



# **United Mine Workers of America Health and Retirement Funds Supplemental Formulary for American Consolidated Natural Resources, Crimson Oak Grove Resources and the UMWA International Plans 2024**

**Effective January 1, 2024**

The 2024 Funds Supplemental 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 Supplemental Formulary Prescribing Guide** as a useful reference and informational tool. The **Funds Supplemental 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 Supplemental Formulary Prescribing Guide** is reflective of current medical practice as of the date of review.

The information contained in this **Funds Supplemental 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 Supplemental 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 Supplemental 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 Supplemental 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 Supplemental 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 Supplemental 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 pharmaco-economist 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 SUPPLEMENTAL 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 beneficiary will be required to pay the standard copay plus an additional charge. 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 Supplemental Formulary Preferred Product Program Drug List is as follows:

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED (Extra Charge)</b>
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 <sup>1</sup>	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>solifenacin</i> <i>tolterodine</i> <i>tolterodine ext-rel</i> <i>trospium</i> <i>trospium ext-rel</i> GEMTESA MYRBETRIQ	GELNIQUE OXYTROL

- <sup>1</sup>Some 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](http://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.

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

<b>DRUG CLASS</b>	<b>PRODUCTS REQUIRING PA</b>
	<ul style="list-style-type: none"> <li><i>Includes brands and generics, where available</i></li> <li><i>Some products may also be subject to quantity limits</i></li> </ul>
Compound Medications*	<ul style="list-style-type: none"> <li>Select medications</li> </ul> <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"> <li>Non-contraceptive medical necessity only (Grandfathered plans not subject to the Affordable Care Act only)</li> </ul>
Diabetes – Disposable Insulin Pump Devices	<ul style="list-style-type: none"> <li>OmniPod</li> <li>V-Go</li> </ul>
Hyperinflation Management	<ul style="list-style-type: none"> <li>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 <a href="http://www.umwafunds.org/prescription-drug-plan-benefits">www.umwafunds.org/prescription-drug-plan-benefits</a></li> </ul>
Hypoactive Sexual Desire Disorder	<ul style="list-style-type: none"> <li>Addyi</li> </ul>
Pain	<ul style="list-style-type: none"> <li>Extended-Release Opioids – must use an immediate-release opioid before an extended-release form is covered</li> <li>Oral-Intranasal Fentanyl (such as Actiq, fentanyl buccal tablet, fentanyl sublingual tablet, fentanyl transmucosal lozenge, Fentora, Lazanda, Subsys)</li> <li>Duexis/Vimovo (NSAID combination products)</li> </ul>
Peanut Allergy Immunotherapy	<ul style="list-style-type: none"> <li>Palforzia</li> </ul>
Miscellaneous	<ul style="list-style-type: none"> <li>Auvi-Q – use alternative (examples include epinephrine auto-injector, EpiPen, EpiPen Jr, Symjepi)</li> <li>Fortamet/Glumetza (including their generic metformin ER versions) – use generic Glucophage XR (metformin ER)</li> <li>Zegerid (including omeprazole-sodium bicarbonate) – use generic Proton Pump Inhibitor (PPI)</li> <li>Select Medical Devices (510K Pathway) and Artificial Saliva Products</li> </ul>

## **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](http://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.

<b>QUANTITY LIMIT CLASSES</b>	<b>DRUG NAME EXAMPLES</b> <i>Includes brands and generics, where available</i>	<b>PA AVAILABLE</b> <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<sup>†</sup> information for a specific medicine. For more information, contact a CVS Caremark Customer Care Representative at **1-800-294-4741**.

#### **LEGEND**

<b>Abbreviation</b>	<b>Description</b>
Surcharge	Additional charge plus copayment
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

#### **NOTICE**

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**When viewing the *Funds Supplemental Formulary Prescribing Guide* via the Internet, please be advised that the *Funds Supplemental 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](http://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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANALGESICS</b>	
<b>COX-2 INHIBITORS</b>	
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	Preferred
<b>GOUT</b>	
<i>allopurinol solr 500mg; tabs 100mg, 300mg</i>	Preferred
<i>colchicine caps .6mg; tabs .6mg</i>	Preferred
<i>probenecid tabs 500mg</i>	Preferred
<b>MISCELLANEOUS</b>	
<i>clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml</i>	
<b>NSAIDS</b>	
<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>	
<b>NSAIDS, COMBINATIONS</b>	
<i>diclofenac sodium-misoprostol delayed release 50- 0.2 mg</i>	Preferred
<i>diclofenac sodium-misoprostol delayed release 75- 0.2 mg</i>	Preferred
<b>OPIOID ANALGESICS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
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### **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	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b><u>ANTI-BACTERIALS - MISCELLANEOUS</u></b>	
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	
<b><u>ANTIFUNGALS</u></b>	
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	
<b><u>ANTIMALARIALS</u></b>	
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	
<b><u>ANTIRETROVIRAL AGENTS</u></b>	
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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>

