



United Mine Workers of America Health and Retirement Funds Standard Formulary 2025

Effective April 1, 2025

The 2025 Funds Standard Formulary Prescribing Guide is intended to be a useful reference and informational tool for medical providers. It is intended to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

Table of Contents

INTRODUCTION	9
NONDISCRIMINATION STATEMENT	9
PREFACE	12
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE.....	12
GENERIC SUBSTITUTION	12
FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM	13
PRIOR AUTHORIZATION (PA).....	15
SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS.....	17
ADVANCED CONTROL SPECIALTY FORMULARY®	18
QUANTITY LIMITS	18
LEGEND	19
NOTICE	19
FUNDS' WEBSITE	20
ANALGESICS	21
COX-2 INHIBITORS	21
GOUT	21
MISCELLANEOUS.....	21
NSAIDS.....	21
NSAIDS, COMBINATIONS	21
OPIOID ANALGESICS.....	21
OPIOID PARTIAL AGONISTS	22
SALICYLATES	22
VISCOSUPPLEMENTS	22
ANESTHETICS	23
LOCAL ANESTHETICS	23
ANTI-INFECTIVES.....	23
ANTHELMINTICS.....	23
ANTI-BACTERIALS - MISCELLANEOUS.....	23
ANTIFUNGALS	23
ANTIMALARIALS	23
ANTIRETROVIRAL AGENTS	23
ANTIRETROVIRAL COMBINATION AGENTS.....	24
ANTITUBERCULAR AGENTS.....	24
ANTIVIRALS	25
CEPHALOSPORINS	25
ERYTHROMYCINS/MACROLIDES	25
FLUOROQUINOLONES	25
HEPATITIS B	26
HEPATITIS C.....	26
MISCELLANEOUS.....	26
PENICILLINS	27
TETRACYCLINES.....	27

ANTINEOPLASTIC AGENTS	27
ALKYLATING AGENTS.....	27
ANTIBIOTICS.....	28
ANTIMETABOLITES	28
BIOLOGIC RESPONSE MODIFIERS	28
BIOSIMILARS	28
HORMONAL ANTINEOPLASTIC AGENTS	28
KINASE INHIBITORS	29
MISCELLANEOUS.....	30
MITOTIC INHIBITORS	30
MONOCLONAL ANTIBODIES	30
PROTEASOME INHIBITORS	30
PROTECTIVE AGENTS	30
TOPOISOMERASE INHIBITORS.....	30
CARDIOVASCULAR.....	30
ACE INHIBITOR COMBINATIONS	30
ACE INHIBITORS	31
ALDOSTERONE RECEPTOR ANTAGONISTS.....	31
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	32
ANGIOTENSIN II RECEPTOR ANTAGONISTS	33
ANTIARRHYTHMICS.....	33
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS.....	33
ANTILIPEMICS, BILE ACID RESINS.....	33
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	33
ANTILIPEMICS, FIBRATES	34
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	34
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS.....	34
ANTILIPEMICS, MISCELLANEOUS	34
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	34
ANTILIPEMICS, PCSK9 INHIBITORS	34
BETA-BLOCKER/DIURETIC COMBINATIONS.....	34
BETA-BLOCKERS	35
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	35
CALCIUM CHANNEL BLOCKERS.....	35
DIGITALIS GLYCOSIDES.....	36
DIRECT RENIN INHIBITORS/COMBINATIONS	36
DIURETICS	36
HEART FAILURE.....	36
MISCELLANEOUS.....	37
NITRATES	37
PULMONARY ARTERIAL HYPERTENSION	37
CENTRAL NERVOUS SYSTEM.....	38
ALCOHOL DETERRENTS.....	38
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	38

ANTI-ANXIETY.....	38
ANTIDEMENTIA.....	38
ANTIDEPRESSANTS.....	38
ANTIPARKINSONIAN AGENTS.....	39
ANTIPSYCHOTICS	40
ANTISEIZURE AGENTS	41
ATTENTION DEFICIT HYPERACTIVITY DISORDER	43
BOTULINUM TOXINS	44
FIBROMYALGIA	44
HYPNOTICS.....	45
MIGRAINE - ERGOTAMINE DERIVATIVES	45
MIGRAINE - MISCELLANEOUS.....	45
MIGRAINE - MONOCLONAL ANTIBODIES	45
MIGRAINE - TRIPTANS AND COMBINATIONS	45
MISCELLANEOUS.....	46
MOOD STABILIZERS	46
MOVEMENT DISORDERS	46
MULTIPLE SCLEROSIS AGENTS	46
MUSCULOSKELETAL THERAPY AGENTS	47
MYASTHENIA GRAVIS.....	47
NARCOLEPSY/CATAPLEXY	47
OPIOID AGONIST/ANTAGONIST	47
OPIOID ANTAGONIST.....	48
POSTHERPETIC NEURALGIA (PHN).....	48
PSYCHOTHERAPEUTIC-MISC	48
SMOKING DETERRENTS	48
ENDOCRINE AND METABOLIC	48
ACROMEGALY.....	48
ANDROGENS.....	48
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS.....	48
ANTIDIABETICS, AMYLIN ANALOGS	48
ANTIDIABETICS, BIGUANIDE	48
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	48
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS.....	49
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	49
ANTIDIABETICS, INCRETIN MIMETIC AGENTS.....	49
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	50
ANTIDIABETICS, INSULIN	50
ANTIDIABETICS, INSULIN SENSITIZER	51
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	51
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	51
ANTIDIABETICS, MEGLITINIDE	51
ANTIDIABETICS, MISCELLANEOUS	51

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS.....	51
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	52
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS..	52
ANTIDIABETICS, SULFONYLUREA	52
ANTIOBESITY	52
CALCIUM RECEPTOR AGONISTS	52
CALCIUM REGULATORS, BISPHTHOSPHONATES	53
CALCIUM REGULATORS, MISCELLANEOUS	53
CALCIUM REGULATORS, PARATHYROID HORMONES	53
CARNITINE DEFICIENCY AGENTS	53
CENTRAL PRECOCIOUS PUBERTY	53
CHELATING AGENTS	53
CONTRACEPTIVES	53
DIABETIC SUPPLIES	55
ENDOMETRIOSIS	55
FERTILITY REGULATORS	55
GLUCOCORTICOIDS	56
GLUCOSE ELEVATING AGENTS	56
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	56
HUMAN GROWTH HORMONES	56
LYSOSOMAL STORAGE DISORDERS	56
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	56
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	57
MENOPAUSAL SYMPTOM AGENTS	57
MISCELLANEOUS	57
PHOSPHATE BINDER AGENTS	57
POLYNEUROPATHY	58
POTASSIUM-REMOVING AGENTS	58
PROGESTINS	58
THYROID AGENTS	58
UREA CYCLE DISORDER	58
UTERINE FIBROIDS	58
VASOPRESSINS	58
VITAMIN D ANALOGS	58
GASTROINTESTINAL	59
ANTICHOLINERGICS	59
ANTIDIARRHEALS	59
ANTIEMETICS	59
H2-RECEPTOR ANTAGONISTS	59
INFLAMMATORY BOWEL DISEASE	59
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	60
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	60

LAXATIVES	60
MISCELLANEOUS.....	60
PANCREATIC ENZYMES	60
PROTON PUMP INHIBITORS	61
RECTAL, CORTICOSTEROIDS	61
ULCER THERAPY COMBINATIONS	61
GENITOURINARY	61
BENIGN PROSTATIC HYPERPLASIA	61
ERECTILE DYSFUNCTION	61
MISCELLANEOUS.....	61
URINARY ANTISPASMODICS	62
VAGINAL ANTI-INFECTIVES	62
HEMATOLOGIC	62
ANTICOAGULANTS.....	62
BLEEDING DISORDERS AGENTS	62
HEMATOPOIETIC GROWTH FACTORS.....	63
HEMOPHILIA A AGENTS	63
HEMOPHILIA B AGENTS	64
MISCELLANEOUS.....	64
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	64
PLATELET AGGREGATION INHIBITORS	64
SICKLE CELL DISEASE.....	64
THROMBOCYTOPENIA AGENTS	64
IMMUNOLOGIC AGENTS	64
ALLERGENIC EXTRACTS	64
ALOPECIA AREATA.....	64
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	64
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	64
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	65
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	65
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA ..	65
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	66
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	66
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	66
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	67
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	67
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS).....	68
HEREDITARY ANGIOEDEMA	68
IMMUNOGLOBULIN	68
IMMUNOSUPPRESSANTS.....	68
MEDICAL DEVICES	68
THYROID AGENTS.....	68
NUTRITIONAL/SUPPLEMENTS	68

ELECTROLYTES.....	68
VITAMINS	69
OPHTHALMIC.....	69
ANTI-INFECTIVE/ANTI-INFLAMMATORY	69
ANTI-INFECTIVES.....	70
ANTI-INFLAMMATORIES	70
ANTIALLERGICS	70
ANTIGLAUCOMA BETA-BLOCKERS	71
ANTIGLAUCOMA COMBINATION AGENTS	71
CARBONIC ANHYDRASE INHIBITORS.....	71
DRY EYE DISEASE	71
PROSTAGLANDINS.....	71
RETINAL DISORDERS	71
RHO KINASE INHIBITORS	71
SYMPATHOMIMETICS	71
RESPIRATORY	71
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	71
ANAPHYLAXIS TREATMENT AGENTS.....	72
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	72
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS.....	72
ANTICHOLINERGICS	72
ANTIHISTAMINE COMBINATIONS	72
ANTIHISTAMINES	72
BETA AGONISTS.....	72
COLD/COUGH	73
CYSTIC FIBROSIS	73
LEUKOTRIENE MODIFIERS	73
LEUKOTRIENE RECEPTOR ANTAGONISTS.....	73
MAST CELL STABILIZERS	73
MISCELLANEOUS.....	73
NASAL STEROIDS	73
PULMONARY FIBROSIS AGENTS	73
SEVERE ASTHMA AGENTS.....	73
STEROID INHALANTS.....	74
STEROID/BETA-AGONIST COMBINATIONS.....	74
XANTHINES.....	74
TOPICAL.....	75
DERMATOLOGY, ACNE.....	75
DERMATOLOGY, ACTINIC KERATOSIS	75
DERMATOLOGY, ANTIBIOTICS.....	75
DERMATOLOGY, ANTIFUNGALS	76
DERMATOLOGY, ANTIPSORIATICS	76
DERMATOLOGY, ANTISEBORRHEICS	76
DERMATOLOGY, ATOPIC DERMATITIS.....	76

DERMATOLOGY, CORTICOSTEROIDS.....	76
DERMATOLOGY, LOCAL ANESTHETICS.....	77
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	77
DERMATOLOGY, ROSACEA	77
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	77
MOUTH/THROAT/DENTAL AGENTS	78
OTIC.....	78
Index	79

INTRODUCTION

The UMWA Health and Retirement Funds (“the Funds”) is pleased to provide the 2025 **Funds Standard Formulary Prescribing Guide** as a useful reference and informational tool. The **Funds Standard Formulary Prescribing Guide** can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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

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

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

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

NONDISCRIMINATION STATEMENT

Discrimination is Against the Law

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

The UMWA Health and Retirement Funds:

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

- Qualified sign language interpreters

- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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

- Qualified interpreters
- Information written in other languages

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

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

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

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

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

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

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

Complaint forms are available at

<https://www.hhs.gov/ocr/office/file/index.html>.

Language Services

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

Español (SPANISH)

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

繁體中文 (CHINESE)

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

Polski (POLISH)

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

한국어 (KOREAN)

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

Tiếng Việt (VIETNAMESE)

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

Deutsch (GERMAN)

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

ية (ARABIC)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-291-1425 (رقم هاتف الصم والبكم: 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)] schwetzscht, kannscht 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 નિ:શુલ્ક 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).

اُردُو (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 nínízin: Díí saad bee yáníłt'i'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hółó, kojí' hódíłnih. 1-800-291-1425 (TTY: 711)

PREFACE

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

GENERIC SUBSTITUTION

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

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

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

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

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

FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM

Effective 04/01/2025

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

DRUG CLASS	PREFERRED	NON-PREFERRED (Medical Necessity Prior Authorization)
Anticoagulants	<i>dabigatran</i> ELIQUIS XARELTO	PRADAXA
Antidiabetics, DPP-4 Inhibitors	<i>saxagliptin</i> JANUVIA	NESINA ONGLYZA TRADJENTA
Antidiabetics, DPP-4 Inhibitor Combinations	<i>saxagliptin/metformin ext-rel</i> JANUMET JANUMET XR TRIJARDY XR	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSEN

DRUG CLASS	PREFERRED	NON-PREFERRED (Medical Necessity Prior Authorization)
Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents)	<i>liraglutide</i> MOUNJARO OZEMPIC RYBELSUS TRULICITY	ADLYXIN BYDUREON BCISE BYETTA VICTOZA
Antidiabetics, SGLT-2 Inhibitors	FARXIGA JARDIANCE	INVOKANA STEGLATRO
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> MIEBO RESTASIS XIIDRA	LACRISERT
Hypnotics (Sleep Aids)	<i>doxepin 3mg, 6 mg</i> <i>eszopiclone</i> <i>ramelteon</i> <i>zaleplon</i> <i>zolpidem</i> <i>zolpidem ext-rel</i> BELSOMRA DAYVIGO QUVIVIQ	EDLUAR
Irritable Bowel Syndrome with Constipation	<i>lubiprostone</i> LINZESS TRULANCE	MOTEGRITY
Respiratory, Long-Acting Anticholinergic Inhalers ¹	INCRUSE ELIPTA SPIRIVA HANDIHALER SPIRIVA RESPIMAT	TUDORZA PRESSAIR

DRUG CLASS	PREFERRED	NON-PREFERRED (Medical Necessity Prior Authorization)
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

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

PRIOR AUTHORIZATION (PA)

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

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

DRUG CLASS	PRODUCTS REQUIRING PA <i>Includes brands and generics, where available</i> <i>Some products may also be subject to quantity limits</i>
Acne	- Adapalene Products (Differin – <i>PA required only in adults age 36 and older</i>, Epiduo, Epiduo Forte) - Topical Retinoids (such as tretinoin products and all products of the following brands: Altreno, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Veltin, Ziana) – <i>PA required only in adults age 26 and older</i> - Tazarotene Products (Tazorac, Fabior, Arazlo) - Trifarotene (Aklief) - Clascoterone (Winlevi)
Atopic Dermatitis	Ruxolitinib cream (Opzelura)
Select Antibiotics and Antifungal Agents	- Select oral and injectable Antibiotics and antifungal agents (Daptomycin, Gentamycin, Streptomycin, Vancomycin) - Voriconazole (Vfend)
Anti-obesity Agents (Weight Loss)	Phentermine, Phendimetrazine, Didrex, Diethylpropion, Contrave, Qsymia, Saxenda, Wegovy, Xenical, Zepbound
Compound Medications*	Select medications *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.
Contraceptives	Non-contraceptive medical necessity only (Grandfathered plans not subject to the Affordable Care Act only)
Diabetes – Disposable Insulin Pump Devices	- OmniPod - V-Go
Hyperinflation Management	Select drugs that are exponentially more expensive than readily available lower-cost alternatives and whose price is not supported by evidence of greater clinical efficacy. For more information, go to www.umwafunds.org/prescription-drug-plan-benefits
Hypoactive Sexual Desire Disorder	Addyi

DRUG CLASS	PRODUCTS REQUIRING PA <i>Includes brands and generics, where available</i> <i>Some products may also be subject to quantity limits</i>
Pain	- Extended-Release Opioids – must use an immediate-release opioid before an extended-release form is covered - Oral-Intranasal Fentanyl (such as Actiq, fentanyl buccal tablet, fentanyl sublingual tablet, fentanyl transmucosal lozenge, Fentora, Lazanda, Subsys) - Duexis/Vimovo (NSAID combination products)
Peanut Allergy Immunotherapy	Palforzia
Miscellaneous	- Auvi-Q – use alternative (examples include epinephrine auto-injector, EpiPen, EpiPen Jr, Symjepi) - Fortamet/Glumetza (including their generic metformin ER versions) – use generic Glucophage XR (metformin ER) - Zegerid (including omeprazole-sodium bicarbonate) – use generic Proton Pump Inhibitor (PPI) - Select Medical Devices (510K Pathway) and Artificial Saliva Products

SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS

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

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

ADVANCED CONTROL SPECIALTY FORMULARY®

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

QUANTITY LIMITS

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

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

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

QUANTITY LIMIT CLASSES	DRUG NAME EXAMPLES <i>Includes brands and generics, where available</i>	PA AVAILABLE <i>To Exceed Initial Quantity Limit</i>
Erectile Dysfunction	Cialis, Levitra, Staxyn, Stendra, Viagra, Caverject, Edex, Muse	No
Condoms	Male and Female Condoms (applies only to Non-Grandfathered plans with Affordable Care Act coverage of condoms)	Yes
Diabetic Supplies	Continuous Glucose Monitor (CGM) Sensors	No

QUANTITY LIMIT CLASSES	DRUG NAME EXAMPLES <i>Includes brands and generics, where available</i>	PA AVAILABLE <i>To Exceed Initial Quantity Limit</i>
Select Antibacterial and Antifungal Agents	Topical agents (ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, oxiconazole, Nystatin, mupirocin, clindamycin, gentamycin) Oral agents (vancomycin)	No
Pain – Non-Opioid	Topical Lidocaine 5% ointment	Yes
Pain – Opioid**	Oxycodone extended-release (Oxycontin, Xtampza ER)	Yes

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

LEGEND

Abbreviation Description

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

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with the Funds.

Please be advised that the *Funds Standard Formulary Prescribing Guide* is updated periodically and changes may appear prior to their effective date to allow for client notification.

FUNDS' WEBSITE

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

Frequently Used Telephone Numbers:

CVS Caremark Customer Care

Phone: 1-800-249-4741

CVS Caremark Prior Authorization

Phone: 1-800-294-5979

Fax: 1-888-836-0730

CVS Specialty

Phone: 1-800-237-2767

Fax: 1-866-295-2778

The Funds Call Center (Beckley, WV)

Phone: 1-800-291-1425

DRUG NAME	FORMULARY STATUS
ANALGESICS	
COX-2 INHIBITORS	
celecoxib caps 50mg, 100mg, 200mg, 400mg	Preferred
GOUT	
allopurinol solr 500mg; tabs 100mg, 300mg	Preferred
allopurinol tabs 200mg	
colchicine caps .6mg; tabs .6mg	Preferred
MITIGARE CAPS .6MG	Preferred
probenecid tabs 500mg	Preferred
MISCELLANEOUS	
clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml	
NSAIDS	
diclofenac sodium soln 1.5%, 2%; tbec 25mg, 50mg, 75mg	Preferred
diclofenac sodium tb24 100mg	
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	
ibuprofen soln 10mg/ml; susp 100mg/5ml; tabs 400mg, 600mg, 800mg	Preferred
meloxicam caps 5mg, 10mg; susp 7.5mg/5ml; tabs 7.5mg, 15mg	Preferred
nabumetone tabs 500mg, 750mg	
naproxen susp 125mg/5ml; tabs 250mg, 275mg, 375mg, 500mg, 550mg; tb24 375mg, 500mg, 750mg; tbec 375mg, 500mg	Preferred
oxaprozin tabs 600mg	
sulindac tabs 150mg, 200mg	
NSAIDS, COMBINATIONS	
diclofenac sodium-misoprostol delayed release 50-0.2 mg	Preferred
diclofenac sodium-misoprostol delayed release 75-0.2 mg	Preferred
ibuprofen-famotidine tab 800-26.6 mg	Preferred
OPIOID ANALGESICS	
codeine-acetaminophen soln 120-12 mg/5ml	Preferred
codeine-acetaminophen tab 300-15 mg	Preferred
codeine-acetaminophen tab 300-30 mg	Preferred
codeine-acetaminophen tab 300-60 mg	Preferred
fentanyl transdermal pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	Preferred
fentanyl transmucosal lozenge lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	Preferred

DRUG NAME	FORMULARY STATUS
<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
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Preferred
<i>hydromorphone liqd 1mg/ml; soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml; tabs 2mg, 4mg, 8mg</i>	Preferred
<i>hydromorphone ext-rel tb24 8mg, 12mg, 16mg, 32mg</i>	Preferred
<i>methadone conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg</i>	Preferred
<i>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</i>	Preferred
<i>morphine ext-rel cp24 10mg, 20mg, 30mg, 40mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg, 100mg, 120mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	Preferred
<i>oxycodone caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 20mg, 30mg</i>	Preferred
<i>oxycodone taba 15mg</i>	
<i>oxycodone-acetaminophen soln 5-325 mg/5ml</i>	Preferred
<i>oxycodone-acetaminophen tab 5-325 mg</i>	Preferred
<i>tramadol soln 5mg/ml; tabs 50mg, 100mg</i>	Preferred
<i>tramadol tabs 25mg</i>	
<i>tramadol ext-rel cp24 100mg, 200mg, 300mg; tb24 100mg, 200mg, 300mg</i>	Preferred
<i>XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG</i>	Preferred

