2023

‘Ohana QUEST Integration Comprehensive Preferred Drug List (List of Covered Drugs)

Danh sách Đầy đủ Các Thuốc Được Ưu tiên của ‘Ohana QUEST Integration (Danh sách Thuốc Được Bao trả)

‘Ohana QUEST Integration 종합 선호 약품 리스트 (보장 대상 약품 리스트)

Ti ‘Ohana QUEST Integration Comprehensive Preferred Drug List (Listaan dagiti Nasakup nga Agas)

‘Ohana QUEST Integration 完整首選藥物清單（承保藥物清單）

Kumprehensibong Listahan ng Piniling Gamot ng ‘Ohana QUEST Integration

(Listahan ng Mga Saklaw na Gamot)

‘Ohana Health Plan

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Please read this document. It has details about the drugs we cover for the ‘Ohana QUEST Integration plan.

Please note: The Preferred Drug List (PDL) for this plan is updated monthly.

Members, please visit our website to view updates to the PDL. Go to https://www.wellcare.com/en/Hawaii/Members/Medicaid-Plans/QUEST-Integration/Pharmacy-Services

Providers, please visit our website to view updates to the PDL. Go to https://www.wellcare.com/Hawaii/Providers/Medicaid/Pharmacy

Vui lòng đọc tài liệu này. Đây là tài liệu chi tiết về các thuốc chúng tôi bao trả cho chương trình ‘Ohana QUEST Integration.

Xin lưu ý: Danh sách các Thuốc Được Ưu tiên (Preferred Drug List, PDL) cho chương trình này được cập nhật hàng tháng.

Các hội viên vui lòng truy cập trang web của chúng tôi để xem các cập nhật của PDL. Truy cập https://www.wellcare.com/en/Hawaii/Members/Medicaid-Plans/QUEST-Integration/Pharmacy-Services

Người chăm sóc vui lòng truy cập trang web của chúng tôi để xem các cập nhật của PDL. Truy cập https://www.wellcare.com/Hawaii/Providers/Medicaid/Pharmacy

이 설명서를 숙독하십시오. ‘Ohana QUEST Integration 플랜이 보장하는 약품에 대한 상세 설명서입니다.

참고: 이 플랜을 위한 선호 약품 리스트(PDL)는 매월 업데이트됩니다.

가입자들께서는 우리 웹사이트를 방문하여 업데이트된 PDL을 열람하시기 바랍니다. 웹사이트: https://www.wellcare.com/en/Hawaii/Members/Medicaid-Plans/QUEST-Integration/Pharmacy-Services

제공자들께서는 우리 웹사이트를 방문하여 업데이트된 PDL을 조회하시기 바랍니다. 웹사이트: https://www.wellcare.com/Hawaii/Providers/Medicaid/Pharmacy

Maidawat nga basaem daytoy nga dokumento. Adda ditoy dagiti detalye gapo dagiti agas nga masakup mi para iti ‘Ohana QUEST Integration plan.

Maidawat nga lagipem: Ti Preferred Drug List (PDL) para daytoy nga plano ket nasabalian binulan.

Dagiti miembro. Maidawat nga bisitaen yo ti website mi tapno makita dagiti nagsabalian ti PDL. Mapan iti https://www.wellcare.com/en/Hawaii/Members/Medicaid-Plans/QUEST-Integration/Pharmacy-Services

Dagiti paraited, maidawat nga bisitaen yo ti website mi tapno makita dagiti nagsabalian ti PDL. Mapan iti https://www.wellcare.com/Hawaii/Providers/Medicaid/Pharmacy

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請閱讀本文件。其詳細說明我們為‘Ohana QUEST Integration 計劃承保的藥物。

請注意：本計劃的首選藥物清單（PDL）每月更新一次。

會員請瀏覽我們的網站檢視 PDL 更新。請前往
https://www.wellcare.com/en/Hawaii/Members/Medicaid-Plans/QUEST-Integration/Pharmacy-Services

提供者請瀏覽我們的網站檢視 PDL 更新。請前往
https://www.wellcare.com/Hawaii/Providers/Medicaid/Pharmacy

Pakibasa ang dokumentong ito. Nakalagay dito ang mga detalye tungkol sa mga gamot na sinasaklaw namin para sa ‘Ohana QUEST Integration na plano.

Pakitandaan: Buwan-buwang ina-update ang Listahan ng Piniling Gamot (Preferred Drug List, PDL) para sa planong ito.

Mga miyembro, pakibisita ang aming website para makita ang mga update sa PDL. Pumunta sa
https://www.wellcare.com/en/Hawaii/Members/Medicaid-Plans/QUEST-Integration/Pharmacy-Services

Mga provider, pakibisita ang aming website para makita ang mga update sa PDL. Pumunta sa
https://www.wellcare.com/Hawaii/Providers/Medicaid/Pharmacy

Last updated (10/01/2023)

Cập nhật lần cuối (10/01/2023)

최근 업데이트: (10/01/2023)

Naudi nga nagsabalian (10/01/2023)

最後更新日期 (10/01/2023)

Huling na-update (10/01/2023)

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Drug Name	Preference Details	Coverage Details
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Adhd Agent - Selective Alpha Adrenergic Agonists**		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	P	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	P	
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	P	
Amphetamine Mixtures**		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	P	QL (62 EA per 31 days); AL (Min 6 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	P	
amphetamine-dextroamphetamine oral tablet 20 mg	P	QL (93 EA per 31 days)
amphetamine-dextroamphetamine oral tablet 30 mg	P	QL (62 EA per 31 days)
Amphetamines**		
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	P	AL (Min 6 Years)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	P	
methamphetamine hcl oral tablet 5 mg	P	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	P	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	P	
Stimulants - Misc.**		
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	P	AL (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg	P	QL (31 EA per 31 days); AL (Min 6 Years)

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

Drug Name	Preference Details	Coverage Details
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	P	QL (62 EA per 31 days); AL (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 35 MG	P	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	P	AL (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg	P	
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg	P	AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg	P	QL (62 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 54 mg	P	QL (31 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	P	QL (93 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg	P	QL (62 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	P	QL (31 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	P	AL (Min 6 Years)
methylphenidate hcl oral tablet 10 mg, 5 mg	P	AL (Min 6 Years)
methylphenidate hcl oral tablet 20 mg	P	QL (93 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	P	AL (Min 6 Years)
Modafinil Oral Tablet 100 MG, 200 MG	Non-Formulary	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	P	AL (Min 6 Years)
Alternative Medicines		
Alternative Medicine - Me's**		
melatonin maximum strength oral tablet 5 mg	P	
melatonin oral tablet 12 mg	P	

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Drug Name	Preference Details	Coverage Details
Aminoglycosides		
Aminoglycosides**		
tobramycin inhalation nebulization solution 300 mg/4ml	P	PA
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
OLUMIANT ORAL TABLET 1 MG, 2 MG	P	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	P	PA; QL (62 EA per 31 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	P	PA; QL (31 EA per 31 days)
Anti-Tnf-Alpha - Monoclonal Antibodies**		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	P	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	P	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	P	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	P	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	P	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	P	PA; Click here to search Prior Authorization criteria for this drug.
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	P	PA; Click here to search Prior Authorization criteria for this drug.
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	P	PA; Click here to search Prior Authorization criteria for this drug.
Cyclooxygenase 2 (Cox-2) Inhibitors**		
celecoxib oral capsule 100 mg, 50 mg	P	QL (62 EA per 31 days)
celecoxib oral capsule 200 mg, 400 mg	P	QL (31 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
Interleukin-6 Receptor Inhibitors**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	P	PA; Click here to search Prior Authorization criteria for this drug.
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	P	PA; Click here to search Prior Authorization criteria for this drug.
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	P	PA; Click here to search Prior Authorization criteria for this drug.
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	P	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	P	PA
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
childrens ibuprofen oral suspension 40 mg/ml	P	
diclofenac potassium oral tablet 50 mg	P	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	P	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	P	
etodolac oral capsule 200 mg, 300 mg	P	
etodolac oral tablet 400 mg, 500 mg	P	
flurbiprofen oral tablet 100 mg, 50 mg	P	
ibuprofen oral suspension 100 mg/5ml	P	
ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg	P	
indomethacin oral capsule 25 mg, 50 mg	P	
ketoprofen oral capsule 50 mg, 75 mg	P	
ketorolac tromethamine oral tablet 10 mg	P	Max quantity of 20, Max day supply of 5 per a calendar month; QL (20 EA per 31 days)
meloxicam oral tablet 15 mg, 7.5 mg	P	
nabumetone oral tablet 500 mg, 750 mg	P	
naproxen dr oral tablet delayed release 375 mg, 500 mg	P	

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Drug Name	Preference Details	Coverage Details
naproxen oral tablet 250 mg, 375 mg, 500 mg	P	
naproxen sodium oral tablet 220 mg	P	
oxaprozin oral tablet 600 mg	P	
piroxicam oral capsule 10 mg, 20 mg	P	
sulindac oral tablet 150 mg, 200 mg	P	
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET 30 MG	P	PA; Click here to search Prior Authorization criteria for this drug.
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	P	PA; Click here to search Prior Authorization criteria for this drug.
Pyrimidine Synthesis Inhibitors**		
leflunomide oral tablet 10 mg, 20 mg	P	
Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	P	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	P	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	P	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	P	PA
Analgesics - Nonnarcotic		
Analgesics Other**		
ACEPHEN RECTAL SUPPOSITORY 650 MG	P	
acetaminophen oral solution 160 mg/5ml	P	
acetaminophen oral tablet 325 mg	P	QL (279 EA per 31 days)
acetaminophen oral tablet 500 mg	P	QL (186 EA per 31 days)
apap oral tablet 325 mg	P	QL (279 EA per 31 days)
childrens silapap oral liquid 160 mg/5ml	P	
infants silapap oral solution 100 mg/ml	P	
MAPAP CHILDRENS ORAL SUSPENSION 160 MG/5ML	P	
mapap oral liquid 160 mg/5ml	P	

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Drug Name	Preference Details	Coverage Details
pain & fever childrens oral solution 160 mg/5ml	P	
Analgesics-Sedatives**		
butalbital-acetaminophen oral tablet 50-325 mg	P	QL (186 EA per 31 days)
butalbital-apap-caffeine oral capsule 50-325-40 mg	P	QL (186 EA per 31 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	P	QL (186 EA per 31 days)
butalbital-asa-caffeine oral capsule 50-325-40 mg	P	
Salicylates**		
aspirin adult low strength oral tablet delayed release 81 mg	P	
aspirin ec low strength oral tablet delayed release 81 mg	P	
aspirin ec oral tablet delayed release 325 mg	P	
aspirin oral tablet 325 mg	P	
aspirin oral tablet chewable 81 mg	P	
aspirin rectal suppository 600 mg	P	
diflunisal oral tablet 500 mg	P	
salsalate oral tablet 500 mg, 750 mg	P	
Analgesics - Opioid		
Codeine Combinations**		
acetaminophen-codeine #2 oral tablet 300-15 mg	P	
acetaminophen-codeine #3 oral tablet 300-30 mg	P	
acetaminophen-codeine #4 oral tablet 300-60 mg	P	
acetaminophen-codeine oral solution 120-12 mg/5ml	P	
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	P	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	P	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	P	

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Drug Name	Preference Details	Coverage Details
Hydrocodone Combinations**		
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	P	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	P	
hydrocodone-ibuprofen oral tablet 7.5-200 mg	P	
Opioid Agonists**		
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	P	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	P	PA
hydromorphone hcl oral liquid 1 mg/ml	P	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	P	
hydromorphone hcl rectal suppository 3 mg	P	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	P	
methadone hcl oral tablet 10 mg, 5 mg	P	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	P	
morphine sulfate (pf) injection solution 0.5 mg/ml	P	
morphine sulfate (pf) intravenous solution 4 mg/ml, 8 mg/ml	P	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	P	PA
morphine sulfate injection solution 10 mg/ml, 15 mg/ml, 5 mg/ml, 8 mg/ml	P	
morphine sulfate intravenous solution 1 mg/ml, 25 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	P	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	P	
morphine sulfate oral tablet 15 mg, 30 mg	P	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	P	

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Drug Name	Preference Details	Coverage Details
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	P	PA; AL (Min 11 Years)
oxycodone hcl oral capsule 5 mg	P	
oxycodone hcl oral solution 5 mg/5ml	P	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	P	
tramadol hcl oral tablet 100 mg, 50 mg	P	
Opioid Combinations**		
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	P	
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	P	
oxycodone-aspirin oral tablet 4.8355-325 mg	P	
Opioid Partial Agonists**		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	P	ICD-10 Required
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	P	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	P	ICD-10 Required
butorphanol tartrate nasal solution 10 mg/ml	P	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	P	
Androgens-Anabolic		
Anabolic Steroids**		
oxandrolone oral tablet 10 mg	P	
oxandrolone oral tablet 2.5 mg	P	PA
Androgens**		
danazol oral capsule 100 mg, 200 mg, 50 mg	P	
methitest oral tablet 10 mg	P	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	P	PA
testosterone cypionate injection solution 100 mg/ml, 150 mg/ml, 200 mg/ml, 50 mg/ml	P	
testosterone cypionate intramuscular solution 100 mg/ml	P	QL (0.2858 ML per 1 day)
testosterone cypionate intramuscular solution 200 mg/ml	P	QL (0.1429 ML per 1 day)

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Drug Name	Preference Details	Coverage Details
testosterone enanthate injection solution 200 mg/ml	P	
testosterone enanthate intramuscular solution 200 mg/ml	P	QL (0.1429 ML per 1 day)
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	P	PA
Anorectal And Related Products		
Intrarectal Steroids**		
hydrocortisone rectal enema 100 mg/60ml	P	
Rectal Steroids**		
PROCTOSOL HC RECTAL CREAM 2.5 %	P	
PROCTOZONE-HC RECTAL CREAM 2.5 %	P	
Antacids		
Antacid & Simethicone**		
antacid oral suspension 200-200-20 mg/5ml	P	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	P	
Antacids - Aluminum Salts**		
aluminum hydroxide gel oral suspension 320 mg/5ml	P	
Antacids - Bicarbonate**		
sodium bicarbonate oral tablet 325 mg, 650 mg	P	
Antacids - Calcium Salts**		
antacid oral tablet chewable 500 mg	P	
calcium antacid extra strength oral tablet chewable 750 mg	P	
calcium carbonate antacid oral suspension 1250 mg/5ml	P	
calcium carbonate antacid oral tablet 648 mg	P	
calcium carbonate antacid oral tablet chewable 500 mg	P	
Antacids - Magnesium Salts**		
magnesium oxide oral tablet 250 mg, 400 mg, 420 mg	P	
Anthelmintics		
Anthelmintics**		
BILTRICIDE ORAL TABLET 600 MG	P	

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Drug Name	Preference Details	Coverage Details
ivermectin oral tablet 3 mg	P	QL (10 EA per 31 days)
PIN-X ORAL SUSPENSION 50 MG/ML	P	
reeses pinworm medicine oral suspension 144 (50 base) mg/ml	P	
Antianginal Agents		
Nitrates**		
isosorbide dinitrate er oral tablet extended release 40 mg	P	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	P	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	P	
isosorbide mononitrate oral tablet 10 mg, 20 mg	P	
NITRO-BID TRANSDERMAL OINTMENT 2 %	P	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	P	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	P	
Antianxiety Agents		
Antianxiety Agents - Misc.**		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	P	
hydroxyzine hcl oral solution 10 mg/5ml	P	QL (450 ML per 31 days)
hydroxyzine hcl oral syrup 10 mg/5ml	P	QL (450 ML per 31 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	P	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	P	
Benzodiazepines**		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	P	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	

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Drug Name	Preference Details	Coverage Details
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	P	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	P	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	P	AL (Min 9 Years)
diazepam oral solution 1 mg/ml	P	QL (1240 EA per 31 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	P	
lorazepam injection solution 2 mg/ml, 4 mg/ml	P	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	P	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	P	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	P	
Antiarrhythmics		
Antiarrhythmics Type I-A**		
disopyramide phosphate oral capsule 100 mg, 150 mg	P	
quinidine sulfate oral tablet 200 mg, 300 mg	P	
Antiarrhythmics Type I-B**		
lidocaine hcl (cardiac) intravenous solution 20 mg/ml	P	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	P	
Antiarrhythmics Type I-C**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	P	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	P	
Antiarrhythmics Type Iii**		
amiodarone hcl oral tablet 200 mg, 400 mg	P	
PACERONE ORAL TABLET 200 MG, 400 MG	P	
Antiasthmatic And Bronchodilator Agents		
Adrenergic Combinations**		
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	P	QL (10.2 GM per 30 days); AL (Max 12 Years)

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Drug Name	Preference Details	Coverage Details
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	P	QL (4 GM per 20 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	P	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	P	QL (1 EA per 31 days); AL (Min 12 Years)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	P	QL (720 ML per 31 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	QL (4 GM per 31 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 100-50 MCG/DOSE, 250-50 MCG/ACT, 250-50 MCG/DOSE, 500-50 MCG/ACT, 500-50 MCG/DOSE	P	QL (60 EA per 30 days)
Anti-Ige Monoclonal Antibodies**		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	P	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	P	PA
Anti-Inflammatory Agents**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	P	
Beta Adrenergics**		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	P	QL (36 GM per 31 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	P	QL (720 ML per 31 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	P	QL (60 ML per 30 days)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	P	QL (300 ML per 31 days)
albuterol sulfate oral syrup 2 mg/5ml	P	QL (2480 ML per 31 days)
albuterol sulfate oral tablet 2 mg, 4 mg	P	
levalbuterol tartrate inhalation aerosol 45 mcg/act	P	QL (30 GM per 31 days)

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Drug Name	Preference Details	Coverage Details
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	P	QL (4 GM per 31 days)
terbutaline sulfate injection solution 1 mg/ml	P	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	P	
Bronchodilators - Anticholinergics**		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	P	QL (25.8 GM per 31 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	P	QL (1 EA per 31 days)
ipratropium bromide inhalation solution 0.02 %	P	QL (480 ML per 31 days)
Interleukin-5 Antagonists (Igg1 Kappa)**		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	P	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	P	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	P	PA
Interleukin-5 Antagonists (Igg4 Kappa)**		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	P	PA
Leukotriene Receptor Antagonists**		
montelukast sodium oral packet 4 mg	P	AL (Min 1 Months and Max 2 Years)
montelukast sodium oral tablet 10 mg	P	
montelukast sodium oral tablet chewable 4 mg, 5 mg	P	
zafirlukast oral tablet 10 mg, 20 mg	P	
Steroid Inhalants**		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P	QL (30 EA per 31 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	QL (31 EA per 31 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	P	QL (1 EA per 30 days)

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Drug Name	Preference Details	Coverage Details
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	P	QL (0.44 GM per 1 day)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	P	QL (120 ML per 31 days); AL (Max 8 Years)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	P	QL (12 GM per 30 days); AL (Max 12 Years)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	P	QL (10.6 GM per 30 days); AL (Max 12 Years)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	P	QL (10.6 GM per 31 Days)
Xanthines**		
aminophylline intravenous solution 25 mg/ml	P	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	P	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	P	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	P	
theophylline oral solution 80 mg/15ml	P	
Anticoagulants		
Coumarin Anticoagulants**		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	P	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	P	
Direct Factor Xa Inhibitors**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	P	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	P	QL (2 EA per 1 day)
Heparins And Heparinoid-Like Agents**		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 100 UNIT/ML	P	
heparin sod (pork) lock flush intravenous solution 100 unit/ml	P	
Low Molecular Weight Heparins**		
enoxaparin sodium injection solution 300 mg/3ml	P	QL (93 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	P	QL (31 ML per 31 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	P	QL (24.8 ML per 31 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	P	QL (9.3 ML per 31 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	P	QL (12.4 ML per 31 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	P	QL (18.6 ML per 31 days)
enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml	P	QL (31 ML per 31 days)
enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml	P	QL (24.8 ML per 31 days)
enoxaparin sodium subcutaneous solution 30 mg/0.3ml	P	QL (9.3 ML per 31 days)
enoxaparin sodium subcutaneous solution 40 mg/0.4ml	P	QL (12.4 ML per 31 days)
enoxaparin sodium subcutaneous solution 60 mg/0.6ml	P	QL (18.6 ML per 31 days)
Synthetic Heparinoid-Like Agents**		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	P	QL (11.2 ML per 31 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	P	QL (16 ML per 31 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	P	QL (5.6 ML per 31 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	P	QL (8.4 ML per 31 days)
Anticonvulsants		
Anticonvulsants - Benzodiazepines**		
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	P	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	P	QL (3 EA per 31 days)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	P	QL (3 EA per 31 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	P	QL (3 EA per 31 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	P	

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Drug Name	Preference Details	Coverage Details
ONFI ORAL TABLET 10 MG, 20 MG	P	
Anticonvulsants - Misc.**		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	P	AL (Min 18 Years)
BANZEL ORAL SUSPENSION 40 MG/ML	P	QL (2480 ML per 31 days)
BANZEL ORAL TABLET 200 MG	P	QL (496 EA per 31 days)
BANZEL ORAL TABLET 400 MG	P	QL (2480 EA per 31 days)
carbamazepine er oral capsule extended release 12 hour 100 mg	P	QL (310 EA per 31 days)
carbamazepine er oral capsule extended release 12 hour 200 mg	P	QL (248 EA per 31 days)
carbamazepine er oral capsule extended release 12 hour 300 mg	P	
carbamazepine er oral tablet extended release 12 hour 200 mg	P	QL (248 EA per 31 days)
carbamazepine er oral tablet extended release 12 hour 400 mg	P	
carbamazepine oral suspension 100 mg/5ml	P	QL (2480 ML per 31 days)
carbamazepine oral tablet 200 mg	P	QL (248 EA per 31 days)
carbamazepine oral tablet chewable 100 mg	P	QL (310 EA per 31 days)
EPITOL ORAL TABLET 200 MG	P	QL (248 EA per 31 days)
gabapentin oral capsule 100 mg	P	QL (310 EA per 31 days)
gabapentin oral capsule 300 mg	P	QL (372 EA per 31 days)
gabapentin oral capsule 400 mg	P	QL (279 EA per 31 days)
gabapentin oral solution 250 mg/5ml	P	QL (2230 ML per 31 days)
gabapentin oral tablet 600 mg	P	QL (186 EA per 31 days)
gabapentin oral tablet 800 mg	P	QL (124 EA per 31 days)
lacosamide oral solution 10 mg/ml	P	AL (Min 17 Years)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	P	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	P	AL (Min 13 Years)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	P	AL (Min 13 Years)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg	P	

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Drug Name	Preference Details	Coverage Details
lamotrigine oral tablet 25 mg	P	QL (310 EA per 31 days)
lamotrigine oral tablet chewable 25 mg, 5 mg	P	QL (310 EA per 31 days)
lamotrigine oral tablet dispersible 100 mg, 200 mg	P	
lamotrigine oral tablet dispersible 25 mg, 50 mg	P	QL (310 EA per 31 days)
lamotrigine starter kit-blue oral kit 35 x 25 mg	P	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	P	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	P	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	P	
levetiracetam intravenous solution 500 mg/5ml	P	
levetiracetam oral solution 100 mg/ml	P	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	P	
oxcarbazepine oral suspension 300 mg/5ml	P	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	P	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	P	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	P	AL (Min 18 Years)
primidone oral tablet 250 mg	P	QL (248 EA per 31 days)
primidone oral tablet 50 mg	P	QL (310 EA per 31 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	P	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	P	QL (310 EA per 31 days)
TOPIRAMATE ER ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	P	
topiramate oral capsule sprinkle 15 mg, 25 mg	P	QL (310 EA per 31 days)
topiramate oral tablet 100 mg, 25 mg, 50 mg	P	QL (310 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
topiramate oral tablet 200 mg	P	QL (248 EA per 31 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	P	AL (Min 17 Years)
VIMPAT ORAL SOLUTION 10 MG/ML	P	AL (Min 17 Years)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	P	QL (2 EA per 1 day); AL (Min 17 Years)
zonisamide oral capsule 100 mg	P	QL (186 EA per 31 days)
zonisamide oral capsule 25 mg	P	QL (310 EA per 31 days)
zonisamide oral capsule 50 mg	P	QL (372 EA per 31 days)
Carbamates**		
felbamate oral suspension 600 mg/5ml	P	QL (1000 ML per 31 days)
felbamate oral tablet 400 mg	P	QL (279 EA per 31 days)
felbamate oral tablet 600 mg	P	
Gaba Modulators**		
GABITRIL ORAL TABLET 12 MG	P	
tiagabine hcl oral tablet 16 mg, 2 mg, 4 mg	P	
vigabatrin oral packet 500 mg	P	
vigabatrin oral tablet 500 mg	P	
Hydantoins**		
DILANTIN ORAL CAPSULE 30 MG	P	QL (310 EA per 31 days)
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	P	
PEGANONE ORAL TABLET 250 MG	P	QL (372 EA per 31 days)
phenytoin oral suspension 125 mg/5ml	P	QL (930 ML per 31 days)
phenytoin oral tablet chewable 50 mg	P	QL (372 EA per 31 days)
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	P	
phenytoin sodium injection solution 50 mg/ml	P	
Succinimides**		
CELONTIN ORAL CAPSULE 300 MG	P	
ethosuximide oral capsule 250 mg	P	AL (Min 3 Years)
ethosuximide oral solution 250 mg/5ml	P	QL (930 ML per 31 days); AL (Min 3 Years)
Valproic Acid**		
divalproex sodium er oral tablet extended release 24 hour 250 mg	P	QL (310 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
divalproex sodium er oral tablet extended release 24 hour 500 mg	P	QL (279 EA per 31 days)
divalproex sodium oral capsule delayed release sprinkle 125 mg	P	QL (310 EA per 31 days)
divalproex sodium oral tablet delayed release 125 mg, 250 mg	P	QL (310 EA per 31 days)
divalproex sodium oral tablet delayed release 500 mg	P	QL (279 EA per 31 days)
valproate sodium intravenous solution 100 mg/ml	P	
valproic acid oral capsule 250 mg	P	QL (310 EA per 31 days)
valproic acid oral solution 250 mg/5ml	P	QL (2790 ML per 31 days)
valproic acid oral syrup 250 mg/5ml	P	QL (2790 ML per 31 days)
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	P	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	P	
Antidepressants - Misc.**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	P	ST; Must fail 2 generic PDL antidepressants.
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	P	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	P	
bupropion hcl oral tablet 100 mg, 75 mg	P	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	P	ST; Must fail 2 generic PDL antidepressants.
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	P	
Monoamine Oxidase Inhibitors (Maois)**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	P	ST; Must fail 2 generic PDL antidepressants.
MARPLAN ORAL TABLET 10 MG	P	ST; Must fail 2 generic PDL antidepressants.
phenelzine sulfate oral tablet 15 mg	P	

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Drug Name	Preference Details	Coverage Details
tranylcypromine sulfate oral tablet 10 mg	P	
Selective Serotonin Reuptake Inhibitors (Ssris)**		
citalopram hydrobromide oral solution 10 mg/5ml	P	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	P	
escitalopram oxalate oral solution 5 mg/5ml	P	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	P	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	P	
fluoxetine hcl oral capsule delayed release 90 mg	P	
fluoxetine hcl oral solution 20 mg/5ml	P	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	P	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	P	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	P	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	P	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	P	
PAXIL ORAL SUSPENSION 10 MG/5ML	P	ST; Must fail 2 generic PDL antidepressants.
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail 2 generic PDL antidepressants.
sertraline hcl oral concentrate 20 mg/ml	P	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	P	
Serotonin Modulators**		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	P	
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	P	ST; Must fail 2 generic PDL antidepressants.
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	P	

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Drug Name	Preference Details	Coverage Details
TRINTELLIX ORAL TABLET 20 MG, 5 MG	P	ST; Must fail 2 generic PDL antidepressants.; QL (1 EA per 1 day)
TRINTELLIX TABLET 10 MG ORAL 10 MG	P	ST; Must fail 2 generic PDL antidepressants
VIIBRYD ORAL KIT 10 & 20 & 40 MG	P	ST; Must fail 2 generic PDL antidepressants.
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	P	ST; Must fail 2 generic PDL antidepressants.
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	P	ST; Must fail 2 generic PDL antidepressants.
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	P	
desvenlafaxine fumarate er oral tablet extended release 24 hour 50 mg	P	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	P	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	P	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	P	ST; Must fail 2 generic PDL antidepressants.
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	P	ST; Must fail 2 generic PDL antidepressants.
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	P	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	P	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	P	
Tricyclic Agents**		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	P	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	P	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	P	

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Drug Name	Preference Details	Coverage Details
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	P	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	P	
doxepin hcl oral concentrate 10 mg/ml	P	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	P	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	P	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	P	
nortriptyline hcl oral solution 10 mg/5ml	P	
protriptyline hcl oral tablet 10 mg, 5 mg	P	
SURMONTIL ORAL CAPSULE 25 MG, 50 MG	P	ST; Must fail 2 generic PDL antidepressants.
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	P	
Antidiabetics		
Alpha-Glucosidase Inhibitors**		
acarbose oral tablet 100 mg, 25 mg, 50 mg	P	
Biguanides**		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	P	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	P	
RIOMET ORAL SOLUTION 500 MG/5ML	P	QL (900 ML per 31 days)
Diabetic Other**		
glucagon emergency injection kit 1 mg	P	QL (2 EA per 31 days)
glucose oral tablet chewable 4 gm	P	
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	P	
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	P	

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Drug Name	Preference Details	Coverage Details
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days; QL (2 EA per 1 day)
Human Insulin**		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	P	QL (60 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	P	QL (60 ML per 31 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	P	QL (60 ML per 31 days)
insulin glargine-yfgn solution 100 unit/ml subcutaneous 100 unit/ml	P	QL (60 ML per 31 days)
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous 100 unit/ml	P	QL (60 ML per 31 days)
insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous (75-25) 100 unit/ml	P	QL (60 ML per 31 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS 100 UNIT/ML	P	QL (60 ML per 31 days)
SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS 100 UNIT/ML	P	QL (60 ML per 31 days)
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	P	PA; QL (4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	P	PA; QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	P	PA; QL (4 EA per 28 days)
Insulin-Incretin Mimetic Combinations**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	P	ST; QL (0.6 ML per 1 day)
Meglitinide Analogues**		
nateglinide oral tablet 120 mg, 60 mg	P	

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Drug Name	Preference Details	Coverage Details
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
STEGLATRO ORAL TABLET 15 MG, 5 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	P	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	P	
Sulfonylureas**		
chlorpropamide oral tablet 100 mg, 250 mg	P	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	P	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	P	
glipizide oral tablet 10 mg, 5 mg	P	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	P	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	P	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	P	
Thiazolidinedione-Biguanide Combinations**		
AVANDAMET ORAL TABLET 2-1000 MG	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days.
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days

