

# 2021

## South Carolina Medicaid Comprehensive Preferred Drug List (List of Covered Drugs)

## Lista integral de medicamentos preferidos de South Carolina Medicaid (Lista de medicamentos cubiertos)

### WellCare of South Carolina

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

Please note: The South Carolina Medicaid Preferred Drug List is updated quarterly.

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

**Members**, please visit our website at <https://www.wellcare.com/South-Carolina/Members/Medicaid-Plans/WellCare-of-South-Carolina/Pharmacy-Services> to view updates to the preferred drug list.

**Importante:** Este documento contiene información acerca de los medicamentos que tienen cobertura con este plan.

Tenga en cuenta lo siguiente: La lista de medicamentos preferidos de South Carolina Medicaid se actualiza cada trimestre.

**Proveedores:** visite nuestro sitio web en <https://www.wellcare.com/South-Carolina/Providers/Medicaid/Pharmacy> para ver las actualizaciones de la lista de medicamentos preferidos.

**Miembros:** visite nuestro sitio web en <https://www.wellcare.com/South-Carolina/Members/Medicaid-Plans/WellCare-of-South-Carolina/Pharmacy-Services> para ver las actualizaciones de la lista de medicamentos preferidos.

Last updated (4/1/2021)

Última actualización (4/1/2021)



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections  
MEDICAID



Drug Name	Preference Details	Coverage Details
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*</b>		
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	P	
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 40 mg, 60 mg, 80 mg</i>	P	QL (31 EA per 31 days)
<i>atomoxetine hcl oral capsule 18 mg</i>	P	QL (62 EA per 31 days)
<i>atomoxetine hcl oral capsule 25 mg</i>	P	QL (93 EA per 31 days)
<b>*Amphetamine Mixtures***</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	P	
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	P	QL (93 EA per 31 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	P	QL (62 EA per 31 days)
<b>*Amphetamines***</b>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	P	
<b>*Stimulants - Misc.***</b>		
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years)

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

<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	P	QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	P	AL (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	P	AL (Min 6 Years)
Modafinil Oral Tablet 100 MG, 200 MG	Non-Formulary	
<b>*Alternative Medicines*</b>		
<b>*Alternative Medicine - Me's***</b>		
<i>melatonin maximum strength oral tablet 5 mg</i>	P	
<i>melatonin oral tablet 12 mg</i>	P	
<b>*Aminoglycosides*</b>		
<b>*Aminoglycosides***</b>		
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	P	PA
<b>*Analgesics - Anti-Inflammatory*</b>		
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>		
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)
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
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

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Drug Name	Preference Details	Coverage Details
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
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	P	QL (62 EA per 31 days)
<i>celecoxib oral capsule 200 mg, 400 mg</i>	P	QL (31 EA per 31 days)
<b>*Interleukin-6 Receptor Inhibitors***</b>		
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
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</b>		
<i>childrens ibuprofen oral suspension 100 mg/5ml</i>	P	
<i>diclofenac potassium oral tablet 50 mg</i>	P	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	P	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	P	
<i>etodolac oral capsule 200 mg, 300 mg</i>	P	
<i>etodolac oral tablet 400 mg, 500 mg</i>	P	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	P	
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	P	
<i>ibuprofen oral suspension 100 mg/5ml</i>	P	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	P	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	P	
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	P	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	P	
<i>ketorolac tromethamine oral tablet 10 mg</i>	P	Max quantity of 20, Max day supply of 5 per a calendar month; QL (20 EA per 31 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	P	

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>nabumetone oral tablet 500 mg, 750 mg</i>	P	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	P	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	P	
<i>naproxen sodium oral tablet 220 mg</i>	P	
<i>oxaprozin oral tablet 600 mg</i>	P	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	P	
<i>sulindac oral tablet 150 mg, 200 mg</i>	P	
<b>*Pyrimidine Synthesis Inhibitors***</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	P	
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>		
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
<b>*Analgesics - Nonnarcotic*</b>		
<b>*Analgesics Other***</b>		
<i>acetaminophen extra strength oral liquid 500 mg/15ml</i>	P	
<i>acetaminophen oral solution 160 mg/5ml</i>	P	
<i>acetaminophen oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>acetaminophen oral tablet 500 mg</i>	P	QL (186 EA per 31 days)
<i>acetaminophen rectal suppository 650 mg</i>	P	
<i>apap oral tablet 325 mg</i>	P	QL (279 EA per 31 days)
<i>childrens non-aspirin oral suspension 160 mg/5ml</i>	P	
<i>infants silapap oral solution 100 mg/ml</i>	P	
<i>mapap oral liquid 160 mg/5ml</i>	P	
<i>pain &amp; fever childrens oral suspension 160 mg/5ml</i>	P	

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

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

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Drug Name	Preference Details	Coverage Details
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	P	PA; AL (Min 11 Years)
<i>oxycodone hcl oral capsule 5 mg</i>	P	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	P	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	P	
<i>tramadol hcl oral tablet 100 mg, 50 mg</i>	P	
<b>*Opioid Combinations***</b>		
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	P	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	P	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	P	
<b>*Opioid Partial Agonists***</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	P	PA; Max 12 tablets per day; QL (360 EA per 30 days); AL (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	P	PA; Max 3 tablets per day; QL (90 EA per 30 days); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	P	Max 12 tablets per day; QL (360 EA per 30 days); AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	P	Max 3 tablets per day; QL (90 EA per 30 days); AL (Min 16 Years)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	P	QL (2.5 ML per 31 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	P	
<b>*Androgens-Anabolic*</b>		
<b>*Anabolic Steroids***</b>		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	P	PA
<b>*Androgens***</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	P	
<i>methitest oral tablet 10 mg</i>	P	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	P	PA

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Drug Name	Preference Details	Coverage Details
<i>testosterone cypionate injection solution 100 mg/ml, 150 mg/ml, 200 mg/ml, 50 mg/ml</i>	P	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	P	
<i>testosterone enanthate injection solution 200 mg/ml</i>	P	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	P	
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	P	PA
<b>*Anorectal And Related Products*</b>		
<b>*Intrarectal Steroids***</b>		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	P	
<b>*Rectal Steroids***</b>		
PROCTOSOL HC RECTAL CREAM 2.5 %	P	
<b>*Antacids*</b>		
<b>*Antacid &amp; Simethicone***</b>		
<i>antacid i oral suspension 200-200-20 mg/5ml</i>	P	
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML	P	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	P	
MYLANTA ORAL SUSPENSION 200-200-20 MG/5ML	P	
<b>*Antacids - Aluminum Salts***</b>		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	P	
<b>*Antacids - Bicarbonate***</b>		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	P	
<b>*Antacids - Calcium Salts***</b>		
<i>antacid oral tablet chewable 500 mg</i>	P	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	P	
<i>calcium antacid oral tablet chewable 500 mg</i>	P	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	P	
<i>calcium carbonate antacid oral tablet 648 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>calcium carbonate antacid oral tablet chewable 750 mg</i>	P	
<b>*Antacids - Magnesium Salts***</b>		
<i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i>	P	
<b>*Anthelmintics*</b>		
<b>*Anthelmintics***</b>		
<i>albendazole oral tablet 200 mg</i>	P	PA
BILTRICIDE ORAL TABLET 600 MG	P	
<i>ivermectin oral tablet 3 mg</i>	P	QL (10 EA per 31 days)
PIN-X ORAL SUSPENSION 50 MG/ML	P	
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	P	
<b>*Antianginal Agents*</b>		
<b>*Nitrates***</b>		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	P	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	P	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	P	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	P	
NITRO-BID TRANSDERMAL OINTMENT 2 %	P	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	P	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	P	
<b>*Antianxiety Agents*</b>		
<b>*Antianxiety Agents - Misc.***</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	P	
<i>hydroxyzine hcl oral solution 10 mg/5ml</i>	P	QL (450 ML per 31 days)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	P	QL (450 ML per 31 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	P	

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<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	P	
<b>*Benzodiazepines***</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	P	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	P	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	P	AL (Min 9 Years)
<i>diazepam oral solution 1 mg/ml</i>	P	QL (1240 EA per 31 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	P	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	P	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	P	
<b>*Antiarrhythmics*</b>		
<b>*Antiarrhythmics Type I-A***</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	P	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	P	
<b>*Antiarrhythmics Type I-B***</b>		
<i>lidocaine hcl (cardiac) intravenous solution 20 mg/ml</i>	P	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	P	
<b>*Antiarrhythmics Type I-C***</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	P	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	P	
<b>*Antiarrhythmics Type Iii***</b>		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	P	
MULTAQ ORAL TABLET 400 MG	P	PA
PACERONE ORAL TABLET 200 MG, 400 MG	P	

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Drug Name	Preference Details	Coverage Details
<b>*Antiasthmatic And Bronchodilator Agents*</b>		
<b>*Adrenergic Combinations***</b>		
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	P	QL (10.2 GM per 30 days); AL (Max 12 Years)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	P	QL (4 GM per 20 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	P	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	P	QL (1 EA per 31 days); AL (Min 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	P	QL (720 ML per 31 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	QL (4 GM per 31 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	P	QL (60 EA per 30 days)
<b>*Anti-Ige Monoclonal Antibodies***</b>		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	P	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	P	PA
<b>*Anti-Inflammatory Agents***</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	P	
<b>*Beta Adrenergics***</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	P	QL (36 GM per 31 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	P	QL (720 ML per 31 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	P	QL (60 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	P	QL (300 ML per 31 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	P	QL (2480 ML per 31 days)

