



**2020**

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

<b>bold</b> = Brand name drugs <b>italics</b> = Generic drugs	<b>Status</b> <b>Preferred</b> = Preferred Drugs <b>Zero Copay</b> = Zero Copay Preventive Drugs	<b>Notes</b> <b>AGE</b> = Age limit <b>F</b> = Females only <b>M</b> = Males only <b>PA</b> = Prior authorization required <b>QL</b> = Quantity limit applies <b>ST</b> = Step therapy required
Label Name	Status	Notes
<b>Analgesic, Anti-Inflammatory Or Antipyretic</b>		
<b>Analgesic - Central Alpha-2 Receptor Agonists</b>		
<i>clonidine (PF)</i>	Preferred	
<b>Analgesic Opioid Agonists</b>		
<i>codeine sulfate</i>	Preferred	QL (180 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	
<b>Infumorph P/F</b>	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	
<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)

<b>Label Name</b>	<b>Status</b>	<b>Notes</b>
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i>	Preferred	PA; QL (60 EA per 30 days)
<b>OxyContin</b>	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)
<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)
<b>Xtampza ER</b>	Preferred	PA
<b>Analgesic Opioid Codeine Combinations</b>		
<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)
<b>Butalbital Compound W/Codeine</b>	Preferred	QL (180 EA per 30 days)
<i>butalbital-acetaminop-caf-cod</i>	Preferred	QL (180 EA per 30 days)
<i>codeine-butalbital-ASA-caff</i>	Preferred	QL (180 EA per 30 days)
<b>Analgesic Opioid Dihydrocodeine Combinations</b>		
<i>acetaminophen-caff-dihydrocod</i>	Preferred	QL (120 EA per 30 days)
<b>Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic,Xanthine</b>		
<i>acetaminophen-caff-dihydrocod</i>	Preferred	QL (120 EA per 30 days)
<b>Analgesic Opioid Hydrocodone And Non-Salicylate Combinations</b>		
<i>HYDROCODONE-ACETAMINOPHEN 5 MG-217 MG/10 ML SOLUTION INNER</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 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)
<b>Lortab Elixir</b>	Preferred	QL (450 ML per 30 days)
<b>Analgesic Opioid Hydrocodone And Nsaid Combinations</b>		
<i>hydrocodone-ibuprofen</i>	Preferred	QL (120 EA per 30 days)
<b>Analgesic Opioid Hydrocodone Combinations</b>		
<i>HYDROCODONE-ACETAMINOPHEN 5 MG-217 MG/10 ML SOLUTION INNER</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)

<b>Label Name</b>	<b>Status</b>	<b>Notes</b>
<i>hydrocodone-acetaminophen oral tablet 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)
<b>Lortab Elixir</b>	Preferred	QL (450 ML per 30 days)
<b>Analgesic Opioid Oxycodone And Non-Salicylate Combinations</b>		
<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)
<b>Analgesic Opioid Oxycodone And Nsaid Combinations</b>		
<i>ibuprofen-oxycodone</i>	Preferred	QL (120 EA per 30 days)
<b>Analgesic Opioid Oxycodone And Salicylate Combinations</b>		
<i>oxycodone-aspirin</i>	Preferred	QL (120 EA per 30 days)
<b>Analgesic Opioid Oxycodone Combinations</b>		
<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)
<b>Analgesic Opioid Partial-Mixed Agonists</b>		
<b>Belbuca</b>	Preferred	QL (60 EA per 30 days)
<i>buprenorphine</i>	Preferred	PA; QL (4 EA per 28 days)
<i>butorphanol tartrate</i>	Preferred	QL (2.5 ML per 30 days)
<i>pentazocine-naloxone</i>	Preferred	QL (120 EA per 30 days)
<b>Analgesic Opioid Tramadol And Non-Salicylate Combinations</b>		
<i>tramadol-acetaminophen</i>	Preferred	QL (120 EA per 30 days)
<b>Analgesic Opioid Tramadol Combinations</b>		
<i>tramadol-acetaminophen</i>	Preferred	QL (120 EA per 30 days)
<b>Analgesic Or Antipyretic Non-Opioid/Sedative Combinations</b>		
<i>butalbital-acetaminophen</i>	Preferred	
<i>butalbital-acetaminophen-caff</i>	Preferred	
<b>Anti-Inflammatory - Interleukin-1 Receptor Antagonist</b>		
<b>Arcalyst</b>	Preferred	PA
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective</b>		
<b>Enbrel</b>	Preferred	PA

Label Name	Status	Notes
Enbrel Mini	Preferred	PA
Enbrel SureClick	Preferred	PA
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts, Tnf-Alpha Sel</b>		
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)
<b>Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents</b>		
Enbrel	Preferred	PA
Enbrel Mini	Preferred	PA
Enbrel SureClick	Preferred	PA
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)
<b>Dmard - Antimalarials</b>		
<i>hydroxychloroquine</i>	Preferred	
<b>Dmard - Antimetabolites</b>		
<i>methotrexate sodium</i>	Preferred	
Rasuvo (PF)	Preferred	PA
Trexall	Preferred	PA
<b>Dmard - Immunosuppressives</b>		
<i>cyclophosphamide</i>	Preferred	
<b>Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
Kineret	Preferred	PA; QL (28 ML per 28 days)
<b>Dmard - Janus Kinase (Jak) Inhibitors</b>		
Olumiant	Preferred	PA; QL (30 EA per 30 days)
<b>Dmard - Other</b>		
<i>minocycline</i>	Preferred	
<i>sulfasalazine</i>	Preferred	
<b>Dmard - Phosphodiesterase-4 (Pde4) Inhibitors</b>		
Otezla	Preferred	PA; QL (60 EA per 30 days)
Otezla Starter	Preferred	PA; QL (60 EA per 30 days)
<b>Dmard - Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide</i>	Preferred	QL (30 EA per 30 days)

Label Name	Status	Notes
<b>Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab</b>		
Benlysta intravenous	Preferred	PA
Benlysta subcutaneous	Preferred	PA; QL (4 ML per 28 days)
<b>Nsaid Analgesic And Prostaglandin Analog Combinations</b>		
<i>diclofenac-misoprostol</i>	Preferred	
<b>Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors</b>		
<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)
<b>Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives</b>		
<i>meclofenamate</i>	Preferred	
<i>mefenamic acid</i>	Preferred	
<b>Nsaid Analgesics (Cox Non-Specific) - Other</b>		
<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	
<b>Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives</b>		
<i>meloxicam</i>	Preferred	
<i>piroxicam</i>	Preferred	
<b>Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives</b>		
<i>diclofenac potassium</i>	Preferred	
<i>diclofenac sodium</i>	Preferred	
<b>Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives</b>		
<b>EC-Naproxen</b>	Preferred	
<i>fenoprofen</i>	Preferred	
<i>flurbiprofen</i>	Preferred	
<b>IBU</b>	Preferred	
<i>ibuprofen</i>	Preferred	
<i>ketoprofen</i>	Preferred	
<i>naproxen</i>	Preferred	
<i>naproxen sodium</i>	Preferred	
<i>oxaprozin</i>	Preferred	
<b>Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives</b>		
<i>etodolac</i>	Preferred	



Label Name	Status	Notes
<b>Indocin</b>	Preferred	PA
<i>indomethacin</i>	Preferred	
<b>Salicylate Analgesic And Sedative Combinations</b>		
<i>butalbital-aspirin-caffeine</i>	Preferred	
<b>Salicylate Analgesics</b>		
<i>diflunisal</i>	Preferred	
<i>salsalate</i>	Preferred	
<b>Anesthetics</b>		
<b>General Anesthetic - Parenteral, Benzodiazepines</b>		
<i>midazolam</i>	Preferred	
<i>midazolam (PF)</i>	Preferred	
<b>Local Anesthetic - Amides</b>		
<i>lidocaine</i>	Preferred	
<i>lidocaine (PF)</i>	Preferred	
<i>lidocaine HCl</i>	Preferred	
<b>Local Anesthetic - Esters</b>		
<b>Nesacaine</b>	Preferred	
<b>Anorectal Preparations</b>		
<b>Anorectal - Glucocorticoids</b>		
<i>hydrocortisone</i>	Preferred	
<b>Proctosol HC</b>	Preferred	
<b>Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb</b>		
<i>lidocaine HCl-hydrocortison ac</i>	Preferred	
<i>lidocaine-hydrocortisone-aloe</i>	Preferred	
<b>Proctofoam HC</b>	Preferred	
<b>Antidotes And Other Reversal Agents</b>		
<b>Antidote - Acetaminophen Poisoning</b>		
<i>acetylcysteine</i>	Preferred	
<b>Antidote - Cholinesterase Reactivating Agent</b>		
<b>Protopam Chloride</b>	Preferred	
<b>Chelating Agents - Copper</b>		
<i>trientine</i>	Preferred	PA
<b>Chelating Agents - Iron</b>		
<i>deferasirox</i>	Preferred	PA
<b>Ferriprox</b>	Preferred	PA
<b>Jadenu</b>	Preferred	PA
<b>Chelating Agents - Lead Poisoning</b>		
<b>Bal in Oil</b>	Preferred	

Label Name	Status	Notes
<b>Chelating Agents - Others</b>		
Bal in Oil	Preferred	
<b>Mu-Opioid Receptor Antagonists, Peripherally-Acting</b>		
Symproic	Preferred	PA; QL (30 EA per 30 days)
<b>Anti-Infective Agents</b>		
<b>Amebicides</b>		
<i>paromomycin</i>	Preferred	
<b>Aminoglycoside Antibiotic</b>		
<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	
<b>Aminopenicillin Antibiotic</b>		
<i>amoxicillin</i>	Preferred	
<i>ampicillin</i>	Preferred	
<i>ampicillin sodium</i>	Preferred	
<b>Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations</b>		
<i>amoxicillin-pot clavulanate</i>	Preferred	
<i>ampicillin-sulbactam</i>	Preferred	
<b>Anthelmintic Agents - Benzimidazole Derivatives</b>		
<i>albendazole</i>	Preferred	QL (120 EA per 30 days)
<b>Emverm</b>	Preferred	PA; QL (6 EA per 3 days)
<b>Anthelmintic Agents - Macrocyclic Lactones</b>		
<i>ivermectin</i>	Preferred	
<b>Anthelmintic Agents Other</b>		
<i>ivermectin</i>	Preferred	
<i>praziquantel</i>	Preferred	
<b>Antibacterial Folate Antagonist - Other Combinations</b>		
<i>sulfamethoxazole-trimethoprim</i>	Preferred	
<b>Sulfatrim</b>	Preferred	
<b>Antibacterial Folate Antagonist Others</b>		
<i>trimethoprim</i>	Preferred	
<b>Antibacterial Nitrofurantoin Derivatives</b>		
<i>nitrofurantoin</i>	Preferred	
<i>nitrofurantoin macrocrystal</i>	Preferred	
<i>nitrofurantoin monohyd/m-cryst</i>	Preferred	

Label Name	Status	Notes
<b>Antifungal - Allylamines</b>		
<i>terbinafine HCl</i>	Preferred	QL (30 EA per 30 days)
<b>Antifungal - Amphoteric Polyene Macrolides</b>		
<b>Abelcet</b>	Preferred	PA
<b>AmBisome</b>	Preferred	PA
<i>amphotericin B</i>	Preferred	
<i>nystatin</i>	Preferred	
<b>Antifungal - Fluorinated Pyrimidine-Type Agents</b>		
<i>flucytosine</i>	Preferred	
<b>Antifungal - Glucan Synthesis Inhibitors (Echinocandins)</b>		
<b>Eraxis(Water Diluent)</b>	Preferred	PA
<b>Antifungal - Imidazoles</b>		
<i>ketoconazole</i>	Preferred	
<b>Antifungal - Triazoles</b>		
<i>fluconazole</i>	Preferred	
<i>itraconazole</i>	Preferred	
<i>voriconazole</i>	Preferred	
<b>Antifungal Other</b>		
<i>flucytosine</i>	Preferred	
<i>griseofulvin microsize</i>	Preferred	
<i>griseofulvin ultramicrosize</i>	Preferred	
<b>Anti-Infective Immunologic Adjuvants - Interferons</b>		
<b>Actimmune</b>	Preferred	PA
<b>Antileprotic - Sulfone Agents</b>		
<i>dapsone</i>	Preferred	
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil</i>	Preferred	
<b>Antimalarials</b>		
<i>chloroquine phosphate</i>	Preferred	
<i>hydroxychloroquine</i>	Preferred	
<i>mefloquine</i>	Preferred	
<i>primaquine</i>	Preferred	
<i>quinine sulfate</i>	Preferred	
<b>Antiprotozoal Agents - Other</b>		
<b>Alinia</b>	Preferred	PA
<i>atovaquone</i>	Preferred	
<b>Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives</b>		
<b>Alinia</b>	Preferred	PA

Label Name	Status	Notes
<b>Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole</b>		
<i>metronidazole</i>	Preferred	
<i>metronidazole in NaCl (iso-os)</i>	Preferred	
<b>Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole</b>		
<i>tinidazole</i>	Preferred	
<b>Antiretroviral - Ccr5 Co-Receptor Antagonist</b>		
<b>Selzentry oral solution</b>	Preferred	PA; AGE (Max 8 Years)
<b>Selzentry oral tablet</b>	Preferred	PA
<b>Antiretroviral - Hiv-1 Fusion Inhibitors</b>		
<b>Fuzeon</b>	Preferred	PA
<b>Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors</b>		
<b>Isentress HD</b>	Preferred	QL (60 EA per 30 days)
<b>Isentress oral powder in packet</b>	Preferred	
<b>Isentress oral tablet</b>	Preferred	QL (60 EA per 30 days)
<b>Isentress oral tablet, chewable 100 mg</b>	Preferred	QL (180 EA per 30 days); AGE (Max 8 Years)
<b>Isentress oral tablet, chewable 25 mg</b>	Preferred	QL (720 EA per 30 days); AGE (Max 8 Years)
<b>Tivicay oral tablet 10 mg, 25 mg</b>	Preferred	QL (30 EA per 30 days)
<b>Tivicay oral tablet 50 mg</b>	Preferred	QL (60 EA per 30 days)
<b>Antiretroviral - Integrase Inhibitor And Nrti Combinations</b>		
<b>Dovato</b>	Preferred	PA; QL (30 EA per 30 days)
<b>Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti)</b>		
<b>Edurant</b>	Preferred	QL (30 EA per 30 days)
<i>efavirenz</i>	Preferred	
<b>Intelence oral tablet 100 mg, 25 mg</b>	Preferred	QL (120 EA per 30 days)
<b>Intelence oral tablet 200 mg</b>	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)
<b>Pifeltro</b>	Preferred	
<b>Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations</b>		
<b>Descovy</b>	Preferred	QL (30 EA per 30 days)
<b>Truvada</b>	Preferred	QL (30 EA per 30 days)