Drug Name	Preference Details	Coverage Details
Thiazolidinediones**		
AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
Antidiarrheal/Probiotic Agents		
Antidiarrheal/Probiotic Agents - Misc.**		
bismatrol oral suspension 262 mg/15ml	P	
CULTURELLE BABY GROW THRIVE ORAL LIQUID	P	
CULTURELLE BABY GROW THRIVE ORAL PACKET 10 MCG	P	
FLORANEX ORAL PACKET	P	
FLORASTOR KIDS ORAL PACKET 250 MG	P	
Antidiarrheal/Probiotic Combinations**		
acidophilus/pectin oral capsule	P	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE	P	
Antiperistaltic Agents**		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	P	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	P	
LOPERAMIDE A-D ORAL TABLET 2 MG	P	
loperamide hcl oral capsule 2 mg	P	
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents**		
deferasirox granules oral packet 180 mg, 90 mg	P	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	P	PA
JADENU SPRINKLE ORAL PACKET 360 MG	P	PA

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Drug Name	Preference Details	Coverage Details
Antidotes And Specific Antagonists**		
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	P	
Opioid Antagonists**		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	P	ICD-10 Required
naloxone hcl injection solution prefilled syringe 2 mg/2ml	P	ICD-10 Required
naltrexone hcl oral tablet 50 mg	P	ICD-10 Required
NARCAN NASAL LIQUID 4 MG/0.1ML	P	ICD-10 Required
Antiemetics		
5-Ht3 Receptor Antagonists**		
ondansetron hcl oral solution 4 mg/5ml	P	
ondansetron hcl oral tablet 4 mg, 8 mg	P	
ondansetron oral tablet dispersible 4 mg, 8 mg	P	
Antiemetics - Anticholinergic**		
meclizine hcl oral tablet 12.5 mg, 25 mg	P	
meclizine hcl oral tablet chewable 25 mg	P	
travel sickness oral tablet chewable 25 mg	P	
Antifungals		
Antifungals**		
griseofulvin microsize oral suspension 125 mg/5ml	P	QL (450 ML per 31 days)
griseofulvin microsize oral tablet 500 mg	P	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	P	
nystatin oral tablet 500000 unit	P	
terbinafine hcl oral tablet 250 mg	P	
Imidazoles**		
ketoconazole oral tablet 200 mg	P	
Triazoles**		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	P	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	P	

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Drug Name	Preference Details	Coverage Details
Antihistamines		
Antihistamines - Alkylamines**		
allergy oral tablet 4 mg	P	
Antihistamines - Ethanolamines**		
aler-dryl oral tablet 50 mg	P	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	P	
diphenhist oral liquid 12.5 mg/5ml	P	
diphenhydramine hcl injection solution 50 mg/ml	P	
diphenhydramine hcl oral capsule 25 mg, 50 mg	P	
diphenhydramine hcl oral elixir 12.5 mg/5ml	P	
diphenhydramine hcl oral tablet 25 mg	P	
Antihistamines - Non-Sedating**		
allergy oral tablet dispersible 10 mg	P	
cetirizine hcl childrens oral solution 1 mg/ml	P	QL (300 ML per 31 days)
cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml	P	QL (300 ML per 31 days)
cetirizine hcl oral tablet 10 mg, 5 mg	P	
childrens loratadine oral syrup 5 mg/5ml	P	QL (310 ML per 31 days)
fexofenadine hcl childrens oral suspension 30 mg/5ml	P	
fexofenadine hcl oral tablet 180 mg, 60 mg	P	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	P	
levocetirizine dihydrochloride oral tablet 5 mg	P	
loratadine hives relief oral solution 5 mg/5ml	P	QL (310 ML per 31 days)
loratadine oral tablet 10 mg	P	
Antihistamines - Phenothiazines**		
promethazine hcl oral syrup 6.25 mg/5ml	P	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	P	
promethazine hcl rectal suppository 25 mg	P	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	P	
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml	P	QL (300 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
cyproheptadine hcl oral tablet 4 mg	P	
Antihyperlipidemics		
Antihyperlipidemics - Misc.**		
omega-3-acid ethyl esters oral capsule 1 gm	P	
Bile Acid Sequestrants**		
cholestyramine light oral packet 4 gm	P	
cholestyramine light oral powder 4 gm/dose	P	
cholestyramine oral packet 4 gm	P	
cholestyramine oral powder 4 gm/dose	P	
Fibric Acid Derivatives**		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	P	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	P	
fenofibric acid oral capsule delayed release 135 mg	P	
gemfibrozil oral tablet 600 mg	P	
Hmg Coa Reductase Inhibitors**		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	P	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	P	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	P	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	P	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	P	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	P	
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe oral tablet 10 mg	P	
Nicotinic Acid Derivatives**		
NIACOR ORAL TABLET 500 MG	P	

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Drug Name	Preference Details	Coverage Details
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	P	
Ace Inhibitors & Thiazide/Thiazide-Like**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	P	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	P	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	P	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	P	
Ace Inhibitors**		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	P	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	P	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	P	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	P	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	P	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	P	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	P	
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	P	
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	P	

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Drug Name	Preference Details	Coverage Details
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	P	
Angiotensin Ii Receptor Antagonists**		
irbesartan oral tablet 150 mg, 300 mg, 75 mg	P	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	P	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	P	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	P	
Antiadrenergics - Centrally Acting**		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	P	
guanfacine hcl oral tablet 1 mg, 2 mg	P	
methyldopa oral tablet 250 mg, 500 mg	P	
Antiadrenergics - Peripherally Acting**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	P	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	P	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	P	
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	P	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	P	
Vasodilators**		
hydralazine hcl injection solution 20 mg/ml	P	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	P	
minoxidil oral tablet 10 mg, 2.5 mg	P	
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.**		
metronidazole oral tablet 250 mg, 500 mg	P	
tinidazole oral tablet 250 mg, 500 mg	P	
trimethoprim oral tablet 100 mg	P	

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Drug Name	Preference Details	Coverage Details
Anti-Infective Misc. - Combinations**		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	P	QL (1200 ML per 31 days)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	P	
Antiprotozoal Agents**		
atovaquone oral suspension 750 mg/5ml	P	
Glycopeptides**		
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 1000 mg, 500 mg, 750 mg	P	
vancomycin hcl oral capsule 125 mg, 250 mg	P	PA
Lincosamides**		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	P	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	P	QL (2400 ML per 31 days)
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml	P	
clindamycin phosphate intravenous solution 150 mg/ml	P	
Oxazolidinones**		
linezolid oral tablet 600 mg	P	PA
Urinary Anti-Infectives**		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	P	
nitrofurantoin macrocrystal oral capsule 25 mg	P	AL (Max 8 Years)
nitrofurantoin monohyd macro oral capsule 100 mg	P	
Antimalarials		
Antimalarial Combinations**		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	P	
Antimalarials**		
chloroquine phosphate oral tablet 250 mg, 500 mg	P	QL (84 EA per 14 days)
hydroxychloroquine sulfate oral tablet 200 mg	P	QL (84 EA per 14 days)

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Drug Name	Preference Details	Coverage Details
mefloquine hcl oral tablet 250 mg	P	
primaquine phosphate oral tablet 26.3 mg	P	
pyrimethamine oral tablet 25 mg	P	PA
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents**		
MESTINON ORAL SYRUP 60 MG/5ML	P	
pyridostigmine bromide er oral tablet extended release 180 mg	P	
pyridostigmine bromide oral tablet 30 mg, 60 mg	P	
Antimycobacterial Agents		
Antimycobacterial Agents**		
ethambutol hcl oral tablet 100 mg, 400 mg	P	PA
isoniazid injection solution 100 mg/ml	P	PA
isoniazid oral tablet 100 mg, 300 mg	P	PA
pyrazinamide oral tablet 500 mg	P	PA
rifabutin oral capsule 150 mg	P	
rifampin oral capsule 150 mg, 300 mg	P	PA
Antineoplastics And Adjunctive Therapies		
Alkylating Agents**		
HEXALEN ORAL CAPSULE 50 MG	P	PA
MYLERAN ORAL TABLET 2 MG	P	
Androgen Biosynthesis Inhibitors**		
abiraterone acetate oral tablet 250 mg, 500 mg	P	PA
Antiandrogens**		
bicalutamide oral tablet 50 mg	P	
flutamide oral capsule 125 mg	P	
Antiestrogens**		
tamoxifen citrate oral tablet 10 mg, 20 mg	P	
Antimetabolites**		
capecitabine oral tablet 150 mg, 500 mg	P	PA
mercaptopurine oral tablet 50 mg	P	
methotrexate oral tablet 2.5 mg	P	

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Drug Name	Preference Details	Coverage Details
methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml	P	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	P	
methotrexate sodium injection solution reconstituted 1 gm	P	
TABLOID ORAL TABLET 40 MG	P	PA
Antineoplastic - Alk Inhibitors**		
XALKORI ORAL CAPSULE 200 MG, 250 MG	P	PA
ZYKADIA ORAL CAPSULE 150 MG	P	PA; QL (155 EA per 31 days)
ZYKADIA ORAL TABLET 150 MG	P	PA; QL (155 EA per 31 days)
Antineoplastic - Anti-Cd20 Antibodies**		
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	P	PA; Click here to search Prior Authorization criteria for this drug.
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	P	PA; Click here to search Prior Authorization criteria for this drug.
Antineoplastic - Anti-Her2 Agents**		
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	P	PA; Click here to search Prior Authorization criteria for this drug.
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	P	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	P	PA
Antineoplastic - Anti-Pd-1 Antibodies**		
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 240 MG/24ML, 40 MG/4ML	P	PA
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	P	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	P	PA; QL (1 EA per 1 day)
imatinib mesylate oral tablet 100 mg, 400 mg	P	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	P	PA

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Drug Name	Preference Details	Coverage Details
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	P	PA
Antineoplastic - Braf Kinase Inhibitors**		
ZELBORAF ORAL TABLET 240 MG	P	PA
Antineoplastic - Egfr Inhibitors**		
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	P	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	P	PA; QL (31 EA per 31 days)
Antineoplastic - Hedgehog Pathway Inhibitors**		
ERIVEDGE ORAL CAPSULE 150 MG	P	PA
Antineoplastic - Histone Deacetylase Inhibitors**		
ZOLINZA ORAL CAPSULE 100 MG	P	PA
Antineoplastic - Mtor Kinase Inhibitors**		
AFINITOR ORAL TABLET 10 MG	P	PA
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	P	PA
Antineoplastic - Multikinase Inhibitors**		
CAPRELSA ORAL TABLET 100 MG, 300 MG	P	PA
lapatinib ditosylate oral tablet 250 mg	P	PA
STIVARGA ORAL TABLET 40 MG	P	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	PA
Antineoplastic Enzymes**		
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	P	PA
Antineoplastics Misc.**		
hydroxyurea oral capsule 500 mg	P	
Aromatase Inhibitors**		
anastrozole oral tablet 1 mg	P	
exemestane oral tablet 25 mg	P	QL (31 EA per 31 days)
letrozole oral tablet 2.5 mg	P	
Folic Acid Antagonists Rescue Agents**		
leucovorin calcium injection solution 500 mg/50ml	P	

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Drug Name	Preference Details	Coverage Details
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg	P	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	P	
Imidazotetrazines**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	P	PA
Janus Associated Kinase (Jak) Inhibitors**		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	P	PA; QL (2 EA per 1 day)
Lhrh Analogs**		
TRELSTAR INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	P	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	P	PA
Mitotic Inhibitors**		
etoposide oral capsule 50 mg	P	
Nitrogen Mustards And Related Analogues**		
cyclophosphamide oral capsule 25 mg, 50 mg	P	PA
LEUKERAN ORAL TABLET 2 MG	P	PA
melphalan oral tablet 2 mg	P	
Nitrosoureas**		
lomustine oral capsule 10 mg, 100 mg, 40 mg	P	PA
Progestins-Antineoplastic**		
megestrol acetate oral suspension 40 mg/ml	P	QL (600 ML per 31 days)
megestrol acetate oral tablet 20 mg, 40 mg	P	
Vascular Endothelial Growth Factor (Vegf) Inhibitors**		
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	P	PA

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Drug Name	Preference Details	Coverage Details
Antiparkinson And Related Therapy Agents		
Antiparkinson Anticholinergics**		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	P	
trihexyphenidyl hcl oral elixir 0.4 mg/ml	P	
trihexyphenidyl hcl oral solution 0.4 mg/ml	P	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	P	
Antiparkinson Dopaminergics**		
amantadine hcl oral capsule 100 mg	P	
amantadine hcl oral solution 50 mg/5ml	P	
amantadine hcl oral syrup 50 mg/5ml	P	
amantadine hcl oral tablet 100 mg	P	
bromocriptine mesylate oral capsule 5 mg	P	
bromocriptine mesylate oral tablet 2.5 mg	P	
Antiparkinson Monoamine Oxidase Inhibitors**		
selegiline hcl oral capsule 5 mg	P	
selegiline hcl oral tablet 5 mg	P	
Levodopa Combinations**		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	P	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	P	
Nonergoline Dopamine Receptor Agonists**		
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	P	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	P	
Peripheral Comt Inhibitors**		
entacapone oral tablet 200 mg	P	
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	P	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	P	

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Drug Name	Preference Details	Coverage Details
lithium carbonate oral tablet 300 mg	P	
lithium oral solution 8 meq/5ml	P	
Antipsychotics - Misc.**		
CAPLYTA ORAL CAPSULE 42 MG	P	QL (1 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	P	
LATUDA ORAL TABLET 120 MG	P	ICD-10 required
LATUDA ORAL TABLET 20 MG, 40 MG	P	ICD-10 required; QL (1 EA per 1 day)
LATUDA ORAL TABLET 60 MG, 80 MG	P	ICD-10 required; QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	P	
NUPLAZID ORAL TABLET 17 MG	P	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	P	ICD-10 required; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	P	ICD-10 required
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	P	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	P	ICD-10 Required
Benzisoxazoles**		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	P	ICD-10 required
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	P	ICD-10 required
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	P	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	P	QL (0.75 ML per 17 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	P	QL (1 ML per 17 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	P	QL (1.5 ML per 17 days)

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Drug Name	Preference Details	Coverage Details
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	P	QL (0.25 ML per 17 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	P	QL (0.5 ML per 17 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 273 MG/0.88ML	P	QL (0.88 ML per 93 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML, 410 MG/1.32ML	P	QL (1.32 ML per 93 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	P	QL (1.75 ML per 93 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML, 819 MG/2.63ML	P	QL (2.63 ML per 93 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	P	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	P	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	
risperidone oral solution 1 mg/ml	P	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	
Butyrophenones**		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	P	
haloperidol lactate injection solution 5 mg/ml	P	
haloperidol lactate oral concentrate 2 mg/ml	P	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	P	
Dibenzodiazepines**		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	P	

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Drug Name	Preference Details	Coverage Details
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	P	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	P	ICD-10 required
Dibenzo-Oxepino Pyrroles**		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	P	
Dibenzothiazepines**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	P	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	P	
Dibenzoxazepines**		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	P	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	P	
Phenothiazines**		
chlorpromazine hcl injection solution 25 mg/ml	P	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	P	
fluphenazine decanoate injection solution 25 mg/ml	P	
fluphenazine hcl injection solution 2.5 mg/ml	P	
fluphenazine hcl oral concentrate 5 mg/ml	P	
fluphenazine hcl oral elixir 2.5 mg/5ml	P	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	P	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	P	
prochlorperazine edisylate injection solution 5 mg/ml	P	
prochlorperazine maleate oral tablet 10 mg, 5 mg	P	
prochlorperazine rectal suppository 25 mg	P	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	P	

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Drug Name	Preference Details	Coverage Details
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	P	
Quinolinone Derivatives**		
ABILIFY INTRAMUSCULAR SOLUTION 9.75 MG/1.3ML	P	ICD-10 required
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	P	ICD-10 required
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	P	ICD-10 required
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	P	ICD-10 required
aripiprazole oral solution 1 mg/ml	P	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	P	
aripiprazole oral tablet dispersible 10 mg, 15 mg	P	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	P	ICD-10 required; QL (2.4 ML per 365 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	P	ICD-10 required; AL (Min 18 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	ICD-10 required; QL (1 EA per 1 day)
Thienbenzodiazepines**		
olanzapine intramuscular solution reconstituted 10 mg	P	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	P	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	P	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	P	ICD-10 required
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	P	

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Drug Name	Preference Details	Coverage Details
Antiseptics & Disinfectants		
Chlorine Antiseptics**		
chlorhexidine gluconate external liquid 4 %	P	QL (480 ML per 31 days)
H-CHLOR WOUND EXTERNAL GEL 0.062 %	P	
Antivirals		
Antiretroviral Combinations**		
abacavir sulfate-lamivudine oral tablet 600-300 mg	P	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	P	QL (62 EA per 31 days)
BIKTARVY ORAL TABLET 50-200-25 MG	P	QL (31 EA per 31 days)
CIMDUO ORAL TABLET 300-300 MG	P	QL (31 EA per 31 days)
COMPLERA ORAL TABLET 200-25-300 MG	P	
DELSTRIGO ORAL TABLET 100-300-300 MG	P	
DESCOVY ORAL TABLET 200-25 MG	P	
DOVATO ORAL TABLET 50-300 MG	P	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	P	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	P	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	P	
GENVOYA ORAL TABLET 150-150-200-10 MG	P	QL (31 EA per 31 days)
JULUCA ORAL TABLET 50-25 MG	P	QL (31 EA per 31 days)
lamivudine-zidovudine oral tablet 150-300 mg	P	
lopinavir-ritonavir oral solution 400-100 mg/5ml	P	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	P	
ODEFSEY ORAL TABLET 200-25-25 MG	P	
PREZCOBIX ORAL TABLET 800-150 MG	P	
STRIBILD ORAL TABLET 150-150-200-300 MG	P	
SYMFI LO ORAL TABLET 400-300-300 MG	P	
SYMFI ORAL TABLET 600-300-300 MG	P	QL (31 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
TRIUMEQ ORAL TABLET 600-50-300 MG	P	QL (31 EA per 31 days)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
SELZENTRY ORAL TABLET 150 MG, 300 MG	P	
SELZENTRY TABLET 25 MG ORAL 25 MG	P	
SELZENTRY TABLET 75 MG ORAL 75 MG	P	
Antiretrovirals - Fusion Inhibitors**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	P	
Antiretrovirals - Integrase Inhibitors**		
ISENTRESS HD ORAL TABLET 600 MG	P	
ISENTRESS ORAL PACKET 100 MG	P	
ISENTRESS ORAL TABLET 400 MG	P	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	P	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	P	
Antiretrovirals - Protease Inhibitors**		
APTIVUS ORAL CAPSULE 250 MG	P	
APTIVUS ORAL SOLUTION 100 MG/ML	P	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	P	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	P	
fosamprenavir calcium oral tablet 700 mg	P	
INVIRASE ORAL CAPSULE 200 MG	P	
INVIRASE ORAL TABLET 500 MG	P	
LEXIVA ORAL SUSPENSION 50 MG/ML	P	
NORVIR ORAL CAPSULE 100 MG	P	
NORVIR ORAL SOLUTION 80 MG/ML	P	
PREZISTA ORAL SUSPENSION 100 MG/ML	P	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	P	
ritonavir oral tablet 100 mg	P	
VIRACEPT ORAL TABLET 250 MG, 625 MG	P	

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Drug Name	Preference Details	Coverage Details
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
EDURANT ORAL TABLET 25 MG	P	
efavirenz oral capsule 200 mg, 50 mg	P	
efavirenz oral tablet 600 mg	P	
etravirine oral tablet 100 mg, 200 mg	P	
INTELENCE ORAL TABLET 25 MG	P	
nevirapine er oral tablet extended release 24 hour 400 mg	P	
nevirapine oral suspension 50 mg/5ml	P	
nevirapine oral tablet 200 mg	P	
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	P	
viramune xr oral tablet extended release 24 hour 100 mg	P	
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate oral solution 20 mg/ml	P	
abacavir sulfate oral tablet 300 mg	P	
didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg	P	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	P	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	P	
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
emtricitabine oral capsule 200 mg	P	QL (31 EA per 31 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	P	QL (744 ML per 31 days)
lamivudine oral solution 10 mg/ml	P	
lamivudine oral tablet 150 mg, 300 mg	P	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
retrovir intravenous solution 10 mg/ml	P	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	P	
stavudine oral solution reconstituted 1 mg/ml	P	
zidovudine oral capsule 100 mg	P	

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Drug Name	Preference Details	Coverage Details
zidovudine oral syrup 50 mg/5ml	P	QL (1860 ML per 31 days)
zidovudine oral tablet 300 mg	P	
Antiretrovirals - Rti-Nucleotide Analogues**		
tenofovir disoproxil fumarate oral tablet 300 mg	P	
viread oral powder 40 mg/gm	P	
VIREAD ORAL TABLET 150 MG	P	QL (31 EA per 31 days)
VIREAD ORAL TABLET 200 MG, 250 MG	P	
Antiretrovirals Adjuvants**		
tybost oral tablet 150 mg	P	QL (31 EA per 31 days)
Hepatitis B Agents**		
adefovir dipivoxil oral tablet 10 mg	P	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	P	QL (700 ML per 31 days)
entecavir oral tablet 0.5 mg, 1 mg	P	
TYZEKA ORAL TABLET 600 MG	P	
Hepatitis C Agent - Combinations**		
MAVYRET ORAL TABLET 100-40 MG	P	PA
sofosbuvir-velpatasvir tablet 400-100 mg oral 400-100 mg	P	PA; Click here to search Prior Authorization criteria for this drug.
Hepatitis C Agents**		
MODERIBA ORAL TABLET 200 MG	P	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	P	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 135 MCG/0.5ML, 180 MCG/0.5ML	P	
PEGASYS SUBCUTANEOUS KIT 180 MCG/0.5ML	P	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	P	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	P	
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML	P	

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Drug Name	Preference Details	Coverage Details
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML	P	
PEG-INTRON SUBCUTANEOUS KIT 120 MCG/0.5ML	P	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	P	
REBETOL ORAL SOLUTION 40 MG/ML	P	QL (1000 ML per 31 days)
RIBASPHERE ORAL TABLET 200 MG	P	
ribavirin oral tablet 200 mg	P	
Herpes Agents - Purine Analogues**		
acyclovir oral capsule 200 mg	P	
acyclovir oral suspension 200 mg/5ml	P	QL (3500 ML per 31 days)
acyclovir oral tablet 400 mg, 800 mg	P	
valacyclovir hcl oral tablet 1 gm, 500 mg	P	
Influenza Agents**		
rimantadine hcl oral tablet 100 mg	P	
Neuraminidase Inhibitors**		
oseltamivir phosphate oral capsule 30 mg	P	QL (40 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	P	QL (20 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	P	QL (360 ML per 365 days); AL (Max 18 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	P	QL (40 EA per 365 days); AL (Min 7 Years)
Beta Blockers		
Alpha-Beta Blockers**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	P	
labetalol hcl intravenous solution 5 mg/ml	P	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	
Beta Blockers Cardio-Selective**		
acebutolol hcl oral capsule 200 mg, 400 mg	P	
atenolol oral tablet 100 mg, 25 mg, 50 mg	P	
bisoprolol fumarate oral tablet 10 mg, 5 mg	P	

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Drug Name	Preference Details	Coverage Details
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	P	
metoprolol tartrate intravenous solution 1 mg/ml	P	
metoprolol tartrate intravenous solution cartridge 5 mg/5ml	P	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	P	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG	P	
Beta Blockers Non-Selective**		
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	
pindolol oral tablet 10 mg, 5 mg	P	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	P	
propranolol hcl intravenous solution 1 mg/ml	P	
propranolol hcl oral solution 20 mg/5ml	P	QL (248 ML per 31 days)
propranolol hcl oral solution 40 mg/5ml	P	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	P	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	P	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	P	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	P	
Calcium Channel Blockers		
Calcium Channel Blockers**		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	P	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	P	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	P	

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Drug Name	Preference Details	Coverage Details
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	P	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	P	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	P	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	P	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	P	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	P	QL (31 EA per 31 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	P	
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	P	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	P	
nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg	P	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	P	
nifedipine oral capsule 10 mg	P	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	P	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	P	
Cardiotonics		
Cardiac Glycosides**		
digoxin injection solution 0.25 mg/ml	P	
digoxin oral solution 0.05 mg/ml	P	
digoxin oral tablet 125 mcg, 250 mcg	P	

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Drug Name	Preference Details	Coverage Details
Cardiovascular Agents - Misc.		
Peripheral Vasodilators**		
no flush niacin oral tablet 500 mg	P	
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
ambrisentan oral tablet 10 mg, 5 mg	P	PA; QL (1 EA per 1 day); AL (Min 18 Years)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
sildenafil citrate oral tablet 20 mg	P	PA; QL (90 EA per 30 days)
tadalafil (pah) oral tablet 20 mg	P	PA
Sinus Node Inhibitors*		
CORLANOR ORAL SOLUTION 5 MG/5ML	P	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	P	PA
Cephalosporins		
Cephalosporins - 1St Generation**		
cefadroxil oral capsule 500 mg	P	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	P	
cefadroxil oral tablet 1 gm	P	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm	P	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	P	
cephalexin oral suspension reconstituted 125 mg/5ml	P	
cephalexin oral suspension reconstituted 250 mg/5ml	P	QL (300 ML per 31 days)
Cephalosporins - 2Nd Generation**		
cefaclor oral capsule 250 mg, 500 mg	P	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	P	
cefprozil oral tablet 250 mg, 500 mg	P	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	P	
cefuroxime axetil oral tablet 250 mg, 500 mg	P	
Cephalosporins - 3Rd Generation**		
cefdinir oral capsule 300 mg	P	

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Drug Name	Preference Details	Coverage Details
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	P	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	P	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	P	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	P	
SUPRAX ORAL CAPSULE 400 MG	P	
Contraceptives		
Biphasic Contraceptives - Oral**		
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	QL (Maximum of 1 tablet daily.
Combination Contraceptives - Oral**		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
APRI ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
AVIANE ORAL TABLET 0.1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
BALZIVA ORAL TABLET 0.4-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
briellyn oral tablet 0.4-35 mg-mcg	P	QL (Maximum of 1 tablet daily)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	P	QL (Maximum of 1 tablet daily)
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	P	QL (Maximum of 1 tablet daily)
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
GIANVI ORAL TABLET 3-0.02 MG	P	QL (Maximum of 1 tablet daily)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)

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Drug Name	Preference Details	Coverage Details
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
LESSINA ORAL TABLET 0.1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	P	QL (Maximum of 1 tablet daily)
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
LORYNA ORAL TABLET 3-0.02 MG	P	QL (Maximum of 1 tablet daily)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
LUTERA ORAL TABLET 0.1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
MONONESSA ORAL TABLET 0.25-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	P	QL (Maximum of 1 tablet daily)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
OCELLA ORAL TABLET 3-0.03 MG	P	QL (Maximum of 1 tablet daily)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)

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Drug Name	Preference Details	Coverage Details
SOLIA ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
SRONYX ORAL TABLET 0.1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
SYEDA ORAL TABLET 3-0.03 MG	P	QL (Maximum of 1 tablet daily)
VESTURA ORAL TABLET 3-0.02 MG	P	QL (Maximum of 1 tablet daily)
ZARAH ORAL TABLET 3-0.03 MG	P	QL (Maximum of 1 tablet daily)
ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
Combination Contraceptives - Transdermal**		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	P	
Combination Contraceptives - Vaginal**		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	P	QL (1 EA per 28 days)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	P	QL (1 EA per 28 days)
Continuous Contraceptives - Oral**		
AMETHYST ORAL TABLET 90-20 MCG	P	QL (Maximum of 1 tablet daily)
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	P	QL (Maximum of 1 tablet daily)
Copper Contraceptives - Iud**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	P	
Emergency Contraceptives**		
levonorgestrel oral tablet 0.75 mg	P	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	P	
OPTION 2 ORAL TABLET 1.5 MG	P	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	P	
Extended-Cycle Contraceptives - Oral**		
QUASENSE ORAL TABLET 0.15-0.03 MG	P	QL (Maximum of 1 tablet daily); QL (91 EA per 91 days)

Drug Name	Preference Details	Coverage Details
Progestin Contraceptives - Implants**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	P	
Progestin Contraceptives - Injectable**		
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	P	QL (1 ML per 93 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	P	QL (1 ML per 93 days)
Progestin Contraceptives - Iud**		
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY	P	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR, 20 MCG/DAY	P	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	P	
Progestin Contraceptives - Oral**		
CAMILA ORAL TABLET 0.35 MG	P	
ERRIN ORAL TABLET 0.35 MG	P	
JOLIVETTE ORAL TABLET 0.35 MG	P	
NORA-BE ORAL TABLET 0.35 MG	P	
Triphasic Contraceptives - Oral**		
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	QL (Maximum of 1 tablet daily)
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	P	QL (Maximum of 1 tablet daily)
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	P	QL (Maximum of 1 tablet daily)
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (Maximum of 1 tablet daily)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (Maximum of 1 tablet daily)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (Maximum of 1 tablet daily)

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Drug Name	Preference Details	Coverage Details
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (Maximum of 1 tablet daily)
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	P	QL (Maximum of 1 tablet daily)
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	QL (Maximum of 1 tablet daily)
Corticosteroids		
Glucocorticosteroids**		
cortisone acetate oral tablet 25 mg	P	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	P	
dexamethasone oral elixir 0.5 mg/5ml	P	
dexamethasone oral solution 0.5 mg/5ml	P	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	P	
dexamethasone sod phosphate pf injection solution 10 mg/ml	P	
dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	P	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	P	
methylprednisolone (pak) oral tablet 4 mg	P	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	P	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	P	
methylprednisolone oral tablet therapy pack 4 mg	P	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	P	
prednisolone oral solution 15 mg/5ml	P	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	P	
prednisone oral solution 5 mg/5ml	P	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	P	

