



United Mine Workers of America Health and Retirement Funds Supplemental Formulary for American Consolidated Natural Resources, Oak Grove and the UMWA International Plans 2025

Effective July 1, 2025

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

Table of Contents

INTRODUCTION	9
NONDISCRIMINATION STATEMENT	9
PREFACE.....	12
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	12
GENERIC SUBSTITUTION	12
FUNDS SUPPLEMENTAL FORMULARY PREFERRED PRODUCT PROGRAM	13
PRIOR AUTHORIZATION (PA)	15
SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS	16
ADVANCED CONTROL SPECIALTY FORMULARY®	17
QUANTITY LIMITS.....	17
LEGEND.....	18
NOTICE	18
FUNDS' WEBSITE.....	19
ANALGESICS.....	20
COX-2 INHIBITORS	20
GOUT	20
MISCELLANEOUS.....	20
NSAIDS	20
NSAIDS, COMBINATIONS.....	20
OPIOID ANALGESICS	20
OPIOID PARTIAL AGONISTS	21
SALICYLATES	21
VISCOSUPPLEMENTS	21
ANESTHETICS.....	21
LOCAL ANESTHETICS.....	21
ANTI-INFECTIVES.....	22
ANTHELMINTICS.....	22
ANTI-BACTERIALS - MISCELLANEOUS.....	22
ANTIFUNGALS	22
ANTIMALARIALS	22
ANTIRETROVIRAL AGENTS	22
ANTIRETROVIRAL COMBINATION AGENTS.....	23
ANTITUBERCULAR AGENTS.....	23
ANTIVIRALS	24
CEPHALOSPORINS.....	24
ERYTHROMYCINS/MACROLIDES	24
FLUOROQUINOLONES	24
HEPATITIS B.....	25
HEPATITIS C.....	25
MISCELLANEOUS.....	25
PENICILLINS	26
TETRACYCLINES.....	26

ANTINEOPLASTIC AGENTS	26
ALKYLATING AGENTS.....	26
ANTIBIOTICS.....	27
ANTIMETABOLITES.....	27
BIOLOGIC RESPONSE MODIFIERS	27
BIOSIMILARS.....	27
HORMONAL ANTINEOPLASTIC AGENTS	27
KINASE INHIBITORS	28
MISCELLANEOUS.....	29
MITOTIC INHIBITORS	29
MONOCLONAL ANTIBODIES	29
PROTEASOME INHIBITORS	29
PROTECTIVE AGENTS	29
TOPOISOMERASE INHIBITORS.....	29
CARDIOVASCULAR.....	29
ACE INHIBITOR COMBINATIONS	29
ACE INHIBITORS	30
ALDOSTERONE RECEPTOR ANTAGONISTS	30
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS.....	31
ANGIOTENSIN II RECEPTOR ANTAGONISTS.....	32
ANTIARRHYTHMICS	32
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS.....	32
ANTILIPEMICS, BILE ACID RESINS.....	32
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	32
ANTILIPEMICS, FIBRATES	33
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	33
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS.....	33
ANTILIPEMICS, MISCELLANEOUS	33
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	33
ANTILIPEMICS, PCSK9 INHIBITORS	33
BETA-BLOCKER/DIURETIC COMBINATIONS.....	33
BETA-BLOCKERS	34
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	34
CALCIUM CHANNEL BLOCKERS.....	34
DIGITALIS GLYCOSIDES.....	35
DIRECT RENIN INHIBITORS/COMBINATIONS	35
DIURETICS	35
HEART FAILURE.....	35
MISCELLANEOUS.....	36
NITRATES	36
PULMONARY ARTERIAL HYPERTENSION	36
CENTRAL NERVOUS SYSTEM.....	37
ALCOHOL DETERRENTS.....	37
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	37

ANTI-ANXIETY	37
ANTIDEMENTIA	37
ANTIDEPRESSANTS	37
ANTIPARKINSONIAN AGENTS	38
ANTIPSYCHOTICS	39
ANTISEIZURE AGENTS	40
ATTENTION DEFICIT HYPERACTIVITY DISORDER	42
BOTULINUM TOXINS	43
FIBROMYALGIA	44
HYPNOTICS	44
MIGRAINE - ERGOTAMINE DERIVATIVES	44
MIGRAINE - MISCELLANEOUS	44
MIGRAINE - MONOCLONAL ANTIBODIES	44
MIGRAINE - TRIPTANS AND COMBINATIONS	44
MISCELLANEOUS	45
MOOD STABILIZERS	45
MOVEMENT DISORDERS	45
MULTIPLE SCLEROSIS AGENTS	45
MUSCULOSKELETAL THERAPY AGENTS	46
MYASTHENIA GRAVIS	46
NARCOLEPSY/CATAPLEXY	46
OPIOID AGONIST/ANTAGONIST	46
OPIOID ANTAGONIST	47
POSTHERPETIC NEURALGIA (PHN)	47
PSYCHOTHERAPEUTIC-MISC	47
SMOKING DETERRENTS	47
ENDOCRINE AND METABOLIC	47
ACROMEGALY	47
ANDROGENS	47
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS	47
ANTIDIABETICS, AMYLIN ANALOGS	47
ANTIDIABETICS, BIGUANIDE	47
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	47
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS	48
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	48
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	48
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	49
ANTIDIABETICS, INSULIN	49
ANTIDIABETICS, INSULIN SENSITIZER	49
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	50
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	50
ANTIDIABETICS, MEGLITINIDE	50
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	50

