



2019

Healthy U Medicaid
Preferred Drug List



HEALTH PLANS
UNIVERSITY OF UTAH

How to use the Preferred Drug List

The Preferred Drug List (PDL) is a summary of prescription drugs covered under your plan. This contains the most commonly prescribed drugs with their dosing and forms. This list is not a complete list and additional drugs may be covered. *Please note that the Preferred Drug List is subject to change as new drugs become available and therapeutic categories are reviewed and updated to provide the most effective and greatest value therapies available for our members.*

If you have any questions about the Preferred Drug List or your pharmacy benefits please contact Pharmacy Customer Service. Pharmacy Customer Service is available 24 hours / 7 days a week / 365 days a year. You can also view additional information by logging into the pharmacy member portal. If you need assistance in registering for the portal, please contact Pharmacy Customer Service. The pharmacy member portal provides information such as how to find a pharmacy; look up drug information like benefit tier, limits, and drug interactions; shop for best price of a medication at different pharmacies; check the status of a prescription; print your drug fill history; and how to set up mail order.

HOW DRUGS ARE CHOSEN FOR THE PDL

Drugs approved by the United States (U.S.) Food and Drug Administration (FDA) are reviewed and considered for the PDL by the Pharmaceutical & Therapeutics (P&T) Committee utilizing the following criteria:

- a) The drug is effective and medically necessary for the treatment, maintenance, and/or prevention of a specific medical condition
- b) The PDL does not have other alternatives or similar drugs that could be used in its place
- c) The drug shows a strong therapeutic outcome
- d) The drug shows safety for medical use

As new drugs are approved by the FDA, they are reviewed within 180 days against similar drugs available on PDL before being considered for inclusion. New drugs with an FDA designation of 1P (FDA priority review – potential therapeutic gain) will automatically be reviewed for consideration for the Preferred Drug List. New drugs with an FDA designation of 1S (FDA standard review – no therapeutic gain) will not be reviewed for consideration until a provider/member requests or the next therapeutic class review is done.

In addition, therapeutic classes are reviewed on a regular basis to ensure the Preferred Drug List includes the most clinically and cost-effective medications.

Members will receive notices related to PDL changes at the point of sale when filling a prescription that is impacted by modifications to the PDL. Network pharmacies are required to inform the member of these messages regarding updates or changes to the program which may impact a member. In addition, members whose drugs have been removed from the PDL or have a negative change such as new limits will receive written communication of change.

PREVENTIVE DRUGS

Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service.

PRIOR AUTHORIZATION (PA)

To ensure appropriate utilization, some generic and brand medications and **all specialty drugs** require Prior Authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee establishes the Prior Authorization criteria. In order for a member to receive coverage for a medication requiring Prior Authorization, the member or member's provider should contact Pharmacy Customer Service. Your provider will be required to complete a prior authorization form and provide clinical documentation to show why this medication is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have failed. If Prior Authorization is not received or if the medication is filled prior to approval, the cost of the medication will be full member responsibility. In addition, Prior Authorizations are not able to be back-dated.

QUANTITY LIMIT (QL)

Quantity Limit is a program that ensures members do not receive a prescription for a quantity that exceeds recommended Plan or safety limits. Limits are set because some medications have the potential to be abused, misused, shared, or have a

manufacturer's limit on the recommended maximum dose. Quantity limits are based on FDA approved dosing schedules, current medical practices, evidence-based clinical guidelines, and peer-reviewed medical literature related to a particular drug. Prior Authorization is required for any quantities that exceed Plan limits.

STEP THERAPY (ST)

Step Therapy is a program for prescription drugs that are taken on a regular basis to treat an ongoing medical condition. The program is developed around safety, cost, and a member's health. In Step Therapy, the covered drugs are arranged in a series of "steps". The program typically starts with generic drugs as the "first step." These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with medication that is more affordable. More expensive brand-name drugs are usually considered in the "second step" if your provider determines the "second step" products are medically necessary for your treatment. Step Therapy is developed under the guidance and direction of independent, licensed doctors, pharmacists, and other medical experts. They review the most current research on thousands of drugs tested and approved by the FDA for safety and efficacy. The first time you submit a prescription that is not for a first-step drug, your pharmacist will receive a message to tell you that the Plan requires Step Therapy. This means if you don't want to pay full price for your prescription drug, your doctor needs to write a new prescription for a "first-step" drug. With Step Therapy, if you've already tried and failed the "first-step" drug, can't take the "first-step" drug (because of an allergy, etc.), and/or your provider can show medical necessity for the second step products, your provider can submit a request for Prior Authorization review.

THERAPEUTIC INTERCHANGE (TI)

Therapeutic interchange is the practice of replacing, with your physician's approval, a prescription medication originally prescribed with a chemically different medication. Medications used in therapeutic interchange programs are expected to produce similar levels of effectiveness and results. Therapeutic interchange programs are based on scientific evidence. These programs are developed and administered by a team of physicians, pharmacists, and other medical practitioners who are experts in the diagnosis and treatment of disease. The program is designed to work along with other tools that medical professionals use to promote safe and effective drug therapy. If therapeutic interchange is required on a drug, your pharmacist will receive a message to request a therapeutic interchange from your provider. If you or your provider feel the interchange is not right for you and you do not want to pay full price for your prescription, your provider can submit a request for Prior Authorization review.

AGE

Some medications have a minimum or maximum age limit requirement under the Plan. Only members within those limits are able to fill those medications.

GENERIC MANDATORY PLAN

The Plan mandates generic drugs wherever available. If a brand-name drug is requested when a generic is available, the generic will be available without a Prior Authorization. If brand is still desired, Prior Authorization will be required, even if not indicated on the PDL below.

SPECIALTY PHARMACY

The Plan requires that **all medications noted as specialty drugs must be filled through the Plan's designated Specialty Pharmacies**. In cases where drugs are available only through a limited distribution channel from the manufacturer, these drugs may be filled at other designated specialty pharmacies as directed by the Plan.

OFF-LABEL USE OF MEDICATIONS

The FDA requires that drugs used in the U.S. be safe and effective. The label information of a medication outlines drug use for "approved" doses and specific conditions or disease states. The use of a drug for a disease state or condition not listed on the label, or in a dose or therapy not listed on the label, is considered to be a "non-approved" or "off-label" use of the drug. Off-label use of a medication is not covered unless it meets the Plan's off-label use policy. A Prior Authorization is required when a medication is used outside of its FDA indication, dosage, or treatment. Coverage will be reviewed under the off-label use policy and subject to the same conditions and limitations as any other prescription drug. Therapies deemed investigational are not a covered benefit.

Healthy U Medicaid Formulary

bold = Brand name drugs italics = Generic drugs	Status Preferred = Preferred Drugs Zero Copay = Zero Copay Preventive Drugs	Notes AGE = Age limit F = Females only M = Males only PA = Prior authorization required QL = Quantity limit applies ST = Step therapy required
Label Name	Status	Notes
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic - Central Alpha-2 Receptor Agonists		
<i>clonidine (PF)</i>	Preferred	
Analgesic Opioid Agonists		
<i>codeine sulfate</i>	Preferred	QL (180 EA per 30 days)
Duragesic	Preferred	PA; QL (15 EA per 30 days)
<i>fentanyl</i>	Preferred	PA; QL (15 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Preferred	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	Preferred	PA; QL (30 EA per 30 days)
<i>fentanyl citrate buccal tablet, effervescent</i>	Preferred	PA; QL (112 EA per 28 days)
<i>hydromorphone oral liquid</i>	Preferred	QL (120 ML per 30 days)
<i>hydromorphone oral tablet</i>	Preferred	QL (90 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	Preferred	PA; QL (30 EA per 30 days)
<i>hydromorphone rectal</i>	Preferred	
Infumorph P/F	Preferred	
<i>levorphanol tartrate</i>	Preferred	QL (60 EA per 30 days)
<i>meperidine</i>	Preferred	
<i>methadone oral concentrate</i>	Preferred	PA; QL (60 ML per 30 days)
<i>methadone oral solution</i>	Preferred	PA; QL (240 ML per 30 days)
<i>methadone oral tablet</i>	Preferred	PA; QL (60 EA per 30 days)
<i>methadone oral tablet, soluble</i>	Preferred	PA; QL (30 EA per 30 days)
<i>morphine concentrate</i>	Preferred	QL (120 ML per 30 days)
<i>morphine oral capsule, ER multiphase 24 hr 120 mg, 45 mg, 75 mg, 90 mg</i>	Preferred	PA; QL (30 EA per 30 days)
<i>morphine oral capsule, ER multiphase 24 hr 30 mg, 60 mg</i>	Preferred	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	Preferred	PA; QL (60 EA per 30 days)
<i>morphine oral solution</i>	Preferred	QL (480 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	Preferred	QL (180 EA per 30 days)
<i>morphine oral tablet 30 mg</i>	Preferred	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	Preferred	PA; QL (60 EA per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	Preferred	PA; QL (90 EA per 30 days)
<i>morphine rectal</i>	Preferred	
MORPHINE SULF ER 100 MG TABLET	Preferred	PA; QL (60 EA per 30 days)
MORPHINE SULF ER 15 MG TABLET	Preferred	PA; QL (90 EA per 30 days)
MORPHINE SULF ER 30 MG TABLET	Preferred	PA; QL (60 EA per 30 days)
MORPHINE SULF ER 60 MG TABLET	Preferred	PA; QL (60 EA per 30 days)

Label Name	Status	Notes
<i>oxycodone oral capsule</i>	Preferred	QL (240 EA per 30 days)
<i>oxycodone oral concentrate</i>	Preferred	QL (90 ML per 30 days)
<i>oxycodone oral solution</i>	Preferred	QL (1800 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Preferred	QL (90 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	Preferred	QL (240 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i>	Preferred	PA; QL (60 EA per 30 days)
OxyContin	Preferred	PA; QL (60 EA per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	Preferred	QL (90 EA per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	Preferred	QL (60 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	Preferred	PA; QL (60 EA per 30 days)
Roxicodone	Preferred	QL (90 EA per 30 days)
<i>tramadol oral tablet</i>	Preferred	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	Preferred	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, ER multiphase 24 hr</i>	Preferred	PA; QL (30 EA per 30 days)
Xtampza ER	Preferred	PA
Analgesic Opioid Codeine Combinations		
<i>acetaminophen-codeine oral solution</i>	Preferred	QL (450 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Preferred	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Preferred	QL (180 EA per 30 days)
Butalbital Compound W/Codeine	Preferred	QL (180 EA per 30 days)
<i>butalbital-acetaminop-caf-cod</i>	Preferred	QL (180 EA per 30 days)
<i>codeine-bitalbital-ASA-caff</i>	Preferred	QL (180 EA per 30 days)
Analgesic Opioid Dihydrocodeine Combinations		
<i>acetaminophen-caff-dihydrocod</i>	Preferred	QL (120 EA per 30 days)
Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic,Xanthine		
<i>acetaminophen-caff-dihydrocod</i>	Preferred	QL (120 EA per 30 days)
Analgesic Opioid Hydrocodone And Non-Salicylate Combinations		
<i>HYDROCODONE-ACETAMINOPHEN 5 MG-217 MG/10 ML SOLUTION OUTER</i>	Preferred	
<i>HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION</i>	Preferred	QL (450 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	Preferred	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	Preferred	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	Preferred	QL (180 EA per 30 days)
Lortab Elixir	Preferred	QL (450 ML per 30 days)
Analgesic Opioid Hydrocodone And Nsaid Combinations		
<i>hydrocodone-ibuprofen</i>	Preferred	QL (120 EA per 30 days)

Label Name	Status	Notes
Analgesic Opioid Hydrocodone Combinations		
<i>HYDROCODONE-ACETAMINOPHEN 5 MG-217 MG/10 ML SOLUTION OUTER</i>	Preferred	
<i>HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML SOLUTION</i>	Preferred	QL (450 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	Preferred	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	Preferred	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	Preferred	QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen</i>	Preferred	QL (120 EA per 30 days)
Lortab Elixir	Preferred	QL (450 ML per 30 days)
Analgesic Opioid Oxycodone And Non-Salicylate Combinations		
Endocet	Preferred	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Preferred	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Preferred	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Preferred	QL (180 EA per 30 days)
Percocet oral tablet 10-325 mg	Preferred	QL (120 EA per 30 days)
Percocet oral tablet 2.5-325 mg	Preferred	QL (240 EA per 30 days)
Percocet oral tablet 7.5-325 mg	Preferred	QL (180 EA per 30 days)
Analgesic Opioid Oxycodone And Nsaid Combinations		
<i>ibuprofen-oxycodone</i>	Preferred	QL (120 EA per 30 days)
Analgesic Opioid Oxycodone And Salicylate Combinations		
<i>oxycodone-aspirin</i>	Preferred	QL (120 EA per 30 days)
Analgesic Opioid Oxycodone Combinations		
Endocet	Preferred	QL (240 EA per 30 days)
<i>ibuprofen-oxycodone</i>	Preferred	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Preferred	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Preferred	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Preferred	QL (180 EA per 30 days)
<i>oxycodone-aspirin</i>	Preferred	QL (120 EA per 30 days)
Percocet oral tablet 10-325 mg	Preferred	QL (120 EA per 30 days)
Percocet oral tablet 2.5-325 mg	Preferred	QL (240 EA per 30 days)
Percocet oral tablet 7.5-325 mg	Preferred	QL (180 EA per 30 days)
Analgesic Opioid Partial-Mixed Agonists		
Belbuca	Preferred	QL (60 EA per 30 days)
<i>buprenorphine</i>	Preferred	PA; QL (4 EA per 28 days)
<i>butorphanol tartrate</i>	Preferred	PA; QL (2.5 ML per 30 days)
<i>pentazocine-naloxone</i>	Preferred	QL (120 EA per 30 days)

Label Name	Status	Notes
Analgesic Opioid Tramadol And Non-Salicylate Combinations		
<i>tramadol-acetaminophen</i>	Preferred	QL (120 EA per 30 days)
Analgesic Opioid Tramadol Combinations		
<i>tramadol-acetaminophen</i>	Preferred	QL (120 EA per 30 days)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations		
<i>butalbital-acetaminophen</i>	Preferred	
<i>butalbital-acetaminophen-caff</i>	Preferred	
Anti-Inflammatory - Interleukin-1 Receptor Antagonist		
Arcalyst	Preferred	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective		
Enbrel	Preferred	PA
Enbrel Mini	Preferred	PA
Enbrel SureClick	Preferred	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel		
Humira Pediatric Crohns Start	Preferred	PA; QL (6 EA per 28 days)
Humira Pen	Preferred	PA; QL (6 EA per 28 days)
Humira Pen Crohns-UC-HS Start	Preferred	PA; QL (6 EA per 28 days)
Humira Pen Psor-Uveits-Adol HS	Preferred	PA; QL (6 EA per 28 days)
Humira subcutaneous syringe kit 10 mg/0.2 mL, 20 mg/0.4 mL	Preferred	PA; QL (2 EA per 28 days)
Humira subcutaneous syringe kit 40 mg/0.8 mL	Preferred	PA; QL (6 EA per 28 days)
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents		
Enbrel	Preferred	PA
Enbrel Mini	Preferred	PA
Enbrel SureClick	Preferred	PA
Humira Pediatric Crohns Start	Preferred	PA; QL (6 EA per 28 days)
Humira Pen	Preferred	PA; QL (6 EA per 28 days)
Humira Pen Crohns-UC-HS Start	Preferred	PA; QL (6 EA per 28 days)
Humira Pen Psor-Uveits-Adol HS	Preferred	PA; QL (6 EA per 28 days)
Humira subcutaneous syringe kit 10 mg/0.2 mL, 20 mg/0.4 mL	Preferred	PA; QL (2 EA per 28 days)
Humira subcutaneous syringe kit 40 mg/0.8 mL	Preferred	PA; QL (6 EA per 28 days)
Dmard - Antimalarials		
<i>hydroxychloroquine</i>	Preferred	
Plaquenil	Preferred	
Dmard - Antimetabolites		
<i>methotrexate sodium</i>	Preferred	
Rasuvo (PF)	Preferred	PA

Label Name	Status	Notes
Trexall	Preferred	PA
Dmard - Immunosuppressives		
<i>cyclophosphamide</i>	Preferred	
Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra)		
Kineret	Preferred	PA; QL (28 ML per 28 days)
Dmard - Janus Kinase (Jak) Inhibitors		
Olumiant	Preferred	PA; QL (30 EA per 30 days)
Dmard - Other		
<i>minocycline</i>	Preferred	
<i>sulfasalazine</i>	Preferred	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors		
Otezla	Preferred	PA; QL (60 EA per 30 days)
Otezla Starter	Preferred	PA; QL (60 EA per 30 days)
Dmard - Pyrimidine Synthesis Inhibitors		
Arava	Preferred	QL (30 EA per 30 days)
<i>leflunomide</i>	Preferred	QL (30 EA per 30 days)
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab		
Benlysta intravenous	Preferred	PA
Benlysta subcutaneous	Preferred	PA; QL (4 ML per 28 days)
Nsaid Analgesic And Prostaglandin Analog Combinations		
<i>diclofenac-misoprostol</i>	Preferred	
Nsaid Analgesic And Topical Irritant Counter-Irritant Combinations		
Inflammacin	Preferred	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	Preferred	
<i>celecoxib oral capsule 200 mg, 400 mg</i>	Preferred	QL (60 EA per 30 days)
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives		
<i>meclofenamate</i>	Preferred	
<i>mefenamic acid</i>	Preferred	
Nsaid Analgesics (Cox Non-Specific) - Other		
<i>ketorolac injection</i>	Preferred	
<i>ketorolac intramuscular</i>	Preferred	QL (4 ML per 28 days)
<i>ketorolac oral</i>	Preferred	QL (20 EA Max Qty Per Fill Retail)
<i>nabumetone</i>	Preferred	
<i>sulindac</i>	Preferred	
<i>tolmetin</i>	Preferred	