Drug Name	Preference Details	Coverage Details
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	P	
Mineralocorticoids**		
fludrocortisone acetate oral tablet 0.1 mg	P	
Cough/Cold/Allergy		
Antitussive - Nonnarcotic**		
benzonatate oral capsule 100 mg, 200 mg	P	
dextromethorphan polistirex er oral suspension extended release 30 mg/5ml	P	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML	P	
Antitussive - Opioid**		
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	P	AL (Min 18 Years)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	P	AL (Min 18 Years)
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	P	AL (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	P	AL (Min 18 Years)
Antitussive-Antihistamine-Analgesic**		
DELSYM NIGHT TIME MULTI-SYMPT ORAL LIQUID 15-6.25-325 MG/15ML	P	
Antitussive-Expectorant**		
cheratussin ac oral solution 100-10 mg/5ml	P	AL (Min 18 Years)
cheratussin ac oral syrup 100-10 mg/5ml	P	AL (Min 18 Years)
DIABETIC TUSSIN MAX ST ORAL LIQUID 10-200 MG/5ML	P	
extra action cough oral syrup 100-10 mg/5ml	P	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML	P	
mucus relief dm cough oral tablet 20-400 mg	P	
tussin dm oral liquid 100-10 mg/5ml	P	
Antitussive-Expectorants-Decongestant**		
cheratussin dac oral solution 30-10-100 mg/5ml	P	AL (Min 18 Years)
robafen cf cough/cold oral syrup 5-10-100 mg/5ml	P	

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Drug Name	Preference Details	Coverage Details
ROBITUSSIN TO GO COUGH/COLD CF ORAL LIQUID 5-10-100 MG/5ML	P	
Decongestant & Antihistamine**		
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	P	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG	P	
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	P	
BENADRYL-D ALLERGY/SINUS CHILD ORAL SOLUTION 12.5-5 MG/5ML	P	
BROTAPP ORAL LIQUID 1-15 MG/5ML	P	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	P	
DALLERGY ORAL LIQUID 1-2 MG/ML	P	
DELSYM NIGHT TIME COUGH/COLD ORAL LIQUID 6.25-2.5 MG/5ML	P	
DIMETAPP COLD/ALLERGY ORAL ELIXIR 1-2.5 MG/5ML	P	
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	P	
maxifed tr oral tablet 1.25-30 mg	P	
promethazine vc oral syrup 6.25-5 mg/5ml	P	
promethazine vc plain oral syrup 6.25-5 mg/5ml	P	
SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG	P	
triprolidine-pse oral tablet 2.5-60 mg	P	
Decongestant W/ Expectorant**		
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG	P	
Expectorants**		
guaifenesin oral solution 100 mg/5ml	P	
MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG	P	
mucus relief er oral tablet extended release 12 hour 600 mg	P	

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Drug Name	Preference Details	Coverage Details
mucus relief oral tablet 400 mg	P	
refenesen 400 oral tablet 400 mg	P	
refenesen oral tablet 200 mg	P	
robafen oral syrup 100 mg/5ml	P	
Iodine Expectorants**		
SSKI ORAL SOLUTION 1 GM/ML	P	
Misc. Respiratory Inhalants**		
BRONCHO SALINE INHALATION AEROSOL SOLUTION 0.9 %	P	
sodium chloride inhalation nebulization solution 0.9 %, 3 %	P	
Mucolytics**		
acetylcysteine inhalation solution 10 %, 20 %	P	
Non-Narc Antitussive-Antihistamine**		
DIMETAPP LONG ACT COUGH/COLD ORAL SYRUP 1-7.5 MG/5ML	P	
promethazine-dm oral syrup 6.25-15 mg/5ml	P	
ROBITUSSIN CHILD COUGH/COLD LA ORAL LIQUID 1-7.5 MG/5ML	P	
Non-Narc Antitussive-Decongestant-Antihistamine**		
brotapp dm oral liquid 15-1-5 mg/5ml	P	
cold/cough childrens oral elixir 2.5-1-5 mg/5ml	P	
kidkare cough/cold oral liquid 15-1-5 mg/5ml	P	
m-end dm oral liquid 15-2-15 mg/5ml	P	
nohist-dm oral liquid 10-4-15 mg/5ml	P	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	P	
rynex dm oral liquid 2.5-1-5 mg/5ml	P	
Opioid Antitussive-Antihistamine**		
hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml	P	AL (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5ml	P	AL (Min 18 Years)

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Drug Name	Preference Details	Coverage Details
Opioid Antitussive-Decongestant-Antihistamine**		
phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml	P	AL (Min 18 Years)
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	P	AL (Min 18 Years)
Dermatologicals		
Acne Antibiotics**		
clindamycin phosphate external gel 1 %	P	QL (75 GM per 30 days)
clindamycin phosphate external lotion 1 %	P	QL (60 ML per 30 days)
clindamycin phosphate external solution 1 %	P	QL (120 ML per 31 days)
clindamycin phosphate external swab 1 %	P	QL (60 EA per 30 days)
erythromycin external gel 2 %	P	QL (60 GM per 30 days)
erythromycin external solution 2 %	P	QL (60 ML per 30 days)
sulfacetamide sodium external suspension 10 %	P	
Acne Products**		
acne medication 10 external lotion 10 %	P	
acne medication 5 external gel 5 %	P	
acne medication 5 external lotion 5 %	P	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
AVITA EXTERNAL CREAM 0.025 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
AVITA EXTERNAL GEL 0.025 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
benzoyl peroxide cleanser external liquid 6 %	P	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	P	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
cvs creamy acne face wash external liquid 4 %	P	

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Drug Name	Preference Details	Coverage Details
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
kp benzoyl peroxide wash external liquid 10 %, 5 %	P	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
Antibiotic Mixtures Topical**		
double antibiotic external ointment 500-10000 unit/gm	P	
triple antibiotic external ointment 3.5-400-5000 , 5-400-5000	P	
Antibiotic Steroid Combinations - Topical**		
CORTISPORIN EXTERNAL OINTMENT 1 %	P	
Antibiotics - Topical**		
bacitracin external ointment 500 unit/gm	P	
bacitracin zinc external ointment 500 unit/gm	P	
gentamicin sulfate external cream 0.1 %	P	QL (30 GM per 30 days)
gentamicin sulfate external ointment 0.1 %	P	QL (30 GM per 30 days)
mupirocin external ointment 2 %	P	QL (22 GM per 30 days)
Antifungals - Topical Combinations**		
clotrimazole-betamethasone external cream 1-0.05 %	P	QL (45 GM per 30 days)
Antifungals - Topical**		
ciclopirox external solution 8 %	P	QL (6.6 ML per 30 days)

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Drug Name	Preference Details	Coverage Details
ciclopirox olamine external cream 0.77 %	P	QL (90 GM per 30 days)
ciclopirox olamine external suspension 0.77 %	P	QL (60 ML per 30 days)
nystatin external cream 100000 unit/gm	P	QL (30 GM per 30 days)
nystatin external ointment 100000 unit/gm	P	QL (60 GM per 30 days)
nystatin external powder 100000 unit/gm	P	QL (60 GM per 30 days)
terbinafine hcl external cream 1 %	P	QL (30 GM per 30 days)
Anti-Inflammatory Agents - Topical**		
diclofenac sodium transdermal gel 1 %	P	QL (200 GM per 31 days)
Antineoplastic Antimetabolites - Topical**		
fluorouracil external cream 5 %	P	
fluorouracil external solution 2 %, 5 %	P	
Antipruritics - Topical**		
doxepin hcl external cream 5 %	P	ST; Must fail preferred Corticosteroid-Topicals within the past 365 days.; QL (45 GM per 31 days)
Antipsoriatics - Systemic**		
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	P	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	P	PA; Click here to search Prior Authorization criteria for this drug.
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	P	PA; Click here to search Prior Authorization criteria for this drug.
Antipsoriatics**		
calcipotriene external cream 0.005 %	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 GM per 31 days)
calcipotriene external ointment 0.005 %	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 GM per 31 days)

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

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Drug Name	Preference Details	Coverage Details
Corticosteroids - Topical**		
alclometasone dipropionate external cream 0.05 %	P	QL (60 GM per 30 days)
alclometasone dipropionate external ointment 0.05 %	P	QL (60 GM per 30 days)
betamethasone dipropionate aug external cream 0.05 %	P	QL (50 GM per 30 days)
betamethasone dipropionate external cream 0.05 %	P	QL (45 GM per 30 days)
betamethasone dipropionate external lotion 0.05 %	P	QL (60 ML per 30 days)
betamethasone dipropionate external ointment 0.05 %	P	QL (45 GM per 30 days)
betamethasone valerate external cream 0.1 %	P	QL (45 GM per 30 days)
betamethasone valerate external lotion 0.1 %	P	QL (60 ML per 30 days)
betamethasone valerate external ointment 0.1 %	P	QL (45 GM per 30 days)
clobetasol propionate external solution 0.05 %	P	QL (50 ML per 30 days)
desonide external cream 0.05 %	P	QL (60 GM per 30 days)
desonide external ointment 0.05 %	P	QL (60 GM per 30 days)
fluocinolone acetonide body external oil 0.01 %	P	QL (118.28 ML per 30 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	P	QL (60 GM per 30 days)
fluocinolone acetonide external ointment 0.025 %	P	QL (60 GM per 30 days)
fluocinolone acetonide external solution 0.01 %	P	QL (60 ML per 30 days)
fluocinolone acetonide scalp external oil 0.01 %	P	QL (118.28 ML per 30 days)
fluocinonide external cream 0.05 %	P	QL (60 GM per 30 days)
fluocinonide external gel 0.05 %	P	QL (60 GM per 30 days)
fluocinonide external ointment 0.05 %	P	QL (60 GM per 30 days)
fluocinonide external solution 0.05 %	P	QL (60 ML per 30 days)
fluocinonide-e external cream 0.05 %	P	QL (60 GM per 30 days)
fluticasone propionate external cream 0.05 %	P	QL (60 GM per 30 days)

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Drug Name	Preference Details	Coverage Details
fluticasone propionate external ointment 0.005 %	P	QL (60 GM per 30 days)
halobetasol propionate external cream 0.05 %	P	QL (50 GM per 31 days)
halobetasol propionate external ointment 0.05 %	P	QL (50 GM per 31 days)
hydrocortisone external cream 0.5 %, 1 %, 2.5 %	P	QL (180 GM per 30 days)
hydrocortisone external lotion 1 %	P	QL (118 GM per 30 days)
hydrocortisone external lotion 2.5 %	P	QL (118 ML per 30 days)
hydrocortisone external ointment 1 %, 2.5 %	P	QL (180 GM per 30 days)
hydrocortisone valerate external cream 0.2 %	P	QL (60 GM per 30 days)
hydrocortisone valerate external ointment 0.2 %	P	QL (60 GM per 30 days)
mometasone furoate external cream 0.1 %	P	QL (45 GM per 30 days)
mometasone furoate external ointment 0.1 %	P	QL (45 GM per 30 days)
mometasone furoate external solution 0.1 %	P	QL (60 ML per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %	P	QL (454 GM per 30 days)
triamcinolone acetonide external cream 0.5 %	P	QL (180 GM per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	P	QL (454 GM per 30 days)
triamcinolone acetonide external ointment 0.5 %	P	QL (180 GM per 30 days)
Emollient/Keratolytic Agents**		
protexa external cream 42 %	P	
REMEVEN EXTERNAL CREAM 50 %	P	
urea external cream 40 %	P	
Emollients**		
AMLACTIN EXTERNAL LOTION 12 %	P	QL (400 GM per 31 days)
ammonium lactate external cream 12 %	P	QL (400 GM per 31 days)
ammonium lactate external lotion 12 %	P	QL (400 GM per 31 days)
Eyelid Cleansers & Lubricants**		
OCUSOFT HYPOCHLOR EXTERNAL LIQUID	P	
OCUSOFT LID SCRUB FOAMING EXTERNAL SOLUTION	P	

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Drug Name	Preference Details	Coverage Details
OCUSOFT LID SCRUB ORIGINAL EXTERNAL LIQUID	P	
Imidazole-Related Antifungals - Topical**		
ALOE VESTA CLEAR ANTIFUNGAL OINTMENT 2 % EXTERNAL 2 %	P	
baza antifungal external cream 2 %	P	
clotrimazole external cream 1 %	P	QL (45 GM per 30 days)
clotrimazole external solution 1 %	P	QL (30 ML per 30 days)
ketoconazole external cream 2 %	P	QL (60 GM per 30 days)
ketoconazole external shampoo 2 %	P	QL (120 ML per 30 days)
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod external cream 5 %	P	
Insect Repellents**		
CUTTER BACKWOODS EXTERNAL AEROSOL	P	
CUTTER SKINSATIONS EXTERNAL LIQUID 7 %	P	
NATRAPEL 12-HOUR TICK/INSECT EXTERNAL AEROSOL 20 %	P	
OFF ACTIVE EXTERNAL AEROSOL 15 %	P	
OFF DEEP WOODS DRY EXTERNAL AEROSOL	P	
OFF DEEP WOODS EXTERNAL AEROSOL	P	
OFF SMOOTH & DRY EXTERNAL AEROSOL 15 %	P	
REPEL SPORTSMEN EXTERNAL AEROSOL	P	
REPEL SPORTSMEN MAX EXTERNAL AEROSOL 40 %	P	
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %	P	
Keratolytic/Antimitotic Agents**		
CLEAR AWAY 1-STEP WART REMOVER EXTERNAL PAD 40 %	P	
COMPOUND W EXTERNAL LIQUID 17 %	P	
COMPOUND W MAXIMUM STRENGTH EXTERNAL GEL 17 %	P	

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Drug Name	Preference Details	Coverage Details
podofilox external solution 0.5 %	P	
SALACTIC FILM EXTERNAL SOLUTION 17 %	P	
Local Anesthetics - Topical**		
capsaicin external cream 0.025 %	P	QL (60 GM per 30 days)
lidocaine hcl external gel 2 %	P	
lidocaine hcl external solution 4 %	P	
Macrolide Immunosuppressants - Topical**		
pimecrolimus external cream 1 %	P	ST; Must fail preferred topical steroid for 4 weeks within the past 100 days, unless contraindicated.; QL (30 GM per 31 days); AL (Min 2 Years)
Rosacea Agents**		
metronidazole external cream 0.75 %	P	QL (45 GM per 30 days)
metronidazole external gel 0.75 %	P	QL (70 GM per 30 days)
metronidazole external gel 1 %	P	QL (60 GM per 30 days)
Scabicide Combinations**		
lice killing maximum strength external shampoo 0.33-4 %	P	
Scabicides & Pediculicides**		
lice treatment (permethrin 1%) external lotion 1 %	P	
malathion external lotion 0.5 %	P	QL (118 ML per 31 days); AL (Min 6 Years)
permethrin external cream 5 %	P	QL (60 GM per 31 days)
spinosad external suspension 0.9 %	P	ST; Must fail preferred permethrin within the past 100 days; AL (Min 6 Months)
Topical Anesthetic Combinations**		
lidocaine-prilocaine external cream 2.5-2.5 %	P	QL (30 GM per 31 days)
Topical Steroid Combinations**		
hydrocortisone-aloe external cream 1 %	P	
Diagnostic Products		
Diagnostic Drugs**		
dipyridamole intravenous solution 5 mg/ml	P	

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Drug Name	Preference Details	Coverage Details
Diagnostic Tests**		
CLINISTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
DIASTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
KETOSTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
ONETOUCH ULTRA STRIP IN VITRO	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
ONETOUCH VERIO STRIP IN VITRO	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
PRECISION XTRA KETONE IN VITRO STRIP	P	
Multiple Urine Tests**		
KETO-DIASTIX IN VITRO STRIP	P	
Digestive Aids		
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	P	PA
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	P	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT	P	PA
Diuretics		
Carbonic Anhydrase Inhibitors**		
acetazolamide er oral capsule extended release 12 hour 500 mg	P	
acetazolamide oral tablet 125 mg, 250 mg	P	
methazolamide oral tablet 25 mg, 50 mg	P	

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Drug Name	Preference Details	Coverage Details
Diuretic Combinations**		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	P	
spironolactone-hctz oral tablet 25-25 mg	P	
triamterene-hctz oral capsule 37.5-25 mg	P	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	P	
Loop Diuretics**		
bumetanide injection solution 0.25 mg/ml	P	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	P	
furosemide oral solution 10 mg/ml, 8 mg/ml	P	
furosemide oral tablet 20 mg, 40 mg, 80 mg	P	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	P	
Potassium Sparing Diuretics**		
amiloride hcl oral tablet 5 mg	P	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	P	
Thiazides And Thiazide-Like Diuretics**		
chlorothiazide oral tablet 250 mg, 500 mg	P	
chlorthalidone oral tablet 25 mg, 50 mg	P	
DIURIL ORAL SUSPENSION 250 MG/5ML	P	
hydrochlorothiazide oral capsule 12.5 mg	P	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	P	
indapamide oral tablet 1.25 mg, 2.5 mg	P	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	P	
Endocrine And Metabolic Agents - Misc.		
Bisphosphonates**		
alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg	P	
ibandronate sodium oral tablet 150 mg	P	QL (1 EA per 28 days)
Calcitonins**		
calcitonin (salmon) nasal solution 200 unit/act	P	

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Drug Name	Preference Details	Coverage Details
Carnitine Replenisher - Agents**		
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	P	
levocarnitine oral solution 1 gm/10ml	P	QL (900 ML per 31 days)
levocarnitine oral tablet 330 mg	P	
Dopamine Receptor Agonists**		
cabergoline oral tablet 0.5 mg	P	
Gaa Deficiency Treatment - Agents**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	P	PA
Growth Hormones**		
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	P	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	P	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	P	PA
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	P	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	P	PA
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	P	
calcitriol oral solution 1 mcg/ml	P	
Rank Ligand (Rankl) Inhibitors**		
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	P	PA; QL (1 ML per 180 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	P	PA; QL (1 ML per 180 days)
Selective Estrogen Receptor Modulators (Serms)**		
raloxifene hcl oral tablet 60 mg	P	
Vasopressin**		
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	P	
desmopressin ace spray refrig nasal solution 0.01 %	P	

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Drug Name	Preference Details	Coverage Details
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	P	
desmopressin acetate spray nasal solution 0.01 %	P	
Estrogens		
Estrogen & Progestin**		
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	P	
PREMPHASE ORAL TABLET 0.625-5 MG	P	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	P	
Estrogens**		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	P	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	P	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	P	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	P	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	
Fluoroquinolones		
Fluoroquinolones**		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	P	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	P	
Gastrointestinal Agents - Misc.		
Antiflatulents**		
gas relief oral suspension 20 mg/0.3ml	P	
simethicone oral suspension 40 mg/0.6ml	P	
simethicone oral tablet chewable 80 mg	P	
Gallstone Solubilizing Agents**		
ursodiol oral capsule 300 mg	P	
Gastrointestinal Chloride Channel Activators**		
lubiprostone oral capsule 24 mcg, 8 mcg	P	PA

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Drug Name	Preference Details	Coverage Details
Gastrointestinal Stimulants**		
metoclopramide hcl oral solution 5 mg/5ml	P	QL (1500 ML per 31 days)
metoclopramide hcl oral tablet 10 mg, 5 mg	P	
Inflammatory Bowel Agents**		
balsalazide disodium oral capsule 750 mg	P	
mesalamine er oral capsule extended release 24 hour 0.375 gm	P	
mesalamine rectal enema 4 gm	P	QL (1800 ML per 31 days)
sulfasalazine oral tablet 500 mg	P	
sulfasalazine oral tablet delayed release 500 mg	P	
Intestinal Acidifiers**		
generlac oral solution 10 gm/15ml	P	QL (4185 ML per 31 days)
Phosphate Binder Agents**		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	P	ST; Must fail preferred Calcium acetate tablet or Calcium acetate capsule within the past 100 days.
calcium acetate (phos binder) oral capsule 667 mg	P	QL (372 EA per 31 days)
calcium acetate (phos binder) oral tablet 667 mg	P	QL (372 EA per 31 days)
ELIPHOS ORAL TABLET 667 MG	P	QL (372 EA per 31 days)
Tumor Necrosis Factor Alpha Blockers**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	P	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	P	PA; Click here to search Prior Authorization criteria for this drug.
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	P	PA; Click here to search Prior Authorization criteria for this drug.
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	P	PA; Click here to search Prior Authorization criteria for this drug.
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	P	PA; Click here to search Prior Authorization criteria for this drug.

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Drug Name	Preference Details	Coverage Details
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG, 2 X 200 MG/ML	P	PA; Click here to search Prior Authorization criteria for this drug.
Genitourinary Agents - Miscellaneous		
5-Alpha Reductase Inhibitors**		
dutasteride oral capsule 0.5 mg	P	
finasteride oral tablet 5 mg	P	
Alpha 1-Adrenoceptor Antagonists**		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	P	
tamsulosin hcl oral capsule 0.4 mg	P	
Citrates**		
sod citrate-citric acid oral solution 500-334 mg/5ml	P	QL (3600 ML per 31 days)
Genitourinary Irrigants**		
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	P	QL (1000 ML per 31 days)
sodium chloride irrigation solution 0.9 %	P	QL (1000 ML per 31 days)
Interstitial Cystitis Agents**		
pentosan polysulfate sodium oral capsule delayed release 150 mg, 200 mg	P	
Urinary Analgesics**		
phenazopyridine hcl oral tablet 100 mg	P	
phenazopyridine hcl oral tablet 200 mg	P	QL (12 EA per 31 days)
Gout Agents		
Gout Agent Combinations**		
colchicine-probenecid oral tablet 0.5-500 mg	P	
Gout Agents**		
allopurinol oral tablet 100 mg, 300 mg	P	
colchicine oral tablet 0.6 mg	P	
Uricosurics**		
probenecid oral tablet 500 mg	P	
Hematological Agents - Misc.		
Bradykinin B2 Receptor Antagonists**		
icatibant acetate subcutaneous solution 30 mg/3ml	P	PA

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Drug Name	Preference Details	Coverage Details
C1 Inhibitors**		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	P	
Hematorheologic Agents**		
pentoxifylline er oral tablet extended release 400 mg	P	
Phosphodiesterase Iii Inhibitors**		
cilostazol oral tablet 100 mg, 50 mg	P	
Platelet Aggregation Inhibitors**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	P	
Quinazoline Agents**		
anagrelide hcl oral capsule 0.5 mg, 1 mg	P	
Thienopyridine Derivatives**		
clopidogrel bisulfate oral tablet 75 mg	P	
Hematopoietic Agents		
Cobalamins**		
b-12 oral tablet dispersible 1000 mcg	P	
cyanocobalamin injection solution 1000 mcg/ml	P	
vitamin b-12 er oral tablet extended release 1000 mcg	P	
vitamin b-12 oral tablet 1000 mcg, 250 mcg, 500 mcg	P	
vitamin b-12 sublingual tablet sublingual 1000 mcg	P	
Cytotoxic Agents**		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	P	
Erythropoiesis-Stimulating Agents (Esas)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	P	PA

Drug Name	Preference Details	Coverage Details
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	P	PA
Folic Acid/Folate Combinations**		
folbee oral tablet 2.5-25-1 mg	P	
Folic Acid/Folates**		
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	P	
Granulocyte Colony-Stimulating Factors (G-Csf)**		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	P	PA
Iron Combinations**		
CENTRATEX ORAL CAPSULE 106-1 MG	P	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	P	
Iron**		
ferretts oral tablet 325 (106 fe) mg	P	
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg	P	
ferrous gluconate oral tablet 239 (27 fe) mg, 324 (38 fe) mg	P	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	P	
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	P	
ferrous sulfate oral solution 300 mg/6.8ml, 75 (15 fe) mg/ml	P	
ferrous sulfate oral tablet 325 (65 fe) mg	P	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	P	
iron oral tablet 325 (65 fe) mg	P	
POLY-IRON 150 ORAL CAPSULE 150 MG	P	
slow release iron oral tablet extended release 160 (50 fe) mg	P	

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Drug Name	Preference Details	Coverage Details
Hypnotics/Sedatives/Sleep Disorder Agents		
Antihistamine Hypnotics**		
diphenhydramine hcl (sleep) oral tablet 50 mg	P	
sleep aid oral tablet 25 mg	P	
Barbiturate Hypnotics**		
phenobarbital oral elixir 20 mg/5ml	P	QL (2000 ML per 31 days)
phenobarbital oral tablet 100 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	P	
phenobarbital oral tablet 15 mg	P	QL (310 EA per 31 days)
phenobarbital oral tablet 16.2 mg	P	QL (383 EA per 31 days)
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	P	
Benzodiazepine Hypnotics**		
estazolam oral tablet 1 mg, 2 mg	P	
temazepam oral capsule 15 mg, 30 mg	P	
triazolam oral tablet 0.125 mg, 0.25 mg	P	AL (Min 18 Years)
Non-Benzodiazepine - Gaba-Receptor Modulators**		
zolpidem tartrate oral tablet 10 mg, 5 mg	P	QL (31 EA per 31 days); AL (Min 18 Years)
Laxatives		
Bowel Evacuant Combinations**		
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	P	QL (4000 ML per 31 days)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	P	QL (4000 ML per 31 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	P	QL (1 EA per 31 days)
peg 3350/electrolytes oral solution reconstituted 240 gm	P	QL (4000 ML per 31 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	P	QL (4000 ML per 31 days)
peg-3350/electrolytes oral solution reconstituted 236 gm	P	QL (4000 ML per 31 days)
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	P	QL (4000 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
Bulk Laxatives**		
fiber oral tablet 625 mg	P	
METAMUCIL ORAL CAPSULE 0.36 GM, 0.52 GM	P	
METAMUCIL ORAL WAFER	P	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %	P	
natural fiber laxative oral powder 48.57 %	P	
natural fiber therapy oral powder 48.57 %	P	
Laxatives - Miscellaneous**		
cvs glycerin adult rectal suppository 2 gm	P	
lactulose oral solution 10 gm/15ml	P	QL (4185 ML per 31 days)
polyethylene glycol 3350 oral packet 17 gm	P	
polyethylene glycol 3350 oral powder 17 gm/scoop	P	QL (527 GM per 31 days)
sorbitol oral solution 70 %	P	
Laxatives & Dss**		
senna-docusate sodium oral tablet 8.6-50 mg	P	
Saline Laxative Mixtures**		
enema disposable rectal enema	P	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML	P	
Saline Laxatives**		
milk of magnesia oral suspension 1200 mg/15ml, 400 mg/5ml, 7.75 %	P	
Stimulant Laxatives**		
bisacodyl ec oral tablet delayed release 5 mg	P	
bisacodyl rectal suppository 10 mg	P	
laxative rectal suppository 10 mg	P	
senna oral syrup 8.8 mg/5ml	P	
senna oral tablet 8.6 mg	P	
stimulant laxative oral tablet delayed release 5 mg	P	
Surfactant Laxatives**		
docusate calcium oral capsule 240 mg	P	
docusate sodium oral tablet 100 mg	P	
silace oral liquid 150 mg/15ml	P	

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Drug Name	Preference Details	Coverage Details
stool softener oral capsule 100 mg, 250 mg	P	
Local Anesthetics-Parenteral		
Local Anesthetics - Amides**		
lidocaine hcl (pf) injection solution 1.5 %, 2 %	P	
lidocaine hcl injection solution 0.5 %, 1 %, 1.5 %	P	
Macrolides		
Azithromycin**		
azithromycin hydrogencitrate intravenous solution reconstituted 2.5 gm	P	
azithromycin intravenous solution reconstituted 500 mg	P	
azithromycin oral packet 1 gm	P	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	P	
azithromycin oral tablet 250 mg	P	QL (12 EA per 31 days)
azithromycin oral tablet 500 mg, 600 mg	P	
Clarithromycin**		
clarithromycin er oral tablet extended release 24 hour 500 mg	P	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	P	
clarithromycin oral tablet 250 mg, 500 mg	P	
Erythromycins**		
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	P	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	P	
erythromycin base oral capsule delayed release particles 250 mg	P	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	P	
erythromycin ethylsuccinate oral tablet 400 mg	P	
Medical Devices And Supplies		
Applicators,Cotton Balls,Etc**		
alcohol pads pad 70 %	P	QL (100 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
Glucose Monitoring Test Supplies**		
FREESTYLE LIBRE 14 DAY READER DEVICE	P	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	P	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE	P	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	P	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE	P	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE SENSOR SYSTEM	P	PA; QL (3 EA per 30 days)
glucose control in vitro solution	P	
lancet device	P	
lancets	P	QL (200 EA per 31 days)
ONETOUCH ULTRA 2 KIT W/DEVICE	P	
ONETOUCH ULTRA 2 KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH ULTRA MINI KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH ULTRALINK KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO REFLECT KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE W/DEVICE	P	QL (1 EA per 365 days)
Needles & Syringes**		
BD AUTOSHIELD 29G X 5MM 29G X 5MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD AUTOSHIELD 29G X 8MM 29G X 8MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old

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Drug Name	Preference Details	Coverage Details
BD AUTOSHIELD DUO 30G X 5 MM 30G X 5 MM	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML 31G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML 31G X 5/16" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 25G X 1" 1 ML 25G X 1" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 25G X 5/8" 1 ML 25G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 26G X 1/2" 1 ML 26G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML 27.5G X 5/8" 2 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 27G X 1/2" 1 ML 27G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 28G X 1/2" 1 ML 28G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML 29G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML 29G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 1 ML 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE 29G X 1/2" 2 ML 29G X 1/2" 2 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML 27G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.3 ML 28G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML 28G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML 28G X 1/2" 1 ML	P	QL (100 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML 30G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML 30G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML 30G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML 31G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML 31G X 5/16" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-100 1 ML U-100 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-40 25G X 5/8" 1 ML 25G X 5/8" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML 31G X 6MM 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML 29G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML 29G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML 30G X 1/2" 0.3 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML 30G X 1/2" 0.5 ML	P	QL (100 EA per 31 days)
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML 31G X 5/16" 0.5 ML	P	QL (100 EA per 31 days)
BD INTEGRA INSULIN SYRINGE 29G X 1/2" 1 ML 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD INTEGRA SYRINGE 25G X 1" 1 ML 25G X 1" 1 ML	P	QL (100 EA per 31 days)
BD PEN NEEDLE MICRO U/F 32G X 6 MM 32G X 6 MM	P	

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

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Drug Name	Preference Details	Coverage Details
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML 31G X 15/64" 0.5 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML 31G X 15/64" 1 ML	P	QL (100 EA per 31 days)
Peak Flow Meters**		
peak flow meter device	P	QL (2 EA per 365 days)
Respiratory Therapy Supplies**		
IN-CHECK DIAL FLOW TRAINER DEVICE	P	QL (2 EA per 365 days)
THRESHOLD PEP DEVICE	P	QL (2 EA per 365 days)
Spacer/Aerosol-Holding Chambers & Supplies**		
AEROCHAMBER MV	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	P	QL (2 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL	P	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	P	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR	P	QL (2 EA per 365 days)
EASIVENT	P	QL (2 EA per 365 days)
E-Z SPACER DEVICE	P	QL (2 EA per 365 days)
MICROCHAMBER	P	QL (2 EA per 365 days)
MICROSPACER	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-LG MASK	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-LARGE	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	P	QL (2 EA per 365 days)
OPTIHALER	P	QL (2 EA per 365 days)
OPTIHALER DEVICE	P	QL (2 EA per 365 days)
POCKET CHAMBER DEVICE	P	QL (2 EA per 365 days)
POCKET SPACER DEVICE	P	QL (2 EA per 365 days)
WATCHHALER DEVICE	P	QL (2 EA per 365 days)