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	P	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	P	QL (30 GM per 31 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	P	QL (4 GM per 31 days)
<i>terbutaline sulfate injection solution 1 mg/ml</i>	P	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	P	
<b>*Bronchodilators - Anticholinergics***</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	P	QL (25.8 GM per 31 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	P	QL (1 EA per 31 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	P	QL (480 ML per 31 days)
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>		
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
<b>*Interleukin-5 Antagonists (Igg4 Kappa)***</b>		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	P	PA
<b>*Leukotriene Receptor Antagonists***</b>		
<i>montelukast sodium oral packet 4 mg</i>	P	AL (Min 1 Months and Max 2 Years)
<i>montelukast sodium oral tablet 10 mg</i>	P	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	P	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	P	
<b>*Steroid Inhalants***</b>		
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)

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Drug Name	Preference Details	Coverage Details
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	P	QL (120 ML per 31 days); AL (Max 8 Years)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	P	QL (12 GM per 30 days); AL (Max 12 Years)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	P	QL (10.6 GM per 30 days); AL (Max 12 Years)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	P	QL (10.6 GM per 31 Days)
<b>*Xanthines***</b>		
<i>aminophylline intravenous solution 25 mg/ml</i>	P	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	P	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	P	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	P	
<i>theophylline oral solution 80 mg/15ml</i>	P	
<b>*Anticoagulants*</b>		
<b>*Coumarin Anticoagulants***</b>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	P	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	P	
<b>*Direct Factor Xa Inhibitors***</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	P	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	P	
<b>*Heparins And Heparinoid-Like Agents***</b>		
<i>heparin sodium lock flush intravenous solution 100 unit/ml</i>	P	
<b>*Low Molecular Weight Heparins***</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	P	QL (93 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	P	QL (31 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	P	QL (24.8 ML per 31 days)

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	P	QL (9.3 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	P	QL (12.4 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	P	QL (18.6 ML per 31 days)
<b>*Synthetic Heparinoid-Like Agents***</b>		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	P	QL (11.2 ML per 31 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	P	QL (16 ML per 31 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	P	QL (5.6 ML per 31 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	P	QL (8.4 ML per 31 days)
<b>*Anticonvulsants*</b>		
<b>*Anticonvulsants - Benzodiazepines***</b>		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	P	QL (3 EA per 31 days)
<b>*Anticonvulsants - Misc.***</b>		
<i>carbamazepine oral suspension 100 mg/5ml</i>	P	QL (2480 ML per 31 days)
<i>carbamazepine oral tablet 200 mg</i>	P	QL (248 EA per 31 days)
<i>carbamazepine oral tablet chewable 100 mg</i>	P	QL (310 EA per 31 days)
EPITOL ORAL TABLET 200 MG	P	QL (248 EA per 31 days)
<i>gabapentin oral capsule 100 mg</i>	P	QL (310 EA per 31 days)
<i>gabapentin oral capsule 300 mg</i>	P	QL (372 EA per 31 days)
<i>gabapentin oral capsule 400 mg</i>	P	QL (279 EA per 31 days)
<i>gabapentin oral solution 250 mg/5ml</i>	P	QL (2230 ML per 31 days)
<i>gabapentin oral tablet 600 mg</i>	P	QL (186 EA per 31 days)
<i>gabapentin oral tablet 800 mg</i>	P	QL (124 EA per 31 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	P	
<i>lamotrigine oral tablet 25 mg</i>	P	QL (310 EA per 31 days)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	P	QL (310 EA per 31 days)
<i>levetiracetam intravenous solution 500 mg/5ml</i>	P	
<i>levetiracetam oral solution 100 mg/ml</i>	P	

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	P	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	P	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	P	
<i>primidone oral tablet 250 mg</i>	P	QL (248 EA per 31 days)
<i>primidone oral tablet 50 mg</i>	P	QL (310 EA per 31 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	P	QL (310 EA per 31 days)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	P	QL (310 EA per 31 days)
<i>topiramate oral tablet 200 mg</i>	P	QL (248 EA per 31 days)
<i>zonisamide oral capsule 100 mg</i>	P	QL (186 EA per 31 days)
<i>zonisamide oral capsule 25 mg</i>	P	QL (310 EA per 31 days)
<i>zonisamide oral capsule 50 mg</i>	P	QL (372 EA per 31 days)
<b>*Gaba Modulators***</b>		
GABITRIL ORAL TABLET 12 MG	P	
<i>tiagabine hcl oral tablet 16 mg, 2 mg, 4 mg</i>	P	
<b>*Hydantoins***</b>		
DILANTIN ORAL CAPSULE 30 MG	P	QL (310 EA per 31 days)
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	P	
<i>peganone oral tablet 250 mg</i>	P	QL (372 EA per 31 days)
<i>phenytoin oral suspension 125 mg/5ml</i>	P	QL (930 ML per 31 days)
<i>phenytoin oral tablet chewable 50 mg</i>	P	QL (372 EA per 31 days)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	P	
<i>phenytoin sodium injection solution 50 mg/ml</i>	P	
<b>*Succinimides***</b>		
<i>ethosuximide oral capsule 250 mg</i>	P	AL (Min 3 Years)
<i>ethosuximide oral solution 250 mg/5ml</i>	P	QL (930 ML per 31 days); AL (Min 3 Years)
<b>*Valproic Acid***</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	P	QL (310 EA per 31 days)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	P	QL (279 EA per 31 days)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	P	QL (310 EA per 31 days)

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

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	P	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	P	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	P	
<b>*Serotonin Modulators***</b>		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	P	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	P	
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	P	QL (62 EA per 31 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	P	QL (31 EA per 31 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	P	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	
<b>*Tricyclic Agents***</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	P	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	P	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	P	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	P	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	P	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	P	QL (2325 ML per 31 days)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<b>*Antidiabetics*</b>		
<b>*Alpha-Glucosidase Inhibitors***</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	P	
<b>*Biguanides***</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	P	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	P	
RIOMET ORAL SOLUTION 500 MG/5ML	P	QL (900 ML per 31 days)
<b>*Diabetic Other***</b>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	P	QL (2 EA per 31 days)
<i>glucagon emergency injection kit 1 mg</i>	P	QL (2 EA per 31 days)
<i>glucose oral tablet chewable 4 gm</i>	P	
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	P	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days; QL (31 EA per 31 days)
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	P	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	P	ST; Must fail preferred alogliptin/metformin combo product or metformin (er) and alogliptin within the past 100 days
<b>*Human Insulin***</b>		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	

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ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
APIDRA INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	QL (60 ML per 31 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	P	QL (60 ML per 31 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	P	QL (60 ML per 31 days)
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	P	QL (60 ML per 31 days)
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	P	QL (60 ML per 31 days)
<i>insulin lispro prot &amp; lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous (75-25) 100 unit/ml</i>	P	QL (60 ML per 31 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	P	QL (60 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
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)
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)
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>		
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)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	P	PA; QL (9 ML per 30 days)
<b>*Meglitinide Analogues***</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	P	
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***</b>		
STEGLATRO ORAL TABLET 15 MG, 5 MG	P	ST; Must fail preferred metformin, metformin er, riomet, alogliptin, or alogliptin/metformin within the past 100 days
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>		
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
<b>*Sulfonylurea-Biguanide Combinations***</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	P	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	P	
<b>*Sulfonylureas***</b>		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	P	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	P	
<i>glipizide oral tablet 10 mg, 5 mg</i>	P	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	P	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	P	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	P	
<b>*Thiazolidinedione-Biguanide Combinations***</b>		
AVANDAMET ORAL TABLET 2-1000 MG	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
<b>*Thiazolidinediones***</b>		
AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	P	ST; Must fail preferred metformin (er), riomet, alogliptin, alogliptin/metformin within the past 100 days
<b>*Antidiarrheal/Probiotic Agents*</b>		
<b>*Antidiarrheal/Probiotic Agents - Misc.***</b>		
<i>acidophilus oral tablet</i>	P	
<i>acidophilus probiotic blend oral capsule</i>	P	
<i>acidophilus/bifidus oral wafer 100 mg</i>	P	
<i>acidophilus/l-sporogenes oral tablet</i>	P	
CULTURELLE BABY GROW THRIVE ORAL LIQUID	P	
CULTURELLE BABY GROW THRIVE ORAL PACKET 10 MCG	P	
FLORANEX ORAL PACKET	P	
FLORASTOR KIDS ORAL PACKET 250 MG	P	

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Drug Name	Preference Details	Coverage Details
<i>stomach relief oral suspension 262 mg/15ml</i>	P	
<b>*Antidiarrheal/Probiotic Combinations***</b>		
<i>acidophilus/pectin oral capsule</i>	P	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE	P	
<b>*Antiperistaltic Agents***</b>		
<i>anti-diarrheal oral tablet 2 mg</i>	P	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	P	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	P	
LOPERAMIDE A-D ORAL TABLET 2 MG	P	
<i>loperamide hcl oral capsule 2 mg</i>	P	
<b>*Antidotes And Specific Antagonists*</b>		
<b>*Antidotes - Chelating Agents***</b>		
<i>deferasirox granules oral packet 180 mg, 90 mg</i>	P	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	P	PA
JADENU SPRINKLE ORAL PACKET 360 MG	P	PA
<b>*Antidotes And Specific Antagonists***</b>		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	P	
<b>*Opioid Antagonists***</b>		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	P	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	P	
<i>naltrexone hcl oral tablet 50 mg</i>	P	
NARCAN NASAL LIQUID 4 MG/0.1ML	P	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	P	QL (1 EA per 28 days); AL (Min 18 Years)
<b>*Antiemetics*</b>		
<b>*5-Ht3 Receptor Antagonists***</b>		
<i>ondansetron hcl oral solution 4 mg/5ml</i>	P	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	P	
<b>*Antiemetics - Anticholinergic***</b>		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	P	
<i>travel sickness oral tablet chewable 25 mg</i>	P	
<b>*Antifungals*</b>		
<b>*Antifungals***</b>		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	P	QL (450 ML per 31 days)
<i>griseofulvin microsize oral tablet 500 mg</i>	P	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	P	
<i>nystatin oral tablet 500000 unit</i>	P	
<i>terbinafine hcl oral tablet 250 mg</i>	P	
<b>*Imidazoles***</b>		
<i>ketoconazole oral tablet 200 mg</i>	P	
<b>*Triazoles***</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	P	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	P	
<b>*Antihistamines*</b>		
<b>*Antihistamines - Alkylamines***</b>		
WAL-FINATE ORAL TABLET 4 MG	P	
<b>*Antihistamines - Ethanolamines***</b>		
<i>aler-dryl oral tablet 50 mg</i>	P	
<i>allergy oral tablet 25 mg</i>	P	
<i>diphenhist oral liquid 12.5 mg/5ml</i>	P	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	P	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	P	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	P	
<b>*Antihistamines - Non-Sedating***</b>		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML	P	
<i>cetirizine hcl childrens oral solution 1 mg/ml</i>	P	QL (300 ML per 31 days)