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2)	
INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	51
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS ..	51
ANTIDIABETICS, SULFONYLUREA	51
ANTIOBESITY	51
CALCIUM RECEPTOR AGONISTS.....	51
CALCIUM REGULATORS, BISPHOSPHONATES.....	51
CALCIUM REGULATORS, MISCELLANEOUS	52
CALCIUM REGULATORS, PARATHYROID HORMONES.....	52
CARNITINE DEFICIENCY AGENTS.....	52
CENTRAL PRECOCIOUS PUBERTY	52
CHELATING AGENTS.....	52
CONTRACEPTIVES.....	52
DIABETIC SUPPLIES	54
ENDOMETRIOSIS	54
FERTILITY REGULATORS	54
GLUCOCORTICOIDS.....	54
GLUCOSE ELEVATING AGENTS.....	55
HEREDITARY TYROSINEMIA TYPE 1 AGENTS.....	55
HUMAN GROWTH HORMONES.....	55
LYSOSOMAL STORAGE DISORDERS.....	55
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE.....	55
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	55
MENOPAUSAL SYMPTOM AGENTS	56
MISCELLANEOUS.....	56
PHOSPHATE BINDER AGENTS	56
POLYNEUROPATHY.....	57
POTASSIUM-REMOVING AGENTS	57
PROGESTINS.....	57
THYROID AGENTS.....	57
UREA CYCLE DISORDER	57
UTERINE FIBROIDS	57
VASOPRESSINS.....	57
VITAMIN D ANALOGS.....	57
GASTROINTESTINAL	58
ANTICHOLINERGICS	58
ANTIDIARRHEALS.....	58
ANTIEMETICS	58
EOSINOPHILIC ESOPHAGITIS.....	58
H2-RECEPTOR ANTAGONISTS.....	58
INFLAMMATORY BOWEL DISEASE.....	58
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	59
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	59
LAXATIVES	59

MISCELLANEOUS.....	59
PANCREATIC ENZYMES	59
PROTON PUMP INHIBITORS.....	60
RECTAL, CORTICOSTEROIDS.....	60
ULCER THERAPY COMBINATIONS.....	60
GENITOURINARY.....	60
BENIGN PROSTATIC HYPERPLASIA.....	60
ERECTILE DYSFUNCTION.....	60
MISCELLANEOUS	61
URINARY ANTISPASMODICS.....	61
VAGINAL ANTI-INFECTIVES.....	61
HEMATOLOGIC.....	61
ANTICOAGULANTS	61
BLEEDING DISORDERS AGENTS.....	61
HEMATOPOIETIC GROWTH FACTORS.....	62
HEMOPHILIA A AGENTS.....	62
HEMOPHILIA B AGENTS	63
MISCELLANEOUS.....	63
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	63
PLATELET AGGREGATION INHIBITORS.....	63
SICKLE CELL DISEASE.....	63
THROMBOCYTOPENIA AGENTS	63
IMMUNOLOGIC AGENTS	63
ALLERGENIC EXTRACTS	63
ALOPECIA AREATA.....	63
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	63
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	64
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	64
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	64
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA	65
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS.....	65
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	65
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	66
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS.....	66
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	67
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS).....	67
HEREDITARY ANGIOEDEMA	68
IMMUNOGLOBULIN.....	68
IMMUNOSUPPRESSANTS	68
MEDICAL DEVICES	68
THYROID AGENTS	68
NUTRITIONAL/SUPPLEMENTS	68
ELECTROLYTES.....	68

VITAMINS	68
OPHTHALMIC	69
ANTI-INFECTIVE/ANTI-INFLAMMATORY	69
ANTI-INFECTIVES	69
ANTI-INFLAMMATORIES	70
ANTIALLERGICS.....	70
ANTIGLAUCOMA BETA-BLOCKERS	70
ANTIGLAUCOMA COMBINATION AGENTS	70
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.....	71
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	71
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS.....	72
ANTICHOLINERGICS	72
ANTI HISTAMINE COMBINATIONS	72
ANTI HISTAMINES.....	72
BETA AGONISTS.....	72
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	72
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS	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, PRURIGO NODULARIS.....	77
DERMATOLOGY, ROSACEA	77
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	78
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 Supplemental Formulary Prescribing Guide** as a useful reference and informational tool. The **Funds Supplemental Formulary Prescribing Guide** can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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

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

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

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

NONDISCRIMINATION STATEMENT

Discrimination is Against the Law

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

The UMWA Health and Retirement Funds:

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

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

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

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

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

Complaint forms are available at

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

Language Services

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

Español (SPANISH)

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

繁體中文 (CHINESE)

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

Polski (POLISH)

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

한국어 (KOREAN)

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

Tiếng Việt (VIETNAMESE)

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

Deutsch (GERMAN)

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

العربية (ARABIC)

ملحوظة: إذا كنت تتحدث انكر 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).

Deitsch (PENNSYLVANIA DUTCH)

Wann du [Deitsch (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۔ کل 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 yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódííłnih 1-800-291-1425 (TTY: 711)

PREFACE

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve clinically 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 SUPPLEMENTAL FORMULARY PREFERRED PRODUCT PROGRAM

Effective 07/01/2025

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 beneficiary will be required to pay the standard copay plus an additional charge. See the appropriate sections for the preferred and non-preferred lists. Additional classes may be added in the future. If you have questions, please call CVS Caremark® Customer Care at 1-800-294-4741. The current Funds Supplemental Formulary Preferred Product Program Drug List is as follows:

DRUG CLASS	PREFERRED	NON-PREFERRED (Extra Charge)
Anticoagulants	<i>dabigatran</i> ELIQUIS XARELTO	PRADAXA
Antidiabetics, DPP-4 Inhibitors	<i>saxagliptin</i> JANUVIA	ONGLYZA TRADJENTA
Antidiabetics, DPP-4 Inhibitor Combinations	<i>saxagliptin/metformin ext-rel</i> JANUMET JANUMET XR TRIJARDY XR	JENTADUETO JENTADUETO XR KOMBIGLYZE XR
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

