



United Mine Workers of America Health and Retirement Funds Standard Formulary 2024

Effective January 1, 2024

The 2024 Funds Standard Formulary Prescribing Guide is intended to be a useful reference and informational tool for medical providers. It is intended to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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INTRODUCTION

The UMWA Health and Retirement Funds (“the Funds) is pleased to provide the 2024 **Funds Standard Formulary Prescribing Guide** as a useful reference and informational tool. The **Funds Standard Formulary Prescribing Guide** can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **Funds Standard Formulary Prescribing Guide** is reflective of current medical practice as of the date of review.

The information contained in this **Funds Standard Formulary Prescribing Guide** is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **Funds Standard Formulary Prescribing Guide** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **Funds Standard Formulary Prescribing Guide** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>.

NONDISCRIMINATION STATEMENT

Discrimination is Against the Law

The UMWA Health and Retirement Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The UMWA Health and Retirement Funds does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The UMWA Health and Retirement Funds:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Funds' Call Center at **800-291-1425**.

If you believe that the UMWA Health and Retirement Funds has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Manager
UMWA Health and Retirement Funds
160 Heartland Drive
Beckley, WV 25801
1-800-291-1425 (TTY: 711)

You can file a grievance in person or by mail. If you need help filing a grievance, the Compliance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<https://www.hhs.gov/ocr/office/file/index.html>.

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-800-291-1425 (TTY: 711).

Español (SPANISH)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-291-1425 (TTY: 711).

繁體中文 (CHINESE)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-291-1425 (TTY: 711).

Polski (POLISH)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-291-1425 (TTY: 711).

한국어 (KOREAN)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-291-1425 (TTY: 711). 번으로 전화해 주십시오.

Tiếng Việt (VIETNAMESE)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-291-1425 (TTY: 711).

Deutsch (GERMAN)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-291-1425 (TTY: 711).

عربى (ARABIC)

ملحوظة: إذا كنت تتحدث إنجليزية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-291-1425 (رقم هاتف الاسم واليكم: 711).

Русский (RUSSIAN)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-291-1425 (TTY: 711).

Tagalog (TAGALOG – FILIPINO)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-291-1425 (TTY: 711).

Français (FRENCH)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-291-1425 (ATS: 711).

Deutsch (PENNSYLVANIA DUTCH)

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetszscht, kannschnt du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-800-291-1425 (TTY: 711).

ગુજરાતી (GUJARATI)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-291-1425 (TTY: 711).

Italiano (ITALIAN)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-291-1425 (TTY: 711).

اُردو (URDU)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-800-291-1425 (TTY: 711).

हिंदी (HINDI)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-291-1425 (TTY: 711). पर कॉल करें।

Diné Bizaad (Navajo)

Díí baa akó nínízín: Díí saad bee yáñíti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dék', t'aá jiik'eh, éí ná hólq, kojí' hódíílnih 1-800-291-1425 (TTY: 711)

PREFACE

The **Funds Standard Formulary Prescribing Guide** is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. Pharmacy law requires a valid prescription for purchase of needles and syringes in certain states. OTC products are listed for informational purposes. If covered in the pharmacy benefit, OTC products require a valid prescription.

Drugs represented in the **Funds Standard Formulary Prescribing Guide** may have varying cost to the plan member. Prescription benefit plan may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lowest cost, brand-name medications on the **Funds Standard Formulary Prescribing Guide** will generally cost more than generics, and brand-name medications not on the list will generally cost the most.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark® employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.

- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug. Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM

Effective 01/01/2024

The Funds has a Preferred Product Program in the drug classes shown in the chart below. The preferred drugs in these classes are available to the beneficiary at the standard copay. If a non-preferred drug within these classes is selected, the prescriber will be asked to consider preferred drug(s) to be used before the non-preferred drug will be covered or obtain a medical necessity prior authorization for coverage. See the appropriate sections for the preferred and non-preferred lists. Additional classes may be added in the future. If you have questions, please call CVS Caremark® Customer Care at 1-800-294-4741. The current Funds Standard Formulary Preferred Product Program Drug List is as follows:

DRUG CLASS	PREFERRED	NON-PREFERRED (Medical Necessity Prior Authorization)
Antidiabetics, DPP-4 Inhibitors	saxagliptin JANUVIA	NESINA ONGLYZA TRADJENTA
Antidiabetics, DPP-4 Inhibitor Combinations	saxagliptin/metformin ext-rel JANUMET JANUMET XR TRIJARDY XR	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSENI
Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents)	MOUNJARO OZEMPIC RYBELSUS TRULICITY VICTOZA	BYDUREON BCISE BYETTA
Antidiabetics, SGLT-2 Inhibitors	FARXIGA JARDIANCE	INVOKANA STEGLATRO

DRUG CLASS	PREFERRED	NON-PREFERRED (Medical Necessity Prior Authorization)
Antidiabetics, SGLT-2 Inhibitor Combinations	SYNJARDY SYNJARDY XR XIGDUO XR	INVOKAMET INVOKAMET XR SEGLUROMET
Antidiabetics, SGLT-2 Inhibitor / DPP-4 Inhibitor Combinations	GLYXAMBI QTERN	STEGLUJAN
Dry Eye Disease	<i>cyclosporine</i> RESTASIS XIIDRA	LACRISERT
Hypnotics (Sleep Aids)	<i>doxepin 3mg, 6 mg</i> <i>eszopiclone</i> <i>ramelteon</i> <i>zaleplon</i> <i>zolpidem</i> <i>zolpidem ext-rel</i> BELSOMRA DAYVIGO QUVIVIQ	EDLUAR
Irritable Bowel Syndrome with Constipation	<i>lubiprostone</i> LINZESS TRULANCE	MOTEGRITY
Respiratory, Long-Acting Anticholinergic Inhalers ¹	INCRUSE ELIPTA SPIRIVA HANDIHALER SPIRIVA RESPIMAT	TUDORZA PRESSAIR
Urinary Antispasmodics (Overactive Bladder)	<i>darifenacin ext-rel</i> <i>fesoterodine ext-rel</i> <i>oxybutynin</i> <i>oxybutynin ext-rel</i> <i>solifenacina</i> <i>tolterodine</i> <i>tolterodine ext-rel</i> <i>trospium</i> <i>trospium ext-rel</i> GEMTESA MYRBETRIQ	GELNIQUE OXYTROL

- ¹Some products on this list may be covered under the Federal Black Lung Program. Products on the Black Lung List are not subject to the terms of the Funds Preferred Product Program. Please contact the Funds Call Center for more information if you have any questions about the Federal Black Lung Program Benefits.
- Note: Brand names listed on the preferred column may be subject to a change of status when a generic or OTC version becomes available.
- All medications contained in this list are subject to coverage based on FDA-approved maximum dosages(s).
- For more information about The Funds' Drug Benefit, go to UMWFunds.org.

PRIOR AUTHORIZATION (PA)

Prescriptions for certain medications require a prior authorization to help ensure the medication is cost-effective and clinically appropriate. The review uses both formulary and clinical guidelines to determine if the plan will pay for certain medications.

For prior authorization review, your doctor should call CVS Caremark® at 1-800-294-5979 before you go to the pharmacy. The prior authorization line is for your doctor's use only.

DRUG CLASS	PRODUCTS REQUIRING PA
	<ul style="list-style-type: none"> • <i>Includes brands and generics, where available</i> • <i>Some products may also be subject to quantity limits</i>
Acne	<ul style="list-style-type: none"> • Adapalene Products (Differin – <i>PA required only in adults age 36 and older</i>, Epiduo, Epiduo Forte) • Topical Retinoids (such as tretinoin products and all products of the following brands: Altreno, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Veltin, Ziana) – <i>PA required only in adults age 26 and older</i> • Tazarotene Products (Tazorac, Fabior, Arazlo) • Trifarotene (Aklief) • Clascoterone (Winlevi)
Anabolic Steroids	<ul style="list-style-type: none"> • oxandrolone
Atopic Dermatitis	<ul style="list-style-type: none"> • Ruxolitinib cream (Opzelura)
Select Antibiotics and Antifungal Agents	<ul style="list-style-type: none"> • Select oral and injectable Antibiotics and antifungal agents (Daptomycin, Gentamycin, Streptomycin, Vancomycin) • Voriconazole (Vfend)
Anti-obesity Agents (Weight Loss)	<ul style="list-style-type: none"> • Phentermine, Phendimetrazine, Didrex, Diethylpropion, Contrave, Qsymia, Saxenda, Wegovy, Xenical

DRUG CLASS	PRODUCTS REQUIRING PA
	<ul style="list-style-type: none"> <i>Includes brands and generics, where available</i> <i>Some products may also be subject to quantity limits</i>
Compound Medications*	<ul style="list-style-type: none"> Select medications <p>*A compound medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.</p>
Contraceptives	<ul style="list-style-type: none"> Non-contraceptive medical necessity only (Grandfathered plans not subject to the Affordable Care Act only)
Diabetes – Disposable Insulin Pump Devices	<ul style="list-style-type: none"> OmniPod V-Go
Hyperinflation Management	<ul style="list-style-type: none"> Select drugs that are exponentially more expensive than readily available lower-cost alternatives and whose price is not supported by evidence of greater clinical efficacy. For more information, go to www.umwafunds.org/prescription-drug-plan-benefits
Hypoactive Sexual Desire Disorder	<ul style="list-style-type: none"> Addyi
Pain	<ul style="list-style-type: none"> Extended-Release Opioids – must use an immediate-release opioid before an extended-release form is covered Oral-Intranasal Fentanyl (such as Actiq, fentanyl buccal tablet, fentanyl sublingual tablet, fentanyl transmucosal lozenge, Fentora, Lazanda, Subsys) Duexis/Vimovo (NSAID combination products)
Peanut Allergy Immunotherapy	<ul style="list-style-type: none"> Palforzia
Miscellaneous	<ul style="list-style-type: none"> Auvi-Q – use alternative (examples include epinephrine auto-injector, EpiPen, EpiPen Jr, Symjepi) Fortamet/Glumetza (including their generic metformin ER versions) – use generic Glucophage XR (metformin ER) Zegerid (including omeprazole-sodium bicarbonate) – use generic Proton Pump Inhibitor (PPI) Select Medical Devices (510K Pathway) and Artificial Saliva Products

SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS

Your plan has guidelines in place to help ensure appropriate coverage of specialty medications. Many specialty medications are biotech drugs or drugs that have limited access, complicated treatment regimens, specialty storage requirements and/or special monitoring requirements. Specialty medications will be reviewed for clinical appropriateness based on clinical guidelines, as well as formulary coverage and/or quantity limits. Your doctor needs to obtain prior authorization for specialty drugs before they will be covered by your prescription benefit plan.

For a full list of specialty drugs, refer to **CVSspecialty.com** or call CVS Specialty® at 1-800-237-2767. For specialty drug prior authorization review, your doctor should call CVS Specialty at 1-866-814-5506 before you go to the pharmacy. The prior authorization line is for your doctor's use only.

ADVANCED CONTROL SPECIALTY FORMULARY®

The Funds has a preferred product program called the Advanced Control Specialty Formulary (ACSF). The preferred drugs in ACSF classes are available at the standard copay. If a non-preferred drug within these classes is selected, the prescriber will be asked to consider preferred drug(s) to be used before the non-preferred drug will be covered. If you have questions, please call CVS Caremark Customer Care at 1-800-294-4741. Visit www.umwafunds.org/prescription-drug-plan-benefits to see the ACSF Drug List and for more information.

QUANTITY LIMITS

The drug classes listed on the following chart have limits based on FDA-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs.

The limits affect only the amount of medication that the prescription benefit plan pays for, not whether you can get a greater quantity. The final decision about the amount of medication you receive remains between you and your doctor. Please contact CVS Caremark Customer Care for specific questions about quantity limits.

Note: Some of the quantity limits have a prior authorization available if you exceed the initial drug's limit. Those drugs with a prior authorization available are noted below. If your doctor determines that a different amount is appropriate, your doctor should call CVS Caremark at 1-800-294-5979 to request prior authorization for a larger quantity. The prior authorization line is for your doctor's use only.

QUANTITY LIMIT CLASSES	DRUG NAME EXAMPLES <i>Includes brands and generics, where available</i>	PA AVAILABLE <i>To Exceed Initial Quantity Limit</i>
Erectile Dysfunction	Cialis, Levitra, Staxyn, Stendra, Viagra, Caverject, Edex, Muse	No
Condoms	Male and Female Condoms (applies only to Non-Grandfathered plans with Affordable Care Act coverage of condoms)	Yes
Select Antibacterial and Antifungal Agents	Topical agents (ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, oxiconazole, Nystatin, mupirocin, clindamycin, gentamycin) Oral agents (vancomycin)	No
Pain – Non-Opioid	Topical Lidocaine 5% ointment	Yes
Pain – Opioid**	Oxycodone extended-release (Oxycontin, Xtampza ER)	Yes

Log in to **Caremark.com** to check coverage and copay[†] information for a specific medicine. For more information, contact a CVS Caremark Customer Care Representative at **1-800-294-4741**.

LEGEND

Abbreviation	Description
MNPA	Medical Necessity Prior Authorization
Preferred	Preferred Product
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

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When viewing the *Funds Standard Formulary Prescribing Guide* via the Internet, please be advised that the *Funds Standard Formulary Prescribing Guide* is updated periodically and changes may appear prior to their effective date to allow for client notification.