Label Name	Status	Notes
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives		
<i>meloxicam</i>	Preferred	
<i>piroxicam</i>	Preferred	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives		
<i>diclofenac potassium</i>	Preferred	
<i>diclofenac sodium</i>	Preferred	
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives		
EC-Naproxen	Preferred	
<i>fenoprofen</i>	Preferred	
<i>flurbiprofen</i>	Preferred	
IBU	Preferred	
<i>ibuprofen</i>	Preferred	
<i>ketoprofen</i>	Preferred	
<i>naproxen</i>	Preferred	
<i>naproxen sodium</i>	Preferred	
<i>oxaprozin</i>	Preferred	
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives		
<i>etodolac</i>	Preferred	
Indocin	Preferred	PA
<i>indomethacin</i>	Preferred	
Salicylate Analgesic And Sedative Combinations		
<i>butalbital-aspirin-caffeine</i>	Preferred	
Salicylate Analgesics		
<i>diflunisal</i>	Preferred	
<i>salsalate</i>	Preferred	
Anesthetics		
General Anesthetic - Parenteral, Benzodiazepines		
<i>midazolam</i>	Preferred	
<i>midazolam (PF)</i>	Preferred	
Local Anesthetic - Amides		
<i>lidocaine</i>	Preferred	
<i>lidocaine (PF)</i>	Preferred	
<i>lidocaine HCl</i>	Preferred	
Local Anesthetic - Esters		
Nesacaine	Preferred	

Label Name	Status	Notes
Anorectal Preparations		
Anorectal - Glucocorticoids		
<i>hydrocortisone</i>	Preferred	
MiCort-HC	Preferred	
Proctosol HC	Preferred	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb		
<i>lidocaine HCl-hydrocortison ac</i>	Preferred	
<i>lidocaine-hydrocortisone-aloe</i>	Preferred	
Proctofoam HC	Preferred	
Antidotes And Other Reversal Agents		
Antidote - Acetaminophen Poisoning		
<i>acetylcysteine</i>	Preferred	
Antidote - Cholinesterase Reactivating Agent		
Protopam Chloride	Preferred	
Chelating Agents - Copper		
<i>trientine</i>	Preferred	PA
Chelating Agents - Iron		
<i>deferasirox</i>	Preferred	PA
Ferriprox	Preferred	PA
Jadenu	Preferred	PA
Chelating Agents - Lead Poisoning		
Bal in Oil	Preferred	
Chelating Agents - Others		
Bal in Oil	Preferred	
Mu-Opioid Receptor Antagonists, Peripherally-Acting		
Symproic	Preferred	PA; QL (30 EA per 30 days)
Anti-Infective Agents		
Amebicides		
<i>paromomycin</i>	Preferred	
Aminoglycoside Antibiotic		
<i>amikacin</i>	Preferred	
<i>gentamicin</i>	Preferred	
<i>gentamicin in NaCl (iso-osm)</i>	Preferred	
<i>gentamicin sulfate (ped) (PF)</i>	Preferred	
<i>neomycin</i>	Preferred	
<i>tobramycin sulfate injection solution 10 mg/mL</i>	Preferred	PA
<i>tobramycin sulfate injection solution 40 mg/mL</i>	Preferred	
Aminopenicillin Antibiotic		
<i>amoxicillin</i>	Preferred	
<i>ampicillin</i>	Preferred	

Label Name	Status	Notes
<i>ampicillin sodium</i>	Preferred	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
<i>amoxicillin-pot clavulanate</i>	Preferred	
<i>ampicillin-sulbactam</i>	Preferred	
Augmentin	Preferred	
Unasyn	Preferred	
Anthelmintic Agents - Benzimidazole Derivatives		
<i>albendazole</i>	Preferred	QL (120 EA per 30 days)
Anthelmintic Agents - Macrocyclic Lactones		
<i>ivermectin</i>	Preferred	
Anthelmintic Agents Other		
<i>ivermectin</i>	Preferred	
<i>praziquantel</i>	Preferred	
Antibacterial Folate Antagonist - Other Combinations		
<i>sulfamethoxazole-trimethoprim</i>	Preferred	
Sulfatrim	Preferred	
Antibacterial Folate Antagonist Others		
<i>trimethoprim</i>	Preferred	
Antibacterial Nitrofurantoin Derivatives		
<i>nitrofurantoin</i>	Preferred	
<i>nitrofurantoin macrocrystal</i>	Preferred	
<i>nitrofurantoin monohyd/m-cryst</i>	Preferred	
Antifungal - Allylamines		
<i>terbinafine HCl</i>	Preferred	QL (30 EA per 30 days)
Antifungal - Amphoteric Polyene Macrolides		
Abelcet	Preferred	PA
AmBisome	Preferred	PA
<i>amphotericin B</i>	Preferred	
<i>nystatin</i>	Preferred	
Antifungal - Fluorinated Pyrimidine-Type Agents		
<i>flucytosine</i>	Preferred	
Antifungal - Glucan Synthesis Inhibitors (Echinocandins)		
Eraxis(Water Diluent)	Preferred	PA
Mycamine	Preferred	PA
Antifungal - Imidazoles		
<i>ketoconazole</i>	Preferred	
Antifungal - Triazoles		
<i>fluconazole</i>	Preferred	

Label Name	Status	Notes
<i>itraconazole</i>	Preferred	
<i>voriconazole</i>	Preferred	
Antifungal Other		
<i>flucytosine</i>	Preferred	
<i>griseofulvin microsize</i>	Preferred	
<i>griseofulvin ultramicrosize</i>	Preferred	
Anti-Infective Immunologic Adjuvants - Interferons		
Actimmune	Preferred	PA
Antileprotic - Sulfone Agents		
<i>dapsone</i>	Preferred	
Antimalarial Combinations		
<i>atovaquone-proguanil</i>	Preferred	
Antimalarials		
<i>chloroquine phosphate</i>	Preferred	
<i>hydroxychloroquine</i>	Preferred	
<i>mefloquine</i>	Preferred	
Plaquenil	Preferred	
<i>primaquine</i>	Preferred	
<i>quinine sulfate</i>	Preferred	
Antiprotozoal Agents - Other		
Alinia	Preferred	PA
<i>atovaquone</i>	Preferred	
Mepron	Preferred	
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives		
Alinia	Preferred	PA
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole		
<i>metronidazole</i>	Preferred	
<i>metronidazole in NaCl (iso-os)</i>	Preferred	
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole		
<i>tinidazole</i>	Preferred	
Antiretroviral - Ccr5 Co-Receptor Antagonist		
Selzentry oral solution	Preferred	PA; AGE (Max 8 Years)
Selzentry oral tablet	Preferred	PA
Antiretroviral - Hiv-1 Fusion Inhibitors		
Fuzeon	Preferred	PA
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors		
Isentress HD	Preferred	QL (60 EA per 30 days)
Isentress oral powder in packet	Preferred	

Label Name	Status	Notes
Isentress oral tablet	Preferred	QL (60 EA per 30 days)
Isentress oral tablet, chewable 100 mg	Preferred	QL (180 EA per 30 days); AGE (Max 8 Years)
Isentress oral tablet, chewable 25 mg	Preferred	QL (720 EA per 30 days); AGE (Max 8 Years)
Tivicay oral tablet 10 mg, 25 mg	Preferred	QL (30 EA per 30 days)
Tivicay oral tablet 50 mg	Preferred	QL (60 EA per 30 days)
Antiretroviral - Integrase Inhibitor And Nrti Combinations		
Dovato	Preferred	PA; QL (30 EA per 30 days)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti)		
Edurant	Preferred	QL (30 EA per 30 days)
<i>efavirenz</i>	Preferred	
Intelence oral tablet 100 mg, 25 mg	Preferred	QL (120 EA per 30 days)
Intelence oral tablet 200 mg	Preferred	QL (60 EA per 30 days)
<i>nevirapine oral suspension</i>	Preferred	QL (1200 ML per 30 days); AGE (Max 8 Years)
<i>nevirapine oral tablet</i>	Preferred	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Preferred	QL (90 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Preferred	QL (30 EA per 30 days)
Pifeltro	Preferred	
Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations		
Descovy	Preferred	QL (30 EA per 30 days)
Truvada	Preferred	QL (30 EA per 30 days)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir</i>	Preferred	
<i>didanosine</i>	Preferred	
<i>lamivudine oral solution</i>	Preferred	
<i>lamivudine oral tablet 150 mg</i>	Preferred	
<i>lamivudine oral tablet 300 mg</i>	Preferred	QL (30 EA per 30 days)
<i>stavudine</i>	Preferred	
Ziagen	Preferred	
<i>zidovudine oral capsule</i>	Preferred	
<i>zidovudine oral syrup</i>	Preferred	AGE (Max 8 Years)
<i>zidovudine oral tablet</i>	Preferred	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors		
<i>tenofovir disoproxil fumarate</i>	Preferred	
Viread	Preferred	
Antiretroviral Combinations - Protease Inhibitors		
Evotaz	Preferred	

Label Name	Status	Notes
Kaletra oral solution	Preferred	PA; AGE (Max 8 Years)
Kaletra oral tablet	Preferred	
<i>lopinavir-ritonavir</i>	Preferred	
Prezcobix	Preferred	QL (30 EA per 30 days)
Antiretroviral- Nucleoside And Nucleotide Analogs,Integrase Inhibitors		
Biktarvy	Preferred	QL (30 EA per 30 days)
Genvoya	Preferred	QL (30 EA per 30 days)
Stribild	Preferred	QL (30 EA per 30 days)
Antiretroviral- Nucleoside And Nucleotide Analogs,Protease Inhibitors		
Symtuza	Preferred	
Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations		
Triumeq	Preferred	QL (30 EA per 30 days)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb		
<i>abacavir-lamivudine</i>	Preferred	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	Preferred	
Epzicom	Preferred	
<i>lamivudine-zidovudine</i>	Preferred	
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti		
Atripla	Preferred	QL (30 EA per 30 days)
Complera	Preferred	QL (30 EA per 30 days)
Odefsey	Preferred	QL (30 EA per 30 days)
Antitubercular - Aminobenzoic Acid Analogs		
Paser	Preferred	
Antitubercular - Cyclic Peptide Antibiotics		
Capastat	Preferred	
Antitubercular - D-Alanine Analogs		
<i>cycloserine</i>	Preferred	
Antitubercular - Isonicotinic Acid Derivatives		
<i>isoniazid</i>	Preferred	
Antitubercular - Niacinamide Derivatives		
<i>pyrazinamide</i>	Preferred	
Antitubercular - Rifamycin And Derivatives		
<i>rifabutin</i>	Preferred	
<i>rifampin</i>	Preferred	
Antitubercular Agents Other		
<i>ethambutol</i>	Preferred	
Carbapenem Antibiotic Combinations		
<i>imipenem-cilastatin</i>	Preferred	

Label Name	Status	Notes
Carbapenem Antibiotics (Thienamycins)		
<i>meropenem</i>	Preferred	
Cephalosporin Antibiotics - 1St Generation		
<i>cefadroxil</i>	Preferred	
<i>cefazolin</i>	Preferred	
<i>cefazolin in dextrose (iso-os)</i>	Preferred	
<i>cephalexin</i>	Preferred	
Cephalosporin Antibiotics - 2Nd Generation		
<i>cefaclor oral capsule</i>	Preferred	QL (30 EA per 10 days)
<i>cefaclor oral suspension for reconstitution</i>	Preferred	
<i>cefaclor oral tablet extended release 12 hr</i>	Preferred	QL (20 EA per 10 days)
<i>cefotetan</i>	Preferred	
<i>cefotetan in dextrose, iso-osm</i>	Preferred	
<i>cefoxitin</i>	Preferred	
<i>cefoxitin in dextrose, iso-osm</i>	Preferred	
<i>cefprozil</i>	Preferred	
<i>cefuroxime axetil</i>	Preferred	
<i>cefuroxime sodium</i>	Preferred	
Cephalosporin Antibiotics - 3Rd Generation		
<i>cefdinir</i>	Preferred	
<i>cefixime oral capsule</i>	Preferred	QL (14 EA per 30 days)
<i>cefixime oral suspension for reconstitution</i>	Preferred	
<i>cefotaxime</i>	Preferred	
<i>cefpodoxime</i>	Preferred	
<i>ceftazidime</i>	Preferred	
<i>ceftazidime in D5W</i>	Preferred	
<i>ceftriaxone</i>	Preferred	
<i>ceftriaxone in dextrose, iso-osm</i>	Preferred	
Suprax	Preferred	
Cephalosporin Antibiotics - 4Th Generation		
<i>cefepime</i>	Preferred	
<i>cefepime in dextrose 5 %</i>	Preferred	
<i>cefepime in dextrose, iso-osm</i>	Preferred	
Chloramphenicol Antibiotics And Derivatives - Single Agents		
<i>chloramphenicol sod succinate</i>	Preferred	
Cmv Antiviral Agent - Nucleoside Analogs		
<i>valganciclovir oral recon soln</i>	Preferred	PA; AGE (Max 8 Years)
<i>valganciclovir oral tablet</i>	Preferred	
Fluoroquinolone Antibiotics		
<i>ciprofloxacin</i>	Preferred	
<i>ciprofloxacin HCl</i>	Preferred	
<i>ciprofloxacin in 5 % dextrose</i>	Preferred	

Label Name	Status	Notes
Levaquin	Preferred	QL (14 EA per 14 days)
<i>levofloxacin in D5W</i>	Preferred	
<i>levofloxacin intravenous</i>	Preferred	
<i>levofloxacin oral solution</i>	Preferred	
<i>levofloxacin oral tablet</i>	Preferred	QL (14 EA per 14 days)
<i>moxifloxacin</i>	Preferred	
<i>ofloxacin</i>	Preferred	
Glycopeptide Antibiotics		
<i>vancomycin</i>	Preferred	QL (56 EA per 14 days)
<i>vancomycin in dextrose 5 %</i>	Preferred	
Glycylcycine Antibiotics		
<i>tigecycline</i>	Preferred	PA
Hepatitis B Treatment- Nucleoside Analogs (Antiviral)		
Baraclude	Preferred	PA
<i>entecavir</i>	Preferred	QL (30 EA per 30 days)
<i>lamivudine</i>	Preferred	QL (30 EA per 30 days)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral)		
<i>adefovir</i>	Preferred	PA; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	Preferred	
Viread	Preferred	
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination		
Mavyret	Preferred	PA
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations		
<i>ledipasvir-sofosbuvir</i>	Preferred	PA
<i>sofosbuvir-velpatasvir</i>	Preferred	PA
Hepatitis C - Nucleoside Analogs		
<i>ribavirin</i>	Preferred	
Herpes Antiviral Agent - Purine Analogs		
<i>acyclovir</i>	Preferred	
<i>acyclovir sodium</i>	Preferred	
<i>valacyclovir</i>	Preferred	
Herpes Antiviral Agent - Thymidine Analogs		
<i>famciclovir</i>	Preferred	QL (60 EA per 30 days)
Influenza Antiviral Agents - Neuraminidase Inhibitors		
<i>oseltamivir oral capsule</i>	Preferred	QL (10 EA Max Qty Per Fill Retail)
<i>oseltamivir oral suspension for reconstitution</i>	Preferred	QL (180 ML per 5 days); AGE (Max 12 Years)
Tamiflu	Preferred	QL (10 EA Max Qty Per Fill Retail)

Label Name	Status	Notes
Influenza-A Antiviral Agents		
<i>rimantadine</i>	Preferred	
Lincosamide Antibiotics		
<i>clindamycin HCl</i>	Preferred	
<i>clindamycin palmitate HCl</i>	Preferred	
Clindamycin Pediatric	Preferred	
<i>clindamycin phosphate</i>	Preferred	
<i>lincomycin</i>	Preferred	
Macrolide Antibiotics		
<i>azithromycin intravenous</i>	Preferred	
<i>azithromycin oral packet</i>	Preferred	
<i>azithromycin oral suspension for reconstitution</i>	Preferred	
<i>azithromycin oral tablet 250 mg</i>	Preferred	
<i>azithromycin oral tablet 500 mg, 600 mg</i>	Preferred	QL (30 EA per 30 days)
<i>clarithromycin</i>	Preferred	
Erythrocin	Preferred	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	Preferred	
<i>erythromycin ethylsuccinate oral tablet</i>	Preferred	PA
<i>erythromycin oral capsule, delayed release (DR/EC)</i>	Preferred	PA
<i>erythromycin oral tablet</i>	Preferred	
<i>erythromycin oral tablet, delayed release (DR/EC)</i>	Preferred	
Misc Anti-Infective		
<i>methenamine hippurate</i>	Preferred	
<i>methenamine mandelate</i>	Preferred	
Misc Anti-Infective Combinations		
<i>methen-sod phos-meth blue-hyos</i>	Preferred	
Phosphasal	Preferred	
Uribel	Preferred	
Urin DS	Preferred	
Uro-458	Preferred	
Monobactam Antibiotics		
<i>aztreonam</i>	Preferred	
Oxazolidinone Antibiotics		
<i>linezolid in dextrose 5%</i>	Preferred	PA
<i>linezolid oral suspension for reconstitution</i>	Preferred	
<i>linezolid oral tablet</i>	Preferred	QL (56 EA per 28 days)
Penicillin Antibiotic - Natural		
Bicillin L-A	Preferred	
<i>penicillin G pot in dextrose</i>	Preferred	
<i>penicillin G potassium</i>	Preferred	
<i>penicillin G procaine</i>	Preferred	
<i>penicillin G sodium</i>	Preferred	