DRUG CLASS	PREFERRED	NON-PREFERRED (Extra Charge)
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
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

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

- For more information about The Funds' Drug Benefit, go to 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 • Includes brands and generics, where available • Some products may also be subject to quantity limits
Acne	• Adapalene Products (Differin – PA required only in adults age 36 and older, 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) – PA required only in adults age 26 and older • 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

DRUG CLASS	PRODUCTS REQUIRING PA <i>Includes brands and generics, where available</i> <i>Some products may also be subject to quantity limits</i>
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
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
Select Antibacterial and Antifungal Agents	Topical agents (ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, oxiconazole, Nystatin, mupirocin, clindamycin, gentamycin) Oral agents (vancomycin)	No

QUANTITY LIMIT CLASSES	DRUG NAME EXAMPLES <i>Includes brands and generics, where available</i>	PA AVAILABLE <i>To Exceed Initial Quantity Limit</i>
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
Surcharge	Additional charge plus copayment
Preferred	Preferred Product
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

NOTICE

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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 Supplemental Formulary Prescribing Guide* is updated periodically and changes may appear prior to their effective date to allow for client notification.

FUNDS' WEBSITE

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

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 gel 1%; 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
hydrocodone ext-rel cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Preferred

DRUG NAME	FORMULARY STATUS
<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 2.5-325 mg</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 .2mg/ml, 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-acetaminophen soln 5-325 mg/5ml</i>	Preferred
<i>oxycodone-acetaminophen tab 5-325 mg</i>	Preferred
<i>tramadol soln 5mg/ml; tabs 50mg, 75mg, 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>	
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
ANESTHETICS	
LOCAL ANESTHETICS	
<i>chloroprocaine hcl soln 2%, 3%</i>	

DRUG NAME	FORMULARY STATUS
tetracaine hcl soln 1%	
ANTI-INFECTIVES	
ANTHELMINTICS	
EMVERM CHEW 100MG	Preferred
ivermectin tabs 3mg	Preferred
STROMECTOL TABS 3MG	
ANTI-BACTERIALS - MISCELLANEOUS	
sulfadiazine tabs 500mg	
tinidazole tabs 250mg, 500mg	
ANTIFUNGALS	
DIFLUCAN SUSR 10MG/ML, 40MG/ML; TABS 50MG, 100MG, 150MG, 200MG	
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	Preferred
fluconazole inj 200 mg/100ml	
fluconazole inj 400 mg/200ml	
griseofulvin ultramicrosize tabs 125mg, 250mg	
itraconazole caps 100mg; soln 10mg/ml	Preferred
nystatin tabs 500000unit	
terbinafine tabs 250mg	Preferred
voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg	
ANTIMALARIALS	
atovaquone-proguanil hcl tab 62.5-25 mg	
atovaquone-proguanil hcl tab 250-100 mg	
chloroquine phosphate tabs 250mg, 500mg	
hydroxychloroquine sulfate tabs 100mg, 300mg, 400mg	
mefloquine hcl tabs 250mg	
ANTIRETROVIRAL AGENTS	
abacavir soln 20mg/ml; tabs 300mg	Preferred
APRETUDE SUER 600MG/3ML	Preferred
atazanavir caps 150mg, 200mg, 300mg	Preferred
darunavir tabs 600mg, 800mg	Preferred
efavirenz tabs 600mg	Preferred
emtricitabine caps 200mg	Preferred
etravirine tabs 100mg, 200mg	Preferred
fosamprenavir calcium tabs 700mg	
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG, 600MG	Preferred
lamivudine soln 10mg/ml; tabs 150mg, 300mg	Preferred
maraviroc tabs 150mg, 300mg	Preferred
nevirapine susp 50mg/5ml; tabs 200mg	Preferred
nevirapine ext-rel tb24 100mg, 400mg	Preferred

DRUG NAME	FORMULARY STATUS
<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>	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	

DRUG NAME	FORMULARY STATUS
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
<i>moxifloxacin inj 400 mg/250ml</i>	Preferred

DRUG NAME	FORMULARY STATUS
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
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Preferred
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Preferred
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Preferred
<i>trimethoprim tabs 100mg</i>	
<i>vancomycin caps 125mg, 250mg</i>	Preferred
XIFAXAN TABS 550MG	Preferred

PENICILLINS

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

TETRACYCLINES

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>bendamustine hcl solr 25mg, 100mg</i>	
<i>cyclophosphamide caps 25mg, 50mg</i>	

DRUG NAME	FORMULARY STATUS
<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
YONSA TABS 125MG	Preferred

DRUG NAME	FORMULARY STATUS
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KINASE INHIBITORS

ALECENSA CAPS 150MG	Preferred
ALUNBRIG TABS 30MG, 90MG, 180MG	Preferred
ALUNBRIG PAK	Preferred
AUGTYRO CAPS 40MG	Preferred
AUGTYRO CAPS 160MG	
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
<i>sorafenib tosylate tabs 200mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
STIVARGA TABS 40MG	Preferred
<i>sunitinib caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Preferred
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	Preferred
TAGRISSE 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
LUMAKRAS TABS 240MG	
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

<i>ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG</i>	
<i>ALTACE CAPS 1.25MG, 2.5MG, 5MG, 10MG</i>	
<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
VASCEPA CAPS .5GM, 1GM	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>	