FUNDS' WEBSITE

For more information about the Funds' drug benefit, please access our website at: UMWAFunds.org

Frequently Used Telephone Numbers:

CVS Caremark Customer Care

Phone: 1-800-249-4741

CVS Caremark Prior Authorization

Phone: 1-800-294-5979

Fax: 1-888-836-0730

CVS Specialty

Phone: 1-800-237-2767

Fax: 1-866-295-2778

The Funds Call Center (Beckley, WV)

Phone: 1-800-291-1425

DRUG NAME	FORMULARY STATUS
ANALGESICS	
COX-2 INHIBITORS	
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	Preferred
GOUT	
<i>allopurinol solr 500mg; tabs 100mg, 300mg</i>	Preferred
<i>colchicine caps .6mg; tabs .6mg</i>	Preferred
<i>probenecid tabs 500mg</i>	Preferred
MISCELLANEOUS	
<i>clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml</i>	
NSAIDS	
<i>diclofenac sodium tb24 100mg</i>	
<i>diclofenac sodium tbec 25mg, 50mg, 75mg</i>	Preferred
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	
<i>ibuprofen soln 10mg/ml; susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	Preferred
<i>meloxicam caps 5mg, 10mg; susp 7.5mg/5ml; tabs 7.5mg, 15mg</i>	Preferred
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen susp 125mg/5ml; tabs 250mg, 275mg, 375mg, 500mg, 550mg; tb24 375mg, 500mg, 750mg; tbec 375mg, 500mg</i>	Preferred
<i>oxaprozin tabs 600mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	
NSAIDS, COMBINATIONS	
<i>diclofenac sodium-misoprostol delayed release 50- 0.2 mg</i>	Preferred
<i>diclofenac sodium-misoprostol delayed release 75- 0.2 mg</i>	Preferred
OPIOID ANALGESICS	
<i>codeine-acetaminophen soln 120-12 mg/5ml</i>	Preferred
<i>codeine-acetaminophen tab 300-15 mg</i>	Preferred
<i>codeine-acetaminophen tab 300-30 mg</i>	Preferred
<i>codeine-acetaminophen tab 300-60 mg</i>	Preferred
<i>fentanyl transdermal pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	Preferred
<i>fentanyl transmucosal lozenge lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	Preferred
<i>hydrocodone ext-rel cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>	Preferred
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Preferred
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	Preferred

DRUG NAME	FORMULARY STATUS
hydrocodone-acetaminophen tab 5-300 mg	Preferred
hydrocodone-acetaminophen tab 5-325 mg	Preferred
hydrocodone-acetaminophen tab 7.5-300 mg	Preferred
hydrocodone-acetaminophen tab 7.5-325 mg	Preferred
hydrocodone-acetaminophen tab 10-300 mg	Preferred
hydrocodone-acetaminophen tab 10-325 mg	Preferred
hydromorphone liqd 1mg/ml; soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml; tabs 2mg, 4mg, 8mg	Preferred
hydromorphone ext-rel tb24 8mg, 12mg, 16mg, 32mg	Preferred
methadone conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg	Preferred
morphine soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/5ml, 10mg/ml, 20mg/5ml, 50mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg	Preferred
morphine ext-rel cp24 10mg, 20mg, 30mg, 40mg 45mg, 50mg, 60mg, 75mg, 80mg, 90mg, 100mg, 120mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg	Preferred
oxycodone caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 20mg, 30mg	Preferred
oxycodone-acetaminophen soln 5-325 mg/5ml	Preferred
oxycodone-acetaminophen tab 5-325 mg	Preferred
tramadol soln 5mg/ml; tabs 50mg, 100mg	Preferred
tramadol ext-rel cp24 100mg, 200mg, 300mg; tb24 100mg, 200mg, 300mg	Preferred
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg, 36mg	Preferred

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg	Preferred
buprenorphine transdermal ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	Preferred

SALICYLATES

diflunisal tabs 500mg

VISCOSUPPLEMENTS

DUROLANE PRSY 60mg/3ml	Preferred
EUFLEXXA SOSY 20mg/2ml	Preferred
GELSYN-3 SOSY 16.8mg/2ml	Preferred
SUPARTZ FX SOSY 25mg/2.5ml	Preferred

ANTI-INFECTIVES

ANTHELMINTICS

EMVERM CHEW 100mg	Preferred
ivermectin tabs 3mg	Preferred
STROMECTOL TABS 3mg	

DRUG NAME	FORMULARY STATUS
<u>ANTI-BACTERIALS - MISCELLANEOUS</u>	
sulfadiazine tabs 500mg	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Preferred
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Preferred
sulfamethoxazole-trimethoprim tab 400-80 mg	Preferred
sulfamethoxazole-trimethoprim tab 800-160 mg	Preferred
tinidazole tabs 250mg, 500mg	
<u>ANTIFUNGALS</u>	
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	Preferred
fluconazole inj 200 mg/100ml	
fluconazole inj 400 mg/200ml	
griseofulvin ultramicrosize tabs 125mg, 250mg	
itraconazole caps 100mg; soln 10mg/ml	Preferred
nystatin tabs 500000unit	
terbinafine tabs 250mg	Preferred
VFEND SUSR 40mg/ml; TABS 50mg, 200mg	
voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg	
<u>ANTIMALARIALS</u>	
atovaquone-proguanil hcl tab 62.5-25 mg	
atovaquone-proguanil hcl tab 250-100 mg	
chloroquine phosphate tabs 250mg, 500mg	
hydroxychloroquine sulfate tabs 100mg, 300mg, 400mg	
MALARONE TAB 62.5-25	
MALARONE TAB 250-100	
mefloquine hcl tabs 250mg	
<u>ANTIRETROVIRAL AGENTS</u>	
abacavir soln 20mg/ml; tabs 300mg	Preferred
atazanavir caps 150mg, 200mg, 300mg	Preferred
efavirenz caps 50mg, 200mg; tabs 600mg	Preferred
emtricitabine caps 200mg	
EMTRIVA CAPS 200mg; SOLN 10mg/ml	Preferred
etravirine tabs 100mg, 200mg	Preferred
fosamprenavir calcium tabs 700mg	
FUZEON SOLR 90mg	Preferred
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg, 600mg	Preferred
lamivudine soln 10mg/ml; tabs 150mg, 300mg	Preferred
maraviroc tabs 150mg, 300mg	Preferred
nevirapine susp 50mg/5ml; tabs 200mg	Preferred

DRUG NAME	FORMULARY STATUS
<i>nevirapine ext-rel tb24 100mg, 400mg</i>	Preferred
<i>ritonavir tabs 100mg</i>	Preferred
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	Preferred
<i>TIVICAY TABS 10mg, 25mg, 50mg; TBSO 5mg</i>	Preferred
<i>zidovudine caps 100mg; syrup 50mg/5ml; tabs 300mg</i>	Preferred

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	
<i>abacavir-lamivudine tab 600-300 mg</i>	Preferred
<i>BIKTARVY TAB</i>	Preferred
<i>CIMDUO TAB 300-300</i>	Preferred
<i>DESCOVY TAB 120-15MG</i>	Preferred
<i>DESCOVY TAB 200/25MG</i>	Preferred
<i>DOVATO TAB 50-300MG</i>	Preferred
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Preferred
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Preferred
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Preferred
<i>GENVOYA TAB</i>	Preferred
<i>lamivudine-zidovudine tab 150-300 mg</i>	Preferred
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Preferred
<i>lopinavir-ritonavir tab 100-25 mg</i>	Preferred
<i>lopinavir-ritonavir tab 200-50 mg</i>	Preferred
<i>ODEFSEY TAB</i>	Preferred
<i>SYMTUZA TAB</i>	Preferred
<i>TRIUMEQ PD TAB</i>	Preferred
<i>TRIUMEQ TAB</i>	Preferred

ANTITUBERCULAR AGENTS

<i>cycloserine caps 250mg</i>
<i>ethambutol hcl tabs 100mg, 400mg</i>
<i>isoniazid soln 100mg/ml; syrup 50mg/5ml; tabs 100mg, 300mg</i>
<i>MYAMBUTOL TABS 400mg</i>
<i>pyrazinamide tabs 500mg</i>
<i>rifampin caps 150mg, 300mg; soln 600mg</i>

DRUG NAME	FORMULARY STATUS
ANTIVIRALS	
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	Preferred
<i>adefovir dipivoxil tabs 10mg</i>	
<i>entecavir tabs .5mg, 1mg</i>	Preferred
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>lamivudine tabs 100mg</i>	Preferred
<i>oseltamivir caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	Preferred
<i>RELENZA AEPB 5mg/blister</i>	Preferred
<i>ribavirin solr 6gm</i>	
<i>valacyclovir tabs 1gm, 500mg</i>	Preferred
<i>valganciclovir solr 50mg/ml; tabs 450mg</i>	Preferred
CEPHALOSPORINS	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Preferred
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	
<i>cefpodoxime susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred
<i>cefuroxime axetil tabs 250mg, 500mg</i>	Preferred
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred
<i>SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 100mg/5ml, 200mg/5ml, 500mg/5ml</i>	Preferred
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	Preferred
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred
<i>clarithromycin ext-rel tb24 500mg</i>	Preferred
<i>DIFICID SUSR 40mg/ml; TABS 200mg</i>	Preferred
<i>erythromycins cpep 250mg; susr 200mg/5ml, 400mg/5ml; tabs 250mg, 400mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Preferred
FLUOROQUINOLONES	
<i>CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg</i>	
<i>ciprofloxacin susr 5gm/100ml, 500mg/5ml; tabs 100mg, 250mg, 500mg, 750mg</i>	Preferred
<i>ciprofloxacin inj 200 mg/100ml</i>	Preferred
<i>ciprofloxacin inj 400 mg/200ml</i>	Preferred
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>levofloxacin inj 250 mg/50ml</i>	Preferred
<i>levofloxacin inj 500 mg/100ml</i>	Preferred
<i>moxifloxacin tabs 400mg</i>	Preferred
<i>moxifloxacin inj 400 mg/250ml</i>	Preferred
HEPATITIS B AGENTS	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
HEPATITIS C	
EPCLUSA PAK 150-37.5	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA PAK 200-50MG	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA TAB 200-50MG	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA TAB 400-100	Genotypes 1, 2, 3, 4, 5, 6; Preferred
HARVONI PAK	Genotypes 1, 4, 5, 6; Preferred
HARVONI PAK 45-200MG	Genotypes 1, 4, 5, 6; Preferred
HARVONI TAB 45-200MG	Genotypes 1, 4, 5, 6; Preferred
HARVONI TAB 90-400MG	Genotypes 1, 4, 5, 6; Preferred
<i>ribavirin caps 200mg; tabs 200mg</i>	Preferred
VOSEVI TAB	For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3); Preferred
MISCELLANEOUS	
<i>clindamycin caps 75mg, 150mg, 300mg; soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml; solr 75mg/5ml</i>	Preferred
<i>clindamycin inj 300 mg/50ml</i>	Preferred
<i>clindamycin inj 600 mg/50ml</i>	Preferred
<i>clindamycin inj 900 mg/50ml</i>	Preferred
<i>dapsone tabs 25mg, 100mg</i>	
<i>FLAGYL TABS 500mg</i>	
<i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i>	Preferred
<i>LINEZOLID INJ 600 MG/300ML</i>	
<i>MACROBID CAPS 100mg</i>	
<i>metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>nitrofurantoin caps 25mg, 50mg, 100mg; susp 25mg/5ml</i>	Preferred
<i>pyrimethamine tabs 25mg</i>	Preferred
<i>trimethoprim tabs 100mg</i>	
<i>VANCOCIN CAPS 125mg, 250mg</i>	
<i>vancomycin caps 125mg, 250mg</i>	Preferred
<i>XIFAXAN TABS 550mg</i>	Preferred
NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
PENICILLINS	
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	Preferred
<i>amoxicillin-clavulanate chew tab 200-28.5 mg</i>	Preferred
<i>amoxicillin-clavulanate chew tab 400-57 mg</i>	Preferred
<i>amoxicillin-clavulanate ext-rel tab 1000-62.5 mg</i>	
<i>amoxicillin-clavulanate susp 200-28.5 mg/5ml</i>	Preferred
<i>amoxicillin-clavulanate susp 250-62.5 mg/5ml</i>	Preferred
<i>amoxicillin-clavulanate susp 400-57 mg/5ml</i>	Preferred
<i>amoxicillin-clavulanate susp 600-42.9 mg/5ml</i>	Preferred
<i>amoxicillin-clavulanate tab 250-125 mg</i>	Preferred
<i>amoxicillin-clavulanate tab 500-125 mg</i>	Preferred
<i>amoxicillin-clavulanate tab 875-125 mg</i>	Preferred
<i>ampicillin caps 500mg</i>	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	
<i>AUGMENTIN SUS 125/5ML</i>	
<i>AUGMENTIN SUS 250/5ML</i>	
<i>AUGMENTIN SUS ES-600</i>	
<i>AUGMENTIN TAB 500MG</i>	
<i>dicloxacillin caps 250mg, 500mg</i>	Preferred
<i>penicillin vk solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred
TETRACYCLINES	
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	
<i>doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 50mg, 75mg, 100mg, 150mg</i>	Preferred
<i>minocycline caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	Preferred
<i>minocycline hcl tb24 105mg, 135mg</i>	
<i>tetracycline caps 250mg, 500mg</i>	Preferred
<i>VIBRAMYCIN CAPS 100mg</i>	
<i>VIBRAMYCIN SUSR 25mg/5ml; SYRP 50mg/5ml</i>	

DRUG NAME	FORMULARY STATUS
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
ALKERAN TABS 2mg	
cyclophosphamide caps 25mg, 50mg	
LEUKERAN TABS 2mg	
MATULANE CAPS 50mg	Preferred
melphalan tabs 2mg	
melphalan hcl solr 50mg	
MYLERAN TABS 2mg	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	Preferred
ANTIBIOTICS	
mitoxantrone hcl conc 2mg/ml	
valrubicin soln 40mg/ml	
ANTIMETABOLITES	
azacitidine susr 100mg	
capecitabine tabs 150mg, 500mg	Preferred
decitabine solr 50mg	
LONSURF TAB 15-6.14	Preferred
LONSURF TAB 20-8.19	Preferred
mercaptopurine tabs 50mg	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm	
pemetrexed solr 100mg, 500mg, 750mg, 1000mg	Preferred
TABLOID TABS 40mg	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	
ANTIMITOTIC, TAXOIDS	
paclitaxel conc 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	
paclitaxel protein-bound particles for iv susp 100 mg	
BIOLOGIC RESPONSE MODIFIERS	
BESREMI SOSY 500mcg/ml	Preferred
ERIVEDGE CAPS 150mg	Preferred
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	Preferred
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	Preferred
BIOSIMILARS	
HERZUMA SOLR 150mg, 420mg	Preferred
OGIVRI SOLR 150mg, 420mg	Preferred
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	Preferred
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Preferred

DRUG NAME	FORMULARY STATUS
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone tabs 250mg, 500mg</i>	Preferred
<i>anastrozole tabs 1mg</i>	
<i>ARIMIDEX TABS 1mg</i>	
<i>AROMASIN TABS 25mg</i>	
<i>bicalutamide tabs 50mg</i>	Preferred
<i>CASODEX TABS 50mg</i>	
<i>ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg</i>	Preferred
<i>ERLEADA TABS 60mg, 240mg</i>	Preferred
<i>exemestane tabs 25mg</i>	
<i>FEMARA TABS 2.5mg</i>	
<i>hydroxyprogesterone caproate (antineoplastic) soln 1.25gm/5ml</i>	
<i>letrozole tabs 2.5mg</i>	
<i>leuprolide acetate kit 1mg/0.2ml</i>	Preferred
<i>LYSODREN TABS 500mg</i>	Preferred
<i>megestrol acetate susp 400mg/10ml; tabs 20mg, 40mg</i>	
<i>NUBEQA TABS 300mg</i>	Preferred
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>XTANDI CAPS 40mg; TABS 40mg, 80mg</i>	Preferred
<i>YONSA TABS 125mg</i>	Preferred
KINASE INHIBITORS	
<i>ALECENSA CAPS 150mg</i>	Preferred
<i>ALUNBRIG TABS 30mg, 90mg, 180mg</i>	Preferred
<i>ALUNBRIG PAK</i>	Preferred
<i>BOSULIF TABS 100mg, 400mg, 500mg</i>	Preferred
<i>BRAFTOVI CAPS 75mg</i>	Preferred
<i>BRUKINSA CAPS 80mg</i>	Preferred
<i>CABOMETYX TABS 20mg, 40mg, 60mg</i>	Preferred
<i>CALQUENCE CAPS 100mg; TABS 100mg</i>	Preferred
<i>COPIKTRA CAPS 15mg, 25mg</i>	Preferred
<i>COTELLIC TABS 20mg</i>	Preferred
<i>erlotinib tabs 25mg, 100mg, 150mg</i>	Preferred
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	Preferred
<i>GAVRETO CAPS 100mg</i>	Preferred
<i>IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg</i>	Preferred
<i>imatinib mesylate tabs 100mg, 400mg</i>	Preferred
<i>IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; Preferred TABS 140mg, 280mg, 420mg, 560mg</i>	Preferred
<i>INLYTA TABS 1mg, 5mg</i>	Preferred
<i>KISQALI TBPK 200mg</i>	Preferred
<i>KISQALI FEMARA CO-PACK 200 MG DOSE</i>	Preferred
<i>KISQALI FEMARA CO-PACK 400 MG DOSE</i>	Preferred