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTIVIRALS</b>	
<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
<b>CEPHALOSPORINS</b>	
<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
<b>ERYTHROMYCINS/MACROLIDES</b>	
<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
<b>FLUOROQUINOLONES</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>HEPATITIS B AGENTS</b>	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
<b>HEPATITIS C</b>	
<i>EPCLUSA PAK 150-37.5</i>	Genotypes 1, 2, 3, 4, 5, 6; Preferred
<i>EPCLUSA PAK 200-50MG</i>	Genotypes 1, 2, 3, 4, 5, 6; Preferred
<i>EPCLUSA TAB 200-50MG</i>	Genotypes 1, 2, 3, 4, 5, 6; Preferred
<i>EPCLUSA TAB 400-100</i>	Genotypes 1, 2, 3, 4, 5, 6; Preferred
<i>HARVONI PAK</i>	Genotypes 1, 4, 5, 6; Preferred
<i>HARVONI PAK 45-200MG</i>	Genotypes 1, 4, 5, 6; Preferred
<i>HARVONI TAB 45-200MG</i>	Genotypes 1, 4, 5, 6; Preferred
<i>HARVONI TAB 90-400MG</i>	Genotypes 1, 4, 5, 6; Preferred
<i>ribavirin caps 200mg; tabs 200mg</i>	Preferred
<i>VOSEVI TAB</i>	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
<b>MISCELLANEOUS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS</b>	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
<b>PENICILLINS</b>	
<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
<b>TETRACYCLINES</b>	
<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>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTINEOPLASTIC AGENTS</b>	
<b>ALKYLATING AGENTS</b>	
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
<b>ANTIBIOTICS</b>	
mitoxantrone hcl conc 2mg/ml	
valrubicin soln 40mg/ml	
<b>ANTIMETABOLITES</b>	
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	
<b>ANTIMITOTIC, TAXOIDS</b>	
paclitaxel conc 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	
paclitaxel protein-bound particles for iv susp 100 mg	
<b>BIOLOGIC RESPONSE MODIFIERS</b>	
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
<b>BIOSIMILARS</b>	
HERZUMA SOLR 150mg, 420mg	Preferred
OGIVRI SOLR 150mg, 420mg	Preferred
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	Preferred
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>	
<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
<b>KINASE INHIBITORS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
<b>MISCELLANEOUS</b>	
<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
<b>MONOCLONAL ANTIBODIES</b>	
PERJETA SOLN 420mg/14ml	Preferred
PHESGO SOL	Preferred
<b>PROTEASOME INHIBITORS</b>	
<i>bortezomib soln 3.5mg</i>	Preferred
NINLARO CAPS 2.3mg, 3mg, 4mg	Preferred
<b>PROTECTIVE AGENTS</b>	
<i>levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; soln 50mg</i>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>TOPOISOMERASE INHIBITORS</b>	
etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml	
topotecan hcl soln 4mg/4ml; solr 4mg	
<b>CARDIOVASCULAR</b>	
<b>ACE INHIBITOR COMBINATIONS</b>	
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	
<b>ACE INHIBITORS</b>	
ACCUPRIL TABS 5mg, 10mg, 20mg, 40mg	
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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>	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>	
<i>eplerenone tabs 25mg, 50mg</i>	
<i>INSPRA TABS 25mg, 50mg</i>	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
<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
<b>ANTIARRHYTHMICS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	
<b>ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS</b>	
NEXLETOL TABS 180mg	Preferred
NEXLIZET TAB 180/10MG	Preferred
<b>ANTILIPEMICS, BILE ACID RESINS</b>	
<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	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>	
ezetimibe tabs 10mg	Preferred
<b>ANTILIPEMICS, FIBRATES</b>	
<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	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>	
<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	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>	
<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	
<b>ANTILIPEMICS, MISCELLANEOUS</b>	
<i>niacin ext-rel tbcr 500mg, 750mg, 1000mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTILOPHEMICS, OMEGA-3 FATTY ACIDS</b>	
<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
<b>ANTILOPHEMICS, PCSK9 INHIBITORS</b>	
REPATHA SOAJ 140mg/ml; SOCT 420mg/3.5ml;	Preferred
SOSY 140mg/ml	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	
ZIAC TAB 2.5/6.25	
ZIAC TAB 5-6.25MG	
ZIAC TAB 10/6.25	
<b>BETA-BLOCKERS</b>	
<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
<b>CALCIUM CHANNEL BLOCKER/ANTILIPIDEMIC COMBINATIONS</b>	
<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

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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>HEART FAILURE</b>	
<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
<b>MISCELLANEOUS</b>	
<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
<b>NITRATES</b>	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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

**Surcharge** - additional charge plus copayment

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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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	
<b>ANTIPARKINSONIAN AGENTS</b>	
<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 &amp; levodopa orally disintegrating tab 10- 100 mg</i>	Preferred
<i>carbidopa &amp; levodopa orally disintegrating tab 25- 100 mg</i>	Preferred
<i>carbidopa &amp; levodopa orally disintegrating tab 25- 250 mg</i>	Preferred
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Preferred
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Preferred
<i>carbidopa &amp; 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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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**

ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	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>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>ANTISEIZURE AGENTS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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) &amp; 100 mg (7) starter kit</i>	Preferred
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	Preferred
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i>	Preferred
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	Preferred
<i>lamotrigine tab disint 42 x 50mg &amp; 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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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 ext-rel cap er 24hr 5 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 10 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 15 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 20 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 30 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 5 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 7.5 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 10 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 12.5 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 15 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 20 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 30 mg	Preferred
atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	Preferred
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, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	Preferred
dexamethylphenidate hcl tabs 2.5mg, 5mg, 10mg	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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	
<b>BOTULINUM TOXINS</b>	
DYSPORT SOLR 300unit, 500unit	Preferred
XEOMIN SOLR 50unit, 100unit, 200unit	Preferred
<b>FIBROMYALGIA</b>	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	Preferred
SAVELLA MIS TITR PAK	Preferred
<b>HYPNOTICS</b>	
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	Surcharge
<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
<b>MIGRAINE</b>	
AIMOVIG SOAJ 70mg/ml, 140mg/ml	Preferred