DRUG NAME	FORMULARY STATUS
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<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
<i>COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG</i>	
<i>CORGARD TABS 20MG, 40MG, 80MG</i>	
<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/ANTILIPEMIC 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
<i>CADUET TAB 5-10MG</i>	
<i>CADUET TAB 5-20MG</i>	
<i>CADUET TAB 5-40MG</i>	
<i>CADUET TAB 5-80MG</i>	
<i>CADUET TAB 10-10MG</i>	
<i>CADUET TAB 10-20MG</i>	
<i>CADUET TAB 10-40MG</i>	
<i>CADUET TAB 10-80MG</i>	
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
DIRECT RENIN INHIBITORS/COMBINATIONS	
aliskiren tabs 150mg, 300mg	Preferred
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
toremide 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>alprostadil soln 500mcg/ml</i>	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>droxidopa caps 100mg, 200mg, 300mg</i>	
<i>epinephrine sosy 1mg/10ml</i>	
<i>guanfacine hcl tabs 1mg, 2mg</i>	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	Preferred

NITRATES

<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred
<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>apomorphine soct 30mg/3ml</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
CREXONT CAP 35-140MG	Preferred
CREXONT CAP 52.5-210	Preferred
CREXONT CAP 70-280MG	Preferred
CREXONT CAP 87.5-350	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
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DRUG NAME	FORMULARY STATUS
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
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, 200mg; susp 100mg/5ml; tabs 200mg</i>	Preferred
<i>carbamazepine ext-rel cp12 100mg, 200mg, 300mg; tb12 100mg, 200mg, 400mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
CARBATROL CP12 100MG, 200MG, 300MG	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	Preferred
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	Preferred
diazepam conc 5mg/ml; soln 5mg/5ml, 5mg/ml; tabs 2mg, 5mg, 10mg	Preferred
diazepam rectal gel 2.5mg, 10mg, 20mg	Preferred
DILANTIN CAPS 30MG, 100MG	
DILANTIN INFATABS CHEW 50MG	
DILANTIN-125 SUSP 125MG/5ML	
divalproex sodium csdr 125mg; tbec 125mg, 250mg, 500mg	Preferred
divalproex sodium ext-rel tb24 250mg, 500mg	Preferred
ethosuximide caps 250mg; soln 250mg/5ml	Preferred
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	Preferred
gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg	Preferred
lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg	Preferred
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tbdp 25mg, 50mg, 100mg, 200mg	Preferred
lamotrigine ext-rel tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Preferred
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	Preferred
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	Preferred
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	Preferred
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	Preferred
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	Preferred
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg	Preferred
levetiracetam ext-rel tb24 500mg, 750mg	Preferred
MYSOLINE TABS 50MG, 250MG	
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	
oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg	Preferred
oxcarbazepine ext-rel tb24 150mg, 300mg, 600mg	
OXTELLAR XR TB24 150MG, 300MG, 600MG	Preferred
phenobarbital elix 20mg/5ml; soln 65mg/ml, 130mg/ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Preferred

DRUG NAME	FORMULARY STATUS
<i>phenytoin chew 50mg; soln 50mg/ml; susp 100mg/4ml</i>	Preferred
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	Preferred
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	Preferred
<i>primidone tabs 50mg, 250mg</i>	Preferred
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	Preferred
<i>tiagabine tabs 2mg, 4mg, 12mg, 16mg</i>	Preferred
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>	

DRUG NAME	FORMULARY STATUS
<i>amphetamine-dextroamphetamine mixed salts tab 5 mg</i>	Preferred
<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

DRUG NAME	FORMULARY STATUS
FIBROMYALGIA	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	Preferred
SAVELLA MIS TITR PAK	Preferred
HYPNOTICS	
AMBIEN TABS 5MG, 10MG	
AMBIEN CR TBCR 6.25MG, 12.5MG	
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	Preferred
DAYVIGO TABS 5MG, 10MG	Preferred
<i>doxepin tabs 3mg, 6mg</i>	Preferred
EDLUAR SUBL 5MG, 10MG	Surcharge
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Preferred
QUVIVIQ TABS 25MG, 50MG	Preferred
<i>ramelteon tabs 8mg</i>	Preferred
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	
<i>zaleplon caps 5mg, 10mg</i>	Preferred
<i>zolpidem tabs 5mg, 10mg</i>	Preferred
<i>zolpidem ext-rel 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 CPSP 40MG, 60MG, 80MG	
INGREZZA CAP 40-80MG	Preferred
<i>tetrabenazine tabs 12.5mg, 25mg</i>	Preferred
MULTIPLE SCLEROSIS AGENTS	
AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML	Preferred
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; TBPK .25MG	Preferred
OCREVUS SOLN 300MG/10ML	Preferred
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	Preferred
REBIF REBIDO INJ TITRATN	Preferred
REBIF TITRTN INJ PACK	Preferred
<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
LUMRYZ PAK STARTER	
<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