DRUG NAME	FORMULARY STATUS
KISQALI FEMARA CO-PACK 600 MG DOSE	Preferred
KOSELUGO CAPS 10mg, 25mg	Preferred
<i>lapatinib tabs 250mg</i>	Preferred
LENVIMA CPPK 4mg, 10mg	Preferred
LENVIMA CAP 14 MG	Preferred
LENVIMA CAP 18 MG	Preferred
LENVIMA CAP 24 MG	Preferred
MEKTOVI TABS 15mg	Preferred
RETEVMO CAPS 40mg, 80mg	Preferred
ROZLYTREK CAPS 100mg, 200mg	Preferred
RYDAPT CAPS 25mg	Preferred
<i>sorafenib tosylate tabs 200mg</i>	Preferred
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	Preferred
STIVARGA TABS 40mg	Preferred
<i>sunitinib caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Preferred
TAGRISSO TABS 40mg, 80mg	Preferred
<i>temsirolimus soln 25mg/ml</i>	
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	Preferred
XOSPATA TABS 40mg	Preferred
ZELBORAF TABS 240mg	Preferred
ZYDELIG TABS 100mg, 150mg	Preferred
ZYKADIA TABS 150mg	Preferred
MISCELLANEOUS	
<i>bexarotene caps 75mg</i>	Preferred
HYDREA CAPS 500mg	
<i>hydroxyurea caps 500mg</i>	
KRAZATI TABS 200mg	Preferred
LUMAKRAS TABS 120mg, 320mg	Preferred
LYNPARZA TABS 100mg, 150mg	Preferred
ODOMZO CAPS 200mg	Preferred
<i>tretinoin (chemotherapy) caps 10mg</i>	
VISTOGARD PACK 10gm	Preferred
ZEJULA CAPS 100mg	Preferred
ZEJULA TABS 100mg, 200mg, 300mg	
ZOLINZA CAPS 100mg	Preferred
MONOCLONAL ANTIBODIES	
PERJETA SOLN 420mg/14ml	Preferred
PHESGO SOL	Preferred
PROTEASOME INHIBITORS	
<i>bortezomib solr 3.5mg</i>	Preferred
NINLARO CAPS 2.3mg, 3mg, 4mg	Preferred
PROTECTIVE AGENTS	
<i>levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; solr 50mg</i>	

DRUG NAME**FORMULARY STATUS****TOPOISOMERASE INHIBITORS**

*etoposide caps 50mg; soln 1gm/50ml,
100mg/5ml, 500mg/25ml
topotecan hcl soln 4mg/4ml; solr 4mg*

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

ACCURETIC TAB 10-12.5

ACCURETIC TAB 20-12.5

ACCURETIC TAB 20-25MG

amlodipine besylate-benazepril hcl cap 2.5-10 mg

amlodipine besylate-benazepril hcl cap 5-10 mg

amlodipine besylate-benazepril hcl cap 5-20 mg

amlodipine besylate-benazepril hcl cap 5-40 mg

amlodipine besylate-benazepril hcl cap 10-20 mg

amlodipine besylate-benazepril hcl cap 10-40 mg

benazepril & hydrochlorothiazide tab 5-6.25 mg

benazepril & hydrochlorothiazide tab 10-12.5 mg

benazepril & hydrochlorothiazide tab 20-12.5 mg

benazepril & hydrochlorothiazide tab 20-25 mg

enalapril maleate & hydrochlorothiazide tab 5-12.5

mg

enalapril maleate & hydrochlorothiazide tab 10-25

mg

fosinopril-hydrochlorothiazide tab 10-12.5 mg Preferred

fosinopril-hydrochlorothiazide tab 20-12.5 mg Preferred

lisinopril-hydrochlorothiazide tab 10-12.5 mg Preferred

lisinopril-hydrochlorothiazide tab 20-12.5 mg Preferred

lisinopril-hydrochlorothiazide tab 20-25 mg Preferred

LOTENSIN HCT TAB 10-12.5

LOTENSIN HCT TAB 20-12.5

LOTENSIN HCT TAB 20-25MG

LOTREL CAP 5-10MG

LOTREL CAP 5-20MG

LOTREL CAP 10-20MG

LOTREL CAP 10-40MG

quinapril-hydrochlorothiazide tab 10-12.5 mg Preferred

quinapril-hydrochlorothiazide tab 20-12.5 mg Preferred

quinapril-hydrochlorothiazide tab 20-25 mg Preferred

trandolapril-verapamil hcl tab er 1-240 mg

trandolapril-verapamil hcl tab er 2-180 mg

trandolapril-verapamil hcl tab er 2-240 mg

trandolapril-verapamil hcl tab er 4-240 mg

VASERETIC TAB 10-25MG

ACE INHIBITORS

ACCUPRIL TABS 5mg, 10mg, 20mg, 40mg

ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg

DRUG NAME	FORMULARY STATUS
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
<i>enalaprilat inj 1.25mg/ml</i>	
<i>fosinopril tabs 10mg, 20mg, 40mg</i>	Preferred
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred
<i>LOTENSIN TABS 10mg, 20mg, 40mg</i>	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	
<i>quinapril tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	Preferred
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
<i>ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone tabs 25mg, 50mg</i>	
<i>INSPRA TABS 25mg, 50mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine-olmesartan tab 5-20 mg</i>	Preferred
<i>amlodipine-olmesartan tab 5-40 mg</i>	Preferred
<i>amlodipine-olmesartan tab 10-20 mg</i>	Preferred
<i>amlodipine-olmesartan tab 10-40 mg</i>	Preferred
<i>amlodipine-telmisartan tab 40-5 mg</i>	Preferred
<i>amlodipine-telmisartan tab 40-10 mg</i>	Preferred
<i>amlodipine-telmisartan tab 80-5 mg</i>	Preferred
<i>amlodipine-telmisartan tab 80-10 mg</i>	Preferred
<i>amlodipine-valsartan tab 5-160 mg</i>	Preferred
<i>amlodipine-valsartan tab 5-320 mg</i>	Preferred
<i>amlodipine-valsartan tab 10-160 mg</i>	Preferred
<i>amlodipine-valsartan tab 10-320 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Preferred
<i>candesartan-hydrochlorothiazide tab 16-12.5 mg</i>	Preferred
<i>candesartan-hydrochlorothiazide tab 32-12.5 mg</i>	Preferred
<i>candesartan-hydrochlorothiazide tab 32-25 mg</i>	Preferred
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Preferred
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>losartan-hydrochlorothiazide tab 50-12.5 mg</i>	Preferred
<i>losartan-hydrochlorothiazide tab 100-12.5 mg</i>	Preferred
<i>losartan-hydrochlorothiazide tab 100-25 mg</i>	Preferred
<i>olmesartanamlodipinehydrochlorothiazide tab 20-5-12.5 mg</i>	Preferred
<i>olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg</i>	Preferred
<i>olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg</i>	Preferred
<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg</i>	Preferred
<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg</i>	Preferred
<i>olmesartanhydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>olmesartanhydrochlorothiazide tab 40-12.5 mg</i>	Preferred
<i>olmesartanhydrochlorothiazide tab 40-25 mg</i>	Preferred
<i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i>	Preferred
<i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i>	Preferred
<i>telmisartanhydrochlorothiazide tab 80-25 mg</i>	Preferred
TRIBENZOR20- TAB 5-12.5MG	
TRIBENZOR40- TAB 5-12.5MG	
TRIBENZOR40- TAB 5-25MG	
TRIBENZOR40- TAB 10-12.5	
TRIBENZOR40- TAB 10-25MG	
<i>valsartanhydrochlorothiazide tab 80-12.5 mg</i>	Preferred
<i>valsartanhydrochlorothiazide tab 160-12.5 mg</i>	Preferred
<i>valsartanhydrochlorothiazide tab 160-25 mg</i>	Preferred
<i>valsartanhydrochlorothiazide tab 320-12.5 mg</i>	Preferred
<i>valsartanhydrochlorothiazide tab 320-25 mg</i>	Preferred
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan tabs 4mg, 8mg, 16mg, 32mg</i>	Preferred
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	Preferred
<i>losartan tabs 25mg, 50mg, 100mg</i>	Preferred
<i>olmesartan tabs 5mg, 20mg, 40mg</i>	Preferred
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	Preferred
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	Preferred
ANTIARRHYTHMICS	
<i>amiodarone soln 50mg/ml, 900mg/18ml; tabs 100mg, 200mg, 400mg</i>	Preferred
<i>disopyramide caps 100mg, 150mg</i>	Preferred
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
MULTAQ TABS 400mg	Preferred
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	
<i>RYTHMOL SR CP12 225mg, 325mg, 425mg</i>	
<i>sotalol tabs 80mg, 120mg, 160mg, 240mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS	
NEXLETOL TABS 180mg	Preferred
NEXLIZET TAB 180/10MG	Preferred
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	Preferred
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	
<i>colesevelam pack 3.75gm; tabs 625mg</i>	Preferred
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	
COLESTID FLAVORED GRAN 5gm; PACK 5gm/7.5gm	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
QUESTRAN PACK 4gm; POWD 4gm/dose	
QUESTRAN LIGHT POWD 4gm/dose	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
ezetimibe tabs 10mg	Preferred
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 30mg, 43mg, 50mg, 67mg, 90mg, 130mg, 134mg, 150mg, 200mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg</i>	Preferred
<i>fenofibric acid delayed-rel cpdr 45mg, 135mg</i>	Preferred
<i>gemfibrozil tabs 600mg</i>	
LOPID TABS 600mg	
TRILIPIX CPDR 45mg, 135mg	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Preferred
VYTORIN TAB 10-10MG	
VYTORIN TAB 10-20MG	
VYTORIN TAB 10-40MG	
VYTORIN TAB 10-80MG	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred
<i>fluvastatin caps 20mg, 40mg</i>	Preferred
<i>fluvastatin sodium tb24 80mg</i>	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	Preferred
<i>pravastatin tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred
<i>rosuvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	Preferred
ZOCOR TABS 10mg, 20mg, 40mg, 80mg	
ANTILIPEMICS, MISCELLANEOUS	
<i>niacin ext-rel tbcr 500mg, 750mg, 1000mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
ANTILOPHEMICS, OMEGA-3 FATTY ACIDS	
<i>icosapent ethyl caps .5gm, 1gm</i>	
LOVAZA CAP 1GM	
<i>omega-3 acid ethyl esters cap 1 gm</i>	Preferred
VASCEPA CAPS 1gm	Preferred
ANTILOPHEMICS, PCSK9 INHIBITORS	
REPATHA SOAJ 140mg/ml; SOCT 420mg/3.5ml;	Preferred
SOSY 140mg/ml	
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
ZIAC TAB 2.5/6.25	
ZIAC TAB 5-6.25MG	
ZIAC TAB 10/6.25	
BETA-BLOCKERS	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	Preferred
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Preferred
<i>carvedilol phosphate ext-rel cp24 10mg, 20mg, 40mg, 80mg</i>	Preferred
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	
CORGARD TABS 20mg, 40mg, 80mg	
<i>labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>metoprolol tartrate soln 5mg/5ml; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Preferred
<i>nadolol tabs 20mg, 40mg, 80mg</i>	Preferred
<i>nebivolol tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
<i>pindolol tabs 5mg, 10mg</i>	Preferred
<i>propranolol soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Preferred
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	Preferred
CALCIUM CHANNEL BLOCKER/ANTILIPIDEMIC COMBINATIONS	
<i>amlodipine-atorvastatin tab 2.5-10 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 2.5-20 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 2.5-40 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-10 mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>amlodipine-atorvastatin tab 5-20 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-40 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-80 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-10 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-20 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-40 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-80 mg</i>	Preferred
CADUET TAB 5-10MG	
CADUET TAB 5-20MG	
CADUET TAB 5-40MG	
CADUET TAB 5-80MG	
CADUET TAB 10-10MG	
CADUET TAB 10-20MG	
CADUET TAB 10-40MG	
CADUET TAB 10-80MG	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>diltiazem ext-rel cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Preferred
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	
<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	Preferred
PROCARDIA XL TB24 30mg, 60mg, 90mg	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbcr 120mg, 180mg, 240mg</i>	Preferred
DIGITALIS GLYCOSIDES	
<i>digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg</i>	Preferred
DIRECT RENIN INHIBITORS/COMBINATIONS	
<i>aliskiren tabs 150mg, 300mg</i>	Preferred
TEKturna HCT TAB 150-12.5	Preferred
TEKturna HCT TAB 150-25MG	Preferred
TEKturna HCT TAB 300-12.5	Preferred
TEKturna HCT TAB 300-25MG	Preferred
DIURETICS	
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	
<i>acetazolamide sodium solr 500mg</i>	
ALDACTAZIDE TAB 25/25	
ALDACTAZIDE TAB 50/50	
ALDACTONE TABS 25mg, 50mg, 100mg	
<i>amiloride tabs 5mg</i>	Preferred
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	

DRUG NAME	FORMULARY STATUS
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>chlorthalidone tabs 25mg, 50mg</i>	Preferred
<i>dichlorphenamide tabs 50mg</i>	
<i>ethacrynic acid tabs 25mg</i>	Preferred
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, Preferred 40mg, 80mg</i>	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, Preferred 25mg, 50mg</i>	
<i>indapamide tabs 1.25mg, 2.5mg</i>	
<i>LASIX TABS 20mg, 40mg, 80mg</i>	
<i>MAXZIDE TAB 75-50</i>	
<i>MAXZIDE-25 TAB</i>	
<i>methazolamide tabs 25mg, 50mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	Preferred
<i>spironolactone-hydrochlorothiazide tab 25-25 mg</i>	Preferred
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	Preferred
<i>triamterene caps 50mg, 100mg</i>	Preferred
<i>triamterene-hydrochlorothiazide cap 37.5-25 mg</i>	Preferred
<i>triamterene-hydrochlorothiazide tab 37.5-25 mg</i>	Preferred
<i>triamterene-hydrochlorothiazide tab 75-50 mg</i>	Preferred
HEART FAILURE	
<i>BIDIL TAB</i>	Preferred
<i>CORLANOR TABS 5mg, 7.5mg</i>	Preferred
<i>ENTRESTO TAB 24-26MG</i>	Preferred
<i>ENTRESTO TAB 49-51MG</i>	Preferred
<i>ENTRESTO TAB 97-103MG</i>	Preferred
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	Preferred
MISCELLANEOUS	
<i>CATAPRES-TTS-1 PTWK .1mg/24hr</i>	
<i>CATAPRES-TTS-2 PTWK .2mg/24hr</i>	
<i>CATAPRES-TTS-3 PTWK .3mg/24hr</i>	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>droxidopa caps 100mg, 200mg, 300mg</i>	
<i>epinephrine sosy 1mg/10ml</i>	
<i>guanfacine hcl tabs 1mg, 2mg</i>	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	Preferred
NITRATES	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	Preferred
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	
<i>NITRO-DUR PT24 .1mg/hr, .2mg/hr, .3mg/hr, .4mg/hr, .6mg/hr, .8mg/hr</i>	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
<i>nitroglycerin soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	Preferred
<i>NITROLINGUAL PUMPSRAY SOLN .4mg/spray</i>	
<i>NITROSTAT SUBL .3mg, .4mg, .6mg</i>	