OPIOID PARTIAL AGONISTS

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

SALICYLATES

<i>diflunisal tabs 500mg</i>	
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VISCOSUPPLEMENTS

<i>DUROLANE PRSY 60MG/3ML</i>	Preferred
<i>EUFLEXXA SOSY 20MG/2ML</i>	Preferred
<i>GELSYN-3 SOSY 16.8MG/2ML</i>	Preferred
<i>SUPARTZ FX SOSY 25MG/2.5ML</i>	Preferred

DRUG NAME	FORMULARY STATUS
ANESTHETICS	
LOCAL ANESTHETICS	
<i>chloroprocaine hcl soln 2%, 3%</i>	
<i>tetracaine hcl soln 1%</i>	
ANTI-INFECTIVES	
ANTHELMINTICS	
EMVERM CHEW 100MG	Preferred
<i>ivermectin tabs 3mg</i>	Preferred
STROMEKTOL TABS 3MG	
ANTI-BACTERIALS - MISCELLANEOUS	
<i>sulfadiazine tabs 500mg</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
ANTIFUNGALS	
DIFLUCAN SUSR 10MG/ML, 40MG/ML; TABS 50MG, 100MG, 150MG, 200MG	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Preferred
<i>fluconazole inj 200 mg/100ml</i>	
<i>fluconazole inj 400 mg/200ml</i>	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	Preferred
<i>nystatin tabs 500000unit</i>	
<i>terbinafine tabs 250mg</i>	Preferred
<i>voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg</i>	
ANTIMALARIALS	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	
<i>hydroxychloroquine sulfate tabs 100mg, 300mg, 400mg</i>	
<i>mefloquine hcl tabs 250mg</i>	
ANTIRETROVIRAL AGENTS	
<i>abacavir soln 20mg/ml; tabs 300mg</i>	Preferred
APRETUDE SUER 600MG/3ML	Preferred
<i>atazanavir caps 150mg, 200mg, 300mg</i>	Preferred
<i>darunavir tabs 600mg, 800mg</i>	Preferred
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	Preferred
<i>emtricitabine caps 200mg</i>	Preferred
<i>etravirine tabs 100mg, 200mg</i>	Preferred
<i>fosamprenavir calcium tabs 700mg</i>	
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG, 600MG	Preferred
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>maraviroc tabs 150mg, 300mg</i>	Preferred
<i>nevirapine susp 50mg/5ml; tabs 200mg</i>	Preferred
<i>nevirapine ext-rel tb24 100mg, 400mg</i>	Preferred
<i>ritonavir tabs 100mg</i>	Preferred
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
TIVICAY TABS 10MG, 25MG, 50MG; TBSO 5MG	Preferred
<i>zidovudine caps 100mg; syrp 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
BIKTARVY TAB	Preferred
CABENUVA SUS 400-600	Preferred
CABENUVA SUS 600-900	Preferred
CIMDUO TAB 300-300	Preferred
DESCOVY TAB 120-15MG	Preferred
DESCOVY TAB 200/25MG	Preferred
DOVATO TAB 50-300MG	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
GENVOYA TAB	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
ODEFSEY TAB	Preferred
SYMTUZA TAB	Preferred
TRIUMEQ PD TAB	Preferred
TRIUMEQ TAB	Preferred

ANTITUBERCULAR AGENTS

<i>cycloserine caps 250mg</i>	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	
<i>pyrazinamide tabs 500mg</i>	

DRUG NAME	FORMULARY STATUS
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	
ANTIVIRALS	
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	Preferred
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>oseltamivir caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	Preferred
PAXLOVID TAB 150-100	Preferred
PAXLOVID TAB 300-100	Preferred
RELENZA AEPB 5MG/BLISTER	Preferred
<i>ribavirin solr 6gm</i>	
<i>valacyclovir tabs 1gm, 500mg</i>	Preferred
<i>valganciclovir solr 50mg/ml; tabs 450mg</i>	Preferred
CEPHALOSPORINS	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Preferred
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	
<i>cefprozil 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
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	Preferred
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred
<i>clarithromycin ext-rel tb24 500mg</i>	Preferred
DIFICID SUSR 40MG/ML; TABS 200MG	Preferred
<i>erythromycins cpep 250mg; susr 200mg/5ml, 400mg/5ml; tabs 250mg, 400mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Preferred
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	
<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
<i>levofloxacin inj 250 mg/50ml</i>	Preferred
<i>levofloxacin inj 500 mg/100ml</i>	Preferred
<i>moxifloxacin tabs 400mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>moxifloxacin inj 400 mg/250ml</i>	Preferred
HEPATITIS B	
<i>adefovir dipivoxil tabs 10mg</i>	
<i>entecavir tabs .5mg, 1mg</i>	Preferred
<i>lamivudine tabs 100mg</i>	Preferred
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
VEMLIDY TABS 25MG	Preferred
HEPATITIS C	
EPCLUSA PAK 150-37.5	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA PAK 200-50MG	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA TAB 200-50MG	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA TAB 400-100	Genotypes 1, 2, 3, 4, 5, 6; Preferred
HARVONI PAK	Genotypes 1, 4, 5, 6; Preferred
HARVONI PAK 45-200MG	Genotypes 1, 4, 5, 6; Preferred
HARVONI TAB 45-200MG	Genotypes 1, 4, 5, 6; Preferred
HARVONI TAB 90-400MG	Genotypes 1, 4, 5, 6; Preferred
<i>ribavirin caps 200mg; tabs 200mg</i>	Preferred
VOSEVI TAB	For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3); Preferred
MISCELLANEOUS	
<i>chloramphenicol sodium succinate solr 1gm</i>	
<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>	
FLAGYL TABS 500MG	
<i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i>	Preferred
<i>metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg</i>	Preferred
<i>nitrofurantoin caps 25mg, 50mg, 100mg; susp 25mg/5ml</i>	Preferred
<i>pyrimethamine tabs 25mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
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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
trimethoprim tabs 100mg	
vancomycin caps 125mg, 250mg	Preferred
XIFAXAN TABS 550MG	Preferred

PENICILLINS

amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	Preferred
amoxicillin-clavulanate chew tab 200-28.5 mg	Preferred
amoxicillin-clavulanate chew tab 400-57 mg	Preferred
amoxicillin-clavulanate ext-rel tab 1000-62.5 mg	
amoxicillin-clavulanate susp 200-28.5 mg/5ml	Preferred
amoxicillin-clavulanate susp 250-62.5 mg/5ml	Preferred
amoxicillin-clavulanate susp 400-57 mg/5ml	Preferred
amoxicillin-clavulanate susp 600-42.9 mg/5ml	Preferred
amoxicillin-clavulanate tab 250-125 mg	Preferred
amoxicillin-clavulanate tab 500-125 mg	Preferred
amoxicillin-clavulanate tab 875-125 mg	Preferred
ampicillin caps 500mg	
ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	
AUGMENTIN SUS 125/5ML	
AUGMENTIN SUS 250/5ML	
AUGMENTIN SUS ES-600	
AUGMENTIN TAB 500MG	
dicloxacillin caps 250mg, 500mg	Preferred
penicillin vk solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	Preferred

TETRACYCLINES

doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg	
doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 50mg, 75mg, 100mg, 150mg	Preferred
minocycline caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	Preferred
minocycline hcl tb24 105mg, 135mg	
tetracycline caps 250mg, 500mg	Preferred

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

bendamustine hcl solr 25mg, 100mg

DRUG NAME	FORMULARY STATUS
<i>cyclophosphamide caps 25mg, 50mg</i>	
<i>melphalan hcl solr 50mg</i>	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Preferred
ANTIBIOTICS	
<i>mitoxantrone hcl conc 2mg/ml</i>	
<i>valrubicin soln 40mg/ml</i>	
ANTIMETABOLITES	
<i>azacitidine susr 100mg</i>	
<i>capecitabine tabs 150mg, 500mg</i>	Preferred
<i>decitabine solr 50mg</i>	
LONSURF TAB 15-6.14	Preferred
LONSURF TAB 20-8.19	Preferred
<i>mercaptopurine tabs 50mg</i>	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	
<i>pemetrexed solr 100mg, 500mg, 750mg, 1000mg</i>	Preferred
BIOLOGIC RESPONSE MODIFIERS	
BESREMI SOSY 500MCG/ML	Preferred
ERIVEDGE CAPS 150MG	Preferred
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg</i>	
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	Preferred
THALOMID CAPS 50MG, 100MG, 150MG, 200MG	Preferred
BIOSIMILARS	
KANJINTI SOLR 150MG, 420MG	Preferred
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	Preferred
TRAZIMERA SOLR 150MG, 420MG	Preferred
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	Preferred
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone tabs 250mg, 500mg</i>	Preferred
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	Preferred
CASODEX TABS 50MG	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	Preferred
ERLEADA TABS 60MG, 240MG	Preferred
<i>exemestane tabs 25mg</i>	
<i>letrozole tabs 2.5mg</i>	
<i>leuprolide acetate kit 1mg/0.2ml</i>	Preferred
<i>megestrol acetate tabs 20mg, 40mg</i>	
NUBEQA TABS 300MG	Preferred
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
XTANDI CAPS 40MG; TABS 40MG, 80MG	Preferred

DRUG NAME	FORMULARY STATUS
YONSA TABS 125MG	Preferred
KINASE INHIBITORS	
ALECENSA CAPS 150MG	Preferred
ALUNBRIG TABS 30MG, 90MG, 180MG	Preferred
ALUNBRIG PAK	Preferred
AUGTYRO CAPS 40MG	Preferred
BOSULIF CAPS 50MG, 100MG	
BOSULIF TABS 100MG, 400MG, 500MG	Preferred
BRAFTOVI CAPS 75MG	Preferred
BRUKINSA CAPS 80MG	Preferred
CABOMETYX TABS 20MG, 40MG, 60MG	Preferred
CALQUENCE CAPS 100MG; TABS 100MG	Preferred
COPIKTRA CAPS 15MG, 25MG	Preferred
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</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
GAVRETO CAPS 100MG	Preferred
<i>gefitinib tabs 250mg</i>	Preferred
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	Preferred
<i>imatinib mesylate tabs 100mg, 400mg</i>	Preferred
INLYTA TABS 1MG, 5MG	Preferred
KISQALI TBPk 200MG	Preferred
KISQALI FEMARA CO-PACK 200 MG DOSE	Preferred
KISQALI FEMARA CO-PACK 400 MG DOSE	Preferred
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
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	Preferred
MEKTOVI TABS 15MG	Preferred
<i>pazopanib tabs 200mg</i>	Preferred
PIQRAY TBPk 150MG, 200MG	Preferred
RETEVMO CAPS 40MG, 80MG	Preferred
RETEVMO TABS 40MG, 80MG, 120MG, 160MG	
ROZLYTREK CAPS 100MG, 200MG	Preferred
ROZLYTREK PACK 50MG	
RYDAPT CAPS 25MG	Preferred
SCEMBLIX TABS 20MG, 40MG, 100MG	Preferred

DRUG NAME	FORMULARY STATUS
<i>sorafenib tosylate tabs 200mg</i>	Preferred
STIVARGA TABS 40MG	Preferred
<i>sunitinib caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Preferred
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	Preferred
TAGRISSO TABS 40MG, 80MG	Preferred
<i>temsirolimus soln 25mg/ml</i>	
TRUQAP TABS 160MG, 200MG; TBPk 160MG, 200MG	Preferred
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	Preferred
XOSPATA TABS 40MG	Preferred
ZYDELIG TABS 100MG, 150MG	Preferred
ZYKADIA TABS 150MG	Preferred

MISCELLANEOUS

<i>bexarotene caps 75mg</i>	Preferred
<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	

MITOTIC INHIBITORS

<i>paclitaxel conc 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml</i>	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	

MONOCLONAL ANTIBODIES

PERJETA SOLN 420MG/14ML	Preferred
PHESGO SOL	Preferred

PROTEASOME INHIBITORS

<i>bortezomib solr 3.5mg</i>	Preferred
NINLARO CAPS 2.3MG, 3MG, 4MG	Preferred

PROTECTIVE AGENTS

<i>levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; solr 50mg</i>	
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TOPOISOMERASE INHIBITORS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	

DRUG NAME	FORMULARY STATUS
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>fosinopril-hydrochlorothiazide tab 10-12.5 mg</i>	Preferred
<i>fosinopril-hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>lisinopril-hydrochlorothiazide tab 10-12.5 mg</i>	Preferred
<i>lisinopril-hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>lisinopril-hydrochlorothiazide tab 20-25 mg</i>	Preferred
LOTENSIN HCT TAB 10-12.5	
LOTENSIN HCT TAB 20-12.5	
LOTENSIN HCT TAB 20-25MG	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Preferred
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Preferred
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	
VASERETIC TAB 10-25MG	

ACE INHIBITORS

ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	
ALTACE CAPS 1.25MG, 2.5MG, 5MG, 10MG	
<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 soln 1.25mg/ml</i>	
<i>fosinopril tabs 10mg, 20mg, 40mg</i>	Preferred
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred
LOTENSIN TABS 10MG, 20MG, 40MG	
<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>	
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone tabs 25mg, 50mg</i>	
KERENDIA TABS 10MG, 20MG	Preferred

DRUG NAME	FORMULARY STATUS
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	Preferred
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine-olmesartan tab 5-20 mg</i>	Preferred
<i>amlodipine-olmesartan tab 5-40 mg</i>	Preferred
<i>amlodipine-olmesartan tab 10-20 mg</i>	Preferred
<i>amlodipine-olmesartan tab 10-40 mg</i>	Preferred
<i>amlodipine-telmisartan tab 40-5 mg</i>	Preferred
<i>amlodipine-telmisartan tab 40-10 mg</i>	Preferred
<i>amlodipine-telmisartan tab 80-5 mg</i>	Preferred
<i>amlodipine-telmisartan tab 80-10 mg</i>	Preferred
<i>amlodipine-valsartan tab 5-160 mg</i>	Preferred
<i>amlodipine-valsartan tab 5-320 mg</i>	Preferred
<i>amlodipine-valsartan tab 10-160 mg</i>	Preferred
<i>amlodipine-valsartan tab 10-320 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Preferred
<i>candesartan-hydrochlorothiazide tab 16-12.5 mg</i>	Preferred
<i>candesartan-hydrochlorothiazide tab 32-12.5 mg</i>	Preferred
<i>candesartan-hydrochlorothiazide tab 32-25 mg</i>	Preferred
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Preferred
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Preferred
<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>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Preferred
<i>olmesartan-hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>olmesartan-hydrochlorothiazide tab 40-12.5 mg</i>	Preferred
<i>olmesartan-hydrochlorothiazide tab 40-25 mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Preferred
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Preferred
<i>telmisartan-hydrochlorothiazide 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>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Preferred
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan tabs 4mg, 8mg, 16mg, 32mg</i>	Preferred
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	Preferred
<i>losartan tabs 25mg, 50mg, 100mg</i>	Preferred
<i>olmesartan tabs 5mg, 20mg, 40mg</i>	Preferred
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	Preferred
<i>valsartan soln 4mg/ml</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	Preferred
ANTIARRHYTHMICS	
<i>amiodarone soln 50mg/ml, 900mg/18ml; tabs 100mg, 200mg, 400mg</i>	Preferred
<i>disopyramide caps 100mg, 150mg</i>	Preferred
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
MULTAQ TABS 400MG	Preferred
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	
<i>sotalol tabs 80mg, 120mg, 160mg, 240mg</i>	Preferred
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	
ANTIPEMICS, ACL INHIBITORS/COMBINATIONS	
NEXLETOL TABS 180MG	Preferred
NEXLIZET TAB 180/10MG	Preferred
ANTIPEMICS, BILE ACID RESINS	
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	Preferred
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	
<i>colesevelam pack 3.75gm; tabs 625mg</i>	Preferred
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
QUESTRAN PACK 4GM; POWD 4GM/DOSE	
QUESTRAN LIGHT POWD 4GM/DOSE	
ANTIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
<i>ezetimibe tabs 10mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 30mg, 43mg, 50mg, 67mg, 90mg, 130mg, 134mg, 150mg, 200mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg</i>	Preferred
<i>fenofibric acid delayed-rel cpdr 45mg, 135mg</i>	Preferred
<i>gemfibrozil tabs 600mg</i>	
LOPID TABS 600MG	
TRILIPIX CPDR 45MG, 135MG	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	
<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>pitavastatin tabs 1mg, 2mg, 4mg</i>	Preferred
<i>pravastatin tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred
<i>rosuvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	Preferred
ZOCOR TABS 10MG, 20MG, 40MG, 80MG	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Preferred
VYTORIN TAB 10-10MG	
VYTORIN TAB 10-20MG	
VYTORIN TAB 10-40MG	
VYTORIN TAB 10-80MG	
ANTILIPEMICS, MISCELLANEOUS	
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	Preferred
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
<i>icosapent ethyl caps .5gm, 1gm</i>	Preferred
LOVAZA CAP 1GM	
<i>omega-3 acid ethyl esters cap 1 gm</i>	Preferred
ANTILIPEMICS, PCSK9 INHIBITORS	
REPATHA SOAJ 140MG/ML; SOCT 420MG/3.5ML; SOSY 140MG/ML	Preferred
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	

DRUG NAME	FORMULARY STATUS
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
BETA-BLOCKERS	
<i>acebutolol caps 200mg, 400mg</i>	Preferred
<i>atenolol tabs 25mg, 50mg, 100mg</i>	Preferred
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Preferred
<i>carvedilol phosphate ext-rel cp24 10mg, 20mg, 40mg, 80mg</i>	Preferred
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	
CORGARD TABS 20MG, 40MG, 80MG	
<i>labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>metoprolol tartrate soln 5mg/5ml; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Preferred
<i>nadolol tabs 20mg, 40mg, 80mg</i>	Preferred
<i>nebivolol tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
<i>pindolol tabs 5mg, 10mg</i>	Preferred
<i>propranolol soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Preferred
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	Preferred
CALCIUM CHANNEL BLOCKER/ANTIPEMIC COMBINATIONS	
<i>amlodipine-atorvastatin tab 2.5-10 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 2.5-20 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 2.5-40 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-10 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-20 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-40 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-80 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-10 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-20 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-40 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-80 mg</i>	Preferred
CADUET TAB 5-10MG	
CADUET TAB 5-20MG	
CADUET TAB 5-40MG	
CADUET TAB 5-80MG	
CADUET TAB 10-10MG	
CADUET TAB 10-20MG	
CADUET TAB 10-40MG	
CADUET TAB 10-80MG	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine tabs 2.5mg, 5mg, 10mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
diltiazem ext-rel cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Preferred
felodipine tb24 2.5mg, 5mg, 10mg	
nifedipine ext-rel tb24 30mg, 60mg, 90mg	Preferred
PROCARDIA XL TB24 30MG, 60MG, 90MG	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	
verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg	Preferred

DIGITALIS GLYCOSIDES

digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg	Preferred
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DIRECT RENIN INHIBITORS/COMBINATIONS

aliskiren tabs 150mg, 300mg	Preferred
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DIURETICS

acetazolamide cp12 500mg; tabs 125mg, 250mg	
acetazolamide sodium solr 500mg	
ALDACTAZIDE TAB 25/25	
ALDACTAZIDE TAB 50/50	
amiloride tabs 5mg	Preferred
amiloride & hydrochlorothiazide tab 5-50 mg	
bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg	
chlorthalidone tabs 25mg, 50mg	Preferred
dichlorphenamide tabs 50mg	
ethacrynic acid tabs 25mg	Preferred
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	Preferred
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	Preferred
indapamide tabs 1.25mg, 2.5mg	
LASIX TABS 20MG, 40MG, 80MG	
methazolamide tabs 25mg, 50mg	
metolazone tabs 2.5mg, 5mg, 10mg	Preferred
spironolactone-hydrochlorothiazide tab 25-25 mg	Preferred
torsemide tabs 5mg, 10mg, 20mg, 100mg	Preferred
triamterene caps 50mg, 100mg	Preferred
triamterene-hydrochlorothiazide cap 37.5-25 mg	Preferred
triamterene-hydrochlorothiazide tab 37.5-25 mg	Preferred
triamterene-hydrochlorothiazide tab 75-50 mg	Preferred

HEART FAILURE

ENTRESTO CAP 6-6MG	Preferred
ENTRESTO CAP 15-16MG	Preferred
ENTRESTO TAB 24-26MG	Preferred

DRUG NAME	FORMULARY STATUS
ENTRESTO TAB 49-51MG	Preferred
ENTRESTO TAB 97-103MG	Preferred
INPEFA TABS 200MG, 400MG	Preferred
<i>isosorbide dinitrate-hydralazine tab 20-37.5 mg</i>	Preferred
<i>ivabradine tabs 5mg, 7.5mg</i>	Preferred
VERQUVO TABS 2.5MG, 5MG, 10MG	Preferred