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

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>gemfibrozil oral tablet 600 mg</i>	P	
<b>*Hmg Coa Reductase Inhibitors***</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	P	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	P	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	P	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	P	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	P	
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>		
<i>ezetimibe oral tablet 10 mg</i>	P	
<b>*Nicotinic Acid Derivatives***</b>		
NIACOR ORAL TABLET 500 MG	P	
<b>*Antihypertensives*</b>		
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	P	
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	P	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	P	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	P	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	P	
<b>*Ace Inhibitors***</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	P	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	P	

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

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

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Drug Name	Preference Details	Coverage Details
<i>clindamycin phosphate intravenous solution 150 mg/ml</i>	P	
<b>*Oxazolidinones***</b>		
<i>linezolid oral tablet 600 mg</i>	P	PA
<b>*Urinary Anti-Infectives***</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	P	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	P	AL (Max 8 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	P	
<b>*Antimalarials*</b>		
<b>*Antimalarial Combinations***</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	P	
<b>*Antimalarials***</b>		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	P	QL (84 EA per 14 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	P	QL (84 EA per 14 days)
<i>mefloquine hcl oral tablet 250 mg</i>	P	
<i>primaquine phosphate oral tablet 26.3 mg</i>	P	
<i>pyrimethamine oral tablet 25 mg</i>	P	PA
<b>*Antimyasthenic/Cholinergic Agents*</b>		
<b>*Antimyasthenic/Cholinergic Agents***</b>		
MESTINON ORAL SYRUP 60 MG/5ML	P	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	P	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	P	
<b>*Antimycobacterial Agents*</b>		
<b>*Antimycobacterial Agents***</b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	P	
<i>isoniazid injection solution 100 mg/ml</i>	P	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	P	
<i>pyrazinamide oral tablet 500 mg</i>	P	
<i>rifabutin oral capsule 150 mg</i>	P	
<i>rifampin oral capsule 150 mg, 300 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<b>*Antineoplastics And Adjunctive Therapies*</b>		
<b>*Alkylating Agents***</b>		
HEXALEN ORAL CAPSULE 50 MG	P	PA
MYLERAN ORAL TABLET 2 MG	P	PA
<b>*Androgen Biosynthesis Inhibitors***</b>		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	P	PA
<b>*Antiandrogens***</b>		
<i>bicalutamide oral tablet 50 mg</i>	P	
<i>flutamide oral capsule 125 mg</i>	P	
<b>*Antiestrogens***</b>		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	P	
<b>*Antimetabolites***</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	P	PA
<i>mercaptopurine oral tablet 50 mg</i>	P	
<i>methotrexate oral tablet 2.5 mg</i>	P	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	P	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	P	
TABLOID ORAL TABLET 40 MG	P	PA
<b>*Antineoplastic - Alk Inhibitors***</b>		
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)
<b>*Antineoplastic - Anti-Her2 Agents***</b>		
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	P	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	P	PA
<b>*Antineoplastic - Anti-Pd-1 Antibodies***</b>		
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 240 MG/24ML, 40 MG/4ML	P	PA

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Drug Name	Preference Details	Coverage Details
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>		
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	P	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	P	PA; QL (1 EA per 1 day)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	P	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	P	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	P	PA
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>		
ZELBORAF ORAL TABLET 240 MG	P	PA
<b>*Antineoplastic - Egfr Inhibitors***</b>		
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	P	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	P	PA; QL (31 EA per 31 days)
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>		
ERIVEDGE ORAL CAPSULE 150 MG	P	PA
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>		
ZOLINZA ORAL CAPSULE 100 MG	P	PA
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>		
AFINITOR ORAL TABLET 10 MG	P	PA
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	P	PA
<b>*Antineoplastic - Multikinase Inhibitors***</b>		
CAPRELSA ORAL TABLET 100 MG, 300 MG	P	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	P	PA
STIVARGA ORAL TABLET 40 MG	P	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	PA
<b>*Antineoplastic Enzymes***</b>		
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	P	PA

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Drug Name	Preference Details	Coverage Details
<b>*Antineoplastics Misc.***</b>		
<i>hydroxyurea oral capsule 500 mg</i>	P	
<b>*Aromatase Inhibitors***</b>		
<i>anastrozole oral tablet 1 mg</i>	P	
<i>exemestane oral tablet 25 mg</i>	P	PA; QL (31 EA per 31 days)
<i>letrozole oral tablet 2.5 mg</i>	P	
<b>*Folic Acid Antagonists Rescue Agents***</b>		
<i>leucovorin calcium injection solution 500 mg/50ml</i>	P	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg</i>	P	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	P	
<b>*Imidazotetrazines***</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	P	PA
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	P	PA
<b>*Lhrh Analogs***</b>		
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
<b>*Mitotic Inhibitors***</b>		
<i>etoposide oral capsule 50 mg</i>	P	
<b>*Nitrogen Mustards***</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	P	PA
LEUKERAN ORAL TABLET 2 MG	P	PA
<i>melphalan oral tablet 2 mg</i>	P	PA
<b>*Nitrosoureas***</b>		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	P	PA

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Drug Name	Preference Details	Coverage Details
<b>*Progestins-Antineoplastic***</b>		
<i>megestrol acetate oral suspension 40 mg/ml</i>	P	QL (600 ML per 31 days)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	P	
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>		
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	P	PA
<b>*Antiparkinson And Related Therapy Agents*</b>		
<b>*Antiparkinson Anticholinergics***</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	P	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	P	
<b>*Antiparkinson Dopaminergics***</b>		
<i>amantadine hcl oral capsule 100 mg</i>	P	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	P	
<i>amantadine hcl oral tablet 100 mg</i>	P	
<i>bromocriptine mesylate oral capsule 5 mg</i>	P	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	P	
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>		
<i>selegiline hcl oral capsule 5 mg</i>	P	
<i>selegiline hcl oral tablet 5 mg</i>	P	
<b>*Levodopa Combinations***</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	P	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	P	
<b>*Nonergoline Dopamine Receptor Agonists***</b>		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	P	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	P	
<b>*Peripheral Comt Inhibitors***</b>		
<i>entacapone oral tablet 200 mg</i>	P	

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<b>*Antipsychotics/Antimanic Agents*</b>		
<b>*Antimanic Agents***</b>		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	P	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	P	
<i>lithium carbonate oral tablet 300 mg</i>	P	
<i>lithium oral solution 8 meq/5ml</i>	P	
<b>*Antipsychotics - Misc.***</b>		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	P	QL (62 EA per 31 days)
<b>*Benzisoxazoles***</b>		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	P	PA; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	P	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	P	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	P	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	P	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	P	PA; QL (0.875 ML per 91 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	P	PA; QL (1.315 ML per 91 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	P	PA; QL (1.75 ML per 91 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	P	PA; QL (2.625 ML per 91 days)

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Drug Name	Preference Details	Coverage Details
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	PA; QL (2 EA per 28 days)
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	P	QL (62 EA per 31 days); AL (Min 5 Years)
<i>risperidone oral solution 1 mg/ml</i>	P	QL (496 ML per 31 days); AL (Min 5 Years)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL (62 EA per 31 days); AL (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	P	QL (62 EA per 31 days); AL (Min 5 Years)
<b>*Butyrophenones***</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	P	AL (Min 18 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>	P	AL (Min 3 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	P	AL (Min 3 Years)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	P	AL (Min 3 Years)
<b>*Dibenzodiazepines***</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	P	AL (Min 18 Years)
<i>clozapine oral tablet dispersible 12.5 mg</i>	P	QL (31 EA per 31 days); AL (Min 18 Years)
<b>*Dibenzo-Oxepino Pyrroles***</b>		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	P	ST; Must fail preferred quetiapine, olanzapine, risperidone, or risperidone ODT within the past 100 days.; AL (Min 10 Years)
<b>*Dibenzothiazepines***</b>		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	P	AL (Min 10 Years)
<b>*Dibenzoxazepines***</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	P	AL (Min 18 Years)
<b>*Phenothiazines***</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	P	QL (124 EA per 31 days); AL (Min 6 Months)

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>chlorpromazine hcl oral tablet 100 mg</i>	P	QL (93 EA per 31 days); AL (Min 6 Months)
<i>chlorpromazine hcl oral tablet 200 mg</i>	P	QL (62 EA per 31 days); AL (Min 6 Months)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	P	AL (Min 12 Years)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	P	QL (248 ML per 31 days); AL (Min 18 Years)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	P	QL (2480 ML per 31 days); AL (Min 18 Years)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	P	AL (Min 18 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	P	AL (Min 12 Years)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	P	AL (Min 2 Years)
<i>prochlorperazine rectal suppository 25 mg</i>	P	AL (Min 2 Years)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	P	AL (Min 2 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	P	AL (Min 6 Years)
<b>*Quinolinone Derivatives***</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	P	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	P	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	P	PA; QL (2.4 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	P	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	P	PA; QL (1.6 ML per 28 days)