DRUG NAME	FORMULARY STATUS
ZUBSOLV SUB 11.4-2.9	Preferred
OPIOID ANTAGONIST	
KLOXXADO LIQD 8MG/0.1ML	Preferred
naloxone liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	Preferred
naloxone sosy .4mg/ml	
naltrexone hcl tabs 50mg	
POSTHERPETIC NEURALGIA (PHN)	
gabapentin tabs 300mg, 600mg	
GRALISE TABS 300MG, 600MG	Preferred
GRALISE TABS 450MG, 750MG, 900MG	
pregabalin ext-rel tb24 82.5mg, 165mg, 330mg	Preferred
PSYCHOTHERAPEUTIC-MISC	
fluoxetine hcl (pmdd) tabs 10mg, 20mg	
NUDEXTA CAP 20-10MG	Preferred
paroxetine mesylate caps 7.5mg	Preferred
SMOKING DETERRENTS	
bupropion hcl (smoking deterrent) tb12 150mg	
varenicline tartrate tabs .5mg, 1mg	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
octreotide acetate kit 20mg, 30mg	Preferred
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	Preferred
ANDROGENS	
NATESTO GEL 5.5MG/ACT	Preferred
testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act	Preferred
testosterone cypionate soln 100mg/ml, 200mg/ml	
testosterone enanthate soln 200mg/ml	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS	
acarbose tabs 25mg, 50mg, 100mg	
ANTIDIABETICS, AMYLIN ANALOGS	
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML	Preferred
ANTIDIABETICS, BIGUANIDE	
metformin soln 500mg/5ml; tabs 500mg, 850mg, 1000mg	Preferred
metformin ext-rel tb24 500mg, 750mg, 1000mg	Preferred
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	
glipizide-metformin tab 2.5-250 mg	Preferred

DRUG NAME	FORMULARY STATUS
<i>glipizide-metformin tab 2.5-500 mg</i>	Preferred
<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	Surcharge
JENTADUETO TAB 2.5-850	Surcharge
JENTADUETO TAB 2.5-1000	Surcharge
JENTADUETO TAB XR	Surcharge
KOMBIGLYZ XR TAB 2.5-1000	Surcharge
KOMBIGLYZ XR TAB 5-500MG	Surcharge
KOMBIGLYZ XR TAB 5-1000MG	Surcharge
<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
ONGLYZA TABS 2.5MG, 5MG	Surcharge
<i>saxagliptin tabs 2.5mg, 5mg</i>	Preferred
TRADJENTA TABS 5MG	Surcharge
ZITUVIO TABS 25MG, 50MG, 100MG	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
ADLYXIN SOPN 20MCG/0.2ML	Surcharge
BYDUREON BCISE AUIJ 2MG/0.85ML	Surcharge
BYETTA SOPN 5MCG/0.02ML, 10MCG/0.04ML	Surcharge
<i>liraglutide sopn 18mg/3ml</i>	Preferred
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

DRUG NAME	FORMULARY STATUS
VICTOZA SOPN 18MG/3ML	Surcharge
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 50/50KWP	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
NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	Preferred
NOVOLOG MIX INJ 70/30	Preferred
NOVOLOG MIX INJ FLEXPEN	Preferred
TOUJEO SOPN 300UNIT/ML	Preferred
TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	Preferred
ANTIDIABETICS, INSULIN SENSITIZER	
pioglitazone tabs 15mg, 30mg, 45mg	Preferred

DRUG NAME	FORMULARY STATUS
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, 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	Surcharge
INVOKAMET TAB 50-1000	Surcharge
INVOKAMET TAB 150-500	Surcharge
INVOKAMET TAB 150-1000	Surcharge
INVOKAMET XR TAB 50-500MG	Surcharge
INVOKAMET XR TAB 50-1000	Surcharge
INVOKAMET XR TAB 150-500	Surcharge
INVOKAMET XR TAB 150-1000	Surcharge
SEGLUROMET TAB 2.5-500	Surcharge
SEGLUROMET TAB 2.5-1000	Surcharge
SEGLUROMET TAB 7.5-500	Surcharge
SEGLUROMET TAB 7.5-1000	Surcharge
SYNJARDY TAB	Preferred
SYNJARDY TAB 5-500MG	Preferred
SYNJARDY TAB 5-1000MG	Preferred
SYNJARDY TAB 12.5-500	Preferred
SYNJARDY XR TAB	Preferred
SYNJARDY XR TAB 5-1000MG	Preferred
SYNJARDY XR TAB 10-1000	Preferred
SYNJARDY XR TAB 25-1000	Preferred
XIGDUO XR TAB 2.5-1000	Preferred
XIGDUO XR TAB 5-500MG	Preferred
XIGDUO XR TAB 5-1000MG	Preferred
XIGDUO XR TAB 10-500MG	Preferred
XIGDUO XR TAB 10-1000	Preferred

DRUG NAME	FORMULARY STATUS
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	Surcharge
STEGLUJAN TAB 15-100MG	Surcharge

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS

<i>dapagliflozin tabs 5mg, 10mg</i>	
FARXIGA TABS 5MG, 10MG	Preferred
INVOKANA TABS 100MG, 300MG	Surcharge
JARDIANCE TABS 10MG, 25MG	Preferred
STEGLATRO TABS 5MG, 15MG	Surcharge

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

ANTIOBESITY

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

DRUG NAME	FORMULARY STATUS
zoledronic acid conc 4mg/5ml; soln 4mg/100ml, 5mg/100ml	
CALCIUM REGULATORS, MISCELLANEOUS	
calcitonin-salmon soln 200unit/act, 200unit/ml	Preferred
PROLIA SOSY 60MG/ML	Preferred
CALCIUM REGULATORS, PARATHYROID HORMONES	
teriparatide sopn 560mcg/2.24ml	Preferred
TYMLOS SOPN 3120MCG/1.56ML	Preferred
CARNITINE DEFICIENCY AGENTS	
levocarnitine soln 1gm/10ml; tabs 330mg	Preferred
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45MG	Preferred
LUPRON DEPOT-PED KIT 7.5MG, 11.25MG, 15MG, 30MG	Preferred
LUPRON DEPOT-PED (6-MONTH KIT 45MG	
SUPPRELIN LA KIT 50MG	Preferred
TRIPTODUR SRER 22.5MG	Preferred
CHELATING AGENTS	
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg	Preferred
deferiprone tabs 500mg, 1000mg	Preferred
deferoxamine solr 2gm, 500mg	Preferred
penicillamine caps 250mg; tabs 250mg	Preferred
trientine caps 250mg	Preferred
trientine caps 500mg	
CONTRACEPTIVES	
ANNOVERA MIS	Preferred
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	
ethinyl estradiol-drospirenone tab 3-0.02 mg	Preferred
ethinyl estradiol-drospirenone tab 3-0.03 mg	Preferred
ethinyl estradiol-drospirenone-levomefolate tab 3-0.02-0.451 mg	Preferred
ethinyl estradiol-drospirenone-levomefolate tab 3-0.03-0.451 mg	Preferred
ethinyl estradiol-etonogestrel va ring 0.120-0.015 mg/24hr	Preferred
ethinyl estradiol-levonorgestrel 91-day tab 0.1-0.02mg(84) & 0.01mg(7)	Preferred
ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03 mg	Preferred