**Surcharge** - additional charge plus copayment

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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	
<b>MISCELLANEOUS</b>	
<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>	
<b>MOVEMENT DISORDERS</b>	
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
<b>MULTIPLE SCLEROSIS AGENTS</b>	
AVONEX AJKT 30mcg/0.5ml; PSKT 30mcg/0.5ml	Preferred
BETASERON KIT .3mg	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
SUNOSI TABS 75mg, 150mg	Preferred
WAKIX TABS 4.45mg, 17.8mg	Preferred
XYWAV SOL 0.5GM/ML	Preferred
<b>OPIOID AGONIST/ANTAGONIST</b>	
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
<b>OPIOID ANTAGONIST</b>	
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	
<b>POSTHERPETIC NEURALGIA (PHN)</b>	
GRALISE TABS 300mg, 600mg	Preferred
GRALISE TABS 450mg, 750mg, 900mg	
pregabalin ext-rel tb24 82.5mg, 165mg, 330mg	Preferred
<b>PSYCHOTHERAPEUTIC-MISC</b>	
fluoxetine hcl (pmdd) tabs 10mg, 20mg	
NUEDEXTA CAP 20-10MG	Preferred
paroxetine mesylate caps 7.5mg	Preferred
<b>SMOKING DETERRENTS</b>	
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	
<b>ENDOCRINE AND METABOLIC</b>	
<b>ACROMEGALY</b>	
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Preferred
<b>ANDROGENS</b>	
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
<b><u>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</u></b>	
<u>acarbose tabs 25mg, 50mg, 100mg</u>	
<b><u>ANTIDIABETICS, AMYLIN ANALOGS</u></b>	
SYMLINPEN SOPN 1500mcg/1.5ml, 2700mcg/2.7ml	Preferred
<b><u>ANTIDIABETICS, BIGUANIDE</u></b>	
<u>metformin soln 500mg/5ml; tabs 500mg, 850mg, Preferred 1000mg</u>	
<u>metformin ext-rel tb24 500mg, 750mg, 1000mg</u>	Preferred
<b><u>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</u></b>	
<u>glipizide-metformin tab 2.5-250 mg</u>	Preferred
<u>glipizide-metformin tab 2.5-500 mg</u>	Preferred
<u>glipizide-metformin tab 5-500 mg</u>	Preferred
<b><u>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</u></b>	
<u>JANUVIA TABS 25mg, 50mg, 100mg</u>	Preferred
<u>ONGLYZA TABS 2.5mg, 5mg</u>	Surcharge
<u>saxagliptin hcl tabs 2.5mg, 5mg</u>	Preferred
<u>TRADJENTA TABS 5mg</u>	Surcharge
<b><u>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</u></b>	
<u>JANUMET TAB 50-500MG</u>	Preferred
<u>JANUMET TAB 50-1000</u>	Preferred
<u>JANUMET XR TAB 50-500MG</u>	Preferred
<u>JANUMET XR TAB 50-1000</u>	Preferred
<u>JANUMET XR TAB 100-1000</u>	Preferred
<u>JENTADUETO TAB 2.5-500</u>	Surcharge
<u>JENTADUETO TAB 2.5-850</u>	Surcharge
<u>JENTADUETO TAB 2.5-1000</u>	Surcharge
<u>JENTADUETO TAB XR</u>	Surcharge
<u>KOMBIGLYZ XR TAB 2.5-1000</u>	Surcharge
<u>KOMBIGLYZ XR TAB 5-500MG</u>	Surcharge
<u>KOMBIGLYZ XR TAB 5-1000MG</u>	Surcharge
<u>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</u>	Preferred
<u>saxagliptin-metformin hcl tab er 24hr 5-500 mg</u>	Preferred
<u>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</u>	Preferred
<u>TRIJARDY XR TAB</u>	Preferred
<b><u>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</u></b>	
<u>BYDUREON BCISE AUIJ 2mg/0.85ml</u>	Surcharge
<u>BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml</u>	Surcharge
<u>MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml</u>	Preferred
<u>OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml</u>	Preferred
<u>OZEMPIC INJ 8MG/3ML</u>	Preferred
<u>RYBELSUS TABS 3mg, 7mg, 14mg</u>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Preferred
VICTOZA SOPN 18mg/3ml	Preferred
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>	
SOLIQUA INJ 100/33	Preferred
XULTOPHY INJ 100/3.6	Preferred
<b>ANTIDIABETICS, INSULIN</b>	
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
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>	
<i>pioglitazone tabs 15mg, 30mg, 45mg</i>	Preferred
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>	
ACTOPLUS MET TAB 15-500MG	
ACTOPLUS MET TAB 15-850MG	
<i>pioglitazone-metformin tab 15-500 mg</i>	Preferred
<i>pioglitazone-metformin tab 15-850 mg</i>	Preferred
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>	
DUETACT TAB 30-2MG	
DUETACT TAB 30-4MG	
<i>pioglitazone-glimepiride tab 30-2 mg</i>	Preferred
<i>pioglitazone-glimepiride tab 30-4 mg</i>	Preferred
<b>ANTIDIABETICS, MEGLITINIDE</b>	
<i>nateglinide tabs 60mg, 120mg</i>	Preferred
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Preferred
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>	
INVOKAMET TAB 50-500MG	Surcharge
INVOKAMET TAB 50-1000	Surcharge
INVOKAMET TAB 150-500	Surcharge
INVOKAMET TAB 150-1000	Surcharge
INVOKAMET XR TAB 50-500MG	Surcharge
INVOKAMET XR TAB 50-1000	Surcharge
INVOKAMET XR TAB 150-500	Surcharge
INVOKAMET XR TAB 150-1000	Surcharge
SEGLUROMET TAB 2.5-500	Surcharge
SEGLUROMET TAB 2.5-1000	Surcharge
SEGLUROMET TAB 7.5-500	Surcharge
SEGLUROMET TAB 7.5-1000	Surcharge
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
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>	