MISCELLANEOUS

<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>droxidopa caps 100mg, 200mg, 300mg</i>	
<i>epinephrine sosy 1mg/10ml</i>	
<i>guanfacine hcl tabs 1mg, 2mg</i>	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	Preferred

NITRATES

<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	Preferred
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
<i>nitroglycerin soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	Preferred
NITROLINGUAL SOLN .4MG/SPRAY	
NITROSTAT SUBL .3MG, .4MG, .6MG	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	Preferred
<i>ambrisentan tabs 5mg, 10mg</i>	Preferred
<i>bosentan tabs 62.5mg, 125mg</i>	Preferred
OPSUMIT TABS 10MG	Preferred
OPSYNVI TAB 10-20MG	Preferred
OPSYNVI TAB 10-40MG	Preferred
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	Preferred
ORENITRAM TAB MONTH 1	Preferred
ORENITRAM TAB MONTH 2	Preferred
ORENITRAM TAB MONTH 3	Preferred
<i>sildenafil soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg</i>	Preferred
<i>tadalafil tabs 20mg</i>	Preferred
TADLIQ SUSP 20MG/5ML	Preferred
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	Preferred
TYVASO SOLN .6MG/ML	Preferred
TYVASO DPI POWD 16MCG, 32MCG, 48MCG, 64MCG	Preferred

DRUG NAME	FORMULARY STATUS
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UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	Preferred
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UPTRAVI PACK TAB 200/800	Preferred
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CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tbec 333mg</i>	
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<i>disulfiram tabs 250mg, 500mg</i>	
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AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS SUSP 105MG/5ML	Preferred
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ANTI-ANXIETY

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

ARICEPT TABS 5MG, 10MG, 23MG	
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<i>donepezil tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	Preferred
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EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR	
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<i>galantamine soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	Preferred
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<i>galantamine ext-rel cp24 8mg, 16mg, 24mg</i>	Preferred
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<i>memantine soln 2mg/ml; tabs 5mg, 10mg</i>	Preferred
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<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg</i>	
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<i>memantine titration pak 5-10mg</i>	Preferred
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NAMZARIC CAP	Preferred
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NAMZARIC CAP 7-10MG	Preferred
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NAMZARIC CAP 14-10MG	Preferred
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NAMZARIC CAP 21-10MG	Preferred
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NAMZARIC CAP 28-10MG	Preferred
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<i>rivastigmine caps 1.5mg, 3mg, 4.5mg, 6mg</i>	Preferred
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<i>rivastigmine transdermal pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	Preferred
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ANTIDEPRESSANTS

<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
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<i>bupropion tabs 75mg, 100mg</i>	Preferred
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DRUG NAME	FORMULARY STATUS
<i>bupropion ext-rel tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg, 450mg</i>	Preferred
CELEXA TABS 10MG, 20MG, 40MG	
<i>citalopram soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	Preferred
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>desvenlafaxine ext-rel tb24 25mg, 50mg, 100mg</i>	Preferred
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	
<i>duloxetine cpep 20mg, 30mg, 40mg, 60mg</i>	Preferred
<i>escitalopram soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	Preferred
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	Preferred
FETZIMA CAP TITRATIO	Preferred
<i>fluoxetine caps 10mg, 20mg, 40mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg</i>	Preferred
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	Preferred
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	
<i>paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg</i>	Preferred
<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 tabs 10mg, 20mg, 40mg</i>	Preferred
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	
WELLBUTRIN XL TB24 150MG, 300MG	
ZURZUVAE CAPS 20MG, 25MG, 30MG	Preferred
ANTIPARKINSONIAN AGENTS	
<i>amantadine caps 100mg; soln 50mg/5ml; tabs 100mg</i>	Preferred
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	

DRUG NAME	FORMULARY STATUS
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Preferred
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Preferred
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Preferred
<i>carbidopa & levodopa tab 10-100 mg</i>	Preferred
<i>carbidopa & levodopa tab 25-100 mg</i>	Preferred
<i>carbidopa & levodopa tab 25-250 mg</i>	Preferred
<i>carbidopa-levodopa ext-rel tab er 25-100 mg</i>	Preferred
<i>carbidopa-levodopa ext-rel tab er 50-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Preferred
<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
INBRIJA CAPS 42MG	Preferred
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	Preferred
PARLODEL CAPS 5MG; TABS 2.5MG	
<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
RYTARY CAP 95MG	Preferred
RYTARY CAP 145MG	Preferred
RYTARY CAP 195MG	Preferred
RYTARY CAP 245MG	Preferred
<i>selegiline caps 5mg; tabs 5mg</i>	Preferred
SINEMET TAB 10-100MG	
SINEMET TAB 25-100MG	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	

ANTIPSYCHOTICS

ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	Preferred
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

DRUG NAME	FORMULARY STATUS
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	Preferred
ARISTADA INITIO PRSY 675MG/2.4ML	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
CLOZARIL TABS 25MG, 50MG, 100MG, 200MG	
<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>	
<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
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	Preferred
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	Preferred
VRAYLAR CAP 1.5-3MG	Preferred
<i>ziprasidone caps 20mg, 40mg, 60mg, 80mg; solr 20mg</i>	Preferred
ANTISEIZURE AGENTS	
BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	Preferred
<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
CARBATROL CP12 100MG, 200MG, 300MG	
<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

DRUG NAME	FORMULARY STATUS
<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
DILANTIN CAPS 30MG, 100MG	
DILANTIN INFATABS CHEW 50MG	
DILANTIN-125 SUSP 125MG/5ML	
<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
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	Preferred
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	Preferred
<i>lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Preferred
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>lamotrigine ext-rel tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	Preferred
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Preferred
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Preferred
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	Preferred
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	Preferred
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	Preferred
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg</i>	Preferred
<i>levetiracetam ext-rel tb24 500mg, 750mg</i>	Preferred
MYSOLINE TABS 50MG, 250MG	
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	Preferred
<i>oxcarbazepine ext-rel tb24 150mg, 300mg, 600mg</i>	
OXTELLAR XR TB24 150MG, 300MG, 600MG	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

DRUG NAME	FORMULARY STATUS
<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
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>topiramate cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	
<i>topiramate ext-rel cp24 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>valproic acid caps 250mg; soln 250mg/5ml</i>	Preferred
<i>vigabatrin pack 500mg; tabs 500mg</i>	Preferred
XCOPRI TABS 25MG, 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	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	Preferred

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 10 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 12.5 mg</i>	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 15 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 20 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg</i>	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 30 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 37.5 mg</i>	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 50 mg</i>	
<i>amphetamine-dextroamphetamine mixed salts tab 5 mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>amphetamine-dextroamphetamine mixed salts tab 7.5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 10 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 12.5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 15 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 20 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 30 mg</i>	Preferred
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	Preferred
AZSTARYS CAP 26.1-5.2	Preferred
AZSTARYS CAP 39.2-7.8	Preferred
AZSTARYS CAP 52.3-10.	Preferred
<i>clonidine hcl (adhd) tb12 .1mg</i>	
<i>dexmethylphenidate ext-rel cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	Preferred
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	
<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
<i>lisdexamfetamine caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</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; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg</i>	Preferred
QELBREE CP24 100MG, 150MG, 200MG	Preferred
RITALIN TABS 5MG, 10MG, 20MG	
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	
BOTULINUM TOXINS	
DAXXIFY SOLR 100UNIT	Preferred
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	Preferred
FIBROMYALGIA	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	Preferred

DRUG NAME	FORMULARY STATUS
SAVELLA MIS TITR PAK	Preferred
HYPNOTICS	
AMBIEN TABS 5MG, 10MG	
AMBIEN CR TBCR 6.25MG, 12.5MG	
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	Preferred
DAYVIGO TABS 5MG, 10MG	Preferred
<i>doxepin tabs 3mg, 6mg</i>	Preferred
EDLUAR SUBL 5MG, 10MG	MNPA
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Preferred
QUVIVIQ TABS 25MG, 50MG	Preferred
<i>ramelteon tabs 8mg</i>	Preferred
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	
<i>zaleplon caps 5mg, 10mg</i>	Preferred
<i>zolpidem tabs 5mg, 10mg</i>	Preferred
<i>zolpidem ext-rel tbc 6.25mg, 12.5mg</i>	Preferred
<i>zolpidem sublingual sub 1.75mg, 3.5mg</i>	Preferred
MIGRAINE - ERGOTAMINE DERIVATIVES	
D.H.E. 45 SOLN 1MG/ML	
<i>dihydroergotamine mesylate soln 1mg/ml, 4mg/ml</i>	
<i>ergotamine-caffeine tab 1-100 mg</i>	Preferred
MIGRAINE - MISCELLANEOUS	
NURTEC ODT TBDP 75MG	Preferred
QULIPTA TABS 10MG, 30MG, 60MG	Preferred
UBRELVY TABS 50MG, 100MG	Preferred
MIGRAINE - MONOCLONAL ANTIBODIES	
AIMOVIG SOAJ 70MG/ML, 140MG/ML	Preferred
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	Preferred
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	Preferred
MIGRAINE - TRIPTANS AND COMBINATIONS	
<i>eletriptan tabs 20mg, 40mg</i>	Preferred
IMITREX SOLN 6MG/0.5ML; 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
ONZETRA XSAIL EXHP 11MG/NOSEPC	Preferred
RELPAK TABS 20MG, 40MG	
<i>rizatriptan tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<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>	
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	Preferred
<i>zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	Preferred
MISCELLANEOUS	
ENSPRYNG SOSY 120MG/ML	Preferred
VYVGART SOLN 400MG/20ML	Preferred
VYVGART INJ HYTRULO	Preferred
MOOD STABILIZERS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	
MOVEMENT DISORDERS	
AUSTEDO TABS 6MG, 9MG, 12MG	Preferred
AUSTEDO XR TB24 6MG, 12MG, 24MG	Preferred
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	
AUSTEDO XR TAB TITR KIT	
INGREZZA CAPS 40MG, 60MG, 80MG	Preferred
INGREZZA CAP 40-80MG	Preferred
INGREZZA CPSP CPSP 40MG, 60MG, 80MG	
<i>tetrabenazine tabs 12.5mg, 25mg</i>	Preferred
MULTIPLE SCLEROSIS AGENTS	
AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML	Preferred
BAFIERTAM CPDR 95MG	Preferred
BETASERON KIT .3MG	Preferred
COPAXONE SOSY 40MG/ML	Preferred
<i>dalfampridine tb12 10mg</i>	
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	Preferred
<i>dimethyl fumarate delayed-rel starter pack 120 mg & 240 mg</i>	Preferred
<i> fingolimod caps .5mg</i>	Preferred
<i>glatiramer sosy 20mg/ml, 40mg/ml</i>	Preferred
KESIMPTA SOAJ 20MG/0.4ML	Preferred
MAYZENT TABS .25MG, 1MG, 2MG; TBP .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
<i>teriflunomide tabs 7mg, 14mg</i>	Preferred
TYSABRI CONC 300MG/15ML	Preferred
VUMERITY CPDR 231MG	Preferred

DRUG NAME	FORMULARY STATUS
ZEPOSIA CAPS .92MG	Preferred
ZEPOSIA 7DAY CAP STR PACK	Preferred
ZEPOSIA CAP STR KIT 28 DAY	
ZEPOSIA CAP STR KIT 37 DAY	Preferred

MUSCULOSKELETAL THERAPY AGENTS

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

MYASTHENIA GRAVIS

<i>pyridostigmine bromide soln 60mg/5ml; tabs 30mg, 60mg; tbc 180mg</i>	
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NARCOLEPSY/CATAPLEXY

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	Preferred
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	Preferred
<i>modafinil tabs 100mg, 200mg</i>	Preferred
SUNOSI TABS 75MG, 150MG	Preferred
WAKIX TABS 4.45MG, 17.8MG	Preferred
XYWAV SOL 0.5GM/ML	Preferred

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	Preferred
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	Preferred
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	Preferred
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	Preferred
<i>buprenorphine-naloxone sublingual tab 2-0.5 mg</i>	Preferred
<i>buprenorphine-naloxone sublingual tab 8-2 mg</i>	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

DRUG NAME	FORMULARY STATUS
OPIOID ANTAGONIST	
KLOXXADO LIQD 8MG/0.1ML	Preferred
<i>naloxone liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	Preferred
<i>naloxone sosy .4mg/ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
POSTHERPETIC NEURALGIA (PHN)	
<i>gabapentin tabs 300mg, 600mg</i>	
GRALISE TABS 300MG, 600MG	Preferred
GRALISE TABS 450MG, 750MG, 900MG	
<i>pregabalin ext-rel tb24 82.5mg, 165mg, 330mg</i>	Preferred
PSYCHOTHERAPEUTIC-MISC	
<i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>	
NUEDEXTA CAP 20-10MG	Preferred
<i>paroxetine mesylate caps 7.5mg</i>	Preferred
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	Preferred
ANDROGENS	
NATESTO GEL 5.5MG/ACT	Preferred
<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	Preferred
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	
XYOSTED SOAJ 50MG/0.5ML, 75MG/0.5ML, 100MG/0.5ML	Preferred
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS	
<i>acarbose tabs 25mg, 50mg, 100mg</i>	
ANTIDIABETICS, AMYLIN ANALOGS	
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML	Preferred
ANTIDIABETICS, BIGUANIDE	
<i>metformin soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	Preferred
<i>metformin ext-rel tb24 500mg, 750mg, 1000mg</i>	Preferred
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	
<i>glipizide-metformin tab 2.5-250 mg</i>	Preferred
<i>glipizide-metformin tab 2.5-500 mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>glipizide-metformin tab 5-500 mg</i>	Preferred
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS	
JANUMET TAB 50-500MG	Preferred
JANUMET TAB 50-1000	Preferred
JANUMET XR TAB 50-500MG	Preferred
JANUMET XR TAB 50-1000	Preferred
JANUMET XR TAB 100-1000	Preferred
JENTADUETO TAB 2.5-500	MNPA
JENTADUETO TAB 2.5-850	MNPA
JENTADUETO TAB 2.5-1000	MNPA
JENTADUETO TAB XR	MNPA
KAZANO 12.5- TAB 500MG	MNPA
KAZANO 12.5- TAB 1000MG	MNPA
KOMBIGLYZ XR TAB 2.5-1000	MNPA
KOMBIGLYZ XR TAB 5-500MG	MNPA
KOMBIGLYZ XR TAB 5-1000MG	MNPA
OSENI TAB 12.5-15	MNPA
OSENI TAB 12.5-30	MNPA
OSENI TAB 12.5-45	MNPA
OSENI TAB 25-15MG	MNPA
OSENI TAB 25-30MG	MNPA
OSENI TAB 25-45MG	MNPA
<i>saxagliptin-metformin ext-rel tb24 2.5-1000 mg</i>	Preferred
<i>saxagliptin-metformin ext-rel tb24 5-500 mg</i>	Preferred
<i>saxagliptin-metformin ext-rel tb24 5-1000 mg</i>	Preferred
TRIJARDY XR TAB	Preferred
ZITUVIMET TAB 50-500MG	
ZITUVIMET TAB 50-1000	
ZITUVIMET XR TAB 50-500MG	
ZITUVIMET XR TAB 50-1000	
ZITUVIMET XR TAB 100-1000	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
JANUVIA TABS 25MG, 50MG, 100MG	Preferred
NESINA TABS 6.25MG, 12.5MG, 25MG	MNPA
ONGLYZA TABS 2.5MG, 5MG	MNPA
<i>saxagliptin tabs 2.5mg, 5mg</i>	Preferred
TRADJENTA TABS 5MG	MNPA
ZITUVIO TABS 25MG, 50MG, 100MG	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
ADLYXIN SOPN 20MCG/0.2ML	MNPA
BYDUREON BCISE AUIJ 2MG/0.85ML	MNPA
BYETTA SOPN 5MCG/0.02ML, 10MCG/0.04ML	MNPA
<i>liraglutide sopn 18mg/3ml</i>	Preferred

DRUG NAME	FORMULARY STATUS
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	Preferred
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	Preferred
RYBELSUS TABS 3MG, 7MG, 14MG	Preferred
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	Preferred
VICTOZA SOPN 18MG/3ML	MNPA

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA INJ 100/33	Preferred
XULTOPHY INJ 100/3.6	Preferred

ANTIDIABETICS, INSULIN

BASAGLAR SOPN 100UNIT/ML	Preferred
FIASP SOLN 100UNIT/ML	Preferred
FIASP FLEXTOUCH SOPN 100UNIT/ML	Preferred
FIASP PENFILL SOCT 100UNIT/ML	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 LISP INJ PROTAMIN	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

DRUG NAME	FORMULARY STATUS
NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	Preferred
NOVOLOG MIX INJ 70/30	Preferred
NOVOLOG MIX INJ FLEXPEN	Preferred
TOUJEO SOPN 300UNIT/ML	Preferred
TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	Preferred
ANTIDIABETICS, INSULIN SENSITIZER	
<i>pioglitazone tabs 15mg, 30mg, 45mg</i>	Preferred
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
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
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
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
ANTIDIABETICS, MEGLITINIDE	
<i>nateglinide tabs 60mg, 120mg</i>	Preferred
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Preferred
ANTIDIABETICS, MISCELLANEOUS	
<i>mifepristone tabs 300mg</i>	Preferred
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	
<i>dapagliflozin-metformin ext-rel tb24 5-1000mg</i>	
<i>dapagliflozin-metformin ext-rel tb24 10-1000mg</i>	
INVOKAMET TAB 50-500MG	MNPA
INVOKAMET TAB 50-1000	MNPA
INVOKAMET TAB 150-500	MNPA
INVOKAMET TAB 150-1000	MNPA
INVOKAMET XR TAB 50-500MG	MNPA
INVOKAMET XR TAB 50-1000	MNPA
INVOKAMET XR TAB 150-500	MNPA
INVOKAMET XR TAB 150-1000	MNPA
SEGLUROMET TAB 2.5-500	MNPA
SEGLUROMET TAB 2.5-1000	MNPA
SEGLUROMET TAB 7.5-500	MNPA
SEGLUROMET TAB 7.5-1000	MNPA
SYNJARDY TAB	Preferred
SYNJARDY TAB 5-500MG	Preferred
SYNJARDY TAB 5-1000MG	Preferred
SYNJARDY TAB 12.5-500	Preferred

DRUG NAME	FORMULARY STATUS
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
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	
GLYXAMBI TAB 10-5 MG	Preferred
GLYXAMBI TAB 25-5 MG	Preferred
QTERN TAB 5-5MG	Preferred
QTERN TAB 10-5MG	Preferred
STEGLUJAN TAB 5-100MG	MNPA
STEGLUJAN TAB 15-100MG	MNPA
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS	
<i>dapagliflozin tabs 5mg, 10mg</i>	
FARXIGA TABS 5MG, 10MG	Preferred
INVOKANA TABS 100MG, 300MG	MNPA
JARDIANCE TABS 10MG, 25MG	Preferred
STEGLATRO TABS 5MG, 15MG	MNPA
ANTIDIABETICS, SULFONYLUREA	
AMARYL TABS 1MG, 2MG, 4MG	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Preferred
<i>glimepiride tabs 3mg</i>	
<i>glipizide tabs 2.5mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	Preferred
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	Preferred
ANTI OBESITY	
<i>orlistat caps 120mg</i>	Preferred
QSYMIA CAP 3.75-23	Preferred
QSYMIA CAP 7.5-46MG	Preferred
QSYMIA CAP 11.25-69	Preferred
QSYMIA CAP 15-92MG	Preferred
SAXENDA SOPN 18MG/3ML	Preferred
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML	Preferred
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	Preferred
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet tabs 30mg, 60mg, 90mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
CALCIUM REGULATORS, BISPHOSPHONATES	
ACTONEL TABS 35MG, 150MG	
<i>alendronate soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	Preferred
ATELVIA TBEC 35MG	
FOSAMAX TABS 70MG	
<i>ibandronate soln 3mg/3ml; tabs 150mg</i>	Preferred
<i>risedronate tabs 5mg, 30mg, 35mg, 150mg</i>	Preferred
<i>risedronate sodium tbec 35mg</i>	
<i>zoledronic acid conc 4mg/5ml; soln 4mg/100ml, 5mg/100ml</i>	
CALCIUM REGULATORS, MISCELLANEOUS	
<i>calcitonin-salmon soln 200unit/act, 200unit/ml</i>	Preferred
PROLIA SOSY 60MG/ML	Preferred
CALCIUM REGULATORS, PARATHYROID HORMONES	
<i>teriparatide sopn 600mcg/2.4ml</i>	Preferred
TYMLOS SOPN 3120MCG/1.56ML	Preferred
CARNITINE DEFICIENCY AGENTS	
<i>levocarnitine soln 1gm/10ml; tabs 330mg</i>	Preferred
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45MG	Preferred
LUPRON DEPOT-PED KIT 7.5MG, 11.25MG, 15MG, 30MG	Preferred
LUPRON DEPOT-PED (6-MONTH KIT 45MG	
SUPPRELIN LA KIT 50MG	Preferred
TRIPTODUR SRER 22.5MG	Preferred
CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	Preferred
<i>deferiprone tabs 500mg, 1000mg</i>	Preferred
<i>deferoxamine solr 2gm, 500mg</i>	Preferred
<i>penicillamine caps 250mg; tabs 250mg</i>	Preferred
<i>trientine caps 250mg</i>	Preferred
<i>trientine caps 500mg</i>	
CONTRACEPTIVES	
ANNOVERA MIS	Preferred
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>ethinyl estradiol-drospirenone tab 3-0.02 mg</i>	Preferred
<i>ethinyl estradiol-drospirenone tab 3-0.03 mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.02-0.451 mg</i>	Preferred
<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.03-0.451 mg</i>	Preferred
<i>ethinyl estradiol-etonogestrel va ring 0.120-0.015 mg/24hr</i>	Preferred
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.1-0.02mg(84) & 0.01mg(7)</i>	Preferred
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03 mg</i>	Preferred
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03mg(84) & 0.01mg(7)</i>	Preferred
<i>ethinyl estradiol-levonorgestrel continuous tab 90-20 mcg</i>	Preferred
<i>ethinyl estradiol-levonorgestrel tab 0.1 mg-20 mcg</i>	Preferred
<i>ethinyl estradiol-levonorgestrel tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Preferred
<i>ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg</i>	Preferred
<i>ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-20 mcg (21)</i>	Preferred
<i>ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate tab 1 mg-20 mcg</i>	Preferred
<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 & ethinyl estradiol tab 1 mg-35 mcg</i>	