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

DRUG NAME	FORMULARY STATUS
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 LANCETS / LANCING DEVICES	Preferred
ACCU-CHEK SMARTVIEW STRIPS AND KITS	Preferred
BD ULTRAFINE INSULIN SYRINGES	Preferred
BD ULTRAFINE 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
TWIST 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
GANIRELIX ACETATE SOSY 250MCG/0.5ML	Preferred
MENOPUR SOLR 75UNIT	Preferred
PREGNYL SOLR 10000UNIT	Preferred
GLUCOCORTICOIDS	
CORTEF TABS 5MG, 10MG, 20MG	

DRUG NAME	FORMULARY STATUS
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml, 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	Preferred
<i>fludrocortisone tabs .1mg</i>	Preferred
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	Preferred
MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG	
MEDROL DOSEPAK TBPK 4MG	
<i>methylprednisolone solr 40mg, 125mg, 500mg, 1000mg; susp 40mg/ml, 80mg/ml; tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	Preferred
<i>prednisolone soln 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	Preferred
<i>prednisolone tabs 5mg</i>	
<i>prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Preferred
GLUCOSE ELEVATING AGENTS	
BAQSIMI POWD 3MG/DOSE	Preferred
<i>glucagon, human recombinant kit 1mg</i>	Preferred
GVOKE SOAJ .5MG/0.1ML, 1MG/0.2ML; SOLN 1MG/0.2ML; SOSY .5MG/0.1ML, 1MG/0.2ML	Preferred
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	Preferred
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	Preferred
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	Preferred
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	Preferred
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
GALAFOLD CAPS 123MG	Preferred
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	
CERDELGA CAPS 84MG	Preferred
CEREZYME SOLR 400UNIT	Preferred
<i>miglustat caps 100mg</i>	

DRUG NAME	FORMULARY STATUS
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>	
<i>mifepristone tabs 300mg</i>	Preferred
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
<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>	

DRUG NAME	FORMULARY STATUS
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>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	

DRUG NAME	FORMULARY STATUS
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
EOSINOPHILIC ESOPHAGITIS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	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	
balsalazide caps 750mg	Preferred

DRUG NAME	FORMULARY STATUS
<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	Surcharge
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	
IQIRVO TABS 80MG	Preferred
<i>misoprostol tabs 100mcg, 200mcg</i>	
MOVANTIK TABS 12.5MG, 25MG	Preferred
<i>prucalopride tabs 1mg, 2mg</i>	Preferred
<i>sucrafate 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

DRUG NAME	FORMULARY STATUS
ZENPEP CAP 5000UNT	Preferred
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>avanafil tabs 50mg, 100mg, 200mg</i>	Preferred
<i>sildenafil tabs 25mg, 50mg, 100mg</i>	Preferred
<i>tadalafil tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
MISCELLANEOUS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
<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%	Surcharge
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	Surcharge
<i>solifenacin tabs 5mg, 10mg</i>	Preferred
<i>tolterodine tabs 1mg, 2mg</i>	Preferred
<i>tolterodine ext-rel cp24 2mg, 4mg</i>	Preferred
<i>trospium tabs 20mg</i>	Preferred
<i>trospium ext-rel cp24 60mg</i>	Preferred
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	Surcharge
<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
WILATE INJ	Preferred
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
PROCRIT 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
ALTUVIIIO 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
PYZCHIVA INTRAVENOUS SOLN 130MG/26ML	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
YESINTEK INTRAVENOUS SOLN 130MG/26ML	Preferred

DRUG NAME	FORMULARY STATUS
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
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, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
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, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
PYZCHIVA SUBCUTANEOUS SOSY 45MG/0.5ML, 90MG/ML	Preferred
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
YESINTEK SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
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
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</i>	
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
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
BIMZELX SOAJ 160MG/ML; SOSY 160MG/ML	Preferred
BIMZELX SOAJ 320MG/2ML; SOSY 320MG/2ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
OTEZLA TABS 20MG	
OTEZLA TABS 30MG	Preferred
OTEZLA TAB 10/20	
OTEZLA TAB 10/20/30	Preferred
PYZCHIVA SUBCUTANEOUS SOSY 45MG/0.5ML, 90MG/ML	Preferred
SKYRIZI SUBCUTANEOUS SOAJ 150MG/ML; SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	Preferred
SOTYKTU TABS 6MG	Preferred

DRUG NAME	FORMULARY STATUS
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY Preferred 45MG/0.5ML, 90MG/ML	
TREMFYA SUBCUTANEOUS SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	Preferred
YESINTEK SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
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, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
OTEZLA TABS 20MG	
OTEZLA TABS 30MG	Preferred
OTEZLA TAB 10/20	
OTEZLA TAB 10/20/30	Preferred
PYZCHIVA SUBCUTANEOUS SOSY 45MG/0.5ML, 90MG/ML	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 Preferred 45MG/0.5ML, 90MG/ML	
TREMFYA SUBCUTANEOUS SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	Preferred
YESINTEK SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred

DRUG NAME	FORMULARY STATUS
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, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	Preferred
ORENCIA CLICKJECT SOAJ 125MG/ML	Preferred
ORENCIA SUBCUTANEOUS SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	Preferred
XELJANZ XR TB24 11MG, 22MG	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
PYZCHIVA SUBCUTANEOUS SOSY 45MG/0.5ML, 90MG/ML	Preferred
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
VELSIPITY TABS 2MG	Preferred
YESINTEK SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
ZEPOSIA CAPS .92MG	Preferred
ZEPOSIA 7DAY CAP STR PACK	Preferred
ZEPOSIA CAP STR KIT 37 DAY	Preferred
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	

DRUG NAME	FORMULARY STATUS
OTREXUP SOAJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	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	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	
potassium chloride cpcr 8meq, 10meq; soln 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml; tbcr 8meq, 10meq, 20meq	
potassium chloride liquid soln 10%, 20%	Preferred
potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq	
sodium fluoride chew .25mg, .5mg, 1mg; soln .125mg/drop, .5mg/ml; tabs .5mg, 1mg	
VITAMINS	
b-complex w/ c & folic acid cap 1 mg	
b-complex w/ c & folic acid tab	
b-complex w/ c & folic acid tab 1 mg	
b-complex w/ c & folic acid tab 5 mg	

DRUG NAME	FORMULARY STATUS
<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

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>BESIVANCE SUSP .6%</i>	Preferred
<i>CILOXAN OINT .3%</i>	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>	
<i>OCUFLOX SOLN .3%</i>	
<i>ofloxacin soln .3%</i>	Preferred

DRUG NAME	FORMULARY STATUS
<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%	
XDEMVIY 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
<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

DRUG NAME	FORMULARY STATUS
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	Surcharge
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	
ARALAST NP SOLR 500MG, 1000MG	Preferred
GLASSIA SOLN 1000MG/50ML	Preferred
ZEMAIRA SOLR 1000MG	Preferred
ZEMAIRA SOLR 4000MG, 5000MG	
ANAPHYLAXIS TREATMENT AGENTS	
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	Preferred
<i>epinephrine soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml</i>	Preferred
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	Preferred
BEVESPI AER 9-4.8MCG	Preferred
<i>ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml</i>	Preferred
STIOLTO AER 2.5-2.5	Preferred

DRUG NAME	FORMULARY STATUS
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
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation soln .02%</i>	Preferred
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT; CAPS 18MCG	Preferred
<i>tiotropium bromide monohydrate caps 18mcg</i>	
TUDORZA PRESSAIR AEPB 400MCG/ACT	Surcharge
YUPELRI SOLN 175MCG/3ML	Preferred
ANTIHIISTAMINE COMBINATIONS	
<i>azelastine-fluticasone nasal spray 137-50 mcg/act</i>	Preferred
ANTIHIISTAMINES	
<i>azelastine soln .1%, .15%</i>	Preferred
<i>clemastine fumarate tabs 2.68mg</i>	
<i>cycloheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
<i>levocetirizine soln 2.5mg/5ml; tabs 5mg</i>	
<i>olopatadine soln .6%</i>	Preferred
BETA AGONISTS	
<i>albuterol inhalation solution nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	Preferred
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	
<i>albuterol sulfate cfc-free aers 108mcg/act</i>	Preferred
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	Preferred
<i>levalbuterol tartrate cfc-free aero 45mcg/act</i>	Preferred
SEREVENT AEPB 50MCG/DOSE	Preferred
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	Preferred
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Preferred

DRUG NAME		FORMULARY STATUS
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOSY 300MG/2ML		
XOLAIR SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML Preferred		
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
XHANCE EXHU 93MCG/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, 200MG/1.14ML, 300MG/2ML		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, 20mg, 25mg, 30mg, 35mg, 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 SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 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
VTAMA CREA 1%	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>	

DRUG NAME	FORMULARY STATUS
<i>betamethasone dipropionate augmented crea .05%;</i> <i>gel .05%; lotn .05%; oint .05%</i>	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	
BRYHALI LOTN .01%	Preferred
<i>clobetasol crea .05%; foam .05%; gel .05%; lotn .05%;</i> <i>oint .05%; sham .05%</i>	Preferred
<i>clobetasol propionate soln .05%</i>	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	Preferred
<i>desoximetasone crea .05%, .25%; gel .05%; oint .05%,</i> <i>.25%</i>	Preferred
<i>diflorasone diacetate crea .05%; oint .05%</i>	
DUOBRII LOT	Preferred
<i>fluocinolone acetonide crea .025%; oint .025%; soln</i> <i>.01%</i>	
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	Preferred
<i>fluticasone propionate crea .05%; lotn .05%; oint</i> <i>.005%</i>	
<i>halobetasol crea .05%; oint .05%</i>	Preferred
<i>hydrocortisone crea 1%, 2.5%; oint 1%</i>	Preferred
<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%;</i> <i>soln .1%</i>	Preferred
<i>hydrocortisone valerate crea .2%; oint .2%</i>	
<i>mometasone crea .1%; oint .1%; soln .1%</i>	Preferred
<i>triamcinolone crea .025%, .1%, .5%; lotn .025%, .1%;</i> <i>oint .1%</i>	Preferred
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine ptch 5%</i>	Preferred
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Preferred
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
<i>podofilox gel .5%; soln .5%</i>	
DERMATOLOGY, PRURIGO NODULARIS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
DERMATOLOGY, ROSACEA	
<i>azelaic acid gel 15%</i>	Preferred
<i>brimonidine gel .33%</i>	Preferred
<i>doxycycline monohydrate delayed-rel capsule cpdr</i> <i>40mg</i>	Preferred
FINACEA FOAM 15%	Preferred
<i>ivermectin crea 1%</i>	Preferred
METROCREAM CREA .75%	
METROGEL GEL 1%	