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	Surcharge
STEGLUJAN TAB 15-100MG	Surcharge

<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>	
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FARXIGA TABS 5mg, 10mg	Preferred
INVOKANA TABS 100mg, 300mg	Surcharge
JARDIANC TABS 10mg, 25mg	Preferred
STEGLATRO TABS 5mg, 15mg	Surcharge

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

<b>ANTIOBESITY</b>	
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orlistat caps 120mg	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

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

<b>CALCIUM RECEPTOR AGONISTS</b>	
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cinacalcet tabs 30mg, 60mg, 90mg	Preferred
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<b>CARNITINE DEFICIENCY AGENTS</b>	
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levocarnitine soln 1gm/10ml; tabs 330mg	Preferred
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<b>CENTRAL PRECOCIOUS PUBERTY</b>	
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FENSOLVI KIT 45mg	Preferred
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
LUPRON DEPOT-PED KIT 7.5mg, 11.25mg, 15mg, Preferred 30mg	
LUPRON DEPOT-PED KIT 45mg	
SUPPRELIN LA KIT 50mg	Preferred
<b>CHELATING AGENTS</b>	
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbs 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
<b>CONTRACEPTIVES</b>	
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- Preferred 0.03-0.451 mg	
ethynodiol-drospirenone-levomefetamine va ring 0.120-0.015 Preferred mg/24hr	
ethynodiol-levonorgestrel 91-day tab 0.1- 0.02mg(84) & 0.01mg(7)	Preferred
ethynodiol-levonorgestrel 91-day tab 0.15- 0.03 mg	Preferred
ethynodiol-levonorgestrel 91-day tab 0.15- 0.03mg(84) & 0.01mg(7)	Preferred
ethynodiol-levonorgestrel continuous tab 90- Preferred 20 mcg	
ethynodiol-levonorgestrel tab 0.1 mg-20 mcg Preferred	
ethynodiol-levonorgestrel tab 0.05-30/0.075-Preferred 40/0.125-30mg-mcg	
ethynodiol-levonorgestrel tab 0.15 mg-30 mcg	Preferred
ethynodiol-norelgestromin td ptwk 150-35 mcg/24hr	Preferred
ethynodiol-norethindrone acetate tab 1 mg- Preferred 20 mcg	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron tab 1- 20/1-30/1-35 mg-mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg</i>	Preferred
<i>ethinyl estradiol-norgestimate tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	Preferred
<i>ethinyl estradiol-norgestimate tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	Preferred
<i>ethinyl estradiol-norgestimate tab 0.25 mg-35 mcg</i>	Preferred
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg- 35 mcg</i>	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg- 50 mcg</i>	
<i>KYLEENA IUD 19.5mg</i>	Preferred
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	
<i>LO LOESTRIN TAB 1-10-10</i>	Preferred
<i>LOSEASONIQUE TAB</i>	
<i>medroxyprogesterone susp 150mg/ml; susy 150mg/ml</i>	
<i>MIRENA IUD 20mcg/day</i>	Preferred
<i>NATAZIA TAB</i>	Preferred
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone (contraceptive) tabs .35mg</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<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 &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	
<i>SKYLA IUD 13.5mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>DIABETIC SUPPLIES</b>	
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
<b>ENDOMETRIOSIS</b>	
<i>danazol caps 50mg, 100mg, 200mg</i>	
ORILISSA TABS 150mg, 200mg	Preferred
<b>ENZYME REPLACEMENTS</b>	
* <i>betaine powder for oral solution***</i>	Preferred
<i>carglumic acid tbs 200mg</i>	Preferred
CYSTAGON CAPS 50mg, 150mg	Preferred
PHEBURANE PLLT 483mg/gm	Preferred
<i>sapropterin pack 100mg, 500mg; tabs 100mg</i>	Preferred
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	Preferred
<b>ESTROGENS</b>	
CLIMARA PRO DIS WEEKLY	Preferred
COMBIPATCH DIS	Preferred
DIVIGEL GEL .25mg/.25gm, .5mg/.5gm, .75mg/.75gm, 1mg/gm, 1.25mg/1.25gm	Preferred
DUAVEE TAB 0.45-20	Preferred
ESTRACE TABS .5mg, 1mg, 2mg	
<i>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</i>	Preferred
<i>estradiol vaginal crea .1mg/gm</i>	Preferred
<i>estradiol-norethindrone tab 0.5 mg-2.5 mcg</i>	Preferred
<i>estradiol-norethindrone tab 0.5-0.1 mg</i>	Preferred
<i>estradiol-norethindrone tab 1 mg-5 mcg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>estradiol-norethindrone tab 1-0.5 mg</i>	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	
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	
<b>FERTILITY REGULATORS</b>	
<i>cetorelix acetate kit .25mg</i>	
<i>clomiphene citrate tabs 50mg</i>	
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
<b>GAUCHER DISEASE</b>	
CERDELGA CAPS 84mg	Preferred
CEREZYME SOLR 400unit	Preferred
<i>miglustat caps 100mg</i>	
<b>GLUCOCORTICOIDS</b>	
<i>CORTEF TABS 5mg, 10mg, 20mg</i>	
<i>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</i>	Preferred
<i>fludrocortisone tabs .1mg</i>	Preferred
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	Preferred
MEDROL TABS 2mg, 4mg, 8mg, 16mg, 32mg	
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b><i>GLUCOSE ELEVATING AGENTS</i></b>	
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
<b><i>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</i></b>	
<i>nitisinone caps 2mg, 5mg, 10mg</i>	
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	Preferred
<b><i>HUMAN GROWTH HORMONES</i></b>	
HUMATROPE CART 6mg, 12mg, 24mg	Preferred
NORDITROPIN SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	Preferred
<b><i>MINERALOCORTICOID RECEPTOR ANTAGONISTS</i></b>	
KERENDIA TABS 10mg, 20mg	Preferred
<b><i>MISCELLANEOUS</i></b>	
<i>cabergoline tabs .5mg</i>	
<i>calcitonin-salmon soln 200unit/act, 200unit/ml</i>	Preferred
EVISTA TABS 60mg	
FORTEO SOPN 600mcg/2.4ml	Preferred
<i>methylergonovine maleate soln .2mg/ml; tabs .2mg</i>	
OSPHENA TABS 60mg	Preferred
PROLIA SOSY 60mg/ml	Preferred
<i>raloxifene tabs 60mg</i>	Preferred
<i>tolvaptan tabs 15mg, 30mg</i>	
TYMLOS SOPN 3120mcg/1.56ml	Preferred
<b><i>PHOSPHATE BINDER AGENTS</i></b>	
AURYXIA TABS 210mg	Preferred
<i>calcium acetate caps 667mg; tabs 667mg</i>	Preferred
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	Preferred
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	Preferred
<i>sevelamer hcl tabs 400mg, 800mg</i>	
VELPHORO CHEW 500mg	Preferred
<b><i>POLYNEUROPATHY</i></b>	
TEGSEDI SOSY 284mg/1.5ml	Preferred
<b><i>PROGESTINS</i></b>	
AYGESTIN TABS 5mg	
CRINONE GEL 4%, 8%	Preferred
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	
<i>medroxyprogesterone tabs 2.5mg, 5mg, 10mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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; soln 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>	