PULMONARY ARTERIAL HYPERTENSION

<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg</i>	Preferred
<i>ambrisentan tabs 5mg, 10mg</i>	Preferred
<i>bosentan tabs 62.5mg, 125mg</i>	Preferred
<i>OPSUMIT TABS 10mg</i>	Preferred
<i>ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg</i>	Preferred
<i>ORENITRAM TAB MONTH 1</i>	Preferred
<i>ORENITRAM TAB MONTH 2</i>	Preferred
<i>ORENITRAM TAB MONTH 3</i>	Preferred
<i>sildenafil soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg</i>	Preferred
<i>tadalafil tabs 20mg</i>	Preferred
<i>TADLIQ SUSP 20mg/5ml</i>	Preferred
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	Preferred
<i>UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg</i>	Preferred
<i>UPTRAVI PACK TAB 200/800</i>	Preferred

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tbec 333mg</i>
<i>disulfiram tabs 250mg, 500mg</i>

ANTIANXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	Preferred
<i>alprazolam tb24 .5mg, 1mg, 2mg, 3mg</i>	
<i>ANAFRANIL CAPS 25mg, 50mg, 75mg</i>	
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	
<i>lorazepam conc 2mg/ml; soln 2mg/ml, 4mg/ml; tabs .5mg, 1mg, 2mg</i>	Preferred
<i>oxazepam caps 10mg, 15mg, 30mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
ANTIDEMENTIA	
ARICEPT TABS 5mg, 10mg, 23mg	
<i>donepezil tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	Preferred
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	
<i>galantamine soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	Preferred
<i>galantamine ext-rel cp24 8mg, 16mg, 24mg</i>	Preferred
<i>memantine soln 2mg/ml; tabs 5mg, 10mg</i>	Preferred
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg</i>	
<i>memantine titration pak 5-10mg</i>	Preferred
NAMZARIC CAP	Preferred
NAMZARIC CAP 7-10MG	Preferred
NAMZARIC CAP 14-10MG	Preferred
NAMZARIC CAP 21-10MG	Preferred
NAMZARIC CAP 28-10MG	Preferred
<i>rivastigmine caps 1.5mg, 3mg, 4.5mg, 6mg</i>	Preferred
<i>rivastigmine transdermal pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	Preferred
ANTIDEPRESSANTS	
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>bupropion tabs 75mg, 100mg</i>	Preferred
<i>bupropion ext-rel tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg, 450mg</i>	Preferred
CELEXA TABS 10mg, 20mg, 40mg	
<i>citalopram soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	Preferred
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>desvenlafaxine ext-rel tb24 25mg, 50mg, 100mg</i>	Preferred
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	
<i>duloxetine cpep 20mg, 30mg, 40mg, 60mg</i>	Preferred
<i>escitalopram soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	Preferred
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	Preferred
FETZIMA CAP TITRATIO	Preferred
<i>fluoxetine caps 10mg, 20mg, 40mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg</i>	Preferred
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	Preferred
NARDIL TABS 15mg	
NORPRAMIN TABS 10mg, 25mg	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	

DRUG NAME	FORMULARY STATUS
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	
PARNATE TABS 10mg	
<i>paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, Preferred 30mg, 40mg</i>	
<i>paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg</i>	Preferred
<i>phenelzine sulfate tabs 15mg</i>	
REMERON TABS 15mg, 30mg	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	
<i>sertraline conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	Preferred
<i>tranylcypromine sulfate tabs 10mg</i>	
<i>trazodone tabs 50mg, 100mg, 150mg, 300mg</i>	Preferred
TRINTELLIX TABS 5mg, 10mg, 20mg	Preferred
<i>venlafaxine tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Preferred
<i>venlafaxine ext-rel cp24 37.5mg, 75mg, 150mg</i>	Preferred
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg, 225mg</i>	
VIIBRYD TABS 10mg, 20mg, 40mg	Preferred
VIIBRYD KIT STARTER	Preferred
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	
WELLBUTRIN XL TB24 150mg, 300mg	
ANTIPARKINSONIAN AGENTS	
<i>amantadine caps 100mg; soln 50mg/5ml; tabs 100mg</i>	Preferred
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa orally disintegrating tab 10- 100 mg</i>	Preferred
<i>carbidopa & levodopa orally disintegrating tab 25- 100 mg</i>	Preferred
<i>carbidopa & levodopa orally disintegrating tab 25- 250 mg</i>	Preferred
<i>carbidopa & levodopa tab 10-100 mg</i>	Preferred
<i>carbidopa & levodopa tab 25-100 mg</i>	Preferred
<i>carbidopa & levodopa tab 25-250 mg</i>	Preferred
<i>carbidopa-levodopa ext-rel tab er 25-100 mg</i>	Preferred
<i>carbidopa-levodopa ext-rel tab er 50-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 18.75-75- 200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Preferred
<i>entacapone tabs 200mg</i>	Preferred
<i>INBRIJA CAPS 42mg</i>	Preferred
<i>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg</i>	Preferred
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	Preferred
<i>PARLODEL CAPS 5mg; TABS 2.5mg</i>	
<i>pramipexole tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	Preferred
<i>pramipexole ext-rel tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Preferred
<i>rasagiline tabs .5mg, 1mg</i>	Preferred
<i>ropinirole tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	Preferred
<i>ropinirole ext-rel tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	Preferred
<i>RYTARY CAP 95MG</i>	Preferred
<i>RYTARY CAP 145MG</i>	Preferred
<i>RYTARY CAP 195MG</i>	Preferred
<i>RYTARY CAP 245MG</i>	Preferred
<i>selegiline caps 5mg; tabs 5mg</i>	Preferred
<i>SINEMET TAB 10-100MG</i>	
<i>SINEMET TAB 25-100MG</i>	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	
ANTIPSYCHOTICS	
<i>ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg</i>	Preferred
<i>ariPIPRAZOLE soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	Preferred
<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml</i>	Preferred
<i>ARISTADA INITIO PRSY 675mg/2.4ml</i>	Preferred
<i>chlorpromazine hcl conc 30mg/ml, 100mg/ml; soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	Preferred
<i>CLOZARIL TABS 25mg, 50mg, 100mg, 200mg</i>	
<i>fluphenazine decanoate soln 25mg/ml</i>	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	

DRUG NAME	FORMULARY STATUS
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	
<i>lurasidone tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	Preferred
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	Preferred
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	
<i>quetiapine tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg</i>	Preferred
<i>quetiapine ext-rel tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	Preferred
<i>RISPERDAL SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg</i>	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	Preferred
<i>SEROQUEL TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
<i>VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	Preferred
<i>VRAYLAR CAP 1.5-3MG</i>	Preferred
<i>ziprasidone caps 20mg, 40mg, 60mg, 80mg; solr 20mg</i>	Preferred
ANTISEIZURE AGENTS	
<i>carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg</i>	Preferred
<i>carbamazepine ext-rel cp12 100mg, 200mg, 300mg; tb12 100mg, 200mg, 400mg</i>	Preferred
<i>CARBATROL CP12 100mg, 200mg, 300mg</i>	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	Preferred
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	Preferred
<i>DIASTAT ACUDIAL GEL 10mg, 20mg</i>	
<i>DIASTAT PEDIATRIC GEL 2.5mg</i>	
<i>diazepam conc 5mg/ml; soln 5mg/5ml, 5mg/ml; tabs 2mg, 5mg, 10mg</i>	Preferred
<i>diazepam rectal gel 2.5mg, 10mg, 20mg</i>	Preferred
<i>divalproex sodium csdr 125mg; tbec 125mg, 250mg, 500mg</i>	Preferred
<i>divalproex sodium ext-rel tb24 250mg, 500mg</i>	Preferred
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	Preferred
<i>FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	Preferred
<i>lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Preferred
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>lamotrigine ext-rel tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	Preferred
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Preferred
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Preferred
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	Preferred
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	Preferred
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	Preferred
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg</i>	Preferred
<i>levetiracetam ext-rel tb24 500mg, 750mg MYSOLINE TABS 50mg, 250mg</i>	Preferred
<i>NEURONTIN CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg</i>	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	Preferred
<i>OXTELLAR XR TB24 150mg, 300mg, 600mg</i>	Preferred
<i>phenobarbital elix 20mg/5ml; soln 65mg/ml, 130mg/ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Preferred
<i>phenytoin chew 50mg; soln 50mg/ml; susp 100mg/4ml</i>	Preferred
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	Preferred
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	Preferred
<i>primidone tabs 50mg, 250mg</i>	Preferred
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	Preferred
<i>tiagabine tabs 2mg, 4mg, 12mg, 16mg</i>	Preferred
<i>TOPAMAX TABS 25mg, 50mg, 100mg, 200mg</i>	
<i>TOPAMAX SPRINKLE CPSP 15mg, 25mg</i>	
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg; cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>valproic acid caps 250mg; soln 250mg/5ml</i>	Preferred

DRUG NAME	FORMULARY STATUS
vigabatrin pack 500mg; tabs 500mg	Preferred
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	Preferred
XCOPRI PAK 12.5-25	Preferred
XCOPRI PAK 50-100MG	Preferred
XCOPRI PAK 50-200MG	Preferred
XCOPRI PAK 100-150	Preferred
XCOPRI PAK 150-200	Preferred
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	
zonisamide caps 25mg, 50mg, 100mg	Preferred
ATTENTION DEFICIT HYPERACTIVITY DISORDER	
amphetamine-dextroamphetamine mixed salts	Preferred
ext-rel cap er 24hr 5 mg	
amphetamine-dextroamphetamine mixed salts	Preferred
ext-rel cap er 24hr 10 mg	
amphetamine-dextroamphetamine mixed salts	Preferred
ext-rel cap er 24hr 15 mg	
amphetamine-dextroamphetamine mixed salts	Preferred
ext-rel cap er 24hr 20 mg	
amphetamine-dextroamphetamine mixed salts	Preferred
ext-rel cap er 24hr 25 mg	
amphetamine-dextroamphetamine mixed salts tab	Preferred
5 mg	
amphetamine-dextroamphetamine mixed salts tab	Preferred
7.5 mg	
amphetamine-dextroamphetamine mixed salts tab	Preferred
10 mg	
amphetamine-dextroamphetamine mixed salts tab	Preferred
12.5 mg	
amphetamine-dextroamphetamine mixed salts tab	Preferred
15 mg	
amphetamine-dextroamphetamine mixed salts tab	Preferred
20 mg	
amphetamine-dextroamphetamine mixed salts tab	Preferred
30 mg	
atomoxetine caps 10mg, 18mg, 25mg, 40mg,	Preferred
60mg, 80mg, 100mg	
AZSTARYS CAP 26.1-5.2	Preferred
AZSTARYS CAP 39.2-7.8	Preferred
AZSTARYS CAP 52.3-10.	Preferred
clonidine hcl (adhd) tb12 .1mg	
dexamethylphenidate ext-rel cp24 5mg, 10mg,	Preferred
15mg, 20mg, 25mg, 30mg, 35mg, 40mg	
dexamethylphenidate hcl tabs 2.5mg, 5mg, 10mg	

DRUG NAME	FORMULARY STATUS
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	
FOCALIN TABS 2.5mg, 5mg, 10mg	
<i>guanfacine ext-rel tb24 1mg, 2mg, 3mg, 4mg</i>	Preferred
METHYLIN SOLN 5mg/5ml, 10mg/5ml	
<i>methylphenidate chew 2.5mg, 5mg, 10mg; ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg</i>	Preferred
<i>methylphenidate ext-rel cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; tb24 18mg, 27mg, 36mg, 54mg; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	Preferred
MYDAYIS CAP 12.5MG	Preferred
MYDAYIS CAP 25MG	Preferred
MYDAYIS CAP 37.5MG	Preferred
MYDAYIS CAP 50MG	Preferred
QELBREE CP24 100mg, 150mg, 200mg	Preferred
RITALIN TABS 5mg, 10mg, 20mg	
STRATTERA CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	
BOTULINUM TOXINS	
DYSPORT SOLR 300unit, 500unit	Preferred
XEOMIN SOLR 50unit, 100unit, 200unit	Preferred
FIBROMYALGIA	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	Preferred
SAVELLA MIS TITR PAK	Preferred
HYPNOTICS	
AMBIEN TABS 5mg, 10mg	
AMBIEN CR TBCR 6.25mg, 12.5mg	
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	Preferred
DAYVIGO TABS 5mg, 10mg	Preferred
<i>doxepin tabs 3mg, 6mg</i>	Preferred
EDLUAR SUBL 5mg, 10mg	MNPA
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Preferred
QUVIVIQ TABS 25mg, 50mg	Preferred
<i>ramelteon tabs 8mg</i>	Preferred
RESTORIL CAPS 7.5mg, 15mg, 22.5mg, 30mg	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	
<i>zaleplon caps 5mg, 10mg</i>	Preferred
<i>zolpidem tabs 5mg, 10mg</i>	Preferred
<i>zolpidem ext-rel tbcr 6.25mg, 12.5mg</i>	Preferred
<i>zolpidem sublingual subl 1.75mg, 3.5mg</i>	Preferred
MIGRAINE	
AIMOVIG SOAJ 70mg/ml, 140mg/ml	Preferred