Label Name	Status	Notes
<b>Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)</b>		
<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	
<i>zidovudine oral capsule</i>	Preferred	
<i>zidovudine oral syrup</i>	Preferred	AGE (Max 8 Years)
<i>zidovudine oral tablet</i>	Preferred	
<b>Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors</b>		
<i>tenofovir disoproxil fumarate</i>	Preferred	
<b>Antiretroviral Combinations - Protease Inhibitors</b>		
<b>Evotaz</b>	Preferred	
<b>Kaletra oral solution</b>	Preferred	PA; AGE (Max 8 Years)
<b>Kaletra oral tablet</b>	Preferred	
<i>lopinavir-ritonavir</i>	Preferred	
<b>Prezcobix</b>	Preferred	QL (30 EA per 30 days)
<b>Antiretroviral- Nucleoside And Nucleotide Analogs,Protease Inhibitors</b>		
<b>Symtuza</b>	Preferred	
<b>Antiretroviral-Integrase Inhibitor,Nucleoside And Nucleotide Rtis Comb</b>		
<b>Biktarvy</b>	Preferred	QL (30 EA per 30 days)
<b>Genvoya</b>	Preferred	QL (30 EA per 30 days)
<b>Stribild</b>	Preferred	QL (30 EA per 30 days)
<b>Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations</b>		
<b>Triumeq</b>	Preferred	QL (30 EA per 30 days)
<b>Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb</b>		
<i>abacavir-lamivudine</i>	Preferred	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	Preferred	
<b>Epzicom</b>	Preferred	
<i>lamivudine-zidovudine</i>	Preferred	
<b>Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti</b>		
<b>Atripla</b>	Preferred	QL (30 EA per 30 days)
<b>Complera</b>	Preferred	QL (30 EA per 30 days)
<b>Odefsey</b>	Preferred	QL (30 EA per 30 days)

Label Name	Status	Notes
<b>Antitubercular - Aminobenzoic Acid Analogs</b>		
<b>Paser</b>	Preferred	
<b>Antitubercular - Cyclic Peptide Antibiotics</b>		
<b>Capastat</b>	Preferred	
<b>Antitubercular - D-Alanine Analogs</b>		
<i>cycloserine</i>	Preferred	
<b>Antitubercular - Isonicotinic Acid Derivatives</b>		
<i>isoniazid</i>	Preferred	
<b>Antitubercular - Niacinamide Derivatives</b>		
<i>pyrazinamide</i>	Preferred	
<b>Antitubercular - Rifamycin And Derivatives</b>		
<i>rifabutin</i>	Preferred	
<i>rifampin</i>	Preferred	
<b>Antitubercular Agents Other</b>		
<i>ethambutol</i>	Preferred	
<b>Carbapenem Antibiotic Combinations</b>		
<i>imipenem-cilastatin</i>	Preferred	
<b>Carbapenem Antibiotics (Thienamycins)</b>		
<i>meropenem</i>	Preferred	
<b>Cephalosporin Antibiotics - 1St Generation</b>		
<i>cefadroxil</i>	Preferred	
<i>cefazolin</i>	Preferred	
<i>cefazolin in dextrose (iso-os)</i>	Preferred	
<i>cephalexin</i>	Preferred	
<b>Cephalosporin Antibiotics - 2Nd Generation</b>		
<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	
<b>Cephalosporin Antibiotics - 3Rd Generation</b>		
<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	

<b>Label Name</b>	<b>Status</b>	<b>Notes</b>
<i>ceftazidime in D5W</i>	Preferred	
<i>ceftriaxone</i>	Preferred	
<i>ceftriaxone in dextrose,iso-os</i>	Preferred	
<b>Suprax</b>	Preferred	
<b>Cephalosporin Antibiotics - 4Th Generation</b>		
<i>cefepime</i>	Preferred	
<i>cefepime in dextrose 5 %</i>	Preferred	
<i>cefepime in dextrose,iso-osm</i>	Preferred	
<b>Chloramphenicol Antibiotics And Derivatives - Single Agents</b>		
<i>chloramphenicol sod succinate</i>	Preferred	
<b>Cmv Antiviral Agent - Nucleoside Analogs</b>		
<i>valganciclovir oral recon soln</i>	Preferred	PA; AGE (Max 8 Years)
<i>valganciclovir oral tablet</i>	Preferred	
<b>Fluoroquinolone Antibiotics</b>		
<i>ciprofloxacin</i>	Preferred	
<i>ciprofloxacin HCl</i>	Preferred	
<i>ciprofloxacin in 5 % dextrose</i>	Preferred	
<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	
<b>Glycopeptide Antibiotics</b>		
<i>vancomycin</i>	Preferred	QL (56 EA per 14 days)
<i>vancomycin in dextrose 5 %</i>	Preferred	
<b>Glycylcycline Antibiotics</b>		
<i>tigecycline</i>	Preferred	PA
<b>Hepatitis B Treatment- Nucleoside Analogs (Antiviral)</b>		
<b>Baraclude</b>	Preferred	PA
<i>entecavir</i>	Preferred	QL (30 EA per 30 days)
<i>lamivudine</i>	Preferred	QL (30 EA per 30 days)
<b>Hepatitis B Treatment- Nucleotide Analogs (Antiviral)</b>		
<i>adefovir</i>	Preferred	PA; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	Preferred	
<b>Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination</b>		
<b>Mavyret</b>	Preferred	PA

Label Name	Status	Notes
<b>Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations</b>		
<i>ledipasvir-sofosbuvir</i>	Preferred	PA
<i>sofosbuvir-velpatasvir</i>	Preferred	PA
<b>Hepatitis C - Nucleoside Analogs</b>		
<i>ribavirin</i>	Preferred	
<b>Herpes Antiviral Agent - Purine Analogs</b>		
<i>acyclovir</i>	Preferred	
<i>acyclovir sodium</i>	Preferred	
<i>valacyclovir</i>	Preferred	
<b>Herpes Antiviral Agent - Thymidine Analogs</b>		
<i>famciclovir</i>	Preferred	QL (60 EA per 30 days)
<b>Influenza Antiviral Agents - Neuraminidase Inhibitors</b>		
<i>oseltamivir oral capsule</i>	Preferred	
<i>oseltamivir oral suspension for reconstitution</i>	Preferred	QL (180 ML per 5 days); AGE (Max 12 Years)
<b>Influenza-A Antiviral Agents</b>		
<i>rimantadine</i>	Preferred	
<b>Lincosamide Antibiotics</b>		
<i>clindamycin HCl</i>	Preferred	
<i>clindamycin palmitate HCl</i>	Preferred	
<b>Clindamycin Pediatric</b>	Preferred	
<i>clindamycin phosphate</i>	Preferred	
<i>lincomycin</i>	Preferred	
<b>Macrolide Antibiotics</b>		
<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	
<b>Erythrocin</b>	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	
<b>Misc Anti-Infective</b>		
<i>methenamine hippurate</i>	Preferred	
<i>methenamine mandelate</i>	Preferred	



Label Name	Status	Notes
<b>Misc Anti-Infective Combinations</b>		
Phosphasal	Preferred	
Urin DS	Preferred	
<b>Monobactam Antibiotics</b>		
<i>aztreonam</i>	Preferred	
<b>Oxazolidinone Antibiotics</b>		
<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)
<b>Penicillin Antibiotic - Natural</b>		
<b>Bicillin L-A</b>	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	
<i>penicillin V potassium</i>	Preferred	
<b>Penicillin Antibiotic - Penicillinase-Resistant</b>		
<i>dicloxacillin</i>	Preferred	
<i>nafcillin</i>	Preferred	
<i>oxacillin</i>	Preferred	
<i>oxacillin in dextrose(iso-osm)</i>	Preferred	PA
<b>Penicillin Antibiotic, Extended-Spectrum And Beta-Lactamase Inhib Comb</b>		
<i>piperacillin-tazobactam</i>	Preferred	
<b>Zosyn in dextrose (iso-osm)</b>	Preferred	PA
<b>Penicillin Natural Antibiotic Combinations - Extended Release</b>		
<b>Bicillin C-R</b>	Preferred	
<b>Polymyxins And Derivatives - Single Agents</b>		
<i>bacitracin</i>	Preferred	
<i>polymyxin B sulfate</i>	Preferred	
<b>Protease Inhibitors (Non-Peptidic) Antiretroviral</b>		
<b>Prezcobix</b>	Preferred	QL (30 EA per 30 days)
<b>Prezista oral tablet 150 mg</b>	Preferred	QL (180 EA per 30 days)
<b>Prezista oral tablet 600 mg</b>	Preferred	QL (60 EA per 30 days)
<b>Prezista oral tablet 75 mg</b>	Preferred	QL (300 EA per 30 days)
<b>Prezista oral tablet 800 mg</b>	Preferred	
<b>Protease Inhibitors (Peptidic) Antiretroviral</b>		
<i>atazanavir</i>	Preferred	
<b>Evotaz</b>	Preferred	
<b>Norvir</b>	Preferred	PA; AGE (Max 8 Years)
<i>ritonavir</i>	Preferred	

Label Name	Status	Notes
<b>Rifamycins And Related Derivative Antibiotics</b>		
<i>rifabutin</i>	Preferred	
<i>rifampin</i>	Preferred	
<b>Xifaxan oral tablet 200 mg</b>	Preferred	PA; QL (9 EA per 30 days)
<b>Xifaxan oral tablet 550 mg</b>	Preferred	PA; QL (90 EA per 30 days)
<b>Streptogramin Antibiotics</b>		
<b>Synercid</b>	Preferred	PA
<b>Sulfonamide Antibiotic</b>		
<i>sulfadiazine</i>	Preferred	
<b>Tetracycline Antibiotics</b>		
<i>demeclocycline</i>	Preferred	
<i>doxycycline hyclate</i>	Preferred	
<i>doxycycline monohydrate</i>	Preferred	
<i>minocycline</i>	Preferred	
<i>tetracycline</i>	Preferred	
<i>tigecycline</i>	Preferred	PA
<b>Antineoplastics</b>		
<b>Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib</b>		
<b>Tykerb</b>	Preferred	PA
<b>Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor</b>		
<i>abiraterone</i>	Preferred	PA; QL (120 EA per 30 days)
<b>Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor</b>		
<i>erlotinib</i>	Preferred	PA; QL (30 EA per 30 days)
<b>Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor</b>		
<b>Gilotrif</b>	Preferred	PA
<b>Vizimpro</b>	Preferred	PA
<b>Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor</b>		
<b>Tagrisso</b>	Preferred	PA
<b>Antineoplastic - Alkylating Agent - Alkyl Sulfonates</b>		
<b>Myleran</b>	Preferred	PA
<b>Antineoplastic - Alkylating Agent - Nitrogen Mustards</b>		
<i>cyclophosphamide</i>	Preferred	
<i>melphalan</i>	Preferred	PA
<b>Antineoplastic - Alkylating Agent - Other</b>		
<b>Treanda</b>	Preferred	PA

Label Name	Status	Notes
<b>Antineoplastic - Alkylating Agent - Triazines</b>		
<i>temozolomide</i>	Preferred	QL (10 EA per 28 days)
<b>Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors</b>		
<b>Alecensa</b>	Preferred	PA
<b>Xalkori</b>	Preferred	PA
<b>Zykadia</b>	Preferred	PA
<b>Antineoplastic - Antiandrogens</b>		
<i>abiraterone</i>	Preferred	PA; QL (120 EA per 30 days)
<i>bicalutamide</i>	Preferred	QL (30 EA per 30 days)
<b>Erleada</b>	Preferred	PA; QL (120 EA per 30 days)
<i>flutamide</i>	Preferred	
<i>nilutamide</i>	Preferred	PA; QL (60 EA per 30 days)
<b>Xtandi</b>	Preferred	PA
<b>Antineoplastic - Antibody-Drug Conjugates (Adcs)</b>		
<b>Adcetris</b>	Preferred	PA
<b>Antineoplastic - Antimetabolite - Folic Acid Analogs</b>		
<b>Alimta</b>	Preferred	PA
<b>Folotyn</b>	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	
<b>Trexall</b>	Preferred	PA
<b>Antineoplastic - Antimetabolite - Purine Analogs</b>		
<i>mercaptopurine</i>	Preferred	
<b>Purixan</b>	Preferred	PA
<b>Tabloid</b>	Preferred	PA
<b>Antineoplastic - Antimetabolite - Pyrimidine Analogs</b>		
<i>capecitabine</i>	Preferred	
<b>Antineoplastic - Antimetabolite - Urea Derivatives</b>		
<i>hydroxyurea</i>	Preferred	
<b>Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations</b>		
<b>Lonsurf</b>	Preferred	PA
<b>Antineoplastic - Aromatase Inhibitors</b>		
<i>anastrozole</i>	Preferred	F; QL (30 EA per 30 days)
<i>exemestane</i>	Preferred	F; QL (60 EA per 30 days)
<i>letrozole</i>	Preferred	F

Label Name	Status	Notes
<b>Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors</b>		
Venclexta	Preferred	PA
Venclexta Starting Pack	Preferred	PA
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
Braftovi	Preferred	PA
Tafinlar	Preferred	PA
Zelboraf	Preferred	PA
<b>Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor</b>		
Imbruvica	Preferred	PA; QL (120 EA per 30 days)
<b>Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors</b>		
Ibrance	Preferred	PA; QL (21 EA per 28 days)
<b>Antineoplastic - Epipodophyllotoxins</b>		
Etopophos	Preferred	PA
<i>etoposide</i>	Preferred	PA
<b>Antineoplastic - Epothilones And Analogs</b>		
Ixempra	Preferred	PA
<b>Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib</b>		
Balversa	Preferred	PA
<b>Antineoplastic - Halichondrin B Analogs, Microtubule Inhibitors</b>		
Halaven	Preferred	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
Erivedge	Preferred	PA; QL (30 EA per 30 days)
<b>Antineoplastic - Immunotherapy, Virus-Based</b>		
Imlygic	Preferred	PA
<b>Antineoplastic - Interferons</b>		
Intron A	Preferred	PA
<b>Antineoplastic - Interleukins</b>		
Proleukin	Preferred	PA
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
Jakafi	Preferred	PA; QL (60 EA per 30 days)
<b>Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants</b>		
Lupron Depot	Preferred	PA
Trelstar	Preferred	
Vantas	Preferred	
Zoladex	Preferred	
<b>Antineoplastic - Mast Cell Stabilizers</b>		
<i>cromolyn</i>	Preferred	