DRUG NAME	FORMULARY STATUS
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
KYLEENA IUD 19.5MG	Preferred
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	
LO LOESTRIN TAB 1-10-10	Preferred
<i>medroxyprogesterone susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 20MCG/DAY	Preferred
NATAZIA TAB	Preferred
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone & 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 & ethinyl estradiol tab 0.3 mg-30 mcg</i>	
SKYLA IUD 13.5MG	Preferred

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS	Preferred
ACCU-CHEK GUIDE STRIPS AND KITS	Preferred
ACCU-CHEK SMARTVIEW STRIPS AND KITS	Preferred
BD ULTRAFINE INSULIN SYRINGES AND NEEDLES	Preferred
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	Preferred
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	Preferred
OMNIPOD 5 INSULIN INFUSION PUMP	Preferred
OMNIPOD DASH INSULIN INFUSION PUMP	Preferred
OMNIPOD INSULIN INFUSION PUMP	Preferred
ONETOUCH LANCETS / LANCING DEVICES	Preferred
ONETOUCH ULTRA STRIPS AND KITS	Preferred
ONETOUCH VERIO STRIPS AND KITS	Preferred
TWIIIST INSULIN INFUSION PUMP AND SUPPLIES	Preferred

ENDOMETRIOSIS

<i>danazol caps 50mg, 100mg, 200mg</i>	
ORILISSA TABS 150MG, 200MG	Preferred

FERTILITY REGULATORS

<i>cetrorelix acetate kit .25mg</i>	Preferred
<i>clomiphene citrate tabs 50mg</i>	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	Preferred

DRUG NAME	FORMULARY STATUS
GANIRELIX ACETATE SOSY 250MCG/0.5ML	Preferred
MENOPUR SOLR 75UNIT	Preferred
PREGNYL SOLR 10000UNIT	Preferred
GLUCOCORTICOIDS	
CORTEF TABS 5MG, 10MG, 20MG	
dexamethasone elix .5mg/5ml; soln .5mg/5ml, 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	Preferred
fludrocortisone tabs .1mg	Preferred
hydrocortisone tabs 5mg, 10mg, 20mg	Preferred
MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG	
MEDROL DOSEPAK TBPk 4MG	
methylprednisolone solr 40mg, 125mg, 500mg, 1000mg; susp 40mg/ml, 80mg/ml; tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	Preferred
prednisolone soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml	Preferred
prednisolone tabs 5mg	
prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	Preferred
GLUCOSE ELEVATING AGENTS	
BAQSIMI POWD 3MG/DOSE	Preferred
glucagon, human recombinant kit 1mg	Preferred
GVOKE SOAJ .5MG/0.1ML, 1MG/0.2ML; SOLN 1MG/0.2ML; SOSY .5MG/0.1ML, 1MG/0.2ML	Preferred
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	Preferred
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
nitisinone caps 2mg, 5mg, 10mg, 20mg	
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	Preferred
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	Preferred
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	Preferred
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	Preferred
LYSOSOMAL STORAGE DISORDERS	
NEXVIAZYME SOLR 100MG	Preferred
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	
ELFABRIO SOLN 5MG/2.5ML	
ELFABRIO SOLN 20MG/10ML	Preferred
FABRAZYME SOLR 5MG, 35MG	Preferred

DRUG NAME	FORMULARY STATUS
GALAFOLD CAPS 123MG	Preferred
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	
CERDELGA CAPS 84MG	Preferred
CEREZYME SOLR 400UNIT <i>miglustat caps 100mg</i>	Preferred
MENOPAUSAL SYMPTOM AGENTS	
CLIMARA PRO DIS WEEKLY	Preferred
COMBIPATCH DIS	Preferred
DUAVEE TAB 0.45-20	Preferred
ESTRACE TABS .5MG, 1MG, 2MG <i>estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 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
<i>estradiol-norethindrone tab 1-0.5 mg</i>	Preferred
ESTRING RING 2MG	Preferred
IMVEXXY INST 4MCG, 10MCG	Preferred
PREMARIN CREA .625MG/GM; TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	Preferred
PREMPHASE TAB	Preferred
PREMPRO TAB	Preferred
PREMPRO TAB 0.3-1.5	Preferred
PREMPRO TAB 0.45-1.5	Preferred
PREMPRO TAB 0.625-5	Preferred
VAGIFEM TABS 10MCG	
MISCELLANEOUS	
<i>betaine powder for oral solution</i>	Preferred
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50MG, 150MG	Preferred
EVISTA TABS 60MG <i>methylergonovine maleate soln .2mg/ml; tabs .2mg</i>	
OSPHENA TABS 60MG	Preferred
<i>raloxifene tabs 60mg</i>	Preferred
<i>sapropterin pack 100mg, 500mg; tabs 100mg</i>	Preferred
<i>tolvaptan tabs 15mg, 30mg</i>	
PHOSPHATE BINDER AGENTS	
AURYXIA TABS 210MG	Preferred
<i>calcium acetate caps 667mg; tabs 667mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<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>	
POLYNEUROPATHY	
TEGSEDI SOSY 284MG/1.5ML	Preferred
POTASSIUM-REMOVING AGENTS	
LOKELMA PACK 5GM, 10GM	Preferred
VELTASSA PACK 1GM, 8.4GM, 16.8GM, 25.2GM	Preferred
PROGESTINS	
CRINONE GEL 4%, 8%	Preferred
ENDOMETRIN INST 100MG	Preferred
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	
<i>medroxyprogesterone tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>megestrol acetate susp 400mg/10ml</i>	
<i>megestrol acetate susp 625mg/5ml</i>	Preferred
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone, micronized caps 100mg, 200mg</i>	Preferred
PROVERA TABS 2.5MG, 5MG, 10MG	
THYROID AGENTS	
<i>levothyroxine caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; 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>	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	Preferred
UREA CYCLE DISORDER	
<i>carglumic acid tbso 200mg</i>	Preferred
PHEBURANE PLLT 483MG/GM	Preferred
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	Preferred
UTERINE FIBROIDS	
MYFEMBREE TAB	Preferred
ORIAHNN CAP	Preferred
VASOPRESSINS	
<i>desmopressin acetate tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .01%</i>	
VITAMIN D ANALOGS	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	

DRUG NAME	FORMULARY STATUS
doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml	
paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml	
GASTROINTESTINAL	
ANTICHOLINERGICS	
dicyclomine caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg	Preferred
ANTIDIARRHEALS	
diphenoxylate-atropine liq 2.5-0.025 mg/5ml	Preferred
diphenoxylate-atropine tab 2.5-0.025 mg	Preferred
loperamide caps 2mg	Preferred
ANTIEMETICS	
aprepitant caps 40mg, 80mg, 125mg	Preferred
aprepitant capsule therapy pack 80 & 125 mg	Preferred
doxylamine-pyridoxine delayed-rel tab 10-10 mg	Preferred
dronabinol caps 2.5mg, 5mg, 10mg	Preferred
granisetron soln 1mg/ml, 4mg/4ml; tabs 1mg	Preferred
MARINOL CAPS 2.5MG, 5MG, 10MG	
meclizine chew 25mg; tabs 12.5mg, 25mg, 50mg	Preferred
metoclopramide soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	Preferred
ondansetron soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg; tbdp 4mg, 8mg, 16mg	Preferred
prochlorperazine soln 10mg/2ml, 50mg/10ml; supp 25mg; tabs 5mg, 10mg	Preferred
promethazine soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg	Preferred
REGLAN TABS 5MG, 10MG	
SANCUSO PTCH 3.1MG/24HR	Preferred
scopolamine transdermal pt72 1mg/3days	Preferred
trimethobenzamide caps 300mg	Preferred
VARUBI TBPK 90MG	Preferred
H2-RECEPTOR ANTAGONISTS	
cimetidine tabs 200mg, 300mg, 400mg, 800mg	
cimetidine hcl soln 300mg/5ml	
famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg	Preferred
famotidine inj 20mg/50ml	Preferred
PEPCID TABS 20MG, 40MG	
INFLAMMATORY BOWEL DISEASE	
AZULFIDINE TABS 500MG	
AZULFIDINE EN-TABS TBEC 500MG	

DRUG NAME	FORMULARY STATUS
<i>balsalazide caps 750mg</i>	Preferred
<i>budesonide delayed-rel cpep 3mg</i>	Preferred
<i>budesonide ext-rel tb24 9mg</i>	Preferred
CORTIFOAM FOAM 10%	Preferred
<i>hydrocortisone enem 100mg/60ml</i>	Preferred
<i>mesalamine enem 4gm; supp 1000mg</i>	Preferred
<i>mesalamine delayed-rel cpdr 400mg; tbec 1.2gm, 800mg</i>	Preferred
<i>mesalamine ext-rel cp24 .375gm; cpcr 500mg</i>	Preferred
<i>mesalamine w/ cleanser kit 4gm</i>	
PENTASA CPCR 250MG, 500MG	Preferred
ROWASA KIT 4GM	
<i>sulfasalazine tabs 500mg</i>	Preferred
<i>sulfasalazine delayed-rel tbec 500mg</i>	Preferred

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

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

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

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

LAXATIVES

<i>lactulose soln 10gm/15ml</i>	Preferred
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
<i>peg 3350-electrolytes</i>	Preferred
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Preferred

MISCELLANEOUS

<i>misoprostol tabs 100mcg, 200mcg</i>	
MOVANTIK TABS 12.5MG, 25MG	Preferred
<i>sucalfate susp 1gm/10ml; tabs 1gm</i>	Preferred
SYMPROIC TABS .2MG	Preferred
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	

PANCREATIC ENZYMES

CREON CAP 3000UNIT	Preferred
CREON CAP 6000UNIT	Preferred
CREON CAP 12000UNT	Preferred
CREON CAP 24000UNT	Preferred
CREON CAP 36000UNT	Preferred
VIOKACE TAB 10440	Preferred
VIOKACE TAB 20880	Preferred
ZENPEP CAP 3000UNIT	Preferred
ZENPEP CAP 5000UNIT	Preferred

DRUG NAME	FORMULARY STATUS
ZENPEP CAP 10000UNT	Preferred
ZENPEP CAP 15000UNT	Preferred
ZENPEP CAP 20000UNT	Preferred
ZENPEP CAP 25000UNT	Preferred
ZENPEP CAP 40000UNT	Preferred
ZENPEP CAP 60000UNT	

PROTON PUMP INHIBITORS

<i>dexlansoprazole cpdr 30mg, 60mg</i>	
<i>esomeprazole delayed-rel cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg</i>	Preferred
<i>esomeprazole sodium solr 40mg</i>	
<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>	Preferred
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>	Preferred
<i>pantoprazole delayed-rel pack 40mg; tbec 20mg, 40mg</i>	Preferred
<i>pantoprazole sodium solr 40mg</i>	

RECTAL, CORTICOSTEROIDS

<i>hydrocortisone crea 2.5%</i>	
PROCTOFOAM-HC AER 1%	Preferred

ULCER THERAPY COMBINATIONS

<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	
<i>bismuth-metronidazole-tetracycline cap 140-125-125 mg</i>	Preferred
TALICIA CAP	Preferred

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin ext-rel tb24 10mg</i>	Preferred
AVODART CAPS .5MG	
CARDURA TABS 1MG, 2MG, 4MG, 8MG	
<i>doxazosin tabs 1mg, 2mg, 4mg, 8mg</i>	Preferred
<i>dutasteride caps .5mg</i>	Preferred
<i>dutasteride-tamsulosin cap 0.5-0.4 mg</i>	Preferred
<i>finasteride tabs 5mg</i>	Preferred
FLOMAX CAPS .4MG	
PROSCAR TABS 5MG	
<i>silodosin caps 4mg, 8mg</i>	Preferred
<i>tamsulosin caps .4mg</i>	Preferred
<i>terazosin caps 1mg, 2mg, 5mg, 10mg</i>	Preferred

ERECTILE DYSFUNCTION

<i>sildenafil tabs 25mg, 50mg, 100mg</i>	Preferred
<i>tadalafil tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred

MISCELLANEOUS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
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DRUG NAME	FORMULARY STATUS
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	
<i>tiopronin tabs 100mg</i>	Preferred
<i>tiopronin delayed-rel tbec 100mg, 300mg</i>	Preferred

URINARY ANTISPASMODICS

<i>darifenacin ext-rel tb24 7.5mg, 15mg</i>	Preferred
DETROL TABS 1MG, 2MG	
<i>fesoterodine ext-rel tb24 4mg, 8mg</i>	Preferred
GELNIQUE GEL 10%	MNPA
GEMTESA TABS 75MG	Preferred
<i>mirabegron ext-rel tb24 25mg, 50mg</i>	
MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG	Preferred
<i>oxybutynin soln 5mg/5ml; tabs 5mg</i>	Preferred
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	Preferred
OXYTROL PTTW 3.9MG/24HR	MNPA
<i>solifenacin tabs 5mg, 10mg</i>	Preferred
<i>tolterodine tabs 1mg, 2mg</i>	Preferred
<i>tolterodine ext-rel cp24 2mg, 4mg</i>	Preferred
<i>tropium tabs 20mg</i>	Preferred
<i>tropium ext-rel cp24 60mg</i>	Preferred

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal crea 2%</i>	
<i>metronidazole vaginal gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran caps 75mg, 110mg, 150mg</i>	Preferred
ELIQUIS TABS 2.5MG, 5MG; TBPK 5MG	Preferred
<i>enoxaparin soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	Preferred
<i>fondaparinux soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	Preferred
PRADAXA CAPS 75MG, 110MG, 150MG	MNPA
<i>warfarin tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Preferred
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	Preferred
XARELTO STAR TAB 15/20MG	Preferred

BLEEDING DISORDERS AGENTS

NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	Preferred
SEVENFACT SOLR 1MG, 5MG	Preferred

DRUG NAME	FORMULARY STATUS
HEMATOPOIETIC GROWTH FACTORS	
ARANESP SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 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	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
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	Preferred
HEMOPHILIA A AGENTS	
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	Preferred
ALTUVIII SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	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

DRUG NAME	FORMULARY STATUS
HEMOPHILIA B AGENTS	
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
MISCELLANEOUS	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080MG/20ML	Preferred
PLATELET AGGREGATION INHIBITORS	
BRILINTA TABS 60MG, 90MG	Preferred
<i>clopidogrel tabs 75mg, 300mg</i>	Preferred
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	Preferred
<i>prasugrel tabs 5mg, 10mg</i>	Preferred
SICKLE CELL DISEASE	
ENDARI PACK 5GM	Preferred
<i>glutamine (sickle cell) pack 5gm</i>	
SIKLOS TABS 100MG, 1000MG	Preferred
THROMBOCYTOPENIA AGENTS	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	Preferred
DOPTELET TABS 20MG	Preferred
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
GRASTEK SUBL 2800BAU	Preferred
ORALAIR SUB 300 IR	Preferred
RAGWITEK SUBL 12AMBA1-U	Preferred
ALOPECIA AREATA	
LITFULO CAPS 50MG	Preferred
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
AVSOLA SOLR 100MG	Preferred
ILUMYA SOSY 100MG/ML	Preferred
REMICADE SOLR 100MG	Preferred
SIMPONI ARIA SOLN 50MG/4ML	Preferred
SKYRIZI INTRAVENOUS SOLN 600MG/10ML	Preferred
STELARA INTRAVENOUS SOLN 130MG/26ML	Preferred
TREMFYA INTRAVENOUS SOLN 200MG/20ML	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred

DRUG NAME	FORMULARY STATUS
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; 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
HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML	
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML	
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
SKYRIZI SUBCUTANEOUS SOAJ 150MG/ML; SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	Preferred
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	Preferred

DRUG NAME	FORMULARY STATUS
HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML	

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

CIMZIA PREFILLED SYRINGE PSKT 200MG/ML	Preferred
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
BIMZELX SOAJ 160MG/ML; SOSY 160MG/ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML	
OTEZLA TABS 20MG	
OTEZLA TABS 30MG	Preferred
OTEZLA TAB 10/20	
OTEZLA TAB 10/20/30	Preferred
SKYRIZI SUBCUTANEOUS SOAJ 150MG/ML; SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	Preferred
SOTYKTU TABS 6MG	Preferred
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
TREMFYA SUBCUTANEOUS SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; 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
HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML	

DRUG NAME	FORMULARY STATUS
OTEZLA TABS 20MG	
OTEZLA TABS 30MG	Preferred
OTEZLA TAB 10/20	
OTEZLA TAB 10/20/30	Preferred
RINVOQ SOLN 1MG/ML	
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
SKYRIZI SUBCUTANEOUS 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 SUBCUTANEOUS SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	Preferred
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML	
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
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	Preferred
XELJANZ XR TB24 11MG, 22MG	Preferred
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML	
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
SKYRIZI SUBCUTANEOUS SOAJ 150MG/ML; SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	Preferred

DRUG NAME	FORMULARY STATUS
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
TREMFYA SUBCUTANEOUS SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	Preferred
VELSIPITY TABS 2MG	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 37 DAY	Preferred

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

hydroxychloroquine sulfate tabs 200mg

leflunomide tabs 10mg, 20mg

methotrexate sodium tabs 2.5mg

RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML

Preferred

HEREDITARY ANGIOEDEMA

icatibant sosy 30mg/3ml

Preferred

ORLADEYO CAPS 110MG, 150MG

Preferred

RUCONEST SOLR 2100UNIT

Preferred

TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML

Preferred

IMMUNOGLOBULIN

CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML

Preferred

IMMUNOSUPPRESSANTS

azathioprine tabs 50mg, 75mg, 100mg

cyclosporine caps 25mg, 100mg

Preferred

cyclosporine modified caps 25mg, 50mg, 100mg; soln 100mg/ml

Preferred

everolimus tabs .25mg, .5mg, .75mg, 1mg

Preferred

mycophenolate mofetil caps 250mg; solr 500mg; susr 200mg/ml; tabs 500mg

Preferred

mycophenolate sodium tbec 180mg, 360mg

Preferred

sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg

Preferred

tacrolimus caps .5mg, 1mg, 5mg

Preferred

MEDICAL DEVICES

THYROID AGENTS

dipyridamole (diagnostic) soln 5mg/ml

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

kcl 20 meq/l (0.15%) in nacl 0.9% inj

DRUG NAME	FORMULARY STATUS
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<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	
<i>potassium chloride cpcr 8meq, 10meq; soln 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml; tbc 8meq, 10meq, 20meq</i>	
<i>potassium chloride liquid soln 10%, 20%</i>	Preferred
<i>potassium chloride microencapsulated crystals er tbc 10meq, 15meq, 20meq</i>	
<i>sodium fluoride chew .25mg, .5mg, 1mg; soln .125mg/drop, .5mg/ml; tabs .5mg, 1mg</i>	