Label Name	Status	Notes
<i>penicillin V potassium</i>	Preferred	
Penicillin Antibiotic - Penicillinase-Resistant		
<i>dicloxacillin</i>	Preferred	
<i>nafticillin</i>	Preferred	
<i>oxacillin</i>	Preferred	
<i>oxacillin in dextrose(iso-osm)</i>	Preferred	PA
Penicillin Antibiotic, Extended-Spectrum And Beta-Lactamase Inhib Comb		
<i>piperacillin-tazobactam</i>	Preferred	
Zosyn	Preferred	
Zosyn in dextrose (iso-osm)	Preferred	PA
Penicillin Natural Antibiotic Combinations - Extended Release		
Bicillin C-R	Preferred	
Polymyxins And Derivatives - Single Agents		
<i>bacitracin</i>	Preferred	
<i>polymyxin B sulfate</i>	Preferred	
Protease Inhibitors (Non-Peptidic) Antiretroviral		
Prezcobix	Preferred	QL (30 EA per 30 days)
Prezista oral tablet 150 mg	Preferred	QL (180 EA per 30 days)
Prezista oral tablet 600 mg	Preferred	QL (60 EA per 30 days)
Prezista oral tablet 75 mg	Preferred	QL (300 EA per 30 days)
Prezista oral tablet 800 mg	Preferred	
Protease Inhibitors (Peptidic) Antiretroviral		
<i>atazanavir</i>	Preferred	
Evotaz	Preferred	
Norvir	Preferred	PA; AGE (Max 8 Years)
<i>ritonavir</i>	Preferred	
Rifamycins And Related Derivative Antibiotics		
<i>rifabutin</i>	Preferred	
<i>rifampin</i>	Preferred	
Xifaxan oral tablet 200 mg	Preferred	PA; QL (9 EA per 30 days)
Xifaxan oral tablet 550 mg	Preferred	PA; QL (90 EA per 30 days)
Streptogramin Antibiotics		
Synercid	Preferred	PA
Sulfonamide Antibiotic		
<i>sulfadiazine</i>	Preferred	
Tetracycline Antibiotics		
<i>demeclocycline</i>	Preferred	
<i>doxycycline hyclate</i>	Preferred	
<i>doxycycline monohydrate</i>	Preferred	
<i>minocycline</i>	Preferred	

Label Name	Status	Notes
Monodox	Preferred	
<i>tetracycline</i>	Preferred	
<i>tigecycline</i>	Preferred	PA
Antineoplastics		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib		
Tykerb	Preferred	PA
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor		
<i>abiraterone</i>	Preferred	PA; QL (120 EA per 30 days)
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor		
<i>erlotinib</i>	Preferred	PA; QL (30 EA per 30 days)
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor		
Gilotrif	Preferred	PA
Vizimpro	Preferred	PA
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor		
Tagrisso	Preferred	PA
Antineoplastic - Alkylating Agent - Alkyl Sulfonates		
Myleran	Preferred	PA
Antineoplastic - Alkylating Agent - Nitrogen Mustards		
<i>cyclophosphamide</i>	Preferred	
<i>melphalan</i>	Preferred	PA
Antineoplastic - Alkylating Agent - Other		
Treanda	Preferred	PA
Antineoplastic - Alkylating Agent - Triazines		
<i>temozolomide</i>	Preferred	QL (10 EA per 28 days)
Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors		
Alecensa	Preferred	PA
Xalkori	Preferred	PA
Zykadia	Preferred	PA
Antineoplastic - Antiandrogens		
<i>abiraterone</i>	Preferred	PA; QL (120 EA per 30 days)
<i>bicalutamide</i>	Preferred	QL (30 EA per 30 days)
Erleada	Preferred	PA; QL (120 EA per 30 days)
<i>flutamide</i>	Preferred	
<i>nilutamide</i>	Preferred	PA; QL (60 EA per 30 days)
Xtandi	Preferred	PA

Label Name	Status	Notes
Antineoplastic - Antibody-Drug Conjugates (Adcs)		
Adcetris	Preferred	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs		
Alimta	Preferred	PA
Folotyn	Preferred	PA
<i>methotrexate sodium</i>	Preferred	
<i>methotrexate sodium (PF) injection recon soln</i>	Preferred	PA
<i>methotrexate sodium (PF) injection solution</i>	Preferred	
Trexall	Preferred	PA
Antineoplastic - Antimetabolite - Purine Analogs		
<i>mercaptopurine</i>	Preferred	
Purixan	Preferred	PA
Tabloid	Preferred	PA
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
<i>capecitabine</i>	Preferred	
Xeloda	Preferred	
Antineoplastic - Antimetabolite - Urea Derivatives		
<i>hydroxyurea</i>	Preferred	
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations		
Lonsurf	Preferred	PA
Antineoplastic - Aromatase Inhibitors		
<i>anastrozole</i>	Preferred	F; QL (30 EA per 30 days)
<i>exemestane</i>	Preferred	PA; F
Femara	Preferred	F
<i>letrozole</i>	Preferred	F
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors		
Venclexta	Preferred	PA
Venclexta Starting Pack	Preferred	PA
Antineoplastic - Braf Kinase Inhibitors		
Braftovi	Preferred	PA
Tafinlar	Preferred	PA
Zelboraf	Preferred	PA
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor		
Imbruvica	Preferred	PA; QL (120 EA per 30 days)

Label Name	Status	Notes
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors		
Ibrance	Preferred	PA; QL (21 EA per 28 days)
Antineoplastic - Epipodophyllotoxins		
Etopophos	Preferred	PA
<i>etoposide</i>	Preferred	PA
Antineoplastic - Epothilones And Analogs		
Ixempra	Preferred	PA
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib		
Balversa	Preferred	PA
Antineoplastic - Halichondrin B Analogs, Microtubule Inhibitors		
Halaven	Preferred	PA
Antineoplastic - Hedgehog Pathway Inhibitor		
Erivedge	Preferred	PA; QL (30 EA per 30 days)
Antineoplastic - Immunotherapy, Virus-Based		
Imlygic	Preferred	PA
Antineoplastic - Interferons		
Intron A	Preferred	PA
Antineoplastic - Interleukins		
Proleukin	Preferred	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
Jakafi	Preferred	PA; QL (60 EA per 30 days)
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
Lupron Depot	Preferred	PA
Trelstar	Preferred	
Vantas	Preferred	
Zoladex	Preferred	
Antineoplastic - Mast Cell Stabilizers		
<i>cromolyn</i>	Preferred	
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
Cotellic	Preferred	PA
Mekinist	Preferred	PA
Mektovi	Preferred	PA
Antineoplastic - Monoclonal Antibodies For Radiopharmaceutical Therapy		
Zevalin (Y-90)	Preferred	PA
Antineoplastic - Mtor Kinase Inhibitors		
Afinitor	Preferred	PA; QL (30 EA per 30 days)
Afinitor Disperz	Preferred	PA; QL (30 EA per 30 days)

Label Name	Status	Notes
Antineoplastic - Multikinase Inhibitors		
Cabometyx	Preferred	PA
Nexavar	Preferred	PA
Stivarga	Preferred	PA
Antineoplastic - Other		
Tice BCG	Preferred	PA
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors		
Copiktra	Preferred	PA
Zydelig	Preferred	PA
Antineoplastic - Pi3k-Alpha Inhibitors		
Piqray	Preferred	PA
Antineoplastic - Pi3k-Delta And Gamma Inhibitors		
Copiktra	Preferred	PA
Antineoplastic - Pi3k-Delta Inhibitors		
Zydelig	Preferred	PA
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors		
LYNPARZA 100 MG TABLET	Preferred	PA; QL (240 EA per 30 days)
LYNPARZA 150 MG TABLET	Preferred	PA; QL (120 EA per 30 days)
Antineoplastic - Progestins		
<i>megestrol</i>	Preferred	
Antineoplastic - Proteasome Enzyme Inhibitors		
Velcade	Preferred	PA
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
Bosulif	Preferred	PA
<i>imatinib oral tablet 100 mg</i>	Preferred	QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Preferred	QL (60 EA per 30 days)
Imbruvica	Preferred	PA; QL (120 EA per 30 days)
Inlyta	Preferred	PA; QL (120 EA per 30 days)
Lenvima	Preferred	PA
Ofev	Preferred	PA; QL (60 EA per 30 days)
Rozlytrek	Preferred	PA
Sprycel	Preferred	PA; QL (30 EA per 30 days)
Sutent	Preferred	PA
Tasigna	Preferred	PA
Turalio	Preferred	PA
Votrient	Preferred	PA
Antineoplastic - Retinoids		
<i>tretinoin (chemotherapy)</i>	Preferred	PA

Label Name	Status	Notes
Antineoplastic - Selective Estrogen Receptor Modulators (Serms)		
<i>tamoxifen</i>	Zero Copay	
<i>toremifene</i>	Preferred	QL (30 EA per 30 days)
Antineoplastic - Selective Retinoid X Receptor Agonists		
<i>bexarotene</i>	Preferred	PA
Antineoplastic - Taxanes		
Abraxane	Preferred	PA
Docetuz	Preferred	PA
Jevtana	Preferred	PA
Antineoplastic - Thalidomide Analogs		
Pomalyst	Preferred	PA; QL (21 EA per 28 days)
Revlimid	Preferred	PA; QL (30 EA per 30 days)
Antineoplastic Antibiotic - Others		
Zanosar	Preferred	PA
Antineoplastic -Cephalotaxines		
Synribo	Preferred	PA
Antineoplastic-Cd30 Directed Antibody-Microtubule Disrupting Conjugate		
Adcetris	Preferred	PA
Epidermal Growth Factor Recept Blocker (Her-1 Type), Rec-Mc Antibody		
Erbitux	Preferred	PA
Methotrexate Rescue Agents		
<i>leucovorin calcium</i>	Preferred	
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
<i>leucovorin calcium</i>	Preferred	
Biologicals		
Antiviral Monoclonal Antibodies		
Synagis	Preferred	PA
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv)		
Synagis	Preferred	PA
Hepatitis A And Hepatitis B Vaccine Combinations		
Twinrix (PF)	Zero Copay	
Hepatitis A Vaccine - Single Agents		
Havrix (PF)	Zero Copay	
Vaqta (PF)	Zero Copay	
Hepatitis B Vaccine Combinations		
Pediarix (PF)	Preferred	

Label Name	Status	Notes
Hepatitis B Vaccines - Single Agents		
Engerix-B (PF)	Zero Copay	
Engerix-B Pediatric (PF)	Zero Copay	
Heplisav-B (PF)	Zero Copay	
Recombivax HB (PF)	Zero Copay	
Immune Globulin - Hepatitis B		
HyperHEP B S/D	Preferred	
Hyperhep B S-D Neonatal	Preferred	
Nabi-HB	Preferred	
Immune Globulin - Rho(D)		
HyperRHO S/D	Preferred	
RhoGAM Ultra-Filtered PLUS	Preferred	
Rhophylac	Preferred	
Immune Globulin - Tetanus		
HyperTET S/D (PF)	Preferred	
Live Vaccine And Live Virus Formulations		
Flumist Quad 2019-2020	Zero Copay	
Imlygic	Preferred	PA
M-M-R II (PF)	Zero Copay	
ProQuad (PF)	Zero Copay	
Rotarix	Zero Copay	
RotaTeq Vaccine	Zero Copay	
Tice BCG	Preferred	PA
Varivax (PF)	Zero Copay	
Zostavax (PF)	Zero Copay	
Toxoid Vaccine Combinations		
Adacel(Tdap Adolesn/Adult)(PF)	Zero Copay	
Boostrix Tdap	Zero Copay	
Daptacel (DTaP Pediatric) (PF)	Zero Copay	
Infanrix (DTaP) (PF)	Zero Copay	
Kinrix (PF)	Zero Copay	
Pediarix (PF)	Preferred	
Quadracel (PF)	Zero Copay	
TDVAX	Zero Copay	
Tenivac (PF)	Zero Copay	
<i>tetanus,diphtheria tox ped(PF)</i>	Zero Copay	
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)		
Pedvax HIB (PF)	Zero Copay	
Vaccine Bacterial - Gram Negative Cocci		
Menactra (PF)	Zero Copay	
Menveo A-C-Y-W-135-Dip (PF)	Zero Copay	

Label Name	Status	Notes
Vaccine Bacterial - Gram Positive Cocci		
Pneumovax 23	Zero Copay	
Prevnar 13 (PF)	Zero Copay	
Vaccine Bacterial - Meningococcal Group B Vaccines		
Bexsero	Zero Copay	
Trumenba	Zero Copay	
Vaccine Mixed Combinations (Bacterial And Viral)		
Pentacel (PF)	Preferred	
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines		
Gardasil 9 (PF)	Zero Copay	AGE (Min 9 Years and Max 45 Years)
Vaccine Viral - Influenza A And B		
Afluria Qd 2019-20(3yr up)(PF)	Zero Copay	
Fluad 2019-2020 (65 yr up)(PF)	Zero Copay	
Flublok Quad 2019-2020 (PF)	Zero Copay	
Flucelvax Quad 2019-2020	Zero Copay	
Flucelvax Quad 2019-2020 (PF)	Zero Copay	
Flulaval Quad 2019-2020 (PF)	Zero Copay	
Flumist Quad 2019-2020	Zero Copay	
Fluzone High-Dose 2019-20 (PF)	Zero Copay	
Fluzone Quad 2019-2020	Zero Copay	
Fluzone Quad 2019-2020 (PF)	Zero Copay	
Fluzone Quad Pedi 2019-20 (PF)	Zero Copay	
Vaccine Viral - Measles		
M-M-R II (PF)	Zero Copay	
ProQuad (PF)	Zero Copay	
Vaccine Viral - Mumps And Related		
M-M-R II (PF)	Zero Copay	
ProQuad (PF)	Zero Copay	
Vaccine Viral - Rotavirus		
Rotarix	Zero Copay	
RotaTeq Vaccine	Zero Copay	
Vaccine Viral - Rubella		
M-M-R II (PF)	Zero Copay	
ProQuad (PF)	Zero Copay	
Vaccine Viral - Varicella		
ProQuad (PF)	Zero Copay	
Shingrix (PF)	Zero Copay	AGE (Min 50 Years)
Varivax (PF)	Zero Copay	
Zostavax (PF)	Zero Copay	

Label Name	Status	Notes
Vaccine Viral Combinations		
M-M-R II (PF)	Zero Copay	
ProQuad (PF)	Zero Copay	
Cardiovascular Therapy Agents		
Ace Inhibitor And Calcium Channel Blocker Combinations		
<i>amlodipine-benazepril</i>	Preferred	
<i>trandolapril-verapamil</i>	Preferred	QL (30 EA per 30 days)
Ace Inhibitor And Diuretic Combinations		
<i>benazepril-hydrochlorothiazide</i>	Preferred	
<i>captopril-hydrochlorothiazide</i>	Preferred	
<i>enalapril-hydrochlorothiazide</i>	Preferred	
<i>fosinopril-hydrochlorothiazide</i>	Preferred	
<i>lisinopril-hydrochlorothiazide</i>	Preferred	
<i>quinapril-hydrochlorothiazide</i>	Preferred	
Ace Inhibitors		
<i>benazepril</i>	Preferred	
<i>captopril</i>	Preferred	
<i>enalapril maleate</i>	Preferred	
Epaned	Preferred	
<i>fosinopril</i>	Preferred	
<i>lisinopril</i>	Preferred	
<i>moexipril</i>	Preferred	
<i>perindopril erbumine</i>	Preferred	
Prinivil	Preferred	
<i>quinapril</i>	Preferred	
<i>ramipril</i>	Preferred	
<i>trandolapril</i>	Preferred	
Aldosterone Receptor Antagonists		
<i>eplerenone</i>	Preferred	QL (60 EA per 30 days)
<i>spironolactone</i>	Preferred	
Alpha-Beta Blockers		
<i>carvedilol</i>	Preferred	QL (90 EA per 30 days)
<i>carvedilol phosphate</i>	Preferred	QL (30 EA per 30 days)
<i>labetalol</i>	Preferred	
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker Comb.		
<i>amlodipine-olmesartan</i>	Preferred	
<i>amlodipine-valsartan</i>	Preferred	
<i>telmisartan-amlodipine</i>	Preferred	QL (30 EA per 30 days)
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker-Diuretic		
<i>amlodipine-valsartan-hcthiazyd</i>	Preferred	