Label Name	Status	Notes
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
Cotellic	Preferred	PA
Mekinist	Preferred	PA
Mektovi	Preferred	PA
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
Afinitor	Preferred	PA; QL (30 EA per 30 days)
Afinitor Disperz	Preferred	PA; QL (30 EA per 30 days)
<b>Antineoplastic - Multikinase Inhibitors</b>		
Cabometyx	Preferred	PA
Nexavar	Preferred	PA
Stivarga	Preferred	PA
<b>Antineoplastic - Other</b>		
Tice BCG	Preferred	PA
<b>Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors</b>		
Copiktra	Preferred	PA
Zydelig	Preferred	PA
<b>Antineoplastic - Pi3k-Alpha Inhibitors</b>		
Piqray	Preferred	PA
<b>Antineoplastic - Pi3k-Delta And Gamma Inhibitors</b>		
Copiktra	Preferred	PA
<b>Antineoplastic - Pi3k-Delta Inhibitors</b>		
Zydelig	Preferred	PA
<b>Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors</b>		
Lynparza oral tablet 100 mg	Preferred	PA; QL (240 EA per 30 days)
Lynparza oral tablet 150 mg	Preferred	PA; QL (120 EA per 30 days)
<b>Antineoplastic - Progestins</b>		
<i>megestrol</i>	Preferred	
<b>Antineoplastic - Proteasome Enzyme Inhibitors</b>		
Velcade	Preferred	PA
<b>Antineoplastic - Protein-Tyrosine Kinase Inhibitors</b>		
Bosulif	Preferred	PA
Caprelsa	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

Label Name	Status	Notes
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
<b>Antineoplastic - Retinoids</b>		
<i>tretinoin (antineoplastic)</i>	Preferred	PA
<b>Antineoplastic - Selective Estrogen Receptor Modulators (Serms)</b>		
<i>tamoxifen</i>	Zero Copay	
<i>toremifene</i>	Preferred	QL (30 EA per 30 days)
<b>Antineoplastic - Selective Retinoid X Receptor Agonists</b>		
<i>bexarotene</i>	Preferred	PA
<b>Antineoplastic - Taxanes</b>		
Abraxane	Preferred	PA
Docetaxel	Preferred	PA
Jevtana	Preferred	PA
<b>Antineoplastic - Thalidomide Analogs</b>		
Pomalyst	Preferred	PA; QL (21 EA per 28 days)
Revlimid	Preferred	PA; QL (30 EA per 30 days)
<b>Antineoplastic Antibiotic - Others</b>		
Zanosar	Preferred	PA
<b>Antineoplastic -Cephalotaxines</b>		
Synribo	Preferred	PA
<b>Antineoplastic-Cd30 Directed Antibody-Microtubule Disrupting Conjugate</b>		
Adcetris	Preferred	PA
<b>Epidermal Growth Factor Recept Blocker (Her-1 Type), Rec-Mc Antibody</b>		
Erbitux	Preferred	PA
<b>Methotrexate Rescue Agents</b>		
<i>leucovorin calcium</i>	Preferred	
<b>Methotrexate Rescue Agents - Folic Acid Antagonist Type</b>		
<i>leucovorin calcium</i>	Preferred	
<b>Biologicals</b>		
<b>Antiviral Monoclonal Antibodies</b>		
Synagis	Preferred	PA

Label Name	Status	Notes
<b>Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv)</b>		
Synagis	Preferred	PA
<b>Hepatitis A And Hepatitis B Vaccine Combinations</b>		
Twinrix (PF)	Zero Copay	
<b>Hepatitis A Vaccine - Single Agents</b>		
Havrix (PF)	Zero Copay	
Vaqa (PF)	Zero Copay	
<b>Hepatitis B Vaccine Combinations</b>		
Pediarix (PF)	Preferred	
<b>Hepatitis B Vaccines - Single Agents</b>		
Engerix-B (PF)	Zero Copay	
Engerix-B Pediatric (PF)	Zero Copay	
Heplisav-B (PF)	Zero Copay	
Recombivax HB (PF)	Zero Copay	
<b>Immune Globulin - Hepatitis B</b>		
HyperHEP B S/D	Preferred	
Hyperhep B S-D Neonatal	Preferred	
Nabi-HB	Preferred	
<b>Immune Globulin - Rho(D)</b>		
HyperRHO S/D	Preferred	
RhoGAM Ultra-Filtered PLUS	Preferred	
Rhophylac	Preferred	
<b>Immune Globulin - Tetanus</b>		
HyperTET S/D (PF)	Preferred	
<b>Live Vaccine And Live Virus Formulations</b>		
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	
<b>Toxoid Vaccine Combinations</b>		
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	

Label Name	Status	Notes
Pentacel (PF)	Zero Copay	
Quadracel (PF)	Zero Copay	
TDVAX	Zero Copay	
Tenivac (PF)	Zero Copay	
<i>tetanus,diphtheria tox ped(PF)</i>	Zero Copay	
<b>Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)</b>		
Pedvax HIB (PF)	Zero Copay	
<b>Vaccine Bacterial - Gram Negative Cocci</b>		
Menactra (PF)	Zero Copay	
Menveo A-C-Y-W-135-Dip (PF)	Zero Copay	
<b>Vaccine Bacterial - Gram Positive Cocci</b>		
Pneumovax-23	Zero Copay	
Prevnar 13 (PF)	Zero Copay	
<b>Vaccine Bacterial - Meningococcal Group B Vaccines</b>		
Bexsero	Zero Copay	
Trumenba	Zero Copay	
<b>Vaccine Mixed Combinations (Bacterial And Viral)</b>		
Pentacel (PF)	Preferred	
<b>Vaccine Viral - Human Papillomavirus (Hpv) Vaccines</b>		
Gardasil 9 (PF)	Zero Copay	AGE (Min 9 Years and Max 45 Years)
<b>Vaccine Viral - Influenza A And B</b>		
Afluria Qd 2019-20(3yr up)(PF)	Zero Copay	
Afluria Qd 2019-20(6-35mo)(PF)	Zero Copay	
Afluria Quad 2019-20(6mo up)	Zero Copay	
Fluad 2019-2020 (65 yr up)(PF)	Zero Copay	
Fluarix Quad 2019-2020 (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	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	
<b>Vaccine Viral - Measles</b>		
M-M-R II (PF)	Zero Copay	
ProQuad (PF)	Zero Copay	

Label Name	Status	Notes
<b>Vaccine Viral - Mumps And Related</b>		
M-M-R II (PF)	Zero Copay	
ProQuad (PF)	Zero Copay	
<b>Vaccine Viral - Rotavirus</b>		
Rotarix	Zero Copay	
RotaTeq Vaccine	Zero Copay	
<b>Vaccine Viral - Rubella</b>		
M-M-R II (PF)	Zero Copay	
ProQuad (PF)	Zero Copay	
<b>Vaccine Viral - Varicella</b>		
ProQuad (PF)	Zero Copay	
Shingrix (PF)	Zero Copay	AGE (Min 50 Years)
Varivax (PF)	Zero Copay	
Zostavax (PF)	Zero Copay	
<b>Vaccine Viral Combinations</b>		
M-M-R II (PF)	Zero Copay	
ProQuad (PF)	Zero Copay	
<b>Cardiovascular Therapy Agents</b>		
<b>Ace Inhibitor And Calcium Channel Blocker Combinations</b>		
<i>amlodipine-benazepril</i>	Preferred	
<i>trandolapril-verapamil</i>	Preferred	QL (30 EA per 30 days)
<b>Ace Inhibitor And Diuretic Combinations</b>		
<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	
<b>Ace Inhibitors</b>		
<i>benazepril</i>	Preferred	
<i>captopril</i>	Preferred	
<i>enalapril maleate</i>	Preferred	
<b>Epaned</b>	Preferred	
<i>fosinopril</i>	Preferred	
<i>lisinopril</i>	Preferred	
<i>moexipril</i>	Preferred	
<i>perindopril erbumine</i>	Preferred	
<i>quinapril</i>	Preferred	
<i>ramipril</i>	Preferred	
<i>trandolapril</i>	Preferred	
<b>Aldosterone Receptor Antagonists</b>		
<i>eplerenone</i>	Preferred	QL (60 EA per 30 days)

Label Name	Status	Notes
<i>spironolactone</i>	Preferred	
<b>Alpha-Beta Blockers</b>		
<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	
<b>Angiotensin II Receptor Blocker (Arb)- Calcium Channel Blocker Comb.</b>		
<i>amlodipine-olmesartan</i>	Preferred	
<i>amlodipine-valsartan</i>	Preferred	
<i>telmisartan-amlodipine</i>	Preferred	QL (30 EA per 30 days)
<b>Angiotensin II Receptor Blocker (Arb)- Calcium Channel Blocker-Diuretic</b>		
<i>amlodipine-valsartan-hcthiiazid</i>	Preferred	
<i>olmesartan-amlodipin-hcthiiazid</i>	Preferred	QL (30 EA per 30 days)
<b>Angiotensin II Receptor Blocker (Arb)- Diuretic Combinations</b>		
<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	
<b>Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (Arni)</b>		
<b>Entresto</b>	Preferred	PA; QL (60 EA per 30 days)
<b>Angiotensin II Receptor Blockers (Arbs)</b>		
<i>candesartan</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)
<i>olmesartan</i>	Preferred	
<i>telmisartan</i>	Preferred	
<i>valsartan</i>	Preferred	
<b>Antianginal - Coronary Vasodilators (Nitrates)</b>		
<i>isosorbide dinitrate</i>	Preferred	
<i>isosorbide mononitrate</i>	Preferred	
<b>Nitro-Bid</b>	Preferred	
<i>nitroglycerin</i>	Preferred	
<b>Antianginal And Anti-Ischemic Agents, Non- Hemodynamic</b>		
<i>ranolazine</i>	Preferred	QL (60 EA per 30 days)
<b>Antiarrhythmic - Class Ia</b>		
<i>disopyramide phosphate</i>	Preferred	



Label Name	Status	Notes
<b>Norpace</b>	Preferred	
<i>quinidine gluconate</i>	Preferred	
<i>quinidine sulfate</i>	Preferred	
<b>Antiarrhythmic - Class Ib</b>		
<i>lidocaine (PF)</i>	Preferred	
<i>lidocaine in 5 % dextrose (PF)</i>	Preferred	
<i>mexiletine</i>	Preferred	
<b>Antiarrhythmic - Class Ic</b>		
<i>flecainide</i>	Preferred	
<i>propafenone</i>	Preferred	
<b>Rythmol SR</b>	Preferred	
<b>Antiarrhythmic - Class Ii</b>		
<b>Brevibloc in NaCl (iso-osm)</b>	Preferred	
<i>sotalol</i>	Preferred	
<b>Sotalol AF</b>	Preferred	
<b>Sotylize</b>	Preferred	PA; QL (1920 ML per 30 days)
<b>Antiarrhythmic - Class Iii</b>		
<i>amiodarone</i>	Preferred	
<i>dofetilide</i>	Preferred	
<b>Nexterone</b>	Preferred	
<b>Tikosyn</b>	Preferred	
<b>Antiarrhythmic - Class Iv</b>		
<i>verapamil</i>	Preferred	
<b>Antihyperlipidemic - Bile Acid Sequestrants</b>		
<i>cholestyramine (with sugar)</i>	Preferred	
<b>Cholestyramine Light</b>	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	
<b>Antihyperlipidemic - Fibric Acid Derivatives</b>		
<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	
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)</b>		
<b>Altoprev</b>	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)

Label Name	Status	Notes
<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)
<b>Antihyperlipidemic - Nicotinic Acid Derivatives</b>		
<i>niacin</i>	Preferred	
<b>Antihyperlipidemic - Omega-3 Fatty Acid Type</b>		
<i>omega-3 acid ethyl esters</i>	Preferred	
<b>Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor</b>		
<i>ezetimibe</i>	Preferred	QL (30 EA per 30 days)
<b>Antihyperlipidemic Agents - Dietary Source</b>		
<i>omega-3 acid ethyl esters</i>	Preferred	
<b>Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker</b>		
<i>amlodipine-atorvastatin</i>	Preferred	PA; QL (30 EA per 30 days)
<b>Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit</b>		
<i>ezetimibe-simvastatin</i>	Preferred	QL (30 EA per 30 days)
<b>Beta Blockers Cardiac Selective</b>		
<i>atenolol</i>	Preferred	
<i>betaxolol</i>	Preferred	
<i>bisoprolol fumarate</i>	Preferred	
<b>Brevibloc in NaCl (iso-osm)</b>	Preferred	
<b>Bystolic</b>	Preferred	ST; QL (60 EA per 30 days)
<i>metoprolol succinate</i>	Preferred	QL (60 EA per 30 days)
<i>metoprolol tartrate</i>	Preferred	
<b>Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity</b>		
<i>acebutolol</i>	Preferred	
<b>Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity</b>		
<i>pindolol</i>	Preferred	
<b>Beta Blockers Non-Cardiac Selective</b>		
<i>nadolol</i>	Preferred	
<i>propranolol</i>	Preferred	
<i>sotalol</i>	Preferred	

Label Name	Status	Notes
<b>Sotalol AF</b>	Preferred	
<b>Sotylize</b>	Preferred	PA; QL (1920 ML per 30 days)
<i>timolol maleate</i>	Preferred	
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant</i>	Preferred	PA; QL (3 ML per 30 days)
<b>Calcium Channel Blockers - Benzothiazepines</b>		
<b>Cartia XT</b>	Preferred	
<i>diltiazem HCl</i>	Preferred	
<b>Calcium Channel Blockers - Dihydropyridines</b>		
<i>amlodipine</i>	Preferred	
<i>felodipine</i>	Preferred	
<i>isradipine</i>	Preferred	
<b>Katerzia</b>	Preferred	PA
<i>nicardipine</i>	Preferred	
<i>nifedipine</i>	Preferred	
<i>nisoldipine</i>	Preferred	
<b>Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific</b>		
<i>nimodipine</i>	Preferred	
<b>Calcium Channel Blockers - Phenylalkylamines</b>		
<i>verapamil</i>	Preferred	
<b>Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.</b>		
<i>atenolol-chlorthalidone</i>	Preferred	
<i>bisoprolol-hydrochlorothiazide</i>	Preferred	
<i>metoprolol ta-hydrochlorothiaz</i>	Preferred	
<b>Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents</b>		
<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)
<b>Symjepi</b>	Preferred	QL (2 EA per 30 days)
<b>Cardiovascular Sympathomimetics</b>		
<i>epinephrine</i>	Preferred	QL (2 ML Max Qty Per Fill Retail)
<i>midodrine</i>	Preferred	
<i>norepinephrine bitartrate</i>	Preferred	
<b>Northera oral capsule 100 mg, 200 mg</b>	Preferred	PA; QL (42 EA Max Qty Per Fill Retail)
<b>Northera oral capsule 300 mg</b>	Preferred	PA; QL (84 EA Max Qty Per Fill Retail)
<b>Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb.</b>		
<i>methyl dopa-hydrochlorothiazide</i>	Preferred	

