle.....	147	Sm.....	385	<i>varoxia</i>	242
Uresol.....	260	ValuLine Short Leg Walker		Vascazen.....	293
URETRON D/S.....	147	Lg.....	385	Vascepa.....	125
Urevaz.....	260	ValuLine Short Leg Walker		Vascuderm Hydrogel.....	285
URIBEL.....	147	Med.....	385	Vasculera.....	293
URIMAR-T.....	147	ValuLine Short Leg Walker		Vaseline Petrolatum Gauze...	285
<i>urin ds</i>	147	Sm.....	385	Vaseline Petrolatum Tube	
Urinozinc Prostate.....	473	ValuLine Short Leg Walker		Foil.....	285
<i>uro-458</i>	147	XL.....	385	Vaseretic.....	132
<i>uroav-81</i>	147	ValuLine Short Leg Walker		Vashe Cleansing.....	274
<i>uroav-b</i>	147	XSm.....	385	Vashe Wound Therapy.....	274
<i>uro-mp</i>	147	<i>valumark pen needles</i>	450	Vasopressin.....	327
Urso 250.....	334	VanaLice.....	269	Vasopressin-Dextrose.....	327
Urso Forte.....	334	VANATOL LQ.....	36	Vasopressin-Sodium Chloride	327
Ursodiol.....	334	VANATOL S.....	36	VASOSTRICT.....	327
Ursodiol+SyrSpend SF.....	334	Vancocin.....	144	Vasotec.....	134
URYL.....	148	Vancomycin HCl.....	144	Vaxchora.....	562
UTIRA-C.....	148	<i>vancomycin hcl</i>	144	Vaxelis.....	552
UTRONA-C.....	148	<i>vancomycin hcl in dextrose</i>	144	VAXNEUVANCE.....	562
UtyMax.....	313	<i>vancomycin hcl in nacl</i>	144	Vayacog.....	293

S=Supplemental, BE=Benefit Exclusion, 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

Vayarin.....	293	Versiva XC.....	391	<i>vincristine sulfate</i>	166
Vayarin Plus.....	293	VERZENIO.....	163	<i>vinorelbine tartrate</i>	166
Vayarol.....	293	VESicare.....	561	Viokace.....	315
VB6 P5P.....	293	VESicare LS.....	561	<i>viorele</i>	215
VECAMYL.....	140	VESTURA.....	221	VIRACEPT.....	188
Vecuronium Bromide.....	214, 588	Veveye.....	514	VIREAD.....	189, 190
Vecuronium Bromide-NaCl.....	588	Vexasyn.....	285	Viread.....	190
VEGZELMA.....	169	Vfend.....	120	Virt-Advance.....	489
VEKLURY.....	193	VH Essentials Vitamin C.....	568	<i>virt-c dha</i>	489
VELCADE.....	159	VHC 2.25.....	313	<i>virt-fefa plus</i>	357
VELETRI.....	208	Viaspan.....	588	VIRT-GARD.....	353
VELIVET.....	227	VIBATIV.....	144	<i>virt-nate dha</i>	489
Velphoro.....	338	Viberzi.....	335	<i>virt-pn</i>	489