Label Name	Status	Notes
<i>olmesartan-amlodipin-hcthiazyd</i>	Preferred	QL (30 EA per 30 days)
Angiotensin II Receptor Blocker (Arb)- Diuretic Combinations		
<i>candesartan-hydrochlorothiazid</i>	Preferred	
<i>irbesartan-hydrochlorothiazide</i>	Preferred	
<i>losartan-hydrochlorothiazide</i>	Preferred	
<i>olmesartan-hydrochlorothiazide</i>	Preferred	
<i>telmisartan-hydrochlorothiazid</i>	Preferred	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide</i>	Preferred	
Angiotensin II Receptor Blocker-Nephrilysin Inhibitor Comb. (Arni)		
Entresto	Preferred	PA; QL (60 EA per 30 days)
Angiotensin II Receptor Blockers (Arbs)		
Atacand	Preferred	QL (30 EA per 30 days)
<i>candesartan</i>	Preferred	QL (30 EA per 30 days)
Diovan	Preferred	
<i>eprosartan</i>	Preferred	QL (30 EA per 30 days)
<i>irbesartan</i>	Preferred	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg</i>	Preferred	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	Preferred	QL (60 EA per 30 days)
Micardis	Preferred	
<i>olmesartan</i>	Preferred	
<i>telmisartan</i>	Preferred	
<i>valsartan</i>	Preferred	
Antianginal - Coronary Vasodilators (Nitrates)		
Isordil Titrados	Preferred	
<i>isosorbide dinitrate</i>	Preferred	
<i>isosorbide mononitrate</i>	Preferred	
Nitro-Bid	Preferred	
<i>nitroglycerin</i>	Preferred	
Antianginal And Anti-Ischemic Agents, Non- Hemodynamic		
<i>ranolazine</i>	Preferred	QL (60 EA per 30 days)
Antiarrhythmic - Class Ia		
<i>disopyramide phosphate</i>	Preferred	
<i>quinidine gluconate</i>	Preferred	
<i>quinidine sulfate</i>	Preferred	
Antiarrhythmic - Class Ib		
<i>lidocaine (PF)</i>	Preferred	
<i>lidocaine in 5 % dextrose (PF)</i>	Preferred	
<i>mexiletine</i>	Preferred	
Antiarrhythmic - Class Ic		
<i>flecainide</i>	Preferred	

Label Name	Status	Notes
<i>propafenone</i>	Preferred	
Antiarrhythmic - Class Ii		
<i>sotalol</i>	Preferred	
Sotalol AF	Preferred	
Sotylize	Preferred	PA; QL (1920 ML per 30 days)
Antiarrhythmic - Class Iii		
<i>amiodarone</i>	Preferred	
<i>dofetilide</i>	Preferred	
Nexterone	Preferred	
Antiarrhythmic - Class Iv		
<i>verapamil</i>	Preferred	
Antihyperlipidemic - Bile Acid Sequestrants		
<i>cholestyramine (with sugar)</i>	Preferred	
Cholestyramine Light	Preferred	
<i>colesevelam oral powder in packet</i>	Preferred	QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	Preferred	QL (180 EA per 30 days)
<i>colestipol</i>	Preferred	
Antihyperlipidemic - Fibric Acid Derivatives		
<i>fenofibrate</i>	Preferred	QL (30 EA per 30 days)
<i>fenofibrate micronized</i>	Preferred	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized</i>	Preferred	QL (30 EA per 30 days)
<i>fenofibric acid (choline)</i>	Preferred	QL (30 EA per 30 days)
<i>gemfibrozil</i>	Preferred	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)		
Altprev	Preferred	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Zero Copay	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Preferred	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	Zero Copay	PA; QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	Zero Copay	PA; QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	Zero Copay	PA; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Zero Copay	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	Zero Copay	QL (60 EA per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 80 mg</i>	Zero Copay	QL (30 EA per 30 days)
<i>pravastatin oral tablet 40 mg</i>	Zero Copay	QL (60 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Zero Copay	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Preferred	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Zero Copay	QL (30 EA per 30 days)
<i>simvastatin oral tablet 80 mg</i>	Preferred	QL (30 EA per 30 days)
Antihyperlipidemic - Nicotinic Acid Derivatives		
<i>niacin</i>	Preferred	

Label Name	Status	Notes
Antihyperlipidemic - Omega-3 Fatty Acid Type		
<i>omega-3 acid ethyl esters</i>	Preferred	
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
<i>ezetimibe</i>	Preferred	QL (30 EA per 30 days)
Antihyperlipidemic Agents - Dietary Source		
<i>omega-3 acid ethyl esters</i>	Preferred	
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker		
<i>amlodipine-atorvastatin</i>	Preferred	PA; QL (30 EA per 30 days)
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit		
<i>ezetimibe-simvastatin</i>	Preferred	QL (30 EA per 30 days)
Beta Blockers Cardiac Selective		
<i>atenolol</i>	Preferred	
<i>betaxolol</i>	Preferred	
<i>bisoprolol fumarate</i>	Preferred	
Bystolic	Preferred	ST; QL (60 EA per 30 days)
<i>metoprolol succinate</i>	Preferred	QL (60 EA per 30 days)
<i>metoprolol tartrate</i>	Preferred	
Toprol XL	Preferred	QL (60 EA per 30 days)
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		
<i>acebutolol</i>	Preferred	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity		
<i>pindolol</i>	Preferred	
Beta Blockers Non-Cardiac Selective		
Corgard	Preferred	
Inderal LA	Preferred	
<i>nadolol</i>	Preferred	
<i>propranolol</i>	Preferred	
<i>sotalol</i>	Preferred	
Sotalol AF	Preferred	
Sotylize	Preferred	PA; QL (1920 ML per 30 days)
<i>timolol maleate</i>	Preferred	
Bradykinin B2 Receptor Antagonists		
<i>icatibant</i>	Preferred	PA; QL (3 ML per 30 days)
Calcium Channel Blockers - Benzothiazepines		
Cardizem	Preferred	
Cartia XT	Preferred	
<i>diltiazem HCl</i>	Preferred	

Label Name	Status	Notes
Tiazac	Preferred	
Calcium Channel Blockers - Dihydropyridines		
<i>amlodipine</i>	Preferred	
<i>felodipine</i>	Preferred	
<i>isradipine</i>	Preferred	
Katerzia	Preferred	PA
<i>nicardipine</i>	Preferred	
<i>nifedipine</i>	Preferred	
<i>nisoldipine</i>	Preferred	
Norvasc	Preferred	
Procardia	Preferred	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific		
<i>nimodipine</i>	Preferred	
Calcium Channel Blockers - Phenylalkylamines		
<i>verapamil</i>	Preferred	
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
<i>atenolol-chlorthalidone</i>	Preferred	
<i>bisoprolol-hydrochlorothiazide</i>	Preferred	
<i>metoprolol ta-hydrochlorothiaz</i>	Preferred	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents		
<i>epinephrine injection auto-injector 0.15 mg/0.15 mL</i>	Preferred	QL (2 EA Max Qty Per Fill Retail)
<i>epinephrine injection auto-injector 0.15 mg/0.3 mL, 0.3 mg/0.3 mL</i>	Preferred	QL (2 EA per 30 days)
<i>epinephrine injection solution</i>	Preferred	QL (2 ML Max Qty Per Fill Retail)
Symjepi	Preferred	QL (2 EA per 30 days)
Cardiovascular Sympathomimetics		
<i>epinephrine</i>	Preferred	QL (2 ML Max Qty Per Fill Retail)
<i>midodrine</i>	Preferred	
<i>norepinephrine bitartrate</i>	Preferred	
Northera oral capsule 100 mg, 200 mg	Preferred	PA; QL (42 EA Max Qty Per Fill Retail)
Northera oral capsule 300 mg	Preferred	PA; QL (84 EA Max Qty Per Fill Retail)
Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb.		
<i>methyldopa-hydrochlorothiazide</i>	Preferred	
Central Alpha-2 Receptor Agonists		
<i>clonidine</i>	Preferred	
<i>clonidine HCl</i>	Preferred	
<i>guanfacine</i>	Preferred	
<i>methyldopa</i>	Preferred	

Label Name	Status	Notes
Digitalis Glycosides		
Digox	Preferred	
<i>digoxin</i>	Preferred	
Direct Acting Vasodilators		
<i>hydralazine</i>	Preferred	
<i>minoxidil</i>	Preferred	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
<i>spironolactone</i>	Preferred	
Diuretic - Aldosterone Receptor Antagonist, Selective		
<i>eplerenone</i>	Preferred	QL (60 EA per 30 days)
Diuretic - Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	Preferred	
<i>methazolamide</i>	Preferred	
Diuretic - Loop		
<i>bumetanide</i>	Preferred	
<i>ethacrynic acid</i>	Preferred	
<i>furosemide</i>	Preferred	
<i>torseamide</i>	Preferred	
Diuretic - Potassium Sparing		
<i>amiloride</i>	Preferred	
<i>triamterene</i>	Preferred	
Diuretic - Potassium Sparing-Thiazide And Related Combinations		
<i>amiloride-hydrochlorothiazide</i>	Preferred	
Maxzide-25mg	Preferred	
<i>spironolacton-hydrochlorothiaz</i>	Preferred	
<i>triamterene-hydrochlorothiazid</i>	Preferred	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists		
Jynarque	Preferred	PA
Samsca	Preferred	PA
Diuretic - Thiazides And Related		
<i>chlorothiazide</i>	Preferred	
<i>chlorthalidone</i>	Preferred	
Diuril	Preferred	AGE (Max 8 Years)
<i>hydrochlorothiazide</i>	Preferred	
<i>indapamide</i>	Preferred	
<i>metolazone</i>	Preferred	
Ganglionic Blocking, Non-Depolarizing		
Vecamyl	Preferred	

Label Name	Status	Notes
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors		
Corlanor	Preferred	PA; QL (60 EA per 30 days)
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
<i>nadolol-bendroflumethiazide</i>	Preferred	
<i>propranolol-hydrochlorothiazid</i>	Preferred	
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists		
Uptravi oral tablet 1,000 mcg, 1,200 mcg, 1,400 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Preferred	PA; QL (60 EA per 30 days)
Uptravi oral tablet 1,600 mcg	Preferred	PA; QL (140 EA per 60 days)
Uptravi oral tablets,dose pack	Preferred	PA; QL (60 EA per 30 days)
Peripheral Alpha-1 Receptor Blockers		
<i>doxazosin</i>	Preferred	
<i>prazosin</i>	Preferred	
<i>terazosin</i>	Preferred	
Plasma Kallikrein Inhibitor Agents		
Kalbitor	Preferred	
Plasma Kallikrein Inhibitor Agents, Recombinant Protein		
Kalbitor	Preferred	
Pulmonary Antihypertensive Agents - Prostacyclin-Type		
Ventavis	Preferred	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	Preferred	PA; QL (30 EA per 30 days)
<i>bosentan</i>	Preferred	PA; QL (60 EA per 30 days)
Opsumit	Preferred	PA; QL (30 EA per 30 days)
Pulmonary Arterial Hypertension Agents- Selective Cgmp-Pde5 Inhibitors		
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	Preferred	PA
<i>sildenafil (pulm.hypertension) oral tablet</i>	Preferred	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension)</i>	Preferred	PA; QL (60 EA per 30 days)
Renin Inhibitor, Direct		
<i>aliskiren</i>	Preferred	
Renin Inhibitor, Direct And Diuretic Combinations		
Tekturna HCT	Preferred	QL (30 EA per 30 days)
Central Nervous System Agents		
Antianxiety Agent - Antihistamine Type		
<i>hydroxyzine HCl</i>	Preferred	

Label Name	Status	Notes
<i>hydroxyzine pamoate</i>	Preferred	
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris)		
<i>fluoxetine</i>	Preferred	QL (30 EA per 30 days)
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris)		
Savella oral tablet	Preferred	PA; QL (60 EA per 30 days)
Savella oral tablets,dose pack	Preferred	PA
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb		
<i>carbidopa-levodopa-entacapone</i>	Preferred	
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb		
<i>carbidopa-levodopa</i>	Preferred	
Sinemet	Preferred	
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors		
<i>tolcapone</i>	Preferred	PA
Antiparkinson Adjuvant - Peripheral Comt Inhibitors		
Comtan	Preferred	
<i>entacapone</i>	Preferred	
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors		
<i>carbidopa</i>	Preferred	
Antiparkinson Therapy - Anticholinergic Agents		
<i>benztropine</i>	Preferred	
<i>trihexyphenidyl</i>	Preferred	
Antiparkinson Therapy - Ergot Alkaloids And Derivatives		
<i>bromocriptine</i>	Preferred	
Parlodel	Preferred	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)		
<i>rasagiline</i>	Preferred	QL (30 EA per 30 days)
<i>selegiline HCl</i>	Preferred	
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents		
<i>amantadine HCl</i>	Preferred	
<i>pramipexole oral tablet</i>	Preferred	QL (90 EA per 30 days)
<i>pramipexole oral tablet extended release 24 hr</i>	Preferred	QL (30 EA per 30 days)
<i>ropinirole oral tablet</i>	Preferred	
<i>ropinirole oral tablet extended release 24 hr</i>	Preferred	QL (30 EA per 30 days)

Label Name	Status	Notes
Benzodiazepines		
<i>estazolam</i>	Preferred	QL (30 EA per 30 days)
<i>flurazepam</i>	Preferred	QL (30 EA per 30 days)
<i>midazolam</i>	Preferred	
<i>midazolam (PF)</i>	Preferred	
<i>temazepam</i>	Preferred	QL (30 EA per 30 days)
<i>triazolam</i>	Preferred	QL (30 EA per 30 days)
Cannabis And Cannabinoid Receptor Agonists		
<i>dronabinol</i>	Preferred	QL (60 EA per 30 days)
Cns Stimulant - Analeptics		
<i>caffeine citrate</i>	Preferred	
Cns Stimulant - Analeptics, Methylxanthine-Type		
<i>caffeine citrate</i>	Preferred	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snrts)		
Savella oral tablet	Preferred	PA; QL (60 EA per 30 days)
Savella oral tablets,dose pack	Preferred	PA
Hypnotics - Melatonin M1/M2 Receptor Agonists		
<i>ramelteon</i>	Preferred	QL (30 EA per 30 days)
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors		
Aimovig Autoinjector	Preferred	PA; QL (1 ML per 30 days)
Ajovy	Preferred	PA; QL (1.5 ML per 30 days)
Emgality Pen	Preferred	PA; QL (1 ML per 30 days)
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody		
Ajovy	Preferred	PA; QL (1.5 ML per 30 days)
Emgality Pen	Preferred	PA; QL (1 ML per 30 days)
Migraine Therapy - Cgrp Receptor Blockers, Monoclonal Antibody		
Aimovig Autoinjector	Preferred	PA; QL (1 ML per 30 days)
Migraine Therapy - Ergot Alkaloids And Derivatives		
<i>dihydroergotamine</i>	Preferred	QL (24 ML per 30 days)
Ergomar	Preferred	QL (10 EA per 30 days)
Migraine Therapy - Ergot Combinations		
Migergot	Preferred	
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)		
<i>almotriptan malate</i>	Preferred	QL (9 EA per 28 days)
<i>eletriptan</i>	Preferred	QL (9 EA per 28 days)

Label Name	Status	Notes
<i>frovatriptan</i>	Preferred	QL (9 EA per 28 days)
<i>naratriptan</i>	Preferred	QL (9 EA per 28 days)
Onzetra Xsail	Preferred	
<i>rizatriptan</i>	Preferred	QL (9 EA per 28 days)
<i>sumatriptan</i>	Preferred	QL (6 EA per 28 days)
<i>sumatriptan succinate oral</i>	Preferred	QL (9 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	Preferred	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 mL</i>	Preferred	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 mL</i>	Preferred	QL (1 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	Preferred	QL (4 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	Preferred	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	Preferred	QL (9 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating</i>	Preferred	QL (9 EA per 30 days)
Movement Disorder Drug Therapy		
Austedo	Preferred	PA
<i>tetrabenazine</i>	Preferred	PA
Movement Disorder Therapy - Huntington's Disease		
Austedo	Preferred	PA
<i>tetrabenazine</i>	Preferred	PA
Movement Disorder Therapy - Tardive Dyskinesia		
Austedo	Preferred	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic		
<i>armodafinil</i>	Preferred	QL (30 EA per 30 days)
<i>modafinil</i>	Preferred	QL (30 EA per 30 days)
Provigil	Preferred	QL (30 EA per 30 days)
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type		
Nuedexta	Preferred	PA
Sedative-Hypnotic - Benzodiazepines		
<i>estazolam</i>	Preferred	QL (30 EA per 30 days)
<i>flurazepam</i>	Preferred	QL (30 EA per 30 days)
<i>midazolam</i>	Preferred	
<i>temazepam</i>	Preferred	QL (30 EA per 30 days)
<i>triazolam</i>	Preferred	QL (30 EA per 30 days)
Sedative-Hypnotic - Gaba-Receptor Modulators		
<i>eszopiclone</i>	Preferred	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	Preferred	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	Preferred	QL (30 EA per 30 days)

Label Name	Status	Notes
<i>zolpidem oral</i>	Preferred	QL (30 EA per 30 days)
<i>zolpidem sublingual</i>	Preferred	ST; QL (30 EA per 30 days)
Chemical Dependency, Agents To Treat		
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type		
<i>bupropion HCl (smoking deter)</i>	Zero Copay	
Smoking Deterrents - Nicotine-Type		
Nicotrol	Zero Copay	
Nicotrol NS	Zero Copay	
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2		
Chantix	Zero Copay	
Chantix Continuing Month Box	Zero Copay	
Chantix Starting Month Box	Zero Copay	
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
<i>hydroxyprogesterone capr(bulk)</i>	Preferred	PA
Pharmaceutical Adjuvant - Inhalation Vehicles		
Pulmosal	Preferred	
<i>sodium chloride</i>	Preferred	
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
<i>donepezil</i>	Preferred	QL (30 EA per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	Preferred	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	Preferred	
<i>galantamine oral tablet</i>	Preferred	
<i>rivastigmine</i>	Preferred	QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	Preferred	QL (60 EA per 30 days)
Alzheimer's Disease Therapy - Nmda Receptor Antagonists		
<i>memantine oral capsule,sprinkle,ER 24hr</i>	Preferred	QL (30 EA per 30 days)
<i>memantine oral solution</i>	Preferred	PA
<i>memantine oral tablet 10 mg</i>	Preferred	QL (60 EA per 30 days)
<i>memantine oral tablet 5 mg</i>	Preferred	QL (120 EA per 30 days)
<i>memantine oral tablets,dose pack</i>	Preferred	PA
Namenda XR	Preferred	PA; QL (28 EA per 365 days)
Cognitive Disorder Therapy - Cerebral Vasodilators		
<i>ergoloid</i>	Preferred	
Contraceptives		
Contraceptive Injectable - Progestin		
Depo-SubQ provera 104	Preferred	