#### **ANTIARRHEALS**

<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>	
<i>loperamide caps 2mg</i>	Preferred

#### **ANTIEMETICS**

<i>aprepitant caps 40mg, 80mg, 125mg</i>	Preferred
<i>aprepitant capsule therapy pack 80 &amp; 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>gransetron 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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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>
<i>famotidine inj 20mg/50ml</i>
<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>
<i>budesonide delayed-rel cpep 3mg</i>
<i>budesonide ext-rel tb24 9mg</i>
<i>CORTIFOAM FOAM 10%</i>
<i>hydrocortisone enem 100mg/60ml</i>
<i>mesalamine supp 1000mg</i>
<i>mesalamine delayed-rel cpdr 400mg; tbec 1.2gm, 800mg</i>
<i>mesalamine ext-rel cp24 .375gm; cpcr 500mg</i>
<i>mesalamine suspension enem 4gm</i>
<i>mesalamine w/ cleanser kit 4gm</i>
<i>PENTASA CPCR 250mg, 500mg</i>
<i>ROWASA KIT 4gm</i>
<i>sulfasalazine tabs 500mg</i>
<i>sulfasalazine delayed-rel tbec 500mg</i>

## **IRRITABLE BOWEL SYNDROME WITH CONSTIPATION**

<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>
<i>lubiprostone caps 8mcg, 24mcg</i>
<i>MOTEGRITY TABS 1mg, 2mg</i>
<i>TRULANCE TABS 3mg</i>

## **IRRITABLE BOWEL SYNDROME WITH DIARRHEA**

<i>alosetron tabs .5mg, 1mg</i>
<i>VIBERZI TABS 75mg, 100mg</i>

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>LAXATIVES</b>	
<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>	
<i>SUPREP BOWEL SOL PREP KIT</i>	Preferred
<b>MISCELLANEOUS</b>	
<i>CYTOTEC TABS 100mcg, 200mcg</i>	
<i>misoprostol tabs 100mcg, 200mcg</i>	
<i>MOVANTIK TABS 12.5mg, 25mg</i>	Preferred
<i>sucralfate susp 1gm/10ml; tabs 1gm</i>	Preferred
<i>SYMPROIC TABS .2mg</i>	Preferred
<i>URSO 250 TABS 250mg</i>	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
<b>PANCREATIC ENZYMES</b>	
<i>CREON CAP 3000UNIT</i>	Preferred
<i>CREON CAP 6000UNIT</i>	Preferred
<i>CREON CAP 12000UNT</i>	Preferred
<i>CREON CAP 24000UNT</i>	Preferred
<i>CREON CAP 36000UNT</i>	Preferred
<i>VIOKACE TAB 10440</i>	Preferred
<i>VIOKACE TAB 20880</i>	Preferred
<i>ZENPEP CAP 3000UNIT</i>	Preferred
<i>ZENPEP CAP 5000UNIT</i>	Preferred
<i>ZENPEP CAP 10000UNT</i>	Preferred
<i>ZENPEP CAP 15000UNT</i>	Preferred
<i>ZENPEP CAP 20000UNT</i>	Preferred
<i>ZENPEP CAP 25000UNT</i>	Preferred
<i>ZENPEP CAP 40000UNT</i>	Preferred
<b>PROTON PUMP INHIBITORS</b>	
<i>dexlansoprazole cpdr 30mg, 60mg</i>	
<i>esomeprazole delayed-rel cpdr 20mg, 40mg; pack Preferred 10mg, 20mg, 40mg</i>	
<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>	
<b>RECTAL, CORTICOSTEROIDS</b>	
<i>ANUSOL-HC CREA 2.5%</i>	
<i>hydrocortisone crea 2.5%</i>	
<i>PROCTOFOAM-HC AER 1%</i>	Preferred