Velsipity.....	338	Vibramycin.....	549	<i>virt-pn dha</i>	492
VELTASSA.....	475	Victoza.....	109	<i>virt-pn plus</i>	489
VEMAVITE-PRX 2.....	492	VIDA MIA UNIFINE		<i>virtrate-3</i>	340
Vemlidy.....	191	PENTIPS.....	451	<i>virt-select</i>	492
Vena-Bal DHA.....	489	VIDEX.....	189	Virt-Vite GT.....	489
Venatal Complete DHA.....	489	VIDEX EC.....	189	Visco-3.....	497
VENCLEXTA.....	155	Viekira Pak.....	191	VisionBlue.....	588
VENCLEXTA STARTING		VIENVA.....	221	Visipaque.....	588
PACK.....	155	Vigabatrin.....	89	Vistaril.....	62
Venelex.....	273	Vigadrone.....	89, 90	VISTOGARD.....	115
Venipuncture CPI.....	272	Vigamox.....	513	Visudyne.....	588
Venlafaxine HCl.....	98, 99	Vigilon Primary Wound		VITAFOL FE+.....	492
Venlafaxine HCl ER.....	98	Dressing.....	285	VITAFOL GUMMIES.....	489
Venofer.....	588	Vigraplex.....	313	VITAFOL STRIPS.....	493
Venomil Honey Bee Venom....	18	Viibryd.....	96	VITAFOL ULTRA.....	492
Venomil Mixed Vespid		Viibryd Starter Pack.....	96	VITAFOL-NANO.....	490
Venom.....	18	VIJOICE.....	475	Vitafol-Nano.....	490
Venomil Wasp Venom.....	18	Vilactin AA Plus.....	313	VITAFOL-OB.....	490
Venomil White Faced Hornet..	18	VILAMIT MB.....	148	VITAFOL-OB+DHA.....	492
Venomil Yellow Hornet		Vilazodone HCl.....	96	VITAFOL-ONE.....	492
Venom.....	18	VILEVEV MB.....	148	Vitajoule.....	313
Venomil Yellow Jacket		<i>vil-rx</i>	489	Vital 1.0 Cal.....	313
Venom.....	18	VILTEPSO.....	502	Vital 1.5 Cal.....	313
Ventavis.....	208	Vimovo.....	30	Vital AF 1.2 Cal.....	313
Ventolin HFA.....	70	VIMPAT.....	88	Vital AF 1.2 Cal Adv	
VEOZAH.....	324	Vimpat.....	88	Formula.....	313
Verapamil HCl.....	205	Vinate Care.....	489	Vital High Protein.....	313
Verapamil HCl ER.....	204, 205	Vinate DHA RF.....	489	Vital HN.....	313
VERDESO.....	259	Vinate GT.....	489	Vital HP 1.0 Cal.....	313
Verelan.....	205	VINATE II.....	489	Vital Jr.....	313
Verelan PM.....	205	VINATE ONE.....	489	Vital Peptide 1.5 Cal.....	313
Verquvo.....	210	Vinate Ultra.....	489	Vitamax Pediatric.....	483
Versacloz.....	179	<i>vinblastine sulfate</i>	166	VITAMEDMD ONE	
VersaPro.....	529	VINCASAR PFS.....	166	RX/QUATREFOLIC.....	492