Label Name	Status	Notes
<i>medroxyprogesterone</i>	Zero Copay	
Contraceptive Oral - Biphasic		
Amethia Lo	Preferred	
Ashlyna	Zero Copay	QL (91 EA per 91 days)
Bekyree (28)	Zero Copay	
Daysee	Zero Copay	QL (91 EA per 91 days)
<i>desog-e.estradiol/e.estradiol</i>	Zero Copay	
Kariva (28)	Zero Copay	
<i>L norgest/e.estradiol-e.estradiol</i>	Zero Copay	QL (91 EA per 91 days)
Pimtrea (28)	Zero Copay	
Viorele (28)	Zero Copay	
Contraceptive Oral - Monophasic		
Afirmelle	Zero Copay	
Altavera (28)	Zero Copay	
Alyacen 1/35 (28)	Zero Copay	
Apri	Zero Copay	
Aubra	Zero Copay	
Aubra EQ	Zero Copay	
Aviane	Zero Copay	
Ayuna	Zero Copay	
Balziva (28)	Zero Copay	
Blisovi Fe 1.5/30 (28)	Zero Copay	
Blisovi Fe 1/20 (28)	Zero Copay	
Chateal (28)	Zero Copay	
Chateal EQ (28)	Zero Copay	
Cryselle (28)	Zero Copay	
Cyclafem 1/35 (28)	Zero Copay	
Cyred	Zero Copay	
Cyred EQ	Zero Copay	
Dasetta 1/35 (28)	Zero Copay	
<i>desogestrel-ethinyl estradiol</i>	Zero Copay	
<i>drospirenone-ethinyl estradiol</i>	Zero Copay	
Elinest	Zero Copay	
Emoquette	Zero Copay	
Enskyce	Zero Copay	
Estarylla	Zero Copay	
<i>ethynodiol diac-eth estradiol</i>	Zero Copay	
Falmina (28)	Zero Copay	
Femynor	Zero Copay	
Gianvi (28)	Zero Copay	
Introvale	Zero Copay	QL (91 EA per 91 days)
Isibloom	Zero Copay	
Jolessa	Zero Copay	QL (91 EA per 91 days)
Juleber	Zero Copay	

Label Name	Status	Notes
Junel 1.5/30 (21)	Zero Copay	
Junel 1/20 (21)	Zero Copay	
Junel FE 1.5/30 (28)	Zero Copay	
Junel FE 1/20 (28)	Zero Copay	
Junel Fe 24	Zero Copay	
Kelnor 1/35 (28)	Zero Copay	
Kelnor 1-50	Zero Copay	
Kurvelo (28)	Zero Copay	
Larin 1.5/30 (21)	Zero Copay	
Larin 1/20 (21)	Zero Copay	
Larin Fe 1.5/30 (28)	Zero Copay	
Larin Fe 1/20 (28)	Zero Copay	
Larissia	Zero Copay	
Lessina	Zero Copay	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Zero Copay	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Zero Copay	QL (91 EA per 91 days)
Levora-28	Zero Copay	
Loestrin Fe 1/20 (28-Day)	Zero Copay	
Low-Ogestrel (28)	Zero Copay	
Lutera (28)	Zero Copay	
Marlissa (28)	Zero Copay	
Microgestin 1.5/30 (21)	Zero Copay	
Microgestin 1/20 (21)	Zero Copay	
Microgestin Fe 1.5/30 (28)	Zero Copay	
Mono-Linyah	Zero Copay	
Necon 0.5/35 (28)	Zero Copay	
Nikki (28)	Zero Copay	
<i>noreth-ethinyl estradiol-iron</i>	Zero Copay	
<i>norethindrone ac-eth estradiol</i>	Zero Copay	
<i>norethindrone-e.estradiol-iron</i>	Zero Copay	
<i>norgestimate-ethinyl estradiol</i>	Zero Copay	
Nortrel 0.5/35 (28)	Zero Copay	
Nortrel 1/35 (21)	Zero Copay	
Nortrel 1/35 (28)	Zero Copay	
Ocella	Zero Copay	
Ogestrel (28)	Zero Copay	
Orsythia	Zero Copay	
Philith	Zero Copay	
Pirmella	Zero Copay	
Portia 28	Zero Copay	
Previfem	Zero Copay	
Reclipsen (28)	Zero Copay	
Safyral	Zero Copay	QL (30 EA per 30 days)
Sprintec (28)	Zero Copay	

Label Name	Status	Notes
Sronyx	Zero Copay	
Tarina Fe 1/20 (28)	Zero Copay	
Tydemy	Zero Copay	QL (30 EA per 30 days)
Vienva	Zero Copay	
Vyfemla (28)	Zero Copay	
Wera (28)	Zero Copay	
Zovia 1/35E (28)	Zero Copay	
Contraceptive Oral - Progestin		
Camila	Zero Copay	
Deblitane	Zero Copay	
Errin	Zero Copay	
Heather	Zero Copay	
Incassia	Zero Copay	
Jencycla	Zero Copay	
Lyza	Zero Copay	
Nora-BE	Zero Copay	
<i>norethindrone (contraceptive)</i>	Zero Copay	
Norlyda	Zero Copay	
Ortho Micronor	Zero Copay	
Sharobel	Zero Copay	
Tulana	Zero Copay	
Contraceptive Oral - Quadraphasic		
<i>L norgest/e.estradiol-e.estradiol</i>	Zero Copay	
Natazia	Zero Copay	QL (28 EA per 28 days)
Contraceptive Oral - Triphasic		
Alyacen 7/7/7 (28)	Zero Copay	
Caziant (28)	Zero Copay	
Cyclafem 7/7/7 (28)	Zero Copay	
Dasetta 7/7/7 (28)	Zero Copay	
Enpresse	Zero Copay	
Leena 28	Zero Copay	
Levonest (28)	Zero Copay	
<i>levonorg-eth estrad triphasic</i>	Zero Copay	
<i>norgestimate-ethinyl estradiol</i>	Zero Copay	
Nortrel 7/7/7 (28)	Zero Copay	
Ortho Tri-Cyclen (28)	Zero Copay	
Pirmella	Zero Copay	
Tri Femynor	Zero Copay	
Tri-Linyah	Zero Copay	
Tri-Lo-Estarylla	Zero Copay	
Tri-Lo-Marzia	Zero Copay	
Tri-Lo-Mili	Zero Copay	
Tri-Lo-Sprintec	Zero Copay	

Label Name	Status	Notes
Tri-Previfem (28)	Zero Copay	
Tri-Sprintec (28)	Zero Copay	
Trivora (28)	Zero Copay	
Tri-VyLibra Lo	Zero Copay	
Velivet Triphasic Regimen (28)	Zero Copay	
Contraceptives - Intravaginal, Systemic		
<i>etonogestrel-ethinyl estradiol</i>	Zero Copay	QL (1 EA Max Qty Per Fill Retail)
NuvaRing	Zero Copay	QL (1 EA Max Qty Per Fill Retail)
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb.		
<i>etonogestrel-ethinyl estradiol</i>	Zero Copay	QL (1 EA Max Qty Per Fill Retail)
NuvaRing	Zero Copay	QL (1 EA Max Qty Per Fill Retail)
Dermatological		
Acne Therapy Systemic - Retinoids And Derivatives		
Absorica	Preferred	QL (60 EA per 30 days)
Acne Therapy Topical - Anti-Infective		
Aczone	Preferred	
<i>azelaic acid</i>	Preferred	QL (50 GM per 30 days)
<i>clindamycin phosphate</i>	Preferred	
<i>dapsone</i>	Preferred	
<i>erythromycin with ethanol</i>	Preferred	
MetroCream	Preferred	
<i>metronidazole</i>	Preferred	
<i>sulfacetamide sodium (acne)</i>	Preferred	
Acne Therapy Topical - Anti-Infective Combinations Other		
Clindacin ETZ	Preferred	
Clindacin Pac	Preferred	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations		
Benzamycin	Preferred	
BP 10-1	Preferred	
<i>clindamycin-benzoyl peroxide</i>	Preferred	
<i>erythromycin-benzoyl peroxide</i>	Preferred	
Neuac Kit	Preferred	
<i>sulfacetamide sodium-sulfur</i>	Preferred	
<i>sulfacetamide sod-sulfur-urea</i>	Preferred	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations		
<i>clindamycin-tretinoin</i>	Preferred	QL (30 GM per 30 days)

Label Name	Status	Notes
Acne Therapy Topical - Retinoid Combinations Other		
<i>adapalene-benzoyl peroxide</i>	Preferred	QL (90 GM per 30 days)
Acne Therapy Topical - Retinoids And Derivatives		
<i>adapalene topical cream</i>	Preferred	PA
<i>adapalene topical gel</i>	Preferred	
<i>adapalene topical gel with pump</i>	Preferred	
Avita	Preferred	
Retin-A	Preferred	
<i>tretinoin</i>	Preferred	
<i>tretinoin microspheres</i>	Preferred	
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations		
<i>calcipotriene-betamethasone</i>	Preferred	PA
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, Mc Antibody		
Ilumya	Preferred	PA
Skyrizi	Preferred	PA
Tremfya	Preferred	PA
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, Mc Antibody		
Taltz Autoinjector	Preferred	PA
Taltz Autoinjector (2 Pack)	Preferred	PA
Taltz Autoinjector (3 Pack)	Preferred	PA
Taltz Syringe	Preferred	PA
Dermatological - Antibacterial Aminoglycosides		
<i>gentamicin</i>	Preferred	
Dermatological - Antibacterial Other		
<i>mupirocin</i>	Preferred	
<i>mupirocin calcium</i>	Preferred	
Dermatological - Antibacterial Sulfonamides		
<i>sulfacetamide sodium-sulfur</i>	Preferred	
Dermatological - Antifungal Allylamines		
<i>naftifine</i>	Preferred	
Dermatological - Antifungal Amphoteric Polyene Macrolides		
Nyamyc	Preferred	
<i>nystatin</i>	Preferred	
Dermatological - Antifungal Hydroxypyridinone		
Ciclodan Kit	Preferred	

Label Name	Status	Notes
<i>ciclopirox</i>	Preferred	
<i>ciclopirox-ure-camph-menth-euc</i>	Preferred	
Dermatological - Antifungal Imidazole And Related Agents		
<i>econazole</i>	Preferred	
<i>ketoconazole</i>	Preferred	
<i>oxiconazole</i>	Preferred	
Dermatological - Antifungal Oxaborole		
Kerydin	Preferred	ST; QL (10 ML Max Qty Per Fill Retail)
Dermatological - Antifungal-Glucocorticoid Combinations		
<i>clotrimazole-betamethasone</i>	Preferred	
<i>nystatin-triamcinolone</i>	Preferred	
Dermatological - Antineoplastic Antimetabolites		
<i>fluorouracil topical cream 0.5 %</i>	Preferred	PA
<i>fluorouracil topical cream 5 %</i>	Preferred	QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %</i>	Preferred	PA
<i>fluorouracil topical solution 5 %</i>	Preferred	
Tolak	Preferred	PA
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's		
<i>diclofenac sodium</i>	Preferred	QL (500 GM per 30 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist		
Targretin	Preferred	PA
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing		
<i>methoxsalen</i>	Preferred	PA
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives		
<i>acitretin</i>	Preferred	QL (30 EA per 30 days)
Soriatane	Preferred	QL (30 EA per 30 days)
Dermatological - Antipsoriatic Agents Topical		
<i>calcipotriene</i>	Preferred	
<i>calcitriol</i>	Preferred	PA
<i>tazarotene</i>	Preferred	
Tazorac	Preferred	
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.		
Otezla	Preferred	PA; QL (60 EA per 30 days)
Otezla Starter	Preferred	PA; QL (60 EA per 30 days)

Label Name	Status	Notes
Dermatological - Antiseborrheic		
<i>selenium sulfide</i>	Preferred	
<i>sulfacetamide sodium</i>	Preferred	
Dermatological - Antiviral, Herpes		
<i>acyclovir</i>	Preferred	QL (30 GM per 30 days)
Dermatological - Burn Products Anti-Infective		
<i>mafenide acetate</i>	Preferred	
<i>silver sulfadiazine</i>	Preferred	
SSD	Preferred	
Dermatological - Calcineurin Inhibitors		
<i>pimecrolimus</i>	Preferred	ST; QL (30 GM per 30 days)
<i>tacrolimus</i>	Preferred	
Dermatological - Emollients		
<i>urea</i>	Preferred	
Dermatological - Glucocorticoid		
<i>alclometasone</i>	Preferred	
<i>amcinonide</i>	Preferred	
ApexiCon E	Preferred	
<i>betamethasone dipropionate</i>	Preferred	
<i>betamethasone valerate</i>	Preferred	
<i>betamethasone, augmented</i>	Preferred	
<i>clobetasol</i>	Preferred	
<i>clobetasol-emollient</i>	Preferred	
<i>desonide</i>	Preferred	
<i>desoximetasone</i>	Preferred	
<i>diflorasone</i>	Preferred	
<i>fluocinolone</i>	Preferred	
<i>fluocinolone and shower cap</i>	Preferred	
<i>fluocinonide</i>	Preferred	
Fluocinonide-E	Preferred	
<i>fluocinonide-emollient</i>	Preferred	
<i>fluticasone propionate</i>	Preferred	
<i>halobetasol propionate</i>	Preferred	
<i>hydrocortisone</i>	Preferred	
<i>hydrocortisone butyrate</i>	Preferred	
<i>hydrocortisone butyr-emollient</i>	Preferred	
<i>hydrocortisone valerate</i>	Preferred	
MiCort-HC	Preferred	
<i>mometasone</i>	Preferred	
Olux	Preferred	
<i>prednicarbate</i>	Preferred	
Proctosol HC	Preferred	
Topicort	Preferred	

Label Name	Status	Notes
<i>triamcinolone acetonide</i>	Preferred	
Trianex	Preferred	
Dermatological - Glucocorticoid-Local Anesthetic Combinations		
Epifoam	Preferred	
<i>lidocaine HCl-hydrocortison ac</i>	Preferred	
Dermatological - Glucocorticoid-Skin Cleanser Combinations		
Clodan Kit	Preferred	
Dermatological - Immunomodulator - Imidazoquinolinamines		
<i>imiquimod</i>	Preferred	
Dermatological - Keratolytic-Antimitotic Single Agents		
<i>podofilox</i>	Preferred	
Umecta	Preferred	
<i>urea</i>	Preferred	
Dermatological - Local Anesthetic Combinations		
<i>lidocaine-prilocaine</i>	Preferred	
Dermatological - Nsaid Combinations		
Diclofex DC	Preferred	
Dermatological - Nsaid Single Agents		
<i>diclofenac epolamine</i>	Preferred	PA; QL (60 EA per 30 days)
<i>diclofenac sodium topical drops</i>	Preferred	QL (150 ML per 30 days)
<i>diclofenac sodium topical gel</i>	Preferred	QL (500 GM per 30 days)
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic		
<i>tazarotene</i>	Preferred	
Dermatological - Rosacea Therapy, Topical		
<i>azelaic acid</i>	Preferred	QL (50 GM per 30 days)
MetroCream	Preferred	
<i>metronidazole</i>	Preferred	
<i>sulfacetamide sod-sulfur-urea</i>	Preferred	
Dermatological - Topical Local Anesthetic Amides		
<i>lidocaine HCl</i>	Preferred	
<i>lidocaine topical adhesive patch, medicated</i>	Preferred	QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	Preferred	
Scabicide And Pediculicide Single Agents		
<i>lindane</i>	Preferred	
<i>malathion</i>	Preferred	
<i>permethrin</i>	Preferred	

Label Name	Status	Notes
Eating Disorder Therapy		
Appetite Stimulants - Cannabinoids		
<i>dronabinol</i>	Preferred	QL (60 EA per 30 days)
Appetite Stimulants - Progestin Hormone Type		
<i>megestrol</i>	Preferred	PA
Electrolyte Balance-Nutritional Products		
Dextrose And Lactated Ringer's Solutions		
<i>dextrose 5 %-lactated ringers</i>	Preferred	
Dextrose And Sodium Chloride Solutions		
<i>D2.5 %-0.45 % sodium chloride</i>	Preferred	
<i>D5 % and 0.9 % sodium chloride</i>	Preferred	
<i>D5 %-0.45 % sodium chloride</i>	Preferred	
<i>dextrose 5%-0.2 % sod chloride</i>	Preferred	
<i>dextrose 5%-0.3 % sod.chloride</i>	Preferred	
Dextrose Solutions		
<i>dextrose 10 % in water (D10W)</i>	Preferred	
<i>dextrose 5 % in water (D5W)</i>	Preferred	
<i>dextrose 50 % in water (D50W)</i>	Preferred	
<i>dextrose 70 % in water (D70W)</i>	Preferred	
Dextrose Solutions, Concentrated		
<i>dextrose 50 % in water (D50W)</i>	Preferred	
<i>dextrose 70 % in water (D70W)</i>	Preferred	
Diluents - Sodium Chloride		
<i>sodium chlor 0.9% bacteriostat</i>	Preferred	
<i>sodium chloride</i>	Preferred	
<i>sodium chloride 0.9 %</i>	Preferred	
Diluents - Sterile Water For Injection		
Sterile Water for Injection	Preferred	
<i>water for injection, sterile</i>	Preferred	
Electrolyte Depleters - Ion Exchange Resin		
<i>sodium polystyrene sulfonate</i>	Preferred	
SPS (with sorbitol)	Preferred	
Veltassa oral powder in packet 16.8 gram, 25.2 gram	Preferred	PA; QL (30 EA per 30 days)
Veltassa oral powder in packet 8.4 gram	Preferred	PA; QL (60 EA per 28 days)
Irrigation Solutions		
<i>lactated Ringers</i>	Preferred	
<i>Ringer's</i>	Preferred	
<i>sodium chloride</i>	Preferred	
Tis-U-Sol Pentalyte	Preferred	
<i>water for irrigation, sterile</i>	Preferred	