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Drug Name	Preference Details	Coverage Details
Migraine Products		
Selective Serotonin Agonists 5-Ht(1)**		
naratriptan hcl oral tablet 1 mg, 2.5 mg	P	ST; Must fail preferred sumatriptan, rizatriptan, rizatriptan odt tablets within the past 100 days.; QL (9 EA per 31 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	P	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	P	
sumatriptan nasal solution 20 mg/act, 5 mg/act	P	QL (12 EA per 31 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	P	QL (9 EA per 31 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	P	QL (4 ML per 31 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	P	QL (4 ML per 31 days)
TOSYMRA NASAL SOLUTION 10 MG/ACT	P	QL (12 EA per 31 days)
Minerals & Electrolytes		
Calcium Combinations**		
calcium 600/vitamin d3 oral tablet 600-800 mg-unit	P	
calcium carb-cholecalciferol oral tablet 600-400 mg-unit	P	
calcium carbonate w/vitamin d oral tablet 600-400 mg-unit	P	
calcium carbonate-vitamin d oral tablet 600-400 mg-unit	P	
calcium oral tablet chewable 500-100 mg-unit	P	
calcium+d3 oral tablet 600-800 mg-unit	P	
CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-333 MG-UNIT	P	
oyster shell calcium/vitamin d oral packet 500-200 mg-unit	P	
Calcium**		
calcium carbonate oral suspension 1250 (500 ca) mg/5ml	P	

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Drug Name	Preference Details	Coverage Details
calcium carbonate oral tablet 1250 (500 ca) mg, 600 mg	P	
calcium lactate oral tablet 648 mg	P	
cal-lac oral capsule 500 mg	P	
oyster calcium oral tablet 500 mg	P	
oyster shell calcium oral tablet 500 mg	P	
Electrolytes Oral**		
ORALYTE FREEZER POPS ORAL SOLUTION	P	QL (4000 ML per 31 days)
ORALYTE ORAL SOLUTION	P	QL (4000 ML per 31 days)
Electrolytes Parenteral**		
lactated ringers intravenous solution	P	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%, 40 meq/250ml	P	
Fluoride Combinations**		
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG	P	
Fluoride**		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	P	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	P	
Magnesium**		
MAG64 ORAL TABLET EXTENDED RELEASE 535 (64 MG) MG	P	
magdelay oral tablet delayed release 70 mg	P	
mag-delay oral tablet extended release 535 (64 mg) mg	P	
magnesium oxide 400 oral packet 240 mg	P	
magnesium oxide oral tablet 400 (240 mg) mg, 400 (241.3 mg) mg, 420 (252 mg) mg, 500 mg	P	
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ)	P	
sm magnesium oxide oral tablet 250 mg	P	
Phosphate**		
phos-nak oral packet 280-160-250 mg	P	

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Drug Name	Preference Details	Coverage Details
Potassium**		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	P	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	P	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	P	
potassium chloride er oral capsule extended release 10 meq, 8 meq	P	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	P	
potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 2 meq/ml, 40 meq/100ml	P	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	P	
Sodium**		
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 %	P	
normal saline flush intravenous solution 0.9 %	P	
saline flush intravenous solution 0.9 %	P	
sodium chloride (pf) injection solution 0.9 %	P	QL (310 ML per 31 days)
sodium chloride injection solution 0.9 %	P	QL (310 ML per 31 days)
sodium chloride intravenous solution 0.45 %, 0.9 %	P	
sodium chloride oral tablet 1 gm	P	
Zinc**		
zinc sulfate oral capsule 220 (50 zn) mg	P	
zinc sulfate oral tablet 220 (50 zn) mg	P	
Miscellaneous Therapeutic Classes		
Antileprotics**		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	P	PA

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Drug Name	Preference Details	Coverage Details
Cyclosporine Analogs**		
cyclosporine intravenous solution 50 mg/ml	P	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	P	
cyclosporine modified oral solution 100 mg/ml	P	
cyclosporine oral capsule 100 mg, 25 mg	P	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
GENGRAF ORAL SOLUTION 100 MG/ML	P	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	P	
Immunomodulators For Myelodysplastic Syndromes**		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	P	PA
Inosine Monophosphate Dehydrogenase Inhibitors**		
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	P	
mycophenolate mofetil oral capsule 250 mg	P	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	P	
mycophenolate mofetil oral tablet 500 mg	P	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	P	
Macrolide Immunosuppressants**		
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	P	
RAPAMUNE ORAL SOLUTION 1 MG/ML	P	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	P	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	P	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	P	
Monoclonal Antibodies**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	P	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	P	

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Drug Name	Preference Details	Coverage Details
Potassium Removing Agents**		
sodium polystyrene sulfonate oral powder	P	QL (454 GM per 31 days)
SPS ORAL SUSPENSION 15 GM/60ML	P	
Purine Analogs**		
azathioprine oral tablet 50 mg	P	
Selective T-Cell Costimulation Blockers**		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	P	
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral**		
lidocaine viscous mouth/throat solution 2 %	P	
Anti-Infectives - Throat**		
clotrimazole mouth/throat lozenge 10 mg	P	
clotrimazole mouth/throat troche 10 mg	P	
nystatin mouth/throat suspension 100000 unit/ml	P	QL (300 ML per 31 days)
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	P	QL (480 ML per 31 days)
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	P	QL (480 ML per 31 days)
Fluoride Dental Products**		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	P	
DENTAGEL DENTAL GEL 1.1 %	P	
FLUORIDEX DAILY DEFENSE DENTAL GEL 1.1 %	P	
KARIGEL DENTAL GEL 1.1 %	P	
PHOS-FLUR DENTAL GEL 1.1 %	P	
sf 5000 plus dental cream 1.1 %	P	
Saliva Stimulants**		
pilocarpine hcl oral tablet 5 mg, 7.5 mg	P	
Steroids - Mouth/Throat/Dental**		
triamcinolone acetonide mouth/throat paste 0.1 %	P	

Drug Name	Preference Details	Coverage Details
Multivitamins		
B-Complex Vitamins**		
b complex oral capsule	P	
B-Complex W/ C & Folic Acid**		
DIALYVITE ORAL TABLET	P	
rena-vite oral tablet	P	
triphrocaps oral capsule 1 mg	P	
B-Complex W/ C**		
vitamin b complex-c oral capsule	P	
Multiple Vitamins W/ Iron**		
tab-a-vite/iron oral tablet	P	
Multiple Vitamins W/ Minerals**		
AQUADEKS ORAL CAPSULE	P	
CERTAVITE/ANTIOXIDANTS ORAL TABLET	P	
Multivitamins**		
daily multiple vitamins oral tablet	P	
once daily oral tablet	P	
thera-tabs oral tablet	P	
Ped Multi Vitamins W/Fl & Fe**		
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml	P	
Ped Multiple Vitamins W/ Minerals & C**		
VITAMAX PEDIATRIC ORAL SOLUTION	P	
Ped Mv W/ Fluoride**		
multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	P	AL (Max 17 Years)
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	P	AL (Max 17 Years)
Ped Mv W/ Iron**		
polyvitamin/iron oral solution 10 mg/ml	P	
Ped Vitamins Acd Fluoride & Iron**		
tri-vit/fluoride/iron oral solution 0.25-10 mg/ml	P	
Ped Vitamins Acd W/ Fluoride**		
tri-vit/fluoride oral solution 0.25 mg/ml	P	
tri-vitamin/fluoride oral solution 0.5 mg/ml	P	

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Drug Name	Preference Details	Coverage Details
vitamins acd-fluoride oral solution 0.25 mg/ml	P	
Pediatric Multiple Vitamins W/ C & Fa**		
childrens chewable multi vits oral tablet chewable	P	
Pediatric Multiple Vitamins W/ C**		
polyvitamin oral solution 35 mg/ml	P	
Pediatric Vitamins A & D W/ C**		
TRI-VI-SOL ORAL SOLUTION 750-400-35 UNIT-MG/ML	P	
tri-vitamin infant & toddler oral solution 500-10-50 mcg-mg/ml	P	
tri-vitamin oral solution 1500-400-35	P	
Prenatal Mv & Min W/Fe-Fa**		
CO-NATAL FA ORAL TABLET	P	
ELITE-OB ORAL TABLET 50-1.25 MG	P	
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG, 85-1 MG	P	
MYNATAL ADVANCE ORAL TABLET	P	
mynatal-z oral tablet	P	
mynate 90 plus oral tablet extended release	P	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	P	
PRENATABS RX ORAL TABLET 29-1 MG	P	
prenatal 19 oral tablet chewable	P	
prenatal low iron oral tablet 27-0.8 mg	P	
prenatal oral tablet 28-0.8 mg	P	
prenatal plus iron oral tablet 29-1 mg	P	
prenatal plus oral tablet 27-1 mg	P	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	P	
TARON-C DHA ORAL CAPSULE 35-1 MG, 53.5-38-1 MG	P	
trinatal rx 1 oral tablet 60-1 mg	P	
TRINATE ORAL TABLET	P	
VINATE AZ EXTRA ORAL TABLET 29-1 MG	P	
VINATE II ORAL TABLET 29-1 MG	P	
VINATE M ORAL TABLET 27-1 MG	P	

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Drug Name	Preference Details	Coverage Details
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**		
PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR)	P	
Musculoskeletal Therapy Agents		
Central Muscle Relaxants**		
baclofen oral tablet 10 mg, 20 mg	P	
carisoprodol oral tablet 350 mg	P	QL (124 EA per 31 days)
chlorzoxazone oral tablet 500 mg	P	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	P	QL (93 EA per 31 days)
methocarbamol oral tablet 500 mg, 750 mg	P	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	P	
tizanidine hcl oral tablet 2 mg, 4 mg	P	
Direct Muscle Relaxants**		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	P	
Viscosupplements**		
supartz intra-articular solution prefilled syringe 25 mg/2.5ml	P	PA
Nasal Agents - Systemic And Topical		
Nasal Agents - Misc.**		
saline nasal spray nasal solution 0.65 %	P	
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %, 0.06 %	P	
Nasal Antihistamines**		
azelastine hcl nasal solution 0.1 %	P	
Nasal Mast Cell Stabilizers**		
cromolyn sodium nasal aerosol solution 5.2 mg/act	P	
Nasal Steroids**		
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT	P	
flunisolide nasal solution 25 mcg/act (0.025%)	P	
fluticasone propionate nasal suspension 50 mcg/act	P	

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Drug Name	Preference Details	Coverage Details
Systemic Decongestants**		
childrens silfedrine oral liquid 15 mg/5ml	P	
nasal decongestant oral syrup 30 mg/5ml	P	
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	P	
pseudoephedrine hcl oral tablet 30 mg, 60 mg	P	
SUDAFED PE MAXIMUM STRENGTH ORAL TABLET 10 MG	P	
SUDOGEST ORAL TABLET 60 MG	P	
Nutrients		
Misc. Nutritional Substances**		
fish oil concentrate oral capsule 1000 mg	P	
fish oil oral capsule 1000 mg	P	
omega-3 oral capsule 1000 mg	P	
Ophthalmic Agents		
Artificial Tear And Lubricant Combinations**		
eye lubricant ophthalmic ointment	P	
Artificial Tears And Lubricants**		
artificial tears ophthalmic solution 1.4 %	P	QL (15 ML per 31 days)
Beta-Blockers - Ophthalmic Combinations**		
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	P	
Beta-Blockers - Ophthalmic**		
betaxolol hcl ophthalmic solution 0.5 %	P	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	P	
carteolol hcl ophthalmic solution 1 %	P	
levobunolol hcl ophthalmic solution 0.5 %	P	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	P	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	P	
Cycloplegic Mydriatics**		
atropine sulfate ophthalmic ointment 1 %	P	
atropine sulfate ophthalmic solution 1 %	P	

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Drug Name	Preference Details	Coverage Details
Miotics - Direct Acting**		
pilocarpine hcl ophthalmic solution 2 %	P	
Ophthalmic Antiallergic**		
cromolyn sodium ophthalmic solution 4 %	P	
ketotifen fumarate ophthalmic solution 0.025 %	P	
olopatadine hcl ophthalmic solution 0.1 %	P	QL (10 ML per 30 days)
Ophthalmic Antibiotics**		
bacitracin ophthalmic ointment 500 unit/gm	P	
ciprofloxacin hcl ophthalmic solution 0.3 %	P	QL (10 ML per 30 days)
erythromycin ophthalmic ointment 5 mg/gm	P	
gentamicin sulfate ophthalmic ointment 0.3 %	P	
gentamicin sulfate ophthalmic solution 0.3 %	P	
ofloxacin ophthalmic solution 0.3 %	P	QL (10 ML per 30 days)
tobramycin ophthalmic solution 0.3 %	P	
Ophthalmic Anti-Infective Combinations**		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	P	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	P	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	P	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	P	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	P	
Ophthalmic Antivirals**		
trifluridine ophthalmic solution 1 %	P	
Ophthalmic Carbonic Anhydrase Inhibitors**		
Azopt Ophthalmic Suspension 1 %	Non-Formulary	
brinzolamide ophthalmic suspension 1 %	P	
dorzolamide hcl ophthalmic solution 2 %	P	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
diclofenac sodium ophthalmic solution 0.1 %	P	

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Drug Name	Preference Details	Coverage Details
flurbiprofen sodium ophthalmic solution 0.03 %	P	
ketorolac tromethamine ophthalmic solution 0.5 %	P	
Ophthalmic Selective Alpha Adrenergic Agonists**		
brimonidine tartrate ophthalmic solution 0.2 %	P	
Ophthalmic Steroid Combinations**		
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	P	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	P	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	P	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	P	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	P	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	P	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	P	QL (20 ML per 30 days)
Ophthalmic Steroids**		
dexamethasone sodium phosphate ophthalmic solution 0.1 %	P	QL (10 ML per 30 days)
fluorometholone ophthalmic suspension 0.1 %	P	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	P	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %	P	QL (10 ML per 30 days)
LOTEMAX OPHTHALMIC GEL 0.5 %	P	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	P	
loteprednol etabonate ophthalmic suspension 0.5 %	P	QL (10 ML per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	P	
prednisolone acetate ophthalmic suspension 1 %	P	

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Drug Name	Preference Details	Coverage Details
VEXOL OPHTHALMIC SUSPENSION 1 %	P	
Ophthalmic Sulfonamides**		
sulfacetamide sodium ophthalmic solution 10 %	P	
Prostaglandins - Ophthalmic**		
latanoprost ophthalmic solution 0.005 %	P	QL (5 ML per 31 days)
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic solution 2 %	P	
carbamoxide ear drops otic solution 6.5 %	P	
Otic Analgesic Combinations**		
antipyrine-benzocaine otic solution 5.4-1.4 %, 5.5-1.4 %	P	
Otic Anti-Infectives**		
ofloxacin otic solution 0.3 %	P	QL (10 ML per 30 days)
Otic Steroid-Anti-Infective Combinations**		
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	P	ST; Members above 6 years old must fail ofloxacin 0.3% ear drops within the past 100 days.; Preferred for members 6 years old and younger; Members 7 years old and older covered w/step edit; AL (Max 6 Years)
neomycin-polymyxin-hc otic solution 3.5-10000-1	P	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	P	
Oxytocics		
Oxytocics**		
methylergonovine maleate injection solution 0.2 mg/ml	P	
methylergonovine maleate oral tablet 0.2 mg	P	
Passive Immunizing And Treatment Agents		
Antiviral Monoclonal Antibodies**		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	P	PA

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Drug Name	Preference Details	Coverage Details
Penicillins		
Aminopenicillins**		
amoxicillin oral capsule 250 mg, 500 mg	P	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	P	QL (300 ML per 31 days)
amoxicillin oral tablet 500 mg, 875 mg	P	
amoxicillin oral tablet chewable 125 mg, 250 mg	P	
ampicillin oral capsule 250 mg, 500 mg	P	
ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	P	
Natural Penicillins**		
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	P	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	P	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	P	
penicillin g procaine intramuscular suspension 600000 unit/ml	P	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	P	QL (300 ML per 31 days)
penicillin v potassium oral tablet 250 mg, 500 mg	P	
Penicillin Combinations**		
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	P	QL (300 ML per 31 days)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	P	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	P	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	P	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	P	

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Drug Name	Preference Details	Coverage Details
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	P	
oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm	P	
Progestins		
Progestins**		
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	P	PA
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	P	
norethindrone acetate oral tablet 5 mg	P	
progesterone micronized oral capsule 100 mg, 200 mg	P	
Psychotherapeutic And Neurological Agents - Misc.		
Alcohol Deterrents**		
acamprosate calcium oral tablet delayed release 333 mg	P	QL (186 EA per 31 days)
disulfiram oral tablet 250 mg, 500 mg	P	
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	P	
Cholinomimetics - Ache Inhibitors**		
donepezil hcl oral tablet 10 mg, 5 mg	P	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	P	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	P	
Movement Disorder Drug Therapy**		
tetrabenazine oral tablet 12.5 mg, 25 mg	P	PA
Ms Agents - Pyrimidine Synthesis Inhibitors**		
AUBAGIO ORAL TABLET 14 MG, 7 MG	P	PA; QL (1 EA per 1 day)
Multiple Sclerosis Agents - Interferons**		
AVONEX INTRAMUSCULAR KIT 30 MCG	P	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	P	PA

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Drug Name	Preference Details	Coverage Details
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	P	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	P	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	P	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	P	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	P	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	P	PA
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	P	PA
dimethyl fumarate starter pack oral 120 & 240 mg	P	PA
Multiple Sclerosis Agents**		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	P	PA
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	P	PA
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl oral solution 2 mg/ml	P	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	P	
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	P	
Psychotherapeutic And Neurological Agents - Misc.**		
pimozide oral tablet 1 mg, 2 mg	P	AL (Min 12 Years)

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Drug Name	Preference Details	Coverage Details
Smoking Deterrents**		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	P	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	P	QL (112 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	P	QL (112 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	P	QL (53 EA per 365 days)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	P	QL (2016 EA per 365 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	P	QL (620 EA per 31 days)
nicotine transdermal kit 21-14-7 mg/24hr	P	QL (56 EA per 365 days)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	P	QL (70 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	P	
NICOTROL NS NASAL SOLUTION 10 MG/ML	P	
Thienbenzodiazepines & Opioid Antagonists**		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	P	QL (1 EA per 1 day)
Thienbenzodiazepines & Ssris**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	P	
Respiratory Agents - Misc.		
Cftr Potentiators**		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	P	PA
KALYDECO ORAL TABLET 150 MG	P	PA
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML	P	PA
Tetracyclines		
Tetracyclines**		
doxycycline hyclate oral capsule 100 mg, 50 mg	P	
doxycycline hyclate oral tablet 100 mg, 20 mg	P	

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Drug Name	Preference Details	Coverage Details
doxycycline monohydrate oral capsule 100 mg, 50 mg	P	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	P	
tetracycline hcl oral capsule 250 mg, 500 mg	P	
Thyroid Agents		
Antithyroid Agents**		
methimazole oral tablet 10 mg, 5 mg	P	
propylthiouracil oral tablet 50 mg	P	QL (558 EA per 31 days)
Thyroid Hormones**		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	P	
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	P	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	P	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	P	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	P	
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	P	AL (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	P	AL (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	P	AL (Min 19 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	P	AL (Min 19 Years)
DECAVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	P	AL (Min 19 Years)
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	P	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	P	AL (Min 19 Years)
KINRIX INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	AL (Min 19 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	AL (Min 19 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	P	AL (Min 19 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	P	AL (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	P	AL (Min 19 Years)
tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml	P	AL (Min 19 Years)
VAXELIS INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	AL (Min 19 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics		
Antispasmodics**		
dicyclomine hcl oral capsule 10 mg	P	
dicyclomine hcl oral solution 10 mg/5ml	P	
dicyclomine hcl oral tablet 20 mg	P	
Belladonna Alkaloids**		
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	P	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	P	
hyoscyamine sulfate oral solution 0.125 mg/ml	P	
hyoscyamine sulfate oral tablet 0.125 mg	P	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	P	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	P	
H-2 Antagonists**		
cimetidine hcl oral solution 300 mg/5ml	P	

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Drug Name	Preference Details	Coverage Details
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	P	
famotidine oral suspension reconstituted 40 mg/5ml	P	QL (100 ML per 30 days)
famotidine oral tablet 10 mg, 20 mg, 40 mg	P	
Misc. Anti-Ulcer**		
sucralfate oral suspension 1 gm/10ml	P	QL (1240 ML per 31 days)
sucralfate oral tablet 1 gm	P	
Proton Pump Inhibitor-Antacid Combinations**		
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	P	OTC only
Proton Pump Inhibitors**		
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	P	ST; Must fail preferred omeprazole capsule and ranitidine syrup within the past 100 days.
lansoprazole oral capsule delayed release 15 mg, 30 mg	P	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG	P	OTC only
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG	P	OTC only
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	P	
omeprazole oral tablet delayed release 20 mg	P	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	P	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG	P	
Quaternary Anticholinergics**		
glycopyrrolate oral tablet 1 mg, 2 mg	P	
propantheline bromide oral tablet 15 mg	P	
Ulcer Anti-Infective W/ Proton Pump Inhibitors**		
amoxicill-clarithro-lansopraz oral	P	
Ulcer Drugs - Prostaglandins**		
misoprostol oral tablet 100 mcg, 200 mcg	P	

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Drug Name	Preference Details	Coverage Details
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	P	
oxybutynin chloride oral syrup 5 mg/5ml	P	
oxybutynin chloride oral tablet 5 mg	P	
trospium chloride oral tablet 20 mg	P	ST; Must fail preferred oxybutynin er tablets within the past 100 days.
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	P	
Vaccines		
Bacterial Vaccines**		
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	AL (Min 19 Years)
MENACTRA INTRAMUSCULAR SOLUTION	P	AL (Min 19 Years)
MENQUADFI INTRAMUSCULAR SOLUTION	P	AL (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	P	AL (Min 19 Years)
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	P	AL (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	AL (Min 19 Years)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	AL (Min 19 Years)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	AL (Min 19 Years)
Viral Vaccine Combinations**		
M-M-R II INJECTION SOLUTION RECONSTITUTED	P	AL (Min 19 Years)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	P	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	P	AL (Min 19 Years)
Viral Vaccines		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	P	AL (Min 19 Years)
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	P	AL (Min 19 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	P	AL (Min 19 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	P	AL (Min 19 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	P	AL (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	AL (Min 19 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION	P	AL (Min 19 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	P	AL (Min 19 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years and Max 26 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	AL (Min 19 Years and Max 26 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	P	AL (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	P	AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	P	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
ROTARIX ORAL SUSPENSION RECONSTITUTED	P	AL (Min 19 Years)
ROTATEQ ORAL SOLUTION	P	AL (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	P	AL (Min 50 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	P	AL (Min 19 Years)
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	P	AL (Min 19 Years and Max 26 Years)
ZOSTAVAX SUBCUTANEOUS SOLUTION RECONSTITUTED 19400 UNT/0.65ML	P	AL (Min 50 Years)
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	P	AL (Min 50 Years)
Vaginal And Related Products		
Imidazole-Related Antifungals**		
3 day vaginal vaginal cream 2 %	P	
clotrimazole 3 vaginal cream 2 %	P	
clotrimazole vaginal cream 1 %	P	
miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)	P	
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	P	
miconazole 3 vaginal suppository 200 mg	P	
miconazole nitrate vaginal cream 2 %	P	
miconazole nitrate vaginal suppository 100 mg	P	
MONISTAT 3 VAGINAL CREAM 4 %	P	
terconazole vaginal cream 0.4 %, 0.8 %	P	
terconazole vaginal suppository 80 mg	P	
Vaginal Anti-Infectives**		
clindamycin phosphate vaginal cream 2 %	P	
metronidazole vaginal gel 0.75 %	P	
VANDAZOLE VAGINAL GEL 0.75 %	P	
Vaginal Estrogens**		
PREMARIN VAGINAL CREAM 0.625 MG/GM	P	

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Drug Name	Preference Details	Coverage Details
Vasopressors		
Anaphylaxis Therapy Agents**		
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	P	QL (6 EA per 180 days)
Vasopressors**		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	P	
Vitamins		
Biotin**		
biotin 5000 oral capsule 5 mg	P	
biotin maximum strength oral capsule 5000 mcg	P	
Vitamin A**		
vitamin a oral capsule 10000 unit, 8000 unit	P	
Vitamin B-1**		
thiamine hcl injection solution 100 mg/ml	P	
vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg	P	
Vitamin B-3**		
niacin er oral capsule extended release 500 mg	P	
niacin er oral tablet extended release 250 mg, 500 mg	P	
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	P	
Vitamin B-6**		
vitamin b-6 er oral tablet extended release 200 mg	P	
vitamin b-6 oral tablet 100 mg, 25 mg, 250 mg, 50 mg, 500 mg	P	
Vitamin C**		
ascorbic acid oral tablet 1000 mg, 250 mg, 500 mg	P	
sm chewable vitamin c oral tablet chewable 500 mg	P	
vitamin c oral packet 500 mg	P	
vitamin c oral tablet 500 mg	P	
vitamin c oral tablet chewable 250 mg	P	

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Drug Name	Preference Details	Coverage Details
Vitamin D**		
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	P	
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 400 UT/0.036ML	P	
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT)	P	
OPTIMAL-D ORAL CAPSULE 1.25 MG (50000 UT)	P	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	P	QL (4 EA per 28 Days)
vitamin d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	P	
vitamin d3 oral liquid 400 unit/ml	P	
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	P	
vitamin d-3 oral tablet 125 mcg (5000 ut)	P	
Vitamin E**		
natural vitamin e oral capsule 268 mg (400 unit), 400 unit	P	
vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit), 400 unit	P	
vitamin e water soluble oral capsule 180 mg (400 unit), 400 unit	P	
vitamin e/d-alpha natural oral capsule 268 mg (400 unit), 400 unit	P	
Vitamin K**		
phytonadione oral tablet 5 mg	P	QL (31 EA per 31 days)
vitamin k (phytonadione) oral tablet 100 mcg	P	

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Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Adhd Agent - Selective Alpha Adrenergic Agonists**		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	P	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	P	
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	P	
Amphetamine Mixtures**		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	P	QL (62 EA per 31 days); AL (Min 6 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	P	
amphetamine-dextroamphetamine oral tablet 20 mg	P	QL (93 EA per 31 days)
amphetamine-dextroamphetamine oral tablet 30 mg	P	QL (62 EA per 31 days)
Amphetamines**		
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	P	AL (Min 6 Years)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	P	
methamphetamine hcl oral tablet 5 mg	P	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	P	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	P	
Stimulants - Misc.**		
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	P	AL (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg	P	QL (31 EA per 31 days); AL (Min 6 Years)

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Drug Name	Preference Details	Coverage Details
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	P	QL (62 EA per 31 days); AL (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 35 MG	P	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	P	AL (Min 6 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg	P	
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg	P	AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg	P	QL (62 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 54 mg	P	QL (31 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	P	QL (93 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg	P	QL (62 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	P	QL (31 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	P	AL (Min 6 Years)
methylphenidate hcl oral tablet 10 mg, 5 mg	P	AL (Min 6 Years)
methylphenidate hcl oral tablet 20 mg	P	QL (93 EA per 31 days); AL (Min 6 Years)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	P	AL (Min 6 Years)
Modafinil Oral Tablet 100 MG, 200 MG	Non-Formulary	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	P	AL (Min 6 Years)
Alternative Medicines		
Alternative Medicine - Me's**		
melatonin maximum strength oral tablet 5 mg	P	
melatonin oral tablet 12 mg	P	

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Drug Name	Preference Details	Coverage Details
Aminoglycosides		
Aminoglycosides**		
tobramycin inhalation nebulization solution 300 mg/4ml	P	PA
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
OLUMIANT ORAL TABLET 1 MG, 2 MG	P	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	P	PA; QL (62 EA per 31 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	P	PA; QL (31 EA per 31 days)
Anti-Tnf-Alpha - Monoclonal Antibodies**		
adalimumab-adaz solution auto-injector 40 mg/0.4ml subcutaneous	P	PA
adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous	P	PA
Adalimumab-adbm Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Adalimumab-adbm Subcutaneous Prefilled Syringe Kit 10 MG/0.2ML, 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
adalimumab-fkjp auto-injector kit 40 mg/0.8ml subcutaneous	P	PA
adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml subcutaneous	P	PA
adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml subcutaneous	P	PA
Amjevita Solution Auto-Injector 40 MG/0.8ML Subcutaneous	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Amjevita Subcutaneous Solution Prefilled Syringe 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required

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

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Drug Name	Preference Details	Coverage Details
Humira (2 Syringe) Subcutaneous Prefilled Syringe Kit 10 MG/0.1ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Pediatric Crohns Start Subcutaneous Prefilled Syringe Kit 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Pen Subcutaneous Pen-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Pen-Pediatric UC Start Subcutaneous Pen-Injector Kit 80 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Pen-Ps/UV/Adol HS Start Subcutaneous Pen-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Pen-Psor/Uveit Starter Subcutaneous Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira Subcutaneous Prefilled Syringe Kit 10 MG/0.2ML, 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Humira-CD/UC/HS Starter Subcutaneous Pen-Injector Kit 40 MG/0.8ML, 80 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	P	PA
Hyrimoz Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Hyrimoz Subcutaneous Solution Auto-Injector 80 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required

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Drug Name	Preference Details	Coverage Details
Hyrimoz Subcutaneous Solution Prefilled Syringe 10 MG/0.1 ML, 20 MG/0.2ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Hyrimoz-Crohns/UC Starter Subcutaneous Solution Auto-Injector 80 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Hyrimoz-Ped<40kg Crohn Starter Subcutaneous Solution Prefilled Syringe 80 MG/0.8ML & 40MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Hyrimoz-Ped>/=40kg Crohn Start Subcutaneous Solution Prefilled Syringe 80 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Hyrimoz-Plaque Psoriasis Start Subcutaneous Solution Auto-Injector 80 MG/0.8ML & 40MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Idacio for Crohns Disease/UC Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Idacio for Plaque Psoriasis Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Idacio Subcutaneous Auto-Injector Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Idacio Subcutaneous Prefilled Syringe Kit 40 MG/0.8ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Simponi Aria Intravenous Solution 50 MG/4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required