S=Supplemental, BE=Benefit Exclusion, 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

VITAMEDMD REDICHEW	Vosevi.....	191	WERA.....	221
RX.....	VOTRIENT.....	159	<i>westab mini</i>	353
VITAMEZ.....	Vowst.....	337	Western Juniper.....	18
Vitamin B12-Folic Acid.....	VOXZOGO.....	324	Western Juniper (Diagnostic)	287
Vitamin D Plus CoFactors....	<i>vp insulin syringe</i>	451	<i>westgel dha</i>	492
Vitamin Deficiency System-	<i>vp-gstn</i>	293	WESTHROID.....	551
B12.....	<i>vp-pnv-dha</i>	490	WESTHROID-P.....	551
<i>vitamin k1</i>	Vpriv.....	589	Wheat Germ Oil.....	572
Vitamin K2-Vitamin D3.....	Vraylar.....	175	White Alder.....	18
Vitamins ACD-Fluoride.....	VTAMA.....	251	White Alder (Diagnostic).....	288
VitaPearl.....	VTOL LQ.....	36	White Ash.....	19
Vitapro.....	VUEWAY.....	290	White Ash (Diagnostic).....	288
Vitaquick.....	VUITY.....	511	White Ash Pollen.....	19
VITATRUE.....	Vumerity.....	538	White Birch.....	19
Viteyes Tear Support.....	Vusion.....	246	White Birch (Diagnostic).....	288
VITRAKVI.....	Vyepti.....	453	White Mulberry.....	19
VITRASE.....	VYFEMLA.....	221	White Oak.....	19
Vituz.....	Vyjuvek.....	285	White Pine.....	19
VIVA DHA.....	Vyleesi.....	535	White Potato (Diagnostic)....	288
Vivaben.....	VYLIBRA.....	221	White-Faced Hornet Venom...	19
Vivelle-Dot.....	VYNDAMAX.....	210	Whole Egg (Diagnostic).....	589
Vivitrol.....	VYNDAQEL.....	210	Whole Grain	
Vivjoa.....	VYONDYS 53.....	503	Barley(Diagnostic).....	288
Vivlodex.....	Vytone.....	246	Whole Wheat (Diagnostic)....	288
Vivonex Pediatric.....	Vytorin.....	129	Wide-Seal Diaphragm 60.....	381
Vivonex Plus.....	Vyvanse.....	6	Wide-Seal Diaphragm 65.....	381
Vivonex RTF.....	VYVGART.....	473	Wide-Seal Diaphragm 70.....	381
Vivonex T.E.N.....	VYVGART HYTRULO.....	467	Wide-Seal Diaphragm 75.....	381
Vivotif.....	VYXEOS.....	161	Wide-Seal Diaphragm 80.....	381
Vizamyl.....	Vyzulta.....	519	Wide-Seal Diaphragm 85.....	381
VIZIMPRO.....	Wakix.....	7	Wide-Seal Diaphragm 90.....	381
<i>vocabria</i>	Waltz Free Hand Sanitizer....	185	Wide-Seal Diaphragm 95.....	381
Vogelxo.....	Warfarin Sodium.....	74	WILATE.....	346
Vogelxo Pump.....	Wasp Venom Protein.....	18	WILZIN.....	461
<i>vol-nate</i>	Water Base Gel.....	532	Winlevi.....	244
VOLNEA.....	WaterShield Bandages.....	378	WINRHQ SDF.....	524
<i>vol-tab rx</i>	Webcol Alcohol Prep Large...	379	Wintergreen Oil.....	263
VoLumen.....	Webcol Alcohol Prep Medium		Wixela Inhub.....	68
Volumex.....	.....	379	WND 1.....	314
VONJO.....	<i>wegmans unifine pentips plus</i>		WND 2.....	314
VONVENDI.....	.....	451, 452	Wound Cleanser.....	274
Voquezna.....	Welchol.....	126	Wound Debridement.....	285
Voquezna Dual Pak.....	WELIREG.....	157	Wound Gel.....	285
Voquezna Triple Pak.....	Wellbutrin SR.....	92	Wound Gel Spray.....	285
VORAXAZE.....	Wellbutrin XL.....	93	Wound Wash.....	274
Voriconazole.....	WellMind Tension Relief.....	467	Wound/Skin Cleanser.....	274
Vorvida.....	WellMind Vertigo.....	467	Woundgard 2-1/2"x2-1/2".....	285