Label Name	Status	Notes
Minerals And Electrolytes - Bicarbonate Producing Or Containing Agents		
<i>sodium bicarbonate</i>	Preferred	
Minerals And Electrolytes - Electrolytes And Dextrose		
Normosol-M in 5 % dextrose	Preferred	
Minerals And Electrolytes - Iron		
Fergon	Preferred	
<i>ferrous gluconate</i>	Preferred	
<i>ferrous sulfate</i>	Preferred	
iron	Preferred	
Iron (ferrous sulfate)	Preferred	
Minerals And Electrolytes - Parenteral Electrolyte Combinations		
Hyperlyte CR	Preferred	
Isolyte S pH 7.4	Preferred	
Plasma-Lyte A	Preferred	
Minerals And Electrolytes - Potassium For Injection		
<i>potassium chlorid-D5-0.45%NaCl</i>	Preferred	
<i>potassium chloride</i>	Preferred	
<i>potassium chloride in 0.9%NaCl</i>	Preferred	
<i>potassium chloride in 5 % dex</i>	Preferred	
<i>potassium chloride in LR-D5</i>	Preferred	
<i>potassium chloride in water</i>	Preferred	
<i>potassium chloride-0.45 % NaCl</i>	Preferred	
<i>potassium chloride-D5-0.2%NaCl</i>	Preferred	
<i>potassium chloride-D5-0.9%NaCl</i>	Preferred	
Minerals And Electrolytes - Potassium, Oral		
Klor-Con 10	Preferred	
Klor-Con M10	Preferred	
Klor-Con M20	Preferred	
K-Tab	Preferred	
<i>potassium chloride oral capsule, extended release 10 mEq</i>	Preferred	
<i>potassium chloride oral capsule, extended release 8 mEq</i>	Preferred	PA
<i>potassium chloride oral liquid</i>	Preferred	
<i>potassium chloride oral packet</i>	Preferred	
<i>potassium chloride oral tablet extended release</i>	Preferred	
<i>potassium chloride oral tablet,ER particles/crystals</i>	Preferred	
Pediatric Vitamins With Fluoride And Minerals Combinations		
Multi-Vit with Fluoride-Iron	Preferred	

Label Name	Status	Notes
Pediatric Vitamins With Fluoride Combinations		
Multi-Vit with Fluoride-Iron	Preferred	
Multi-Vitamin With Fluoride	Preferred	
Multivitamins With Fluoride	Preferred	
Tri-Vite With Fluoride	Preferred	
Vitamins A,C,D and Fluoride	Preferred	
Prenatal Vitamins And Minerals		
Concept DHA	Preferred	
Ringer's And Lactated Ringer's Solutions		
<i>lactated Ringers</i>	Preferred	
<i>Ringer's</i>	Preferred	
Sodium Chloride Flushes		
<i>sodium chlor 0.9% bacteriostat</i>	Preferred	
<i>sodium chloride 0.9 %</i>	Preferred	
Sodium Chloride Solutions, Concentrated		
<i>sodium chloride</i>	Preferred	
<i>sodium chloride 3 %</i>	Preferred	
<i>sodium chloride 5 %</i>	Preferred	
Sodium Chloride, Parenteral		
<i>sodium chloride</i>	Preferred	
<i>sodium chloride 0.45 %</i>	Preferred	
<i>sodium chloride 0.9 %</i>	Preferred	
<i>sodium chloride 3 %</i>	Preferred	
<i>sodium chloride 5 %</i>	Preferred	
Sterile Water For Injection		
<i>water for injection, sterile</i>	Preferred	
Vitamins - B-12, Cyanocobalamin And Derivatives		
<i>cyanocobalamin (vitamin B-12)</i>	Preferred	QL (1 ML per 30 days)
Vitamins - D Derivatives		
<i>calcitriol</i>	Preferred	
<i>ergocalciferol (vitamin D2)</i>	Preferred	QL (4 EA per 28 days)
Vitamin D2	Preferred	QL (4 EA per 28 days)
Vitamins - K, Phytonadione And Derivatives		
Mephyton	Preferred	PA; QL (5 EA per 30 days)
<i>phytonadione (vitamin K1)</i>	Preferred	PA; QL (5 EA per 30 days)
Endocrine		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs		
Hemabate	Preferred	

Label Name	Status	Notes
Agents To Treat Hypoglycemia (Hyperglycemics)		
Baqsimi	Preferred	
GlucaGen HypoKit	Preferred	QL (1 EA per 30 days)
Glucagon Emergency Kit (human)	Preferred	QL (1 EA per 30 days)
Gvoke Syringe	Preferred	
Anabolic Steroid - Single Agents		
<i>oxandrolone</i>	Preferred	
Androgen - Single Agents		
Depo-Testosterone	Preferred	
Methitest	Preferred	
<i>testosterone cypionate</i>	Preferred	
<i>testosterone transdermal gel</i>	Preferred	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %)</i>	Preferred	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Preferred	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	Preferred	
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Preferred	QL (37.5 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	Preferred	
Antidiuretic And Vasopressor Hormones		
<i>desmopressin</i>	Preferred	
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	Preferred	
<i>miglitol</i>	Preferred	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
<i>alogliptin</i>	Preferred	ST
Januvia	Preferred	ST; QL (30 EA per 30 days)
Antihyperglycemic - Meglitinide Analogs		
<i>nateglinide</i>	Preferred	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Preferred	QL (240 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	Preferred	QL (120 EA per 30 days)
Antihyperglycemic - Sglit-2 Inhibitor And Biguanide Combinations		
Xigduo XR	Preferred	ST
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglit2) Inhibitors		
Farxiga	Preferred	ST
Jardiance	Preferred	ST; QL (30 EA per 30 days)

Label Name	Status	Notes
Antihyperglycemic - Sulfonylurea And Biguanide Combinations		
<i>glipizide-metformin</i>	Preferred	
<i>glyburide-metformin</i>	Preferred	
Antihyperglycemic - Sulfonylurea Derivatives		
<i>glimepiride</i>	Preferred	
<i>glipizide</i>	Preferred	
<i>glyburide</i>	Preferred	
<i>glyburide micronized</i>	Preferred	
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations		
<i>pioglitazone-metformin</i>	Preferred	QL (90 EA per 30 days)
Antihyperglycemic, Amylin Analog-Type		
SymlinPen 60	Preferred	PA
Antihyperglycemic, Incretin Mimetic, Glp-1 Receptor Agonist Analog-Type		
Bydureon	Preferred	PA; QL (4 EA per 28 days)
Trulicity	Preferred	PA
Victoza 2-Pak	Preferred	PA; QL (9 ML per 30 days)
Victoza 3-Pak	Preferred	PA; QL (9 ML per 30 days)
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide		
Janumet	Preferred	ST
Janumet XR	Preferred	ST; QL (30 EA per 30 days)
Antithyroid Agents, Thionamides - Imidazole Derivatives		
<i>methimazole</i>	Preferred	
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
<i>propylthiouracil</i>	Preferred	
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody		
Evenity subcutaneous syringe 105 mg/1.17 mL	Preferred	PA; QL (2 ML Max Qty Per Fill Retail)
Evenity subcutaneous syringe 210mg/2.34mL (105mg/1.17mLx2)	Preferred	PA; QL (1 ML Max Qty Per Fill Retail)
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides		
Tymlos	Preferred	PA; QL (30 ML per 30 days)
Bone Formation Stimulating Agents - Parathyroid Hormone-Type		
Forteo	Preferred	PA
Bone Resorption Inhibitors - Bisphosphonates		
<i>alendronate oral solution</i>	Preferred	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	Preferred	QL (30 EA per 28 days)

Label Name	Status	Notes
<i>alendronate oral tablet 35 mg, 70 mg</i>	Preferred	QL (4 EA per 28 days)
<i>ibandronate</i>	Preferred	QL (1 EA per 28 days)
<i>pamidronate</i>	Preferred	
<i>risedronate oral tablet 150 mg</i>	Preferred	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 35 mg, 5 mg</i>	Preferred	ST; QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (DR/EC)</i>	Preferred	ST; QL (4 EA per 28 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
<i>cinacalcet</i>	Preferred	PA; QL (30 EA per 30 days)
Calcitonins		
<i>calcitonin (salmon)</i>	Preferred	
Estrogen-Progestin		
<i>estradiol-norethindrone acet</i>	Preferred	
<i>norethindrone ac-eth estradiol</i>	Zero Copay	
Prempro	Preferred	
Estrogens		
<i>estradiol oral</i>	Preferred	
<i>estradiol transdermal patch semiweekly</i>	Preferred	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Preferred	QL (4 EA per 28 days)
<i>estradiol valerate</i>	Preferred	
Menest	Preferred	
Premarin	Preferred	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type		
Crinone	Preferred	PA
Fertility Enhancer - Preterm Birth Prevention, Progesterone-Type		
<i>HYDROXYPROGEST 250 MG/ML VIAL LATEX-FREE, SUV, P/F</i>	Preferred	PA
<i>HYDROXYPROGEST 250 MG/ML VIAL LATEX-FREE, P/F, SUV</i>	Preferred	PA; QL (5 ML per 35 days)
<i>hydroxyprogesterone cap(ppres)</i>	Preferred	PA
Glucocorticoids		
<i>cortisone</i>	Preferred	
<i>dexamethasone</i>	Preferred	
Dexamethasone Intensol	Preferred	
<i>dexamethasone sodium phos (PF)</i>	Preferred	
<i>dexamethasone sodium phosphate</i>	Preferred	
<i>hydrocortisone</i>	Preferred	
Kenalog	Preferred	
<i>methylprednisolone</i>	Preferred	
Millipred	Preferred	
<i>prednisolone</i>	Preferred	
<i>prednisolone sodium phosphate</i>	Preferred	

Label Name	Status	Notes
<i>prednisone</i>	Preferred	
Prednisone Intensol	Preferred	
Solu-Medrol	Preferred	
Gonadotropin Inhibitor Pituitary Suppressants		
<i>danazol</i>	Preferred	
Growth Hormones		
Norditropin FlexPro	Preferred	PA
Human Insulins - Short Acting		
Humulin R U-500 (Conc) Insulin	Preferred	
Humulin R U-500 (Conc) Kwikpen	Preferred	
Insulin Analogs - Fixed Combinations		
Humalog Mix 50-50 Insulin U-100	Preferred	
Humalog Mix 50-50 KwikPen	Preferred	
Humalog Mix 75-25 KwikPen	Preferred	
Humalog Mix 75-25(U-100)Insulin	Preferred	
Insulin Analogs - Long Acting		
Basaglar KwikPen U-100 Insulin	Preferred	QL (60 ML per 30 days)
Tresiba FlexTouch U-100	Preferred	PA
Tresiba FlexTouch U-200	Preferred	PA
Insulin Analogs - Rapid Acting		
Admelog SoloStar U-100 Insulin	Preferred	
Admelog U-100 Insulin lispro	Preferred	
Humalog KwikPen Insulin	Preferred	
Humalog U-100 Insulin	Preferred	
<i>insulin lispro</i>	Preferred	QL (60 ML per 30 days)
Insulin Response Enhancers - Biguanides		
Glucophage	Preferred	
<i>metformin</i>	Preferred	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)		
<i>pioglitazone</i>	Preferred	QL (30 EA per 30 days)
Lhrh (Gnrh) Agonist Analog Pit Suppress - Central Precocious Puberty		
Lupron Depot-Ped	Preferred	PA
Lupron Depot-Ped (3 month)	Preferred	PA
Menopausal Symptoms Suppressant-Ssri Antidepressant Type		
<i>paroxetine mesylate(menop.sym)</i>	Preferred	ST; QL (30 EA per 30 days)
Mineralocorticoids		
<i>fludrocortisone</i>	Preferred	
Oxytocic - Ergot Alkaloids		
<i>methylergonovine</i>	Preferred	QL (28 EA per 30 days)

Label Name	Status	Notes
Progestins		
Aygestin	Preferred	
<i>HYDROXYPROGEST 250 MG/ML VIAL LATEX-FREE, SUV, P/F</i>	Preferred	PA
<i>HYDROXYPROGEST 250 MG/ML VIAL LATEX-FREE,P/F,SUV</i>	Preferred	PA; QL (5 ML per 35 days)
<i>hydroxyprogesterone cap(ppres)</i>	Preferred	PA
<i>hydroxyprogesterone capr(bulk)</i>	Preferred	PA
<i>hydroxyprogesterone caproate</i>	Preferred	PA
<i>medroxyprogesterone</i>	Zero Copay	
<i>norethindrone acetate</i>	Preferred	
<i>progesterone micronized</i>	Preferred	
Prometrium	Preferred	
Prolactin Inhibitor - Ergot Derivative		
Dopamine Receptor Agonists		
<i>cabergoline</i>	Preferred	
Selective Estrogen Receptor Modulators (Serms)		
Evista	Zero Copay	QL (30 EA per 30 days)
<i>raloxifene</i>	Zero Copay	QL (30 EA per 30 days)
Thyroid Hormones - Animal Source (Porcine)		
ARMOUR THYROID 120 MG TABLET	Preferred	PA
ARMOUR THYROID 15 MG TABLET	Preferred	PA
Armour Thyroid oral tablet 180 mg, 240 mg, 300 mg	Preferred	
Armour Thyroid oral tablet 30 mg, 60 mg, 90 mg	Preferred	PA
NP Thyroid	Preferred	
<i>thyroid (pork)</i>	Preferred	
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
<i>liothyronine</i>	Preferred	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
Euthyrox	Preferred	
<i>levothyroxine</i>	Preferred	
Levoxyl	Preferred	
Synthroid	Preferred	
Fdb Class Obsolete-Not Used		
Arginine Vasopressin (Avp) V2 Receptor Antagonist, Selective		
Jynarque	Preferred	PA
Samsca	Preferred	PA
Gastrointestinal Therapy Agents		
Antidiarrheal - Antiperistaltic Agents		
<i>opium tincture</i>	Preferred	

Label Name	Status	Notes
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
<i>diphenoxylate-atropine</i>	Preferred	
Antidiarrheal Opioid Agents		
<i>opium tincture</i>	Preferred	
Antiemetic - Anticholinergics		
<i>scopolamine base</i>	Preferred	
Transderm-Scop	Preferred	
Antiemetic - Cannabinoid Type		
<i>dronabinol</i>	Preferred	QL (60 EA per 30 days)
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists		
<i>trimethobenzamide</i>	Preferred	
Antiemetic - Phenothiazines		
<i>prochlorperazine</i>	Preferred	QL (30 EA per 30 days)
<i>promethazine injection</i>	Preferred	
<i>promethazine oral</i>	Preferred	
<i>promethazine rectal suppository 12.5 mg</i>	Preferred	
<i>promethazine rectal suppository 25 mg</i>	Preferred	QL (30 EA per 30 days)
Antiemetic - Selective Serotonin 5-Ht3 Antagonists		
<i>granisetron (PF)</i>	Preferred	
<i>granisetron HCl intravenous</i>	Preferred	
<i>granisetron HCl oral</i>	Preferred	QL (14 EA per 30 days)
<i>ondansetron</i>	Preferred	QL (180 EA per 30 days)
<i>ondansetron HCl (PF)</i>	Preferred	
<i>ondansetron HCl intravenous</i>	Preferred	
<i>ondansetron HCl oral solution</i>	Preferred	QL (100 ML per 30 days)
<i>ondansetron HCl oral tablet</i>	Preferred	QL (180 EA per 30 days)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists		
<i>aprepitant oral capsule 125 mg</i>	Preferred	PA; QL (4 EA per 28 days)
<i>aprepitant oral capsule 40 mg</i>	Preferred	PA; QL (32 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	Preferred	PA; QL (16 EA per 28 days)
<i>aprepitant oral capsule, dose pack</i>	Preferred	PA; QL (4 EA per 28 days)
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists		
Linzess	Preferred	PA; QL (30 EA per 30 days)
Trulance	Preferred	PA; QL (30 EA per 30 days)
Colonic Acidifier (Ammonia Inhibitor)		
Generlac	Preferred	
<i>lactulose</i>	Preferred	
Digestive Enzyme Mixtures		
Creon	Preferred	PA