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Drug Name	Preference Details	Coverage Details
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	P	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	P	PA; QL (3.2 ML per 28 days)
<b>*Thienbenzodiazepines***</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	P	QL (31 EA per 31 days); AL (Min 13 Years)
<b>*Thioxanthenes***</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	P	AL (Min 12 Years)
<b>*Antiseptics &amp; Disinfectants*</b>		
<b>*Chlorine Antiseptics***</b>		
<i>chlorhexidine gluconate external liquid 4 %</i>	P	QL (480 ML per 31 days)
H-CHLOR WOUND EXTERNAL GEL 0.062 %	P	
<b>*Antivirals*</b>		
<b>*Antiretroviral Combinations***</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	P	QL (31 EA per 31 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	P	QL (62 EA per 31 days)
BIKTARVY ORAL TABLET 50-200-25 MG	P	QL (31 EA per 31 days)
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	QL (31 EA per 31 days)
DOVATO ORAL TABLET 50-300 MG	P	QL (31 EA per 31 DAYSS)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	P	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	P	
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	P	QL (31 EA per 31 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	P	QL (1 EA per 1 day)
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)

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Drug Name	Preference Details	Coverage Details
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	P	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	P	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	P	
ODEFSEY ORAL TABLET 200-25-25 MG	P	QL (31 EA per 31 days)
PREZCOBIX ORAL TABLET 800-150 MG	P	
STRIBILD ORAL TABLET 150-150-200-300 MG	P	QL (31 EA per 31 days)
SYMFI LO ORAL TABLET 400-300-300 MG	P	
SYMFI ORAL TABLET 600-300-300 MG	P	QL (31 EA per 31 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	P	QL (31 EA per 31 days)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>		
SELZENTRY ORAL TABLET 150 MG, 300 MG	P	
SELZENTRY TABLET 25 MG ORAL 25 MG	P	
SELZENTRY TABLET 75 MG ORAL 75 MG	P	
<b>*Antiretrovirals - Fusion Inhibitors***</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	P	
<b>*Antiretrovirals - Integrase Inhibitors***</b>		
ISENTRESS HD ORAL TABLET 600 MG	P	
ISENTRESS ORAL PACKET 100 MG	P	
ISENTRESS ORAL TABLET 400 MG	P	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	P	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	P	QL (62 EA per 31 days)
<b>*Antiretrovirals - Protease Inhibitors***</b>		
APTIVUS ORAL CAPSULE 250 MG	P	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	P	QL (62 EA per 31 Days)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	P	
<i>fosamprenavir calcium oral tablet 700 mg</i>	P	QL (124 EA per 31 days)
INVIRASE ORAL CAPSULE 200 MG	P	

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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	
<i>ritonavir oral tablet 100 mg</i>	P	
VIRACEPT ORAL TABLET 250 MG, 625 MG	P	QL (310 EA per 31 days)
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>		
EDURANT ORAL TABLET 25 MG	P	QL (31 EA per 31 days)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	P	
<i>efavirenz oral tablet 600 mg</i>	P	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	P	
<i>nevirapine oral suspension 50 mg/5ml</i>	P	
<i>nevirapine oral tablet 200 mg</i>	P	
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	P	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	P	
<i>abacavir sulfate oral tablet 300 mg</i>	P	
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	P	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	P	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	P	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>		
<i>emtricitabine oral capsule 200 mg</i>	P	QL (31 EA per 31 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	P	QL (744 ML per 31 days)
<i>lamivudine oral solution 10 mg/ml</i>	P	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	P	
<i>stavudine oral solution reconstituted 1 mg/ml</i>	P	
<i>zidovudine oral capsule 100 mg</i>	P	
<i>zidovudine oral syrup 50 mg/5ml</i>	P	QL (1860 ML per 31 days)
<i>zidovudine oral tablet 300 mg</i>	P	
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	P	
VIREAD ORAL TABLET 150 MG	P	QL (31 EA per 31 days)
VIREAD ORAL TABLET 200 MG, 250 MG	P	
<b>*Antiretrovirals Adjuvants***</b>		
<i>tybost oral tablet 150 mg</i>	P	QL (31 EA per 31 days)
<b>*Hepatitis B Agents***</b>		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	P	PA
<b>*Hepatitis C Agent - Combinations***</b>		
MAVYRET ORAL TABLET 100-40 MG	P	PA
<b>*Herpes Agents - Purine Analogues***</b>		
<i>acyclovir oral capsule 200 mg</i>	P	
<i>acyclovir oral suspension 200 mg/5ml</i>	P	QL (3500 ML per 31 days)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	P	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	P	QL (62 EA per 31 days)
<b>*Influenza Agents***</b>		
<i>rimantadine hcl oral tablet 100 mg</i>	P	
<b>*Neuraminidase Inhibitors***</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	P	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	P	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	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)

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Drug Name	Preference Details	Coverage Details
<b>*Beta Blockers*</b>		
<b>*Alpha-Beta Blockers***</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	P	
<i>labetalol hcl intravenous solution 5 mg/ml</i>	P	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	P	
<b>*Beta Blockers Cardio-Selective***</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	P	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	P	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	P	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	P	
<i>metoprolol tartrate intravenous solution 1 mg/ml</i>	P	
<i>metoprolol tartrate intravenous solution cartridge 5 mg/5ml</i>	P	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	P	
<b>*Beta Blockers Non-Selective***</b>		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	P	
<i>pindolol oral tablet 10 mg, 5 mg</i>	P	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	P	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	P	
<i>propranolol hcl oral solution 20 mg/5ml</i>	P	QL (248 ML per 31 days)
<i>propranolol hcl oral solution 40 mg/5ml</i>	P	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	P	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	P	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	P	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	P	

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

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Drug Name	Preference Details	Coverage Details
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	P	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	P	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	P	
<b>*Cardiotonics*</b>		
<b>*Cardiac Glycosides***</b>		
<i>digoxin injection solution 0.25 mg/ml</i>	P	
<i>digoxin oral solution 0.05 mg/ml</i>	P	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	P	
<b>*Cardiovascular Agents - Misc.*</b>		
<b>*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	P	PA
<b>*Peripheral Vasodilators***</b>		
<i>no flush niacin oral tablet 500 mg</i>	P	
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	P	PA; AL (Min 18 Years)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>		
<i>sildenafil citrate oral tablet 20 mg</i>	P	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	P	PA
<b>*Sinus Node Inhibitors**</b>		
CORLANOR ORAL SOLUTION 5 MG/5ML	P	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	P	PA
<b>*Cephalosporins*</b>		
<b>*Cephalosporins - 1St Generation***</b>		
<i>cefadroxil oral capsule 500 mg</i>	P	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	P	
<i>cefadroxil oral tablet 1 gm</i>	P	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm</i>	P	

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

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

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

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Drug Name	Preference Details	Coverage Details
<b>*Combination Contraceptives - Vaginal***</b>		
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	P	QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	P	QL (1 EA per 28 days)
<b>*Continuous Contraceptives - Oral***</b>		
AMETHYST ORAL TABLET 90-20 MCG	P	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	P	
<b>*Emergency Contraceptives***</b>		
<i>levonorgestrel oral tablet 0.75 mg</i>	P	QL (4 EA per 31 days)
MY WAY ORAL TABLET 1.5 MG	P	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	P	
OPTION 2 ORAL TABLET 1.5 MG	P	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	P	
<b>*Extended-Cycle Contraceptives - Oral***</b>		
QUASENSE ORAL TABLET 0.15-0.03 MG	P	QL (91 EA per 91 days)
<b>*Progestin Contraceptives - Injectable***</b>		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	P	QL (1 ML per 93 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	P	QL (1 ML per 93 days)
<b>*Progestin Contraceptives - Oral***</b>		
CAMILA ORAL TABLET 0.35 MG	P	
ERRIN ORAL TABLET 0.35 MG	P	
HEATHER ORAL TABLET 0.35 MG	P	
JOLIVETTE ORAL TABLET 0.35 MG	P	
NORA-BE ORAL TABLET 0.35 MG	P	
<i>norethindrone oral tablet 0.35 mg</i>	P	
<b>*Triphasic Contraceptives - Oral***</b>		
CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	P	

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Drug Name	Preference Details	Coverage Details
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	P	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	P	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	P	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	P	
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	P	
<b>*Corticosteroids*</b>		
<b>*Glucocorticosteroids***</b>		
<i>cortisone acetate oral tablet 25 mg</i>	P	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	P	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	P	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	P	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	P	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	P	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	P	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	P	
<i>methylprednisolone (pak) oral tablet 4 mg</i>	P	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	P	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	P	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	P	
<i>prednisolone oral solution 15 mg/5ml</i>	P	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	P	
<i>prednisone oral solution 5 mg/5ml</i>	P	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	P	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	P	
<b>*Mineralocorticoids***</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	P	
<b>*Cough/Cold/Allergy*</b>		
<b>*Antitussive - Nonnarcotic***</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	P	
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	P	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML	P	
<b>*Antitussive-Antihistamine-Analgesic***</b>		
DELSYM NIGHT TIME MULTI-SYMPPT ORAL LIQUID 15-6.25-325 MG/15ML	P	
<b>*Antitussive-Expectorant***</b>		
DIABETIC TUSSIN MAX ST ORAL LIQUID 10-200 MG/5ML	P	
<i>extra action cough oral syrup 100-10 mg/5ml</i>	P	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML	P	
<i>mucus relief dm cough oral tablet 20-400 mg</i>	P	
<i>tussin dm oral liquid 100-10 mg/5ml</i>	P	
<b>*Antitussive-Expectorants-Decongestant***</b>		
<i>robafen cf cough/cold oral syrup 5-10-100 mg/5ml</i>	P	
ROBITUSSIN TO GO COUGH/COLD CF ORAL LIQUID 5-10-100 MG/5ML	P	