VITAMINS

<i>b-complex w/ c & folic acid cap 1 mg</i>	
<i>b-complex w/ c & folic acid tab</i>	
<i>b-complex w/ c & folic acid tab 1 mg</i>	
<i>b-complex w/ c & folic acid tab 5 mg</i>	
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>folic acid soln 5mg/ml; tabs 1mg</i>	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	
<i>multiple vitamins w/ minerals cap</i>	
<i>multiple vitamins w/ minerals tab</i>	
<i>multivitamins</i>	
<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i>	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	
<i>pyridoxine hcl soln 100mg/ml</i>	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>MAXITROL OIN 0.1% OP</i>	
<i>MAXITROL SUS 0.1% OP</i>	
<i>neomycin-polymyxin b-bacitracin-hydrocortisone oint 1%</i>	Preferred
<i>neomycin-polymyxin b-dexamethasone oint 0.1%</i>	Preferred
<i>neomycin-polymyxin b-dexamethasone susp 0.1%</i>	Preferred
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>TOBRADEX OIN 0.3-0.1%</i>	Preferred
<i>TOBRADEX ST SUS 0.3-0.05</i>	Preferred
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Preferred

DRUG NAME	FORMULARY STATUS
ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
BESIVANCE SUSP .6%	Preferred
CILOXAN OINT .3%	Preferred
<i>ciprofloxacin soln .3%</i>	Preferred
<i>erythromycin oint 5mg/gm</i>	Preferred
<i>gentamicin soln .3%</i>	Preferred
<i>levofloxacin soln .5%, 1.5%</i>	Preferred
<i>moxifloxacin soln .5%</i>	Preferred
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
OCUFLOX SOLN .3%	
<i>ofloxacin soln .3%</i>	Preferred
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
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%	
XDEMVI SOLN .25%	Preferred
ANTI-INFLAMMATORIES	
ACULAR SOLN .5%	
ACULAR LS SOLN .4%	
ACUVAIL SOLN .45%	Preferred
<i>bromfenac soln .07%, .075%</i>	
<i>bromfenac soln .09%</i>	Preferred
<i>dexamethasone soln .1%</i>	Preferred
<i>diclofenac soln .1%</i>	Preferred
<i>difluprednate 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%	
ANTIALLERGICS	
<i>azelastine soln .05%</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>bepotastine soln 1.5%</i>	Preferred
<i>cromolyn sodium soln 4%</i>	Preferred
<i>loteprednol susp .2%</i>	Preferred
<i>olopatadine soln .2%</i>	Preferred
ZERVIAE SOLN .24%	Preferred
ANTIGLAUCOMA BETA-BLOCKERS	
BETIMOL SOLN .25%, .5%	Preferred
BETOPTIC S SUSP .25%	Preferred
<i>levobunolol hcl soln .5%</i>	
<i>timolol maleate solg .25%, .5%; soln .25%, .5%</i>	Preferred
ANTIGLAUCOMA COMBINATION AGENTS	
<i>brimonidine-timolol soln 0.2-0.5%</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
ROCKLATAN DRO	Preferred
SIMBRINZA SUS 1-0.2%	Preferred
CARBONIC ANHYDRASE INHIBITORS	
<i>brinzolamide susp 1%</i>	Preferred
<i>dorzolamide soln 2%</i>	Preferred
DRY EYE DISEASE	
<i>cyclosporine (ophth) emul .05%</i>	Preferred
LACRISERT INST 5MG	MNPA
MIEBO SOLN 1.338GM/ML	Preferred
RESTASIS EMUL .05%	Preferred
XIIDRA SOLN 5%	Preferred
PROSTAGLANDINS	
<i>latanoprost soln .005%</i>	Preferred
LUMIGAN SOLN .01%	Preferred
<i>tafluprost soln .015mg/ml</i>	
<i>travoprost soln .004%</i>	Preferred
RETINAL DISORDERS	
BYOOVIZ SOLN .5MG/0.05ML	Preferred
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	Preferred
RHO KINASE INHIBITORS	
RHOPRESSA SOLN .02%	Preferred
SYMPATHOMIMETICS	
ALPHAGAN P SOLN .1%, .15%	Preferred
<i>brimonidine soln .1%</i>	
<i>brimonidine soln .15%, .2%</i>	Preferred
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
PROLASTIN-C SOLN 1000MG/20ML; SOLR 1000MG	Preferred
ZEMAIRA SOLR 1000MG	Preferred

DRUG NAME	FORMULARY STATUS
ZEMAIRA SOLR 4000MG, 5000MG	
ANAPHYLAXIS TREATMENT AGENTS	
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	Preferred
epinephrine soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml	Preferred
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	Preferred
BEVESPI AER 9-4.8MCG	Preferred
ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml	Preferred
STIOLTO AER 2.5-2.5	Preferred
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	
BREZTRI AERO AER SPHERE	Preferred
TRELEGY AER 100MCG	Preferred
TRELEGY AER 200MCG	Preferred
ANTICHOLINERGICS	
ATROVENT HFA AERS 17MCG/ACT	Preferred
INCRUSE ELLIPTA AEPB 62.5MCG/INH	Preferred
ipratropium bromide (nasal) soln .03%, .06%	
ipratropium inhalation soln .02%	Preferred
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT; CAPS 18MCG	Preferred
tiotropium bromide monohydrate caps 18mcg	
TUDORZA PRESSAIR AEPB 400MCG/ACT	MNPA
YUPELRI SOLN 175MCG/3ML	Preferred
ANTI-HISTAMINE COMBINATIONS	
azelastine-fluticasone nasal spray 137-50 mcg/act	Preferred
ANTI-HISTAMINES	
azelastine soln .1%, .15%	Preferred
clemastine fumarate tabs 2.68mg	
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	
levocetirizine soln 2.5mg/5ml; tabs 5mg	
olopatadine soln .6%	Preferred
BETA AGONISTS	
albuterol inhalation solution nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Preferred
albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg	
albuterol sulfate cfc-free aers 108mcg/act	Preferred
formoterol inhalation solution nebu 20mcg/2ml	Preferred
levalbuterol tartrate cfc-free aero 45mcg/act	Preferred

DRUG NAME	FORMULARY STATUS
SEREVENT AEPB 50MCG/DOSE	Preferred
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	Preferred
terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg	
COLD/COUGH	
benzonatate caps 100mg, 150mg, 200mg	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	
promethazine w/ codeine syrup 6.25-10 mg/5ml	
promethazine-dm syrup 6.25-15 mg/5ml	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	
CYSTIC FIBROSIS	
tobramycin inhalation solution nebu 300mg/4ml, 300mg/5ml	Preferred
LEUKOTRIENE MODIFIERS	
zileuton ext-rel tb12 600mg	Preferred
LEUKOTRIENE RECEPTOR ANTAGONISTS	
montelukast chew 4mg, 5mg; pack 4mg; tabs 10mg	Preferred
zafirlukast tabs 10mg, 20mg	Preferred
MAST CELL STABILIZERS	
cromolyn sodium nebu 20mg/2ml	
MISCELLANEOUS	
roflumilast tabs 250mcg, 500mcg	Preferred
NASAL STEROIDS	
flunisolide soln .025%	Preferred
fluticasone susp 50mcg/act	Preferred
mometasone susp 50mcg/act	Preferred
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100MG, 150MG	Preferred
pirfenidone caps 267mg; tabs 267mg, 801mg	Preferred
SEVERE ASTHMA AGENTS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML	Preferred
FASENRA SOAJ 30MG/ML; SOSY 30MG/ML	Preferred
FASENRA SOSY 10MG/0.5ML	
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Preferred
TEZSPIRE SOSY 210MG/1.91ML	Preferred
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOSY 300MG/2ML	
XOLAIR SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML	Preferred

DRUG NAME	FORMULARY STATUS
STEROID INHALANTS	
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	Preferred
<i>budesonide inhalation susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	Preferred
FLOVENT DISKUS AEPB 50MCG/BLIST, 100MCG/BLIST, 250MCG/BLIST	Preferred
FLOVENT HFA AERO 44MCG/ACT, 110MCG/ACT, 220MCG/ACT	Preferred
<i>fluticasone propionate diskus aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	Preferred
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	Preferred
STEROID/BETA-AGONIST COMBINATIONS	
AIRSUPRA AER 90-80MCG	Preferred
BREO ELLIPTA INH 50-25MCG	
BREO ELLIPTA INH 100-25	Preferred
BREO ELLIPTA INH 200-25	Preferred
<i>breyana aer 80-4.5 mcg/act</i>	Preferred
<i>breyana aer 160-4.5 mcg/act</i>	Preferred
<i>budesonide-formoterol aer 80-4.5 mcg/act</i>	Preferred
<i>budesonide-formoterol aer 160-4.5 mcg/act</i>	Preferred
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	
SYMBICORT AER 80-4.5	Preferred
SYMBICORT AER 160-4.5	Preferred
XANTHINES	
<i>theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	

DRUG NAME	FORMULARY STATUS
TOPICAL	
DERMATOLOGY, ACNE	

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-benzoyl peroxide gel 1.2-3.75%	
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%	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	
sulfacetamide sodium (acne) lotn 10%	
tazarotene crea .05%, .1%; gel .05%, .1%	Preferred
tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .04%, .05%, .1%	Preferred
TWYNEO CRE 0.1-3%	Preferred
WINLEVI CREA 1%	Preferred

DERMATOLOGY, ACTINIC KERATOSIS

fluorouracil crea 5%; soln 2%, 5%	Preferred
imiquimod crea 3.75%, 5%	Preferred

DERMATOLOGY, ANTIBIOTICS

gentamicin crea .1%; oint .1%	Preferred
mupirocin oint 2%	Preferred
silver sulfadiazine crea 1%	

DRUG NAME	FORMULARY STATUS
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox crea .77%; gel .77%; sham 1%; soln 8%; susp .77%</i>	Preferred
<i>ciclopirox solution kit 8%</i>	Preferred
<i>clotrimazole crea 1%; soln 1%</i>	Preferred
<i>econazole crea 1%</i>	Preferred
<i>ketoconazole crea 2%; foam 2%</i>	Preferred
<i>luliconazole crea 1%</i>	Preferred
<i>naftifine hcl crea 1%, 2%; gel 1%, 2%</i>	
NAFTIN GEL 1%, 2%	Preferred
<i>nystatin crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	Preferred
DERMATOLOGY, ANTIPSORIATICS	
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	Preferred
<i>calcipotriene crea .005%; oint .005%; soln .005%</i>	Preferred
<i>calcipotriene-betamethasone oint 0.005-0.064%</i>	Preferred
<i>calcipotriene-betamethasone susp 0.005-0.064%</i>	Preferred
ENSTILAR AER	Preferred
<i>methoxsalen caps 10mg</i>	Preferred
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .3%	Preferred
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole sham 2%</i>	Preferred
<i>selenium sulfide lotn 2.5%</i>	Preferred
ZORYVE FOAM .3%	Preferred
DERMATOLOGY, ATOPIC DERMATITIS	
ADBRY SOAJ 300MG/2ML	
ADBRY SOSY 150MG/ML	Preferred
CIBINQO TABS 50MG, 100MG, 200MG	Preferred
DUPIXENT SOSY 200MG/1.14ML, 300MG/2ML	Preferred
EUCRISA OINT 2%	Preferred
OPZELURA CREA 1.5%	Preferred
<i>pimecrolimus crea 1%</i>	Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
<i>tacrolimus oint .03%, .1%</i>	Preferred
ZORYVE CREA .15%	Preferred
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	

DRUG NAME	FORMULARY STATUS
BRYHALI LOTN .01%	Preferred
clobetasol crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%	Preferred
clobetasol propionate soln .05%	
desonide crea .05%; lotn .05%; oint .05%	Preferred
desoximetasone crea .05%, .25%; gel .05%; oint .05%, .25%	Preferred
diflorasone diacetate crea .05%; oint .05%	
DUOBRII LOT	Preferred
fluocinolone acetonide crea .025%; oint .025%; soln .01%	
fluocinonide crea .05%; gel .05%; oint .05%; soln .05%	Preferred
fluticasone propionate crea .05%; lotn .05%; oint .005%	
halobetasol crea .05%; oint .05%	Preferred
hydrocortisone crea 1%, 2.5%; oint 1%	Preferred
hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%	Preferred
hydrocortisone valerate crea .2%; oint .2%	
mometasone crea .1%; oint .1%; soln .1%	Preferred
triamcinolone crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%	Preferred
DERMATOLOGY, LOCAL ANESTHETICS	
lidocaine ptch 5%	Preferred
lidocaine-prilocaine cream 2.5-2.5%	
lidocaine-prilocaine cream kit 2.5-2.5%	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
diclofenac sodium gel 1%	Preferred
lactic acid (ammonium lactate) crea 12%; lotn 12%	
podofilox gel .5%; soln .5%	
DERMATOLOGY, ROSACEA	
azelaic acid gel 15%	Preferred
brimonidine gel .33%	Preferred
doxycycline monohydrate delayed-rel capsule cpdr 40mg	Preferred
FINACEA FOAM 15%	Preferred
ivermectin (rosacea) crea 1%	
METROCREAM CREA .75%	
METROGEL GEL 1%	
METROLOTION LOTN .75%	
metronidazole crea .75%; gel .75%, 1%; lotn .75%	Preferred
SOOLANTRA CREA 1%	Preferred
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
ivermectin (pediculicide) lotn .5%	

DRUG NAME	FORMULARY STATUS
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hcl caps 30mg</i>	
<i>clotrimazole troc 10mg</i>	
EPISIL LIQ	Preferred
<i>lidocaine viscous soln 2%</i>	Preferred
MUGARD LIQ	Preferred
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
OTIC	
<i>acetic acid soln 2%</i>	Preferred
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Preferred
<i>neomycin-polymyxin b-hydrocortisone otic soln 1%</i>	Preferred
<i>neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Preferred
<i>ofloxacin otic soln .3%</i>	Preferred

Index

A	
<i>abacavir</i>	23
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	24
<i>abacavir-lamivudine tab 600-300 mg</i>	24
ABILIFY ASIMTUFII	40
ABILIFY MAINTENA	40
<i>abiraterone</i>	28
ABSORICA	75
<i>acamprosate calcium</i>	38
<i>acarbose</i>	48
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	55
ACCU-CHEK GUIDE STRIPS AND KITS	55
ACCU-CHEK SMARTVIEW STRIPS AND KITS	55
ACCUPRIL	31
<i>acebutolol</i>	35
<i>acetazolamide</i>	36
<i>acetazolamide sodium</i>	36
<i>acetic acid</i>	78
<i>acitretin</i>	76
ACTONEL	53
ACTOPLUS MET TAB 15-500MG	51
ACTOPLUS MET TAB 15-850MG	51
ACULAR	70
ACULAR LS.....	70
ACUVAIL	70
<i>acyclovir</i>	25
ADALIMUMAB-ADAZ.....	64, 65, 66, 67
ADALIMUMAB-FKJP	65, 66, 67
<i>adapalene</i>	75
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	75
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	75
ADBRY	76
<i>adefovir dipivoxil</i>	26
ADEMPAS	37
ADLYXIN	49
ADVATE	63
ADYNOVATE	63
AFSTYLA.....	63
AIMOVIG	45
AIRSUPRA AER 90-80MCG	74
AJOVY	45
AKLIEF	75
<i>albuterol inhalation solution</i>	72
<i>albuterol sulfate</i>	72
<i>albuterol sulfate cfc-free</i>	72
<i>alclometasone dipropionate</i>	76
ALDACTAZIDE TAB 25/25	36
ALDACTAZIDE TAB 50/50	36
ALECENSA.....	29
<i>alendronate</i>	53
<i>alfuzosin ext-rel</i>	61
<i>aliskiren</i>	36
<i>allopurinol</i>	21
<i>alosetron</i>	60
ALPHAGAN P	71
<i>alprazolam</i>	38
ALPROLIX	64
ALTACE	31
ALTUVIIIIO	63
ALUNBRIG	29
ALUNBRIG PAK.....	29
ALVAIZ	64
<i>amantadine</i>	39
AMARYL.....	52
AMBIEN	45
AMBIEN CR.....	45
<i>ambrisentan</i>	37
<i>amiloride</i>	36
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	36
<i>amiodarone</i>	33
<i>amitriptyline hcl</i>	38
<i>amlodipine</i>	35
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	30
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	30

amlodipine besylate-benazepril hcl cap 5-
 20 mg 30
 amlodipine besylate-benazepril hcl cap 5-
 40 mg 31
 amlodipine-atorvastatin tab 10-10 mg 35
 amlodipine-atorvastatin tab 10-20 mg 35
 amlodipine-atorvastatin tab 10-40 mg 35
 amlodipine-atorvastatin tab 10-80 mg 35
 amlodipine-atorvastatin tab 2.5-10 mg 35
 amlodipine-atorvastatin tab 2.5-20 mg 35
 amlodipine-atorvastatin tab 2.5-40 mg 35
 amlodipine-atorvastatin tab 5-10 mg 35
 amlodipine-atorvastatin tab 5-20 mg 35
 amlodipine-atorvastatin tab 5-40 mg 35
 amlodipine-atorvastatin tab 5-80 mg 35
 amlodipine-olmesartan tab 10-20 mg 32
 amlodipine-olmesartan tab 10-40 mg 32
 amlodipine-olmesartan tab 5-20 mg 32
 amlodipine-olmesartan tab 5-40 mg 32
 amlodipine-telmisartan tab 40-10 mg 32
 amlodipine-telmisartan tab 40-5 mg 32
 amlodipine-telmisartan tab 80-10 mg 32
 amlodipine-telmisartan tab 80-5 mg 32
 amlodipine-valsartan tab 10-160 mg 32
 amlodipine-valsartan tab 10-320 mg 32
 amlodipine-valsartan tab 5-160 mg 32
 amlodipine-valsartan tab 5-320 mg 32
 amlodipine-valsartan-hydrochlorothiazide
 tab 10-160-12.5 mg 32
 amlodipine-valsartan-hydrochlorothiazide
 tab 10-160-25 mg 32
 amlodipine-valsartan-hydrochlorothiazide
 tab 10-320-25 mg 32
 amlodipine-valsartan-hydrochlorothiazide
 tab 5-160-12.5 mg 32
 amlodipine-valsartan-hydrochlorothiazide
 tab 5-160-25 mg 32
 amoxicil cap & clarithro tab & lansopraz cap
 dr 500 & 500 & 30mg 61
 amoxicillin 27
 amoxicillin-clavulanate chew tab 200-28.5
 mg 27
 amoxicillin-clavulanate chew tab 400-57
 mg 27

amoxicillin-clavulanate ext-rel tab 1000-
 62.5 mg 27
 amoxicillin-clavulanate susp 200-28.5
 mg/5ml 27
 amoxicillin-clavulanate susp 250-62.5
 mg/5ml 27
 amoxicillin-clavulanate susp 400-57
 mg/5ml 27
 amoxicillin-clavulanate susp 600-42.9
 mg/5ml 27
 amoxicillin-clavulanate tab 250-125 mg ... 27
 amoxicillin-clavulanate tab 500-125 mg .. 27
 amoxicillin-clavulanate tab 875-125 mg ... 27
 amphetamine-dextroamphetamine mixed
 salts ext-rel cap er 24hr 10 mg 43
 amphetamine-dextroamphetamine mixed
 salts ext-rel cap er 24hr 12.5 mg 43
 amphetamine-dextroamphetamine mixed
 salts ext-rel cap er 24hr 15 mg 43
 amphetamine-dextroamphetamine mixed
 salts ext-rel cap er 24hr 20 mg 43
 amphetamine-dextroamphetamine mixed
 salts ext-rel cap er 24hr 25 mg 43
 amphetamine-dextroamphetamine mixed
 salts ext-rel cap er 24hr 30 mg 43
 amphetamine-dextroamphetamine mixed
 salts ext-rel cap er 24hr 37.5 mg 43
 amphetamine-dextroamphetamine mixed
 salts ext-rel cap er 24hr 5 mg 43
 amphetamine-dextroamphetamine mixed
 salts ext-rel cap er 24hr 50 mg 43
 amphetamine-dextroamphetamine mixed
 salts tab 10 mg 44
 amphetamine-dextroamphetamine mixed
 salts tab 12.5 mg 44
 amphetamine-dextroamphetamine mixed
 salts tab 15 mg 44
 amphetamine-dextroamphetamine mixed
 salts tab 20 mg 44
 amphetamine-dextroamphetamine mixed
 salts tab 30 mg 44
 amphetamine-dextroamphetamine mixed
 salts tab 5 mg 43