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Drug Name	Preference Details	Coverage Details
Simponi Subcutaneous Solution Auto-Injector 100 MG/ML, 50 MG/0.5ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Simponi Subcutaneous Solution Prefilled Syringe 100 MG/ML, 50 MG/0.5ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Yuflyma 1-Pen Kit Subcutaneous Auto-Injector Kit 40 MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Yuflyma 2-Pen Kit Subcutaneous Auto-Injector Kit 40 MG/0.4ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML	P	PA
Cyclooxygenase 2 (Cox-2) Inhibitors**		
celecoxib oral capsule 100 mg, 50 mg	P	QL (62 EA per 31 days)
celecoxib oral capsule 200 mg, 400 mg	P	QL (31 EA per 31 days)
Interleukin-6 Receptor Inhibitors**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	P	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	P	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	P	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	P	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	P	PA
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
childrens ibuprofen oral suspension 40 mg/ml	P	
diclofenac potassium oral tablet 50 mg	P	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	P	

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Drug Name	Preference Details	Coverage Details
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	P	
etodolac oral capsule 200 mg, 300 mg	P	
etodolac oral tablet 400 mg, 500 mg	P	
flurbiprofen oral tablet 100 mg, 50 mg	P	
ibuprofen oral suspension 100 mg/5ml	P	
ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg	P	
indomethacin oral capsule 25 mg, 50 mg	P	
ketoprofen oral capsule 50 mg, 75 mg	P	
ketorolac tromethamine oral tablet 10 mg	P	Max quantity of 20, Max day supply of 5 per a calendar month; QL (20 EA per 31 days)
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	P	
meloxicam oral tablet 15 mg, 7.5 mg	P	
nabumetone oral tablet 500 mg, 750 mg	P	
naproxen dr oral tablet delayed release 375 mg, 500 mg	P	
naproxen oral tablet 250 mg, 375 mg, 500 mg	P	
naproxen sodium oral tablet 220 mg	P	
oxaprozin oral tablet 600 mg	P	
piroxicam oral capsule 10 mg, 20 mg	P	
sulindac oral tablet 150 mg, 200 mg	P	
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET 30 MG	P	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	P	PA
Pyrimidine Synthesis Inhibitors**		
leflunomide oral tablet 10 mg, 20 mg	P	
Soluble Tumor Necrosis Factor Receptor Agents**		
Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required

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Drug Name	Preference Details	Coverage Details
Enbrel Subcutaneous Solution 25 MG/0.5ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML, 50 MG/ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Enbrel Subcutaneous Solution Reconstituted 25 MG	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Analgesics - Nonnarcotic		
Analgesics Other**		
ACEPHEN RECTAL SUPPOSITORY 650 MG	P	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	P	
acetaminophen oral tablet 325 mg	P	QL (279 EA per 31 days)
acetaminophen oral tablet 500 mg	P	QL (186 EA per 31 days)
apap oral tablet 325 mg	P	QL (279 EA per 31 days)
childrens silapap oral liquid 160 mg/5ml	P	
infants silapap oral solution 100 mg/ml	P	
MAPAP CHILDRENS ORAL SUSPENSION 160 MG/5ML	P	
mapap oral liquid 160 mg/5ml	P	
pain & fever childrens oral solution 160 mg/5ml	P	
Analgesics-Sedatives**		
butalbital-acetaminophen oral tablet 50-325 mg	P	QL (186 EA per 31 days)
butalbital-apap-caffeine oral capsule 50-325-40 mg	P	QL (186 EA per 31 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	P	QL (186 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
butalbital-asa-caffeine oral capsule 50-325-40 mg	P	
Salicylates**		
aspirin adult low strength oral tablet delayed release 81 mg	P	
aspirin ec low strength oral tablet delayed release 81 mg	P	
aspirin ec oral tablet delayed release 325 mg	P	
aspirin oral tablet 325 mg	P	
aspirin oral tablet chewable 81 mg	P	
aspirin oral tablet delayed release 325 mg, 81 mg	P	
aspirin rectal suppository 600 mg	P	
diflunisal oral tablet 500 mg	P	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	P	
MEDIQUE ASPIRIN ORAL TABLET 325 MG	P	
salsalate oral tablet 500 mg, 750 mg	P	
Analgesics - Opioid		
Codeine Combinations**		
acetaminophen-codeine #2 oral tablet 300-15 mg	P	
acetaminophen-codeine #3 oral tablet 300-30 mg	P	
acetaminophen-codeine #4 oral tablet 300-60 mg	P	
acetaminophen-codeine oral solution 120-12 mg/5ml	P	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	P	
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	P	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	P	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	P	
Hydrocodone Combinations**		
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	P	

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Drug Name	Preference Details	Coverage Details
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	P	
hydrocodone-ibuprofen oral tablet 7.5-200 mg	P	
Opioid Agonists**		
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	P	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	P	PA
hydromorphone hcl oral liquid 1 mg/ml	P	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	P	
hydromorphone hcl rectal suppository 3 mg	P	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	P	
methadone hcl oral tablet 10 mg, 5 mg	P	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	P	
morphine sulfate (pf) injection solution 0.5 mg/ml	P	
morphine sulfate (pf) intravenous solution 4 mg/ml, 8 mg/ml	P	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	P	PA
morphine sulfate injection solution 10 mg/ml, 15 mg/ml, 5 mg/ml, 8 mg/ml	P	
morphine sulfate intravenous solution 1 mg/ml, 25 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	P	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	P	
morphine sulfate oral tablet 15 mg, 30 mg	P	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	P	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	P	PA; AL (Min 11 Years)

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Drug Name	Preference Details	Coverage Details
oxycodone hcl oral capsule 5 mg	P	
oxycodone hcl oral solution 5 mg/5ml	P	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	P	
tramadol hcl oral tablet 100 mg, 50 mg	P	
Opioid Combinations**		
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	P	
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	P	
oxycodone-aspirin oral tablet 4.8355-325 mg	P	
Opioid Partial Agonists**		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	P	ICD-10 Required
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	P	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	P	ICD-10 Required
butorphanol tartrate nasal solution 10 mg/ml	P	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	P	
Androgens-Anabolic		
Anabolic Steroids**		
oxandrolone oral tablet 10 mg	P	
oxandrolone oral tablet 2.5 mg	P	PA
Androgens**		
danazol oral capsule 100 mg, 200 mg, 50 mg	P	
methitest oral tablet 10 mg	P	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	P	PA
testosterone cypionate injection solution 100 mg/ml, 150 mg/ml, 200 mg/ml, 50 mg/ml	P	
testosterone cypionate intramuscular solution 100 mg/ml	P	QL (0.2858 ML per 1 day)
testosterone cypionate intramuscular solution 200 mg/ml	P	QL (0.1429 ML per 1 day)
testosterone enanthate injection solution 200 mg/ml	P	

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Drug Name	Preference Details	Coverage Details
testosterone enanthate intramuscular solution 200 mg/ml	P	QL (0.1429 ML per 1 day)
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	P	PA
Anorectal And Related Products		
Intrarectal Steroids**		
hydrocortisone rectal enema 100 mg/60ml	P	
Rectal Steroids**		
PROCTOSOL HC RECTAL CREAM 2.5 %	P	
PROCTOZONE-HC RECTAL CREAM 2.5 %	P	
Antacids		
Antacid & Simethicone**		
antacid oral suspension 200-200-20 mg/5ml	P	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	P	
Antacids - Aluminum Salts**		
aluminum hydroxide gel oral suspension 320 mg/5ml	P	
Antacids - Bicarbonate**		
sodium bicarbonate oral tablet 325 mg, 650 mg	P	
Antacids - Calcium Salts**		
antacid oral tablet chewable 500 mg	P	
calcium antacid extra strength oral tablet chewable 750 mg	P	
calcium carbonate antacid oral suspension 1250 mg/5ml	P	
calcium carbonate antacid oral tablet 648 mg	P	
calcium carbonate antacid oral tablet chewable 500 mg	P	
Antacids - Magnesium Salts**		
magnesium oxide oral tablet 250 mg, 400 mg, 420 mg	P	
Anthelmintics		
Anthelmintics**		
BILTRICIDE ORAL TABLET 600 MG	P	
ivermectin oral tablet 3 mg	P	QL (10 EA per 31 days)
PIN-X ORAL SUSPENSION 50 MG/ML	P	

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Drug Name	Preference Details	Coverage Details
reeses pinworm medicine oral suspension 144 (50 base) mg/ml	P	
Antianginal Agents		
Nitrates**		
isosorbide dinitrate er oral tablet extended release 40 mg	P	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	P	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	P	
isosorbide mononitrate oral tablet 10 mg, 20 mg	P	
NITRO-BID TRANSDERMAL OINTMENT 2 %	P	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	P	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	P	
Antianxiety Agents		
Antianxiety Agents - Misc.**		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	P	
hydroxyzine hcl oral solution 10 mg/5ml	P	QL (450 ML per 31 days)
hydroxyzine hcl oral syrup 10 mg/5ml	P	QL (450 ML per 31 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	P	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	P	
Benzodiazepines**		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	P	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	P	

Drug Name	Preference Details	Coverage Details
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	P	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	P	AL (Min 9 Years)
diazepam oral solution 1 mg/ml	P	QL (1240 EA per 31 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	P	
lorazepam injection solution 2 mg/ml, 4 mg/ml	P	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	P	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	P	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	P	
Antiarrhythmics		
Antiarrhythmics Type I-A**		
disopyramide phosphate oral capsule 100 mg, 150 mg	P	
quinidine sulfate oral tablet 200 mg, 300 mg	P	
Antiarrhythmics Type I-B**		
lidocaine hcl (cardiac) intravenous solution 20 mg/ml	P	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	P	
Antiarrhythmics Type I-C**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	P	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	P	
Antiarrhythmics Type Iii**		
amiodarone hcl oral tablet 200 mg, 400 mg	P	
PACERONE ORAL TABLET 200 MG, 400 MG	P	
Antiasthmatic And Bronchodilator Agents		
Adrenergic Combinations**		
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	P	QL (10.2 GM per 30 days); AL (Max 12 Years)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	P	QL (4 GM per 20 days)

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Drug Name	Preference Details	Coverage Details
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	P	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	P	QL (1 EA per 31 days); AL (Min 12 Years)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	P	QL (720 ML per 31 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	QL (4 GM per 31 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 100-50 MCG/DOSE, 250-50 MCG/ACT, 250-50 MCG/DOSE, 500-50 MCG/ACT, 500-50 MCG/DOSE	P	QL (60 EA per 30 days)
Anti-Ige Monoclonal Antibodies**		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	P	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	P	PA
Anti-Inflammatory Agents**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	P	
Beta Adrenergics**		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	P	QL (36 GM per 31 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	P	QL (720 ML per 31 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	P	QL (60 ML per 30 days)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	P	QL (300 ML per 31 days)
albuterol sulfate oral syrup 2 mg/5ml	P	QL (2480 ML per 31 days)
albuterol sulfate oral tablet 2 mg, 4 mg	P	
levalbuterol tartrate inhalation aerosol 45 mcg/act	P	QL (30 GM per 31 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	P	QL (4 GM per 31 days)

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Drug Name	Preference Details	Coverage Details
terbutaline sulfate injection solution 1 mg/ml	P	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	P	
Bronchodilators - Anticholinergics**		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	P	QL (25.8 GM per 31 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT, 62.5 MCG/INH	P	QL (1 EA per 31 days)
ipratropium bromide inhalation solution 0.02 %	P	QL (480 ML per 31 days)
Interleukin-5 Antagonists (Igg4 Kappa)**		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	P	PA
Leukotriene Receptor Antagonists**		
montelukast sodium oral packet 4 mg	P	AL (Min 1 Months and Max 2 Years)
montelukast sodium oral tablet 10 mg	P	
montelukast sodium oral tablet chewable 4 mg, 5 mg	P	
zafirlukast oral tablet 10 mg, 20 mg	P	
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
roflumilast oral tablet 250 mcg, 500 mcg	P	QL (1 EA per 1 day)
Steroid Inhalants**		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P	QL (30 EA per 31 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	QL (31 EA per 31 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH	P	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	P	QL (0.44 GM per 1 day)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	P	QL (120 ML per 31 days); AL (Max 8 Years)

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Drug Name	Preference Details	Coverage Details
fluticasone propionate hfa aerosol 110 mcg/act inhalation	P	QL (12 GM per 30 days); AL (Max 12 Years)
fluticasone propionate hfa aerosol 220 mcg/act inhalation	P	QL (12 GM per 30 days); AL (Max 12 Years)
fluticasone propionate hfa aerosol 44 mcg/act inhalation	P	QL (10.6 GM per 30 days); AL (Max 12 Years)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	P	QL (10.6 GM per 31 Days)
Xanthines**		
aminophylline intravenous solution 25 mg/ml	P	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	P	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	P	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	P	
theophylline oral elixir 80 mg/15ml	P	
theophylline oral solution 80 mg/15ml	P	
Anticoagulants		
Coumarin Anticoagulants**		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	P	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	P	
Direct Factor Xa Inhibitors**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	P	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	P	QL (2 EA per 1 day)
Heparins And Heparinoid-Like Agents**		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 100 UNIT/ML	P	
heparin na (pork) lock flsh pf intravenous solution 100 unit/ml	P	
heparin sod (pork) lock flush intravenous solution 100 unit/ml	P	
Low Molecular Weight Heparins**		
enoxaparin sodium injection solution 300 mg/3ml	P	QL (93 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	P	QL (31 ML per 31 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	P	QL (24.8 ML per 31 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	P	QL (9.3 ML per 31 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	P	QL (12.4 ML per 31 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	P	QL (18.6 ML per 31 days)
enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml	P	QL (31 ML per 31 days)
enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml	P	QL (24.8 ML per 31 days)
enoxaparin sodium subcutaneous solution 30 mg/0.3ml	P	QL (9.3 ML per 31 days)
enoxaparin sodium subcutaneous solution 40 mg/0.4ml	P	QL (12.4 ML per 31 days)
enoxaparin sodium subcutaneous solution 60 mg/0.6ml	P	QL (18.6 ML per 31 days)
Synthetic Heparinoid-Like Agents**		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	P	QL (11.2 ML per 31 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	P	QL (16 ML per 31 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	P	QL (5.6 ML per 31 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	P	QL (8.4 ML per 31 days)
Anticonvulsants		
Anticonvulsants - Benzodiazepines**		
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	P	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	P	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	P	QL (3 EA per 31 days)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	P	QL (3 EA per 31 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	P	QL (3 EA per 31 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	P	

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Drug Name	Preference Details	Coverage Details
ONFI ORAL TABLET 10 MG, 20 MG	P	
Anticonvulsants - Misc.**		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	P	AL (Min 18 Years)
BANZEL ORAL SUSPENSION 40 MG/ML	P	QL (2480 ML per 31 days)
BANZEL ORAL TABLET 200 MG	P	QL (496 EA per 31 days)
BANZEL ORAL TABLET 400 MG	P	QL (2480 EA per 31 days)
carbamazepine er oral capsule extended release 12 hour 100 mg	P	QL (310 EA per 31 days)
carbamazepine er oral capsule extended release 12 hour 200 mg	P	QL (248 EA per 31 days)
carbamazepine er oral capsule extended release 12 hour 300 mg	P	
carbamazepine er oral tablet extended release 12 hour 200 mg	P	QL (248 EA per 31 days)
carbamazepine er oral tablet extended release 12 hour 400 mg	P	
carbamazepine oral suspension 100 mg/5ml	P	QL (2480 ML per 31 days)
carbamazepine oral tablet 200 mg	P	QL (248 EA per 31 days)
carbamazepine oral tablet chewable 100 mg	P	QL (310 EA per 31 days)
EPITOL ORAL TABLET 200 MG	P	QL (248 EA per 31 days)
gabapentin oral capsule 100 mg	P	QL (310 EA per 31 days)
gabapentin oral capsule 300 mg	P	QL (372 EA per 31 days)
gabapentin oral capsule 400 mg	P	QL (279 EA per 31 days)
gabapentin oral solution 250 mg/5ml	P	QL (2230 ML per 31 days)
gabapentin oral tablet 600 mg	P	QL (186 EA per 31 days)
gabapentin oral tablet 800 mg	P	QL (124 EA per 31 days)
lacosamide oral solution 10 mg/ml	P	AL (Min 17 Years)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	P	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	P	AL (Min 13 Years)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	P	AL (Min 13 Years)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg	P	

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Drug Name	Preference Details	Coverage Details
lamotrigine oral tablet 25 mg	P	QL (310 EA per 31 days)
lamotrigine oral tablet chewable 25 mg, 5 mg	P	QL (310 EA per 31 days)
lamotrigine oral tablet dispersible 100 mg, 200 mg	P	
lamotrigine oral tablet dispersible 25 mg, 50 mg	P	QL (310 EA per 31 days)
lamotrigine starter kit-blue oral kit 35 x 25 mg	P	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	P	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	P	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	P	
levetiracetam intravenous solution 500 mg/5ml	P	
levetiracetam oral solution 100 mg/ml	P	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	P	
oxcarbazepine oral suspension 300 mg/5ml	P	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	P	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	P	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	P	AL (Min 18 Years)
primidone oral tablet 250 mg	P	QL (248 EA per 31 days)
primidone oral tablet 50 mg	P	QL (310 EA per 31 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	P	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	P	QL (310 EA per 31 days)
TOPIRAMATE ER ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	P	
topiramate oral capsule sprinkle 15 mg, 25 mg	P	QL (310 EA per 31 days)
topiramate oral tablet 100 mg, 25 mg, 50 mg	P	QL (310 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
topiramate oral tablet 200 mg	P	QL (248 EA per 31 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	P	AL (Min 17 Years)
VIMPAT ORAL SOLUTION 10 MG/ML	P	AL (Min 17 Years)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	P	QL (2 EA per 1 day); AL (Min 17 Years)
zonisamide oral capsule 100 mg	P	QL (186 EA per 31 days)
zonisamide oral capsule 25 mg	P	QL (310 EA per 31 days)
zonisamide oral capsule 50 mg	P	QL (372 EA per 31 days)
Carbamates**		
felbamate oral suspension 600 mg/5ml	P	QL (1000 ML per 31 days)
felbamate oral tablet 400 mg	P	QL (279 EA per 31 days)
felbamate oral tablet 600 mg	P	
Gaba Modulators**		
GABITRIL ORAL TABLET 12 MG	P	
tiagabine hcl oral tablet 16 mg, 2 mg, 4 mg	P	
vigabatrin oral packet 500 mg	P	
vigabatrin oral tablet 500 mg	P	
Hydantoins**		
DILANTIN ORAL CAPSULE 30 MG	P	QL (310 EA per 31 days)
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	P	
PEGANONE ORAL TABLET 250 MG	P	QL (372 EA per 31 days)
phenytoin oral suspension 125 mg/5ml	P	QL (930 ML per 31 days)
phenytoin oral tablet chewable 50 mg	P	QL (372 EA per 31 days)
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	P	
phenytoin sodium injection solution 50 mg/ml	P	
Succinimides**		
CELONTIN ORAL CAPSULE 300 MG	P	
ethosuximide oral capsule 250 mg	P	AL (Min 3 Years)
ethosuximide oral solution 250 mg/5ml	P	QL (930 ML per 31 days); AL (Min 3 Years)
Valproic Acid**		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	P	

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Drug Name	Preference Details	Coverage Details
divalproex sodium oral capsule delayed release sprinkle 125 mg	P	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	P	
valproate sodium intravenous solution 100 mg/ml	P	
valproic acid oral capsule 250 mg	P	
valproic acid oral solution 250 mg/5ml	P	
valproic acid oral syrup 250 mg/5ml	P	
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	P	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	P	
Antidepressants - Misc.**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	P	ST; Must fail 2 generic PDL antidepressants.
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	P	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	P	
bupropion hcl oral tablet 100 mg, 75 mg	P	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	P	ST; Must fail 2 generic PDL antidepressants.
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	P	
Monoamine Oxidase Inhibitors (Maois)**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	P	ST; Must fail 2 generic PDL antidepressants.
MARPLAN ORAL TABLET 10 MG	P	ST; Must fail 2 generic PDL antidepressants.
phenelzine sulfate oral tablet 15 mg	P	
tranylcypromine sulfate oral tablet 10 mg	P	
Selective Serotonin Reuptake Inhibitors (Ssris)**		
citalopram hydrobromide oral capsule 30 mg	P	

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Drug Name	Preference Details	Coverage Details
citalopram hydrobromide oral solution 10 mg/5ml	P	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	P	
escitalopram oxalate oral solution 5 mg/5ml	P	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	P	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	P	
fluoxetine hcl oral capsule delayed release 90 mg	P	
fluoxetine hcl oral solution 20 mg/5ml	P	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	P	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	P	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	P	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	P	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	P	
PAXIL ORAL SUSPENSION 10 MG/5ML	P	ST; Must fail 2 generic PDL antidepressants.
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail 2 generic PDL antidepressants.
sertraline hcl oral capsule 150 mg, 200 mg	P	
sertraline hcl oral concentrate 20 mg/ml	P	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	P	
Serotonin Modulators**		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	P	
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	P	ST; Must fail 2 generic PDL antidepressants.
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	P	
TRINTELLIX ORAL TABLET 20 MG, 5 MG	P	ST; Must fail 2 generic PDL antidepressants.; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
TRINTELLIX TABLET 10 MG ORAL	P	ST; Must fail 2 generic PDL antidepressants
VIIBRYD ORAL KIT 10 & 20 & 40 MG	P	ST; Must fail 2 generic PDL antidepressants.
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	P	ST; Must fail 2 generic PDL antidepressants.
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	P	ST; Must fail 2 generic PDL antidepressants.
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	P	
desvenlafaxine fumarate er oral tablet extended release 24 hour 50 mg	P	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	P	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	P	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	P	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	P	ST; Must fail 2 generic PDL antidepressants.; QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	P	ST; Must fail 2 generic PDL antidepressants. Max 1 Fill per 180 days.
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	P	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	P	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	P	
Tricyclic Agents**		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	P	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	P	

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Drug Name	Preference Details	Coverage Details
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	P	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	P	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	P	
doxepin hcl oral concentrate 10 mg/ml	P	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	P	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	P	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	P	
nortriptyline hcl oral solution 10 mg/5ml	P	
protriptyline hcl oral tablet 10 mg, 5 mg	P	
SURMONTIL ORAL CAPSULE 25 MG, 50 MG	P	ST; Must fail 2 generic PDL antidepressants.
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	P	
Antidiabetics		
Alpha-Glucosidase Inhibitors**		
acarbose oral tablet 100 mg, 25 mg, 50 mg	P	
Biguanides**		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	P	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	P	
RIOMET ORAL SOLUTION 500 MG/5ML	P	QL (900 ML per 31 days)
Diabetic Other**		
glucagon emergency injection kit 1 mg	P	QL (2 EA per 31 days)
glucose oral tablet chewable 4 gm	P	
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	P	
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	P	

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Drug Name	Preference Details	Coverage Details
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days; QL (2 EA per 1 day)
Human Insulin**		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	P	QL (60 ML per 31 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	P	QL (60 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	P	QL (60 ML per 31 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	P	QL (60 ML per 31 days)
insulin glargine-yfgn solution 100 unit/ml subcutaneous	P	QL (60 ML per 31 days)
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	P	QL (60 ML per 31 days)
insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous	P	QL (60 ML per 31 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	P	PA; QL (0.2 ML per 1 day)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	P	PA; QL (0.2 ML per 1 day)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	P	PA; QL (4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	P	PA; QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	P	PA; QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	P	PA; QL (2.4 ML per 31 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	P	PA; QL (1.2 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	P	PA; QL (2 ML per 28 days)
Insulin-Incretin Mimetic Combinations**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	P	PA; QL (0.6 ML per 1 day)
Meglitinide Analogues**		
nateglinide oral tablet 120 mg, 60 mg	P	
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
STEGLATRO ORAL TABLET 15 MG, 5 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	P	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	P	
Sulfonylureas**		
chlorpropamide oral tablet 100 mg, 250 mg	P	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	P	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	P	
glipizide oral tablet 10 mg, 5 mg	P	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	P	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	P	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	P	

Drug Name	Preference Details	Coverage Details
Thiazolidinedione-Biguanide Combinations**		
AVANDAMET ORAL TABLET 2-1000 MG	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days.
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
Thiazolidinediones**		
AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
Antidiarrheal/Probiotic Agents		
Antidiarrheal/Probiotic Agents - Misc.**		
bismatrol oral suspension 262 mg/15ml	P	
CULTURELLE BABY GROW THRIVE ORAL LIQUID	P	
CULTURELLE BABY GROW THRIVE ORAL PACKET 10 MCG	P	
CULTURELLE BABY HEALTHY DEV ORAL PACKET	P	
CULTURELLE BABY IMMUNE+DIGEST ORAL LIQUID	P	
FLORANEX ORAL PACKET	P	
FLORASTOR KIDS ORAL PACKET 250 MG	P	
Antidiarrheal/Probiotic Combinations**		
acidophilus/pectin oral capsule	P	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE	P	
Antiperistaltic Agents**		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	P	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	P	

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Drug Name	Preference Details	Coverage Details
LOPERAMIDE A-D ORAL TABLET 2 MG	P	
loperamide hcl oral capsule 2 mg	P	
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents**		
deferasirox granules oral packet 180 mg, 90 mg	P	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	P	PA
JADENU SPRINKLE ORAL PACKET 360 MG	P	PA
Antidotes And Specific Antagonists**		
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	P	
Opioid Antagonists**		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	P	ICD-10 Required
naloxone hcl injection solution prefilled syringe 2 mg/2ml	P	ICD-10 Required
naltrexone hcl oral tablet 50 mg	P	ICD-10 Required
NARCAN NASAL LIQUID 4 MG/0.1ML	P	ICD-10 Required
Antiemetics		
5-Ht3 Receptor Antagonists**		
ondansetron hcl oral solution 4 mg/5ml	P	
ondansetron hcl oral tablet 4 mg, 8 mg	P	
ondansetron oral tablet dispersible 4 mg, 8 mg	P	
Antiemetics - Anticholinergic**		
meclizine hcl oral tablet 12.5 mg, 25 mg	P	
meclizine hcl oral tablet chewable 25 mg	P	
travel sickness oral tablet chewable 25 mg	P	
Antifungals		
Antifungals**		
griseofulvin microsize oral suspension 125 mg/5ml	P	QL (450 ML per 31 days)
griseofulvin microsize oral tablet 500 mg	P	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	P	
nystatin oral tablet 500000 unit	P	

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Drug Name	Preference Details	Coverage Details
terbinafine hcl oral tablet 250 mg	P	
Imidazoles**		
ketoconazole oral tablet 200 mg	P	
Triazoles**		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	P	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	P	
Antihistamines		
Antihistamines - Alkylamines**		
allergy oral tablet 4 mg	P	
Antihistamines - Ethanolamines**		
aler-dryl oral tablet 50 mg	P	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	P	
diphenhist oral liquid 12.5 mg/5ml	P	
diphenhydramine hcl injection solution 50 mg/ml	P	
diphenhydramine hcl oral capsule 25 mg, 50 mg	P	
diphenhydramine hcl oral elixir 12.5 mg/5ml	P	
diphenhydramine hcl oral tablet 25 mg	P	
Antihistamines - Non-Sedating**		
allergy oral tablet dispersible 10 mg	P	
cetirizine hcl childrens oral solution 1 mg/ml	P	QL (300 ML per 31 days)
cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml	P	QL (300 ML per 31 days)
cetirizine hcl oral tablet 10 mg, 5 mg	P	
childrens loratadine oral solution 5 mg/5ml	P	QL (310 ML per 31 days)
childrens loratadine oral syrup 5 mg/5ml	P	QL (310 ML per 31 days)
fexofenadine hcl childrens oral suspension 30 mg/5ml	P	
fexofenadine hcl oral tablet 180 mg, 60 mg	P	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	P	
levocetirizine dihydrochloride oral tablet 5 mg	P	
loratadine hives relief oral solution 5 mg/5ml	P	QL (310 ML per 31 days)
loratadine oral tablet 10 mg	P	

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Drug Name	Preference Details	Coverage Details
Antihistamines - Phenothiazines**		
promethazine hcl oral syrup 6.25 mg/5ml	P	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	P	
promethazine hcl rectal suppository 25 mg	P	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	P	
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml	P	QL (300 ML per 31 days)
cyproheptadine hcl oral tablet 4 mg	P	
Antihyperlipidemics		
Antihyperlipidemics - Misc.**		
omega-3-acid ethyl esters oral capsule 1 gm	P	
Bile Acid Sequestrants**		
cholestyramine light oral packet 4 gm	P	
cholestyramine light oral powder 4 gm/dose	P	
cholestyramine oral packet 4 gm	P	
cholestyramine oral powder 4 gm/dose	P	
Fibric Acid Derivatives**		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	P	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	P	
fenofibric acid oral capsule delayed release 135 mg	P	
gemfibrozil oral tablet 600 mg	P	
Hmg Coa Reductase Inhibitors**		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	P	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	P	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	P	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	P	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	P	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	P	

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Drug Name	Preference Details	Coverage Details
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe oral tablet 10 mg	P	
Nicotinic Acid Derivatives**		
NIACOR ORAL TABLET 500 MG	P	
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	P	
Ace Inhibitors & Thiazide/Thiazide-Like**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	P	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	P	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	P	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	P	
Ace Inhibitors**		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	P	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	P	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	P	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	P	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	P	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	P	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	P	
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	P	

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Drug Name	Preference Details	Coverage Details
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	P	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	P	
Angiotensin Ii Receptor Antagonists**		
irbesartan oral tablet 150 mg, 300 mg, 75 mg	P	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	P	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	P	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	P	
Antiadrenergics - Centrally Acting**		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	P	
guanfacine hcl oral tablet 1 mg, 2 mg	P	
methyldopa oral tablet 250 mg, 500 mg	P	
Antiadrenergics - Peripherally Acting**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	P	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	P	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	P	
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	P	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	P	
Vasodilators**		
hydralazine hcl injection solution 20 mg/ml	P	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	P	
minoxidil oral tablet 10 mg, 2.5 mg	P	
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.**		
metronidazole oral tablet 250 mg, 500 mg	P	