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

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Drug Name	Preference Details	Coverage Details
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	P	
<i>mucus relief oral tablet 400 mg</i>	P	
<i>refenesen 400 oral tablet 400 mg</i>	P	
<i>refenesen oral tablet 200 mg</i>	P	
<i>robafen oral syrup 100 mg/5ml</i>	P	
<b>*Iodine Expectorants***</b>		
SSKI ORAL SOLUTION 1 GM/ML	P	
<b>*Misc. Respiratory Inhalants***</b>		
BRONCHO SALINE INHALATION AEROSOL SOLUTION 0.9 %	P	
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %</i>	P	
<b>*Mucolytics***</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	P	
<b>*Non-Narc Antitussive-Antihistamine***</b>		
DIMETAPP LONG ACT COUGH/COLD ORAL SYRUP 1-7.5 MG/5ML	P	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	P	
ROBITUSSIN CHILD COUGH/COLD LA ORAL LIQUID 1-7.5 MG/5ML	P	
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>		
<i>brotapp dm oral liquid 15-1-5 mg/5ml</i>	P	
<i>codituss dm oral syrup 5-8.33-10 mg/5ml</i>	P	AL (Min 2 Years)
<i>cold/cough childrens oral elixir 2.5-1-5 mg/5ml</i>	P	
<i>kidkare cough/cold oral liquid 15-1-5 mg/5ml</i>	P	
<i>m-end dm oral liquid 15-2-15 mg/5ml</i>	P	
<i>nohist-dm oral liquid 10-4-15 mg/5ml</i>	P	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	P	
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	P	
<i>tgq 15dm/5pehl/2cpm oral syrup 15-5-2 mg/5ml</i>	P	AL (Min 2 Years)
<b>*Dermatologicals*</b>		
<b>*Acne Antibiotics***</b>		
<i>clindamycin phosphate external gel 1 %</i>	P	QL (75 GM per 30 days)

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>clindamycin phosphate external lotion 1 %</i>	P	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	P	QL (120 ML per 31 days)
<i>clindamycin phosphate external swab 1 %</i>	P	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	P	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	P	QL (60 ML per 30 days)
<i>sulfacetamide sodium external suspension 10 %</i>	P	
<b>*Acne Products***</b>		
<i>acne medication 10 external lotion 10 %</i>	P	
<i>acne medication 5 external gel 5 %</i>	P	
<i>acne medication 5 external lotion 5 %</i>	P	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
AVITA EXTERNAL CREAM 0.025 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
AVITA EXTERNAL GEL 0.025 %	P	QL (45 GM per 31 days); AL (Max 20 Years)
<i>benzoyl peroxide cleanser external liquid 6 %</i>	P	
<i>benzoyl peroxide external gel 10 %, 2.5 %</i>	P	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
<i>cvs creamy acne face wash external liquid 4 %</i>	P	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
<i>kp benzoyl peroxide wash external liquid 10 %, 5 %</i>	P	

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Drug Name	Preference Details	Coverage Details
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	P	QL (45 GM per 31 days); AL (Max 20 Years)
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	P	QL (45 GM per 31 days); AL (Max 20 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	P	ST; Must fail preferred oral and topical antibiotics for at least 3 months; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years)
<b>*Antibiotic Mixtures Topical***</b>		
<i>bacitracin-neomycin-polymyxin external ointment 400-5-5000</i>	P	
<i>double antibiotic external ointment 500-10000 unit/gm</i>	P	
<i>sm double antibiotic external ointment 500-100000 unit/gm</i>	P	
<i>triple antibiotic external ointment 5-400-5000</i>	P	
<i>wal-sporin external ointment 500-100000 unit/gm</i>	P	
<b>*Antibiotic Steroid Combinations - Topical***</b>		
CORTISPORIN EXTERNAL OINTMENT 1 %	P	
<b>*Antibiotics - Topical***</b>		
<i>bacitracin external ointment 500 unit/gm</i>	P	
<i>bacitracin zinc external ointment 500 unit/gm</i>	P	
<i>gentamicin sulfate external cream 0.1 %</i>	P	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	P	QL (30 GM per 30 days)
<i>mupirocin external ointment 2 %</i>	P	QL (22 GM per 30 days)
<b>*Antifungals - Topical Combinations***</b>		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	P	QL (45 GM per 30 days)
<b>*Antifungals - Topical***</b>		
<i>ciclopirox external solution 8 %</i>	P	QL (6.6 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	P	QL (90 GM per 30 days)

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Drug Name	Preference Details	Coverage Details
<i>ciclopirox olamine external suspension 0.77 %</i>	P	QL (60 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	P	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	P	QL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	P	QL (60 GM per 30 days)
<i>terbinafine hcl external cream 1 %</i>	P	QL (30 GM per 30 days)
<b>*Anti-Inflammatory Agents - Topical***</b>		
<i>diclofenac sodium transdermal gel 1 %</i>	P	QL (200 GM per 31 days)
<b>*Antineoplastic Antimetabolites - Topical***</b>		
<i>fluorouracil external cream 5 %</i>	P	
<i>fluorouracil external solution 2 %, 5 %</i>	P	
<b>*Antipruritics - Topical***</b>		
<i>doxepin hcl external cream 5 %</i>	P	ST; Must fail preferred Corticosteroid-Topicals within the past 365 days.; QL (45 GM per 31 days)
<b>*Antipsoriatics - Systemic***</b>		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	P	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	P	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	P	PA
<b>*Antipsoriatics***</b>		
<i>calcipotriene external cream 0.005 %</i>	P	ST; Must fail 2 of 3 medications: Betamethasone dipropionate, Fluocinonide & Halobetasol within the past 60 days.; QL (60 GM per 31 days)

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

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

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<i>fluticasone propionate external ointment 0.005 %</i>	P	QL (60 GM per 30 days)
<i>halobetasol propionate external cream 0.05 %</i>	P	QL (50 GM per 31 days)
<i>halobetasol propionate external ointment 0.05 %</i>	P	QL (50 GM per 31 days)
<i>hydrocortisone external cream 0.5 %, 1 %, 2.5 %</i>	P	QL (180 GM per 30 days)
<i>hydrocortisone external lotion 1 %</i>	P	QL (118 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	P	QL (118 ML per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	P	QL (180 GM per 30 days)
<i>hydrocortisone plus external cream 1 %</i>	P	
<i>hydrocortisone valerate external cream 0.2 %</i>	P	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	P	QL (60 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>	P	QL (45 GM per 30 days)
<i>mometasone furoate external solution 0.1 %</i>	P	QL (60 ML per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	P	QL (454 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	P	QL (180 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	P	QL (454 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	P	QL (180 GM per 30 days)
<b>*Emollient/Keratolytic Agents***</b>		
<i>protexa external cream 42 %</i>	P	
<i>urea external cream 40 %, 50 %</i>	P	
<b>*Emollients***</b>		
<i>ammonium lactate external cream 12 %</i>	P	QL (400 GM per 31 days)
<i>ammonium lactate external lotion 12 %</i>	P	QL (400 GM per 31 days)
<b>*Enzymes - Topical***</b>		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	P	PA
<b>*Eyelid Cleansers &amp; Lubricants***</b>		
OCUSOFT HYPOCHLOR EXTERNAL LIQUID	P	

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Drug Name	Preference Details	Coverage Details
OCUSOFT LID SCRUB FOAMING EXTERNAL SOLUTION	P	
OCUSOFT LID SCRUB ORIGINAL EXTERNAL LIQUID	P	
<b>*Imidazole-Related Antifungals - Topical***</b>		
ALOE VESTA CLEAR ANTIFUNGAL OINTMENT 2 % EXTERNAL 2 %	P	
<i>baza antifungal external cream 2 %</i>	P	
<i>clotrimazole external cream 1 %</i>	P	QL (45 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	P	QL (30 ML per 30 days)
<i>ketoconazole external cream 2 %</i>	P	QL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	P	QL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	P	
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>		
<i>imiquimod external cream 5 %</i>	P	PA
<b>*Insect Repellents***</b>		
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	
<b>*Keratolytic/Antimitotic Agents***</b>		
CLEAR AWAY 1-STEP WART REMOVER EXTERNAL PAD 40 %	P	

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Drug Name	Preference Details	Coverage Details
COMPOUND W EXTERNAL LIQUID 17 %	P	
COMPOUND W EXTERNAL PAD 40 %	P	
COMPOUND W MAXIMUM STRENGTH EXTERNAL GEL 17 %	P	
CONDYLOX EXTERNAL GEL 0.5 %	P	PA
DUOFILM EXTERNAL SOLUTION 17 %	P	
<i>podofilox external solution 0.5 %</i>	P	
<b>*Local Anesthetics - Topical***</b>		
<i>capsaicin external cream 0.025 %</i>	P	QL (60 GM per 30 days)
<i>lidocaine hcl external gel 2 %</i>	P	
<i>lidocaine hcl external solution 4 %</i>	P	
<b>*Macrolide Immunosuppressants - Topical***</b>		
<i>pimecrolimus external cream 1 %</i>	P	ST; Must fail preferred topical steroid for 4 weeks within the past 100 days, unless contraindicated.; QL (30 GM per 31 days); AL (Min 2 Years)
<b>*Rosacea Agents***</b>		
<i>metronidazole external cream 0.75 %</i>	P	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	P	QL (70 GM per 30 days)
<i>metronidazole external gel 1 %</i>	P	QL (60 GM per 30 days)
<b>*Scabicide Combinations***</b>		
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	P	
<b>*Scabicides &amp; Pediculicides***</b>		
<i>lice treatment (permethrin 1%) external lotion 1 %</i>	P	QL (60 ML per 31 days)
<i>malathion external lotion 0.5 %</i>	P	QL (118 ML per 31 days); AL (Min 6 Years)
<i>permethrin external cream 5 %</i>	P	QL (60 GM per 31 days)
<i>spinosad external suspension 0.9 %</i>	P	ST; Must fail preferred permethrin within the past 100 days; AL (Min 6 Months)
<b>*Topical Anesthetic Combinations***</b>		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	P	QL (30 GM per 31 days)
<b>*Topical Steroid Combinations***</b>		
<i>hydrocortisone-aloe external cream 1 %</i>	P	