Label Name	Status	Notes
Zenpep	Preferred	PA
Gallstone Solubilizing (Litholysis) Agents		
Chenodal	Preferred	PA
ursodiol	Preferred	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists		
cimetidine	Preferred	
cimetidine HCl	Preferred	
famotidine	Preferred	
famotidine (PF)	Preferred	
nizatidine	Preferred	
ranitidine HCl	Preferred	
Zantac	Preferred	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis)		
AcipHex Sprinkle	Preferred	PA
esomeprazole magnesium	Preferred	ST
esomeprazole sodium	Preferred	
lansoprazole	Preferred	QL (60 EA per 30 days)
Nexium	Preferred	ST
omeprazole	Preferred	QL (60 EA per 30 days)
pantoprazole intravenous	Preferred	
pantoprazole oral	Preferred	QL (60 EA per 30 days)
Prevacid	Preferred	QL (60 EA per 30 days)
Protonix	Preferred	QL (60 EA per 30 days)
rabeprazole	Preferred	ST
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		
misoprostol	Preferred	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists		
Motegrity	Preferred	PA; QL (30 EA per 30 days)
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists		
metoclopramide HCl injection	Preferred	
metoclopramide HCl oral solution	Preferred	
metoclopramide HCl oral tablet	Preferred	
metoclopramide HCl oral tablet, disintegrating	Preferred	QL (120 EA per 30 days)
Reglan	Preferred	
Gi Antispasmodic - Belladonna Alkaloids		
hyoscyamine sulfate	Preferred	
Levsin	Preferred	
methscopolamine	Preferred	

Label Name	Status	Notes
Gi Antispasmodic - Quaternary Ammonium Compounds		
<i>glycopyrrolate</i>	Preferred	
<i>propantheline</i>	Preferred	
Gi Antispasmodic - Synthetic Tertiary Amines		
<i>dicyclomine</i>	Preferred	
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents		
Amitiza	Preferred	PA; QL (60 EA per 30 days)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists		
Linzess	Preferred	PA; QL (30 EA per 30 days)
Trulance	Preferred	PA; QL (30 EA per 30 days)
Ibs Agent - Selective 5-Ht3 Receptor Antagonists		
<i>alosetron</i>	Preferred	PA; QL (60 EA per 30 days)
Lotronex	Preferred	PA; QL (60 EA per 30 days)
Inflammatory Bowel Agent - Aminosalicylates And Related Agents		
<i>balsalazide</i>	Preferred	
<i>mesalamine oral tablet,delayed release (DR/EC) 1.2 gram</i>	Preferred	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (DR/EC) 800 mg</i>	Preferred	QL (180 EA per 30 days)
<i>mesalamine rectal enema</i>	Preferred	
<i>mesalamine rectal suppository</i>	Preferred	QL (30 EA per 30 days)
<i>mesalamine with cleansing wipe</i>	Preferred	
<i>sulfasalazine</i>	Preferred	
Inflammatory Bowel Agent - Glucocorticoids		
<i>budesonide oral capsule,delayed,extend.release</i>	Preferred	QL (90 EA per 30 days)
<i>budesonide oral tablet,delayed and ext.release</i>	Preferred	PA; QL (30 EA per 30 days)
Entocort EC	Preferred	QL (90 EA per 30 days)
<i>hydrocortisone</i>	Preferred	
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers		
Humira Pediatric Crohns Start	Preferred	PA; QL (6 EA per 28 days)
Humira Pen	Preferred	PA; QL (6 EA per 28 days)
Humira Pen Crohns-UC-HS Start	Preferred	PA; QL (6 EA per 28 days)
Humira Pen Psor-Uveits-Adol HS	Preferred	PA; QL (6 EA per 28 days)
Humira subcutaneous syringe kit 10 mg/0.2 mL, 20 mg/0.4 mL	Preferred	PA; QL (2 EA per 28 days)
Humira subcutaneous syringe kit 40 mg/0.8 mL	Preferred	PA; QL (6 EA per 28 days)
Irritable Bowel Syndrome (Ibs) Agents		
<i>alosetron</i>	Preferred	PA; QL (60 EA per 30 days)
Amitiza	Preferred	PA; QL (60 EA per 30 days)
Linzess	Preferred	PA; QL (30 EA per 30 days)

Label Name	Status	Notes
Lotronex	Preferred	PA; QL (60 EA per 30 days)
Keratinocyte Growth Factor (Kgf)		
Kepivance	Preferred	
Laxative - Saline And Osmotic		
Constulose	Preferred	
Kristalose	Preferred	
<i>lactulose</i>	Preferred	
Laxative - Saline/Osmotic Mixtures		
GaviLyte-N	Preferred	
<i>peg 3350-electrolytes</i>	Zero Copay	
<i>peg-electrolyte soln</i>	Preferred	
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
Carafate	Preferred	
<i>sucralfate</i>	Preferred	
Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor And Antibiotics		
<i>amoxicil-clarithromy-lansopraz</i>	Preferred	PA
Genitourinary Therapy		
Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb		
<i>dutasteride-tamsulosin</i>	Preferred	QL (30 EA per 30 days)
G.U. Irrigants		
<i>acetic acid</i>	Preferred	
<i>glycine urologic solution</i>	Preferred	
G.U. Irrigants - Anti-Infective		
<i>neomycin-polymyxin B GU</i>	Preferred	
Phosphate Binders		
<i>calcium acetate</i>	Preferred	
<i>lanthanum</i>	Preferred	
<i>sevelamer carbonate</i>	Preferred	
Phosphate Binders - Calcium-Based		
<i>calcium acetate</i>	Preferred	
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists		
Jynarque	Preferred	PA
Samsca	Preferred	PA
Prostatic Hypertrophy Agent - Alpha-1- Adrenoceptor Antagonists		
<i>alfuzosin</i>	Preferred	QL (60 EA per 30 days)
<i>silodosin oral capsule 4 mg</i>	Preferred	QL (60 EA per 30 days)
<i>silodosin oral capsule 8 mg</i>	Preferred	QL (30 EA per 30 days)
<i>tamsulosin</i>	Preferred	QL (60 EA per 30 days)

Label Name	Status	Notes
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors		
<i>finasteride</i>	Preferred	M; QL (30 EA per 30 days)
Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors		
<i>dutasteride</i>	Preferred	QL (30 EA per 30 days)
Urinary Alkalinizer - Citrates		
<i>potassium citrate</i>	Preferred	
<i>potassium citrate-citric acid</i>	Preferred	
<i>sodium citrate-citric acid</i>	Preferred	
Urinary Analgesics		
<i>phenazopyridine</i>	Preferred	
Urinary Antibacterial - Methenamine And Salts		
<i>methenamine hippurate</i>	Preferred	
<i>methenamine mandelate</i>	Preferred	
Urinary Antibacterial - Nitrofurantoin Derivatives		
<i>nitrofurantoin</i>	Preferred	
<i>nitrofurantoin macrocrystal</i>	Preferred	
<i>nitrofurantoin monohydr/m-cryst</i>	Preferred	
Urinary Anti-Infective Methenamine-Antispasmodic Combinations		
Phosphasal	Preferred	
Uribel	Preferred	
Urin DS	Preferred	
Uro-458	Preferred	
Urinary Anti-Infective Methenamine-Antispasmodic Combinations		
<i>methen-sod phos-meth blue-hyos</i>	Preferred	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)		
<i>darifenacin oral tablet extended release 24 hr 15 mg</i>	Preferred	QL (30 EA per 30 days)
<i>darifenacin oral tablet extended release 24 hr 7.5 mg</i>	Preferred	
<i>solifenacin</i>	Preferred	QL (30 EA per 30 days)
Urinary Antispasmodic - Anticholinergics, Non-Selective		
<i>hyoscyamine sulfate</i>	Preferred	
Urinary Antispasmodic - Smooth Muscle Relaxants		
Ditropan XL	Preferred	
<i>flavoxate</i>	Preferred	
<i>oxybutynin chloride</i>	Preferred	
<i>tolterodine oral capsule, extended release 24hr</i>	Preferred	QL (30 EA per 30 days)

Label Name	Status	Notes
<i>tolterodine oral tablet</i>	Preferred	QL (60 EA per 30 days)
Toviaz	Preferred	QL (30 EA per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	Preferred	
<i>trospium oral tablet</i>	Preferred	QL (60 EA per 30 days)
Urinary Retention Therapy - Parasympathomimetic Agents		
<i>bethanechol chloride</i>	Preferred	
Gout And Hyperuricemia Therapy		
Gout Acute Therapy - Antimitotics		
<i>colchicine</i>	Preferred	QL (60 EA per 30 days)
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations		
<i>probenecid-colchicine</i>	Preferred	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type		
Elitek	Preferred	
Hyperuricemia Therapy - Uricosurics		
<i>probenecid</i>	Preferred	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
<i>allopurinol</i>	Preferred	
<i>febuxostat</i>	Preferred	QL (30 EA per 30 days)
Hematological Agents		
Anticoagulants - Coumarin		
<i>warfarin</i>	Preferred	
C1 Esterase Inhibitor Agents		
Berinert	Preferred	PA
Direct Factor Xa Inhibitors		
Eliquis oral tablet 2.5 mg	Preferred	QL (60 EA per 30 days)
Eliquis oral tablet 5 mg	Preferred	QL (74 EA per 30 days)
Savaysa	Preferred	QL (30 EA per 30 days)
XARELTO 10 MG TABLET	Preferred	QL (30 EA per 30 days)
Xarelto oral tablet 10 mg, 15 mg, 20 mg	Preferred	QL (30 EA per 30 days)
Xarelto oral tablet 2.5 mg	Preferred	QL (60 EA per 30 days)
Xarelto oral tablets, dose pack	Preferred	QL (51 EA per 30 days)
Erythropoietins		
Aranesp (in polysorbate)	Preferred	PA
Procrit	Preferred	PA
Retacrit	Preferred	PA
Granulocyte Colony-Stimulating Factor (G-Csf)		
Granix	Preferred	PA
Nivestym	Preferred	PA

Label Name	Status	Notes
Udenyca	Preferred	
Hematorheologic Agents		
<i>pentoxifylline</i>	Preferred	
Hemostatic Systemic - Antifibrinolytic Agents		
<i>aminocaproic acid</i>	Preferred	
<i>tranexamic acid</i>	Preferred	QL (30 EA per 30 days)
Heparin Flush Formulations		
<i>heparin (porcine) in NaCl (PF)</i>	Preferred	
Heparins		
<i>heparin (porcine)</i>	Preferred	
<i>heparin (porcine) in 5 % dex</i>	Preferred	
<i>heparin (porcine) in NaCl (PF)</i>	Preferred	
<i>heparin(porcine) in 0.45% NaCl</i>	Preferred	
<i>heparin, porcine (PF)</i>	Preferred	
Indirect Factor Xa Inhibitors		
<i>fondaparinux</i>	Preferred	PA; QL (30 ML per 30 days)
Low Molecular Weight Heparins		
<i>enoxaparin subcutaneous solution</i>	Preferred	QL (30 ML per 10 days)
<i>enoxaparin subcutaneous syringe 100 mg/mL, 150 mg/mL</i>	Preferred	QL (20 ML per 10 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 mL, 80 mg/0.8 mL</i>	Preferred	QL (16 ML per 10 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 mL</i>	Preferred	QL (6 ML per 10 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 mL</i>	Preferred	QL (8 ML per 10 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 mL</i>	Preferred	QL (12 ML per 10 days)
Plasma Expanders		
Hextend	Preferred	
LMD 10 % in 0.9 % sodium chlor	Preferred	
LMD 10 % in 5 % dextrose	Preferred	
Voluven 6 %	Preferred	
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps)		
Brilinta	Preferred	QL (60 EA per 30 days)
Platelet Aggregation Inhibitors - Glycoprotein Iib/Iiia Receptor Inhib		
Aggrastat in sodium chloride	Preferred	
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors		
<i>cilostazol</i>	Preferred	
Platelet Aggregation Inhibitors - Quinazoline Agents		
Agrylin	Preferred	
<i>anagrelide</i>	Preferred	

Label Name	Status	Notes
Platelet Aggregation Inhibitors - Thienopyridine Agents		
<i>clopidogrel</i>	Preferred	
<i>prasugrel</i>	Preferred	
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr		
<i>dipyridamole</i>	Preferred	
Sickle Cell Anemia Agents		
Droxia	Preferred	
Sickle Cell Anemia Agents, Others		
Droxia	Preferred	
Thrombin Inhibitor - Selective Direct And Reversible		
<i>argatroban</i>	Preferred	PA
<i>argatroban in 0.9 % sod chlor</i>	Preferred	PA
Thrombolytic - Tissue Plasminogen Activators		
Activase	Preferred	
Cathflo Activase	Preferred	
TNKase	Preferred	
Thrombopoietin Receptor Agonists		
Nplate	Preferred	PA
Locomotor System		
Als Agents - Benzothiazoles		
<i>riluzole</i>	Preferred	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
<i>pyridostigmine bromide</i>	Preferred	
Skeletal Muscle Relaxant - Central Muscle Relaxants		
<i>baclofen</i>	Preferred	QL (90 EA per 30 days)
<i>chlorzoxazone</i>	Preferred	
<i>cyclobenzaprine</i>	Preferred	
Gablofen	Preferred	
<i>metaxalone oral tablet 400 mg</i>	Preferred	PA
<i>metaxalone oral tablet 800 mg</i>	Preferred	QL (90 EA per 30 days)
<i>methocarbamol</i>	Preferred	
<i>orphenadrine citrate</i>	Preferred	
<i>tizanidine</i>	Preferred	
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
<i>dantrolene</i>	Preferred	

Label Name	Status	Notes
Medical Supplies And Durable Medical Equipment (Dme)		
Medical Supplies And Dme - Insulin Needles- Syringes And Admin Supplies		
BD Insulin Syringe U-500	Preferred	
Magellan Insulin Safety Syrng	Preferred	
Magellan Syringe	Preferred	
Monoject Syringe	Preferred	
Pen Needle	Preferred	
Medical Supplies And Dme - Needles And Syringes		
<i>blunt needle, disposable</i>	Preferred	
Eclipse Needle	Preferred	
Monoject Hypodermic Needles	Preferred	
Monoject Magellan Syringe	Preferred	
<i>safety needles</i>	Preferred	
<i>syringe with needle, safety</i>	Preferred	
Medical Supplies And Dme - Respiratory Therapy Supplies		
Aerochamber Mini	Preferred	
Aerochamber MV	Preferred	
Aerochamber Plus Flow-Vu	Preferred	
Aerochamber Plus Z Stat	Preferred	
Aerochamber with Flowsignal	Preferred	
AeroChamber Z-Stat Plus-Flw Sg	Preferred	
Aerovent Plus	Preferred	
BreatheRite MDI Spacer	Preferred	
Compact Space Chamber	Preferred	
EasiVent Holding Chamber	Preferred	
EasiVent Mask Large	Preferred	
EasiVent Mask Medium	Preferred	
EasiVent Mask Small	Preferred	
Flexichamber	Preferred	
Flexichamber-Lg Child Mask	Preferred	
Flexichamber-Sm Adult Mask	Preferred	
Flexichamber-Sm Child Mask	Preferred	
InspiraChamber	Preferred	
LiteAire MDI Chamber	Preferred	
Microchamber	Preferred	
Microspacer	Preferred	
OptiChamber Diamond VHC	Preferred	
POCKET CHAMBER	Preferred	
ProChamber	Preferred	
RiteFlo Aerochamber	Preferred	

Label Name	Status	Notes
Vortex Holding Chamber	Preferred	
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
Aerochamber Mini	Preferred	
Aerochamber MV	Preferred	
Aerochamber Plus Flow-Vu	Preferred	
Aerochamber Plus Z Stat	Preferred	
Aerochamber with Flowsignal	Preferred	
AeroChamber Z-Stat Plus-Flw Sg	Preferred	
Aerovent Plus	Preferred	
BD Insulin Syringe U-500	Preferred	
<i>blunt needle, disposable</i>	Preferred	
BreatheRite MDI Spacer	Preferred	
Compact Space Chamber	Preferred	
EasiVent Holding Chamber	Preferred	
EasiVent Mask Large	Preferred	
EasiVent Mask Medium	Preferred	
EasiVent Mask Small	Preferred	
Eclipse Needle	Preferred	
Flexichamber	Preferred	
Flexichamber-Lg Child Mask	Preferred	
Flexichamber-Sm Adult Mask	Preferred	
Flexichamber-Sm Child Mask	Preferred	
InspiraChamber	Preferred	
LiteAire MDI Chamber	Preferred	
Magellan Insulin Safety Syrng	Preferred	
Magellan Syringe	Preferred	
Microchamber	Preferred	
Microspacer	Preferred	
Monoject Hypodermic Needles	Preferred	
Monoject Magellan Syringe	Preferred	
Monoject Syringe	Preferred	
OptiChamber Diamond VHC	Preferred	
Pen Needle	Preferred	
POCKET CHAMBER	Preferred	
ProChamber	Preferred	
RiteFlo Aerochamber	Preferred	
<i>safety needles</i>	Preferred	
<i>syringe with needle, safety</i>	Preferred	
Vortex Holding Chamber	Preferred	

Label Name	Status	Notes
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis		
Elaprase	Preferred	
Naglazyme	Preferred	
Metabolic Disease Enzyme Replacement, Pompe Disease		
Lumizyme	Preferred	
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
<i>calcitriol</i>	Preferred	
<i>doxercalciferol</i>	Preferred	
Hectorol	Preferred	
<i>paricalcitol</i>	Preferred	
Metabolic Modifier - Carnitine Replenisher Agents		
<i>levocarnitine (with sugar)</i>	Preferred	
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents		
<i>sodium phenylbutyrate</i>	Preferred	PA
Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase		
Palynziq	Preferred	PA
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
Denta 5000 Plus	Preferred	
DentaGel	Preferred	
<i>fluoride (sodium) oral drops</i>	Zero Copay	
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	Zero Copay	
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	Preferred	
SF	Preferred	
SF 5000 Plus	Preferred	
Sodium Fluoride 5000 Plus	Preferred	
Mouth And Throat - Antifungals		
<i>clotrimazole</i>	Preferred	
<i>nystatin</i>	Preferred	
Mouth And Throat - Antiseptics		
<i>chlorhexidine gluconate</i>	Preferred	
Paroex Oral Rinse	Preferred	