Label Name	Status	Notes
<b>Central Alpha-2 Receptor Agonists</b>		
<i>clonidine</i>	Preferred	
<i>clonidine HCl</i>	Preferred	
<i>guanfacine</i>	Preferred	
<i>methyldopa</i>	Preferred	
<b>Digitalis Glycosides</b>		
<b>Digox</b>	Preferred	
<i>digoxin</i>	Preferred	
<b>Direct Acting Vasodilators</b>		
<i>hydralazine</i>	Preferred	
<i>minoxidil</i>	Preferred	
<b>Diuretic - Aldosterone Receptor Antagonist, Non-Selective</b>		
<i>spironolactone</i>	Preferred	
<b>Diuretic - Aldosterone Receptor Antagonist, Selective</b>		
<i>eplerenone</i>	Preferred	QL (60 EA per 30 days)
<b>Diuretic - Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide</i>	Preferred	
<i>methazolamide</i>	Preferred	
<b>Diuretic - Loop</b>		
<i>bumetanide</i>	Preferred	
<i>ethacrynic acid</i>	Preferred	
<i>furosemide</i>	Preferred	
<i>toremide</i>	Preferred	
<b>Diuretic - Potassium Sparing</b>		
<i>amiloride</i>	Preferred	
<i>triamterene</i>	Preferred	
<b>Diuretic - Potassium Sparing-Thiazide And Related Combinations</b>		
<i>amiloride-hydrochlorothiazide</i>	Preferred	
<i>spironolacton-hydrochlorothiaz</i>	Preferred	
<i>triamterene-hydrochlorothiazid</i>	Preferred	
<b>Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists</b>		
<b>Jynarque</b>	Preferred	PA
<b>Samsca</b>	Preferred	PA
<b>Diuretic - Thiazides And Related</b>		
<i>chlorothiazide</i>	Preferred	
<i>chlorthalidone</i>	Preferred	
<b>Diuril</b>	Preferred	AGE (Max 8 Years)
<i>hydrochlorothiazide</i>	Preferred	
<i>indapamide</i>	Preferred	

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

Label Name	Status	Notes
<b>Central Nervous System Agents</b>		
<b>Agents To Treat Episodic Cluster Headaches</b>		
Emgality Syringe	Preferred	PA; QL (1 ML per 30 days)
<b>Antianxiety Agent - Antihistamine Type</b>		
<i>hydroxyzine HCl</i>	Preferred	
<i>hydroxyzine pamoate</i>	Preferred	
<b>Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris)</b>		
<i>fluoxetine</i>	Preferred	QL (30 EA per 30 days)
<b>Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris)</b>		
Savella oral tablet	Preferred	PA; QL (60 EA per 30 days)
Savella oral tablets,dose pack	Preferred	PA
<b>Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb</b>		
<i>carbidopa-levodopa-entacapone</i>	Preferred	
<b>Stalevo 100</b>	Preferred	
<b>Stalevo 125</b>	Preferred	
<b>Stalevo 150</b>	Preferred	
<b>Stalevo 200</b>	Preferred	
<b>Stalevo 50</b>	Preferred	
<b>Stalevo 75</b>	Preferred	
<b>Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb</b>		
<i>carbidopa-levodopa</i>	Preferred	
<b>Sinemet</b>	Preferred	
<b>Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors</b>		
<b>Tasmart</b>	Preferred	PA
<i>tolcapone</i>	Preferred	PA
<b>Antiparkinson Adjuvant - Peripheral Comt Inhibitors</b>		
<b>Comtan</b>	Preferred	
<i>entacapone</i>	Preferred	
<b>Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors</b>		
<i>carbidopa</i>	Preferred	
<b>Lodosyn</b>	Preferred	
<b>Antiparkinson Therapy - Anticholinergic Agents</b>		
<i>benztropine</i>	Preferred	
<i>trihexyphenidyl</i>	Preferred	



Label Name	Status	Notes
<b>Antiparkinson Therapy - Ergot Alkaloids And Derivatives</b>		
<i>bromocriptine</i>	Preferred	
<b>Parlodel</b>	Preferred	
<b>Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)</b>		
<b>Azilect</b>	Preferred	QL (30 EA per 30 days)
<i>rasagiline</i>	Preferred	QL (30 EA per 30 days)
<i>selegiline HCl</i>	Preferred	
<b>Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents</b>		
<i>amantadine HCl</i>	Preferred	
<b>Mirapex ER</b>	Preferred	QL (30 EA per 30 days)
<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)
<b>Requip XL</b>	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)
<b>Benzodiazepines</b>		
<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)
<b>Cannabis And Cannabinoid Receptor Agonists</b>		
<i>dronabinol</i>	Preferred	QL (60 EA per 30 days)
<b>Cns Stimulant - Analeptics</b>		
<i>caffeine citrate</i>	Preferred	
<b>Cns Stimulant - Analeptics, Methylxanthine-Type</b>		
<i>caffeine citrate</i>	Preferred	
<b>Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SnrIs)</b>		
<b>Savella oral tablet</b>	Preferred	PA; QL (60 EA per 30 days)
<b>Savella oral tablets,dose pack</b>	Preferred	PA
<b>Hypnotics - Melatonin M1/M2 Receptor Agonists</b>		
<i>ramelteon</i>	Preferred	QL (30 EA per 30 days)
<b>Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors</b>		
<b>Ajovy Syringe</b>	Preferred	PA; QL (1.5 ML per 30 days)
<b>Emgality Pen</b>	Preferred	PA; QL (1 ML per 30 days)

Label Name	Status	Notes
Emgality Syringe	Preferred	PA; QL (1 ML per 30 days)
<b>Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody</b>		
Ajovy Syringe	Preferred	PA; QL (1.5 ML per 30 days)
Emgality Pen	Preferred	PA; QL (1 ML per 30 days)
Emgality Syringe	Preferred	PA; QL (1 ML per 30 days)
<b>Migraine Therapy - Ergot Alkaloids And Derivatives</b>		
<i>dihydroergotamine</i>	Preferred	QL (24 ML per 30 days)
Ergomar	Preferred	QL (10 EA per 30 days)
<b>Migraine Therapy - Ergot Combinations</b>		
Migergot	Preferred	
<b>Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)</b>		
<i>almotriptan malate</i>	Preferred	QL (9 EA per 28 days)
<i>eletriptan oral tablet 20 mg</i>	Preferred	QL (9 EA per 28 days)
<i>eletriptan oral tablet 40 mg</i>	Preferred	QL (10 EA per 28 days)
<i>frovatriptan</i>	Preferred	QL (9 EA per 28 days)
<i>naratriptan</i>	Preferred	QL (9 EA per 28 days)
<b>Onzetra Xsail</b>	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)
<b>Movement Disorder Drug Therapy</b>		
<b>Austedo</b>	Preferred	PA
<i>tetrabenazine</i>	Preferred	PA
<b>Movement Disorder Therapy - Huntington's Disease</b>		
<b>Austedo</b>	Preferred	PA
<i>tetrabenazine</i>	Preferred	PA
<b>Movement Disorder Therapy - Tardive Dyskinesia</b>		
<b>Austedo</b>	Preferred	PA

Label Name	Status	Notes
<b>Narcolepsy Therapy Agents - Non-Sympathomimetic</b>		
<i>armodafinil</i>	Preferred	QL (30 EA per 30 days)
<i>modafinil</i>	Preferred	QL (30 EA per 30 days)
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type</b>		
<b>Nuedexta</b>	Preferred	PA
<b>Sedative-Hypnotic - Benzodiazepines</b>		
<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)
<b>Sedative-Hypnotic - Gaba-Receptor Modulators</b>		
<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)
<i>zolpidem oral</i>	Preferred	QL (30 EA per 30 days)
<i>zolpidem sublingual</i>	Preferred	ST; QL (30 EA per 30 days)
<b>Chemical Dependency, Agents To Treat</b>		
<b>Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type</b>		
<i>bupropion HCl (smoking deter)</i>	Zero Copay	
<b>Smoking Deterrents - Nicotine-Type</b>		
<b>Nicotrol</b>	Zero Copay	
<b>Nicotrol NS</b>	Zero Copay	
<b>Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2</b>		
<b>Chantix</b>	Zero Copay	
<b>Chantix Continuing Month Box</b>	Zero Copay	
<b>Chantix Starting Month Box</b>	Zero Copay	
<b>Chemicals-Pharmaceutical Adjuvants</b>		
<b>Bulk Chemicals</b>		
<i>hydroxyprogesterone capr(bulk)</i>	Preferred	PA
<b>Pharmaceutical Adjuvant - Inhalation Vehicles</b>		
<i>sodium chloride</i>	Preferred	
<b>Cognitive Disorder Therapy</b>		
<b>Alzheimer's Disease Therapy - Cholinesterase Inhibitors</b>		
<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	

Label Name	Status	Notes
<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)
<b>Alzheimer's Disease Therapy - Nmda Receptor Antagonists</b>		
<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
<b>Namenda XR</b>	Preferred	PA; QL (28 EA per 365 days)
<b>Cognitive Disorder Therapy - Cerebral Vasodilators</b>		
<i>ergoloid</i>	Preferred	
<b>Contraceptives</b>		
<b>Contraceptive Injectable - Progestin</b>		
<i>medroxyprogesterone</i>	Zero Copay	
<b>Contraceptive Oral - Biphasic</b>		
<b>Amethia</b>	Zero Copay	QL (91 EA per 91 days)
<b>Amethia Lo</b>	Zero Copay	QL (91 EA per 91 days)
<b>Ashlyna</b>	Zero Copay	QL (91 EA per 91 days)
<b>Azurette (28)</b>	Zero Copay	
<b>Bekyree (28)</b>	Zero Copay	
<b>Camrese</b>	Zero Copay	QL (91 EA per 91 days)
<b>Camrese Lo</b>	Zero Copay	QL (91 EA per 91 days)
<b>Daysee</b>	Zero Copay	QL (91 EA per 91 days)
<i>desog-e.estradiol/e.estradiol</i>	Zero Copay	
<b>Jaimiess</b>	Zero Copay	QL (91 EA per 91 days)
<b>Kariva (28)</b>	Zero Copay	
<i>L norgest/e.estradiol-e.estrad</i>	Zero Copay	QL (91 EA per 91 days)
<b>LoJaimiess</b>	Zero Copay	QL (91 EA per 91 days)
<b>Pimtrea (28)</b>	Zero Copay	
<b>Simliya (28)</b>	Zero Copay	
<b>Simpesse</b>	Zero Copay	QL (91 EA per 91 days)
<b>Viorele (28)</b>	Zero Copay	
<b>Volnea (28)</b>	Zero Copay	
<b>Contraceptive Oral - Monophasic</b>		
<b>Afirmelle</b>	Zero Copay	
<b>Altavera (28)</b>	Zero Copay	QL (91 EA per 91 days)
<b>Alyacen 1/35 (28)</b>	Zero Copay	
<b>Amethyst (28)</b>	Zero Copay	
<b>Apri</b>	Zero Copay	
<b>Aubra</b>	Zero Copay	

<b>Label Name</b>	<b>Status</b>	<b>Notes</b>
<b>Aubra EQ</b>	Zero Copay	
<b>Aurovela 1.5/30 (21)</b>	Zero Copay	
<b>Aurovela 1/20 (21)</b>	Zero Copay	
<b>Aurovela 24 Fe</b>	Zero Copay	
<b>Aurovela Fe 1.5/30 (28)</b>	Zero Copay	
<b>Aurovela Fe 1-20 (28)</b>	Zero Copay	
<b>Aviane</b>	Zero Copay	
<b>Ayuna</b>	Zero Copay	QL (91 EA per 91 days)
<b>Balziva (28)</b>	Zero Copay	
<b>Blisovi 24 Fe</b>	Zero Copay	
<b>Blisovi Fe 1.5/30 (28)</b>	Zero Copay	
<b>Blisovi Fe 1/20 (28)</b>	Zero Copay	
<b>Briellyn</b>	Zero Copay	
<b>Chateal (28)</b>	Zero Copay	QL (91 EA per 91 days)
<b>Chateal EQ (28)</b>	Zero Copay	QL (91 EA per 91 days)
<b>Cryselle (28)</b>	Zero Copay	
<b>Cyclafem 1/35 (28)</b>	Zero Copay	
<b>Cyred</b>	Zero Copay	
<b>Cyred EQ</b>	Zero Copay	
<b>Dasetta 1/35 (28)</b>	Zero Copay	
<i>desogestrel-ethinyl estradiol</i>	Zero Copay	
<i>drosiprenone-e.estradiol-lm.FA</i>	Zero Copay	QL (30 EA per 30 days)
<i>drosiprenone-ethinyl estradiol</i>	Zero Copay	
<b>Elinest</b>	Zero Copay	
<b>Emoquette</b>	Zero Copay	
<b>Enskyce</b>	Zero Copay	
<b>Estarylla</b>	Zero Copay	
<i>ethynodiol diac-eth estradiol</i>	Zero Copay	
<b>Falmina (28)</b>	Zero Copay	
<b>Femynor</b>	Zero Copay	
<b>Gianvi (28)</b>	Zero Copay	
<b>Hailey</b>	Zero Copay	
<b>Hailey 24 Fe</b>	Zero Copay	
<b>Introvale</b>	Zero Copay	QL (91 EA per 91 days)
<b>Isibloom</b>	Zero Copay	
<b>Jasmiel (28)</b>	Zero Copay	
<b>Jolessa</b>	Zero Copay	QL (91 EA per 91 days)
<b>Juleber</b>	Zero Copay	
<b>Junel 1.5/30 (21)</b>	Zero Copay	
<b>Junel 1/20 (21)</b>	Zero Copay	
<b>Junel FE 1.5/30 (28)</b>	Zero Copay	
<b>Junel FE 1/20 (28)</b>	Zero Copay	
<b>Junel Fe 24</b>	Zero Copay	
<b>Kaitlib Fe</b>	Zero Copay	