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Drug Name	Preference Details	Coverage Details
<b>*Diagnostic Products*</b>		
<b>*Diagnostic Drugs***</b>		
<i>dipyridamole intravenous solution 5 mg/ml</i>	P	
<b>*Diagnostic Tests***</b>		
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	
<b>*Multiple Urine Tests***</b>		
KETO-DIASTIX IN VITRO STRIP	P	
<b>*Digestive Aids*</b>		
<b>*Digestive Enzymes***</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	P	PA
VIOKACE ORAL TABLET 10440 UNIT, 20880 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, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT	P	PA
<b>*Diuretics*</b>		
<b>*Carbonic Anhydrase Inhibitors***</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	P	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	P	

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

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Drug Name	Preference Details	Coverage Details
<b>*Carnitine Replenisher - Agents***</b>		
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	P	
<i>levocarnitine oral solution 1 gm/10ml</i>	P	QL (900 ML per 31 days)
<i>levocarnitine oral tablet 330 mg</i>	P	
<b>*Dopamine Receptor Agonists***</b>		
<i>cabergoline oral tablet 0.5 mg</i>	P	
<b>*Gaa Deficiency Treatment - Agents***</b>		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	P	PA
<b>*Growth Hormones***</b>		
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 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
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	P	
<i>calcitriol oral solution 1 mcg/ml</i>	P	
<b>*Rank Ligand (Rankl) Inhibitors***</b>		
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)
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	P	
<b>*Vasopressin***</b>		
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	P	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	P	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	P	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	P	

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Drug Name	Preference Details	Coverage Details
<b>*Estrogens*</b>		
<b>*Estrogen &amp; Progestin***</b>		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	P	
PREMPHASE ORAL TABLET 0.625-5 MG	P	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	P	
<b>*Estrogens***</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	P	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	P	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	P	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	P	
<b>*Fluoroquinolones*</b>		
<b>*Fluoroquinolones***</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	P	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	P	
<b>*Gastrointestinal Agents - Misc.*</b>		
<b>*Antiflatulents***</b>		
<i>gas relief oral suspension 20 mg/0.3ml</i>	P	
<i>simethicone oral suspension 40 mg/0.6ml</i>	P	
<i>simethicone oral tablet chewable 80 mg</i>	P	
<b>*Gallstone Solubilizing Agents***</b>		
<i>ursodiol oral capsule 300 mg</i>	P	
<b>*Gastrointestinal Chloride Channel Activators***</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	P	PA
<b>*Gastrointestinal Stimulants***</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	P	QL (1500 ML per 31 days)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<b>*Inflammatory Bowel Agents***</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	P	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	P	
<i>mesalamine rectal enema 4 gm</i>	P	QL (1800 ML per 31 days)
<i>sulfasalazine oral tablet 500 mg</i>	P	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	P	
<b>*Intestinal Acidifiers***</b>		
<i>generlac oral solution 10 gm/15ml</i>	P	QL (4185 ML per 31 days)
<b>*Phosphate Binder Agents***</b>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	P	ST; Must fail preferred Calcium acetate tablet or Calcium acetate capsule within the past 100 days.
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	P	QL (372 EA per 31 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	P	QL (372 EA per 31 days)
ELIPHOS ORAL TABLET 667 MG	P	QL (372 EA per 31 days)
<b>*Genitourinary Agents - Miscellaneous*</b>		
<b>*5-Alpha Reductase Inhibitors***</b>		
<i>dutasteride oral capsule 0.5 mg</i>	P	
<i>finasteride oral tablet 5 mg</i>	P	
<b>*Alpha 1-Adrenoceptor Antagonists***</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	P	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	P	
<b>*Citrates***</b>		
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	P	QL (3600 ML per 31 days)
<b>*Genitourinary Irrigants***</b>		
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	P	QL (1000 ML per 31 days)
<b>*Interstitial Cystitis Agents***</b>		
ELMIRON ORAL CAPSULE 100 MG	P	
<b>*Urinary Analgesics***</b>		
PHENAZO ORAL TABLET 95 MG	P	

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Drug Name	Preference Details	Coverage Details
<i>phenazopyridine hcl oral tablet 100 mg</i>	P	
<i>phenazopyridine hcl oral tablet 200 mg</i>	P	QL (12 EA per 31 days)
<b>*Gout Agents*</b>		
<b>*Gout Agent Combinations***</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	P	
<b>*Gout Agents***</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	P	
<i>colchicine oral tablet 0.6 mg</i>	P	
<b>*Uricosurics***</b>		
<i>probenecid oral tablet 500 mg</i>	P	
<b>*Hematological Agents - Misc.*</b>		
<b>*Bradykinin B2 Receptor Antagonists***</b>		
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	P	PA
<b>*Hematorheologic Agents***</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	P	
<b>*Phosphodiesterase Iii Inhibitors***</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	P	
<b>*Platelet Aggregation Inhibitors***</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	P	
<b>*Quinazoline Agents***</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	P	
<b>*Thienopyridine Derivatives***</b>		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	P	
<b>*Hematopoietic Agents*</b>		
<b>*Cobalamins***</b>		
<i>b-12 oral tablet dispersible 1000 mcg</i>	P	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	P	
<i>sm vitamin b12 tr oral tablet extended release 1000 mcg</i>	P	
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	P	
<i>vitamin b-12 oral tablet 1000 mcg, 250 mcg, 500 mcg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg</i>	P	
<b>*Cytotoxic Agents***</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	P	
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>		
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
<b>*Folic Acid/Folate Combinations***</b>		
<i>folbee oral tablet 2.5-25-1 mg</i>	P	
<b>*Folic Acid/Folates***</b>		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	P	
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	P	PA
<b>*Iron Combinations***</b>		
CENTRATEX ORAL CAPSULE 106-1 MG	P	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	P	
<b>*Iron***</b>		
<i>ferretts oral tablet 325 (106 fe) mg</i>	P	
<i>ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg</i>	P	
<i>ferrous gluconate oral tablet 239 (27 fe) mg, 324 (38 fe) mg</i>	P	
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	P	
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>ferrous sulfate oral solution 300 mg/6.8ml, 75 (15 fe) mg/ml</i>	P	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	P	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	P	
POLY-IRON 150 ORAL CAPSULE 150 MG	P	
<i>slow release iron oral tablet extended release 160 (50 fe) mg</i>	P	
<b>*Hypnotics/Sedatives/Sleep Disorder Agents*</b>		
<b>*Antihistamine Hypnotics***</b>		
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	P	
<i>sleep aid oral tablet 25 mg</i>	P	
<b>*Barbiturate Hypnotics***</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>	P	QL (2000 ML per 31 days)
<i>phenobarbital oral tablet 100 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	P	
<i>phenobarbital oral tablet 15 mg</i>	P	QL (310 EA per 31 days)
<i>phenobarbital oral tablet 16.2 mg</i>	P	QL (383 EA per 31 days)
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	P	
<b>*Benzodiazepine Hypnotics***</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	P	
<i>temazepam oral capsule 15 mg, 30 mg</i>	P	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	P	AL (Min 18 Years)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>		
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	P	QL (31 EA per 31 days); AL (Min 18 Years)
<b>*Laxatives*</b>		
<b>*Bowel Evacuant Combinations***</b>		
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	P	QL (4000 ML per 31 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	P	QL (1 EA per 31 days)
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	P	QL (4000 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	P	QL (4000 ML per 31 days)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	P	QL (4000 ML per 31 days)
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	P	QL (4000 ML per 31 days)
<b>*Bulk Laxatives***</b>		
<i>fiber oral tablet 625 mg</i>	P	
METAMUCIL ORAL CAPSULE 0.36 GM, 0.52 GM	P	
METAMUCIL ORAL POWDER 28.3 %, 48.57 %	P	
METAMUCIL ORAL WAFER	P	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 58.6 %	P	
<i>natural fiber laxative oral powder 48.57 %</i>	P	
<i>natural fiber oral powder 58.6 %</i>	P	
<b>*Laxatives - Miscellaneous***</b>		
<i>cvs glycerin adult rectal suppository 2 gm</i>	P	
<i>lactulose oral solution 10 gm/15ml</i>	P	QL (4185 ML per 31 days)
<i>lactulose oral solution 20 gm/30ml</i>	P	
<i>peg 3350 oral powder 17 gm/scoop</i>	P	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	P	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	P	QL (527 GM per 31 days)
<i>sorbitol oral solution 70 %</i>	P	
<b>*Laxatives &amp; Dss***</b>		
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	P	
<b>*Saline Laxative Mixtures***</b>		
<i>enema disposable rectal enema</i>	P	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML	P	
<b>*Saline Laxatives***</b>		
<i>milk of magnesia oral suspension 1200 mg/15ml</i>	P	
<b>*Stimulant Laxatives***</b>		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	P	