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Drug Name	Preference Details	Coverage Details
tinidazole oral tablet 250 mg, 500 mg	P	
trimethoprim oral tablet 100 mg	P	
XIFAXAN ORAL TABLET 550 MG	P	PA
Anti-Infective Misc. - Combinations**		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	P	QL (1200 ML per 31 days)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	P	
Antiprotozoal Agents**		
atovaquone oral suspension 750 mg/5ml	P	
Glycopeptides**		
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 1000 mg, 500 mg, 750 mg	P	
vancomycin hcl oral capsule 125 mg, 250 mg	P	PA
Lincosamides**		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	P	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	P	QL (2400 ML per 31 days)
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml	P	
clindamycin phosphate intravenous solution 150 mg/ml	P	
Oxazolidinones**		
linezolid oral tablet 600 mg	P	PA
Urinary Anti-Infectives**		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	P	
nitrofurantoin macrocrystal oral capsule 25 mg	P	AL (Max 8 Years)
nitrofurantoin monohyd macro oral capsule 100 mg	P	
Antimalarials		
Antimalarial Combinations**		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	P	

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Drug Name	Preference Details	Coverage Details
Antimalarials**		
chloroquine phosphate oral tablet 250 mg, 500 mg	P	QL (84 EA per 14 days)
hydroxychloroquine sulfate oral tablet 200 mg	P	QL (84 EA per 14 days)
mefloquine hcl oral tablet 250 mg	P	
primaquine phosphate oral tablet 26.3 mg	P	
pyrimethamine oral tablet 25 mg	P	PA
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents**		
MESTINON ORAL SYRUP 60 MG/5ML	P	
pyridostigmine bromide er oral tablet extended release 180 mg	P	
pyridostigmine bromide oral tablet 30 mg, 60 mg	P	
Antimycobacterial Agents		
Antimycobacterial Agents**		
ethambutol hcl oral tablet 100 mg, 400 mg	P	PA
isoniazid injection solution 100 mg/ml	P	PA
isoniazid oral tablet 100 mg, 300 mg	P	PA
pyrazinamide oral tablet 500 mg	P	PA
rifabutin oral capsule 150 mg	P	
rifampin oral capsule 150 mg, 300 mg	P	PA
Antineoplastics And Adjunctive Therapies		
Alkylating Agents**		
HEXALEN ORAL CAPSULE 50 MG	P	PA
MYLERAN ORAL TABLET 2 MG	P	
Androgen Biosynthesis Inhibitors**		
abiraterone acetate oral tablet 250 mg, 500 mg	P	PA
Antiandrogens**		
bicalutamide oral tablet 50 mg	P	
flutamide oral capsule 125 mg	P	
Antiestrogens**		
tamoxifen citrate oral tablet 10 mg, 20 mg	P	

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Drug Name	Preference Details	Coverage Details
Antimetabolites**		
capecitabine oral tablet 150 mg, 500 mg	P	PA
mercaptopurine oral tablet 50 mg	P	
methotrexate oral tablet 2.5 mg	P	
methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml	P	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	P	
methotrexate sodium injection solution reconstituted 1 gm	P	
methotrexate sodium oral tablet 2.5 mg	P	
TABLOID ORAL TABLET 40 MG	P	PA
Antineoplastic - Alk Inhibitors**		
XALKORI ORAL CAPSULE 200 MG, 250 MG	P	PA
ZYKADIA ORAL CAPSULE 150 MG	P	PA; QL (155 EA per 31 days)
ZYKADIA ORAL TABLET 150 MG	P	PA; QL (155 EA per 31 days)
Antineoplastic - Anti-Cd20 Antibodies**		
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	P	PA
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	P	PA
Antineoplastic - Anti-Her2 Agents**		
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	P	PA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	P	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	P	PA
Antineoplastic - Anti-Pd-1 Antibodies**		
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 240 MG/24ML, 40 MG/4ML	P	PA
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	P	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	P	PA; QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
imatinib mesylate oral tablet 100 mg, 400 mg	P	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	P	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	P	PA
Antineoplastic - Braf Kinase Inhibitors**		
ZELBORAF ORAL TABLET 240 MG	P	PA
Antineoplastic - Egfr Inhibitors**		
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	P	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	P	PA; QL (31 EA per 31 days)
Antineoplastic - Hedgehog Pathway Inhibitors**		
ERIVEDGE ORAL CAPSULE 150 MG	P	PA
Antineoplastic - Histone Deacetylase Inhibitors**		
ZOLINZA ORAL CAPSULE 100 MG	P	PA
Antineoplastic - Mtor Kinase Inhibitors**		
AFINITOR ORAL TABLET 10 MG	P	PA
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	P	PA
Antineoplastic - Multikinase Inhibitors**		
CAPRELSA ORAL TABLET 100 MG, 300 MG	P	PA
lapatinib ditosylate oral tablet 250 mg	P	PA
STIVARGA ORAL TABLET 40 MG	P	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	PA
Antineoplastic Enzymes**		
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	P	PA
Antineoplastics Misc.**		
hydroxyurea oral capsule 500 mg	P	
Aromatase Inhibitors**		
anastrozole oral tablet 1 mg	P	
exemestane oral tablet 25 mg	P	QL (31 EA per 31 days)
letrozole oral tablet 2.5 mg	P	

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Drug Name	Preference Details	Coverage Details
Folic Acid Antagonists Rescue Agents**		
leucovorin calcium injection solution 500 mg/50ml	P	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg	P	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	P	
Imidazotetrazines**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	P	PA
Janus Associated Kinase (Jak) Inhibitors**		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	P	PA; QL (2 EA per 1 day)
Lhrh Analogs**		
TRELSTAR INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	P	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	P	PA
Mitotic Inhibitors**		
etoposide oral capsule 50 mg	P	
Nitrogen Mustards And Related Analogues**		
cyclophosphamide oral capsule 25 mg, 50 mg	P	PA
LEUKERAN ORAL TABLET 2 MG	P	PA
melphalan oral tablet 2 mg	P	
Nitrosoureas**		
lomustine oral capsule 10 mg, 100 mg, 40 mg	P	PA
Progestins-Antineoplastic**		
megestrol acetate oral suspension 40 mg/ml	P	QL (600 ML per 31 days)
megestrol acetate oral tablet 20 mg, 40 mg	P	

Drug Name	Preference Details	Coverage Details
Vascular Endothelial Growth Factor (Vegf) Inhibitors**		
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	P	PA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	P	PA
Antiparkinson And Related Therapy Agents		
Antiparkinson Anticholinergics**		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	P	
trihexyphenidyl hcl oral elixir 0.4 mg/ml	P	
trihexyphenidyl hcl oral solution 0.4 mg/ml	P	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	P	
Antiparkinson Dopaminergics**		
amantadine hcl oral capsule 100 mg	P	
amantadine hcl oral solution 50 mg/5ml	P	
amantadine hcl oral syrup 50 mg/5ml	P	
amantadine hcl oral tablet 100 mg	P	
bromocriptine mesylate oral capsule 5 mg	P	
bromocriptine mesylate oral tablet 2.5 mg	P	
Antiparkinson Monoamine Oxidase Inhibitors**		
selegiline hcl oral capsule 5 mg	P	
selegiline hcl oral tablet 5 mg	P	
Levodopa Combinations**		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	P	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	P	
Nonergoline Dopamine Receptor Agonists**		
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	P	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	P	
Peripheral Comt Inhibitors**		
entacapone oral tablet 200 mg	P	

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Drug Name	Preference Details	Coverage Details
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	P	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	P	
lithium carbonate oral tablet 300 mg	P	
lithium oral solution 8 meq/5ml	P	
Antipsychotics - Misc.**		
CAPLYTA ORAL CAPSULE 42 MG	P	QL (1 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	P	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	P	ICD-10 Required
NUPLAZID ORAL CAPSULE 34 MG	P	
NUPLAZID ORAL TABLET 10 MG, 17 MG	P	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	P	ICD-10 required; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	P	ICD-10 required
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	P	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	P	ICD-10 Required
Benzisoxazoles**		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	P	ICD-10 required
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	P	ICD-10 required
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	P	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	P	ICD-10 Required; AL (Min 18 Years)

Drug Name	Preference Details	Coverage Details
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 273 MG/0.88ML, 410 MG/1.315ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.625ML, 819 MG/2.63ML	P	ICD-10 Required; AL (Min 18 Years)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	P	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	P	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	
risperidone oral solution 1 mg/ml	P	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	P	
Butyrophenones**		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	P	
haloperidol lactate injection solution 5 mg/ml	P	
haloperidol lactate oral concentrate 2 mg/ml	P	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	P	
Dibenzodiazepines**		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	P	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	P	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	P	ICD-10 required
Dibenzo-Oxepino Pyrroles**		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	P	
Dibenzothiazepines**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	P	

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Drug Name	Preference Details	Coverage Details
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	P	
Dibenzoxazepines**		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	P	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	P	
Dihydroindolones**		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	P	
Phenothiazines**		
chlorpromazine hcl injection solution 25 mg/ml	P	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	P	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	P	
fluphenazine decanoate injection solution 25 mg/ml	P	
fluphenazine hcl injection solution 2.5 mg/ml	P	
fluphenazine hcl oral concentrate 5 mg/ml	P	
fluphenazine hcl oral elixir 2.5 mg/5ml	P	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	P	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	P	
prochlorperazine edisylate injection solution 5 mg/ml	P	
prochlorperazine maleate oral tablet 10 mg, 5 mg	P	
prochlorperazine rectal suppository 25 mg	P	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	P	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	P	
Quinolinone Derivatives**		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	P	60 Days

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Drug Name	Preference Details	Coverage Details
ABILIFY INTRAMUSCULAR SOLUTION 9.75 MG/1.3ML	P	ICD-10 required
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	P	ICD-10 required
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	P	ICD-10 required
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	P	ICD-10 required
aripiprazole oral solution 1 mg/ml	P	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	P	
aripiprazole oral tablet dispersible 10 mg, 15 mg	P	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	P	ICD-10 required; QL (2.4 ML per 365 days); AL (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	P	ICD-10 required; AL (Min 18 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	ICD-10 required; QL (1 EA per 1 day)
Thienbenzodiazepines**		
olanzapine intramuscular solution reconstituted 10 mg	P	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	P	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	P	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	P	ICD-10 required
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	P	
Antiseptics & Disinfectants		
Chlorine Antiseptics**		
chlorhexidine gluconate external liquid 4 %	P	QL (480 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
H-CHLOR WOUND EXTERNAL GEL 0.062 %	P	
Antivirals		
Antiretroviral Combinations**		
abacavir sulfate-lamivudine oral tablet 600-300 mg	P	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	P	QL (62 EA per 31 days)
BIKTARVY ORAL TABLET 50-200-25 MG	P	QL (31 EA per 31 days)
CIMDUO ORAL TABLET 300-300 MG	P	QL (31 EA per 31 days)
COMPLERA ORAL TABLET 200-25-300 MG	P	
DELSTRIGO ORAL TABLET 100-300-300 MG	P	
DESCOVY ORAL TABLET 200-25 MG	P	
DOVATO ORAL TABLET 50-300 MG	P	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	P	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	P	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	P	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	P	
GENVOYA ORAL TABLET 150-150-200-10 MG	P	QL (31 EA per 31 days)
JULUCA ORAL TABLET 50-25 MG	P	QL (31 EA per 31 days)
lamivudine-zidovudine oral tablet 150-300 mg	P	
lopinavir-ritonavir oral solution 400-100 mg/5ml	P	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	P	
ODEFSEY ORAL TABLET 200-25-25 MG	P	
PREZCOBIX ORAL TABLET 800-150 MG	P	
STRIBILD ORAL TABLET 150-150-200-300 MG	P	
SYMFI LO ORAL TABLET 400-300-300 MG	P	
SYMFI ORAL TABLET 600-300-300 MG	P	QL (31 EA per 31 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	P	

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Drug Name	Preference Details	Coverage Details
TRIUMEQ ORAL TABLET 600-50-300 MG	P	QL (31 EA per 31 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	P	
Antiretrovirals - Capsid Inhibitors**		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	P	
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
SELZENTRY ORAL SOLUTION 20 MG/ML	P	
SELZENTRY ORAL TABLET 150 MG, 300 MG	P	
SELZENTRY TABLET 25 MG ORAL	P	
SELZENTRY TABLET 75 MG ORAL	P	
Antiretrovirals - Fusion Inhibitors**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	P	
Antiretrovirals - Gp120-Directed Attachment Inhibitor**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	P	
Antiretrovirals - Integrase Inhibitors**		
ISENTRESS HD ORAL TABLET 600 MG	P	
ISENTRESS ORAL PACKET 100 MG	P	
ISENTRESS ORAL TABLET 400 MG	P	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	P	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	P	
vocabria oral tablet 30 mg	P	
Antiretrovirals - Protease Inhibitors**		
APTIVUS ORAL CAPSULE 250 MG	P	
APTIVUS ORAL SOLUTION 100 MG/ML	P	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	P	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	P	
fosamprenavir calcium oral tablet 700 mg	P	
INVIRASE ORAL CAPSULE 200 MG	P	

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Drug Name	Preference Details	Coverage Details
INVIRASE ORAL TABLET 500 MG	P	
LEXIVA ORAL SUSPENSION 50 MG/ML	P	
NORVIR ORAL CAPSULE 100 MG	P	
NORVIR ORAL SOLUTION 80 MG/ML	P	
PREZISTA ORAL SUSPENSION 100 MG/ML	P	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	P	
REYATAZ ORAL PACKET 50 MG	P	
ritonavir oral tablet 100 mg	P	
VIRACEPT ORAL TABLET 250 MG, 625 MG	P	
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
EDURANT ORAL TABLET 25 MG	P	
efavirenz oral capsule 200 mg, 50 mg	P	
efavirenz oral tablet 600 mg	P	
etravirine oral tablet 100 mg, 200 mg	P	
INTELENCE ORAL TABLET 25 MG	P	
nevirapine er oral tablet extended release 24 hour 400 mg	P	
nevirapine oral suspension 50 mg/5ml	P	
nevirapine oral tablet 200 mg	P	
PIFELTRO ORAL TABLET 100 MG	P	
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	P	
viramune xr oral tablet extended release 24 hour 100 mg	P	
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate oral solution 20 mg/ml	P	
abacavir sulfate oral tablet 300 mg	P	
didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg	P	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	P	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	P	

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Drug Name	Preference Details	Coverage Details
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
emtricitabine oral capsule 200 mg	P	QL (31 EA per 31 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	P	QL (744 ML per 31 days)
lamivudine oral solution 10 mg/ml	P	
lamivudine oral tablet 150 mg, 300 mg	P	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
retrovir intravenous solution 10 mg/ml	P	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	P	
stavudine oral solution reconstituted 1 mg/ml	P	
zidovudine oral capsule 100 mg	P	
zidovudine oral syrup 50 mg/5ml	P	QL (1860 ML per 31 days)
zidovudine oral tablet 300 mg	P	
Antiretrovirals - Rti-Nucleotide Analogues**		
tenofovir disoproxil fumarate oral tablet 300 mg	P	
viread oral powder 40 mg/gm	P	
VIREAD ORAL TABLET 150 MG	P	QL (31 EA per 31 days)
VIREAD ORAL TABLET 200 MG, 250 MG	P	
Antiretrovirals Adjuvants**		
tybost oral tablet 150 mg	P	QL (31 EA per 31 days)
Hepatitis B Agents**		
adefovir dipivoxil oral tablet 10 mg	P	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	P	QL (700 ML per 31 days)
entecavir oral tablet 0.5 mg, 1 mg	P	
TYZEKA ORAL TABLET 600 MG	P	
Hepatitis C Agent - Combinations**		
MAVYRET ORAL PACKET 50-20 MG	P	
MAVYRET ORAL TABLET 100-40 MG	P	
sofosbuvir-velpatasvir tablet 400-100 mg oral	P	
Hepatitis C Agents**		
MODERIBA ORAL TABLET 200 MG	P	

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Drug Name	Preference Details	Coverage Details
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	P	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 135 MCG/0.5ML, 180 MCG/0.5ML	P	
PEGASYS SUBCUTANEOUS KIT 180 MCG/0.5ML	P	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	P	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	P	
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML	P	
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML	P	
PEG-INTRON SUBCUTANEOUS KIT 120 MCG/0.5ML	P	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	P	
REBETOL ORAL SOLUTION 40 MG/ML	P	QL (1000 ML per 31 days)
RIBASPHERE ORAL TABLET 200 MG	P	
ribavirin oral tablet 200 mg	P	
Herpes Agents - Purine Analogues**		
acyclovir oral capsule 200 mg	P	
acyclovir oral suspension 200 mg/5ml	P	QL (3500 ML per 31 days)
acyclovir oral tablet 400 mg, 800 mg	P	
valacyclovir hcl oral tablet 1 gm, 500 mg	P	
Influenza Agents**		
rimantadine hcl oral tablet 100 mg	P	
Neuraminidase Inhibitors**		
oseltamivir phosphate oral capsule 30 mg	P	Limited to 1 fill per 180 days with a quantity maximum of 20 per 31 days; QL (20 EA per 31 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	P	Limited to 1 fill per 180 days with a quantity maximum of 10 per 31 days; QL (10 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	P	Limited to 1 fill per 180 days with a quantity maximum of 120 per 31 days; QL (120 ML per 31 days); AL (Max 18 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT, 5 MG/BLISTER	P	QL (40 EA per 365 days); AL (Min 7 Years)
Beta Blockers		
Alpha-Beta Blockers**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	P	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	P	QL (1 EA per 1 day)
labetalol hcl intravenous solution 5 mg/ml	P	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	
Beta Blockers Cardio-Selective**		
acebutolol hcl oral capsule 200 mg, 400 mg	P	
atenolol oral tablet 100 mg, 25 mg, 50 mg	P	
bisoprolol fumarate oral tablet 10 mg, 5 mg	P	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	P	
metoprolol tartrate intravenous solution 1 mg/ml	P	
metoprolol tartrate intravenous solution cartridge 5 mg/5ml	P	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	P	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG	P	
Beta Blockers Non-Selective**		
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	
pindolol oral tablet 10 mg, 5 mg	P	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	P	
propranolol hcl intravenous solution 1 mg/ml	P	

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Drug Name	Preference Details	Coverage Details
propranolol hcl oral solution 20 mg/5ml	P	QL (248 ML per 31 days)
propranolol hcl oral solution 40 mg/5ml	P	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	P	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	P	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	P	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	P	
Calcium Channel Blockers		
Calcium Channel Blockers**		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	P	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	P	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	P	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	P	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	P	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	P	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	P	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	P	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	P	QL (31 EA per 31 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	P	
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	P	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	P	

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Drug Name	Preference Details	Coverage Details
nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg	P	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	P	
nifedipine oral capsule 10 mg	P	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	P	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	P	
Cardiotonics		
Cardiac Glycosides**		
digoxin injection solution 0.25 mg/ml	P	
digoxin oral solution 0.05 mg/ml	P	
digoxin oral tablet 125 mcg, 250 mcg	P	
Cardiovascular Agents - Misc.		
Peripheral Vasodilators**		
no flush niacin oral tablet 500 mg	P	
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
ambrisentan oral tablet 10 mg, 5 mg	P	PA; QL (1 EA per 1 day); AL (Min 18 Years)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
sildenafil citrate oral tablet 20 mg	P	PA; QL (90 EA per 30 days)
tadalafil (pah) oral tablet 20 mg	P	PA
Sinus Node Inhibitors*		
CORLANOR ORAL SOLUTION 5 MG/5ML	P	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	P	PA
Cephalosporins		
Cephalosporins - 1St Generation**		
cefadroxil oral capsule 500 mg	P	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	P	
cefadroxil oral tablet 1 gm	P	

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Drug Name	Preference Details	Coverage Details
cefazolin sodium injection solution reconstituted 1 gm, 10 gm	P	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	P	
cephalexin oral suspension reconstituted 125 mg/5ml	P	
cephalexin oral suspension reconstituted 250 mg/5ml	P	QL (300 ML per 31 days)
Cephalosporins - 2Nd Generation**		
cefaclor oral capsule 250 mg, 500 mg	P	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	P	
cefprozil oral tablet 250 mg, 500 mg	P	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	P	
cefuroxime axetil oral tablet 250 mg, 500 mg	P	
Cephalosporins - 3Rd Generation**		
cefdinir oral capsule 300 mg	P	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	P	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	P	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	P	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	P	
SUPRAX ORAL CAPSULE 400 MG	P	
Contraceptives		
Biphasic Contraceptives - Oral**		
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	QL (Maximum of 1 tablet daily.
Combination Contraceptives - Oral**		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
APRI ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
AVIANE ORAL TABLET 0.1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
BALZIVA ORAL TABLET 0.4-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
briellyn oral tablet 0.4-35 mg-mcg	P	QL (Maximum of 1 tablet daily)

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Drug Name	Preference Details	Coverage Details
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	P	QL (Maximum of 1 tablet daily)
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	P	QL (Maximum of 1 tablet daily)
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
GIANVI ORAL TABLET 3-0.02 MG	P	QL (Maximum of 1 tablet daily)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
LESSINA ORAL TABLET 0.1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	P	QL (Maximum of 1 tablet daily)
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
LORYNA ORAL TABLET 3-0.02 MG	P	QL (Maximum of 1 tablet daily)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
LUTERA ORAL TABLET 0.1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
MONONESSA ORAL TABLET 0.25-35 MG-MCG	P	QL (Maximum of 1 tablet daily)

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Drug Name	Preference Details	Coverage Details
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	P	QL (Maximum of 1 tablet daily)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
OCELLA ORAL TABLET 3-0.03 MG	P	QL (Maximum of 1 tablet daily)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
SOLIA ORAL TABLET 0.15-30 MG-MCG	P	QL (Maximum of 1 tablet daily)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
SRONYX ORAL TABLET 0.1-20 MG-MCG	P	QL (Maximum of 1 tablet daily)
SYEDA ORAL TABLET 3-0.03 MG	P	QL (Maximum of 1 tablet daily)
VESTURA ORAL TABLET 3-0.02 MG	P	QL (Maximum of 1 tablet daily)
ZARAH ORAL TABLET 3-0.03 MG	P	QL (Maximum of 1 tablet daily)
ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
Combination Contraceptives - Transdermal**		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	P	
Combination Contraceptives - Vaginal**		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	P	QL (1 EA per 28 days)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	P	QL (1 EA per 28 days)

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Drug Name	Preference Details	Coverage Details
Continuous Contraceptives - Oral**		
AMETHYST ORAL TABLET 90-20 MCG	P	QL (Maximum of 1 tablet daily)
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	P	QL (Maximum of 1 tablet daily)
Copper Contraceptives - Iud**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	P	
Emergency Contraceptives**		
levonorgestrel oral tablet 0.75 mg	P	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	P	
OPTION 2 ORAL TABLET 1.5 MG	P	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	P	
Extended-Cycle Contraceptives - Oral**		
QUASENSE ORAL TABLET 0.15-0.03 MG	P	QL (Maximum of 1 tablet daily); QL (91 EA per 91 days)
Progestin Contraceptives - Implants**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	P	
Progestin Contraceptives - Injectable**		
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	P	QL (1 ML per 93 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	P	QL (1 ML per 93 days)
Progestin Contraceptives - Iud**		
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY	P	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR, 20 MCG/DAY	P	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	P	
Progestin Contraceptives - Oral**		
CAMILA ORAL TABLET 0.35 MG	P	
ERRIN ORAL TABLET 0.35 MG	P	
JOLIVETTE ORAL TABLET 0.35 MG	P	
NORA-BE ORAL TABLET 0.35 MG	P	

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Drug Name	Preference Details	Coverage Details
Triphasic Contraceptives - Oral**		
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	QL (Maximum of 1 tablet daily)
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	P	QL (Maximum of 1 tablet daily)
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	P	QL (Maximum of 1 tablet daily)
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	QL (Maximum of 1 tablet daily)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (Maximum of 1 tablet daily)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (Maximum of 1 tablet daily)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (Maximum of 1 tablet daily)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	QL (Maximum of 1 tablet daily)
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	P	QL (Maximum of 1 tablet daily)
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	QL (Maximum of 1 tablet daily)
Corticosteroids		
Glucocorticosteroids**		
cortisone acetate oral tablet 25 mg	P	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	P	
dexamethasone oral elixir 0.5 mg/5ml	P	
dexamethasone oral solution 0.5 mg/5ml	P	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	P	
dexamethasone sod phosphate pf injection solution 10 mg/ml	P	
dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	P	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	P	

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

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Drug Name	Preference Details	Coverage Details
Antitussive-Expectorant**		
cheratussin ac oral solution 100-10 mg/5ml	P	AL (Min 18 Years)
cheratussin ac oral syrup 100-10 mg/5ml	P	AL (Min 18 Years)
DIABETIC TUSSIN MAX ST ORAL LIQUID 10-200 MG/5ML	P	
extra action cough oral syrup 100-10 mg/5ml	P	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML	P	
mucus relief dm cough oral tablet 20-400 mg	P	
tussin dm oral liquid 100-10 mg/5ml	P	
Antitussive-Expectorants-Decongestant**		
cheratussin dac oral solution 30-10-100 mg/5ml	P	AL (Min 18 Years)
robafen cf cough/cold oral syrup 5-10-100 mg/5ml	P	
ROBITUSSIN TO GO COUGH/COLD CF ORAL LIQUID 5-10-100 MG/5ML	P	
Decongestant & Antihistamine**		
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	P	
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG	P	
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	P	
BENADRYL-D ALLERGY/SINUS CHILD ORAL SOLUTION 12.5-5 MG/5ML	P	
BROTAPP ORAL LIQUID 1-15 MG/5ML	P	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	P	
DALLERGY ORAL LIQUID 1-2 MG/ML	P	
DELSYM NIGHT TIME COUGH/COLD ORAL LIQUID 6.25-2.5 MG/5ML	P	
DIMETAPP COLD/ALLERGY ORAL ELIXIR 1-2.5 MG/5ML	P	
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	P	
maxifed tr oral tablet 1.25-30 mg	P	

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

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Drug Name	Preference Details	Coverage Details
Non-Narc Antitussive-Decongestant-Antihistamine**		
brotapp dm oral liquid 15-1-5 mg/5ml	P	
cold/cough childrens oral elixir 2.5-1-5 mg/5ml	P	
kidkare cough/cold oral liquid 15-1-5 mg/5ml	P	
m-end dm oral liquid 15-2-15 mg/5ml	P	
nohist-dm oral liquid 10-4-15 mg/5ml	P	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	P	
rynex dm oral liquid 2.5-1-5 mg/5ml	P	
Opioid Antitussive-Antihistamine**		
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	P	AL (Min 18 Years)
hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml	P	AL (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5ml	P	AL (Min 18 Years)
Opioid Antitussive-Decongestant-Antihistamine**		
phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml	P	AL (Min 18 Years)
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	P	AL (Min 18 Years)
Dermatologicals		
Acne Antibiotics**		
clindamycin phosphate external gel 1 %	P	QL (75 GM per 30 days)
clindamycin phosphate external lotion 1 %	P	QL (60 ML per 30 days)
clindamycin phosphate external solution 1 %	P	QL (120 ML per 31 days)
clindamycin phosphate external swab 1 %	P	QL (60 EA per 30 days)
erythromycin external gel 2 %	P	QL (60 GM per 30 days)
erythromycin external solution 2 %	P	QL (60 ML per 30 days)
sulfacetamide sodium external suspension 10 %	P	
Acne Products**		
acne medication 10 external lotion 10 %	P	
acne medication 5 external gel 5 %	P	
acne medication 5 external lotion 5 %	P	

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Drug Name	Preference Details	Coverage Details
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
AVITA EXTERNAL CREAM 0.025 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
AVITA EXTERNAL GEL 0.025 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
benzoyl peroxide cleanser external liquid 6 %	P	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	P	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
cvs creamy acne face wash external liquid 4 %	P	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
kp benzoyl peroxide wash external liquid 10 %, 5 %	P	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)

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Drug Name	Preference Details	Coverage Details
Antibiotic Mixtures Topical**		
double antibiotic external ointment 500-10000 unit/gm	P	
triple antibiotic external ointment 3.5-400-5000 , 5-400-5000	P	
Antibiotic Steroid Combinations - Topical**		
CORTISPORIN EXTERNAL OINTMENT 1 %	P	
Antibiotics - Topical**		
bacitracin external ointment 500 unit/gm	P	
bacitracin zinc external ointment 500 unit/gm	P	
gentamicin sulfate external cream 0.1 %	P	QL (30 GM per 30 days)
gentamicin sulfate external ointment 0.1 %	P	QL (30 GM per 30 days)
mupirocin external ointment 2 %	P	QL (22 GM per 30 days)
Antifungals - Topical Combinations**		
clotrimazole-betamethasone external cream 1-0.05 %	P	QL (45 GM per 30 days)
Antifungals - Topical**		
ciclopirox external solution 8 %	P	QL (6.6 ML per 30 days)
ciclopirox olamine external cream 0.77 %	P	QL (90 GM per 30 days)
ciclopirox olamine external suspension 0.77 %	P	QL (60 ML per 30 days)
nystatin external cream 100000 unit/gm	P	QL (30 GM per 30 days)
nystatin external ointment 100000 unit/gm	P	QL (60 GM per 30 days)
nystatin external powder 100000 unit/gm	P	QL (60 GM per 30 days)
terbinafine hcl external cream 1 %	P	QL (30 GM per 30 days)
Anti-Inflammatory Agents - Topical**		
diclofenac sodium transdermal gel 1 %	P	QL (200 GM per 31 days)
Antineoplastic Antimetabolites - Topical**		
fluorouracil external cream 5 %	P	
fluorouracil external solution 2 %, 5 %	P	
Antipruritics - Topical**		
doxepin hcl external cream 5 %	P	ST; Must fail preferred Corticosteroid-Topicals within the past 365 days.; QL (45 GM per 31 days)

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Drug Name	Preference Details	Coverage Details
Antipsoriatics - Systemic**		
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	P	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	P	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	P	PA
Antipsoriatics**		
calcipotriene external cream 0.005 %	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 GM per 31 days)
calcipotriene external ointment 0.005 %	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 GM per 31 days)
calcipotriene external solution 0.005 %	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 ML per 31 days)
DRITHO-CREME HP EXTERNAL CREAM 1 %	P	
SORILUX EXTERNAL FOAM 0.005 %	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 GM per 31 days)
tazarotene external cream 0.1 %	P	QL (30 GM per 31 days); AL (Max 20 Years)
TAZORAC EXTERNAL CREAM 0.05 %	P	QL (30 GM per 31 days); AL (Max 20 Years)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	P	QL (30 GM per 31 days); AL (Max 20 Years)
Antiseborrheic Products**		
selenium sulfide external lotion 2.25 %, 2.5 %	P	