Label Name	Status	Notes
<b>Kalliga</b>	Zero Copay	
<b>Kelnor 1/35 (28)</b>	Zero Copay	
<b>Kelnor 1-50</b>	Zero Copay	
<b>Kurvelo (28)</b>	Zero Copay	QL (91 EA per 91 days)
<b>Larin 1.5/30 (21)</b>	Zero Copay	
<b>Larin 1/20 (21)</b>	Zero Copay	
<b>Larin 24 Fe</b>	Zero Copay	
<b>Larin Fe 1.5/30 (28)</b>	Zero Copay	
<b>Larin Fe 1/20 (28)</b>	Zero Copay	
<b>Larissia</b>	Zero Copay	
<b>Layolis Fe</b>	Zero Copay	
<b>Lessina</b>	Zero Copay	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	Zero Copay	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	Zero Copay	QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Zero Copay	QL (91 EA per 91 days)
<b>Levora-28</b>	Zero Copay	QL (91 EA per 91 days)
<b>Lillow (28)</b>	Zero Copay	QL (91 EA per 91 days)
<b>Loestrin Fe 1/20 (28-Day)</b>	Zero Copay	
<b>Loryna (28)</b>	Zero Copay	
<b>Low-Ogestrel (28)</b>	Zero Copay	
<b>Lo-Zumandimine (28)</b>	Zero Copay	
<b>Lutera (28)</b>	Zero Copay	
<b>Marlissa (28)</b>	Zero Copay	QL (91 EA per 91 days)
<b>Melodetta 24 Fe</b>	Zero Copay	
<b>Mibelas 24 Fe</b>	Zero Copay	
<b>Microgestin 1.5/30 (21)</b>	Zero Copay	
<b>Microgestin 1/20 (21)</b>	Zero Copay	
<b>Microgestin Fe 1.5/30 (28)</b>	Zero Copay	
<b>Microgestin FE 1/20 (28)</b>	Zero Copay	
<b>Mili</b>	Zero Copay	
<b>Mono-Linyah</b>	Zero Copay	
<b>Necon 0.5/35 (28)</b>	Zero Copay	
<b>Nikki (28)</b>	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	
<b>Nortrel 0.5/35 (28)</b>	Zero Copay	
<b>Nortrel 1/35 (21)</b>	Zero Copay	
<b>Nortrel 1/35 (28)</b>	Zero Copay	
<b>Ocella</b>	Zero Copay	
<b>Orsythia</b>	Zero Copay	
<b>Philith</b>	Zero Copay	



Label Name	Status	Notes
Pirmella	Zero Copay	
Portia 28	Zero Copay	QL (91 EA per 91 days)
Previfem	Zero Copay	
Reclipsen (28)	Zero Copay	
Setlakin	Zero Copay	QL (91 EA per 91 days)
Sprintec (28)	Zero Copay	
Sronyx	Zero Copay	
Syeda	Zero Copay	
Tarina 24 Fe	Zero Copay	
Tarina Fe 1/20 (28)	Zero Copay	
Tarina Fe 1-20 EQ (28)	Zero Copay	
Tydemy	Zero Copay	QL (30 EA per 30 days)
Vienva	Zero Copay	
Vyfemla (28)	Zero Copay	
VyLibra	Zero Copay	
Wera (28)	Zero Copay	
Wymzya Fe	Zero Copay	
Zarah	Zero Copay	
Zovia 1/35E (28)	Zero Copay	
Zumandimine (28)	Zero Copay	
<b>Contraceptive Oral - Progestin</b>		
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	
Sharobel	Zero Copay	
Tulana	Zero Copay	
<b>Contraceptive Oral - Quadraphasic</b>		
Fayosim	Zero Copay	
<i>L norgest/e.estradiol-e.estradiol</i>	Zero Copay	
Rivelsa	Zero Copay	
<b>Contraceptive Oral - Triphasic</b>		
Alyacen 7/7/7 (28)	Zero Copay	
Aranelle (28)	Zero Copay	
Caziant (28)	Zero Copay	
Cyclafem 7/7/7 (28)	Zero Copay	
Dasetta 7/7/7 (28)	Zero Copay	

Label Name	Status	Notes
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	
Pirmella	Zero Copay	
Tilia Fe	Zero Copay	
Tri Femynor	Zero Copay	
Tri-Estarylla	Zero Copay	
Tri-Legest Fe	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	
Tri-Mili	Zero Copay	
Tri-Previfem (28)	Zero Copay	
Tri-Sprintec (28)	Zero Copay	
Trivora (28)	Zero Copay	
Tri-VyLibra	Zero Copay	
Tri-VyLibra Lo	Zero Copay	
Velivet Triphasic Regimen (28)	Zero Copay	
<b>Contraceptive Transdermal Combinations</b>		
Xulane	Zero Copay	
<b>Contraceptive Transdermal Combinations - Estrogen And Progestin Comb.</b>		
Xulane	Zero Copay	
<b>Contraceptives - Intravaginal, Systemic</b>		
<i>etonogestrel-ethinyl estradiol</i>	Zero Copay	
<b>Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb.</b>		
Annovera	Zero Copay	QL (1 EA per 365 days)
EluRyng	Zero Copay	
<i>etonogestrel-ethinyl estradiol</i>	Zero Copay	
<b>Dermatological</b>		
<b>Acne Therapy Systemic - Retinoids And Derivatives</b>		
Absorica	Preferred	QL (60 EA per 30 days)
Amnesteem	Preferred	QL (60 EA per 30 days)
Claravis	Preferred	QL (60 EA per 30 days)
Myorisan	Preferred	QL (60 EA per 30 days)
Zenatane	Preferred	QL (60 EA per 30 days)

Label Name	Status	Notes
<b>Acne Therapy Topical - Anti-Infective</b>		
<i>azelaic acid</i>	Preferred	QL (50 GM per 30 days)
<i>clindamycin phosphate</i>	Preferred	
<i>DAPSONE 7.5% GEL PUMP</i>	Preferred	QL (60 GM per 30 days)
<i>DAPSONE 7.5% GEL PUMP</i>	Preferred	QL (90 GM per 30 days)
<i>dapsone topical gel</i>	Preferred	
<i>erythromycin with ethanol</i>	Preferred	
<i>metronidazole</i>	Preferred	
<i>sulfacetamide sodium (acne)</i>	Preferred	
<b>Acne Therapy Topical - Anti-Infective Combinations Other</b>		
<b>Clindacin ETZ</b>	Preferred	
<b>Clindacin Pac</b>	Preferred	
<b>Acne Therapy Topical - Anti-Infective-Keratolytic Combinations</b>		
<b>BP 10-1</b>	Preferred	
<i>clindamycin-benzoyl peroxide</i>	Preferred	
<i>erythromycin-benzoyl peroxide</i>	Preferred	
<b>Neuac Kit</b>	Preferred	
<i>sulfacetamide sodium-sulfur</i>	Preferred	
<i>sulfacetamide sod-sulfur-urea</i>	Preferred	
<b>Acne Therapy Topical - Anti-Infective-Retinoid Combinations</b>		
<i>clindamycin-tretinoin</i>	Preferred	QL (30 GM per 30 days)
<b>Acne Therapy Topical - Retinoid Combinations Other</b>		
<i>adapalene-benzoyl peroxide</i>	Preferred	QL (90 GM per 30 days)
<b>Acne Therapy Topical - Retinoids And Derivatives</b>		
<i>adapalene topical cream</i>	Preferred	PA
<i>adapalene topical gel</i>	Preferred	
<i>adapalene topical gel with pump</i>	Preferred	
<i>tretinoin</i>	Preferred	
<i>tretinoin microspheres</i>	Preferred	
<b>Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations</b>		
<i>calcipotriene-betamethasone</i>	Preferred	PA
<b>Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, Mc Antibody</b>		
<b>Ilumya</b>	Preferred	PA
<b>Skyrizi</b>	Preferred	PA
<b>Tremfya</b>	Preferred	PA

Label Name	Status	Notes
<b>Antipsoriatic Agents-Interleukin-17 (II-17) Antagonist, Mc Antibody</b>		
Taltz Autoinjector	Preferred	PA
Taltz Autoinjector (2 Pack)	Preferred	PA
Taltz Autoinjector (3 Pack)	Preferred	PA
Taltz Syringe	Preferred	PA
<b>Dermatological - Antibacterial Aminoglycosides</b>		
<i>gentamicin</i>	Preferred	
<b>Dermatological - Antibacterial Other</b>		
<i>mupirocin</i>	Preferred	
<i>mupirocin calcium</i>	Preferred	
<b>Dermatological - Antibacterial Sulfonamides</b>		
<i>sulfacetamide sodium-sulfur</i>	Preferred	
<b>Dermatological - Antifungal Allylamines</b>		
<i>naftifine</i>	Preferred	
<b>Dermatological - Antifungal Amphoteric Polyene Macrolides</b>		
Nyamyc	Preferred	
<i>nystatin</i>	Preferred	
<b>Dermatological - Antifungal Hydroxypyridinone</b>		
Ciclodan Kit	Preferred	
<i>ciclopirox</i>	Preferred	
<i>ciclopirox-ure-camph-menth-euc</i>	Preferred	
<b>Dermatological - Antifungal Imidazole And Related Agents</b>		
<i>econazole</i>	Preferred	
<i>ketoconazole</i>	Preferred	
<i>oxiconazole</i>	Preferred	
<b>Dermatological - Antifungal Oxaborole</b>		
Kerydin	Preferred	ST; QL (10 ML Max Qty Per Fill Retail)
<b>Dermatological - Antifungal-Glucocorticoid Combinations</b>		
<i>clotrimazole-betamethasone</i>	Preferred	
<i>nystatin-triamcinolone</i>	Preferred	
<b>Dermatological - Antineoplastic Antimetabolites</b>		
<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

Label Name	Status	Notes
<b>Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's</b>		
<i>diclofenac sodium</i>	Preferred	QL (500 GM per 30 days)
<b>Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist</b>		
<b>Targretin</b>	Preferred	PA
<b>Dermatological - Antipsoriatic Agents Systemic, Photosensitizing</b>		
<i>methoxsalen</i>	Preferred	PA
<b>Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives</b>		
<i>acitretin</i>	Preferred	QL (30 EA per 30 days)
<b>Dermatological - Antipsoriatic Agents Topical</b>		
<i>calcipotriene</i>	Preferred	
<i>calcitriol</i>	Preferred	PA
<i>tazarotene</i>	Preferred	
<b>Tazorac</b>	Preferred	
<b>Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.</b>		
<b>Otezla</b>	Preferred	PA; QL (60 EA per 30 days)
<b>Otezla Starter</b>	Preferred	PA; QL (60 EA per 30 days)
<b>Dermatological - Antiseborrheic</b>		
<i>selenium sulfide</i>	Preferred	
<i>sulfacetamide sodium</i>	Preferred	
<b>Dermatological - Antiviral, Herpes</b>		
<i>acyclovir</i>	Preferred	QL (30 GM per 30 days)
<b>Dermatological - Burn Products Anti-Infective</b>		
<i>mafenide acetate</i>	Preferred	
<i>silver sulfadiazine</i>	Preferred	
<b>SSD</b>	Preferred	
<b>Dermatological - Calcineurin Inhibitors</b>		
<i>pimecrolimus</i>	Preferred	ST; QL (30 GM per 30 days)
<i>tacrolimus</i>	Preferred	
<b>Dermatological - Emollients</b>		
<i>urea</i>	Preferred	
<b>Dermatological - Glucocorticoid</b>		
<i>alclometasone</i>	Preferred	
<i>amcinonide</i>	Preferred	
<b>ApexiCon E</b>	Preferred	
<i>betamethasone dipropionate</i>	Preferred	
<i>betamethasone valerate</i>	Preferred	
<i>betamethasone, augmented</i>	Preferred	
<i>clobetasol</i>	Preferred	

<b>Label Name</b>	<b>Status</b>	<b>Notes</b>
<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	
<b>Fluocinonide-E</b>	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	
<i>mometasone</i>	Preferred	
<i>prednicarbate</i>	Preferred	
<b>Proctosol HC</b>	Preferred	
<i>triamcinolone acetonide</i>	Preferred	
<b>Dermatological - Glucocorticoid-Local Anesthetic Combinations</b>		
<b>Epifoam</b>	Preferred	
<i>lidocaine HCl-hydrocortison ac</i>	Preferred	
<b>Dermatological - Glucocorticoid-Skin Cleanser Combinations</b>		
<b>Clodan Kit</b>	Preferred	
<b>Dermatological - Immunomodulator - Imidazoquinolinamines</b>		
<i>imiquimod</i>	Preferred	
<b>Dermatological - Keratolytic-Antimitotic Single Agents</b>		
<i>podofilox</i>	Preferred	
<b>Umecta</b>	Preferred	
<i>urea</i>	Preferred	
<b>Dermatological - Local Anesthetic Combinations</b>		
<i>lidocaine-prilocaine</i>	Preferred	
<b>Dermatological - Nsaid Combinations</b>		
<b>Dicloflex DC</b>	Preferred	
<b>Dermatological - Nsaid Single Agents</b>		
<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)



Label Name	Status	Notes
<b>Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic</b>		
<i>tazarotene</i>	Preferred	
<b>Dermatological - Rosacea Therapy, Topical</b>		
<i>azelaic acid</i>	Preferred	QL (50 GM per 30 days)
<i>metronidazole</i>	Preferred	
<i>sulfacetamide sod-sulfur-urea</i>	Preferred	
<b>Dermatological - Topical Local Anesthetic Amides</b>		
<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	
<b>Scabicide And Pediculicide Single Agents</b>		
<i>lindane</i>	Preferred	
<i>malathion</i>	Preferred	
<i>permethrin</i>	Preferred	
<b>Drugs To Treat Erectile Dysfunction</b>		
<b>Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib</b>		
<i>tadalafil</i>	Preferred	PA; QL (30 EA per 30 days)
<b>Eating Disorder Therapy</b>		
<b>Appetite Stimulants - Cannabinoids</b>		
<i>dronabinol</i>	Preferred	QL (60 EA per 30 days)
<b>Appetite Stimulants - Progestin Hormone Type</b>		
<i>megestrol</i>	Preferred	PA
<b>Electrolyte Balance-Nutritional Products</b>		
<b>Dextrose And Lactated Ringer's Solutions</b>		
<i>dextrose 5 %-lactated ringers</i>	Preferred	
<b>Dextrose And Sodium Chloride Solutions</b>		
<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	
<b>Dextrose Solutions</b>		
<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	
<b>Dextrose Solutions, Concentrated</b>		
<i>dextrose 50 % in water (D50W)</i>	Preferred	
<i>dextrose 70 % in water (D70W)</i>	Preferred	