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>bisacodyl rectal suppository 10 mg</i>	P	
<i>senna laxative oral tablet 25 mg, 8.6 mg</i>	P	
<i>senna oral syrup 8.8 mg/5ml</i>	P	
<b>*Surfactant Laxatives***</b>		
<i>docusate calcium oral capsule 240 mg</i>	P	
<i>docusate sodium oral capsule 250 mg</i>	P	
<i>docusate sodium oral liquid 50 mg/5ml</i>	P	
<i>docusate sodium oral tablet 100 mg</i>	P	
<i>stool softener oral capsule 100 mg</i>	P	
<b>*Local Anesthetics-Parenteral*</b>		
<b>*Local Anesthetics - Amides***</b>		
<i>lidocaine hcl (pf) injection solution 1.5 %</i>	P	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 1.5 %</i>	P	
<b>*Macrolides*</b>		
<b>*Azithromycin***</b>		
<i>azithromycin hydrogencitrate intravenous solution reconstituted 2.5 gm</i>	P	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	P	
<i>azithromycin oral packet 1 gm</i>	P	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	P	
<i>azithromycin oral tablet 250 mg</i>	P	QL (12 EA per 31 days)
<i>azithromycin oral tablet 500 mg, 600 mg</i>	P	
<b>*Clarithromycin***</b>		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	P	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	P	
<b>*Erythromycins***</b>		
<i>ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG</i>	P	
<i>ERYTHROCIN STEARATE ORAL TABLET 250 MG</i>	P	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	P	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	P	
<b>*Medical Devices And Supplies*</b>		
<b>*Applicators,Cotton Balls,Etc***</b>		
<i>alcohol pads pad 70 %</i>	P	QL (100 EA per 31 days)
<b>*Glucose Monitoring Test Supplies***</b>		
<i>glucose control in vitro solution</i>	P	
<i>lancet device</i>	P	
<i>lancets</i>	P	QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old
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)
<b>*Needles &amp; Syringes***</b>		
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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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
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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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
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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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
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)
<b>*Peak Flow Meters***</b>		
<i>peak flow meter device</i>	P	QL (2 EA per 365 days)
<b>*Respiratory Therapy Supplies***</b>		
IN-CHECK DIAL FLOW TRAINER DEVICE	P	QL (2 EA per 365 days)
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>		
AEROCHAMBER MV	P	QL (2 EA per 365 days)
EASIVENT	P	QL (2 EA per 180 days)
EASIVENT MASK LARGE	P	QL (2 EA per 180 days)
EASIVENT MASK MEDIUM	P	QL (2 EA per 180 days)
EASIVENT MASK SMALL	P	QL (2 EA per 180 days)
E-Z SPACER DEVICE	P	
INSPIREASE	P	
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 FACE MASK-SMALL	P	QL (2 EA per 365 days)
OPTIHALER	P	QL (2 EA per 365 days)
<b>*Migraine Products*</b>		
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	P	ST; Must fail preferred sumatriptan, rizatriptan, rizatriptan odt tablets within the past 100 days.; QL (9 EA per 31 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	P	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	P	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	P	QL (12 EA per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	P	QL (9 EA per 31 days)

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Drug Name	Preference Details	Coverage Details
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	P	QL (4 ML per 31 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	P	QL (2 ML per 31 days)
TOSYMRA NASAL SOLUTION 10 MG/ACT	P	QL (12 EA per 31 days)
<b>*Minerals &amp; Electrolytes*</b>		
<b>*Calcium Combinations***</b>		
<i>calcium 500+d oral tablet 500-400 mg-unit</i>	P	
<i>calcium 600+d oral tablet 600-400 mg-unit</i>	P	
<i>calcium carbonate-vitamin d oral tablet 600-400 mg-unit</i>	P	
<i>calcium oral tablet chewable 500-100 mg-unit</i>	P	
<i>calcium+d3 oral tablet 600-800 mg-unit</i>	P	
CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-333 MG-UNIT	P	
<i>oyster shell calcium/vitamin d oral packet 500-200 mg-unit</i>	P	
<b>*Calcium***</b>		
<i>calcium carbonate oral suspension 1250 (500 ca) mg/5ml</i>	P	
<i>calcium carbonate oral tablet 1250 (500 ca) mg, 600 mg</i>	P	
<i>calcium citrate oral tablet 200 mg</i>	P	
<i>calcium lactate oral tablet 648 mg</i>	P	
<i>cal-lac oral capsule 500 mg</i>	P	
<i>oyster shell calcium oral tablet 500 mg</i>	P	
<b>*Electrolytes Oral***</b>		
ORALYTE FREEZER POPS ORAL SOLUTION	P	QL (4000 ML per 31 days)
ORALYTE ORAL SOLUTION	P	QL (4000 ML per 31 days)
<b>*Electrolytes Parenteral***</b>		
<i>lactated ringers intravenous solution</i>	P	
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%, 40 meq/250ml</i>	P	
<b>*Fluoride Combinations***</b>		
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG	P	

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Drug Name	Preference Details	Coverage Details
<b>*Fluoride***</b>		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	P	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	P	
<b>*Magnesium***</b>		
<i>magdelay oral tablet delayed release 70 mg</i>	P	
<i>mag-delay oral tablet extended release 535 (64 mg) mg</i>	P	
<i>magnesium oxide 400 oral packet 240 mg</i>	P	
<i>magnesium oxide oral tablet 400 (240 mg) mg, 400 (241.3 mg) mg, 420 (252 mg) mg, 500 mg</i>	P	
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ)	P	
<i>sm magnesium oxide oral tablet 250 mg</i>	P	
<b>*Phosphate***</b>		
<i>phos-nak oral packet 280-160-250 mg</i>	P	
<b>*Potassium***</b>		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	P	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	P	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	P	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	P	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	P	
<i>potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 2 meq/ml, 20 meq/50ml, 40 meq/100ml</i>	P	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	P	
<b>*Sodium***</b>		
<i>saline flush intravenous solution 0.9 %</i>	P	

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>sodium chloride injection solution 0.9 %</i>	P	QL (310 ML per 31 days)
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	P	
<i>sodium chloride oral tablet 1 gm</i>	P	
<b>*Zinc***</b>		
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	P	
<i>zinc sulfate oral tablet 220 (50 zn) mg</i>	P	
<i>zinc-220 oral capsule 220 (50 zn) mg</i>	P	
<b>*Miscellaneous Therapeutic Classes*</b>		
<b>*Antileptotics***</b>		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	P	PA
<b>*Cyclosporine Analogs***</b>		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	P	
<i>cyclosporine modified oral solution 100 mg/ml</i>	P	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	P	
GENGRAF ORAL SOLUTION 100 MG/ML	P	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	P	
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	P	PA
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	P	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	P	
<i>mycophenolate mofetil oral tablet 500 mg</i>	P	
<b>*Macrolide Immunosuppressants***</b>		
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	P	
<b>*Potassium Removing Agents***</b>		
<i>sodium polystyrene sulfonate oral powder</i>	P	QL (454 GM per 31 days)
SPS ORAL SUSPENSION 15 GM/60ML	P	
<b>*Purine Analogs***</b>		
<i>azathioprine oral tablet 50 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<b>*Mouth/Throat/Dental Agents*</b>		
<b>*Anesthetics Topical Oral***</b>		
<i>lidocaine viscous mouth/throat solution 2 %</i>	P	
<b>*Anti-Infectives - Throat***</b>		
<i>clotrimazole mouth/throat troche 10 mg</i>	P	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	P	QL (300 ML per 31 days)
<b>*Antiseptics - Mouth/Throat***</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	P	QL (480 ML per 31 days)
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	P	QL (480 ML per 31 days)
<b>*Fluoride Dental Products***</b>		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	P	
DENTAGEL DENTAL GEL 1.1 %	P	
FLUORIDEX DAILY DEFENSE DENTAL GEL 1.1 %	P	
KARIGEL DENTAL GEL 1.1 %	P	
PHOS-FLUR DENTAL GEL 1.1 %	P	
<i>sf 5000 plus dental cream 1.1 %</i>	P	
<b>*Saliva Stimulants***</b>		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	P	
<b>*Steroids - Mouth/Throat/Dental***</b>		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	P	
<b>*Multivitamins*</b>		
<b>*B-Complex Vitamins***</b>		
<i>b complex oral capsule</i>	P	
<b>*B-Complex W/ C &amp; Folic Acid***</b>		
DIALYVITE ORAL TABLET	P	
NEPHROCAPS ORAL CAPSULE 1 MG	P	
<i>rena-vite oral tablet</i>	P	
<i>triphrocaps oral capsule 1 mg</i>	P	
<b>*B-Complex W/ C***</b>		
<i>vitamin b complex-c oral capsule</i>	P	
<b>*Multiple Vitamins W/ Iron***</b>		
<i>tab-a-vite/iron oral tablet</i>	P	

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Drug Name	Preference Details	Coverage Details
<b>*Multiple Vitamins W/ Minerals***</b>		
CERTAVITE/ANTIOXIDANTS ORAL TABLET	P	
PRESERVISION AREDS 2 ORAL CAPSULE	P	
<b>*Multivitamins***</b>		
<i>multi-vitamins oral tablet</i>	P	
<b>*Ped Multi Vitamins W/Fl &amp; Fe***</b>		
<i>multi-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	P	
<b>*Ped Multiple Vitamins W/ Minerals &amp; C***</b>		
VITAMAX PEDIATRIC ORAL SOLUTION	P	
<b>*Ped Mv W/ Fluoride***</b>		
<i>multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	P	AL (Max 17 Years)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	P	AL (Max 17 Years)
<b>*Ped Mv W/ Iron***</b>		
<i>polyvitamin/iron oral solution 10 mg/ml</i>	P	
<b>*Ped Vitamins Acd Fluoride &amp; Iron***</b>		
<i>tri-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	P	
<b>*Ped Vitamins Acd W/ Fluoride***</b>		
<i>tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	P	
<b>*Pediatric Multiple Vitamins W/ C &amp; Fa***</b>		
<i>childrens chewable multi vits oral tablet chewable</i>	P	
<b>*Pediatric Multiple Vitamins W/ C***</b>		
<i>polyvitamin oral solution 35 mg/ml</i>	P	
<b>*Pediatric Vitamins A &amp; D W/ C***</b>		
TRI-VI-SOL ORAL SOLUTION 750-400-35 UNIT-MG/ML	P	
<i>tri-vitamin infant &amp; toddler oral solution 500-10-50 mcg-mg/ml</i>	P	
<i>tri-vitamin oral solution 1500-400-35</i>	P	
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>		
CO-NATAL FA ORAL TABLET	P	
ELITE-OB ORAL TABLET 50-1.25 MG	P	