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Drug Name	Preference Details	Coverage Details
Antivirals - Topical**		
acyclovir external cream 5 %	P	ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days; QL (5 GM per 28 days)
acyclovir external ointment 5 %	P	ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days.; QL (30 GM per 30 days)
DENAVIR EXTERNAL CREAM 1 %	P	ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days.; QL (5 GM per 28 days)
Burn Products**		
silver sulfadiazine external cream 1 %	P	QL (400 GM per 31 days)
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM 1 %	P	QL (400 GM per 31 days)
SSD EXTERNAL CREAM 1 %	P	QL (400 GM per 31 days)
Corticosteroids - Topical**		
alclometasone dipropionate external cream 0.05 %	P	QL (60 GM per 30 days)
alclometasone dipropionate external ointment 0.05 %	P	QL (60 GM per 30 days)
betamethasone dipropionate aug external cream 0.05 %	P	QL (50 GM per 30 days)
betamethasone dipropionate external cream 0.05 %	P	QL (45 GM per 30 days)
betamethasone dipropionate external lotion 0.05 %	P	QL (60 ML per 30 days)
betamethasone dipropionate external ointment 0.05 %	P	QL (45 GM per 30 days)
betamethasone valerate external cream 0.1 %	P	QL (45 GM per 30 days)
betamethasone valerate external lotion 0.1 %	P	QL (60 ML per 30 days)
betamethasone valerate external ointment 0.1 %	P	QL (45 GM per 30 days)
clobetasol propionate external solution 0.05 %	P	QL (50 ML per 30 days)
desonide external cream 0.05 %	P	QL (60 GM per 30 days)
desonide external ointment 0.05 %	P	QL (60 GM per 30 days)

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Drug Name	Preference Details	Coverage Details
fluocinolone acetonide body external oil 0.01 %	P	QL (118.28 ML per 30 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	P	QL (60 GM per 30 days)
fluocinolone acetonide external ointment 0.025 %	P	QL (60 GM per 30 days)
fluocinolone acetonide external solution 0.01 %	P	QL (60 ML per 30 days)
fluocinolone acetonide scalp external oil 0.01 %	P	QL (118.28 ML per 30 days)
fluocinonide external cream 0.05 %	P	QL (60 GM per 30 days)
fluocinonide external gel 0.05 %	P	QL (60 GM per 30 days)
fluocinonide external ointment 0.05 %	P	QL (60 GM per 30 days)
fluocinonide external solution 0.05 %	P	QL (60 ML per 30 days)
fluocinonide-e external cream 0.05 %	P	QL (60 GM per 30 days)
fluticasone propionate external cream 0.05 %	P	QL (60 GM per 30 days)
fluticasone propionate external ointment 0.005 %	P	QL (60 GM per 30 days)
halobetasol propionate external cream 0.05 %	P	QL (50 GM per 31 days)
halobetasol propionate external ointment 0.05 %	P	QL (50 GM per 31 days)
hydrocortisone external cream 0.5 %, 1 %, 2.5 %	P	QL (180 GM per 30 days)
hydrocortisone external lotion 1 %	P	QL (118 GM per 30 days)
hydrocortisone external lotion 2.5 %	P	QL (118 ML per 30 days)
hydrocortisone external ointment 1 %, 2.5 %	P	QL (180 GM per 30 days)
hydrocortisone max st external cream 1 %	P	QL (180 GM per 30 days)
hydrocortisone valerate external cream 0.2 %	P	QL (60 GM per 30 days)
hydrocortisone valerate external ointment 0.2 %	P	QL (60 GM per 30 days)
mometasone furoate external cream 0.1 %	P	QL (45 GM per 30 days)
mometasone furoate external ointment 0.1 %	P	QL (45 GM per 30 days)
mometasone furoate external solution 0.1 %	P	QL (60 ML per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %	P	QL (454 GM per 30 days)
triamcinolone acetonide external cream 0.5 %	P	QL (180 GM per 30 days)

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Drug Name	Preference Details	Coverage Details
triamcinolone acetonide external ointment 0.025 %, 0.1 %	P	QL (454 GM per 30 days)
triamcinolone acetonide external ointment 0.5 %	P	QL (180 GM per 30 days)
Emollient/Keratolytic Agents**		
protexa external cream 42 %	P	
REMEVEN EXTERNAL CREAM 50 %	P	
urea external cream 40 %	P	
Emollients**		
AMLACTIN EXTERNAL LOTION 12 %	P	QL (400 GM per 31 days)
ammonium lactate external cream 12 %	P	QL (400 GM per 31 days)
ammonium lactate external lotion 12 %	P	QL (400 GM per 31 days)
Eyelid Cleansers & Lubricants**		
OCUSOFT HYPOCHLOR EXTERNAL LIQUID	P	
OCUSOFT LID SCRUB FOAMING EXTERNAL SOLUTION	P	
OCUSOFT LID SCRUB ORIGINAL EXTERNAL LIQUID	P	
Imidazole-Related Antifungals - Topical**		
ALOE VESTA CLEAR ANTIFUNGAL OINTMENT 2 % EXTERNAL	P	
baza antifungal external cream 2 %	P	
clotrimazole external cream 1 %	P	QL (45 GM per 30 days)
clotrimazole external solution 1 %	P	QL (30 ML per 30 days)
ketoconazole external cream 2 %	P	QL (60 GM per 30 days)
ketoconazole external shampoo 2 %	P	QL (120 ML per 30 days)
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod external cream 5 %	P	
Insect Repellents**		
CUTTER BACKWOODS EXTERNAL AEROSOL	P	
CUTTER SKINSATIONS EXTERNAL LIQUID 7 %	P	
NATRAPEL 12-HOUR TICK/INSECT EXTERNAL AEROSOL 20 %	P	

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Drug Name	Preference Details	Coverage Details
OFF ACTIVE EXTERNAL AEROSOL 15 %	P	
OFF DEEP WOODS DRY EXTERNAL AEROSOL	P	
OFF DEEP WOODS EXTERNAL AEROSOL	P	
OFF SMOOTH & DRY EXTERNAL AEROSOL 15 %	P	
REPEL SPORTSMEN EXTERNAL AEROSOL	P	
REPEL SPORTSMEN MAX EXTERNAL AEROSOL 40 %	P	
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %	P	
Keratolytic/Antimitotic Agents**		
CLEAR AWAY 1-STEP WART REMOVER EXTERNAL PAD 40 %	P	
COMPOUND W EXTERNAL LIQUID 17 %	P	
COMPOUND W MAXIMUM STRENGTH EXTERNAL GEL 17 %	P	
podofilox external solution 0.5 %	P	
SALACTIC FILM EXTERNAL SOLUTION 17 %	P	
Local Anesthetics - Topical**		
capsaicin external cream 0.025 %	P	QL (60 GM per 30 days)
lidocaine hcl external gel 2 %	P	
lidocaine hcl external solution 4 %	P	
Macrolide Immunosuppressants - Topical**		
pimecrolimus external cream 1 %	P	ST; Must fail preferred topical steroid for 4 weeks within the past 100 days, unless contraindicated.; QL (30 GM per 31 days); AL (Min 2 Years)
Rosacea Agents**		
metronidazole external cream 0.75 %	P	QL (45 GM per 30 days)
metronidazole external gel 0.75 %	P	QL (70 GM per 30 days)
metronidazole external gel 1 %	P	QL (60 GM per 30 days)
Scabicide Combinations**		
lice killing maximum strength external shampoo 0.33-4 %	P	

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Drug Name	Preference Details	Coverage Details
Scabicides & Pediculicides**		
lice treatment (permethrin 1%) external lotion 1 %	P	
malathion external lotion 0.5 %	P	QL (118 ML per 31 days); AL (Min 6 Years)
permethrin external cream 5 %	P	QL (60 GM per 31 days)
spinosad external suspension 0.9 %	P	ST; Must fail preferred permethrin within the past 100 days; AL (Min 6 Months)
Topical Anesthetic Combinations**		
lidocaine-prilocaine external cream 2.5-2.5 %	P	QL (30 GM per 31 days)
Topical Steroid Combinations**		
hydrocortisone-aloe external cream 1 %	P	
Diagnostic Products		
Diagnostic Drugs**		
dipyridamole intravenous solution 5 mg/ml	P	
Diagnostic Tests**		
CLINISTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
DIASTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
KETOSTIX IN VITRO STRIP	P	QL (100 EA per 31 days)
ONETOUCH ULTRA STRIP IN VITRO	P	
ONETOUCH ULTRA STRIP IN VITRO	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
ONETOUCH VERIO STRIP IN VITRO	P	
ONETOUCH VERIO STRIP IN VITRO	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
PRECISION XTRA KETONE IN VITRO STRIP	P	
Multiple Urine Tests**		
KETO-DIASTIX IN VITRO STRIP	P	

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Drug Name	Preference Details	Coverage Details
Digestive Aids		
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	P	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	P	PA
Diuretics		
Carbonic Anhydrase Inhibitors**		
acetazolamide er oral capsule extended release 12 hour 500 mg	P	
acetazolamide oral tablet 125 mg, 250 mg	P	
methazolamide oral tablet 25 mg, 50 mg	P	
Diuretic Combinations**		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	P	
spironolactone-hctz oral tablet 25-25 mg	P	
triamterene-hctz oral capsule 37.5-25 mg	P	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	P	
Loop Diuretics**		
bumetanide injection solution 0.25 mg/ml	P	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	P	
furosemide oral solution 10 mg/ml, 8 mg/ml	P	
furosemide oral tablet 20 mg, 40 mg, 80 mg	P	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	P	
Potassium Sparing Diuretics**		
amiloride hcl oral tablet 5 mg	P	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	P	
Thiazides And Thiazide-Like Diuretics**		
chlorothiazide oral tablet 250 mg, 500 mg	P	
chlorthalidone oral tablet 25 mg, 50 mg	P	

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Drug Name	Preference Details	Coverage Details
DIURIL ORAL SUSPENSION 250 MG/5ML	P	
hydrochlorothiazide oral capsule 12.5 mg	P	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	P	
indapamide oral tablet 1.25 mg, 2.5 mg	P	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	P	
Endocrine And Metabolic Agents - Misc.		
Bisphosphonates**		
alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg	P	
ibandronate sodium oral tablet 150 mg	P	QL (1 EA per 28 days)
Calcitonins**		
calcitonin (salmon) nasal solution 200 unit/act	P	
Carnitine Replenisher - Agents**		
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	P	
levocarnitine oral solution 1 gm/10ml	P	QL (900 ML per 31 days)
levocarnitine oral tablet 330 mg	P	
Dopamine Receptor Agonists**		
cabergoline oral tablet 0.5 mg	P	
Gaa Deficiency Treatment - Agents**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	P	PA
Growth Hormones**		
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	P	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	P	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	P	PA
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	P	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	P	PA

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Drug Name	Preference Details	Coverage Details
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	P	
calcitriol oral solution 1 mcg/ml	P	
Rank Ligand (Rankl) Inhibitors**		
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	P	PA; QL (1 ML per 180 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	P	PA; QL (1 ML per 180 days)
Selective Estrogen Receptor Modulators (Serms)**		
raloxifene hcl oral tablet 60 mg	P	
Somatostatic Agents**		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	P	PA
Vasopressin**		
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	P	
desmopressin ace spray refrig nasal solution 0.01 %	P	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	P	
desmopressin acetate spray nasal solution 0.01 %	P	
Estrogens		
Estrogen & Progestin**		
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	P	
PREMPHASE ORAL TABLET 0.625-5 MG	P	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	P	
Estrogens**		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	P	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	P	

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Drug Name	Preference Details	Coverage Details
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	P	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	P	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	
Fluoroquinolones		
Fluoroquinolones**		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	P	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	P	
Gastrointestinal Agents - Misc.		
Antiflatulents**		
gas relief oral suspension 20 mg/0.3ml	P	
simethicone oral suspension 40 mg/0.6ml	P	
simethicone oral tablet chewable 80 mg	P	
Gallstone Solubilizing Agents**		
ursodiol oral capsule 300 mg	P	
Gastrointestinal Chloride Channel Activators**		
lubiprostone oral capsule 24 mcg, 8 mcg	P	PA
Gastrointestinal Stimulants**		
metoclopramide hcl oral solution 5 mg/5ml	P	QL (1500 ML per 31 days)
metoclopramide hcl oral tablet 10 mg, 5 mg	P	
Inflammatory Bowel Agents**		
balsalazide disodium oral capsule 750 mg	P	
mesalamine er oral capsule extended release 24 hour 0.375 gm	P	
mesalamine rectal enema 4 gm	P	QL (1800 ML per 31 days)
sulfasalazine oral tablet 500 mg	P	
sulfasalazine oral tablet delayed release 500 mg	P	
Intestinal Acidifiers**		
generlac oral solution 10 gm/15ml	P	QL (4185 ML per 31 days)
Phosphate Binder Agents**		
calcium acetate (phos binder) oral capsule 667 mg	P	QL (372 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
calcium acetate (phos binder) oral tablet 667 mg	P	QL (372 EA per 31 days)
ELIPHOS ORAL TABLET 667 MG	P	QL (372 EA per 31 days)
Tumor Necrosis Factor Alpha Blockers**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	P	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	P	PA
Cimzia Prefilled Subcutaneous Prefilled Syringe Kit 2 X 200 MG/ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	P	PA
Cimzia Starter Kit Subcutaneous Prefilled Syringe Kit 6 X 200 MG/ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Cimzia Subcutaneous Kit 2 X 200 MG	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG/ML	P	PA
Cimzia Subcutaneous Prefilled Syringe Kit 2 X 200 MG/ML	Non-Formulary	Use Preferred Products (adalimumab-adaz or adalimumab-fkjp or Hadlima or Yusimry). PA may be required
Genitourinary Agents - Miscellaneous		
5-Alpha Reductase Inhibitors**		
dutasteride oral capsule 0.5 mg	P	
finasteride oral tablet 5 mg	P	
Alpha 1-Adrenoceptor Antagonists**		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	P	
tamsulosin hcl oral capsule 0.4 mg	P	
Citrates**		
sod citrate-citric acid oral solution 500-334 mg/5ml	P	QL (3600 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
Genitourinary Irrigants**		
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	P	QL (1000 ML per 31 days)
sodium chloride irrigation solution 0.9 %	P	QL (1000 ML per 31 days)
Interstitial Cystitis Agents**		
pentosan polysulfate sodium oral capsule delayed release 150 mg, 200 mg	P	
Urinary Analgesics**		
phenazopyridine hcl oral tablet 100 mg	P	
phenazopyridine hcl oral tablet 200 mg	P	QL (12 EA per 31 days)
Gout Agents		
Gout Agent Combinations**		
colchicine-probenecid oral tablet 0.5-500 mg	P	
Gout Agents**		
allopurinol oral tablet 100 mg, 300 mg	P	
colchicine oral tablet 0.6 mg	P	
Uricosurics**		
probenecid oral tablet 500 mg	P	
Hematological Agents - Misc.		
Bradykinin B2 Receptor Antagonists**		
icatibant acetate subcutaneous solution 30 mg/3ml	P	PA
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	P	PA
C1 Esterase Inhibitors**		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	P	
Hematorheologic Agents**		
pentoxifylline er oral tablet extended release 400 mg	P	
Phosphodiesterase Iii Inhibitors**		
cilostazol oral tablet 100 mg, 50 mg	P	
Platelet Aggregation Inhibitors**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	P	
Quinazoline Agents**		
anagrelide hcl oral capsule 0.5 mg, 1 mg	P	

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Drug Name	Preference Details	Coverage Details
Thienopyridine Derivatives**		
clopidogrel bisulfate oral tablet 75 mg	P	
Hematopoietic Agents		
Agents For Gaucher Disease**		
CERDELGA ORAL CAPSULE 84 MG	P	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	P	PA
Cobalamins**		
b-12 oral tablet dispersible 1000 mcg	P	
cyanocobalamin injection solution 1000 mcg/ml	P	
vitamin b-12 er oral tablet extended release 1000 mcg	P	
vitamin b-12 oral tablet 1000 mcg, 250 mcg, 500 mcg	P	
vitamin b-12 sublingual tablet sublingual 1000 mcg	P	
Cytotoxic Agents**		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	P	
Erythropoiesis-Stimulating Agents (Esas)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	P	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	P	PA
Folic Acid/Folate Combinations**		
folbee oral tablet 2.5-25-1 mg	P	
Folic Acid/Folates**		
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	P	

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Drug Name	Preference Details	Coverage Details
Granulocyte Colony-Stimulating Factors (G-Csf)**		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	P	PA
Iron Combinations**		
CENTRATEX ORAL CAPSULE 106-1 MG	P	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	P	
Iron**		
ferretts oral tablet 325 (106 fe) mg	P	
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg	P	
ferrous gluconate oral tablet 239 (27 fe) mg, 324 (38 fe) mg	P	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	P	
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	P	
ferrous sulfate oral solution 300 mg/6.8ml, 75 (15 fe) mg/ml	P	
ferrous sulfate oral tablet 325 (65 fe) mg	P	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	P	
iron oral tablet 325 (65 fe) mg	P	
POLY-IRON 150 ORAL CAPSULE 150 MG	P	
slow release iron oral tablet extended release 160 (50 fe) mg	P	
Hypnotics/Sedatives/Sleep Disorder Agents		
Antihistamine Hypnotics**		
diphenhydramine hcl (sleep) oral tablet 50 mg	P	
sleep aid oral tablet 25 mg	P	
Barbiturate Hypnotics**		
phenobarbital oral elixir 20 mg/5ml	P	QL (2000 ML per 31 days)
phenobarbital oral tablet 100 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	P	
phenobarbital oral tablet 15 mg	P	QL (310 EA per 31 days)
phenobarbital oral tablet 16.2 mg	P	QL (383 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	P	
Benzodiazepine Hypnotics**		
estazolam oral tablet 1 mg, 2 mg	P	
temazepam oral capsule 15 mg, 30 mg	P	
triazolam oral tablet 0.125 mg, 0.25 mg	P	AL (Min 18 Years)
Non-Benzodiazepine - Gaba-Receptor Modulators**		
zolpidem tartrate oral tablet 10 mg, 5 mg	P	QL (31 EA per 31 days); AL (Min 18 Years)
Laxatives		
Bowel Evacuant Combinations**		
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	P	QL (4000 ML per 31 days)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	P	QL (4000 ML per 31 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	P	QL (1 EA per 31 days)
peg 3350/electrolytes oral solution reconstituted 240 gm	P	QL (4000 ML per 31 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	P	QL (4000 ML per 31 days)
peg-3350/electrolytes oral solution reconstituted 236 gm	P	QL (4000 ML per 31 days)
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	P	QL (4000 ML per 31 days)
Bulk Laxatives**		
fiber oral tablet 625 mg	P	
METAMUCIL ORAL CAPSULE 0.36 GM, 0.52 GM	P	
METAMUCIL ORAL WAFER	P	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %	P	
natural fiber laxative oral powder 48.57 %	P	
natural fiber therapy oral powder 48.57 %	P	
Laxatives - Miscellaneous**		
cvs glycerin adult rectal suppository 2 gm	P	
lactulose oral solution 10 gm/15ml	P	QL (4185 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
polyethylene glycol 3350 oral packet 17 gm	P	
polyethylene glycol 3350 oral powder 17 gm/scoop	P	QL (527 GM per 31 days)
sorbitol oral solution 70 %	P	
Laxatives & Dss**		
senna-docusate sodium oral tablet 8.6-50 mg	P	
Saline Laxative Mixtures**		
enema disposable rectal enema	P	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML	P	
Saline Laxatives**		
milk of magnesia oral suspension 1200 mg/15ml, 400 mg/5ml, 7.75 %	P	
Stimulant Laxatives**		
bisacodyl ec oral tablet delayed release 5 mg	P	
bisacodyl rectal suppository 10 mg	P	
laxative rectal suppository 10 mg	P	
senna oral syrup 8.8 mg/5ml	P	
senna oral tablet 8.6 mg	P	
stimulant laxative oral tablet delayed release 5 mg	P	
Surfactant Laxatives**		
docusate calcium oral capsule 240 mg	P	
docusate sodium oral tablet 100 mg	P	
silace oral liquid 150 mg/15ml	P	
stool softener oral capsule 100 mg, 250 mg	P	
Local Anesthetics-Parenteral		
Local Anesthetics - Amides**		
lidocaine hcl (pf) injection solution 1.5 %, 2 %	P	
lidocaine hcl injection solution 0.5 %, 1 %, 1.5 %	P	
Macrolides		
Azithromycin**		
azithromycin hydrogencitrate intravenous solution reconstituted 2.5 gm	P	
azithromycin intravenous solution reconstituted 500 mg	P	

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Drug Name	Preference Details	Coverage Details
azithromycin oral packet 1 gm	P	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	P	
azithromycin oral tablet 250 mg	P	QL (12 EA per 31 days)
azithromycin oral tablet 500 mg, 600 mg	P	
Clarithromycin**		
clarithromycin er oral tablet extended release 24 hour 500 mg	P	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	P	
clarithromycin oral tablet 250 mg, 500 mg	P	
Erythromycins**		
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	P	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	P	
erythromycin base oral capsule delayed release particles 250 mg	P	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	P	
erythromycin ethylsuccinate oral tablet 400 mg	P	
Medical Devices And Supplies		
Applicators,Cotton Balls,Etc**		
alcohol pads pad 70 %	P	QL (100 EA per 31 days)
Glucose Monitoring Test Supplies**		
FREESTYLE LIBRE 14 DAY READER DEVICE	P	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	P	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE	P	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	P	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR	P	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE	P	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE SENSOR SYSTEM	P	PA; QL (3 EA per 30 days)
glucose control in vitro solution	P	
lancet device	P	
lancets	P	QL (200 EA per 31 days)
ONETOUCH ULTRA 2 KIT W/DEVICE	P	

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

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

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

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Drug Name	Preference Details	Coverage Details
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	P	QL (100 EA per 31 days)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	P	QL (100 EA per 31 days)
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	P	QL (100 EA per 31 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	P	QL (100 EA per 31 days)
Peak Flow Meters**		
AIRZONE PEAK FLOW METER DEVICE	P	QL (2 EA per 365 days)
ASSESS FULL RANGE PEAK METER DEVICE	P	QL (2 EA per 365 days)
ASSESS LOW RANGE PEAK METER DEVICE	P	QL (2 EA per 365 days)
ASSESS PEAK FLOW METER DEVICE	P	QL (2 EA per 365 days)
ASTHMA CHECK METER-ZONE SYSTEM DEVICE	P	QL (2 EA per 365 days)
ASTHMAMENTOR DEVICE	P	QL (2 EA per 365 days)
breathe ease peak flow meter device	P	QL (2 EA per 365 days)
CLEVER CHOICE PEAK FLOW METER DEVICE	P	QL (2 EA per 365 days)
lung perform peak flow meter device	P	QL (2 EA per 365 days)
MICROLIFE DIGITAL PEAK FLOW DEVICE	P	QL (2 EA per 365 days)
MINI WRIGHT PEAK FLOW METER DEVICE	P	QL (2 EA per 365 days)
msa100 peak flow meter device	P	QL (2 EA per 365 days)
peak a-i-r flow meter device	P	QL (2 EA per 365 days)
PEAK AIR PEAK FLOW METER DEVICE	P	QL (2 EA per 365 days)
peak flow meter device	P	QL (2 EA per 365 days)

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Drug Name	Preference Details	Coverage Details
peak flow meter universal rang device	P	QL (2 EA per 365 days)
PERSONAL BEST FULL RANGE DEVICE	P	QL (2 EA per 365 days)
PERSONAL BEST LOW RANGE DEVICE	P	QL (2 EA per 365 days)
PIKO 1 DEVICE	P	QL (2 EA per 365 days)
POCKET PEAK FLOW METER DEVICE	P	QL (2 EA per 365 days)
POCKETPEAK PEAK FLOW METER DEVICE	P	QL (2 EA per 365 days)
pure comfort flow meter adult device	P	QL (2 EA per 365 days)
pure comfort flow meter child device	P	QL (2 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE	P	QL (2 EA per 365 days)
ZOEY ASTHMAMENTOR DEVICE	P	QL (2 EA per 365 days)
ZOEY PERSONAL BEST PEAK METER DEVICE	P	QL (2 EA per 365 days)
Respiratory Therapy Supplies**		
adult mask device	P	QL (2 EA per 365 days)
AEROBIKA DEVICE	P	QL (2 EA per 365 days)
air watch monitor device	P	QL (2 EA per 365 days)
ALL FLOW 1000 PFT FILTER DEVICE	P	QL (2 EA per 365 days)
ALL FLOW 2000 PFT FILTER DEVICE	P	QL (2 EA per 365 days)
ALL FLOW 3000 PFT FILTER DEVICE	P	QL (2 EA per 365 days)
ALL FLOW 4000 PFT FILTER DEVICE	P	QL (2 EA per 365 days)
ALL FLOW 5000 PFT FILTER DEVICE	P	QL (2 EA per 365 days)
ALL FLOW 6000 PFT FILTER DEVICE	P	QL (2 EA per 365 days)
ALL FLOW 7000 PFT FILTER DEVICE	P	QL (2 EA per 365 days)
co monitor device	P	QL (2 EA per 365 days)
DEVILBISS COMPACT COMPRESSOR DEVICE	P	QL (2 EA per 365 days)
DEVILBISS COMPRESSOR DEVICE	P	QL (2 EA per 365 days)
DEVILBISS TRAVEL-AIRE DEVICE	P	QL (2 EA per 365 days)
EASY FLOW BLACK/BLUE DEVICE	P	QL (2 EA per 365 days)
EASY FLOW BLACK/ORANGE DEVICE	P	QL (2 EA per 365 days)
EASY FLOW BLACK/RED DEVICE	P	QL (2 EA per 365 days)
EASY FLOW BLACK/WHITE DEVICE	P	QL (2 EA per 365 days)
EASY FLOW BLACK/YELLOW DEVICE	P	QL (2 EA per 365 days)
EASY FLOW WHITE/BLUE DEVICE	P	QL (2 EA per 365 days)
EASY FLOW WHITE/GREEN DEVICE	P	QL (2 EA per 365 days)

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Drug Name	Preference Details	Coverage Details
EASY FLOW WHITE/PINK DEVICE	P	QL (2 EA per 365 days)
EASY FLOW WHITE/WHITE DEVICE	P	QL (2 EA per 365 days)
EASY FLOW WHITE/YELLOW DEVICE	P	QL (2 EA per 365 days)
FLUTTER DEVICE	P	QL (2 EA per 365 days)
IN-CHECK DIAL FLOW TRAINER DEVICE	P	QL (2 EA per 365 days)
IN-CHECK INSPIRATORY FLOW MTR DEVICE	P	QL (2 EA per 365 days)
MD TURBO DEVICE	P	QL (2 EA per 365 days)
MISTASSIST DEVICE	P	QL (2 EA per 365 days)
nebulizer cup/tubing device	P	QL (2 EA per 365 days)
nebulizer device	P	QL (2 EA per 365 days)
OMBRA TABLE TOP COMPRESSOR DEVICE	P	QL (2 EA per 365 days)
ONE FLOW SPIROMETER DEVICE	P	QL (2 EA per 365 days)
PARI MANUAL INTERRUPTER DEVICE	P	QL (2 EA per 365 days)
PARI TREK S COMBO PACK DEVICE	P	QL (2 EA per 365 days)
PULMO-AIDE COMP/PULMO-NEB DISP DEVICE	P	QL (2 EA per 365 days)
PULMO-AIDE LT COMPRESS/NEBULIZ DEVICE	P	QL (2 EA per 365 days)
PULMO-AIDE TRAVELER/FILTERS DEVICE	P	QL (2 EA per 365 days)
PULMONEB LT DEVICE	P	QL (2 EA per 365 days)
pure comfort 3-ball breathe ex device	P	QL (2 EA per 365 days)
QUAKE DEVICE	P	QL (2 EA per 365 days)
spiro pd device	P	QL (2 EA per 365 days)
THRESHOLD PEP DEVICE	P	QL (2 EA per 365 days)
Spacer/Aerosol-Holding Chambers & Supplies**		
AEROCHAMBER MAX W/MASK LARGE	P	QL (2 EA per 365 days)
AEROCHAMBER MAX W/MASK MEDIUM	P	QL (2 EA per 365 days)
AEROCHAMBER MAX W/MASK SMALL	P	QL (2 EA per 365 days)
AEROCHAMBER MINI CHAMBER DEVICE	P	QL (2 EA per 365 days)
AEROCHAMBER MV	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	P	QL (2 EA per 365 days)

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Drug Name	Preference Details	Coverage Details
AEROCHAMBER PLUS FLO-VU MEDIUM	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW VU	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS W/MASK	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS W/MASK LARGE	P	QL (2 EA per 365 days)
AEROCHAMBER PLUS W/MASK SMALL	P	QL (2 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL	P	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS	P	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR	P	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE	P	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM	P	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL	P	QL (2 EA per 365 days)
AEROVENT PLUS DEVICE	P	QL (2 EA per 365 days)
AIRIAL CHAMBER DEVICE	P	QL (2 EA per 365 days)
ARIAL CHAMBER DEVICE	P	QL (2 EA per 365 days)
breathe comfort chamber/adult device	P	QL (2 EA per 365 days)
breathe comfort chamber/child device	P	QL (2 EA per 365 days)
breathe ease large device	P	QL (2 EA per 365 days)
breathe ease medium device	P	QL (2 EA per 365 days)
breathe ease small device	P	QL (2 EA per 365 days)
BREATHERITE	P	QL (2 EA per 365 days)
BREATHERITE COLL SPACER ADULT	P	QL (2 EA per 365 days)
BREATHERITE COLL SPACER CHILD	P	QL (2 EA per 365 days)
BREATHERITE COLL SPACER INFANT	P	QL (2 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	P	QL (2 EA per 365 days)
BREATHERITE SPACER NEONATE	P	QL (2 EA per 365 days)
BREATHERITE SPACER SMALL CHILD	P	QL (2 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER DEVICE	P	QL (2 EA per 365 days)
BREATHERITE/LARGE MASK	P	QL (2 EA per 365 days)
BREATHERITE/MEDIUM MASK	P	QL (2 EA per 365 days)
BREATHERITE/SMALL MASK	P	QL (2 EA per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE	P	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER DEVICE	P	QL (2 EA per 365 days)