**DRUG NAME****FORMULARY STATUS****ULCER THERAPY COMBINATIONS**

*amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg*

*bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg*

**PYLERA CAP**

Preferred

**TALICIA CAP**

Preferred

**GENITOURINARY****BENIGN PROSTATIC HYPERPLASIA**

*alfuzosin ext-rel tb24 10mg*

Preferred

**AVODART CAPS .5mg**

**CARDURA TABS 1mg, 2mg, 4mg, 8mg**

*doxazosin tabs 1mg, 2mg, 4mg, 8mg*

Preferred

*dutasteride caps .5mg*

Preferred

*dutasteride-tamsulosin cap 0.5-0.4 mg*

Preferred

*finasteride tabs 5mg*

Preferred

**FLOMAX CAPS .4mg**

**PROSCAR TABS 5mg**

*silodosin caps 4mg, 8mg*

Preferred

*tamsulosin caps .4mg*

Preferred

*terazosin caps 1mg, 2mg, 5mg, 10mg*

Preferred

**ERECTILE DYSFUNCTION**

**MUSE PLLT 125mcg, 250mcg, 500mcg, 1000mcg** Preferred

*sildenafil tabs 25mg, 50mg, 100mg* Preferred

*tadalafil tabs 2.5mg, 5mg, 10mg, 20mg* Preferred

**MISCELLANEOUS**

*bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg*

*potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg*

*tiopronin tabs 100mg* Preferred

**UROCIT-K 5 TBCR 540mg**

**UROCIT-K 10 TBCR 1080mg**

**UROCIT-K 15 TBCR 15meq**

**PROGESTINS**

**ENDOMETRIN INST 100mg** Preferred

**URINARY ANTISPASMODICS**

*darifenacin ext-rel tb24 7.5mg, 15mg* Preferred

**DETROL TABS 1mg, 2mg**

**DITROPAN XL TB24 5mg, 10mg**

*fesoterodine ext-rel tb24 4mg, 8mg* Preferred

**GELNIQUE GEL 10%** Surcharge

**GEMTESA TABS 75mg** Preferred

**MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg** Preferred

*oxybutynin soln 5mg/5ml; tabs 5mg* Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	Preferred
OXYTROL PTTW 3.9mg/24hr	Surcharge
<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
<b>VAGINAL ANTI-INFECTIVES</b>	
<i>clindamycin phosphate vaginal crea 2%</i>	
<i>metronidazole vaginal gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS</b>	
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,</i> <i>40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml,</i> <i>100mg/ml, 120mg/0.8ml, 150mg/ml</i>	Preferred
<i>fondaparinux soln 2.5mg/0.5ml, 5mg/0.4ml,</i> <i>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,</i> Preferred <i>6mg, 7.5mg, 10mg</i>	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	Preferred
XARELTO STAR TAB 15/20MG	Preferred
<b>BLEEDING DISORDERS AGENTS</b>	
NOVOSEVEN RT SOLR 1mg, 2mg, 5mg, 8mg	Preferred
SEVENFACT SOLR 1mg, 5mg	Preferred
<b>HEMATOPOIETIC GROWTH FACTORS</b>	
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
PROCRT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	Preferred

**Surcharge** - additional charge plus copayment

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
<b>HEMOPHILIA A AGENTS</b>	
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, 2000unit, 2500unit, 3000unit, 4000unit; SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit, 4000unit	Preferred
XYNTHA KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	Preferred
<b>HEMOPHILIA B AGENTS</b>	
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	Preferred
REBINYN SOLR 500unit, 1000unit, 2000unit, 3000unit	Preferred
<b>MISCELLANEOUS</b>	
AGRYLIN CAPS .5mg	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
TAVALISSE TABS 100mg, 150mg	Preferred
<b>PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS</b>	
EMPAVELI SOLN 1080mg/20ml	Preferred
<b>PLATELET AGGREGATION INHIBITORS</b>	
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>prasugrel tabs 5mg, 10mg</i>	Preferred
<b>SICKLE CELL DISEASE</b>	
ENDARI PACK 5gm	Preferred
SIKLOS TABS 100mg, 1000mg	Preferred
<b>IMMUNOLOGIC AGENTS</b>	
<b>ALLERGENIC EXTRACTS</b>	
GRASTEK SUBL 2800bau	Preferred
ORALAIR SUB 300 IR	Preferred
RAGWITEK SUBL 12amba1-u	Preferred
<b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>	
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
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</b>	
COSENTYX UNOREADY SOAJ 300mg/2ml	
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS</b>	
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
HYRIMOZ SOAJ 40mg/0.4ml, 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 80mg/0.8ml	Preferred
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS</b>	
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