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

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

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Drug Name	Preference Details	Coverage Details
<i>fish oil oral capsule 1000 mg</i>	P	
<i>omega-3 oral capsule 1000 mg</i>	P	
<b>*Ophthalmic Agents*</b>		
<b>*Artificial Tear And Lubricant Combinations***</b>		
<i>eye lubricant ophthalmic ointment</i>	P	
<b>*Artificial Tears And Lubricants***</b>		
<i>artificial tears ophthalmic solution 1.4 %</i>	P	QL (15 ML per 31 days)
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	P	
<b>*Beta-Blockers - Ophthalmic Combinations***</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	P	
<b>*Beta-Blockers - Ophthalmic***</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	P	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	P	
<i>carteolol hcl ophthalmic solution 1 %</i>	P	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	P	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	P	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	P	
<b>*Cycloplegic Mydriatics***</b>		
<i>atropine sulfate ophthalmic ointment 1 %</i>	P	
<i>atropine sulfate ophthalmic solution 1 %</i>	P	
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>		
XIIDRA OPHTHALMIC SOLUTION 5 %	P	QL (60 EA per 30 days)
<b>*Miotics - Direct Acting***</b>		
<i>pilocarpine hcl ophthalmic solution 2 %</i>	P	
<b>*Ophthalmic Antiallergic***</b>		
<i>cromolyn sodium ophthalmic solution 4 %</i>	P	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	P	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	P	QL (10 ML per 30 days)

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

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Drug Name	Preference Details	Coverage Details
<b>*Ophthalmic Steroid Combinations***</b>		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	P	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	P	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	P	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	P	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	P	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	P	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	P	QL (20 ML per 30 days)
<b>*Ophthalmic Steroids***</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	P	QL (10 ML per 30 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	P	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	P	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %	P	QL (10 ML per 30 days)
LOTEMAX OPHTHALMIC GEL 0.5 %	P	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	P	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	P	QL (10 ML per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	P	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	P	
VEXOL OPHTHALMIC SUSPENSION 1 %	P	
<b>*Ophthalmic Sulfonamides***</b>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	P	
<b>*Prostaglandins - Ophthalmic***</b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	P	QL (5 ML per 31 days)

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Drug Name	Preference Details	Coverage Details
<b>*Otic Agents*</b>		
<b>*Otic Agents - Miscellaneous***</b>		
<i>acetic acid otic solution 2 %</i>	P	
<i>carbamide ear drops otic solution 6.5 %</i>	P	
<b>*Otic Analgesic Combinations***</b>		
<i>antipyrine-benzocaine otic solution 5.4-1.4 % , 5.5-1.4 %</i>	P	
<b>*Otic Anti-Infectives***</b>		
<i>ofloxacin otic solution 0.3 %</i>	P	QL (10 ML per 30 days)
<b>*Otic Steroid-Anti-Infective Combinations***</b>		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	P	ST; Members above 6 years old must fail ofloxacin 0.3% ear drops within the past 100 days.; Preferred for members 6 years old and younger; Members 7 years old and older covered w/step edit; AL (Max 6 Years)
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	P	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	P	
<b>*Oxytocics*</b>		
<b>*Oxytocics***</b>		
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	P	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	P	
<b>*Passive Immunizing And Treatment Agents*</b>		
<b>*Antiviral Monoclonal Antibodies***</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	P	PA
<b>*Penicillins*</b>		
<b>*Aminopenicillins***</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	P	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	P	

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<b>Drug Name</b>	<b>Preference Details</b>	<b>Coverage Details</b>
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	P	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	P	
<i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	
<b>*Natural Penicillins***</b>		
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	P	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	P	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	P	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	P	
<b>*Penicillin Combinations***</b>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	P	QL (300 ML per 31 days)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	P	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	P	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	P	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	P	
<b>*Penicillinase-Resistant Penicillins***</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	P	
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	P	
<b>*Pharmaceutical Adjuvants*</b>		
<b>*Semi Solid Vehicles***</b>		
<i>polyethylene glycol 3350 powder</i>	P	QL (527 GM per 31 days)

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Drug Name	Preference Details	Coverage Details
<b>*Progestins*</b>		
<b>*Progestins***</b>		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	P	PA
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	
<i>norethindrone acetate oral tablet 5 mg</i>	P	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	P	
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>		
<b>*Alcohol Deterrents***</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	P	QL (186 EA per 31 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	P	
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	P	
<b>*Cholinomimetics - Ache Inhibitors***</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	P	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	P	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	P	
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	P	PA
<b>*Multiple Sclerosis Agents - Interferons***</b>		
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

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

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<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	P	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	P	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	P	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	P	
NICOTROL INHALATION INHALER 10 MG	P	
NICOTROL NS NASAL SOLUTION 10 MG/ML	P	
<b>*Respiratory Agents - Misc.*</b>		
<b>*Cftr Potentiators***</b>		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	P	PA
KALYDECO ORAL TABLET 150 MG	P	PA
<b>*Hydrolytic Enzymes***</b>		
PULMOZYME INHALATION SOLUTION 1 MG/ML	P	PA
<b>*Tetracyclines*</b>		
<b>*Tetracyclines***</b>		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	P	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	P	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	P	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	P	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	P	
<b>*Thyroid Agents*</b>		
<b>*Antithyroid Agents***</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	P	
<i>propylthiouracil oral tablet 50 mg</i>	P	QL (558 EA per 31 days)
<b>*Thyroid Hormones***</b>		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	P	

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Drug Name	Preference Details	Coverage Details
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	P	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	P	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	P	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	P	
<b>*Toxoids*</b>		
<b>*Toxoid Combinations***</b>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	P	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	P	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	P	AL (Min 19 Years)
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	P	AL (Min 19 Years)
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics*</b>		
<b>*Antispasmodics***</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	P	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	P	
<i>dicyclomine hcl oral tablet 20 mg</i>	P	
<b>*Belladonna Alkaloids***</b>		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	P	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	P	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	P	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	P	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	P	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	P	

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

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Drug Name	Preference Details	Coverage Details
<b>*Urinary Antispasmodics*</b>		
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	P	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	P	
<i>oxybutynin chloride oral tablet 5 mg</i>	P	
<i>tropium chloride oral tablet 20 mg</i>	P	ST; Must fail preferred oxybutynin er tablets within the past 100 days
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	P	
<b>*Vaccines*</b>		
<b>*Bacterial Vaccines***</b>		
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	1 ML (2 doses) per Lifetime; AL (Min 19 Years and Max 25 Years)
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	P	AL (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	1.5 ML( 3 doses) per Lifetime; AL (Min 19 Years and Max 25 Years)
<b>*Viral Vaccine Combinations***</b>		
M-M-R II SUBCUTANEOUS INJECTABLE	P	QL (2 EA per 365 days); AL (Min 19 Years)
<b>*Viral Vaccines***</b>		
GARDASIL 9 INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	P	AL (Min 19 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	P	AL (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	P	AL (Min 50 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	P	AL (Min 19 Years)

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Drug Name	Preference Details	Coverage Details
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	P	QL (2 EA per 365 days); 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)
<b>*Vaginal And Related Products*</b>		
<b>*Imidazole-Related Antifungals***</b>		
<i>3 day vaginal vaginal cream 2 %</i>	P	
<i>clotrimazole 3 vaginal cream 2 %</i>	P	
<i>clotrimazole vaginal cream 1 %</i>	P	
<i>gnp miconazole 7 vaginal cream 2 %</i>	P	
<i>miconazole 3 combo pack app vaginal kit 200 &amp; 2 mg-% (9gm)</i>	P	
<i>miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm)</i>	P	
<i>miconazole 3 vaginal suppository 200 mg</i>	P	
<i>miconazole 7 vaginal suppository 100 mg</i>	P	
<i>miconazole nitrate vaginal suppository 100 mg</i>	P	
MONISTAT 3 VAGINAL CREAM 4 %	P	
<i>sm 3-day vaginal vaginal cream 2 %</i>	P	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	P	
<i>terconazole vaginal suppository 80 mg</i>	P	
<b>*Vaginal Anti-Infectives***</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	P	
<i>metronidazole vaginal gel 0.75 %</i>	P	
<b>*Vaginal Estrogens***</b>		
PREMARIN VAGINAL CREAM 0.625 MG/GM	P	
<b>*Vasopressors*</b>		
<b>*Anaphylaxis Therapy Agents***</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	P	QL (6 EA per 180 days)
<b>*Vasopressors***</b>		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	

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Drug Name	Preference Details	Coverage Details
<b>*Vitamins*</b>		
<b>*Biotin***</b>		
<i>biotin 5000 oral capsule 5 mg</i>	P	
<i>biotin maximum strength oral capsule 5000 mcg</i>	P	
<b>*Vitamin A***</b>		
<i>vitamin a oral capsule 10000 unit, 8000 unit</i>	P	
<b>*Vitamin B-1***</b>		
<i>thiamine hcl injection solution 100 mg/ml</i>	P	
<i>thiamine hcl oral tablet 100 mg</i>	P	
<i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i>	P	
<b>*Vitamin B-3***</b>		
<i>niacin er oral capsule extended release 500 mg</i>	P	
<i>niacin er oral tablet extended release 250 mg, 500 mg</i>	P	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	P	
<b>*Vitamin B-6***</b>		
<i>pyridoxine hcl oral tablet 25 mg</i>	P	
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	P	
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 250 mg, 50 mg, 500 mg</i>	P	
<b>*Vitamin C***</b>		
<i>ascorbic acid oral tablet 1000 mg, 250 mg, 500 mg</i>	P	
<i>natural c/rose hips oral tablet 500 mg</i>	P	
<i>sm chewable vitamin c oral tablet chewable 500 mg</i>	P	
<i>vitamin c oral packet 500 mg</i>	P	
<i>vitamin c oral tablet 500 mg</i>	P	
<i>vitamin c oral tablet chewable 250 mg</i>	P	
<i>vitamin c-rose hips oral tablet 500 mg</i>	P	
<b>*Vitamin D***</b>		
<i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i>	P	

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

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