Label Name	Status	Notes
<b>Diluents - Sodium Chloride</b>		
<i>sodium chlor 0.9% bacteriostat</i>	Preferred	
<i>sodium chloride</i>	Preferred	
<i>sodium chloride 0.9 %</i>	Preferred	
<b>Diluents - Sterile Water For Injection</b>		
<b>Sterile Water for Injection</b>	Preferred	
<i>water for injection, sterile</i>	Preferred	
<b>Electrolyte Depleters - Ion Exchange Resin</b>		
<b>Kionex (with sorbitol)</b>	Preferred	
<b>sodium polystyrene (sorb free)</b>	Preferred	
<i>sodium polystyrene sulfonate</i>	Preferred	
<b>SPS (with sorbitol)</b>	Preferred	
<b>Veltassa oral powder in packet 16.8 gram, 25.2 gram</b>	Preferred	PA; QL (30 EA per 30 days)
<b>Veltassa oral powder in packet 8.4 gram</b>	Preferred	PA; QL (60 EA per 28 days)
<b>Irrigation Solutions</b>		
<i>lactated Ringers</i>	Preferred	
<i>Ringer's</i>	Preferred	
<i>sodium chloride</i>	Preferred	
<b>Tis-U-Sol Pentalyte</b>	Preferred	
<i>water for irrigation, sterile</i>	Preferred	
<b>Minerals And Electrolytes - Bicarbonate Producing Or Containing Agents</b>		
<i>sodium bicarbonate</i>	Preferred	
<b>Minerals And Electrolytes - Calcium Replacement</b>		
<i>calcium acetate(phosphat bind)</i>	Preferred	
<b>Minerals And Electrolytes - Electrolytes And Dextrose</b>		
<b>Normosol-M in 5 % dextrose</b>	Preferred	
<b>Minerals And Electrolytes - Iron</b>		
<i>ferrous gluconate</i>	Preferred	
<i>ferrous sulfate</i>	Preferred	
<b>iron</b>	Preferred	
<b>Iron (ferrous sulfate)</b>	Preferred	
<b>Minerals And Electrolytes - Iron Combinations</b>		
<b>Elite-OB</b>	Preferred	
<b>OB Complete</b>	Preferred	
<b>Minerals And Electrolytes - Parenteral Electrolyte Combinations</b>		
<b>Hyperlyte CR</b>	Preferred	
<b>Isolyte S pH 7.4</b>	Preferred	
<b>Plasma-Lyte A</b>	Preferred	

Label Name	Status	Notes
<b>Minerals And Electrolytes - Potassium For Injection</b>		
<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	
<b>Minerals And Electrolytes - Potassium, Oral</b>		
<b>Klor-Con 10</b>	Preferred	
<b>Klor-Con M10</b>	Preferred	
<b>Klor-Con M20</b>	Preferred	
<b>K-Tab</b>	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	
<b>Multivitamin And Mineral Combinations</b>		
<b>Concept DHA</b>	Preferred	
<b>Concept OB</b>	Preferred	
<b>Elite-OB</b>	Preferred	
<b>Folivane-OB</b>	Preferred	
<b>Niva-Plus</b>	Preferred	
<b>OB Complete</b>	Preferred	
<b>Taron-C DHA</b>	Preferred	
<b>Virt-C DHA</b>	Preferred	
<b>Multivitamins</b>		
<b>Taron-Prex Prenatal-DHA</b>	Preferred	
<b>Pediatric Vitamins With Fluoride And Minerals Combinations</b>		
<b>Multi-Vit with Fluoride-Iron</b>	Preferred	
<b>Pediatric Vitamins With Fluoride Combinations</b>		
<b>Multi-Vit with Fluoride-Iron</b>	Preferred	
<b>Multi-Vitamin With Fluoride</b>	Preferred	
<b>Multivitamins With Fluoride</b>	Preferred	
<b>Tri-Vite With Fluoride</b>	Preferred	
<b>Vitamins A,C,D and Fluoride</b>	Preferred	

Label Name	Status	Notes
<b>Prenatal Vitamins And Minerals</b>		
Citranatal B-Calm (Fe Gluc)	Preferred	
C-Nate DHA	Preferred	
Complete Natal DHA	Preferred	
CompleteNate	Preferred	
Concept DHA	Preferred	
Concept OB	Preferred	
Elite-OB	Preferred	
Folivane-OB	Preferred	
M-Natal Plus	Preferred	
Nestabs	Preferred	
Niva-Plus	Preferred	
OB Complete	Preferred	
PNV 29-1	Preferred	
Prenatal Vitamin Plus Low Iron	Preferred	
PrePlus	Preferred	
Provida OB	Preferred	
Select-OB (folic acid)	Preferred	
Se-Natal 19 Chewable	Preferred	
Se-Natal-19	Preferred	
Taron-C DHA	Preferred	
Taron-Prex Prenatal-DHA	Preferred	
Thrivite Rx	Preferred	
TriCare	Preferred	
Trinatal Rx 1	Preferred	
Triveen-Duo DHA	Preferred	
Virt-C DHA	Preferred	
Virt-Nate DHA	Preferred	
Vitafol Gummies	Preferred	
<b>Ringer's And Lactated Ringer's Solutions</b>		
<i>lactated Ringers</i>	Preferred	
<i>Ringer's</i>	Preferred	
<b>Sodium Chloride Flushes</b>		
<i>sodium chlor 0.9% bacteriostat</i>	Preferred	
<i>sodium chloride 0.9 %</i>	Preferred	
<b>Sodium Chloride Solutions, Concentrated</b>		
<i>sodium chloride</i>	Preferred	
<i>sodium chloride 3 %</i>	Preferred	
<i>sodium chloride 5 %</i>	Preferred	
<b>Sodium Chloride, Parenteral</b>		
<i>sodium chloride</i>	Preferred	
<i>sodium chloride 0.45 %</i>	Preferred	
<i>sodium chloride 0.9 %</i>	Preferred	

Label Name	Status	Notes
<i>sodium chloride 3 %</i>	Preferred	
<i>sodium chloride 5 %</i>	Preferred	
<b>Sterile Water For Injection</b>		
<i>water for injection, sterile</i>	Preferred	
<b>Vitamins - B-12, Cyanocobalamin And Derivatives</b>		
<i>cyanocobalamin (vitamin B-12)</i>	Preferred	QL (4 ML per 28 days)
<b>Vitamins - D Derivatives</b>		
<i>calcitriol</i>	Preferred	
<i>ergocalciferol (vitamin D2)</i>	Preferred	QL (4 EA per 28 days)
<b>Vitamin D2</b>	Preferred	QL (4 EA per 28 days)
<b>Vitamins - K, Phytonadione And Derivatives</b>		
<i>phytonadione (vitamin K1)</i>	Preferred	QL (5 EA per 30 days)
<b>Endocrine</b>		
<b>Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs</b>		
<b>Hemabate</b>	Preferred	
<b>Agents To Treat Hypoglycemia (Hyperglycemics)</b>		
<b>Baqsimi</b>	Preferred	
<b>GlucaGen HypoKit</b>	Preferred	QL (1 EA per 30 days)
<b>Glucagon Emergency Kit (human)</b>	Preferred	QL (1 EA per 30 days)
<b>Gvoke PFS 1-Pack Syringe</b>	Preferred	
<b>Gvoke PFS 2-Pack Syringe</b>	Preferred	
<b>Anabolic Steroid - Single Agents</b>		
<i>oxandrolone</i>	Preferred	
<b>Androgen - Single Agents</b>		
<b>Methitest</b>	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	
<b>Antidiuretic And Vasopressor Hormones</b>		
<i>desmopressin</i>	Preferred	
<b>Antihyperglycemic - Alpha-Glucosidase Inhibitors</b>		
<i>acarbose</i>	Preferred	

Label Name	Status	Notes
<i>miglitol</i>	Preferred	
<b>Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors</b>		
<i>alogliptin</i>	Preferred	ST
<b>Januvia</b>	Preferred	ST; QL (30 EA per 30 days)
<b>Antihyperglycemic - Meglitinide Analogs</b>		
<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)
<b>Antihyperglycemic - Sgl-2 Inhibitor And Biguanide Combinations</b>		
<b>Xigduo XR</b>	Preferred	ST
<b>Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sgl-2) Inhibitors</b>		
<b>Farxiga</b>	Preferred	ST
<b>Jardiance</b>	Preferred	ST; QL (30 EA per 30 days)
<b>Antihyperglycemic - Sulfonylurea And Biguanide Combinations</b>		
<i>glipizide-metformin</i>	Preferred	
<i>glyburide-metformin</i>	Preferred	
<b>Antihyperglycemic - Sulfonylurea Derivatives</b>		
<i>glimepiride</i>	Preferred	
<i>glipizide</i>	Preferred	
<i>glyburide</i>	Preferred	
<i>glyburide micronized</i>	Preferred	
<b>Antihyperglycemic - Thiazolidinedione And Biguanide Combinations</b>		
<i>pioglitazone-metformin</i>	Preferred	QL (90 EA per 30 days)
<b>Antihyperglycemic, Amylin Analog-Type</b>		
<b>SymLinPen 60</b>	Preferred	PA
<b>Antihyperglycemic, Incretin Mimetic, Glp-1 Receptor Agonist Analog-Type</b>		
<b>Bydureon</b>	Preferred	ST; QL (4 EA per 28 days)
<b>Trulicity</b>	Preferred	ST
<b>Victoza 2-Pak</b>	Preferred	ST; QL (9 ML per 30 days)
<b>Victoza 3-Pak</b>	Preferred	ST; QL (9 ML per 30 days)
<b>Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide</b>		
<b>Janumet</b>	Preferred	ST
<b>Janumet XR</b>	Preferred	ST; QL (30 EA per 30 days)
<b>Antithyroid Agents, Thionamides - Imidazole Derivatives</b>		
<i>methimazole</i>	Preferred	

Label Name	Status	Notes
Tapazole	Preferred	
<b>Antithyroid Agents, Thionamides - Thiouracil Derivatives</b>		
<i>propylthiouracil</i>	Preferred	
<b>Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody</b>		
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)
<b>Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides</b>		
Tymlos	Preferred	PA; QL (30 ML per 30 days)
<b>Bone Formation Stimulating Agents - Parathyroid Hormone-Type</b>		
Forteo	Preferred	PA
<b>Bone Resorption Inhibitors - Bisphosphonates</b>		
<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)
<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)
<b>Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer</b>		
<i>cinacalcet</i>	Preferred	PA; QL (30 EA per 30 days)
<b>Calcitonins</b>		
<i>calcitonin (salmon)</i>	Preferred	
<b>Estrogen-Progestin</b>		
<i>estradiol-norethindrone acet</i>	Preferred	
<i>norethindrone ac-eth estradiol</i>	Zero Copay	
Prempro	Preferred	
<b>Estrogens</b>		
<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	
<b>Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type</b>		
Crinone	Preferred	PA



Label Name	Status	Notes
<b>Fertility Enhancer - Preterm Birth Prevention, Progesterone-Type</b>		
<i>HYDROXYPROGEST 250 MG/ML VIAL LATEX-FREE,P/F,SUV</i>	Preferred	PA; QL (5 ML per 35 days)
<i>HYDROXYPROGEST 250 MG/ML VIAL SUV, P/F</i>	Preferred	PA
<i>hydroxyprogesterone cap(ppres)</i>	Preferred	PA
<b>Glucocorticoids</b>		
<i>cortisone</i>	Preferred	
<i>dexamethasone</i>	Preferred	
<b>Dexamethasone Intensol</b>	Preferred	
<i>dexamethasone sodium phos (PF)</i>	Preferred	
<i>dexamethasone sodium phosphate</i>	Preferred	
<i>hydrocortisone</i>	Preferred	
<b>Kenalog</b>	Preferred	
<i>methylprednisolone</i>	Preferred	
<b>Millipred</b>	Preferred	
<i>prednisolone</i>	Preferred	
<i>prednisolone sodium phosphate</i>	Preferred	
<i>prednisone</i>	Preferred	
<b>Prednisone Intensol</b>	Preferred	
<b>Solu-Medrol</b>	Preferred	
<b>Gonadotropin Inhibitor Pituitary Suppressants</b>		
<i>danazol</i>	Preferred	
<b>Growth Hormones</b>		
<b>Norditropin FlexPro</b>	Preferred	PA
<b>Human Insulins - Short Acting</b>		
<b>Humulin R U-500 (Conc) Insulin</b>	Preferred	
<b>Humulin R U-500 (Conc) Kwikpen</b>	Preferred	
<b>Insulin Analogs - Fixed Combinations</b>		
<b>Humalog Mix 50-50 Insulin U-100</b>	Preferred	
<b>Humalog Mix 50-50 KwikPen</b>	Preferred	
<b>Humalog Mix 75-25 KwikPen</b>	Preferred	
<b>Humalog Mix 75-25(U-100)Insulin</b>	Preferred	
<i>insulin asp prt-insulin aspart</i>	Preferred	QL (60 ML per 30 days)
<b>Insulin Analogs - Long Acting</b>		
<b>Basaglar KwikPen U-100 Insulin</b>	Preferred	QL (60 ML per 30 days)
<b>Tresiba FlexTouch U-100</b>	Preferred	PA
<b>Tresiba FlexTouch U-200</b>	Preferred	PA
<b>Insulin Analogs - Rapid Acting</b>		
<b>Admelog SoloStar U-100 Insulin</b>	Preferred	
<b>Admelog U-100 Insulin lispro</b>	Preferred	
<b>Humalog Junior KwikPen U-100</b>	Preferred	QL (60 ML per 30 days)

Label Name	Status	Notes
<b>Humalog KwikPen Insulin</b>	Preferred	
<b>Humalog U-100 Insulin</b>	Preferred	
<i>insulin aspart U-100</i>	Preferred	QL (60 ML per 30 days)
<i>insulin lispro</i>	Preferred	QL (60 ML per 30 days)
<b>Novolog PenFill U-100 Insulin</b>	Preferred	QL (1 ML per 30 days)
<b>Insulin Response Enhancers - Biguanides</b>		
<i>metformin</i>	Preferred	
<b>Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)</b>		
<i>pioglitazone</i>	Preferred	QL (30 EA per 30 days)
<b>Lhrh (Gnrh) Agonist Analog Pit Suppress - Central Precocious Puberty</b>		
<b>Lupron Depot-Ped</b>	Preferred	PA
<b>Lupron Depot-Ped (3 month)</b>	Preferred	PA
<b>Menopausal Symptoms Suppressant-Ssri Antidepressant Type</b>		
<b>Brisdelle</b>	Preferred	ST; QL (30 EA per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	Preferred	ST; QL (30 EA per 30 days)
<b>Mineralocorticoids</b>		
<i>fludrocortisone</i>	Preferred	
<b>Oxytocic - Ergot Alkaloids</b>		
<i>methylergonovine</i>	Preferred	QL (28 EA per 30 days)
<b>Progestins</b>		
<b>HYDROXYPROGEST 250 MG/ML VIAL LATEX-FREE,P/F,SUV</b>	Preferred	PA; QL (5 ML per 35 days)
<b>HYDROXYPROGEST 250 MG/ML VIAL SUV, P/F</b>	Preferred	PA
<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	
<b>Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists</b>		
<i>cabergoline</i>	Preferred	
<b>Selective Estrogen Receptor Modulators (Serms)</b>		
<i>raloxifene</i>	Zero Copay	QL (30 EA per 30 days)
<b>Thyroid Hormones - Animal Source (Porcine)</b>		
<b>Armour Thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</b>	Preferred	PA
<b>Armour Thyroid oral tablet 180 mg, 240 mg, 300 mg</b>	Preferred	
<b>NP Thyroid</b>	Preferred	
<i>thyroid (pork)</i>	Preferred	