DRUG NAME	FORMULARY STATUS
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	Preferred
D.H.E. 45 SOLN 1mg/ml	
<i>dihydroergotamine mesylate soln 1mg/ml, 4mg/ml</i>	
<i>eletriptan tabs 20mg, 40mg</i>	Preferred
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	Preferred
<i>ergotamine-caffeine tab 1-100 mg</i>	Preferred
IMITREX SOLN 5mg/act, 6mg/0.5ml, 20mg/act; TABS 25mg, 50mg, 100mg	
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	
<i>naratriptan tabs 1mg, 2.5mg</i>	Preferred
NURTEC ODT TBDP 75mg	Preferred
ONZETRA XSAIL EXHP 11mg/nosepc	Preferred
QULIPTA TABS 10mg, 30mg, 60mg	Preferred
RELPAX TABS 20mg, 40mg	
<i>rizatriptan tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	Preferred
<i>sumatriptan soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 5mg/act, 6mg/0.5ml, 20mg/act; sosy 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	Preferred
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	
UBRELVY TABS 50mg, 100mg	Preferred
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	Preferred
<i>zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	Preferred
ZOMIG TABS 2.5mg, 5mg	
MISCELLANEOUS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	
LITHOBID TBCR 300mg	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 30mg, 60mg; tbcr 180mg</i>	
MOVEMENT DISORDERS	
AUSTEDO TABS 6mg, 9mg, 12mg	Preferred
AUSTEDO XR TB24 6mg, 12mg, 24mg	Preferred
AUSTEDO XR TAB TITR KIT	
INGREZZA CAPS 40mg, 60mg, 80mg	Preferred
INGREZZA CAP 40-80MG	Preferred
<i>tetrabenazine tabs 12.5mg, 25mg</i>	Preferred
MULTIPLE SCLEROSIS AGENTS	
AVONEX AJKT 30mcg/0.5ml; PSKT 30mcg/0.5ml	Preferred
BETASERON KIT .3mg	Preferred

DRUG NAME	FORMULARY STATUS
COPAXONE SOSY 40mg/ml	Preferred
dalfampridine tb12 10mg	
dimethyl fumarate delayed-rel cpdr 120mg, 240mg	Preferred
dimethyl fumarate delayed-rel starter pack 120 mg & 240 mg	Preferred
fingolimod caps .5mg	Preferred
glatiramer sosy 20mg/ml, 40mg/ml	Preferred
KESIMPTA SOAJ 20mg/0.4ml	Preferred
MAYZENT TABS .25mg, 1mg, 2mg; TBPK .25mg	Preferred
OCREVUS SOLN 300mg/10ml	Preferred
REBIF SOAJ 22mcg/0.5ml, 44mcg/0.5ml; SOSY 22mcg/0.5ml, 44mcg/0.5ml	Preferred
REBIF REBIDO INJ TITRATN	Preferred
REBIF TITRTN INJ PACK	Preferred
teriflunomide tabs 7mg, 14mg	Preferred
TYSABRI CONC 300mg/15ml	Preferred
VUMERITY CPDR 231mg	Preferred
ZEPOSIA CAPS .92mg	Preferred
ZEPOSIA 7DAY CAP STR PACK	Preferred
ZEPOSIA CAP STR KIT	
ZEPOSIA CAP STR KIT	Preferred

MUSCULOSKELETAL THERAPY AGENTS

baclofen soln 5mg/5ml, 40mg/20ml, 500mcg/ml, 20000mcg/20ml; tabs 5mg, 10mg, 20mg	
carisoprodol tabs 250mg, 350mg	
chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg	
cyclobenzaprine tabs 5mg, 7.5mg, 10mg	Preferred
cyclobenzaprine hcl cp24 15mg, 30mg	
DANTRIUM CAPS 25mg, 50mg	
dantrolene sodium caps 25mg, 50mg, 100mg; solr 20mg	
metaxalone tabs 400mg, 800mg	
methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg	
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	
tizanidine hcl tabs 2mg, 4mg	
ZANAFLEX TABS 4mg	

NARCOLEPSY/CATAPLEXY

armodafinil tabs 50mg, 150mg, 200mg, 250mg	Preferred
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	Preferred
modafinil tabs 100mg, 200mg	Preferred

DRUG NAME	FORMULARY STATUS
SUNOSI TABS 75mg, 150mg	Preferred
WAKIX TABS 4.45mg, 17.8mg	Preferred
XYWAV SOL 0.5GM/ML	Preferred
OPIOID AGONIST/ANTAGONIST	
buprenorphine-naloxone sublingual film 2-0.5 mg	Preferred
buprenorphine-naloxone sublingual film 4-1 mg	Preferred
buprenorphine-naloxone sublingual film 8-2 mg	Preferred
buprenorphine-naloxone sublingual film 12-3 mg	Preferred
buprenorphine-naloxone sublingual tab 2-0.5 mg	Preferred
buprenorphine-naloxone sublingual tab 8-2 mg	Preferred
ZUBSOLV SUB 0.7-0.18	Preferred
ZUBSOLV SUB 1.4-0.36	Preferred
ZUBSOLV SUB 2.9-0.71	Preferred
ZUBSOLV SUB 5.7-1.4	Preferred
ZUBSOLV SUB 8.6-2.1	Preferred
ZUBSOLV SUB 11.4-2.9	Preferred
OPIOID ANTAGONIST	
KLOXXADO LIQD 8mg/0.1ml	Preferred
naloxone liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	Preferred
naltrexone hcl tabs 50mg	
POSTHERPETIC NEURALGIA (PHN)	
GRALISE TABS 300mg, 600mg	Preferred
GRALISE TABS 450mg, 750mg, 900mg	
pregabalin ext-rel tb24 82.5mg, 165mg, 330mg	Preferred
PSYCHOTHERAPEUTIC-MISC	
fluoxetine hcl (pmdd) tabs 10mg, 20mg	
NUEDEXTA CAP 20-10MG	Preferred
paroxetine mesylate caps 7.5mg	Preferred
SMOKING DETERRENTS	
bupropion hcl (smoking deterrent) tb12 150mg	
varenicline tartrate tabs .5mg, 1mg	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Preferred
ANDROGENS	
NATESTO GEL 5.5mg/act	Preferred
testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act	Preferred
testosterone cypionate soln 100mg/ml, 200mg/ml	
testosterone enanthate soln 200mg/ml	

DRUG NAME	FORMULARY STATUS
<u>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</u>	
<i>acarbose tabs 25mg, 50mg, 100mg</i>	
<u>ANTIDIABETICS, AMYLIN ANALOGS</u>	
SYMLINPEN SOPN 1500mcg/1.5ml, 2700mcg/2.7ml	Preferred
<u>ANTIDIABETICS, BIGUANIDE</u>	
<i>metformin soln 500mg/5ml; tabs 500mg, 850mg, Preferred 1000mg</i>	
<i>metformin ext-rel tb24 500mg, 750mg, 1000mg</i>	Preferred
<u>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</u>	
<i>glipizide-metformin tab 2.5-250 mg</i>	Preferred
<i>glipizide-metformin tab 2.5-500 mg</i>	Preferred
<i>glipizide-metformin tab 5-500 mg</i>	Preferred
<u>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</u>	
JANUVIA TABS 25mg, 50mg, 100mg	Preferred
NESINA TABS 6.25mg, 12.5mg, 25mg	MNPA
ONGLYZA TABS 2.5mg, 5mg	MNPA
<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	Preferred
TRADJENTA TABS 5mg	MNPA
<u>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</u>	
JANUMET TAB 50-500MG	Preferred
JANUMET TAB 50-1000	Preferred
JANUMET XR TAB 50-500MG	Preferred
JANUMET XR TAB 50-1000	Preferred
JANUMET XR TAB 100-1000	Preferred
JENTADUETO TAB 2.5-500	MNPA
JENTADUETO TAB 2.5-850	MNPA
JENTADUETO TAB 2.5-1000	MNPA
JENTADUETO TAB XR	MNPA
KAZANO 12.5- TAB 500MG	MNPA
KAZANO 12.5- TAB 1000MG	MNPA
KOMBIGLYZ XR TAB 2.5-1000	MNPA
KOMBIGLYZ XR TAB 5-500MG	MNPA
KOMBIGLYZ XR TAB 5-1000MG	MNPA
OSENI TAB 12.5-15	MNPA
OSENI TAB 12.5-30	MNPA
OSENI TAB 12.5-45	MNPA
OSENI TAB 25-15MG	MNPA
OSENI TAB 25-30MG	MNPA
OSENI TAB 25-45MG	MNPA
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	Preferred
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	Preferred
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	Preferred
TRIJARDY XR TAB	Preferred

DRUG NAME	FORMULARY STATUS
<i>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</i>	
BYDUREON BCISE AUIJ 2mg/0.85ml	MNPA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	MNPA
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	Preferred
OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml	Preferred
OZEMPIC INJ 8MG/3ML	Preferred
RYBELSUS TABS 3mg, 7mg, 14mg	Preferred
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Preferred
VICTOZA SOPN 18mg/3ml	Preferred
<i>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</i>	
SOLIQUA INJ 100/33	Preferred
XULTOPHY INJ 100/3.6	Preferred
<i>ANTIDIABETICS, INSULIN</i>	
BASAGLAR SOPN 100unit/ml	Preferred
FIASP FLEX INJ TOUCH	Preferred
FIASP INJ 100/ML	Preferred
FIASP PENFIL INJ U-100	Preferred
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml; SOPN 100unit/ml, 200unit/ml	Preferred
HUMALOG MIX INJ 50/50	Preferred
HUMALOG MIX INJ 50/50KWP	Preferred
HUMALOG MIX INJ 75/25KWP	Preferred
HUMALOG MIX SUS 75/25	Preferred
HUMULIN INJ 70/30	Preferred
HUMULIN INJ 70/30KWP	Preferred
HUMULIN N SUPN 100unit/ml; SUSP 100unit/ml	Preferred
HUMULIN R SOLN 100unit/ml	Preferred
HUMULIN R U-500 SOLN 500unit/ml; SOPN 500unit/ml	Preferred
INS ASP PROT INJ FLEXPEN	Preferred
INSULIN ASPA INJ 70/30	Preferred
INSULIN ASPART SOCT 100unit/ml; SOLN 100unit/ml; SOPN 100unit/ml	Preferred
INSULIN LISPRO SOLN 100unit/ml; SOPN 100unit/ml	Preferred
LANTUS SOLN 100unit/ml; SOPN 100unit/ml	Preferred
LEVEMIR SOLN 100unit/ml; SOPN 100unit/ml	Preferred
LYUMJEV SOLN 100unit/ml; SOPN 100unit/ml, 200unit/ml	Preferred
NOVOLIN INJ 70/30	Preferred
NOVOLIN INJ 70/30 FP	Preferred
NOVOLIN N SUPN 100unit/ml; SUSP 100unit/ml	Preferred

DRUG NAME	FORMULARY STATUS
NOVOLIN R SOLN 100unit/ml; SOPN 100unit/ml	Preferred
NOVOLOG SOCT 100unit/ml; SOLN 100unit/ml; SOPN 100unit/ml	Preferred
NOVOLOG MIX INJ 70/30	Preferred
NOVOLOG MIX INJ FLEXPEN	Preferred
TOUJEO SOPN 300unit/ml	Preferred
TRESIBA SOLN 100unit/ml; SOPN 100unit/ml, 200unit/ml	Preferred
ANTIDIABETICS, INSULIN SENSITIZER	
pioglitazone tabs 15mg, 30mg, 45mg	Preferred
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
ACTOPLUS MET TAB 15-500MG	
ACTOPLUS MET TAB 15-850MG	
pioglitazone-metformin tab 15-500 mg	Preferred
pioglitazone-metformin tab 15-850 mg	Preferred
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
DUETACT TAB 30-2MG	
DUETACT TAB 30-4MG	
pioglitazone-glimepiride tab 30-2 mg	Preferred
pioglitazone-glimepiride tab 30-4 mg	Preferred
ANTIDIABETICS, MEGLITINIDE	
nateglinide tabs 60mg, 120mg	Preferred
repaglinide tabs .5mg, 1mg, 2mg	Preferred
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	
INVOKAMET TAB 50-500MG	MNPA
INVOKAMET TAB 50-1000	MNPA
INVOKAMET TAB 150-500	MNPA
INVOKAMET TAB 150-1000	MNPA
INVOKAMET XR TAB 50-500MG	MNPA
INVOKAMET XR TAB 50-1000	MNPA
INVOKAMET XR TAB 150-500	MNPA
INVOKAMET XR TAB 150-1000	MNPA
SEGLUROMET TAB 2.5-500	MNPA
SEGLUROMET TAB 2.5-1000	MNPA
SEGLUROMET TAB 7.5-500	MNPA
SEGLUROMET TAB 7.5-1000	MNPA
SYNJARDY TAB	Preferred
SYNJARDY TAB 5-500MG	Preferred
SYNJARDY TAB 5-1000MG	Preferred
SYNJARDY TAB 12.5-500	Preferred
SYNJARDY XR TAB	Preferred
SYNJARDY XR TAB 5-1000MG	Preferred
SYNJARDY XR TAB 10-1000	Preferred

DRUG NAME	FORMULARY STATUS
SYNJARDY XR TAB 25-1000	Preferred
XIGDUO XR TAB 2.5-1000	Preferred
XIGDUO XR TAB 5-500MG	Preferred
XIGDUO XR TAB 5-1000MG	Preferred
XIGDUO XR TAB 10-500MG	Preferred
XIGDUO XR TAB 10-1000	Preferred

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2)

INHIBITOR/DPP-4 INHIBITOR COMBINATIONS

GLYXAMBI TAB 10-5 MG	Preferred
GLYXAMBI TAB 25-5 MG	Preferred
QTERN TAB 5-5MG	Preferred
QTERN TAB 10-5MG	Preferred
STEGLUJAN TAB 5-100MG	MNPA
STEGLUJAN TAB 15-100MG	MNPA

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2)

INHIBITORS

FARXIGA TABS 5mg, 10mg	Preferred
INVOKANA TABS 100mg, 300mg	MNPA
JARDIANCE TABS 10mg, 25mg	Preferred
STEGLATRO TABS 5mg, 15mg	MNPA

ANTIDIABETICS, SULFONYLUREA

AMARYL TABS 1mg, 2mg, 4mg	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Preferred
<i>glipizide tabs 5mg, 10mg</i>	Preferred
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	Preferred

ANTIOBESITY

<i>orlistat caps 120mg</i>	Preferred
QSYMIA CAP 3.75-23	Preferred
QSYMIA CAP 7.5-46MG	Preferred
QSYMIA CAP 11.25-69	Preferred
QSYMIA CAP 15-92MG	Preferred
SAXENDA SOPN 18mg/3ml	Preferred
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	Preferred

BISPHOSPHONATES

ACTONEL TABS 35mg, 150mg	
<i>alendronate soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	Preferred
ATELVIA TBEC 35mg	
FOSAMAX TABS 70mg	
<i>ibandronate soln 3mg/3ml; tabs 150mg</i>	Preferred
<i>risedronate tabs 5mg, 30mg, 35mg, 150mg</i>	Preferred
<i>risedronate sodium tbec 35mg</i>	
<i>zoledronic acid conc 4mg/5ml; soln 4mg/100ml, 5mg/100ml</i>	