**Surcharge** - additional charge plus copayment

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE</b>	
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
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</b>	
CIMZIA PREFILLED SYRINGE PSKT 200mg/ml	Preferred
COSENTYX SOAJ 150mg/ml; SOSY 75mg/0.5ml, 150mg/ml	Preferred
RINVOQ TB24 15mg, 30mg, 45mg	Preferred
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS</b>	
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
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	Preferred
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS</b>	
<b>ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml</b>	
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
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS</b>	
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
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
ORENCIA CLICKJECT SOAJ 125mg/ml	Preferred
ORENCIA SUBCUTANEOUS SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
ZEPOSIA CAPS .92mg	Preferred
ZEPOSIA 7DAY CAP STR PACK	Preferred
ZEPOSIA 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	
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
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**IMMUNOSUPPRESSANTS**

azathioprine tabs 50mg, 75mg, 100mg	
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>cyclosporine caps 25mg, 100mg</i>	Preferred
<i>cyclosporine modified caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	Preferred
<i>ENSPRYNG SOSY 120mg/ml</i>	Preferred
<i>everolimus tabs .25mg, .5mg, .75mg, 1mg</i>	Preferred
<i>IMURAN TABS 50mg</i>	
<i>mycophenolate mofetil caps 250mg; soln 500mg; susr 200mg/ml; tabs 500mg</i>	Preferred
<i>mycophenolate sodium tbec 180mg, 360mg</i>	Preferred
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	Preferred
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	Preferred

## **MEDICAL DEVICES**

### **THYROID AGENTS**

*dipyridamole (diagnostic) soln 5mg/ml*

## **NUTRITIONAL/SUPPLEMENTS**

### **ELECTROLYTES**

*potassium chloride cpcr 8meq, 10meq; tbcr 8meq, 10meq, 20meq*

*potassium chloride liquid soln 10%, 20%*

*potassium chloride microencapsulated crystals er tbcr 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*

*cyanocobalamin soln 1000mcg/ml*

*doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml*

*folic acid soln 5mg/ml; tabs 1mg*

*folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg*

*\*multiple vitamins w/ minerals cap\*\**

*\*multiple vitamins w/ minerals tab\*\**

*multivitamins*

*\*niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg\*\*\**

*paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml*

*\*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml\*\**

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***	
*pediatric multiple vitamins w/ fluoride chew tab 1 mg***	
*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***	
*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***	
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***	
*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***	
pyridoxine hcl soln 100mg/ml	
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	
ZEMPLAR CAPS 1mcg, 2mcg	