<i>amphetamine-dextroamphetamine mixed salts tab 7.5 mg</i>	44	AVSOLA	64
<i>ampicillin</i>	27	<i>azacitidine</i>	28
<i>ampicillin sodium</i>	27	<i>azathioprine</i>	68
<i>anagrelide hcl</i>	64	<i>azelaic acid</i>	77
<i>anastrozole</i>	28	<i>azelastine</i>	70, 72
ANNOVERA MIS	53	<i>azelastine-fluticasone nasal spray 137-50 mcg/act</i>	72
ANORO ELLIPT AER 62.5-25	72	<i>azithromycin</i>	25
<i>aprepitant</i>	59	AZSTARYS CAP 26.1-5.2	44
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	59	AZSTARYS CAP 39.2-7.8.....	44
APRETUDE.....	23	AZSTARYS CAP 52.3-10.	44
ARANESP	63	AZULFIDINE.....	59
ARAZLO	75	AZULFIDINE EN-TABS	59
ARICEPT	38	B	
<i>aripiprazole</i>	40	<i>bacitracin (ophthalmic)</i>	70
ARISTADA	41	<i>bacitracin-polymyxin b ophth oint</i>	70
ARISTADA INITIO	41	<i>baclofen</i>	47
<i>armodafinil</i>	47	BAFIERTAM	46
ARNUITY ELLIPTA	74	<i>balsalazide</i>	60
<i>atazanavir</i>	23	BAQSIMI.....	56
ATELVIA.....	53	BASAGLAR	50
<i>atenolol</i>	35	<i>b-complex w/ c & folic acid cap 1 mg</i>	69
<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	34	<i>b-complex w/ c & folic acid tab</i>	69
<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	34	<i>b-complex w/ c & folic acid tab 1 mg</i>	69
<i>atomoxetine</i>	44	<i>b-complex w/ c & folic acid tab 5 mg</i>	69
<i>atorvastatin</i>	34	BD ULTRAFINE INSULIN SYRINGES AND NEEDLES.....	55
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	23	BELBUCA	22
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	23	BELSOMRA.....	45
ATROVENT HFA	72	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	31
AUGMENTIN SUS 125/5ML.....	27	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	31
AUGMENTIN SUS 250/5ML.....	27	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	31
AUGMENTIN SUS ES-600.....	27	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	31
AUGMENTIN TAB 500MG.....	27	<i>benazepril hcl</i>	31
AUGTYRO	29	<i>bendamustine hcl</i>	27
AURYXIA.....	57	BENEFIX	64
AUSTEDO.....	46	BENZAC AC WASH.....	75
AUSTEDO XR.....	46	BENZAMYCIN GEL 5-3%.....	75
AUSTEDO XR TAB TITR KIT	46	<i>benzonatate</i>	73
AUVI-Q	72	<i>benzoyl peroxide</i>	75
AVODART	61		
AVONEX.....	46		

<i>benztropine mesylate</i>	39	BRYHALI	77
<i>bepotastine</i>	71	<i>budesonide delayed-rel</i>	60
BESIVANCE	70	<i>budesonide ext-rel</i>	60
BESREMI.....	28	<i>budesonide inhalation</i>	74
<i>betaine powder for oral solution</i>	57	<i>budesonide-formoterol aer 160-4.5</i>	
<i>betamethasone dipropionate (topical)</i>	76	<i>mcg/act</i>	74
<i>betamethasone dipropionate augmented</i>	76	<i>budesonide-formoterol aer 80-4.5 mcg/act</i>	
<i>betamethasone valerate</i>	76		74
BETASERON.....	46	<i>bumetanide</i>	36
<i>bethanechol chloride</i>	61	<i>buprenorphine transdermal</i>	22
BETIMOL.....	71	<i>buprenorphine-naloxone sublingual film 12-</i>	
BETOPTIC S.....	71	3 mg	47
BEVESPI AER 9-4.8MCG	72	<i>buprenorphine-naloxone sublingual film 2-</i>	
<i>bexarotene</i>	30	0.5 mg	47
<i>bicalutamide</i>	28	<i>buprenorphine-naloxone sublingual film 4-1</i>	
BIKTARVY TAB	24	mg	47
BIMZELX	66	<i>buprenorphine-naloxone sublingual film 8-2</i>	
<i>bismuth-metronidazole-tetracycline cap</i>		mg	47
140-125-125 mg	61	<i>buprenorphine-naloxone sublingual tab 2-</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		0.5 mg	47
6.25 mg	34	<i>buprenorphine-naloxone sublingual tab 8-2</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		mg	47
6.25 mg	34	<i>bupropion</i>	38
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		<i>bupropion ext-rel</i>	39
mg	34	<i>bupropion hcl (smoking deterrent)</i>	48
<i>bisoprolol fumarate</i>	35	<i>buspirone hcl</i>	38
<i>bortezomib</i>	30	BYDUREON BCISE.....	49
<i>bosentan</i>	37	BYETTA	49
BOSULIF.....	29	BYOOVIZ.....	71
BRAFTOVI.....	29	C	
BREO ELLIPTA INH 100-25	74	CABENUVA SUS 400-600.....	24
BREO ELLIPTA INH 200-25.....	74	CABENUVA SUS 600-900.....	24
BREO ELLIPTA INH 50-25MCG.....	74	<i>cabergoline</i>	57
<i>breyna aer 160-4.5 mcg/act</i>	74	CABOMETYX.....	29
<i>breyna aer 80-4.5 mcg/act</i>	74	CADUET TAB 10-10MG	35
BREZTRI AERO AER SPHERE.....	72	CADUET TAB 10-20MG.....	35
BRILINTA	64	CADUET TAB 10-40MG	35
<i>brimonidine</i>	71, 77	CADUET TAB 10-80MG	35
<i>brimonidine-timolol soln 0.2-0.5%</i>	71	CADUET TAB 5-10MG	35
<i>brinzolamide</i>	71	CADUET TAB 5-20MG	35
BRIVIACT	41	CADUET TAB 5-40MG	35
<i>bromfenac</i>	70	CADUET TAB 5-80MG	35
<i>bromocriptine mesylate</i>	39	<i>calcipotriene</i>	76
BRUKINSA	29		

<i>calcipotriene-betamethasone oint 0.005-0.064%</i>	76
<i>calcipotriene-betamethasone susp 0.005-0.064%</i>	76
<i>calcitonin-salmon</i>	53
<i>calcitriol</i>	58
<i>calcium acetate</i>	57
<i>CALQUENCE</i>	29
<i>candesartan</i>	33
<i>candesartan-hydrochlorothiazide tab 16-12.5 mg</i>	32
<i>candesartan-hydrochlorothiazide tab 32-12.5 mg</i>	32
<i>candesartan-hydrochlorothiazide tab 32-25 mg</i>	32
<i>capecitabine</i>	28
<i>captopril</i>	31
<i>carbamazepine</i>	41
<i>carbamazepine ext-rel</i>	41
<i>CARBATROL</i>	41
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	40
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	40
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	40
<i>carbidopa & levodopa tab 10-100 mg</i>	40
<i>carbidopa & levodopa tab 25-100 mg</i>	40
<i>carbidopa & levodopa tab 25-250 mg</i>	40
<i>carbidopa-levodopa ext-rel tab er 25-100 mg</i>	40
<i>carbidopa-levodopa ext-rel tab er 50-200 mg</i>	40
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	40
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	40
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	40
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	40
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	40

<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	40
<i>CARDURA</i>	61
<i>carglumic acid</i>	58
<i>carisoprodol</i>	47
<i>carvedilol</i>	35
<i>carvedilol phosphate ext-rel</i>	35
<i>CASODEX</i>	28
<i>cefadroxil</i>	25
<i>cefdinir</i>	25
<i>cefixime</i>	25
<i>cefprozil</i>	25
<i>cefuroxime axetil</i>	25
<i>cefuroxime sodium</i>	25
<i>celecoxib</i>	21
<i>CELEXA</i>	39
<i>cephalexin</i>	25
<i>CERDELGA</i>	57
<i>CEREZYME</i>	57
<i>cetorelix acetate</i>	55
<i>cevimeline hcl</i>	78
<i>chloramphenicol sodium succinate</i>	26
<i>chloroprocaine hcl</i>	23
<i>chloroquine phosphate</i>	23
<i>chlorpromazine hcl</i>	41
<i>chlorthalidone</i>	36
<i>chlorzoxazone</i>	47
<i>cholestyramine</i>	33
<i>cholestyramine light</i>	33
<i>CIBINQO</i>	76
<i>ciclopirox</i>	76
<i>ciclopirox solution kit 8%</i>	76
<i>cilostazol</i>	64
<i>CILOXAN</i>	70
<i>CIMDUO TAB 300-300</i>	24
<i>CIMERLI</i>	71
<i>cimetidine</i>	59
<i>cimetidine hcl</i>	59
<i>CIMZIA PREFILLED SYRINGE</i>	66
<i>cinacalcet</i>	52
<i>CIPRO</i>	25
<i>ciprofloxacin</i>	25, 70
<i>ciprofloxacin inj 200 mg/100ml</i>	25
<i>ciprofloxacin inj 400 mg/200ml</i>	25

<i>ciprofloxacin-dexamethasone otic susp</i>	
0.3-0.1%.....	78
<i>citalopram</i>	39
<i>clarithromycin</i>	25
<i>clarithromycin ext-rel</i>	25
<i>clemastine fumarate</i>	72
CLIMARA PRO DIS WEEKLY	57
<i>clindamycin</i>	26, 75
<i>clindamycin inj 300 mg/50ml</i>	26
<i>clindamycin inj 600 mg/50ml</i>	26
<i>clindamycin inj 900 mg/50ml</i>	26
<i>clindamycin phosphate vaginal</i>	62
<i>clindamycin phosphate-benzoyl peroxide</i>	
gel 1.2-3.75%.....	75
<i>clindamycin phosphate-tretinoin gel 1.2-</i>	
0.025%	75
<i>clindamycin-benzoyl peroxide (refrig) gel</i>	
1.2 (1)-5%	75
<i>clindamycin-benzoyl peroxide gel 1.2-2.5%</i>	
.....	75
<i>clindamycin-benzoyl peroxide gel 1-5% ..</i>	75
<i>clobazam</i>	41
<i>clobetasol</i>	77
<i>clobetasol propionate</i>	77
<i>clomiphene citrate</i>	55
<i>clomipramine hcl</i>	38
<i>clonazepam</i>	41
<i>clonidine</i>	37
<i>clonidine hcl</i>	37
<i>clonidine hcl (adhd)</i>	44
<i>clonidine hcl (analgesia)</i>	21
<i>clopidogrel</i>	64
<i>clotrimazole</i>	76, 78
<i>clozapine</i>	41
CLOZARIL	41
<i>codeine-acetaminophen soln 120-12</i>	
mg/5ml	21
<i>codeine-acetaminophen tab 300-15 mg...</i>	21
<i>codeine-acetaminophen tab 300-30 mg..</i>	21
<i>codeine-acetaminophen tab 300-60 mg..</i>	21
<i>colchicine</i>	21
<i>colesevelam</i>	33
COLESTID	33
<i>colestipol hcl</i>	33

COMBIPATCH DIS	57
COPAXONE	46
COPIKTRA	29
COREG	35
CORGARD.....	35
CORTEF	56
CORTIFOAM	60
COSENTYX SUBCUTANEOUS	65, 66
CREON CAP 12000UNT	60
CREON CAP 24000UNT	60
CREON CAP 3000UNIT	60
CREON CAP 36000UNT	60
CREON CAP 6000UNIT	60
CRINONE	58
<i>cromolyn sodium</i>	71, 73
CUTAQUIG.....	68
<i>cyanocobalamin</i>	69
<i>cyclobenzaprine</i>	47
<i>cyclobenzaprine hcl</i>	47
<i>cyclophosphamide</i>	28
<i>cycloserine</i>	24
<i>cyclosporine</i>	68
<i>cyclosporine (ophth)</i>	71
<i>cyclosporine modified</i>	68
<i>cyproheptadine hcl</i>	72
CYSTAGON.....	57
D	
D.H.E. 45	45
<i>dabigatran</i>	62
<i>dalfampridine</i>	46
<i>danazol</i>	55
<i>dantrolene sodium</i>	47
<i>dapagliflozin</i>	52
<i>dapagliflozin-metformin ext-rel tb24 10-</i>	
1000mg	51
<i>dapagliflozin-metformin ext-rel tb24 5-</i>	
1000mg	51
<i>dapsone</i>	26
<i>dapsone (topical)</i>	75
<i>darifenacin ext-rel</i>	62
<i>darunavir</i>	23
<i>dasatinib</i>	29
DAXXIFY.....	44
DAYVIGO	45

<i>decitabine</i>	28	<i>dihydroergotamine mesylate</i>	45
<i>deferasirox</i>	53	DILANTIN	42
<i>deferiprone</i>	53	DILANTIN INFATABS	42
<i>deferoxamine</i>	53	DILANTIN-125	42
DESCOVY TAB 120-15MG	24	<i>diltiazem ext-rel</i>	36
DESCOVY TAB 200/25MG	24	<i>dimethyl fumarate delayed-rel</i>	46
<i>desipramine hcl</i>	39	<i>dimethyl fumarate delayed-rel starter pack</i> 120 mg & 240 mg	46
<i>desmopressin acetate</i>	58	<i>diphenoxylate-atropine liq 2.5-0.025</i> mg/5ml	59
<i>desmopressin acetate spray</i>	58	<i>diphenoxylate-atropine tab 2.5-0.025 mg</i>	59
<i>desmopressin acetate spray refrigerated</i>	58	<i>dipyridamole</i>	64
<i>desogest-eth estrad & eth estrad tab 0.15-</i> 0.02/0.01 mg(21/5)	53	<i>dipyridamole (diagnostic)</i>	68
<i>desogest-ethin est tab 0.1-0.025/0.125-</i> 0.025/0.15-0.025mg-mg	53	<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	64
<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i> 30 mcg	53	<i>disopyramide</i>	33
<i>desonide</i>	77	<i>disulfiram</i>	38
<i>desoximetasone</i>	77	<i>divalproex sodium</i>	42
<i>desvenlafaxine ext-rel</i>	39	<i>divalproex sodium ext-rel</i>	42
DETROL	62	<i>donepezil</i>	38
<i>dexamethasone</i>	56, 70	DOPTELET	64
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	55	<i>dorzolamide</i>	71
<i>dexlansoprazole</i>	61	<i>dorzolamide-timolol sol 22.3-6.8 mg/ml pf</i>	71
<i>dexmethylphenidate ext-rel</i>	44	<i>dorzolamide-timolol soln 22.3-6.8 mg/ml</i>	71
<i>dexmethylphenidate hcl</i>	44	DOVATO TAB 50-300MG	24
<i>dextroamphetamine sulfate</i>	44	<i>doxazosin</i>	61
<i>diazepam</i>	42	<i>doxepin</i>	45
<i>diazepam rectal</i>	42	<i>doxepin hcl</i>	39
<i>dichlorphenamide</i>	36	<i>doxercalciferol</i>	59
<i>diclofenac</i>	70	<i>doxycycline (monohydrate)</i>	27
<i>diclofenac sodium</i>	21, 77	<i>doxycycline hyclate</i>	27
<i>diclofenac sodium-misoprostol delayed</i> release 50-0.2 mg	21	<i>doxycycline monohydrate delayed-rel</i> capsule	77
<i>diclofenac sodium-misoprostol delayed</i> release 75-0.2 mg	21	<i>doxylamine-pyridoxine delayed-rel tab 10-</i> 10 mg	59
<i>dicloxacillin</i>	27	<i>dronabinol</i>	59
<i>dicyclomine</i>	59	<i>droxidopa</i>	37
DIFICID	25	DUAVEE TAB 0.45-20	57
<i>diflorasone diacetate</i>	77	DUETACT TAB 30-2MG	51
DIFLUCAN	23	DUETACT TAB 30-4MG	51
<i>diflunisal</i>	22	<i>duloxetine</i>	39
<i>difluprednate</i>	70	DUOBRII LOT	77
<i>digoxin</i>	36	DUPIXENT	73, 76

DUROLANE.....	22
<i>dutasteride</i>	61
<i>dutasteride-tamsulosin cap 0.5-0.4 mg</i>	61
E	
<i>econazole</i>	76
EDLUAR	45
<i>efavirenz</i>	23
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	24
<i>efavirenz-lamivudine-tenofovir df tab 400-</i> <i>300-300 mg</i>	24
<i>efavirenz-lamivudine-tenofovir df tab 600-</i> <i>300-300 mg</i>	24
<i>eletriptan</i>	45
ELFABRIO	56
ELIGARD	28
ELIQUIS	62
ELOCTATE	63
EMGALITY	45
EMPAVELI.....	64
<i>emtricitabine</i>	23
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 100-150 mg</i>	24
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 133-200 mg</i>	24
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 167-250 mg</i>	24
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 200-300 mg</i>	24
EMVERM.....	23
<i>enalapril</i>	31
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>10-25 mg</i>	31
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i>	31
<i>enalaprilat</i>	31
ENBREL.....	65, 66, 67
ENDARI	64
ENDOMETRIN	58
<i>enoxaparin</i>	62
ENSPRYNG.....	46
ENSTILAR AER.....	76
<i>entacapone</i>	40
<i>entecavir</i>	26

ENTRESTO CAP 15-16MG.....	36
ENTRESTO CAP 6-6MG.....	36
ENTRESTO TAB 24-26MG.....	36
ENTRESTO TAB 49-51MG	37
ENTRESTO TAB 97-103MG	37
EPCLUSA PAK 150-37.5	26
EPCLUSA PAK 200-50MG	26
EPCLUSA TAB 200-50MG	26
EPCLUSA TAB 400-100	26
EPIDUO FORTE GEL 0.3-2.5%	75
EPIDUO GEL 0.1-2.5%	75
<i>epinephrine</i>	37, 72
EPISIL LIQ	78
<i>eplerenone</i>	31
<i>ergotamine-caffeine tab 1-100 mg</i>	45
ERIVEDGE	28
ERLEADA	28
<i>erlotinib</i>	29
<i>erythromycin</i>	70, 75
<i>erythromycin-benzoyl peroxide gel 5-3%</i> 75	
<i>erythromycins</i>	25
<i>escitalopram</i>	39
<i>esomeprazole delayed-rel</i>	61
<i>esomeprazole sodium</i>	61
ESPEROCT	63
ESTRACE.....	57
<i>estradiol</i>	57
<i>estradiol vaginal</i>	57
<i>estradiol-norethindrone tab 0.5 mg-2.5</i> <i>mcg</i>	57
<i>estradiol-norethindrone tab 0.5-0.1 mg</i> ...	57
<i>estradiol-norethindrone tab 1 mg-5 mcg</i> ..	57
<i>estradiol-norethindrone tab 1-0.5 mg</i>	57
ESTRING	57
<i>eszopiclone</i>	45
<i>ethacrynic acid</i>	36
<i>ethambutol hcl</i>	24
<i>ethinyl estradiol-drospirenone tab 3-0.02</i> <i>mg</i>	53
<i>ethinyl estradiol-drospirenone tab 3-0.03</i> <i>mg</i>	53
<i>ethinyl estradiol-drospirenone-</i> <i>levomefolate tab 3-0.02-0.451 mg</i>	54

<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.03-0.451 mg</i>	54
<i>ethinyl estradiol-etonogestrel va ring 0.120-0.015 mg/24hr</i>	54
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.1-0.02mg(84) & 0.01mg(7)</i>	54
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03 mg</i>	54
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03mg(84) & 0.01mg(7)</i>	54
<i>ethinyl estradiol-levonorgestrel continuous tab 90-20 mcg</i>	54
<i>ethinyl estradiol-levonorgestrel tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	54
<i>ethinyl estradiol-levonorgestrel tab 0.1 mg-20 mcg</i>	54
<i>ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg</i>	54
<i>ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-20 mcg (21)</i>	54
<i>ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr</i>	54
<i>ethinyl estradiol-norethindrone acetate tab 1 mg-20 mcg</i>	54
<i>ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg</i>	54
<i>ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)</i>	54
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg</i>	54
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg</i>	54
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)</i>	54
<i>ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg</i>	54
<i>ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg</i>	54
<i>ethinyl estradiol-norethindrone acetate-iron tab 1-20/1-30/1-35 mg-mcg</i>	54
<i>ethinyl estradiol-norgestimate tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	54
<i>ethinyl estradiol-norgestimate tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	54

<i>ethinyl estradiol-norgestimate tab 0.25 mg-35 mcg</i>	54
<i>ethosuximide</i>	42
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	54
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	55
<i>etodolac</i>	21
<i>etoposide</i>	30
<i>etravirine</i>	23
<i>EUCRISA</i>	76
<i>EUFLEXXA</i>	22
<i>everolimus</i>	29, 68
<i>EVISTA</i>	57
<i>EXELON</i>	38
<i>exemestane</i>	28
<i>ezetimibe</i>	33
<i>ezetimibe-simvastatin tab 10-10 mg</i>	34
<i>ezetimibe-simvastatin tab 10-20 mg</i>	34
<i>ezetimibe-simvastatin tab 10-40 mg</i>	34
<i>ezetimibe-simvastatin tab 10-80 mg</i>	34
F	
<i>FABRAZYME</i>	56
<i>famciclovir</i>	25
<i>famotidine</i>	59
<i>famotidine inj 20mg/50ml</i>	59
<i>FARXIGA</i>	52
<i>FASENRA</i>	73
<i>felodipine</i>	36
<i>fenofibrate</i>	34
<i>fenofibric acid delayed-rel</i>	34
<i>FENSOLVI</i>	53
<i>fentanyl transdermal</i>	21
<i>fentanyl transmucosal lozenge</i>	21
<i>fesoterodine ext-rel</i>	62
<i>FETZIMA</i>	39
<i>FETZIMA CAP TITRATIO</i>	39
<i>FIASP</i>	50
<i>FIASP FLEXTOUCH</i>	50
<i>FIASP PENFILL</i>	50
<i>FINACEA</i>	77
<i>finasteride</i>	61
<i>fingolimod</i>	46
<i>FLAGYL</i>	26