Label Name	Status	Notes
<b>Thyroid Hormones - Synthetic T3 (Triiodothyronine)</b>		
<b>Cytomel</b>	Preferred	
<i>liothyronine</i>	Preferred	
<b>Thyroid Hormones - Synthetic T4 (Thyroxine)</b>		
<b>Euthyrox</b>	Preferred	
<i>levothyroxine</i>	Preferred	
<b>Levoxyl</b>	Preferred	
<b>Synthroid</b>	Preferred	
<b>Fdb Class Obsolete-Not Used</b>		
<b>Arginine Vasopressin (Avp) V2 Receptor Antagonist, Selective</b>		
<b>Jynarque</b>	Preferred	PA
<b>Samsca</b>	Preferred	PA
<b>Gastrointestinal Therapy Agents</b>		
<b>Antidiarrheal - Antiperistaltic Agents</b>		
<i>opium tincture</i>	Preferred	
<b>Antidiarrheal Antiperistaltic-Anticholinergic Combinations</b>		
<i>diphenoxylate-atropine</i>	Preferred	
<b>Antidiarrheal Opioid Agents</b>		
<i>opium tincture</i>	Preferred	
<b>Antiemetic - Anticholinergics</b>		
<i>scopolamine base</i>	Preferred	
<b>Transderm-Scop</b>	Preferred	
<b>Antiemetic - Cannabinoid Type</b>		
<i>dronabinol</i>	Preferred	QL (60 EA per 30 days)
<b>Antiemetic - Dopamine (D2)/5-Ht3 Antagonists</b>		
<i>trimethobenzamide</i>	Preferred	
<b>Antiemetic - Phenothiazines</b>		
<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)
<b>Antiemetic - Selective Serotonin 5-Ht3 Antagonists</b>		
<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)

Label Name	Status	Notes
<i>ondansetron HCl oral tablet</i>	Preferred	QL (180 EA per 30 days)
<b>Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists</b>		
<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)
<b>Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists</b>		
<b>Linzess</b>	Preferred	PA; QL (30 EA per 30 days)
<b>Trulance</b>	Preferred	PA; QL (30 EA per 30 days)
<b>Colonic Acidifier (Ammonia Inhibitor)</b>		
<b>Generlac</b>	Preferred	
<i>lactulose</i>	Preferred	
<b>Digestive Enzyme Mixtures</b>		
<b>Creon</b>	Preferred	PA
<b>Zenpep</b>	Preferred	PA
<b>Gallstone Solubilizing (Litholysis) Agents</b>		
<b>Chenodal</b>	Preferred	PA
<i>ursodiol</i>	Preferred	
<b>Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists</b>		
<i>cimetidine</i>	Preferred	
<i>cimetidine HCl</i>	Preferred	
<i>famotidine (PF)</i>	Preferred	
<i>famotidine intravenous</i>	Preferred	
<i>famotidine oral suspension</i>	Preferred	QL (150 ML per 30 days)
<i>famotidine oral tablet</i>	Preferred	
<i>nizatidine</i>	Preferred	
<b>Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis)</b>		
<b>AcipHex Sprinkle</b>	Preferred	PA
<i>esomeprazole magnesium</i>	Preferred	ST
<i>esomeprazole sodium</i>	Preferred	
<i>lansoprazole</i>	Preferred	QL (60 EA per 30 days)
<i>omeprazole</i>	Preferred	QL (60 EA per 30 days)
<i>pantoprazole intravenous</i>	Preferred	
<i>pantoprazole oral</i>	Preferred	QL (60 EA per 30 days)
<i>rabeprazole</i>	Preferred	ST
<b>Gastric Mucosa - Cytoprotective Prostaglandin Analogs</b>		
<i>misoprostol</i>	Preferred	

Label Name	Status	Notes
<b>Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists</b>		
Motegrity	Preferred	PA; QL (30 EA per 30 days)
<b>Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists</b>		
<i>metoclopramide HCl injection</i>	Preferred	
<i>metoclopramide HCl oral solution</i>	Preferred	
<i>metoclopramide HCl oral tablet</i>	Preferred	
<i>metoclopramide HCl oral tablet, disintegrating</i>	Preferred	QL (120 EA per 30 days)
<b>Gi Antispasmodic - Belladonna Alkaloids</b>		
<i>hyoscyamine sulfate</i>	Preferred	
<b>Levsin</b>	Preferred	
<i>methscopolamine</i>	Preferred	
<b>Gi Antispasmodic - Quaternary Ammonium Compounds</b>		
<i>glycopyrrolate</i>	Preferred	
<i>propantheline</i>	Preferred	
<b>Gi Antispasmodic - Synthetic Tertiary Amines</b>		
<i>dicyclomine</i>	Preferred	
<b>Ibs Agent - Gastrointestinal Chloride Channel Activator Agents</b>		
<b>Amitiza</b>	Preferred	PA; QL (60 EA per 30 days)
<b>Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists</b>		
<b>Linzess</b>	Preferred	PA; QL (30 EA per 30 days)
<b>Trulance</b>	Preferred	PA; QL (30 EA per 30 days)
<b>Ibs Agent - Selective 5-Ht3 Receptor Antagonists</b>		
<i>alosetron</i>	Preferred	PA; QL (60 EA per 30 days)
<b>Inflammatory Bowel Agent - Aminosalicylates And Related Agents</b>		
<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	
<b>Inflammatory Bowel Agent - Glucocorticoids</b>		
<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)
<i>hydrocortisone</i>	Preferred	

Label Name	Status	Notes
<b>Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers</b>		
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)
<b>Irritable Bowel Syndrome (Ibs) Agents</b>		
<i>aloseptron</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)
<b>Keratinocyte Growth Factor (Kgf)</b>		
Kepivance	Preferred	
<b>Laxative - Saline And Osmotic</b>		
Constulose	Preferred	
Kristalose	Preferred	
<i>lactulose</i>	Preferred	
<b>Laxative - Saline/Osmotic Mixtures</b>		
GaviLyte-N	Preferred	
<i>peg 3350-electrolytes</i>	Zero Copay	
<i>peg-electrolyte soln</i>	Preferred	
<b>Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives</b>		
Carafate	Preferred	
<i>sucralfate</i>	Preferred	
<b>Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor And Antibiotics</b>		
<i>amoxicil-clarithromy-lansopraz</i>	Preferred	PA
<b>Genitourinary Therapy</b>		
<b>Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb</b>		
<i>dutasteride-tamsulosin</i>	Preferred	QL (30 EA per 30 days)
<b>G.U. Irrigants</b>		
<i>acetic acid</i>	Preferred	
<i>glycine urologic solution</i>	Preferred	
<b>G.U. Irrigants - Anti-Infective</b>		
<i>neomycin-polymyxin B GU</i>	Preferred	
<b>Phosphate Binders</b>		
<i>calcium acetate(phosphat bind)</i>	Preferred	
<i>lanthanum</i>	Preferred	
<i>sevelamer carbonate</i>	Preferred	

Label Name	Status	Notes
<b>Phosphate Binders - Calcium-Based</b>		
<i>calcium acetate(phosphat bind)</i>	Preferred	
<b>Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists</b>		
<b>Jynarque</b>	Preferred	PA
<b>Samsca</b>	Preferred	PA
<b>Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists</b>		
<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)
<b>Prostatic Hypertrophy Agent - Type Ii 5-Alpha Reductase Inhibitors</b>		
<i>finasteride</i>	Preferred	M; QL (30 EA per 30 days)
<b>Prostatic Hypertrophy Agent-Sel.Cgmp Phosphodiesterase Type5 Inhibitor</b>		
<i>tadalafil</i>	Preferred	PA; QL (30 EA per 30 days)
<b>Prostatic Hypertrophy Agent-Type I And Ii 5-Alpha Reductase Inhibitors</b>		
<i>dutasteride</i>	Preferred	QL (30 EA per 30 days)
<b>Urinary Alkalinizer - Citrates</b>		
<i>potassium citrate</i>	Preferred	
<i>potassium citrate-citric acid</i>	Preferred	
<i>sodium citrate-citric acid</i>	Preferred	
<b>Urinary Analgesics</b>		
<i>phenazopyridine</i>	Preferred	
<b>Urinary Antibacterial - Methenamine And Salts</b>		
<i>methenamine hippurate</i>	Preferred	
<i>methenamine mandelate</i>	Preferred	
<b>Urinary Antibacterial - Nitrofurantoin Derivatives</b>		
<i>nitrofurantoin</i>	Preferred	
<i>nitrofurantoin macrocrystal</i>	Preferred	
<i>nitrofurantoin monohyd/m-cryst</i>	Preferred	
<b>Urinary Anti-Infective Methenamine-Antispas-Analg Combinations</b>		
<b>Phosphasal</b>	Preferred	
<b>Urin DS</b>	Preferred	
<b>Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)</b>		
<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	



Label Name	Status	Notes
<i>solifenacin</i>	Preferred	QL (30 EA per 30 days)
<b>Urinary Antispasmodic - Anticholinergics, Non-Selective</b>		
<i>hyoscyamine sulfate</i>	Preferred	
<b>Urinary Antispasmodic - Smooth Muscle Relaxants</b>		
<i>flavoxate</i>	Preferred	
<i>oxybutynin chloride</i>	Preferred	
<i>tolterodine oral capsule, extended release 24hr</i>	Preferred	QL (30 EA per 30 days)
<i>tolterodine oral tablet</i>	Preferred	QL (60 EA per 30 days)
<b>Toviaz</b>	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)
<b>Urinary Retention Therapy - Parasympathomimetic Agents</b>		
<i>bethanechol chloride</i>	Preferred	
<b>Gout And Hyperuricemia Therapy</b>		
<b>Gout Acute Therapy - Antimitotics</b>		
<i>colchicine</i>	Preferred	QL (60 EA per 30 days)
<b>Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations</b>		
<i>probenecid-colchicine</i>	Preferred	
<b>Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type</b>		
<b>Elitek</b>	Preferred	
<b>Hyperuricemia Therapy - Uricosurics</b>		
<i>probenecid</i>	Preferred	
<b>Hyperuricemia Therapy - Xanthine Oxidase Inhibitors</b>		
<i>allopurinol</i>	Preferred	
<i>febuxostat</i>	Preferred	QL (30 EA per 30 days)
<b>Hematological Agents</b>		
<b>Anticoagulants - Coumarin</b>		
<i>warfarin</i>	Preferred	
<b>C1 Esterase Inhibitor Agents</b>		
<b>Berinert</b>	Preferred	PA
<b>Direct Factor Xa Inhibitors</b>		
<b>Eliquis oral tablet 2.5 mg</b>	Preferred	QL (60 EA per 30 days)
<b>Eliquis oral tablet 5 mg</b>	Preferred	QL (74 EA per 30 days)
<b>Savaysa</b>	Preferred	QL (30 EA per 30 days)
<b>Xarelto oral tablet 10 mg, 15 mg, 20 mg</b>	Preferred	QL (30 EA per 30 days)
<b>Xarelto oral tablet 2.5 mg</b>	Preferred	QL (60 EA per 30 days)
<b>Xarelto oral tablets, dose pack</b>	Preferred	QL (51 EA per 30 days)

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

Label Name	Status	Notes
<b>Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors</b>		
<i>cilostazol</i>	Preferred	
<b>Platelet Aggregation Inhibitors - Quinazoline Agents</b>		
<b>Agrylin</b>	Preferred	
<i>anagrelide</i>	Preferred	
<b>Platelet Aggregation Inhibitors - Thienopyridine Agents</b>		
<i>clopidogrel</i>	Preferred	
<i>prasugrel</i>	Preferred	
<b>Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr</b>		
<i>dipyridamole</i>	Preferred	
<b>Sickle Cell Anemia Agents</b>		
<b>Droxia</b>	Preferred	
<b>Sickle Cell Anemia Agents, Others</b>		
<b>Droxia</b>	Preferred	
<b>Thrombin Inhibitor - Selective Direct And Reversible</b>		
<i>argatroban</i>	Preferred	PA
<i>argatroban in 0.9 % sod chlor</i>	Preferred	PA
<b>Thrombolytic - Tissue Plasminogen Activators</b>		
<b>Activase</b>	Preferred	
<b>Cathflo Activase</b>	Preferred	
<b>TNKase</b>	Preferred	
<b>Thrombopoietin Receptor Agonists</b>		
<b>Nplate subcutaneous recon soln 125 mcg</b>	Preferred	
<b>Nplate subcutaneous recon soln 250 mcg, 500 mcg</b>	Preferred	PA
<b>Locomotor System</b>		
<b>Als Agents - Benzothiazoles</b>		
<i>riluzole</i>	Preferred	
<b>Antimyasthenic Agent - Reversible Cholinesterase Inhibitors</b>		
<i>pyridostigmine bromide</i>	Preferred	
<b>Skeletal Muscle Relaxant - Central Muscle Relaxants</b>		
<i>baclofen</i>	Preferred	QL (90 EA per 30 days)
<i>chlorzoxazone</i>	Preferred	
<i>cyclobenzaprine</i>	Preferred	
<b>Gablofen</b>	Preferred	
<i>metaxalone oral tablet 400 mg</i>	Preferred	PA
<i>metaxalone oral tablet 800 mg</i>	Preferred	QL (90 EA per 30 days)

Label Name	Status	Notes
<i>methocarbamol</i>	Preferred	
<i>orphenadrine citrate</i>	Preferred	
<i>tizanidine</i>	Preferred	
<b>Skeletal Muscle Relaxant - Direct Muscle Relaxants</b>		
<i>dantrolene</i>	Preferred	
<b>Medical Supplies And Durable Medical Equipment (Dme)</b>		
<b>Medical Supplies And Dme - Insulin Needles- Syringes And Admin Supplies</b>		
<b>BD Insulin Syringe U-500</b>	Preferred	
<b>Magellan Insulin Safety Syrng</b>	Preferred	
<b>Magellan Syringe</b>	Preferred	
<b>Monoject Syringe</b>	Preferred	
<b>Pen Needle</b>	Preferred	
<b>Medical Supplies And Dme - Needles And Syringes</b>		
<i>blunt needle, disposable</i>	Preferred	
<b>Eclipse Needle</b>	Preferred	
<b>Monoject Hypodermic Needles</b>	Preferred	
<b>Monoject Magellan Syringe</b>	Preferred	
<i>safety needles</i>	Preferred	
<i>syringe with needle, safety</i>	Preferred	
<b>Medical Supplies And Dme - Respiratory Therapy Supplies</b>		
<b>Aerochamber Mini</b>	Preferred	
<b>Aerochamber MV</b>	Preferred	
<b>Aerochamber Plus Flow-Vu</b>	Preferred	
<b>Aerochamber Plus Z Stat</b>	Preferred	
<b>Aerochamber with Flowsignal</b>	Preferred	
<b>AeroChamber Z-Stat Plus-Flw Sg</b>	Preferred	
<b>Aerovent Plus</b>	Preferred	
<b>BreatheRite MDI Spacer</b>	Preferred	
<b>Compact Space Chamber</b>	Preferred	
<b>EasiVent Holding Chamber</b>	Preferred	
<b>EasiVent Mask Large</b>	Preferred	
<b>EasiVent Mask Medium</b>	Preferred	
<b>EasiVent Mask Small</b>	Preferred	
<b>Flexichamber</b>	Preferred	
<b>Flexichamber-Lg Child Mask</b>	Preferred	
<b>Flexichamber-Sm Adult Mask</b>	Preferred	
<b>Flexichamber-Sm Child Mask</b>	Preferred	
<b>InspiraChamber</b>	Preferred	
<b>LiteAire MDI Chamber</b>	Preferred	