S=Supplemental, BE=Benefit Exclusion, 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

Woundgard 4"x4-1/4"	285	Xeroform Petrolat Patch		Xtampza ER.....	51, 52
Woundgard 4"x6"	285	4"x4"	273	XTANDI.....	150
Woun'Dres.....	285	Xeroform Petrolatum Roll		Xtracal Plus.....	314
Woun'Dres Hydrogel Wound		4"x9'.....	273	Xtreme Lean.....	473
Dress.....	285	Xerostomia Relief Spray.....	477	XULANE.....	222
WP THYROID.....	552	XGEVA.....	325	Xultophy.....	109
WYMZYA FE.....	221	Xhance.....	498	<i>xurea</i>	260
Xadago.....	170	Xiaflex.....	589	XURIDEN.....	322
Xalatan.....	519	Xifaxan.....	142	Xyliderm.....	272
XALKORI.....	152	Xigduo XR.....	111	XyliGel.....	477
XaQuil XR.....	293	Xiidra.....	511	Xylocaine Dental.....	368
Xarelto.....	75	XIMINO.....	550	Xylocaine-MPF/Epinephrine.....	368
Xarelto Starter Pack.....	75	Xipere.....	518	XYNTHA.....	346
XATMEP.....	152	XLeu Maxamaid.....	314	XYNTHA SOLOFUSE.....	346
Xcopri.....	89	XLeu Maxamum.....	314	XYOSTED.....	58
XCOPRI (250 MG DAILY		XLys-XTTrp Maxamaid.....	314	XYREM.....	533
DOSE).....	89	XLys-XTTrp Maxamum.....	314	XYWAV.....	533
Xcopri (250 MG Daily Dose)..	89	XMet Maxamaid.....	314	Xyzbac.....	293
Xcopri (350 MG Daily Dose)..	89	XMet XCys Maxamaid.....	314	Xyzmune.....	473
Xeljanz.....	22	XMTVI Maxamaid.....	314	YALE DISP NEEDLES.....	452
Xeljanz XR.....	22	XMTVI Maxamum.....	314	YALE REUSABLE	
Xelpros.....	519	Xofigo.....	589	NEEDLE.....	452
XEMBIFY.....	524	XOFLUZA (40 MG DOSE)..	193	Yeast-Gard Adv	
Xenazine.....	536	Xofluza (40 MG Dose).....	193	Homeopathic.....	467
XENLETA.....	147	Xofluza (80 MG Dose).....	193	Yellow Dock.....	19
Xenon Xe 133.....	589	XOLAIR.....	68	Yellow Hornet Venom	
XENOVIEW.....	290	XOLEGEL.....	262	Protein.....	19
XENPOZYME.....	317	Xopenex HFA.....	70	Yellow Jacket Venom Protein..	19
XEOMIN.....	503	XOSPATA.....	159	Yellow Petrolatum.....	532
Xepi.....	245	Xpert Xpress SARS-CoV-2...	290	Yescarta.....	589
XERAC AC.....	252	XPhe Maxamaid.....	314	YF-VAX.....	567
Xeralux.....	267	XPhe-XTyr Maxamaid.....	314	Yodora Deodorant.....	267
XERAVA.....	546	Xphozah.....	318	YONDELIS.....	168
Xerese.....	252	XPOVIO (100 MG ONCE		YONSA.....	150
XERMELO.....	338	WEEKLY).....	159	Yosprala.....	349
Xeroflo Dressing 2"x2"	285	XPOVIO (40 MG ONCE		Yuflyma.....	28
Xeroform Oil Emulsion 2"x2" 273		WEEKLY).....	159	Yuflyma 1-Pen Kit.....	28
Xeroform Oil Emulsion		XPOVIO (40 MG TWICE		Yuflyma 2-Pen Kit.....	28
Gauze.....	273	WEEKLY).....	159	Yuflyma 2-Syringe Kit.....	28
Xeroform Oil Emulsion Strip 273		XPOVIO (60 MG ONCE		Yuflyma-CD/UC/HS Starter...	28
Xeroform Oil Roll 4"x9'.....	273	WEEKLY).....	159	YumVs Biotin High Potency	
Xeroform Petrolat Gauze		XPOVIO (60 MG TWICE		ZERO.....	571
1"x8".....	273	WEEKLY).....	160	YumVs Biotin Max Potency..	571
Xeroform Petrolat Gauze		XPOVIO (80 MG ONCE		YumVs Calc-Mag-Zinc-Vit D459	
5"x9"	273	WEEKLY).....	160	YumVs Magnesium.....	459
Xeroform Petrolat Patch		XPOVIO (80 MG TWICE		YumVs TURMERIC	
2"x2"	273	WEEKLY).....	160	curcumin-GINGE.....	20

S=Supplemental, BE=Benefit Exclusion, 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