DRUG NAME	FORMULARY STATUS
CALCIUM RECEPTOR AGONISTS	
cinacalcet tabs 30mg, 60mg, 90mg	Preferred
CARNITINE DEFICIENCY AGENTS	
levocarnitine soln 1gm/10ml; tabs 330mg	Preferred
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45mg	Preferred
LUPRON DEPOT-PED KIT 7.5mg, 11.25mg, 15mg, Preferred 30mg	
LUPRON DEPOT-PED KIT 45mg	
SUPPRELIN LA KIT 50mg	Preferred
CHELATING AGENTS	
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg	Preferred
deferiprone tabs 500mg, 1000mg	Preferred
deferoxamine solr 2gm, 500mg	Preferred
LOKELMA PACK 5gm, 10gm	Preferred
penicillamine caps 250mg; tabs 250mg	Preferred
trientine caps 250mg	Preferred
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Preferred
CONTRACEPTIVES	
ANNOVERA MIS	Preferred
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)	
desogest-ethin est tab 0.1-0.025/0.125- 0.025/0.15-0.025mg-mg	
desogestrel & ethynodiol-drospirenone tab 0.15 mg-30 mcg	
ethynodiol-drospirenone tab 3-0.02 mg	Preferred
ethynodiol-drospirenone tab 3-0.03 mg	Preferred
ethynodiol-drospirenone-levomefetamine tab 3- 0.02-0.451 mg	Preferred
ethynodiol-drospirenone-levomefetamine tab 3- 0.03-0.451 mg	Preferred
ethynodiol-ethynodiol-etonogestrel va ring 0.120-0.015 mg/24hr	Preferred
ethynodiol-etonogestrel 91-day tab 0.1- 0.02mg(84) & 0.01mg(7)	Preferred
ethynodiol-etonogestrel 91-day tab 0.15- 0.03 mg	Preferred
ethynodiol-etonogestrel 91-day tab 0.15- 0.03mg(84) & 0.01mg(7)	Preferred
ethynodiol-etonogestrel continuous tab 90- 20 mcg	Preferred
ethynodiol-etonogestrel tab 0.1 mg-20 mcg	Preferred
ethynodiol-etonogestrel tab 0.05-30/0.075-Preferred 40/0.125-30mg-mcg	Preferred

DRUG NAME	FORMULARY STATUS
ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg	Preferred
ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr	Preferred
ethinyl estradiol-norethindrone acetate tab 1 mg- 20 mcg	Preferred
ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg	Preferred
ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)	Preferred
ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg	Preferred
ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg	Preferred
ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)	Preferred
ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg	Preferred
ethinyl estradiol-norethindrone acetate-iron tab 1- 20/1-30/1-35 mg-mcg	Preferred
ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg	Preferred
ethinyl estradiol-norgestimate tab 0.18-25/0.215- 25/0.25-25 mg-mcg	Preferred
ethinyl estradiol-norgestimate tab 0.18-35/0.215- 35/0.25-35 mg-mcg	Preferred
ethinyl estradiol-norgestimate tab 0.25 mg-35 mcg	Preferred
ethynodiol diacetate & ethinyl estradiol tab 1 mg- 35 mcg	
ethynodiol diacetate & ethinyl estradiol tab 1 mg- 50 mcg	
KYLEENA IUD 19.5mg	Preferred
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	
LO LOESTRIN TAB 1-10-10	Preferred
LOSEASONIQUE TAB	
medroxyprogesterone susp 150mg/ml; susy 150mg/ml	
MIRENA IUD 20mcg/day	Preferred
NATAZIA TAB	Preferred
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	
norethindrone (contraceptive) tabs .35mg	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	

DRUG NAME	FORMULARY STATUS
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	
<i>norgestrel & ethynodiol dihydrogenetic acid tab 0.3 mg-30 mcg</i>	
SKYLA IUD 13.5mg	Preferred
DIABETIC SUPPLIES	
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	Preferred
ACCU-CHEK GUIDE STRIPS AND KITS	Preferred
ACCU-CHEK SMARTVIEW STRIPS AND KITS	Preferred
BD ULTRAFINE INSULIN SYRINGES AND NEEDLES	Preferred
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	Preferred
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	Preferred
LANCETS	
OMNIPOD 5 INSULIN INFUSION PUMP	Preferred
OMNIPOD DASH INSULIN INFUSION PUMP	Preferred
OMNIPOD INSULIN INFUSION PUMP	Preferred
ONETOUCH LANCETS / LANCING DEVICE	Preferred
ONETOUCH ULTRA STRIPS AND KITS	Preferred
ONETOUCH VERIO STRIPS AND KITS	Preferred
V-GO INSULIN INFUSION PUMP	Preferred
ENDOMETRIOSIS	
<i>danazol caps 50mg, 100mg, 200mg</i>	
ORILISSA TABS 150mg, 200mg	Preferred
ENZYME REPLACEMENTS	
<i>*betaine powder for oral solution***</i>	Preferred
<i>carglumic acid tbs 200mg</i>	Preferred
<i>CYSTAGON CAPS 50mg, 150mg</i>	Preferred
<i>PHEBURANE PLLT 483mg/gm</i>	Preferred
<i>sapropterin pack 100mg, 500mg; tabs 100mg</i>	Preferred
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	Preferred
ESTROGENS	
CLIMARA PRO DIS WEEKLY	Preferred
COMBIPATCH DIS	Preferred
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	Preferred
DUAVEE TAB 0.45-20	Preferred
ESTRACE TABS .5mg, 1mg, 2mg	

DRUG NAME	FORMULARY STATUS
estradiol gel .25mg/.25gm, .5mg/.5gm, .75mg/.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg, 10mcg	Preferred
estradiol vaginal crea .1mg/gm	Preferred
estradiol-norethindrone tab 0.5 mg-2.5 mcg	Preferred
estradiol-norethindrone tab 0.5-0.1 mg	Preferred
estradiol-norethindrone tab 1 mg-5 mcg	Preferred
estradiol-norethindrone tab 1-0.5 mg	Preferred
ESTRING RING 2mg	Preferred
EVAMIST SOLN 1.53mg/spray	Preferred
IMVEXXY INST 4mcg, 10mcg	Preferred
MYFEMBREE TAB	Preferred
ORIAHNN CAP	Preferred
PREMARIN CREA .625mg/gm; TABS .3mg, .45mg, Preferred .625mg, .9mg, 1.25mg	Preferred
PREMPHASE TAB	Preferred
PREMPRO TAB	Preferred
PREMPRO TAB 0.3-1.5	Preferred
PREMPRO TAB 0.45-1.5	Preferred
PREMPRO TAB 0.625-5	Preferred
VAGIFEM TABS 10mcg	
FERTILITY REGULATORS	
cetorelix acetate kit .25mg	
clomiphene citrate tabs 50mg	
FOLLISTIM AQ SOLN 300unt/0.36ml, 600unt/0.72ml, 900unt/1.08ml	Preferred
GANIRELIX ACETATE SOSY 250mcg/0.5ml	Preferred
MENOPUR SOLR 75unit	Preferred
OVIDREL INJ 250mcg/0.5ml	Preferred
GAUCHER DISEASE	
CERDELGA CAPS 84mg	Preferred
CEREZYME SOLR 400unit	Preferred
miglustat caps 100mg	
GLUCOCORTICOIDS	
CORTEF TABS 5mg, 10mg, 20mg	
dexamethasone elix .5mg/5ml; soln .5mg/5ml, 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	Preferred
fludrocortisone tabs .1mg	Preferred
hydrocortisone tabs 5mg, 10mg, 20mg	Preferred
MEDROL TABS 2mg, 4mg, 8mg, 16mg, 32mg	

DRUG NAME	FORMULARY STATUS
MEDROL DOSEPAK TBPK 4mg	
<i>methylprednisolone solr 40mg, 125mg, 500mg, 1000mg; susp 40mg/ml, 80mg/ml; tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	Preferred
<i>prednisolone soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml</i>	Preferred
<i>prednisolone tabs 5mg</i>	
<i>prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Preferred
GLUCOSE ELEVATING AGENTS	
BAQSIMI POWD 3mg/dose	Preferred
GLUCAGEN HYPOKIT SOLR 1mg	Preferred
<i>glucagon, human recombinant kit 1mg</i>	Preferred
GVOKE SOAJ .5mg/0.1ml, 1mg/0.2ml; SOLN 1mg/0.2ml; SOSY .5mg/0.1ml, 1mg/0.2ml	Preferred
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Preferred
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg</i>	
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	Preferred
HUMAN GROWTH HORMONES	
HUMATROPE CART 6mg, 12mg, 24mg	Preferred
NORDITROPIN SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	Preferred
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TABS 10mg, 20mg	Preferred
MISCELLANEOUS	
<i>cabergoline tabs .5mg</i>	
<i>calcitonin-salmon soln 200unit/act, 200unit/ml</i>	Preferred
<i>EVISTA TABS 60mg</i>	
<i>FORTEO SOPN 600mcg/2.4ml</i>	Preferred
<i>methylergonovine maleate soln .2mg/ml; tabs .2mg</i>	
<i>OSPHENA TABS 60mg</i>	Preferred
<i>PROLIA SOSY 60mg/ml</i>	Preferred
<i>raloxifene tabs 60mg</i>	Preferred
<i>tolvaptan tabs 15mg, 30mg</i>	
<i>TYMLOS SOPN 3120mcg/1.56ml</i>	Preferred
PHOSPHATE BINDER AGENTS	
AURYXIA TABS 210mg	Preferred
<i>calcium acetate caps 667mg; tabs 667mg</i>	Preferred
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	Preferred
<i>sevelamer hcl tabs 400mg, 800mg</i>	
<i>VELPHORO CHEW 500mg</i>	Preferred
POLYNEUROPATHY	
<i>TEGSEDI SOSY 284mg/1.5ml</i>	Preferred
PROGESTINS	
<i>AYGESTIN TABS 5mg</i>	
<i>CRINONE GEL 4%, 8%</i>	Preferred
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	
<i>medroxyprogesterone tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>megestrol acetate susp 625mg/5ml</i>	Preferred
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone, micronized caps 100mg, 200mg</i>	Preferred
<i>PROVERA TABS 2.5mg, 5mg, 10mg</i>	
THYROID AGENTS	
<i>levothyroxine caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; solr 100mcg, 200mcg, 500mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Preferred
<i>liothyronine soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	Preferred
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
<i>SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Preferred
VASOPRESSINS	
<i>desmopressin acetate tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .01%</i>	
GASTROINTESTINAL	
ANTICHOLINERGICS	
<i>dicyclomine caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	Preferred
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml, .5mg/ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	
<i>LEVSIN TABS .125mg</i>	
ANTIDIARRHEALS	
<i>diphenoxylate-atropine liq 2.5-0.025 mg/5ml</i>	Preferred
<i>diphenoxylate-atropine tab 2.5-0.025 mg</i>	Preferred
<i>LOMOTIL TAB 2.5MG</i>	

DRUG NAME	FORMULARY STATUS
<i>loperamide caps 2mg</i>	Preferred
ANTIEMETICS	
<i>aprepitant caps 40mg, 80mg, 125mg</i>	Preferred
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Preferred
<i>doxylamine-pyridoxine delayed-rel tab 10-10 mg</i>	Preferred
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Preferred
<i>granisetron soln 1mg/ml, 4mg/4ml; tabs 1mg</i>	Preferred
<i>MARINOL CAPS 2.5mg, 5mg, 10mg</i>	
<i>meclizine chew 25mg; tabs 12.5mg, 25mg</i>	Preferred
<i>metoclopramide soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	Preferred
<i>ondansetron soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg; tbdp 4mg, 8mg</i>	Preferred
<i>prochlorperazine soln 10mg/2ml, 50mg/10ml; supp 25mg; tabs 5mg, 10mg</i>	Preferred
<i>promethazine soln 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; syrup 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	Preferred
<i>REGLAN TABS 5mg, 10mg</i>	
<i>SANCUSO PTCH 3.1mg/24hr</i>	Preferred
<i>scopolamine transdermal pt72 1mg/3days</i>	Preferred
<i>trimethobenzamide caps 300mg</i>	Preferred
<i>VARUBI TBPK 90mg</i>	Preferred
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>cimetidine hcl soln 300mg/5ml</i>	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	Preferred
<i>famotidine inj 20mg/50ml</i>	Preferred
<i>PEPCID TABS 20mg, 40mg</i>	
INFLAMMATORY BOWEL DISEASE	
<i>AZULFIDINE TABS 500mg</i>	
<i>AZULFIDINE EN-TABS TBEC 500mg</i>	
<i>balsalazide caps 750mg</i>	Preferred
<i>budesonide delayed-rel cpep 3mg</i>	Preferred
<i>budesonide ext-rel tb24 9mg</i>	Preferred
<i>CORTIFOAM FOAM 10%</i>	Preferred
<i>hydrocortisone enem 100mg/60ml</i>	Preferred
<i>mesalamine supp 1000mg</i>	Preferred
<i>mesalamine delayed-rel cpdr 400mg; tbec 1.2gm, 800mg</i>	Preferred
<i>mesalamine ext-rel cp24 .375gm; cpcr 500mg</i>	Preferred
<i>mesalamine suspension enem 4gm</i>	Preferred
<i>mesalamine w/ cleanser kit 4gm</i>	
<i>PENTASA CPCR 250mg, 500mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
ROWASA KIT 4gm	
<i>sulfasalazine tabs 500mg</i>	Preferred
<i>sulfasalazine delayed-rel tbec 500mg</i>	Preferred
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
LINZESS CAPS 72mcg, 145mcg, 290mcg	Preferred
<i>lubiprostone caps 8mcg, 24mcg</i>	Preferred
MOTEGRITY TABS 1mg, 2mg	MNPA
TRULANCE TABS 3mg	Preferred
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
<i>alosetron tabs .5mg, 1mg</i>	Preferred
VIBERZI TABS 75mg, 100mg	Preferred
LAXATIVES	
<i>lactulose soln 10gm/15ml</i>	Preferred
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
<i>peg 3350-electrolytes</i>	Preferred
<i>sodium sulfate-potassium sulfate-magnesium sulfate oral sol 17.5-3.13-1.6 gm/177ml</i>	
SUPREP BOWEL SOL PREP KIT	Preferred
MISCELLANEOUS	
CYTOTEC TABS 100mcg, 200mcg	
<i>misoprostol tabs 100mcg, 200mcg</i>	
MOVANTIK TABS 12.5mg, 25mg	Preferred
<i>sucralfate susp 1gm/10ml; tabs 1gm</i>	Preferred
SYMPROIC TABS .2mg	Preferred
URSO 250 TABS 250mg	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
PANCREATIC ENZYMEs	
CREON CAP 3000UNIT	Preferred
CREON CAP 6000UNIT	Preferred
CREON CAP 12000UNT	Preferred
CREON CAP 24000UNT	Preferred
CREON CAP 36000UNT	Preferred
VIOKACE TAB 10440	Preferred
VIOKACE TAB 20880	Preferred
ZENPEP CAP 3000UNIT	Preferred
ZENPEP CAP 5000UNIT	Preferred
ZENPEP CAP 10000UNT	Preferred
ZENPEP CAP 15000UNT	Preferred
ZENPEP CAP 20000UNT	Preferred
ZENPEP CAP 25000UNT	Preferred
ZENPEP CAP 40000UNT	Preferred
PROTON PUMP INHIBITORS	
<i>dexlansoprazole cpdr 30mg, 60mg</i>	
<i>esomeprazole delayed-rel cpdr 20mg, 40mg; pack</i>	Preferred
<i>10mg, 20mg, 40mg</i>	