Label Name	Status	Notes
Microchamber	Preferred	
Microspacer	Preferred	
OptiChamber Diamond VHC	Preferred	
POCKET CHAMBER	Preferred	
ProChamber	Preferred	
RiteFlo Aerochamber	Preferred	
Vortex Holding Chamber	Preferred	
<b>Medical Supply, Fdb Superset</b>		
<b>Medical Supply, Fdb Superset</b>		
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	

Label Name	Status	Notes
<i>syringe with needle, safety</i>	Preferred	
<b>Vortex Holding Chamber</b>	Preferred	
<b>Metabolic Disease Enzyme Replacement Agents</b>		
<b>Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis</b>		
<b>Elaprase</b>	Preferred	
<b>Naglazyme</b>	Preferred	
<b>Metabolic Disease Enzyme Replacement, Pompe Disease</b>		
<b>Lumizyme</b>	Preferred	
<b>Metabolic Modifiers</b>		
<b>Hyperparathyroid Treatment Agents - Vitamin D Analog-Type</b>		
<i>calcitriol</i>	Preferred	
<i>doxercalciferol</i>	Preferred	
<b>Hectorol</b>	Preferred	
<i>paricalcitol</i>	Preferred	
<b>Zemplar</b>	Preferred	
<b>Metabolic Modifier - Carnitine Replenisher Agents</b>		
<i>levocarnitine (with sugar)</i>	Preferred	
<b>Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents</b>		
<i>sodium phenylbutyrate</i>	Preferred	PA
<b>Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase</b>		
<b>Palynziq</b>	Preferred	PA
<b>Mouth-Throat-Dental - Preparations</b>		
<b>Dental Product - Fluoride Preparations</b>		
<b>Denta 5000 Plus</b>	Preferred	
<b>DentaGel</b>	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	
<b>SF</b>	Preferred	
<b>SF 5000 Plus</b>	Preferred	
<b>Sodium Fluoride 5000 Plus</b>	Preferred	
<b>Mouth And Throat - Antifungals</b>		
<i>clotrimazole</i>	Preferred	
<i>nystatin</i>	Preferred	

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



Label Name	Status	Notes
<b>Ophthalmic Agents</b>		
<b>Miotics - Direct Acting</b>		
<b>Miochol-E</b>	Preferred	
<i>pilocarpine HCl</i>	Preferred	
<b>Mydriatic And Cycloplegic Combinations</b>		
<b>Cyclomydril</b>	Preferred	
<b>Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations</b>		
<b>Simbrinza</b>	Preferred	
<b>Ophthalmic - Antibacterial-Glucocorticoid Combinations</b>		
<b>Blephamide</b>	Preferred	
<b>Blephamide S.O.P.</b>	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	
<b>TobraDex</b>	Preferred	PA
<b>Tobradex ST</b>	Preferred	PA; QL (5 ML per 30 days)
<i>tobramycin-dexamethasone</i>	Preferred	
<b>Ophthalmic - Anticholinergics</b>		
<i>atropine</i>	Preferred	
<i>cyclopentolate</i>	Preferred	
<i>tropicamide</i>	Preferred	
<b>Ophthalmic - Antihistamines</b>		
<i>azelastine</i>	Preferred	
<i>epinastine</i>	Preferred	
<i>olopatadine</i>	Preferred	
<b>Ophthalmic - Anti-Inflammatory, Glucocorticoids</b>		
<b>Alrex</b>	Preferred	
<i>dexamethasone sodium phosphate</i>	Preferred	
<b>Flarex</b>	Preferred	
<i>fluorometholone</i>	Preferred	
<b>FML Forte</b>	Preferred	PA
<b>FML S.O.P.</b>	Preferred	PA
<b>Lotemax</b>	Preferred	
<i>loteprednol etabonate</i>	Preferred	QL (15 ML per 30 days)
<b>Maxidex</b>	Preferred	
<b>Pred Mild</b>	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)

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

Label Name	Status	Notes
<b>Ophthalmic - Mast Cell Stabilizers</b>		
<i>cromolyn</i>	Preferred	
<b>Ophthalmic Antibacterial Mixtures</b>		
<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	
<b>Ophthalmic Antibiotic - Aminoglycosides</b>		
<i>gentamicin</i>	Preferred	
<i>tobramycin</i>	Preferred	
<b>Tobrex</b>	Preferred	
<b>Ophthalmic Antibiotic - Dehydropeptidase Inhibitors</b>		
<i>bacitracin</i>	Preferred	
<b>Ophthalmic Antibiotic - Fluoroquinolones</b>		
<b>Ciloxan</b>	Preferred	PA
<i>ciprofloxacin HCl</i>	Preferred	
<i>gatifloxacin</i>	Preferred	QL (2.5 ML per 30 days)
<i>levofloxacin</i>	Preferred	
<i>moxifloxacin ophthalmic (eye) drops</i>	Preferred	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	Preferred	QL (3 ML per 30 days)
<i>ofloxacin</i>	Preferred	
<b>Ophthalmic Antibiotic - Macrolides</b>		
<i>erythromycin</i>	Preferred	
<b>Ophthalmic Antibiotic - Sulfonamides</b>		
<i>sulfacetamide sodium</i>	Preferred	
<b>Ophthalmic Antivirals</b>		
<i>trifluridine</i>	Preferred	
<b>Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists</b>		
<b>Alphagan P</b>	Preferred	PA
<i>apraclonidine</i>	Preferred	
<i>brimonidine</i>	Preferred	
<b>Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs</b>		
<i>bimatoprost</i>	Preferred	
<i>latanoprost</i>	Preferred	QL (5 ML per 30 days)
<b>Travatan Z</b>	Preferred	PA; QL (5 ML per 30 days)
<i>travoprost</i>	Preferred	QL (5 ML per 30 days)
<b>Selective Vascular Endothelial Growth Factor (Vegf) Antagonists</b>		
<b>Macugen</b>	Preferred	

Label Name	Status	Notes
<b>Organ Preservation Solutions</b>		
<b>Cardioplegic Solutions</b>		
<i>cardioplegic soln</i>	Preferred	
<b>Otic (Ear)</b>		
<b>Otic (Ear) - Anti-Infective-Glucocorticoid Combinations</b>		
<b>Cipro HC</b>	Preferred	PA
<b>Ciprodex</b>	Preferred	
<i>neomycin-polymyxin-HC</i>	Preferred	
<b>Otic (Ear) - Anti-Infectives Other</b>		
<i>acetic acid</i>	Preferred	
<b>Otic (Ear) - Fluoroquinolones</b>		
<i>ciprofloxacin HCl</i>	Preferred	
<i>ofloxacin</i>	Preferred	
<b>Otiprio</b>	Preferred	
<b>Otic (Ear) - Glucocorticoids</b>		
<i>fluocinolone acetonide oil</i>	Preferred	
<i>hydrocortisone-acetic acid</i>	Preferred	
<b>Respiratory Therapy Agents</b>		
<b>Antihistamine - 1St Generation - Ethanolamines</b>		
<i>carbinoxamine maleate</i>	Preferred	
<i>clemastine</i>	Preferred	
<i>diphenhydramine HCl</i>	Preferred	
<b>Antihistamine - 1St Generation - Phenothiazines</b>		
<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)
<b>Antihistamine - 1St Generation - Piperidines</b>		
<i>cyproheptadine</i>	Preferred	
<b>Antihistamines - 1St Generation</b>		
<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)

Label Name	Status	Notes
<b>Antihistamines - 2Nd Generation</b>		
<i>desloratadine</i>	Preferred	QL (30 EA per 30 days)
<i>levocetirizine</i>	Preferred	QL (300 ML per 30 days)
<b>Antihistamines - 2Nd Generation - Piperazines</b>		
<i>levocetirizine</i>	Preferred	QL (300 ML per 30 days)
<b>Antihistamines - 2Nd Generation - Piperidines</b>		
<i>desloratadine</i>	Preferred	QL (30 EA per 30 days)
<b>Antitussives - Non-Opioid</b>		
<i>benzonatate</i>	Preferred	
<b>Asthma Therapy - Alpha/Beta Adrenergic Agents</b>		
<i>epinephrine</i>	Preferred	QL (2 ML Max Qty Per Fill Retail)
<b>Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)</b>		
<b>Asmanex Twisthaler</b>	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)
<b>FLOVENT 100 MCG DISKUS</b>	Preferred	QL (28 EA per 14 days)
<b>FLOVENT 100 MCG DISKUS</b>	Preferred	QL (60 EA per 30 days)
<b>FLOVENT 250 MCG DISKUS</b>	Preferred	QL (28 EA per 14 days)
<b>FLOVENT 250 MCG DISKUS</b>	Preferred	QL (60 EA per 30 days)
<b>Flovent Diskus inhalation blister with device 50 mcg/actuation</b>	Preferred	QL (60 EA per 30 days)
<b>Flovent HFA inhalation HFA aerosol inhaler 110 mcg/actuation</b>	Preferred	QL (12 GM per 30 days)
<b>Flovent HFA inhalation HFA aerosol inhaler 44 mcg/actuation</b>	Preferred	QL (10.6 GM per 30 days); AGE (Max 11 Years)
<b>Qvar RediHaler</b>	Preferred	
<b>Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab</b>		
<b>Fasenra</b>	Preferred	PA; QL (1 ML per 28 days)
<b>Asthma Therapy - Leukotriene Receptor Antagonists</b>		
<i>montelukast</i>	Preferred	QL (30 EA per 30 days)
<i>zafirlukast</i>	Preferred	QL (60 EA per 30 days)
<b>Asthma Therapy - Mast Cell Stabilizers</b>		
<i>cromolyn</i>	Preferred	
<b>Asthma Therapy - Monoclonal Antibodies To Immunoglobulin E (Ige)</b>		
<b>Xolair</b>	Preferred	PA
<b>Asthma Therapy - Xanthines</b>		
<i>theophylline</i>	Preferred	

Label Name	Status	Notes
<b>Asthma Therapy- Monoclonal Antibody - Interleukin-5 (Il-5) Antagonists</b>		
Nucala	Preferred	PA
<b>Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors</b>		
Daliresp	Preferred	PA; QL (30 EA per 30 days)
<b>Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting</b>		
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)
<b>Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting</b>		
Atrovent HFA	Preferred	QL (25.8 GM per 28 days)
<i>ipratropium bromide</i>	Preferred	
<b>Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting</b>		
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)
<b>Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting</b>		
ALBUTEROL HFA 90 MCG INHALER	Preferred	QL (18 GM per 30 days)
ALBUTEROL HFA 90 MCG INHALER	Preferred	QL (6.7 GM per 30 days)
ALBUTEROL HFA 90 MCG INHALER	Preferred	QL (8.5 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 HFA	Preferred	QL (8.5 GM per 30 days)
ProAir RespiClick	Preferred	

Label Name	Status	Notes
Proventil HFA	Preferred	QL (6.7 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER 60 ACTUATIONS	Preferred	QL (8 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER DOSE COUNTER,200 INH	Preferred	QL (18 GM per 30 days)
<b>Asthma/Copd Therapy - Beta Adrenergic Agents</b>		
<i>albuterol sulfate</i>	Preferred	
<i>metaproterenol</i>	Preferred	
<i>terbutaline</i>	Preferred	
<b>Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations</b>		
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	
<b>Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations</b>		
<i>budesonide-formoterol</i>	Preferred	QL (10.2 GM per 30 days)
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	Preferred	ST; QL (10.2 GM per 30 days)
SYMBICORT 160-4.5 MCG INHALER	Preferred	ST; QL (6 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER	Preferred	ST; QL (10.2 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER	Preferred	ST; QL (6.9 GM per 30 days)
<b>Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb,</b>		
Trelegy Ellipta	Preferred	PA; QL (60 EA per 30 days)
<b>Cystic Fibrosis - Inhaled Aminoglycosides</b>		
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)
<b>Cystic Fibrosis - Inhaled Monobactams</b>		
Cayston	Preferred	PA; QL (84 ML per 56 days)
<b>Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator</b>		
Kalydeco	Preferred	PA; QL (56 EA per 28 days)



Label Name	Status	Notes
<b>Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb</b>		
Orkambi	Preferred	PA; QL (112 EA per 28 days)
Symdeko	Preferred	PA
<b>Elastase Inhibitors</b>		
Aralast NP	Preferred	
Prolastin-C	Preferred	
Zemaira	Preferred	
<b>Mucolytics</b>		
<i>acetylcysteine</i>	Preferred	
Pulmozyme	Preferred	PA
<b>Nasal Anticholinergics</b>		
<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)
<b>Nasal Antihistamines</b>		
<i>azelastine</i>	Preferred	QL (30 ML per 25 days)
<i>olopatadine</i>	Preferred	QL (30.5 GM per 30 days)
<b>Nasal Corticosteroids</b>		
<i>flunisolide</i>	Preferred	QL (25 ML per 25 days)
<i>mometasone</i>	Preferred	QL (34 GM per 30 days)
Xhance	Preferred	PA
<b>Opioid Antitussive-1St Generation Antihistamine Combinations</b>		
<i>promethazine-codeine</i>	Preferred	QL (150 ML per 5 days)
<b>Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy</b>		
Esbriet oral capsule	Preferred	PA
Esbriet oral tablet 267 mg	Preferred	PA; QL (270 EA per 30 days)
Esbriet oral tablet 801 mg	Preferred	PA; QL (90 EA per 30 days)
<b>Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors</b>		
Ofev	Preferred	PA; QL (60 EA per 30 days)
<b>Vaginal Products</b>		
<b>Vaginal Antibacterial - Lincosamides</b>		
<i>clindamycin phosphate</i>	Preferred	
<b>Vaginal Antifungal - Triazoles</b>		
<i>terconazole vaginal cream</i>	Preferred	QL (450 GM per 30 days)
<i>terconazole vaginal suppository</i>	Preferred	
<b>Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives</b>		
<i>metronidazole</i>	Preferred	

Label Name	Status	Notes
<b>Vaginal Estrogens</b>		
<i>estradiol</i>	Preferred	
<b>Estring</b>	Preferred	QL (1 EA per 90 days)
<b>Premarin</b>	Preferred	
<b>Vaginal Progestins</b>		
<b>Crinone</b>	Preferred	PA