YumVs Vitamin D3 ZERO... 572	ZERBAXA.....210	ZOLGENSMA 14.1-14.5 KG503
YumVsKids Vitamin C	Zerviate..... 512	ZOLGENSMA 14.6-15.0 KG504
ZERO.....21	Zestoretic.....132	ZOLGENSMA 15.1-15.5 KG504
Yupelri..... 70	Zestril..... 134	ZOLGENSMA 15.6-16.0 KG504
Yusimry.....28	Zetia..... 129	ZOLGENSMA 16.1-16.5 KG504
Yutiq..... 518	Zetonna..... 498	ZOLGENSMA 16.6-17.0 KG504
Yuvaferm..... 569	ZEVALIN Y-90..... 161	ZOLGENSMA 17.1-17.5 KG504
Zacare.....242	ZevRx Sterile Alcohol Prep	ZOLGENSMA 17.6-18.0 KG504
ZAFEMY.....222	Pad..... 379	ZOLGENSMA 18.1-18.5 KG504
Zafirlukast..... 71	Ziac..... 141	ZOLGENSMA 18.6-19.0 KG504
Zaleplon..... 362, 363	Ziana..... 242	ZOLGENSMA 19.1-19.5 KG504
<i>zalvit</i> 490	<i>zidovudine</i> 189	ZOLGENSMA 19.6-20.0 KG504
Zanabin Hydrogel..... 285	Ziextenzo..... 354	ZOLGENSMA 2.6-3.0 KG... 504
Zanaflex..... 495	ZILACAINE PATCH.....272	ZOLGENSMA 20.1-20.5 KG504
ZANOSAR..... 167	Zileuton ER.....65	ZOLGENSMA 3.1-3.5 KG... 504
ZANTAC..... 555	ZILRETTA..... 231	ZOLGENSMA 3.6-4.0 KG... 504
ZARAH..... 221	ZILXI..... 269	ZOLGENSMA 4.1-4.5 KG... 504
Zarontin..... 90	Zimhi..... 115	ZOLGENSMA 4.6-5.0 KG... 505
Zarxio..... 354	Zinc Oxide..... 252	ZOLGENSMA 5.1-5.5 KG... 505
ZATEAN-PN DHA..... 492	Zinctral..... 252	ZOLGENSMA 5.6-6.0 KG... 505
ZATEAN-PN PLUS..... 490	Zingo..... 370	ZOLGENSMA 6.1-6.5 KG... 505
Zavitrol..... 293	ZINPLAVA..... 522	ZOLGENSMA 6.6-7.0 KG... 505
Zavzpret..... 453	Zioptan..... 519	ZOLGENSMA 7.1-7.5 KG... 505
Z-Bum..... 252	Ziprasidone HCl..... 175	ZOLGENSMA 7.6-8.0 KG... 505
<i>zcort 7-day</i> 231	<i>ziprasidone mesylate</i> 175	ZOLGENSMA 8.1-8.5 KG... 505
ZEBUTAL..... 36	ZIRGAN..... 514	ZOLGENSMA 8.6-9.0 KG... 505
Zeel..... 467	ZITHRANOL..... 251	ZOLGENSMA 9.1-9.5 KG... 505
ZEGALOGUE..... 589	Zithromax..... 371	ZOLGENSMA 9.6-10.0 KG. 505
Zegerid..... 556	Zithromax Tri-Pak..... 371	ZOLINZA..... 157
ZEJULA..... 168	Zithromax Z-Pak..... 371	ZOLMitriptan..... 456
Zelapar..... 171	ZMA CLEAR..... 242	Zoloft..... 96
ZELBORAF..... 155	Zma Clear..... 242	Zolpidem Tartrate..... 363
ZELNORM..... 335	Zocor..... 129	Zolpidem Tartrate ER..... 363
ZEMAIRA..... 545	Zohydro ER..... 52	ZOLPIMIST..... 363
Zembrace SymTouch..... 456	ZOKINVY..... 464	ZOLVIT..... 39
ZEMDRI..... 22	ZOLADDEX..... 165	Zomacton..... 322
ZENATANE..... 244	<i>zoledronic acid</i> 318	Zomacton (for Zoma-Jet 10). 321
ZENCHENT..... 221	ZOLGENSMA 20.6-21.0 KG	ZOMETA..... 318
ZENCHENT FE..... 221	.....503	Zomig..... 457
Zenoptiq..... 261	ZOLGENSMA 10.1-10.5 KG503	ZONALON..... 248
Zenpep..... 315	ZOLGENSMA 10.6-11.0 KG503	Zonisade..... 88
Zenzedi..... 6	ZOLGENSMA 11.1-11.5 KG503	Zonisamide..... 88
Zepatier..... 191, 192	ZOLGENSMA 11.6-12.0 KG503	ZONTIVITY..... 349
Zeposia..... 544	ZOLGENSMA 12.1-12.5 KG503	Zortress..... 469
Zeposia 7-Day Starter Pack... 544	ZOLGENSMA 12.6-13.0 KG503	Zoryve..... 251
Zeposia Starter Kit..... 544	ZOLGENSMA 13.1-13.5 KG503	ZOSTAVAX..... 567
ZEPZELCA..... 150	ZOLGENSMA 13.6-14.0 KG503	Zosyn..... 528

S=Supplemental, BE=Benefit Exclusion, 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

ZOVIA 1/35 (28).....	221
ZOVIA 1/35E (28).....	221
ZOVIA 1/50E (28).....	222
Zovirax.....	252
Ztalmy.....	88
ZTlido.....	264
Zubsolv.....	56
Zulresso.....	93
ZUMANDIMINE.....	222
ZUPLENZ.....	116
Zurzuvae.....	93
Zutripro.....	237
Zyclara.....	262
Zyclara Pump.....	262
ZYDELIG.....	167
Zyflo.....	65
ZYKADIA.....	152
Zylet.....	517
Zyloprim.....	342
Zymaxid.....	513
ZYNLONTA.....	153
Zynteglo.....	355
ZYNYZ.....	154
Zypitamag.....	129
ZyPREXA.....	184
ZyPREXA Relprevv.....	184
ZyPREXA Zydis.....	184
Zyvexol.....	293
Zyvit.....	293
Zyvox.....	146

S=Supplemental, BE=Benefit Exclusion, Asterisk(*)=N/A, PA-Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE=Brand name drugs/
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