Label Name	Status	Notes
Mouth And Throat - Glucocorticoids		
<i>triamcinolone acetonide</i>	Preferred	
Mouth And Throat - Local Anesthetic Amides		
<i>lidocaine HCl</i>	Preferred	
Lidocaine Viscous	Preferred	
Mouth And Throat - Saliva Stimulants		
<i>cevimeline</i>	Preferred	
<i>pilocarpine HCl</i>	Preferred	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors		
<i>doxycycline hyclate</i>	Preferred	
Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic		
Cuvposa	Preferred	
Multiple Sclerosis Agents		
Multiple Sclerosis Agent - Interferons		
Avonex	Preferred	PA
Avonex (with albumin)	Preferred	PA
Betaseron	Preferred	PA
Extavia	Preferred	PA
Rebif (with albumin)	Preferred	PA; QL (12 ML per 30 days)
Rebif Rebidose	Preferred	PA
Rebif Titration Pack	Preferred	PA
Multiple Sclerosis Agent - Others		
<i>glatiramer subcutaneous syringe 20 mg/mL</i>	Preferred	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/mL</i>	Preferred	PA; QL (12 ML per 28 days)
Glatopa	Preferred	PA; QL (30 ML per 30 days)
Tecfidera	Preferred	PA
Multiple Sclerosis Agent - Potassium Channel Blocker		
<i>dalfampridine</i>	Preferred	QL (60 EA per 30 days)
Ruzurgi	Preferred	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors		
Aubagio oral tablet 14 mg	Preferred	PA; QL (30 EA per 30 days)
Aubagio oral tablet 7 mg	Preferred	PA
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator		
Gilenya	Preferred	PA; QL (30 EA per 30 days)
Mayzent	Preferred	PA; QL (30 EA per 30 days)
Ophthalmic Agents		
Miotics - Direct Acting		
Isopto Carpine	Preferred	

Label Name	Status	Notes
Miochol-E	Preferred	
<i>pilocarpine HCl</i>	Preferred	
Mydriatic And Cycloplegic Combinations		
Cyclomydril	Preferred	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations		
Simbrinza	Preferred	
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
Blephamide	Preferred	
Blephamide S.O.P.	Preferred	
<i>neomycin-bacitracin-poly-HC</i>	Preferred	
<i>neomycin-polymyxin B-dexameth</i>	Preferred	
<i>neomycin-polymyxin-HC</i>	Preferred	
<i>sulfacetamide-prednisolone</i>	Preferred	
TobraDex	Preferred	PA
Tobradex ST	Preferred	PA; QL (5 ML per 30 days)
<i>tobramycin-dexamethasone</i>	Preferred	
Ophthalmic - Anticholinergics		
<i>atropine</i>	Preferred	
<i>cyclopentolate</i>	Preferred	
<i>tropicamide</i>	Preferred	
Ophthalmic - Antihistamines		
<i>azelastine</i>	Preferred	
<i>epinastine</i>	Preferred	
<i>olopatadine</i>	Preferred	
Patanol	Preferred	
Ophthalmic - Anti-Inflammatory, Glucocorticoids		
Alrex	Preferred	
<i>dexamethasone sodium phosphate</i>	Preferred	
Flarex	Preferred	
<i>fluorometholone</i>	Preferred	
FML Forte	Preferred	PA
FML S.O.P.	Preferred	PA
Lotemax	Preferred	
<i>loteprednol etabonate</i>	Preferred	QL (15 ML per 30 days)
Maxidex	Preferred	
Pred Mild	Preferred	
<i>PREDNISOLONE AC 1% EYE DROP</i>	Preferred	QL (10 ML per 30 days)
<i>PREDNISOLONE AC 1% EYE DROP</i>	Preferred	QL (15 ML per 30 days)
<i>PREDNISOLONE AC 1% EYE DROP</i>	Preferred	QL (5 ML per 30 days)
<i>prednisolone sodium phosphate</i>	Preferred	

Label Name	Status	Notes
Retisert	Preferred	
Triesence (PF)	Preferred	
Ophthalmic - Anti-Inflammatory, Immunomodulators		
Restasis	Preferred	
Restasis MultiDose	Preferred	
Xiidra	Preferred	
Ophthalmic - Anti-Inflammatory, Lfa-1 Antagonists		
Xiidra	Preferred	
Ophthalmic - Anti-Inflammatory, Nsaids		
Acuvail (PF)	Preferred	PA; QL (30 EA per 30 days)
<i>bromfenac</i>	Preferred	QL (3.4 ML per 30 days)
<i>diclofenac sodium</i>	Preferred	
<i>flurbiprofen sodium</i>	Preferred	
Ilevro	Preferred	PA
<i>ketorolac</i>	Preferred	
Nevanac	Preferred	PA
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations		
<i>dorzolamide-timolol</i>	Preferred	
Ophthalmic - Carbonic Anhydrase Inhibitors		
<i>dorzolamide</i>	Preferred	
Ophthalmic - Decongestants		
<i>phenylephrine HCl</i>	Preferred	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers		
<i>betaxolol</i>	Preferred	
<i>carteolol</i>	Preferred	
Istalol	Preferred	
<i>levobunolol</i>	Preferred	
<i>timolol maleate</i>	Preferred	
Ophthalmic - Irrigation Solutions		
Balanced Salt	Preferred	
BSS Plus	Preferred	
Ophthalmic - Local Anesthetic Esters		
<i>proparacaine</i>	Preferred	
<i>tetracaine HCl</i>	Preferred	
<i>tetracaine HCl (PF)</i>	Preferred	
Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents		
Macugen	Preferred	

Label Name	Status	Notes
Ophthalmic - Mast Cell Stabilizers		
<i>cromolyn</i>	Preferred	
Ophthalmic Antibacterial Mixtures		
<i>bacitracin-polymyxin B</i>	Preferred	
<i>neomycin-bacitracin-polymyxin</i>	Preferred	
<i>neomycin-polymyxin-gramicidin</i>	Preferred	
<i>polymyxin B sulf-trimethoprim</i>	Preferred	
Ophthalmic Antibiotic - Aminoglycosides		
<i>gentamicin</i>	Preferred	
<i>tobramycin</i>	Preferred	
Tobrex	Preferred	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors		
<i>bacitracin</i>	Preferred	
Ophthalmic Antibiotic - Fluoroquinolones		
Ciloxan	Preferred	PA
<i>ciprofloxacin HCl</i>	Preferred	
<i>gatifloxacin</i>	Preferred	QL (2.5 ML per 30 days)
<i>levofloxacin</i>	Preferred	
<i>moxifloxacin</i>	Preferred	
<i>ofloxacin</i>	Preferred	
Ophthalmic Antibiotic - Macrolides		
<i>erythromycin</i>	Preferred	
Ophthalmic Antibiotic - Sulfonamides		
<i>sulfacetamide sodium</i>	Preferred	
Ophthalmic Antivirals		
<i>trifluridine</i>	Preferred	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
Alphagan P	Preferred	PA
<i>apraclonidine</i>	Preferred	
<i>brimonidine</i>	Preferred	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
<i>bimatoprost</i>	Preferred	
<i>latanoprost</i>	Preferred	QL (5 ML per 30 days)
Travatan Z	Preferred	PA; QL (5 ML per 30 days)
Selective Vascular Endothelial Growth Factor (Vegf) Antagonists		
Macugen	Preferred	
Organ Preservation Solutions		
Cardioplegic Solutions		
<i>cardioplegic soln</i>	Preferred	

Label Name	Status	Notes
Otic (Ear)		
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations		
Cipro HC	Preferred	PA
Ciprodex	Preferred	
<i>neomycin-polymyxin-HC</i>	Preferred	
Otic (Ear) - Anti-Infectives Other		
<i>acetic acid</i>	Preferred	
Otic (Ear) - Fluoroquinolones		
<i>ciprofloxacin HCl</i>	Preferred	
<i>ofloxacin</i>	Preferred	
Otiprio	Preferred	
Otic (Ear) - Glucocorticoids		
<i>fluocinolone acetonide oil</i>	Preferred	
<i>hydrocortisone-acetic acid</i>	Preferred	
Respiratory Therapy Agents		
Antihistamine - 1St Generation - Ethanolamines		
<i>carbinoxamine maleate</i>	Preferred	
<i>clemastine</i>	Preferred	
<i>diphenhydramine HCl</i>	Preferred	
Antihistamine - 1St Generation - Phenothiazines		
<i>promethazine injection</i>	Preferred	
<i>promethazine oral</i>	Preferred	
<i>promethazine rectal suppository 12.5 mg</i>	Preferred	
<i>promethazine rectal suppository 25 mg</i>	Preferred	QL (30 EA per 30 days)
Antihistamine - 1St Generation - Piperidines		
<i>cyproheptadine</i>	Preferred	
Antihistamines - 1St Generation		
<i>carbinoxamine maleate</i>	Preferred	
<i>clemastine</i>	Preferred	
<i>cyproheptadine</i>	Preferred	
<i>diphenhydramine HCl</i>	Preferred	
<i>promethazine injection</i>	Preferred	
<i>promethazine oral</i>	Preferred	
<i>promethazine rectal suppository 12.5 mg</i>	Preferred	
<i>promethazine rectal suppository 25 mg</i>	Preferred	QL (30 EA per 30 days)
Antihistamines - 2Nd Generation		
<i>desloratadine</i>	Preferred	QL (30 EA per 30 days)
<i>levocetirizine</i>	Preferred	QL (300 ML per 30 days)
Antihistamines - 2Nd Generation - Piperazines		
<i>levocetirizine</i>	Preferred	QL (300 ML per 30 days)

Label Name	Status	Notes
Antihistamines - 2Nd Generation - Piperidines		
<i>desloratadine</i>	Preferred	QL (30 EA per 30 days)
Asthma Therapy - Alpha/Beta Adrenergic Agents		
<i>epinephrine</i>	Preferred	QL (2 ML Max Qty Per Fill Retail)
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)		
Asmanex Twisthaler	Preferred	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 mL</i>	Preferred	
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 mL</i>	Preferred	QL (240 ML per 30 days)
FLOVENT 100 MCG DISKUS	Preferred	QL (28 EA per 14 days)
FLOVENT 100 MCG DISKUS	Preferred	QL (60 EA per 30 days)
FLOVENT 250 MCG DISKUS	Preferred	QL (28 EA per 14 days)
FLOVENT 250 MCG DISKUS	Preferred	QL (60 EA per 30 days)
Flovent Diskus inhalation blister with device 50 mcg/actuation	Preferred	QL (60 EA per 30 days)
Flovent HFA inhalation HFA aerosol inhaler 110 mcg/actuation	Preferred	QL (12 GM per 30 days)
Flovent HFA inhalation HFA aerosol inhaler 44 mcg/actuation	Preferred	QL (10.6 GM per 30 days); AGE (Max 11 Years)
Pulmicort	Preferred	QL (240 ML per 30 days)
Qvar RediHaler	Preferred	
Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab		
Fasenra	Preferred	PA; QL (1 ML per 28 days)
Fasenra Pen	Preferred	PA; QL (1 ML per 28 days)
Asthma Therapy - Leukotriene Receptor Antagonists		
<i>montelukast</i>	Preferred	QL (30 EA per 30 days)
<i>zafirlukast</i>	Preferred	QL (60 EA per 30 days)
Asthma Therapy - Mast Cell Stabilizers		
<i>cromolyn</i>	Preferred	
Asthma Therapy - Monoclonal Antibodies To Immunoglobulin E (Ige)		
Xolair	Preferred	PA
Asthma Therapy - Xanthines		
<i>theophylline</i>	Preferred	
Asthma Therapy- Monoclonal Antibody - Interleukin-5 (Il-5) Antagonists		
Nucala	Preferred	PA
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors		
Daliresp	Preferred	PA; QL (30 EA per 30 days)

Label Name	Status	Notes
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting		
Lonhala Magnair Refill	Preferred	PA; QL (60 ML per 30 days)
Lonhala Magnair Starter	Preferred	PA; QL (60 ML per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 30 CAPS W/HANDIHALER	Preferred	QL (30 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 5 CAPS W/HANDIHALER	Preferred	QL (5 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 90 CAPS W/HANDIHALER	Preferred	QL (90 EA per 30 days)
Spiriva Respimat	Preferred	QL (4 GM per 30 days)
Tudorza Pressair	Preferred	ST; QL (1 EA per 30 days)
Yupelri	Preferred	PA; QL (90 ML per 30 days)
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting		
Atrovent HFA	Preferred	QL (25.8 GM per 28 days)
<i>ipratropium bromide</i>	Preferred	
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting		
Brovana	Preferred	PA
Perforomist	Preferred	PA
SEREVENT DISKUS 50 MCG	Preferred	QL (28 EA per 14 days)
SEREVENT DISKUS 50 MCG	Preferred	QL (60 EA per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting		
ALBUTEROL HFA 90 MCG INHALER	Preferred	QL (13.4 GM per 30 days)
ALBUTEROL HFA 90 MCG INHALER	Preferred	QL (17 GM per 30 days)
ALBUTEROL HFA 90 MCG INHALER	Preferred	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %)</i>	Preferred	QL (360 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 mL, 5 mg/mL</i>	Preferred	
<i>levalbuterol HCl inhalation solution for nebulization 0.31 mg/3 mL, 1.25 mg/3 mL</i>	Preferred	QL (270 ML per 30 days)
<i>levalbuterol HCl inhalation solution for nebulization 0.63 mg/3 mL</i>	Preferred	QL (540 ML per 30 days)
<i>levalbuterol HCl inhalation solution for nebulization 1.25 mg/0.5 mL</i>	Preferred	
ProAir RespiClick	Preferred	
Asthma/Copd Therapy - Beta Adrenergic Agents		
<i>albuterol sulfate</i>	Preferred	
<i>metaproterenol</i>	Preferred	
<i>terbutaline</i>	Preferred	

Label Name	Status	Notes
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations		
ANORO ELLIPTA 62.5-25 MCG INH	Preferred	QL (14 EA per 7 days)
ANORO ELLIPTA 62.5-25 MCG INH	Preferred	QL (60 EA per 30 days)
Bevespi Aerosphere	Preferred	QL (10.7 GM per 30 days)
Combivent Respimat	Preferred	QL (4 GM per 30 days)
<i>ipratropium-albuterol</i>	Preferred	
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations		
DULERA 100 MCG/5 MCG INHALER	Preferred	ST; QL (13 GM per 30 days)
DULERA 100 MCG/5 MCG INHALER	Preferred	ST; QL (8.8 GM per 15 days)
DULERA 200 MCG/5 MCG INHALER	Preferred	ST; QL (13 GM per 30 days)
DULERA 200 MCG/5 MCG INHALER	Preferred	ST; QL (8.8 GM per 15 days)
<i>fluticasone propion-salmeterol inhalation aerosol powder breath activated</i>	Preferred	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Preferred	QL (60 EA per 30 days)
SYMBICORT 160-4.5 MCG INHALER 120 INHALATIONS	Preferred	ST; QL (10.2 GM per 30 days)
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS	Preferred	ST; QL (6 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER 120 INHALATIONS	Preferred	ST; QL (10.2 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER 60 INHALATIONS	Preferred	ST; QL (6.9 GM per 30 days)
Cystic Fibrosis - Inhaled Aminoglycosides		
Tobi	Preferred	PA; QL (280 ML per 56 days)
<i>tobramycin in 0.225 % NaCl</i>	Preferred	PA; QL (280 ML per 56 days)
<i>tobramycin with nebulizer</i>	Preferred	PA; QL (280 ML per 56 days)
Cystic Fibrosis - Inhaled Monobactams		
Cayston	Preferred	PA; QL (84 ML per 56 days)
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator		
Kalydeco	Preferred	PA; QL (56 EA per 28 days)
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb		
Orkambi	Preferred	PA; QL (112 EA per 28 days)
Symdeko	Preferred	PA
Elastase Inhibitors		
Aralast NP	Preferred	
Prolastin-C	Preferred	
Zemaira	Preferred	
Mucolytics		
<i>acetylcysteine</i>	Preferred	
Pulmozyme	Preferred	PA

Label Name	Status	Notes
Nasal Anticholinergics		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	Preferred	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	Preferred	QL (15 ML per 14 days)
Nasal Antihistamines		
<i>azelastine</i>	Preferred	QL (30 ML per 25 days)
<i>olopatadine</i>	Preferred	QL (30.5 GM per 30 days)
Nasal Corticosteroids		
<i>flunisolide</i>	Preferred	QL (25 ML per 25 days)
<i>mometasone</i>	Preferred	QL (34 GM per 30 days)
Xhance	Preferred	PA
Opioid Antitussive-1St Generation Antihistamine Combinations		
<i>promethazine-codeine</i>	Preferred	QL (150 ML per 5 days)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy		
Esbriet	Preferred	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors		
Ofev	Preferred	PA; QL (60 EA per 30 days)
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
<i>clindamycin phosphate</i>	Preferred	
Vaginal Antifungal - Triazoles		
<i>terconazole vaginal cream</i>	Preferred	QL (450 GM per 30 days)
<i>terconazole vaginal suppository</i>	Preferred	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
<i>metronidazole</i>	Preferred	
Vaginal Estrogens		
<i>estradiol</i>	Preferred	
Estring	Preferred	QL (1 EA per 90 days)
Premarin	Preferred	
Vaginal Progestins		
Crinone	Preferred	PA