DRUG NAME	FORMULARY STATUS
<i>esomeprazole sodium solr 40mg</i>	
<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>	Preferred
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>	Preferred
<i>pantoprazole delayed-rel pack 40mg; tbec 20mg, 40mg</i>	Preferred
<i>pantoprazole sodium solr 40mg</i>	
RECTAL, CORTICOSTEROIDS	
ANUSOL-HC CREA 2.5%	
<i>hydrocortisone crea 2.5%</i>	
PROCTOFOAM-HC AER 1%	Preferred
ULCER THERAPY COMBINATIONS	
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	
PYLERA CAP	Preferred
TALICIA CAP	Preferred
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin ext-rel tb24 10mg</i>	Preferred
AVODART CAPS .5mg	
CARDURA TABS 1mg, 2mg, 4mg, 8mg	
<i>doxazosin tabs 1mg, 2mg, 4mg, 8mg</i>	Preferred
<i>dutasteride caps .5mg</i>	Preferred
<i>dutasteride-tamsulosin cap 0.5-0.4 mg</i>	Preferred
<i>finasteride tabs 5mg</i>	Preferred
FLOMAX CAPS .4mg	
PROSCAR TABS 5mg	
<i>silodosin caps 4mg, 8mg</i>	Preferred
<i>tamsulosin caps .4mg</i>	Preferred
<i>terazosin caps 1mg, 2mg, 5mg, 10mg</i>	Preferred
ERECTILE DYSFUNCTION	
MUSE PLLT 125mcg, 250mcg, 500mcg, 1000mcg	Preferred
<i>sildenafil tabs 25mg, 50mg, 100mg</i>	Preferred
<i>tadalafil tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
MISCELLANEOUS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
<i>potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg</i>	
<i>tiopronin tabs 100mg</i>	Preferred
UROCIT-K 5 TBCR 540mg	
UROCIT-K 10 TBCR 1080mg	
UROCIT-K 15 TBCR 15meq	

DRUG NAME	FORMULARY STATUS
PROGESTINS	
ENDOMETRIN INST 100mg	Preferred
URINARY ANTISPASMODICS	
<i>darifenacin ext-rel tb24 7.5mg, 15mg</i>	Preferred
DETROL TABS 1mg, 2mg	
DITROPAN XL TB24 5mg, 10mg	
<i>fesoterodine ext-rel tb24 4mg, 8mg</i>	Preferred
GELNIQUE GEL 10%	MNPA
GEMTESA TABS 75mg	Preferred
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	Preferred
<i>oxybutynin soln 5mg/5ml; tabs 5mg</i>	Preferred
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	Preferred
OXYTROL PTTW 3.9mg/24hr	MNPA
<i>solifenacin tabs 5mg, 10mg</i>	Preferred
<i>tolterodine tabs 1mg, 2mg</i>	Preferred
<i>tolterodine ext-rel cp24 2mg, 4mg</i>	Preferred
<i>trospium tabs 20mg</i>	Preferred
<i>trospium ext-rel cp24 60mg</i>	Preferred
VAGINAL ANTI-INFECTIVES	
<i>clindamycin phosphate vaginal crea 2%</i>	
<i>metronidazole vaginal gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
HEMATOLOGIC	
ANTICOAGULANTS	
ARIXTRA SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	
ELIQUIS TABS 2.5mg, 5mg; TBPK 5mg	Preferred
<i>enoxaparin soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	Preferred
<i>fondaparinux soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	Preferred
FRAGMIN SOLN 10000unit/4ml, 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	
<i>warfarin tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Preferred
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	Preferred
XARELTO STAR TAB 15/20MG	Preferred
BLEEDING DISORDERS AGENTS	
NOVOSEVEN RT SOLR 1mg, 2mg, 5mg, 8mg	Preferred
SEVENFACT SOLR 1mg, 5mg	Preferred

DRUG NAME	FORMULARY STATUS
<i>HEMATOPOIETIC GROWTH FACTORS</i>	
ARANESP SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, Preferred 100mcg/ml, 200mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	
DOPTELET TABS 20mg	Preferred
FYLNETRA SOSY 6mg/0.6ml	Preferred
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	Preferred
NYVEPRIA SOSY 6mg/0.6ml	Preferred
PROCERIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	Preferred
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	Preferred
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	Preferred
<i>HEMOPHILIA A AGENTS</i>	
ADVATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit	Preferred
ADYNONAVATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit	Preferred
AFSTYLA KIT 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit	Preferred
ELOCTATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit, 5000unit, 6000unit	Preferred
ESPEROCT SOLR 500unit, 1000unit, 1500unit, 2000unit, 3000unit	Preferred
JIVI SOLR 500unit, 1000unit, 2000unit, 3000unit	Preferred
KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	Preferred
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	Preferred
NOVOEIGHT SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit	Preferred
NUWIQ KIT 250unit, 500unit, 1000unit, 1500unit, Preferred 2000unit, 2500unit, 3000unit, 4000unit; SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit, 4000unit	
XYNTHA KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	Preferred
<i>HEMOPHILIA B AGENTS</i>	
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	Preferred

DRUG NAME	FORMULARY STATUS
REBINYN SOLR 500unit, 1000unit, 2000unit, 3000unit	Preferred
MISCELLANEOUS	
AGRYLIN CAPS .5mg	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
TAVALISSE TABS 100mg, 150mg	Preferred
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080mg/20ml	Preferred
PLATELET AGGREGATION INHIBITORS	
BRILINTA TABS 60mg, 90mg	Preferred
<i>clopidogrel tabs 75mg, 300mg</i>	Preferred
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	Preferred
<i>prasugrel tabs 5mg, 10mg</i>	Preferred
SICKLE CELL DISEASE	
ENDARI PACK 5gm	Preferred
SIKLOS TABS 100mg, 1000mg	Preferred
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
GRASTEK SUBL 2800bau	Preferred
ORALAIR SUB 300 IR	Preferred
RAGWITEK SUBL 12amba1-u	Preferred
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
AVSOLA SOLR 100mg	Preferred
ILUMYA SOSY 100mg/ml	Preferred
REMICADE SOLR 100mg	Preferred
SIMPONI ARIA SOLN 50mg/4ml	Preferred
SKYRIZI INTRAVENOUS SOLN 600mg/10ml	Preferred
STELARA INTRAVENOUS SOLN 130mg/26ml	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)	
COSENTYX UNOREADY SOAJ 300mg/2ml	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	Preferred
ENBREL SOAJ 50mg/ml; SOCT 50mg/ml; SOLN 25mg/0.5ml; SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	Preferred
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Preferred
HUMIRA PEDIA INJ CROHNS	Preferred
HUMIRA PEN KIT PS/UV	Preferred

DRUG NAME	FORMULARY STATUS
HYRIMOZ SOAJ 40mg/0.4ml, 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 80mg/0.8ml	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	Preferred
COSENTYX SOAJ 150mg/ml; SOSY 75mg/0.5ml, 150mg/ml	Preferred
ENBREL SOAJ 50mg/ml; SOCT 50mg/ml; SOLN 25mg/0.5ml; SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	Preferred
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Preferred
HUMIRA PEDIA INJ CROHNS	Preferred
HUMIRA PEN KIT PS/UV	Preferred
HYRIMOZ SOAJ 40mg/0.4ml, 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 80mg/0.8ml	Preferred
RINVOQ TB24 15mg, 30mg, 45mg	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	
ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	Preferred
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Preferred
HUMIRA PEDIA INJ CROHNS	Preferred
HUMIRA PEN KIT PS/UV	Preferred
HYRIMOZ SOAJ 40mg/0.4ml, 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 80mg/0.8ml	Preferred
RINVOQ TB24 15mg, 30mg, 45mg	Preferred
SKYRIZI SUBCUTANEOUS PSKT 75mg/0.83ml; SOAJ 150mg/ml; SOCT 180mg/1.2ml, 360mg/2.4ml; SOSY 150mg/ml	Preferred
STELARA SUBCUTANEOUS SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL Spondyloarthritis	
CIMZIA PREFILLED SYRINGE PSKT 200mg/ml	Preferred
COSENTYX SOAJ 150mg/ml; SOSY 75mg/0.5ml, 150mg/ml	Preferred
RINVOQ TB24 15mg, 30mg, 45mg	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	
ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	Preferred

DRUG NAME	FORMULARY STATUS
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Preferred
HUMIRA PEDIA INJ CROHNS	Preferred
HUMIRA PEN KIT PS/UV	Preferred
HYRIMOZ SOAJ 40mg/0.4ml, 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 80mg/0.8ml	Preferred
OTEZLA TABS 30mg	Preferred
OTEZLA TAB 10/20/30	Preferred
SKYRIZI SUBCUTANEOUS PSKT 75mg/0.83ml; SOAJ 150mg/ml; SOCT 180mg/1.2ml, 360mg/2.4ml; SOSY 150mg/ml	Preferred
STELARA SUBCUTANEOUS SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml	Preferred
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	Preferred
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	Preferred
COSENTYX SOAJ 150mg/ml; SOSY 75mg/0.5ml, 150mg/ml	Preferred
ENBREL SOAJ 50mg/ml; SOCT 50mg/ml; SOLN 25mg/0.5ml; SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	Preferred
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Preferred
HUMIRA PEDIA INJ CROHNS	Preferred
HUMIRA PEN KIT PS/UV	Preferred
HYRIMOZ SOAJ 40mg/0.4ml, 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 80mg/0.8ml	Preferred
OTEZLA TABS 30mg	Preferred
OTEZLA TAB 10/20/30	Preferred
RINVOQ TB24 15mg, 30mg, 45mg	Preferred
SKYRIZI SUBCUTANEOUS PSKT 75mg/0.83ml; SOAJ 150mg/ml; SOCT 180mg/1.2ml, 360mg/2.4ml; SOSY 150mg/ml	Preferred
STELARA SUBCUTANEOUS SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml	Preferred
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	Preferred
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DRUG NAME	FORMULARY STATUS
ENBREL SOAJ 50mg/ml; SOCT 50mg/ml; SOLN 25mg/0.5ml; SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	Preferred
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Preferred
HUMIRA PEDIA INJ CROHNS	Preferred
HUMIRA PEN KIT PS/UV	Preferred
HYRIMOZ SOAJ 40mg/0.4ml, 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 80mg/0.8ml	Preferred
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	Preferred
OENCIA CLICKJECT SOAJ 125mg/ml	Preferred
OENCIA SUBCUTANEOUS SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	Preferred
RINVOQ TB24 15mg, 30mg, 45mg	Preferred
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	Preferred
XELJANZ XR TB24 11mg, 22mg	Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS

ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	Preferred
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Preferred
HUMIRA PEDIA INJ CROHNS	Preferred
HUMIRA PEN KIT PS/UV	Preferred
HYRIMOZ SOAJ 40mg/0.4ml, 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 80mg/0.8ml	Preferred
RINVOQ TB24 15mg, 30mg, 45mg	Preferred
STELARA SUBCUTANEOUS SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml	Preferred
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	Preferred
XELJANZ XR TB24 11mg, 22mg	Preferred
ZEPOZIA CAPS .92mg	Preferred
ZEPOZIA 7DAY CAP STR PACK	Preferred
ZEPOZIA CAP STR KIT	Preferred

Autoimmune Agents (Self-Administered), Psoriasis

SOTYKTU TABS 6mg	Preferred
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DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

ARAVA TABS 10mg, 20mg
hydroxychloroquine sulfate tabs 200mg
leflunomide tabs 10mg, 20mg
methotrexate sodium tabs 2.5mg
PLAQUENIL TABS 200mg

DRUG NAME	FORMULARY STATUS
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	Preferred
HEREDITARY ANGIOEDEMA	
icatibant sosy 30mg/3ml	Preferred
ORLADEYO CAPS 110mg, 150mg	Preferred
RUCONEST SOLR 2100unit	Preferred
TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml	Preferred
IMMUNOGLOBULIN	
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	Preferred
IMMUNOSUPPRESSANTS	
azathioprine tabs 50mg, 75mg, 100mg	
cyclosporine caps 25mg, 100mg	Preferred
cyclosporine modified caps 25mg, 50mg, 100mg; soln 100mg/ml	Preferred
ENSPRYNG SOSY 120mg/ml	Preferred
everolimus tabs .25mg, .5mg, .75mg, 1mg	Preferred
IMURAN TABS 50mg	
mycophenolate mofetil caps 250mg; solr 500mg; susr 200mg/ml; tabs 500mg	Preferred
mycophenolate sodium tbec 180mg, 360mg	Preferred
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	Preferred
tacrolimus caps .5mg, 1mg, 5mg	Preferred
MEDICAL DEVICES	
THYROID AGENTS	
dipyridamole (diagnostic) soln 5mg/ml	
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES	
potassium chloride cpcr 8meq, 10meq; tbc 8meq, 10meq, 20meq	
potassium chloride liquid soln 10%, 20%	Preferred
potassium chloride microencapsulated crystals er tbc 10meq, 15meq, 20meq	
sodium fluoride chew .25mg, .5mg, 1mg; soln .125mg/drop, .5mg/ml; tabs .5mg, 1mg	
IV REPLACEMENT SOLUTIONS	
potassium chloride soln 2meq/ml	
VITAMINS	
*b-complex w/ c & folic acid cap 1 mg***	
*b-complex w/ c & folic acid tab 1 mg***	
*b-complex w/ c & folic acid tab 5 mg***	
*b-complex w/ c & folic acid tab***	
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	

DRUG NAME	FORMULARY STATUS
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	
<i>folic acid soln 5mg/ml; tabs 1mg</i>	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	
<i>*multiple vitamins w/ minerals cap**</i>	
<i>*multiple vitamins w/ minerals tab**</i>	
<i>multivitamins</i>	
<i>*niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg***</i>	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i>	
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i>	
<i>*pediatric multiple vitamins w/ fluoride chew tab 1 mg***</i>	
<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i>	
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i>	
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i>	
<i>pyridoxine hcl soln 100mg/ml</i>	
<i>ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml</i>	
<i>ZEMPLAR CAPS 1mcg, 2mcg</i>	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