## **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	
bacitracin-polymyxin b ophth oint	
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
neomycin-polymy-gramcid op sol 1.75-10000-0.025mg-unt-mg/ml	
OCUFLOX SOLN .3%	
ofloxacin soln .3%	Preferred
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
POLYTRIM SOL OP	
<i>sulfacetamide oint 10%; soln 10%</i>	Preferred
<i>tobramycin soln .3%</i>	Preferred
TOBREX OINT .3%; SOLN .3%	
<i>trifluridine soln 1%</i>	Preferred
VIGAMOX SOLN .5%	
<b>ANTI-INFLAMMATORIES</b>	
ACULAR SOLN .5%	
ACULAR LS SOLN .4%	
ACUVAIL SOLN .45%	Preferred
<i>bromfenac soln .09%</i>	Preferred
<i>dexamethasone soln .1%</i>	Preferred
<i>diclofenac soln .1%</i>	Preferred
<i>diluprednate emul .05%</i>	Preferred
<i>fluorometholone (ophth) susp .1%</i>	
FML FORTE SUSP .25%	Preferred
ILEVRO SUSP .3%	Preferred
<i>ketorolac soln .4%, .5%</i>	Preferred
<i>loteprednol gel .5%; susp .5%</i>	Preferred
MAXIDEX SUSP .1%	Preferred
NEVANAC SUSP .1%	Preferred
PRED MILD SUSP .12%	Preferred
<i>prednisolone acetate susp 1%</i>	Preferred
PREDNISOLONE SODIUM PHOSP SOLN 1%	
<b>ANTIALLERGICS</b>	
<i>azelastine soln .05%</i>	Preferred
<i>bepotastine soln 1.5%</i>	Preferred
<i>cromolyn sodium soln 4%</i>	Preferred
LASTACAFT SOLN .25%	Preferred
<i>olopatadine soln .1%, .2%</i>	Preferred
ZERVIALE SOLN .24%	Preferred
<b>ANTIGLAUCOMA</b>	
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
<b>DRY EYE DISEASE</b>	
<i>cyclosporine (ophth) emul .05%</i>	Preferred
LACRISERT INST 5mg	Surcharge
RESTASIS EMUL .05%	Preferred
XIIDRA SOLN 5%	Preferred
<b>RETINAL DISORDERS</b>	
BYOOVIZ SOLN .5mg/0.05ml	Preferred
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	Preferred
<b>RESPIRATORY</b>	
<b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS</b>	
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	Preferred
ZEMAIRA SOLR 1000mg	Preferred
<b>ANAPHYLAXIS TREATMENT AGENTS</b>	
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
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>	
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
<b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS</b>	
BREZTRI AERO AER SPHERE	Preferred
TRELEGY AER 100MCG	Preferred
TRELEGY AER 200MCG	Preferred
<b>ANTICHOLINERGICS</b>	
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	Surcharge
YUPELRI SOLN 175mcg/3ml	Preferred
<b>ANTIHISTAMINE COMBINATIONS</b>	
<i>azelastine-fluticasone nasal spray 137-50 mcg/act</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTIHISTAMINES</b>	
<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
<i>PATANASE SOLN .6%</i>	
<b>BETA AGONISTS</b>	
<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>	
<b>COLD/COUGH</b>	
<i>benzonatate caps 100mg, 150mg, 200mg</i>	
<i>hydrocodone bitart-homatropine methylbrom 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>	
<b>CYSTIC FIBROSIS</b>	
<i>tobramycin inhalation solution nebu 300mg/4ml, 300mg/5ml</i>	Preferred
<b>LEUKOTRIENE MODIFIERS</b>	
<i>zileuton ext-rel tb12 600mg</i>	Preferred
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>	
<i>montelukast chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	Preferred
<i>zafirlukast tabs 10mg, 20mg</i>	Preferred
<b>MAST CELL STABILIZERS</b>	
<i>cromolyn sodium nebu 20mg/2ml</i>	
<b>MISCELLANEOUS</b>	
<i>roflumilast tabs 250mcg, 500mcg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>NASAL STEROIDS</b>	
<i>flunisolide soln .025%</i>	Preferred
<i>fluticasone susp 50mcg/act</i>	Preferred
<i>mometasone susp 50mcg/act</i>	Preferred
<b>PULMONARY FIBROSIS AGENTS</b>	
<i>OFEV CAPS 100mg, 150mg</i>	Preferred
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	Preferred
<b>SEVERE ASTHMA AGENTS</b>	
<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
<b>STEROID INHALANTS</b>	
<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
<b>STEROID/BETA-AGONIST COMBINATIONS</b>	
<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>	
<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>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>XANTHINES</b>	
<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>	
<b>TOPICAL</b>	
<b>DERMATOLOGY, ACNE</b>	
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	Preferred
adapalene crea .1%; gel .1%, .3%; pads .1%	Preferred
adapalene-benzoyl peroxide gel 0.1-2.5%	
adapalene-benzoyl peroxide gel 0.3-2.5%	
AKLIEF CREA .005%	Preferred
ARAZLO LOTN .045%	Preferred
BENZAC AC WASH LIQD 5%	
BENZAMYCIN GEL 5-3%	
benzoyl peroxide foam 9.8%; gel 8%	Preferred
clindamycin gel 1%; soln 1%	Preferred
clindamycin lotn 1%	
clindamycin phosphate-tretinoin gel 1.2-0.025%	
clindamycin-benzoyl peroxide (refrig) gel 1.2 (1)- 5%	Preferred
clindamycin-benzoyl peroxide gel 1-5%	Preferred
clindamycin-benzoyl peroxide gel 1.2-2.5%	Preferred
dapsone (topical) gel 5%, 7.5%	
EPIDUO FORTE GEL 0.3-2.5%	
EPIDUO GEL 0.1-2.5%	Preferred
erythromycin gel 2%	
erythromycin soln 2%	Preferred
erythromycin-benzoyl peroxide gel 5-3%	Preferred
isotretinoin caps 10mg, 25mg, 35mg	
isotretinoin caps 20mg, 30mg, 40mg	Preferred
KLARON LOTN 10%	
ONEXTON GEL 1.2-3.75	Preferred
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	
sulfacetamide sodium (acne) lotn 10%	
tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .04%, .05%, .1%	Preferred
TWYNEO CRE 0.1-3%	Preferred
WINLEVI CREA 1%	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>	
<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
<b>DERMATOLOGY, ANTIBIOTICS</b>	
<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>	
<b>DERMATOLOGY, ANTIFUNGALS</b>	
<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>ketoconazole 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
<b>DERMATOLOGY, ANTIPOSIATICS</b>	
<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
<b>DERMATOLOGY, ANTISEBORRHEICS</b>	
<i>ketoconazole sham 2%</i>	Preferred
<i>selenium sulfide lotn 2.5%</i>	Preferred
<b>DERMATOLOGY, ATOPIC DERMATITIS</b>	
<i>ADBRY SOSY 150mg/ml</i>	Preferred
<i>CIBINQO TABS 50mg, 100mg, 200mg</i>	Preferred
<i>DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 200mg/1.14ml, 300mg/2ml</i>	Preferred
<i>EUCRISA OINT 2%</i>	Preferred
<i>OPZELURA CREA 1.5%</i>	Preferred
<i>pimecrolimus crea 1%</i>	Preferred
<i>RINVOQ TB24 15mg, 30mg, 45mg</i>	Preferred
<i>tacrolimus oint .03%, .1%</i>	Preferred
<b>DERMATOLOGY, CORTICOSTEROIDS</b>	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>	
<i>lidocaine ptch 5%</i>	Preferred
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
LIDODERM PTCH 5%	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>	
<i>CONDYLOX GEL .5%</i>	
<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>	
<b>DERMATOLOGY, ROSACEA</b>	
<i>azelaic acid gel 15%</i>	Preferred
<i>brimonidine gel .33%</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>	
<i>ivermectin (pediculicide) lotn .5%</i>	
<i>malathion lotn .5%</i>	
OVIDE LOTN .5%	
<i>permethrin crea 5%</i>	
<b>MOUTH/THROAT/DENTAL AGENTS</b>	
<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>	
<b>OTIC</b>	
<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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