<i>flecainide acetate</i>	33	<i>fluvastatin sodium</i>	34
FLOMAX.....	61	<i>fluvoxamine maleate</i>	38
FLOVENT DISKUS.....	74	FML FORTE.....	70
FLOVENT HFA.....	74	FOCALIN	44
<i>fluconazole</i>	23	<i>folic acid</i>	69
<i>fluconazole inj 200 mg/100ml</i>	23	<i>folic acid-vitamin b6-vitamin b12 tab 2.2-</i> <i>25-0.5 mg</i>	69
<i>fluconazole inj 400 mg/200ml</i>	23	FOLLISTIM AQ.....	55
<i>fludrocortisone</i>	56	<i>fondaparinux</i>	62
<i>flunisolide</i>	73	<i>formoterol inhalation solution</i>	72
<i>fluocinolone acetonide</i>	77	FOSAMAX	53
<i>fluocinonide</i>	77	<i>fosamprenavir calcium</i>	23
<i>fluorometholone (ophth)</i>	70	<i>fosinopril</i>	31
<i>fluorouracil</i>	75	<i>fosinopril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	31
<i>fluoxetine</i>	39	<i>fosinopril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	31
<i>fluoxetine hcl (pmdd)</i>	48	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM.....	55
<i>fluphenazine decanoate</i>	41	<i>furosemide</i>	36
<i>fluphenazine hcl</i>	41	FYCOMPA.....	42
<i>fluticasone</i>	73	FYLNETRA	63
<i>fluticasone furoate-vilanterol aero powd ba</i> <i>100-25 mcg/act</i>	74	G	
<i>fluticasone furoate-vilanterol aero powd ba</i> <i>200-25 mcg/act</i>	74	<i>gabapentin</i>	42, 48
<i>fluticasone propionate</i>	77	GALAFOLD	57
<i>fluticasone propionate diskus</i>	74	<i>galantamine</i>	38
<i>fluticasone propionate hfa</i>	74	<i>galantamine ext-rel</i>	38
<i>fluticasone-salmeterol aer powder ba 100-</i> <i>50 mcg/act</i>	74	GANIRELIX ACETATE.....	56
<i>fluticasone-salmeterol aer powder ba 113-</i> <i>14 mcg/act</i>	74	GAVRETO.....	29
<i>fluticasone-salmeterol aer powder ba 232-</i> <i>14 mcg/act</i>	74	<i>gefitinib</i>	29
<i>fluticasone-salmeterol aer powder ba 250-</i> <i>50 mcg/act</i>	74	GELNIQUE.....	62
<i>fluticasone-salmeterol aer powder ba 500-</i> <i>50 mcg/act</i>	74	GELSYN-3	22
<i>fluticasone-salmeterol aer powder ba 55-14</i> <i>mcg/act</i>	74	<i>gemfibrozil</i>	34
<i>fluticasone-salmeterol inhal aerosol 115-21</i> <i>mcg/act</i>	74	GEMTESA.....	62
<i>fluticasone-salmeterol inhal aerosol 230-21</i> <i>mcg/act</i>	74	<i>gentamicin</i>	70, 75
<i>fluticasone-salmeterol inhal aerosol 45-21</i> <i>mcg/act</i>	74	GENVOYA TAB.....	24
<i>fluvastatin</i>	34	<i>glatiramer</i>	46
		<i>glimepiride</i>	52
		<i>glipizide</i>	52
		<i>glipizide ext-rel</i>	52
		<i>glipizide-metformin tab 2.5-250 mg</i>	48
		<i>glipizide-metformin tab 2.5-500 mg</i>	48
		<i>glipizide-metformin tab 5-500 mg</i>	49
		<i>glucagon, human recombinant</i>	56

<i>glutamine (sickle cell)</i>	64
GLYXAMBI TAB 10-5 MG	52
GLYXAMBI TAB 25-5 MG	52
GRALISE	48
<i>granisetron</i>	59
GRASTEK	64
<i>griseofulvin ultramicrosize</i>	23
<i>guanfacine ext-rel</i>	44
<i>guanfacine hcl</i>	37
GVOKE	56

H

<i>halobetasol</i>	77
<i>haloperidol</i>	41
<i>haloperidol decanoate</i>	41
<i>haloperidol lactate</i>	41
HARVONI PAK	26
HARVONI PAK 45-200MG	26
HARVONI TAB 45-200MG	26
HARVONI TAB 90-400MG	26
HUMALOG	50
HUMALOG MIX INJ 50/50	50
HUMALOG MIX INJ 50/50KWP	50
HUMALOG MIX INJ 75/25KWP	50
HUMALOG MIX SUS 75/25	50
HUMATROPE	56
HUMULIN INJ 70/30	50
HUMULIN INJ 70/30KWP	50
HUMULIN N	50
HUMULIN R	50
HUMULIN R U-500	50
<i>hydralazine hcl</i>	37
<i>hydrochlorothiazide</i>	36
<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i>	73
<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	73
<i>hydrocodone ext-rel</i>	22
<i>hydrocodone-acetaminophen soln 10-325</i> <i>mg/15ml</i>	22
<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	22
<i>hydrocodone-acetaminophen tab 10-300</i> <i>mg</i>	22

<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	22
<i>hydrocodone-acetaminophen tab 5-300</i> <i>mg</i>	22
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	22
<i>hydrocodone-acetaminophen tab 7.5-300</i> <i>mg</i>	22
<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	22
<i>hydrocortisone</i>	56, 60, 61, 77
<i>hydrocortisone butyrate</i>	77
<i>hydrocortisone valerate</i>	77
<i>hydromorphone</i>	22
<i>hydromorphone ext-rel</i>	22
<i>hydroxychloroquine sulfate</i>	23, 68
<i>hydroxyprogesterone caproate</i>	58
<i>hydroxyurea</i>	30
<i>hydroxyzine hcl</i>	72
HYRIMOZ	65, 66, 67

I

<i>ibandronate</i>	53
IBRANCE	29
<i>ibuprofen</i>	21
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	21
<i>icatibant</i>	68
<i>icosapent ethyl</i>	34
ILEVRO	70
ILUMYA	64
<i>imatinib mesylate</i>	29
<i>imipramine hcl</i>	39
<i>imiquimod</i>	75
IMITREX	45
IMITREX STATDOSE REFILL	45
IMITREX STATDOSE SYSTEM	45
IMVEXXY	57
INBRIJA	40
INCRUSE ELLIPTA	72
<i>indapamide</i>	36
INGREZZA	46
INGREZZA CAP 40-80MG	46
INGREZZA CPSP	46
INLYTA	29
INPEFA	37

INS ASP PROT INJ FLEXPEN	50
INSULIN ASPA INJ 70/30	50
INSULIN ASPART	50
INSULIN LISP INJ PROTAMIN	50
INSULIN LISPRO	50
INVOKAMET TAB 150-1000	51
INVOKAMET TAB 150-500	51
INVOKAMET TAB 50-1000	51
INVOKAMET TAB 50-500MG	51
INVOKAMET XR TAB 150-1000	51
INVOKAMET XR TAB 150-500	51
INVOKAMET XR TAB 50-1000	51
INVOKAMET XR TAB 50-500MG	51
INVOKANA	52
<i>ipratropium bromide (nasal)</i>	72
<i>ipratropium inhalation</i>	72
<i>ipratropium-albuterol inhalation solution</i> <i>0.5-2.5(3) mg/3ml</i>	72
<i>irbesartan</i>	33
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i> <i>mg</i>	32
<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	32
ISENTRESS	23
<i>isoniazid</i>	24
<i>isosorbide dinitrate</i>	37
<i>isosorbide dinitrate-hydralazine tab 20-37.5</i> <i>mg</i>	37
<i>isosorbide mononitrate</i>	37
<i>isotretinoin</i>	75
<i>itraconazole</i>	23
<i>ivabradine</i>	37
<i>ivermectin</i>	23
<i>ivermectin (pediculicide)</i>	77
<i>ivermectin (rosacea)</i>	77
J	
JANUMET TAB 50-1000	49
JANUMET TAB 50-500MG	49
JANUMET XR TAB 100-1000	49
JANUMET XR TAB 50-1000	49
JANUMET XR TAB 50-500MG	49
JANUVIA	49
JARDIANCE	52
JENTADUETO TAB 2.5-1000	49

JENTADUETO TAB 2.5-500	49
JENTADUETO TAB 2.5-850	49
JENTADUETO TAB XR	49
JIVI	63
K	
KANJINTI	28
KAZANO 12.5- TAB 1000MG	49
KAZANO 12.5- TAB 500MG	49
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> ..	69
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	68
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	69
KERENDIA	31
KESIMPTA	46
<i>ketoconazole</i>	76
<i>ketorolac</i>	70
KEVZARA	67
KISQALI	29
KISQALI FEMARA CO-PACK 200 MG DOSE	29
KISQALI FEMARA CO-PACK 400 MG DOSE	29
KISQALI FEMARA CO-PACK 600 MG DOSE	29
KLARON	75
KLOXXADO	48
KOGENATE FS	63
KOMBIGLYZ XR TAB 2.5-1000	49
KOMBIGLYZ XR TAB 5-1000MG	49
KOMBIGLYZ XR TAB 5-500MG	49
KOSELUGO	29
KOVALTRY	63
KRAZATI	30
KYLEENA	55
L	
<i>labetalol hcl</i>	35
<i>lacosamide</i>	42
LACRISERT	71
<i>lactic acid (ammonium lactate)</i>	77
<i>lactulose</i>	60
<i>lactulose (encephalopathy)</i>	60
<i>lamivudine</i>	23, 26
<i>lamivudine-zidovudine tab 150-300 mg</i> ..	24
<i>lamotrigine</i>	42
<i>lamotrigine ext-rel</i>	42

<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>		<i>liothyronine</i>	58
<i>starter kit</i>	42	<i>liraglutide</i>	49
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>		<i>lisdexamfetamine</i>	44
<i>starter kit</i>	42	<i>lisinopril</i>	31
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50</i>		<i>lisinopril-hydrochlorothiazide tab 10-12.5</i>	
<i>mg titration kit</i>	42	<i>mg</i>	31
<i>lamotrigine tab disint 25 (14) & 50 mg (14) &</i>		<i>lisinopril-hydrochlorothiazide tab 20-12.5</i>	
<i>100 mg (7) kit</i>	42	<i>mg</i>	31
<i>lamotrigine tab disint 42 x 50mg & 14 x</i>		<i>lisinopril-hydrochlorothiazide tab 20-25 mg</i>	
<i>100mg titration kit</i>	42		31
<i>lansoprazole delayed-rel</i>	61	LITFULO	64
<i>lanthanum carbonate</i>	58	<i>lithium carbonate</i>	46
LANTUS	50	LO LOESTRIN TAB 1-10-10	55
<i>lapatinib</i>	29	LOKELMA	58
LASIX	36	LONSURF TAB 15-6.14	28
<i>latanoprost</i>	71	LONSURF TAB 20-8.19	28
<i>leflunomide</i>	68	<i>loperamide</i>	59
<i>lenalidomide</i>	28	LOPID	34
LENVIMA	29	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	
LENVIMA CAP 14 MG	29	<i>(80-20 mg/ml)</i>	24
LENVIMA CAP 18 MG	29	<i>lopinavir-ritonavir tab 100-25 mg</i>	24
LENVIMA CAP 24 MG	29	<i>lopinavir-ritonavir tab 200-50 mg</i>	24
<i>letrozole</i>	28	<i>lorazepam</i>	38
<i>leuprolide acetate</i>	28	<i>losartan</i>	33
<i>levalbuterol tartrate cfc-free</i>	72	<i>losartan-hydrochlorothiazide tab 100-12.5</i>	
LEVEMIR	50	<i>mg</i>	32
<i>levetiracetam</i>	42	<i>losartan-hydrochlorothiazide tab 100-25</i>	
<i>levetiracetam ext-rel</i>	42	<i>mg</i>	32
<i>levobunolol hcl</i>	71	<i>losartan-hydrochlorothiazide tab 50-12.5</i>	
<i>levocarnitine</i>	53	<i>mg</i>	32
<i>levocetirizine</i>	72	LOTENSIN	31
<i>levofloxacin</i>	25, 70	LOTENSIN HCT TAB 10-12.5	31
<i>levofloxacin inj 250 mg/50ml</i>	25	LOTENSIN HCT TAB 20-12.5	31
<i>levofloxacin inj 500 mg/100ml</i>	25	LOTENSIN HCT TAB 20-25MG	31
<i>levoleucovorin calcium</i>	30	<i>loteprednol</i>	70, 71
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i>		<i>lovastatin</i>	34
<i>mg & eth est 0.01 mg</i>	55	LOVAZA CAP 1GM	34
<i>levothyroxine</i>	58	<i>lubiprostone</i>	60
<i>lidocaine</i>	77	<i>luliconazole</i>	76
<i>lidocaine viscous</i>	78	LUMAKRAS	30
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	77	LUMIGAN	71
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> ..	77	LUMRYZ	47
<i>linezolid</i>	26	LUPRON DEPOT-PED	53
LINZESS	60	LUPRON DEPOT-PED (6-MONTH)	53

<i>lurasidone</i>	41	<i>methylprednisolone</i>	56
LYNPARZA	30	<i>metoclopramide</i>	59
LYUMJEV	50	<i>metolazone</i>	36
LYVISPAH	47	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	34
M		<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	35
<i>malathion</i>	78	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	34
<i>maraviroc</i>	24	<i>metoprolol succinate ext-rel</i>	35
MARINOL	59	<i>metoprolol tartrate</i>	35
MAXIDEX	70	METROCREAM	77
MAXITROL OIN 0.1% OP	69	METROGEL	77
MAXITROL SUS 0.1% OP	69	METROLOTION	77
MAYZENT	46	<i>metronidazole</i>	26, 77
<i>meclizine</i>	59	<i>metronidazole vaginal</i>	62
MEDROL	56	<i>midodrine hcl</i>	37
MEDROL DOSEPAK	56	MIEBO	71
<i>medroxyprogesterone</i>	55, 58	<i>mifepristone</i>	51
<i>mefloquine hcl</i>	23	<i>miglustat</i>	57
<i>megestrol acetate</i>	28, 58	<i>minocycline</i>	27
MEKINIST	29	<i>minocycline hcl</i>	27
MEKTOVI	29	<i>mirabegron ext-rel</i>	62
<i>meloxicam</i>	21	MIRENA	55
<i>melphalan hcl</i>	28	<i>mirtazapine</i>	39
<i>memantine</i>	38	<i>misoprostol</i>	60
<i>memantine hcl</i>	38	MITIGARE	21
<i>memantine titration pak 5-10mg</i>	38	<i>mitoxantrone hcl</i>	28
MENOPUR	56	<i>modafinil</i>	47
<i>mercaptopurine</i>	28	<i>mometasone</i>	73, 77
<i>mesalamine</i>	60	<i>montelukast</i>	73
<i>mesalamine delayed-rel</i>	60	<i>morphine</i>	22
<i>mesalamine ext-rel</i>	60	<i>morphine ext-rel</i>	22
<i>mesalamine w/ cleanser</i>	60	MOTEGRITY	60
<i>metaxalone</i>	47	MOUNJARO	50
<i>metformin</i>	48	MOVANTIK	60
<i>metformin ext-rel</i>	48	<i>moxifloxacin</i>	25, 70
<i>methadone</i>	22	<i>moxifloxacin inj 400 mg/250ml</i>	26
<i>methazolamide</i>	36	MUGARD LIQ	78
<i>methimazole</i>	58	MULTAQ	33
<i>methocarbamol</i>	47	<i>multiple vitamins w/ minerals cap</i>	69
<i>methotrexate sodium</i>	28, 68	<i>multiple vitamins w/ minerals tab</i>	69
<i>methoxsalen</i>	76	<i>multivitamins</i>	69
<i>methylergonovine maleate</i>	57	<i>mupirocin</i>	75
METHYLIN	44		
<i>methylphenidate</i>	44		
<i>methylphenidate ext-rel</i>	44		

<i>mycophenolate mofetil</i>	68
<i>mycophenolate sodium</i>	68
MYFEMBREE TAB.....	58
MYRBETRIQ	62
MYSOLINE	42
N	
<i>nabumetone</i>	21
<i>nadolol</i>	35
<i>naftifine hcl</i>	76
NAFTIN.....	76
<i>naloxone</i>	48
<i>naltrexone hcl</i>	48
NAMZARIC CAP	38
NAMZARIC CAP 14-10MG.....	38
NAMZARIC CAP 21-10MG	38
NAMZARIC CAP 28-10MG	38
NAMZARIC CAP 7-10MG.....	38
<i>naproxen</i>	21
<i>naratriptan</i>	45
NATAZIA TAB.....	55
<i>nateglinide</i>	51
NATESTO.....	48
<i>nebivolol</i>	35
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	70
<i>neomycin-polymyxin b-bacitracin-hydrocortisone oint 1%</i>	69
<i>neomycin-polymyxin b-dexamethasone oint 0.1%</i>	69
<i>neomycin-polymyxin b-dexamethasone susp 0.1%</i>	69
<i>neomycin-polymyxin b-hydrocortisone otic soln 1%</i>	78
<i>neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	78
<i>neomycin-polymyxin-hc ophth susp</i>	69
NESINA	49
NEUPRO.....	40
NEURONTIN	42
NEVANAC.....	70
<i>nevirapine</i>	24
<i>nevirapine ext-rel</i>	24
NEXLETOL.....	33
NEXLIZET TAB 180/10MG	33

NEXVIAZYME	56
<i>niacin ext-rel</i>	34
<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i>	69
<i>nifedipine ext-rel</i>	36
NINLARO.....	30
<i>nitisinone</i>	56
<i>nitrofurantoin</i>	26
<i>nitroglycerin</i>	37
NITROLINGUAL.....	37
NITROSTAT	37
NIVESTYM	63
NORDITROPIN	56
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	55
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	55
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	55
<i>norethindrone (contraceptive)</i>	55
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	55
<i>norethindrone acetate</i>	58
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	55
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	55
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	55
<i>nortriptyline hcl</i>	39
NOVOEIGHT	63
NOVOLIN INJ 70/30	50
NOVOLIN INJ 70/30 FP.....	50
NOVOLIN N	50
NOVOLIN R.....	50
NOVOLOG	51
NOVOLOG MIX INJ 70/30.....	51
NOVOLOG MIX INJ FLEXPEN	51
NOVOSEVEN RT	62
NUBEQA.....	28
NUCALA	73
NUEDEXTA CAP 20-10MG	48
NURTEC ODT	45
NUWIQ	63