MAXITROL OIN 0.1% OP

MAXITROL SUS 0.1% OP

neomycin-polymyxin b-bacitracin-hydrocortisone oint 1% Preferred

neomycin-polymyxin b-dexamethasone oint 0.1% Preferred

neomycin-polymyxin b-dexamethasone susp 0.1% Preferred

neomycin-polymyxin-hc ophth susp

sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%

TOBRADEX OIN 0.3-0.1% Preferred

TOBRADEX ST SUS 0.3-0.05 Preferred

TOBRADEX SUS 0.3-0.1%

tobramycin-dexamethasone ophth susp 0.3-0.1% Preferred

ANTI-INFECTIVES

bacitracin (ophthalmic) oint 500unit/gm

DRUG NAME	FORMULARY STATUS
<i>bacitracin-polymyxin b ophth oint</i>	
BESIVANCE SUSP .6%	Preferred
CILOXAN OINT .3%	Preferred
ciprofloxacin soln .3%	Preferred
erythromycin oint 5mg/gm	Preferred
gentamicin soln .3%	Preferred
levofloxacin soln .5%, 1.5%	Preferred
moxifloxacin soln .5%	Preferred
<i>neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unit-mg/ml</i>	
OCUFLOX SOLN .3%	
ofloxacin soln .3%	Preferred
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
POLYTRIM SOL OP	
sulfacetamide oint 10%; soln 10%	Preferred
tobramycin soln .3%	Preferred
TOBREX OINT .3%; SOLN .3%	
trifluridine soln 1%	Preferred
VIGAMOX SOLN .5%	
ANTI-INFLAMMATORIES	
ACULAR SOLN .5%	
ACULAR LS SOLN .4%	
ACUVAIL SOLN .45%	Preferred
bromfenac soln .09%	Preferred
dexamethasone soln .1%	Preferred
diclofenac soln .1%	Preferred
difluprednate emul .05%	Preferred
<i>fluorometholone (ophth) susp .1%</i>	
FML FORTE SUSP .25%	Preferred
ILEVRO SUSP .3%	Preferred
ketorolac soln .4%, .5%	Preferred
loteprednol gel .5%; susp .5%	Preferred
MAXIDEX SUSP .1%	Preferred
NEVANAC SUSP .1%	Preferred
PRED MILD SUSP .12%	Preferred
<i>prednisolone acetate susp 1%</i>	Preferred
PREDNISOLONE SODIUM PHOSPHATE SOLN 1%	
ANTIALLERGICS	
azelastine soln .05%	Preferred
bepotastine soln 1.5%	Preferred
cromolyn sodium soln 4%	Preferred
LASTACAFT SOLN .25%	Preferred
olopatadine soln .1%, .2%	Preferred
ZERVIATE SOLN .24%	Preferred

DRUG NAME	FORMULARY STATUS
ANTIGLAUCOMA	
ALPHAGAN P SOLN .1%, .15%	Preferred
BETIMOL SOLN .25%, .5%	Preferred
BETOPTIC S SUSP .25%	Preferred
<i>brimonidine soln .15%, .2%</i>	Preferred
<i>brimonidine-timolol soln 0.2-0.5%</i>	Preferred
<i>brinzolamide susp 1%</i>	Preferred
<i>dorzolamide soln 2%</i>	Preferred
<i>dorzolamide-timolol sol 22.3-6.8 mg/ml pf</i>	Preferred
<i>dorzolamide-timolol soln 22.3-6.8 mg/ml</i>	Preferred
<i>latanoprost soln .005%</i>	Preferred
<i>levobunolol hcl soln .5%</i>	
LUMIGAN SOLN .01%	Preferred
RHOPRESSA SOLN .02%	Preferred
ROCKLATAN DRO	Preferred
SIMBRINZA SUS 1-0.2%	Preferred
<i>tafluprost soln .015mg/ml</i>	
<i>timolol maleate solg .25%, .5%; soln .25%, .5%</i>	Preferred
<i>travoprost soln .004%</i>	Preferred
DRY EYE DISEASE	
cyclosporine (ophth) emul .05%	Preferred
LACRISERT INST 5mg	MNPA
RESTASIS EMUL .05%	Preferred
XIIDRA SOLN 5%	Preferred
RETINAL DISORDERS	
BYOOVIZ SOLN .5mg/0.05ml	Preferred
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	Preferred
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	Preferred
ZEMAIRA SOLR 1000mg	Preferred
ANAPHYLAXIS TREATMENT AGENTS	
AUVI-Q SOAJ .1mg/0.1ml, .15mg/0.15ml, .3mg/0.3ml	Preferred
<i>epinephrine soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml</i>	Preferred
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	Preferred
BEVESPI AER 9-4.8MCG	Preferred
<i>ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml</i>	Preferred
STIOLTO AER 2.5-2.5	Preferred
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	
BREZTRI AERO AER SPHERE	Preferred

DRUG NAME	FORMULARY STATUS
TRELEGY AER 100MCG	Preferred
TRELEGY AER 200MCG	Preferred
ANTICHOLINERGICS	
ATROVENT HFA AERS 17mcg/act	Preferred
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Preferred
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation soln .02%</i>	Preferred
SPIRIVA AERS 1.25mcg/act, 2.5mcg/act; CAPS 18mcg	Preferred
TUDORZA PRESSAIR AEPB 400mcg/act	MNPA
YUPELRI SOLN 175mcg/3ml	Preferred
ANTIHISTAMINE COMBINATIONS	
<i>azelastine-fluticasone nasal spray 137-50 mcg/act</i>	Preferred
ANTIHISTAMINES	
<i>azelastine soln .1%, .15%</i>	Preferred
<i>clemastine fumarate tabs 2.68mg</i>	
<i>cyproheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrup 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
<i>levocetirizine soln 2.5mg/5ml; tabs 5mg</i>	
<i>olopatadine soln .6%</i>	Preferred
PATANASE SOLN .6%	
BETA AGONISTS	
<i>albuterol inhalation solution nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	Preferred
<i>albuterol sulfate syrup 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	
<i>albuterol sulfate cfc-free aers 108mcg/act</i>	Preferred
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	Preferred
<i>levalbuterol tartrate cfc-free aero 45mcg/act</i>	Preferred
<i>SEREVENT AEPB 50mcg/dose</i>	Preferred
<i>STRIVERDI RESPIMAT AERS 2.5mcg/act</i>	Preferred
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	
COLD/COUGH	
<i>benzonatate caps 100mg, 150mg, 200mg</i>	
<i>hydrocodone bitart-homatropine methylbromine soln 5-1.5 mg/5ml</i>	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	

DRUG NAME	FORMULARY STATUS
CYSTIC FIBROSIS	
<i>tobramycin inhalation solution nebu 300mg/4ml, 300mg/5ml</i>	Preferred
LEUKOTRIENE MODIFIERS	
<i>zileuton ext-rel tb12 600mg</i>	Preferred
LEUKOTRIENE RECEPTOR ANTAGONISTS	
<i>montelukast chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	Preferred
<i>zafirlukast tabs 10mg, 20mg</i>	Preferred
MAST CELL STABILIZERS	
<i>cromolyn sodium nebu 20mg/2ml</i>	
MISCELLANEOUS	
<i>roflumilast tabs 250mcg, 500mcg</i>	Preferred
NASAL STEROIDS	
<i>flunisolide soln .025%</i>	Preferred
<i>fluticasone susp 50mcg/act</i>	Preferred
<i>mometasone susp 50mcg/act</i>	Preferred
PULMONARY FIBROSIS AGENTS	
<i>OFEV CAPS 100mg, 150mg</i>	Preferred
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	Preferred
SEVERE ASTHMA AGENTS	
<i>DUPIXENT SOSY 100mg/0.67ml</i>	Preferred
<i>FASENRA SOAJ 30mg/ml; SOSY 30mg/ml</i>	Preferred
<i>NUCALA SOAJ 100mg/ml; SOSY 40mg/0.4ml, 100mg/ml</i>	Preferred
<i>TEZSPIRE SOSY 210mg/1.91ml</i>	Preferred
<i>XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml</i>	Preferred
STEROID INHALANTS	
<i>ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act</i>	Preferred
<i>budesonide inhalation susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	Preferred
<i>FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist</i>	Preferred
<i>FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act</i>	Preferred
<i>PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act</i>	Preferred
<i>QVAR REDIHALER AERB 40mcg/act, 80mcg/act</i>	Preferred
STEROID/BETA-AGONIST COMBINATIONS	
<i>BREO ELLIPTA INH 100-25</i>	Preferred
<i>BREO ELLIPTA INH 200-25</i>	Preferred
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	

DRUG NAME	FORMULARY STATUS
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	
SYMBICORT AER 80-4.5	Preferred
SYMBICORT AER 160-4.5	Preferred
XANTHINES	
<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>	
TOPICAL	
DERMATOLOGY, ACNE	
<i>ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	Preferred
<i>adapalene crea .1%; gel .1%, .3%; pads .1%</i>	Preferred
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	
AKLIEF CREA .005%	Preferred
ARAZLO LOTN .045%	Preferred
BENZAC AC WASH LIQD 5%	
BENZAMYCIN GEL 5-3%	
<i>benzoyl peroxide foam 9.8%; gel 8%</i>	Preferred
<i>clindamycin gel 1%; soln 1%</i>	Preferred
<i>clindamycin lotn 1%</i>	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	
<i>clindamycin-benzoyl peroxide (refrig) gel 1.2 (1)- 5%</i>	Preferred
<i>clindamycin-benzoyl peroxide gel 1-5%</i>	Preferred
<i>clindamycin-benzoyl peroxide gel 1.2-2.5%</i>	Preferred
<i>dapsone (topical) gel 5%, 7.5%</i>	
EPIDUO FORTE GEL 0.3-2.5%	
EPIDUO GEL 0.1-2.5%	Preferred
<i>erythromycin gel 2%</i>	

DRUG NAME	FORMULARY STATUS
<i>erythromycin soln 2%</i>	Preferred
<i>erythromycin-benzoyl peroxide gel 5-3%</i>	Preferred
<i>isotretinoin caps 10mg, 25mg, 35mg</i>	
<i>isotretinoin caps 20mg, 30mg, 40mg</i>	Preferred
<i>KLARON LOTN 10%</i>	
<i>ONEXTON GEL 1.2-3.75</i>	Preferred
<i>RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%</i>	
<i>sulfacetamide sodium (acne) lotn 10%</i>	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .04%, .05%, .1%</i>	Preferred
<i>TWYNEO CRE 0.1-3%</i>	Preferred
<i>WINLEVI CREA 1%</i>	Preferred
DERMATOLOGY, ACTINIC KERATOSIS	
<i>fluorouracil crea 5%; soln 2%, 5%</i>	Preferred
<i>imiquimod crea 3.75%, 5%</i>	Preferred
<i>ZYCLARA CREA 2.5%, 3.75%</i>	Preferred
DERMATOLOGY, ANTIBIOTICS	
<i>gentamicin crea .1%; oint .1%</i>	Preferred
<i>mupirocin oint 2%</i>	Preferred
<i>SILVADENE CREA 1%</i>	
<i>silver sulfadiazine crea 1%</i>	
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox crea .77%; gel .77%; sham 1%; soln 8%; susp .77%</i>	Preferred
<i>ciclopirox solution kit 8%</i>	Preferred
<i>clotrimazole crea 1%; soln 1%</i>	Preferred
<i>econazole crea 1%</i>	Preferred
<i>ketonconazole crea 2%; foam 2%</i>	Preferred
<i>LOPROX SHAM 1%</i>	
<i>luliconazole crea 1%</i>	Preferred
<i>naftifine hcl crea 1%, 2%; gel 1%, 2%</i>	
<i>NAFTIN GEL 1%, 2%</i>	Preferred
<i>nystatin crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	Preferred
DERMATOLOGY, ANTI-PSORIATICS	
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	Preferred
<i>calcipotriene crea .005%; foam .005%; oint .005%; soln .005%</i>	Preferred
<i>methoxsalen caps 10mg</i>	Preferred
<i>tazarotene crea .1%; gel .05%, .1%</i>	
<i>VTAMA CREA 1%</i>	Preferred
<i>ZORYVE CREA .3%</i>	Preferred
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole sham 2%</i>	Preferred
<i>selenium sulfide lotn 2.5%</i>	Preferred

DRUG NAME	FORMULARY STATUS
DERMATOLOGY, ATOPIC DERMATITIS	
ADBRY SOSY 150mg/ml	Preferred
CIBINQO TABS 50mg, 100mg, 200mg	Preferred
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 200mg/1.14ml, 300mg/2ml	Preferred
EUCRISA OINT 2%	Preferred
OPZELURA CREA 1.5%	Preferred
<i>pimecrolimus crea 1%</i>	Preferred
RINVOQ TB24 15mg, 30mg, 45mg	Preferred
<i>tacrolimus oint .03%, .1%</i>	Preferred
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	
BRYHALI LOTN .01%	Preferred
<i>calcipotriene-betamethasone oint 0.005-0.064%</i>	Preferred
<i>calcipotriene-betamethasone susp 0.005-0.064%</i>	Preferred
<i>clobetasol crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%</i>	Preferred
<i>clobetasol propionate soln .05%</i>	
CLOBEX LOTN .05%; SHAM .05%	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	Preferred
<i>desoximetasone crea .05%, .25%; gel .05%; oint .05%, .25%</i>	Preferred
<i>diflorasone diacetate crea .05%; oint .05%</i>	
DUOBRII LOT	Preferred
ENSTILAR AER	Preferred
<i>fluocinolone acetonide crea .025%; oint .025%; soln .01%</i>	
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	Preferred
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	
<i>halobetasol crea .05%; oint .05%</i>	Preferred
<i>hydrocortisone crea 1%, 2.5%; oint 1%</i>	Preferred
<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i>	Preferred
<i>hydrocortisone valerate crea .2%; oint .2%</i>	
<i>mometasone crea .1%; oint .1%; soln .1%</i>	Preferred
<i>triamcinolone crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	Preferred
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine ptch 5%</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
LIDODERM PTCH 5%	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
CONDYLOX GEL .5%	
<i>diclofenac sodium gel 1%; soln 1.5%, 2%</i>	Preferred
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
<i>podofilox soln .5%</i>	
DERMATOLOGY, ROSACEA	
<i>azelaic acid gel 15%</i>	Preferred
<i>brimonidine gel .33%</i>	Preferred
<i>doxycycline monohydrate delayed-rel capsule cpdrPreferred 40mg</i>	
FINACEA FOAM 15%	Preferred
<i>ivermectin (rosacea) crea 1%</i>	
METROCREAM CREA .75%	
METROGEL GEL 1%	
METROLOTION LOTN .75%	
<i>metronidazole crea .75%; gel .75%, 1%; lotn .75%</i>	Preferred
SOOLANTRA CREA 1%	Preferred
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>ivermectin (pediculicide) lotn .5%</i>	
<i>malathion lotn .5%</i>	
OVIDE LOTN .5%	
<i>permethrin crea 5%</i>	
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hcl caps 30mg</i>	
<i>clotrimazole troc 10mg</i>	
EPISIL LIQ	Preferred
EVOXAC CAPS 30mg	
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
MUGARD LIQ	Preferred
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
SALAGEN TABS 5mg, 7.5mg	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
OTIC	
<i>acetic acid soln 2%</i>	Preferred
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Preferred
<i>neomycin-polymyxin b-hydrocortisone otic soln 1%</i>	Preferred
<i>neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Preferred
<i>ofloxacin otic soln .3%</i>	Preferred

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* <i>b-complex w/ c & folic acid cap 1 mg***</i>	66
* <i>b-complex w/ c & folic acid tab***</i>	66
* <i>b-complex w/ c & folic acid tab 1 mg***</i>	66
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* <i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg***</i>	67
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