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Drug Name	Preference Details	Coverage Details
COMPACT SPACE CHAMBER/LG MASK DEVICE	P	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE	P	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE	P	QL (2 EA per 365 days)
EASIVENT	P	QL (2 EA per 365 days)
EASIVENT MASK LARGE	P	QL (2 EA per 365 days)
EASIVENT MASK MEDIUM	P	QL (2 EA per 365 days)
E-Z SPACER DEVICE	P	QL (2 EA per 365 days)
E-Z SPACER THE BODY GUARDS PK DEVICE	P	QL (2 EA per 365 days)
E-Z SPACER/MASK DEVICE	P	QL (2 EA per 365 days)
MICROCHAMBER	P	QL (2 EA per 365 days)
MICROSPACER	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-LG MASK	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	P	QL (2 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-LARGE	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	P	QL (2 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	P	QL (2 EA per 365 days)
OPTIHALER	P	QL (2 EA per 365 days)
OPTIHALER DEVICE	P	QL (2 EA per 365 days)
POCKET CHAMBER DEVICE	P	QL (2 EA per 365 days)
POCKET SPACER DEVICE	P	QL (2 EA per 365 days)
PRIMEAIRE HOLDING CHAMBER DEVICE	P	QL (2 EA per 365 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	P	QL (2 EA per 365 days)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	P	QL (2 EA per 365 days)
VORTEX HOLDING CHAMBER/MASK DEVICE	P	QL (2 EA per 365 days)
WATCHHALER DEVICE	P	QL (2 EA per 365 days)

Drug Name	Preference Details	Coverage Details
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**		
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	P	PA
Cgrp Receptor Antagonists - Monocolonal Antibodies**		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	P	PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	P	PA
Selective Serotonin Agonists 5-Ht(1)**		
naratriptan hcl oral tablet 1 mg, 2.5 mg	P	ST; Must fail preferred sumatriptan, rizatriptan, rizatriptan odt tablets within the past 100 days.; QL (9 EA per 31 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	P	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	P	
sumatriptan nasal solution 20 mg/act, 5 mg/act	P	QL (12 EA per 31 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	P	QL (9 EA per 31 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	P	QL (4 ML per 31 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	P	QL (4 ML per 31 days)
TOSYMRA NASAL SOLUTION 10 MG/ACT	P	QL (12 EA per 31 days)
Minerals & Electrolytes		
Calcium Combinations**		
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg, 600-800 mg-unit	P	
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-400 mg-unit	P	
calcium carbonate w/vitamin d oral tablet 600-400 mg-unit	P	
calcium carbonate-vitamin d oral tablet 600-400 mg-unit	P	

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Drug Name	Preference Details	Coverage Details
calcium oral tablet chewable 500-100 mg-unit, 500-2.5 mg-mcg	P	
calcium+d3 oral tablet 600-20 mg-mcg, 600-800 mg-unit	P	
CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-333 MG-UNIT, 500-8.325 MG-MCG	P	
oyster shell calcium/vitamin d oral packet 500-200 mg-unit, 500-5 mg-mcg	P	
Calcium**		
calcium carbonate oral suspension 1250 (500 ca) mg/5ml	P	
calcium carbonate oral tablet 1250 (500 ca) mg, 600 mg	P	
calcium lactate oral tablet 648 mg	P	
cal-lac oral capsule 500 mg	P	
oyster calcium oral tablet 500 mg	P	
oyster shell calcium oral tablet 500 mg	P	
Electrolytes Oral**		
ORALYTE FREEZER POPS ORAL SOLUTION	P	QL (4000 ML per 31 days)
ORALYTE ORAL SOLUTION	P	QL (4000 ML per 31 days)
Electrolytes Parenteral**		
kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-%	P	
lactated ringers intravenous solution	P	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%, 40 meq/250ml	P	
Fluoride Combinations**		
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG	P	
Fluoride**		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	P	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	P	
Magnesium**		
MAG64 ORAL TABLET EXTENDED RELEASE 535 (64 MG) MG	P	

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Drug Name	Preference Details	Coverage Details
magdelay oral tablet delayed release 70 mg	P	
mag-delay oral tablet extended release 535 (64 mg) mg	P	
magnesium oxide 400 oral packet 240 mg	P	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 420 (252 mg) mg, 500 mg	P	
magnesium oxide oral tablet 400 (241.3 mg) mg	P	
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ)	P	
sm magnesium oxide oral tablet 250 mg	P	
Phosphate**		
phos-nak oral packet 280-160-250 mg	P	
Potassium**		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	P	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	P	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	P	
potassium chloride er oral capsule extended release 10 meq, 8 meq	P	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	P	
potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 2 meq/ml, 40 meq/100ml	P	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	P	
Sodium**		
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 %	P	
normal saline flush intravenous solution 0.9 %	P	
saline flush intravenous solution 0.9 %	P	

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Drug Name	Preference Details	Coverage Details
sodium chloride (pf) injection solution 0.9 %	P	QL (310 ML per 31 days)
sodium chloride injection solution 0.9 %	P	QL (310 ML per 31 days)
sodium chloride intravenous solution 0.45 %, 0.9 %	P	
sodium chloride oral tablet 1 gm	P	
Zinc**		
zinc sulfate oral capsule 220 (50 zn) mg	P	
zinc sulfate oral tablet 220 (50 zn) mg	P	
Miscellaneous Therapeutic Classes		
Antileprotics**		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	P	PA
Cyclosporine Analogs**		
cyclosporine intravenous solution 50 mg/ml	P	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	P	
cyclosporine modified oral solution 100 mg/ml	P	
cyclosporine oral capsule 100 mg, 25 mg	P	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	P	
GENGRAF ORAL SOLUTION 100 MG/ML	P	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	P	
Immunomodulators For Myelodysplastic Syndromes**		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	P	PA
Inosine Monophosphate Dehydrogenase Inhibitors**		
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	P	
mycophenolate mofetil oral capsule 250 mg	P	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	P	
mycophenolate mofetil oral tablet 500 mg	P	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	P	

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Drug Name	Preference Details	Coverage Details
Macrolide Immunosuppressants**		
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	P	
RAPAMUNE ORAL SOLUTION 1 MG/ML	P	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	P	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	P	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	P	
Monoclonal Antibodies**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	P	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	P	
Potassium Removing Agents**		
sodium polystyrene sulfonate oral powder	P	QL (454 GM per 31 days)
SPS ORAL SUSPENSION 15 GM/60ML	P	
Purine Analogs**		
azathioprine oral tablet 50 mg	P	
Selective T-Cell Costimulation Blockers**		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	P	
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral**		
lidocaine viscous mouth/throat solution 2 %	P	
Anti-Infectives - Throat**		
clotrimazole mouth/throat lozenge 10 mg	P	
clotrimazole mouth/throat troche 10 mg	P	
nystatin mouth/throat suspension 100000 unit/ml	P	QL (300 ML per 31 days)
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	P	QL (480 ML per 31 days)
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	P	QL (480 ML per 31 days)
Fluoride Dental Products**		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	P	
DENTAGEL DENTAL GEL 1.1 %	P	

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Drug Name	Preference Details	Coverage Details
FLUORIDEX DAILY DEFENSE DENTAL GEL 1.1 %	P	
KARIGEL DENTAL GEL 1.1 %	P	
PHOS-FLUR DENTAL GEL 1.1 %	P	
sf 5000 plus dental cream 1.1 %	P	
Saliva Stimulants**		
pilocarpine hcl oral tablet 5 mg, 7.5 mg	P	
Steroids - Mouth/Throat/Dental**		
triamcinolone acetonide mouth/throat paste 0.1 %	P	
Multivitamins		
B-Complex Vitamins**		
b complex oral capsule	P	
B-Complex W/ C & Folic Acid**		
DIALYVITE ORAL TABLET	P	
rena-vite oral tablet	P	
triphrocaps oral capsule 1 mg	P	
B-Complex W/ C**		
vitamin b complex-c oral capsule	P	
Multiple Vitamins W/ Iron**		
tab-a-vite/iron oral tablet	P	
Multiple Vitamins W/ Minerals**		
AQUADEKS ORAL CAPSULE	P	
CERTAVITE/ANTIOXIDANTS ORAL TABLET	P	
Multivitamins**		
daily multiple vitamins oral tablet	P	
once daily oral tablet	P	
thera-tabs oral tablet	P	
Ped Multi Vitamins W/Fl & Fe**		
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml	P	
Ped Multiple Vitamins W/ Minerals**		
VITAMAX PEDIATRIC ORAL SOLUTION	P	
Ped Mv W/ Fluoride**		
multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	P	AL (Max 17 Years)

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Drug Name	Preference Details	Coverage Details
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	P	AL (Max 17 Years)
Ped Mv W/ Iron**		
polyvitamin/iron oral solution 10 mg/ml	P	
Ped Vitamins Acd Fluoride & Iron**		
tri-vit/fluoride/iron oral solution 0.25-10 mg/ml	P	
Ped Vitamins Acd W/ Fluoride**		
tri-vit/fluoride oral solution 0.25 mg/ml	P	
tri-vitamin/fluoride oral solution 0.5 mg/ml	P	
vitamins acd-fluoride oral solution 0.25 mg/ml	P	
Pediatric Multiple Vitamins W/ C**		
polyvitamin oral solution 35 mg/ml	P	
Pediatric Multiple Vitamins**		
childrens chewable multi vits oral tablet chewable	P	
Pediatric Vitamins A & D W/ C**		
TRI-VI-SOL ORAL SOLUTION 750-400-35 UNIT-MG/ML	P	
tri-vitamin infant & toddler oral solution 500-10-50 mcg-mg/ml	P	
tri-vitamin oral solution 1500-400-35	P	
Prenatal Mv & Min W/Fe-Fa**		
CO-NATAL FA ORAL TABLET	P	
ELITE-OB ORAL TABLET 50-1.25 MG	P	
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG, 85-1 MG	P	
MYNATAL ADVANCE ORAL TABLET	P	
mynatal-z oral tablet	P	
mynate 90 plus oral tablet extended release	P	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	P	
PRENATABS RX ORAL TABLET 29-1 MG	P	
prenatal 19 oral tablet chewable	P	
prenatal low iron oral tablet 27-0.8 mg	P	
prenatal oral tablet 28-0.8 mg	P	
prenatal plus iron oral tablet 29-1 mg	P	
prenatal plus oral tablet 27-1 mg	P	

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Drug Name	Preference Details	Coverage Details
PRENATAL-U ORAL CAPSULE 106.5-1 MG	P	
TARON-C DHA ORAL CAPSULE 35-1 MG, 53.5-38-1 MG	P	
trinatal rx 1 oral tablet 60-1 mg	P	
TRINATE ORAL TABLET	P	
VINATE AZ EXTRA ORAL TABLET 29-1 MG	P	
VINATE II ORAL TABLET 29-1 MG	P	
VINATE M ORAL TABLET 27-1 MG	P	
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**		
PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR)	P	
Musculoskeletal Therapy Agents		
Central Muscle Relaxants**		
baclofen oral tablet 10 mg, 20 mg	P	
carisoprodol oral tablet 350 mg	P	QL (124 EA per 31 days)
chlorzoxazone oral tablet 500 mg	P	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	P	QL (93 EA per 31 days)
methocarbamol oral tablet 500 mg, 750 mg	P	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	P	
tizanidine hcl oral tablet 2 mg, 4 mg	P	
Direct Muscle Relaxants**		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	P	
Viscosupplements**		
supartz intra-articular solution prefilled syringe 25 mg/2.5ml	P	PA
Nasal Agents - Systemic And Topical		
Nasal Agents - Misc.**		
saline nasal spray nasal solution 0.65 %	P	
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %, 0.06 %	P	
Nasal Antihistamines**		
azelastine hcl nasal solution 0.1 %	P	

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Drug Name	Preference Details	Coverage Details
Nasal Mast Cell Stabilizers**		
cromolyn sodium nasal aerosol solution 5.2 mg/act	P	
Nasal Steroids**		
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT	P	
flunisolide nasal solution 25 mcg/act (0.025%)	P	
fluticasone propionate nasal suspension 50 mcg/act	P	
Systemic Decongestants**		
childrens silfedrine oral liquid 15 mg/5ml	P	
nasal decongestant oral syrup 30 mg/5ml	P	
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	P	
pseudoephedrine hcl oral tablet 30 mg, 60 mg	P	
SUDAFED PE MAXIMUM STRENGTH ORAL TABLET 10 MG	P	
SUDOGEST ORAL TABLET 60 MG	P	
Nutrients		
Misc. Nutritional Substances**		
fish oil concentrate oral capsule 1000 mg	P	
fish oil oral capsule 1000 mg	P	
omega-3 oral capsule 1000 mg	P	
Ophthalmic Agents		
Artificial Tear And Lubricant Combinations**		
eye lubricant ophthalmic ointment	P	
Artificial Tears And Lubricants**		
artificial tears ophthalmic solution 1.4 %	P	QL (15 ML per 31 days)
Beta-Blockers - Ophthalmic Combinations**		
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	P	
Beta-Blockers - Ophthalmic**		
betaxolol hcl ophthalmic solution 0.5 %	P	

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Drug Name	Preference Details	Coverage Details
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	P	
carteolol hcl ophthalmic solution 1 %	P	
levobunolol hcl ophthalmic solution 0.5 %	P	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	P	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	P	
Cycloplegic Mydriatics**		
atropine sulfate ophthalmic ointment 1 %	P	
atropine sulfate ophthalmic solution 1 %	P	
Miotics - Direct Acting**		
pilocarpine hcl ophthalmic solution 2 %	P	
Ophthalmic Antiallergic**		
cromolyn sodium ophthalmic solution 4 %	P	
ketotifen fumarate ophthalmic solution 0.025 %, 0.035 %	P	
olopatadine hcl ophthalmic solution 0.1 %	P	QL (10 ML per 30 days)
Ophthalmic Antibiotics**		
bacitracin ophthalmic ointment 500 unit/gm	P	
ciprofloxacin hcl ophthalmic solution 0.3 %	P	QL (10 ML per 30 days)
erythromycin ophthalmic ointment 5 mg/gm	P	
gentamicin sulfate ophthalmic ointment 0.3 %	P	
gentamicin sulfate ophthalmic solution 0.3 %	P	
ofloxacin ophthalmic solution 0.3 %	P	QL (10 ML per 30 days)
tobramycin ophthalmic solution 0.3 %	P	
Ophthalmic Anti-Infective Combinations**		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	P	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	P	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	P	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	P	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	P	

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Drug Name	Preference Details	Coverage Details
Ophthalmic Antivirals**		
trifluridine ophthalmic solution 1 %	P	
Ophthalmic Carbonic Anhydrase Inhibitors**		
Azopt Ophthalmic Suspension 1 %	Non-Formulary	
brinzolamide ophthalmic suspension 1 %	P	
dorzolamide hcl ophthalmic solution 2 %	P	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
diclofenac sodium ophthalmic solution 0.1 %	P	
flurbiprofen sodium ophthalmic solution 0.03 %	P	
ketorolac tromethamine ophthalmic solution 0.5 %	P	
Ophthalmic Selective Alpha Adrenergic Agonists**		
brimonidine tartrate ophthalmic solution 0.2 %	P	
Ophthalmic Steroid Combinations**		
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	P	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	P	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	P	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	P	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	P	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	P	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	P	QL (20 ML per 30 days)
Ophthalmic Steroids**		
dexamethasone sodium phosphate ophthalmic solution 0.1 %	P	QL (10 ML per 30 days)
fluorometholone ophthalmic suspension 0.1 %	P	

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Drug Name	Preference Details	Coverage Details
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	P	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %	P	QL (10 ML per 30 days)
LOTEMAX OPHTHALMIC GEL 0.5 %	P	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	P	
loteprednol etabonate ophthalmic suspension 0.5 %	P	QL (10 ML per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	P	
prednisolone acetate ophthalmic suspension 1 %	P	
VEXOL OPHTHALMIC SUSPENSION 1 %	P	
Ophthalmic Sulfonamides**		
sulfacetamide sodium ophthalmic solution 10 %	P	
Prostaglandins - Ophthalmic**		
latanoprost ophthalmic solution 0.005 %	P	QL (5 ML per 31 days)
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic solution 2 %	P	
carbamoxide ear drops otic solution 6.5 %	P	
Otic Analgesic Combinations**		
antipyrine-benzocaine otic solution 5.4-1.4 %, 5.5-1.4 %	P	
Otic Anti-Infectives**		
ofloxacin otic solution 0.3 %	P	QL (10 ML per 30 days)
Otic Steroid-Anti-Infective Combinations**		
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	P	ST; Members above 6 years old must fail ofloxacin 0.3% ear drops within the past 100 days.; Preferred for members 6 years old and younger; Members 7 years old and older covered w/step edit; AL (Max 6 Years)
neomycin-polymyxin-hc otic solution 3.5-10000-1	P	

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Drug Name	Preference Details	Coverage Details
neomycin-polymyxin-hc otic suspension 3.5-10000-1	P	
Oxytocics		
Oxytocics**		
methylergonovine maleate injection solution 0.2 mg/ml	P	
methylergonovine maleate oral tablet 0.2 mg	P	
Passive Immunizing And Treatment Agents		
Antiviral Monoclonal Antibodies**		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	P	PA
Penicillins		
Aminopenicillins**		
amoxicillin oral capsule 250 mg, 500 mg	P	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	P	QL (300 ML per 31 days)
amoxicillin oral tablet 500 mg, 875 mg	P	
amoxicillin oral tablet chewable 125 mg, 250 mg	P	
ampicillin oral capsule 250 mg, 500 mg	P	
ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	P	
Natural Penicillins**		
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	P	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	P	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	P	
penicillin g procaine intramuscular suspension 600000 unit/ml	P	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	P	QL (300 ML per 31 days)

Drug Name	Preference Details	Coverage Details
penicillin v potassium oral tablet 250 mg, 500 mg	P	
Penicillin Combinations**		
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	P	QL (300 ML per 31 days)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	P	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	P	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	P	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	P	
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	P	
oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm	P	
Progestins		
Progestins**		
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	P	PA
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	P	
norethindrone acetate oral tablet 5 mg	P	
progesterone micronized oral capsule 100 mg, 200 mg	P	
Psychotherapeutic And Neurological Agents - Misc.		
Alcohol Deterrents**		
acamprosate calcium oral tablet delayed release 333 mg	P	QL (186 EA per 31 days)
disulfiram oral tablet 250 mg, 500 mg	P	
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	P	
Cholinomimetics - Ache Inhibitors**		
donepezil hcl oral tablet 10 mg, 5 mg	P	

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Drug Name	Preference Details	Coverage Details
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	P	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	P	
Movement Disorder Drug Therapy**		
tetrabenazine oral tablet 12.5 mg, 25 mg	P	PA
Ms Agents - Pyrimidine Synthesis Inhibitors**		
teriflunomide oral tablet 14 mg, 7 mg	P	PA; QL (1 EA per 1 day)
Multiple Sclerosis Agents - Interferons**		
AVONEX INTRAMUSCULAR KIT 30 MCG	P	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	P	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	P	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	P	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	P	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	P	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	P	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	P	PA
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	P	PA
dimethyl fumarate starter pack oral 120 & 240 mg	P	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	P	PA
Multiple Sclerosis Agents**		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	P	PA

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Drug Name	Preference Details	Coverage Details
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	P	PA
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl oral solution 2 mg/ml	P	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	P	
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	P	
Psychotherapeutic And Neurological Agents - Misc.**		
pimozide oral tablet 1 mg, 2 mg	P	AL (Min 12 Years)
Smoking Deterrents**		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	P	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	P	QL (112 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	P	QL (112 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	P	QL (53 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	P	QL (53 EA per 365 days)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	P	QL (2016 EA per 365 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	P	QL (620 EA per 31 days)
nicotine transdermal kit 21-14-7 mg/24hr	P	QL (56 EA per 365 days)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	P	QL (70 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	P	
NICOTROL NS NASAL SOLUTION 10 MG/ML	P	
Thienbenzodiazepines & Opioid Antagonists**		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	P	QL (1 EA per 1 day)

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Drug Name	Preference Details	Coverage Details
Thienbenzodiazepines & Ssris**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	P	
Respiratory Agents - Misc.		
Cftr Potentiators**		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	P	PA
KALYDECO ORAL TABLET 150 MG	P	PA
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML	P	PA
Pulmonary Fibrosis Agents**		
pirfenidone oral capsule 267 mg	P	PA
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	P	PA
Tetracyclines		
Tetracyclines**		
doxycycline hyclate oral capsule 100 mg, 50 mg	P	
doxycycline hyclate oral tablet 100 mg, 20 mg	P	
doxycycline monohydrate oral capsule 100 mg, 50 mg	P	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	P	
tetracycline hcl oral capsule 250 mg, 500 mg	P	
Thyroid Agents		
Antithyroid Agents**		
methimazole oral tablet 10 mg, 5 mg	P	
propylthiouracil oral tablet 50 mg	P	QL (558 EA per 31 days)
Thyroid Hormones**		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	P	
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	P	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	P	

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Drug Name	Preference Details	Coverage Details
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	P	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	P	
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 365 Years); AL (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 LF-MCG/0.5	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 365 Years); AL (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 365 Years); AL (Min 19 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
DECAVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
KINRIX INTRAMUSCULAR SUSPENSION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
VAXELIS INTRAMUSCULAR SUSPENSION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics		
Antispasmodics**		
dicyclomine hcl oral capsule 10 mg	P	

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Drug Name	Preference Details	Coverage Details
dicyclomine hcl oral solution 10 mg/5ml	P	
dicyclomine hcl oral tablet 20 mg	P	
Belladonna Alkaloids**		
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	P	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	P	
hyoscyamine sulfate oral solution 0.125 mg/ml	P	
hyoscyamine sulfate oral tablet 0.125 mg	P	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	P	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	P	
H-2 Antagonists**		
cimetidine hcl oral solution 300 mg/5ml	P	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	P	
famotidine oral suspension reconstituted 40 mg/5ml	P	QL (100 ML per 30 days)
famotidine oral tablet 10 mg, 20 mg, 40 mg	P	
Misc. Anti-Ulcer**		
sucralfate oral suspension 1 gm/10ml	P	QL (1240 ML per 31 days)
sucralfate oral tablet 1 gm	P	
Proton Pump Inhibitor-Antacid Combinations**		
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	P	OTC only
Proton Pump Inhibitors**		
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	P	ST; Must fail preferred omeprazole capsule and ranitidine syrup within the past 100 days.
lansoprazole oral capsule delayed release 15 mg, 30 mg	P	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG	P	OTC only
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG	P	OTC only

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Drug Name	Preference Details	Coverage Details
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	P	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	P	
omeprazole oral tablet delayed release 20 mg	P	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	P	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG	P	
Quaternary Anticholinergics**		
glycopyrrolate oral tablet 1 mg, 2 mg	P	
propantheline bromide oral tablet 15 mg	P	
Ulcer Anti-Infective W/ Proton Pump Inhibitors**		
amoxicill-clarithro-lansopraz oral	P	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	P	
Ulcer Drugs - Prostaglandins**		
misoprostol oral tablet 100 mcg, 200 mcg	P	
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	P	
oxybutynin chloride oral solution 5 mg/5ml	P	
oxybutynin chloride oral syrup 5 mg/5ml	P	
oxybutynin chloride oral tablet 5 mg	P	
trospium chloride oral tablet 20 mg	P	ST; Must fail preferred oxybutynin er tablets within the past 100 days.
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	P	

Drug Name	Preference Details	Coverage Details
Vaccines		
Bacterial Vaccines**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
BCG Vaccine Injection Solution Reconstituted 50 MG	Non-Formulary	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
BioThrax Intramuscular Suspension	Non-Formulary	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
MENACTRA INTRAMUSCULAR SOLUTION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 ML per 365 Years); AL (Min 19 Years)
MENQUADFI INTRAMUSCULAR SOLUTION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 365 Years); AL (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 365 Years); AL (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 365 Years); AL (Min 19 Years)

Drug Name	Preference Details	Coverage Details
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (2 EA per 365 Years); AL (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (2 EA per 365 Years); AL (Min 19 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (0.5 ML per 365 Years); AL (Min 19 Years)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
Vaxchora Oral Suspension Reconstituted	Non-Formulary	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
VIVOTIF ORAL CAPSULE DELAYED RELEASE	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)

Drug Name	Preference Details	Coverage Details
Viral Vaccine Combinations**		
M-M-R II INJECTION SOLUTION RECONSTITUTED	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; Max QTY of 1 EA per fill and 2 fills per lifetime.; AL (Min 19 Years)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
Viral Vaccines**		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	P	CAN OVERRIDE AGE LIMIT FOR PREGNANT MEMBERS BETWEEN 32 AND 36 WEEKS, RPH MAY O/R BY SUBMITTING PAMC CODE 01710007220; PAMC Code 01710007220 to override age edit only, lookback period = 365, Max DS = 30 and Number of use = 1 This would allow for 1 override per year; AL (Min 60 Years)
ACAM2000 INJECTION SOLUTION RECONSTITUTED	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 6 Months); AL (Min 19 Years)

Drug Name	Preference Details	Coverage Details
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 6 Months); AL (Min 19 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	P	AL (Min 60 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML	P	AL (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; Max QTY of 3 doses per lifetime.; QL (3 ML per 365 Years); AL (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML	P	Max QTY of 1 ml per fill and 3 fills per lifetime.; AL (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; Max QTY of 0.5 ml per fill and 3 fills per lifetime.; AL (Min 19 Years)
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	P	AL (Min 19 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (0.5 ML per 6 Months); AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (0.5 ML per 6 Months); AL (Min 19 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 6 Months); AL (Min 19 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (0.5 ML per 6 Months); AL (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 6 Months); AL (Min 19 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (0.5 ML per 6 Months); AL (Min 19 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (1 EA per 6 Months); AL (Min 19 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (0.7 ML per 6 Months); AL (Min 19 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years and Max 26 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years and Max 26 Years)

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Drug Name	Preference Details	Coverage Details
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; Max QTY of 1 ml per fill and 2 fills per lifetime.; AL (Min 19 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; Max QTY of 0.5 ml per fill and 2 fills per lifetime.; AL (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
IPOL INJECTION INJECTABLE	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
IXIARO INTRAMUSCULAR SUSPENSION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
janssen covid-19 vaccine intramuscular suspension 0.5 ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
moderna covid-19 bival 6m-5y intramuscular suspension 10 mcg/0.2ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
moderna covid-19 vacc 6-11y intramuscular suspension 50 mcg/0.5ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
moderna covid-19 vacc 6m-5y intramuscular suspension 25 mcg/0.25ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
pfizer covid-19 bival 6mo-4yr intramuscular suspension 3 mcg/0.2ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)

Drug Name	Preference Details	Coverage Details
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml, 3 mcg/0.3ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
prehevbrio intramuscular suspension 10 mcg/ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; Max QTY of 1 ml per fill and 3 fills per lifetime.; AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION 5 MCG/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; Max QTY of 0.5 ml per fill and 3 fills per lifetime.; AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; Max QTY of 1 ml per fill and 3 fills per lifetime.; AL (Min 19 Years)
ROTARIX ORAL SUSPENSION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
ROTARIX ORAL SUSPENSION RECONSTITUTED	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
ROTATEQ ORAL SOLUTION	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
sanofi covid-19 vac (booster) intramuscular emulsion 5 mcg/0.5ml	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; QL (2 EA per 365 Years); AL (Min 50 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
stamaril injection suspension reconstituted	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years)
Ticovac Intramuscular Suspension Prefilled Syringe 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	Non-Formulary	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; Max QTY of 0.5 ml per fill and 2 fills per lifetime.; AL (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; Max QTY of 1 ml per fill and 2 fills per lifetime.; AL (Min 19 Years)
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	P	Drug Not Covered. For age < 19 please utilize the Vaccine for Children Program; AL (Min 19 Years and Max 26 Years)
YF-VAX SUBCUTANEOUS INJECTABLE	P	AL (Min 19 Years)
ZOSTAVAX SUBCUTANEOUS SOLUTION RECONSTITUTED 19400 UNT/0.65ML	P	AL (Min 50 Years)
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	P	AL (Min 50 Years)

Drug Name	Preference Details	Coverage Details
Vaginal And Related Products		
Imidazole-Related Antifungals**		
3 day vaginal vaginal cream 2 %	P	
clotrimazole 3 vaginal cream 2 %	P	
clotrimazole vaginal cream 1 %	P	
miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)	P	
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	P	
miconazole 3 vaginal suppository 200 mg	P	
miconazole nitrate vaginal cream 2 %	P	
miconazole nitrate vaginal suppository 100 mg	P	
MONISTAT 3 VAGINAL CREAM 4 %	P	
terconazole vaginal cream 0.4 %, 0.8 %	P	
terconazole vaginal suppository 80 mg	P	
Vaginal Anti-Infectives**		
clindamycin phosphate vaginal cream 2 %	P	
metronidazole vaginal gel 0.75 %	P	
VANDAZOLE VAGINAL GEL 0.75 %	P	
Vaginal Estrogens**		
PREMARIN VAGINAL CREAM 0.625 MG/GM	P	
Vasopressors		
Anaphylaxis Therapy Agents**		
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	P	QL (6 EA per 180 days)
Vasopressors**		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	P	
Vitamins		
Biotin**		
biotin 5000 oral capsule 5 mg	P	
biotin maximum strength oral capsule 5000 mcg	P	
Vitamin A**		
vitamin a oral capsule 10000 unit, 8000 unit	P	

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Drug Name	Preference Details	Coverage Details
Vitamin B-1**		
thiamine hcl injection solution 100 mg/ml	P	
vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg	P	
Vitamin B-3**		
niacin er oral capsule extended release 500 mg	P	
niacin er oral tablet extended release 250 mg, 500 mg	P	
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	P	
Vitamin B-6**		
vitamin b-6 er oral tablet extended release 200 mg	P	
vitamin b-6 oral tablet 100 mg, 25 mg, 250 mg, 50 mg, 500 mg	P	
Vitamin C**		
ascorbic acid oral tablet 1000 mg, 250 mg, 500 mg	P	
sm chewable vitamin c oral tablet chewable 500 mg	P	
vitamin c oral packet 500 mg	P	
vitamin c oral tablet 500 mg	P	
vitamin c oral tablet chewable 250 mg	P	
Vitamin D**		
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	P	
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 400 UT/0.036ML	P	
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT)	P	
OPTIMAL-D ORAL CAPSULE 1.25 MG (50000 UT)	P	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	P	QL (4 EA per 28 Days)
vitamin d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	P	
vitamin d3 oral liquid 400 unit/ml	P	

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Drug Name	Preference Details	Coverage Details
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	P	
vitamin d-3 oral tablet 125 mcg (5000 ut)	P	
Vitamin E**		
natural vitamin e oral capsule 268 mg (400 unit), 400 unit	P	
vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit), 400 unit	P	
vitamin e water soluble oral capsule 180 mg (400 unit), 400 unit	P	
vitamin e/d-alpha natural oral capsule 268 mg (400 unit), 400 unit	P	
Vitamin K**		
phytonadione oral tablet 5 mg	P	QL (31 EA per 31 days)
vitamin k (phytonadione) oral tablet 100 mcg	P	

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