<i>nystatin</i>	23, 76	OPSYNVI TAB 10-20MG	37
<i>nystatin (mouth-throat)</i>	78	OPSYNVI TAB 10-40MG	37
NYVEPRIA.....	63	OPZELURA.....	76
○		ORALAIR SUB 300 IR	64
OCREVUS	46	ORENCIA CLICKJECT	67
OCUFLOX	70	ORENCIA SUBCUTANEOUS.....	67
ODEFSEY TAB.....	24	ORENITRAM	37
ODOMZO	30	ORENITRAM TAB MONTH 1.....	37
OFEV.....	73	ORENITRAM TAB MONTH 2	37
<i>ofloxacin</i>	70	ORENITRAM TAB MONTH 3	37
<i>ofloxacin otic</i>	78	ORFADIN.....	56
<i>olanzapine</i>	41	ORIAHNN CAP	58
<i>olmesartan</i>	33	ORLISSA.....	55
<i>olmesartan-amlodipine-</i>		ORLADEYO	68
<i>hydrochlorothiazide tab 20-5-12.5 mg</i> .	32	<i>orlistat</i>	52
<i>olmesartan-amlodipine-</i>		<i>orphenadrine w/ aspirin & caffeine tab 25-</i>	
<i>hydrochlorothiazide tab 40-10-12.5 mg</i> 32		385-30 mg	47
<i>olmesartan-amlodipine-</i>		<i>orphenadrine w/ aspirin & caffeine tab 50-</i>	
<i>hydrochlorothiazide tab 40-10-25 mg</i> ..	32	770-60 mg	47
<i>olmesartan-amlodipine-</i>		<i>oseltamivir</i>	25
<i>hydrochlorothiazide tab 40-5-12.5 mg</i> .	32	OSENI TAB 12.5-15.....	49
<i>olmesartan-amlodipine-</i>		OSENI TAB 12.5-30.....	49
<i>hydrochlorothiazide tab 40-5-25 mg</i>	32	OSENI TAB 12.5-45.....	49
<i>olmesartan-hydrochlorothiazide tab 20-12.5</i>		OSENI TAB 25-15MG.....	49
<i>mg</i>	32	OSENI TAB 25-30MG.....	49
<i>olmesartan-hydrochlorothiazide tab 40-</i>		OSENI TAB 25-45MG.....	49
<i>12.5 mg</i>	32	OSPHENA	57
<i>olmesartan-hydrochlorothiazide tab 40-25</i>		OTEZLA	66, 67
<i>mg</i>	32	OTEZLA TAB 10/20.....	66, 67
<i>olopatadine</i>	71, 72	OTEZLA TAB 10/20/30	66, 67
<i>omega-3 acid ethyl esters cap 1 gm</i>	34	<i>oxaprozin</i>	21
<i>omeprazole delayed-rel</i>	61	<i>oxazepam</i>	38
OMNIPOD 5 INSULIN INFUSION PUMP ...	55	<i>oxcarbazepine</i>	42
OMNIPOD DASH INSULIN INFUSION PUMP		<i>oxcarbazepine ext-rel</i>	42
.....	55	OXTELLAR XR	42
OMNIPOD INSULIN INFUSION PUMP	55	<i>oxybutynin</i>	62
<i>ondansetron</i>	59	<i>oxybutynin ext-rel</i>	62
ONETOUCH LANCETS / LANCING		<i>oxycodone</i>	22
DEVICES.....	55	<i>oxycodone-acetaminophen soln 5-325</i>	
ONETOUCH ULTRA STRIPS AND KITS ...	55	<i>mg/5ml</i>	22
ONETOUCH VERIO STRIPS AND KITS	55	<i>oxycodone-acetaminophen tab 5-325 mg</i>	
ONGLYZA	49		22
ONZETRA XSAIL	45	OXYTROL.....	62
OPSUMIT	37	OZEMPIC	50

P	
<i>paclitaxel</i>	30
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	30
<i>pantoprazole delayed-rel</i>	61
<i>pantoprazole sodium</i>	61
<i>paricalcitol</i>	59
PARLODEL.....	40
<i>paroxetine hcl</i>	39
<i>paroxetine hcl ext-rel</i>	39
<i>paroxetine mesylate</i>	48
PAXLOVID TAB 150-100	25
PAXLOVID TAB 300-100	25
<i>pazopanib</i>	29
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	69
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	69
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	69
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	69
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	69
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	69
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	69
<i>peg 3350-electrolytes</i>	60
<i>pemetrexed</i>	28
<i>penicillamine</i>	53
<i>penicillin vk</i>	27
PENTASA.....	60
PEPCID.....	59
<i>perindopril erbumine</i>	31
PERJETA.....	30
<i>permethrin</i>	78
<i>perphenazine</i>	41
PHEBURANE	58
<i>phenelzine sulfate</i>	39
<i>phenobarbital</i>	42
<i>phenytoin</i>	42
<i>phenytoin sodium extended</i>	42
PHESGO SOL	30
<i>pilocarpine hcl (oral)</i>	78
<i>pimecrolimus</i>	76
<i>pindolol</i>	35
<i>pioglitazone</i>	51
<i>pioglitazone-glimepiride tab 30-2 mg</i>	51
<i>pioglitazone-glimepiride tab 30-4 mg</i>	51
<i>pioglitazone-metformin tab 15-500 mg</i>	51
<i>pioglitazone-metformin tab 15-850 mg</i>	51
PIQRAY.....	29
<i>pirfenidone</i>	73
<i>pitavastatin</i>	34
<i>podofilox</i>	77
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	70
POLYTRIM SOL OP.....	70
<i>potassium chloride</i>	69
<i>potassium chloride liquid</i>	69
<i>potassium chloride microencapsulated crystals er</i>	69
<i>potassium citrate (alkalinizer)</i>	62
PRADAXA	62
<i>pramipexole</i>	40
<i>pramipexole ext-rel</i>	40
<i>prasugrel</i>	64
<i>pravastatin</i>	34
PRED MILD	70
<i>prednisolone</i>	56
<i>prednisolone acetate</i>	70
PREDNISOLONE SODIUM PHOSP	70
<i>prednisolone sodium phosphate</i>	56
<i>prednisone</i>	56
<i>pregabalin</i>	43
<i>pregabalin ext-rel</i>	48
PREGNYL	56
PREMARIN.....	57
PREMPHASE TAB	57
PREMPRO TAB.....	57
PREMPRO TAB 0.3-1.5.....	57
PREMPRO TAB 0.45-1.5	57
PREMPRO TAB 0.625-5.....	57
<i>primidone</i>	43
<i>probenecid</i>	21
PROCARDIA XL.....	36
<i>prochlorperazine</i>	59

PROCRT	63
PROCTOFOAM-HC AER 1%	61
<i>progesterone, micronized</i>	58
PROLASTIN-C	71
PROLIA	53
<i>promethazine</i>	59
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	73
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	73
<i>propafenone hcl</i>	33
<i>propranolol</i>	35
<i>propranolol ext-rel</i>	35
<i>propylthiouracil</i>	58
PROSCAR	61
PROVERA	58
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	73
PULMICORT FLEXHALER	74
<i>pyrazinamide</i>	24
<i>pyridostigmine bromide</i>	47
<i>pyridoxine hcl</i>	69
<i>pyrimethamine</i>	26
Q	
QELBREE	44
QSYMIA CAP 11.25-69	52
QSYMIA CAP 15-92MG	52
QSYMIA CAP 3.75-23	52
QSYMIA CAP 7.5-46MG	52
QTERN TAB 10-5MG	52
QTERN TAB 5-5MG	52
QUESTRAN	33
QUESTRAN LIGHT	33
<i>quetiapine</i>	41
<i>quetiapine ext-rel</i>	41
<i>quinapril</i>	31
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	31
QULIPTA	45
QUVIVIQ	45
QVAR REDHALER	74

R	
RADICAVA ORS	38
RAGWITEK	64
<i>raloxifene</i>	57
<i>ramelteon</i>	45
<i>ramipril</i>	31
<i>ranolazine ext-rel</i>	37
<i>rasagiline</i>	40
RASUVO	68
REBIF	46
REBIF REBIDO INJ TITRATN	46
REBIF TITRTN INJ PACK	46
REBINYN	64
REGLAN	59
RELENZA	25
RELPAK	45
REMERON	39
REMERON SOLTAB	39
REMICADE	64
<i>repaglinide</i>	51
REPATHA	34
RESTASIS	71
RESTORIL	45
RETACRIT	63
RETEVMO	29
RETIN-A	75
REVLIMID	28
RHOPRESSA	71
<i>ribavirin</i>	25, 26
<i>rifampin</i>	25
RINVOQ	65, 66, 67, 76
<i>risedronate</i>	53
<i>risedronate sodium</i>	53
RISPERDAL	41
<i>risperidone</i>	41
RITALIN	44
<i>ritonavir</i>	24
<i>rivastigmine</i>	38
<i>rivastigmine transdermal</i>	38
<i>rizatriptan</i>	45
ROCKLATAN DRO	71
<i>roflumilast</i>	73
<i>ropinirole</i>	40
<i>ropinirole ext-rel</i>	40

<i>rosuvastatin</i>	34
ROWASA.....	60
ROZLYTREK	29
RUCONEST	68
<i>rufinamide</i>	43
RUXIENCE.....	28
RYBELSUS	50
RYDAPT	29
RYTARY CAP 145MG	40
RYTARY CAP 195MG	40
RYTARY CAP 245MG.....	40
RYTARY CAP 95MG.....	40
S	
SANCUSO.....	59
<i>sapropterin</i>	57
SAVELLA.....	44
SAVELLA MIS TITR PAK	45
<i>saxagliptin</i>	49
<i>saxagliptin-metformin ext-rel tb24 2.5-1000</i> <i>mg</i>	49
<i>saxagliptin-metformin ext-rel tb24 5-1000</i> <i>mg</i>	49
<i>saxagliptin-metformin ext-rel tb24 5-500</i> <i>mg</i>	49
SAXENDA	52
SCEMBLIX	29
<i>scopolamine transdermal</i>	59
SEGLUROMET TAB 2.5-1000.....	51
SEGLUROMET TAB 2.5-500	51
SEGLUROMET TAB 7.5-1000.....	51
SEGLUROMET TAB 7.5-500	51
<i>selegiline</i>	40
<i>selenium sulfide</i>	76
SEREVENT	73
SEROQUEL	41
<i>sertraline</i>	39
<i>sevelamer carbonate</i>	58
<i>sevelamer hcl</i>	58
SEVENFACT	62
SIKLOS.....	64
<i>sildenafil</i>	37, 61
<i>silodosin</i>	61
<i>silver sulfadiazine</i>	75
SIMBRINZA SUS 1-0.2%	71

SIMPONI ARIA.....	64
<i>simvastatin</i>	34
SINEMET TAB 10-100MG.....	40
SINEMET TAB 25-100MG	40
<i>sirolimus</i>	68
SKYLA	55
SKYRIZI INTRAVENOUS	64
SKYRIZI SUBCUTANEOUS.....	65, 66, 67
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i> <i>3.13-1.6 gm/177ml</i>	60
<i>sodium fluoride</i>	69
<i>sodium phenylbutyrate</i>	58
SOGROYA	56
<i>solifenacin</i>	62
SOLQUA INJ 100/33.....	50
SOMATULINE DEPOT	48
SOOLANTRA	77
<i>sorafenib tosylate</i>	30
<i>sotalol</i>	33
<i>sotalol hcl (afib/afl)</i>	33
SOTYKTU	66
SPIRIVA	72
<i>spironolactone</i>	32
<i>spironolactone-hydrochlorothiazide tab 25-</i> <i>25 mg</i>	36
STEGLATRO	52
STEGLUJAN TAB 15-100MG	52
STEGLUJAN TAB 5-100MG.....	52
STELARA INTRAVENOUS.....	64
STELARA SUBCUTANEOUS... 65, 66, 67, 68	
STIOLTO AER 2.5-2.5.....	72
STIVARGA.....	30
STRATTERA.....	44
STRIVERDI RESPIMAT	73
STROMECTOL.....	23
<i>sucralfate</i>	60
<i>sulfacetamide</i>	70
<i>sulfacetamide sodium (acne)</i>	75
<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i>	69
<i>sulfadiazine</i>	23
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	27

<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	27
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	27
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	27
<i>sulfasalazine</i>	60
<i>sulfasalazine delayed-rel</i>	60
<i>sulindac</i>	21
<i>sumatriptan</i>	46
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	46
<i>sunitinib</i>	30
<i>SUNOSI</i>	47
<i>SUPARTZ FX</i>	22
<i>SUPPRELIN LA</i>	53
<i>SYMBICORT AER 160-4.5</i>	74
<i>SYMBICORT AER 80-4.5</i>	74
<i>SYMLINPEN</i>	48
<i>SYMPROIC</i>	60
<i>SYMTUZA TAB</i>	24
<i>SYNJARDY TAB</i>	51
<i>SYNJARDY TAB 12.5-500</i>	51
<i>SYNJARDY TAB 5-1000MG</i>	51
<i>SYNJARDY TAB 5-500MG</i>	51
<i>SYNJARDY XR TAB</i>	52
<i>SYNJARDY XR TAB 10-1000</i>	52
<i>SYNJARDY XR TAB 25-1000</i>	52
<i>SYNJARDY XR TAB 5-1000MG</i>	52
<i>SYNTHROID</i>	58
T	
<i>tacrolimus</i>	68, 76
<i>tadalafil</i>	37, 61
<i>TADLIQ</i>	37
<i>TAFINLAR</i>	30
<i>tafluprost</i>	71
<i>TAGRISSO</i>	30
<i>TAKHZYRO</i>	68
<i>TALICIA CAP</i>	61
<i>tamoxifen citrate</i>	28
<i>tamsulosin</i>	61
<i>tazarotene</i>	75, 76
<i>TEGSEDI</i>	58
<i>telmisartan</i>	33

<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	33
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	33
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	33
<i>temazepam</i>	45
<i>temozolomide</i>	28
<i>temsirolimus</i>	30
<i>tenofovir disoproxil fumarate</i>	24, 26
<i>terazosin</i>	61
<i>terbinafine</i>	23
<i>terbutaline sulfate</i>	73
<i>terconazole vaginal</i>	62
<i>teriflunomide</i>	46
<i>teriparatide</i>	53
<i>testosterone</i>	48
<i>testosterone cypionate</i>	48
<i>testosterone enanthate</i>	48
<i>tetrabenazine</i>	46
<i>tetracaine hcl</i>	23
<i>tetracycline</i>	27
<i>TEZSPIRE</i>	73
<i>THALOMID</i>	28
<i>theophylline</i>	74
<i>thiothixene</i>	41
<i>tiagabine</i>	43
<i>TIAZAC</i>	36
<i>timolol maleate</i>	71
<i>tinidazole</i>	23
<i>tiopronin</i>	62
<i>tiopronin delayed-rel</i>	62
<i>tiotropium bromide monohydrate</i>	72
<i>TIVICAY</i>	24
<i>tizanidine hcl</i>	47
<i>TOBRADEX OIN 0.3-0.1%</i>	69
<i>TOBRADEX ST SUS 0.3-0.05</i>	69
<i>tobramycin</i>	70
<i>tobramycin inhalation solution</i>	73
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	69
<i>TOBREX</i>	70
<i>tolterodine</i>	62
<i>tolterodine ext-rel</i>	62

<i>tolvaptan</i>	57	TRIBENZOR40- TAB 5-12.5MG.....	33
TOPAMAX	43	TRIBENZOR40- TAB 5-25MG	33
TOPAMAX SPRINKLE	43	<i>trientine</i>	53
<i>topiramate</i>	43	<i>trifluoperazine hcl</i>	41
<i>topiramate ext-rel</i>	43	<i>trifluridine</i>	70
<i>topotecan hcl</i>	30	<i>trihexyphenidyl hcl</i>	40
<i>torseamide</i>	36	TRIJARDY XR TAB	49
TOUJEO	51	TRILIPIX	34
TRADJENTA	49	<i>trimethobenzamide</i>	59
<i>tramadol</i>	22	<i>trimethoprim</i>	27
<i>tramadol ext-rel</i>	22	TRINTELLIX	39
<i>trandolapril</i>	31	TRIPTODUR	53
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	31	TRIUMEQ PD TAB	24
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	31	TRIUMEQ TAB	24
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	31	<i>tropium</i>	62
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	31	<i>tropium ext-rel</i>	62
<i>tranylcypromine sulfate</i>	39	TRULANCE	60
<i>travoprost</i>	71	TRULICITY	50
TRAZIMERA.....	28	TRUQAP	30
<i>trazodone</i>	39	TUDORZA PRESSAIR.....	72
TRELEGY AER 100MCG.....	72	TWIIST INSULIN INFUSION PUMP AND SUPPLIES	55
TRELEGY AER 200MCG	72	TWYNEO CRE 0.1-3%	75
TREMFYA INTRAVENOUS.....	64	TYMLOS	53
TREMFYA SUBCUTANEOUS.....	66, 67, 68	TYSABRI.....	46
<i>treprostinil</i>	37	TYVASO	37
TRESIBA.....	51	TYVASO DPI	37
<i>tretinoin</i>	75	U	
<i>tretinoin (chemotherapy)</i>	30	UBRELVY.....	45
<i>triamcinolone</i>	77	UPTRAVI	38
<i>triamcinolone acetoneide (mouth)</i>	78	UPTRAVI PACK TAB 200/800.....	38
<i>triamterene</i>	36	<i>ursodiol</i>	60
<i>triamterene-hydrochlorothiazide cap 37.5- 25 mg</i>	36	V	
<i>triamterene-hydrochlorothiazide tab 37.5- 25 mg</i>	36	VAGIFEM.....	57
<i>triamterene-hydrochlorothiazide tab 75-50 mg</i>	36	<i>valacyclovir</i>	25
TRIBENZOR20- TAB 5-12.5MG.....	33	<i>valganciclovir</i>	25
TRIBENZOR40- TAB 10-12.5	33	<i>valproic acid</i>	43
TRIBENZOR40- TAB 10-25MG	33	<i>valrubicin</i>	28
		<i>valsartan</i>	33
		<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	33
		<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	33

<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	33
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	33
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	33
<i>vancomycin</i>	27
<i>varenicline tartrate</i>	48
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	48
VARUBI	59
VASERETIC TAB 10-25MG	31
VELSIPITY	68
VELTASSA	58
VEMLIDY	26
<i>venlafaxine</i>	39
<i>venlafaxine ext-rel</i>	39
<i>venlafaxine hcl</i>	39
<i>verapamil ext-rel</i>	36
VERQUVO	37
VIBERZI	60
VICTOZA	50
<i>vigabatrin</i>	43
VIGAMOX	70
VIIBRYD	39
VIIBRYD KIT STARTER	39
<i>vilazodone</i>	39
VIOKACE TAB 10440	60
VIOKACE TAB 20880	60
VISTOGARD	30
VITRAKVI	30
<i>voriconazole</i>	23
VOSEVI TAB	26
VRAYLAR	41
VRAYLAR CAP 1.5-3MG	41
VTAMA	76
VUMERITY	46
VYTORIN TAB 10-10MG	34
VYTORIN TAB 10-20MG	34
VYTORIN TAB 10-40MG	34
VYTORIN TAB 10-80MG	34
VYVGART	46
VYVGART INJ HYTRULO	46

W	
WAKIX	47
<i>warfarin</i>	62
WEGOVY	52
WELLBUTRIN SR	39
WELLBUTRIN XL	39
WINLEVI	75
X	
XARELTO	62
XARELTO STAR TAB 15/20MG	62
XCOPRI	43
XCOPRI PAK 100-150	43
XCOPRI PAK 12.5-25	43
XCOPRI PAK 150-200	43
XCOPRI PAK 50-100MG	43
XCOPRI PAK 50-200MG	43
XDEMVY	70
XELJANZ	67, 68
XELJANZ XR	67, 68
XEOMIN	44
XIFAXAN	27
XIGDUO XR TAB 10-1000	52
XIGDUO XR TAB 10-500MG	52
XIGDUO XR TAB 2.5-1000	52
XIGDUO XR TAB 5-1000MG	52
XIGDUO XR TAB 5-500MG	52
XIIDRA	71
XOLAIR	73
XOSPATA	30
XTAMPZA ER	22
XTANDI	28
XULTOPHY INJ 100/3.6	50
XYNTHA	63
XYOSTED	48
XYWAV SOL 0.5GM/ML	47
Y	
YONSA	29
YUPELRI	72
Z	
<i>zafirlukast</i>	73
<i>zaleplon</i>	45
ZANAFLEX	47
ZARONTIN	43
ZEGALOGUE	56

ZEJULA	30	ZITUVIMET TAB 50-500MG.....	49
ZEMAIRA.....	71, 72	ZITUVIMET XR TAB 100-1000.....	49
ZEMBRACE SYMTOUCH	46	ZITUVIMET XR TAB 50-1000	49
ZENPEP CAP 10000UNT	61	ZITUVIMET XR TAB 50-500MG.....	49
ZENPEP CAP 15000UNT	61	ZITUVIO	49
ZENPEP CAP 20000UNT	61	ZOCOR	34
ZENPEP CAP 25000UNT.....	61	<i>zoledronic acid</i>	53
ZENPEP CAP 3000UNIT	60	<i>zolmitriptan</i>	46
ZENPEP CAP 40000UNT	61	<i>zolpidem</i>	45
ZENPEP CAP 5000UNIT	60	<i>zolpidem ext-rel</i>	45
ZENPEP CAP 60000UNT	61	<i>zolpidem sublingual</i>	45
ZEPBOUND.....	52	<i>zonisamide</i>	43
ZEPOSIA.....	47, 68	ZORYVE.....	76
ZEPOSIA 7DAY CAP STR PACK	47, 68	ZUBSOLV SUB 0.7-0.18.....	47
ZEPOSIA CAP STR KIT 28 DAY	47	ZUBSOLV SUB 1.4-0.36.....	47
ZEPOSIA CAP STR KIT 37 DAY	47, 68	ZUBSOLV SUB 11.4-2.9.....	47
ZERVIAE.....	71	ZUBSOLV SUB 2.9-0.71.....	47
ZESTRIL.....	31	ZUBSOLV SUB 5.7-1.4	47
<i>zidovudine</i>	24	ZUBSOLV SUB 8.6-2.1	47
<i>zileuton ext-rel</i>	73	ZURZUVAE	39
<i>ziprasidone</i>	41	ZYDELIG.....	30
ZIRABEV	28	ZYKADIA	30
ZITUVIMET TAB 50-1000	49		