DRUG NAME	FORMULARY STATUS
METROLOTION LOTN .75%	
metronidazole crea .75%; gel .75%, 1%; lotn .75%	Preferred
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
ivermectin (pediculicide) lotn .5%	
malathion lotn .5%	
permethrin crea 5%	
MOUTH/THROAT/DENTAL AGENTS	
cevimeline hcl caps 30mg	
clotrimazole troc 10mg	
EPISIL LIQ	Preferred
lidocaine viscous soln 2%	Preferred
MUGARD LIQ	Preferred
nystatin (mouth-throat) susp 100000unit/ml	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	
triamcinolone acetonide (mouth) pste .1%	
OTIC	
acetic acid soln 2%	Preferred
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Preferred
neomycin-polymyxin b-hydrocortisone otic soln 1%	Preferred
neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%	Preferred
ofloxacin otic soln .3%	Preferred

Index

A	
<i>abacavir</i>	22
<i>abacavir-lamivudine tab 600-300 mg</i>	23
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	23
ABILIFY ASIMTUFII	39
ABILIFY MAINTENA.....	40
<i>abiraterone</i>	27
ABSORICA.....	75
<i>acamprosate calcium</i>	37
<i>acarbose</i>	47
ACCU-CHEK AVIVA PLUS STRIPS AND KITS.....	54
ACCU-CHEK GUIDE STRIPS AND KITS	54
ACCU-CHEK LANCETS / LANCING DEVICES	54
ACCU-CHEK SMARTVIEW STRIPS AND KITS.....	54
ACCUPRIL.....	30
<i>acebutolol</i>	34
<i>acetazolamide</i>	35
<i>acetazolamide sodium</i>	35
<i>acetic acid</i>	78
<i>acitretin</i>	76
ACTONEL.....	51
ACTOPLUS MET TAB 15-500MG.....	50
ACTOPLUS MET TAB 15-850MG.....	50
ACULAR.....	70
ACULAR LS	70
ACUVAIL.....	70
<i>acyclovir</i>	24
ADALIMUMAB-ADAZ.....64, 65, 66, 67	
ADALIMUMAB-FKJP.....64, 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>	25
ADEMPAS	36
ADLYXIN	48
ADVATE.....	62
ADYNOVATE.....	62
AFSTYLA	62
AIMOVIG	44
AIRSUPRA AER 90-80MCG.....	74
AJOVY	44
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	35
ALDACTAZIDE TAB 50/50	35
ALECENSA	28
<i>alendronate</i>	51
<i>alfuzosin ext-rel</i>	60
<i>aliskiren</i>	35
<i>allopurinol</i>	20
<i>alosetron</i>	59
ALPHAGAN P	71
<i>alprazolam</i>	37
ALPROLIX.....	63
<i>alprostadil</i>	36
ALTACE	30
ALTUVIIIIO.....	62
ALUNBRIG.....	28
ALUNBRIG PAK	28
ALVAIZ.....	63
<i>amantadine</i>	38
AMARYL.....	51
AMBIEN	44
AMBIEN CR.....	44
<i>ambrisentan</i>	36
<i>amiloride</i>	35
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	35
<i>amiodarone</i>	32
<i>amitriptyline hcl</i>	37
<i>amlodipine</i>	34
<i>amlodipine-atorvastatin tab 10-10 mg</i>	34
<i>amlodipine-atorvastatin tab 10-20 mg</i>	34
<i>amlodipine-atorvastatin tab 10-40 mg</i>	34
<i>amlodipine-atorvastatin tab 10-80 mg</i>	34
<i>amlodipine-atorvastatin tab 2.5-10 mg</i>	34

amlodipine-atorvastatin tab 2.5-20 mg	34
amlodipine-atorvastatin tab 2.5-40 mg	34
amlodipine-atorvastatin tab 5-10 mg	34
amlodipine-atorvastatin tab 5-20 mg	34
amlodipine-atorvastatin tab 5-40 mg	34
amlodipine-atorvastatin tab 5-80 mg	34
amlodipine besylate-benazepril hcl cap 10-20 mg	30
amlodipine besylate-benazepril hcl cap 10-40 mg	30
amlodipine besylate-benazepril hcl cap 2.5-10 mg	29
amlodipine besylate-benazepril hcl cap 5-10 mg	29
amlodipine besylate-benazepril hcl cap 5-20 mg	29
amlodipine besylate-benazepril hcl cap 5-40 mg	30
amlodipine-olmesartan tab 10-20 mg	31
amlodipine-olmesartan tab 10-40 mg	31
amlodipine-olmesartan tab 5-20 mg	31
amlodipine-olmesartan tab 5-40 mg	31
amlodipine-telmisartan tab 40-10 mg	31
amlodipine-telmisartan tab 40-5 mg	31
amlodipine-telmisartan tab 80-10 mg	31
amlodipine-telmisartan tab 80-5 mg	31
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	31
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	31
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	31
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	31
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	31
amlodipine-valsartan tab 10-160 mg	31
amlodipine-valsartan tab 10-320 mg	31
amlodipine-valsartan tab 5-160 mg	31
amlodipine-valsartan tab 5-320 mg	31
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	60
amoxicillin	26

amoxicillin-clavulanate chew tab 200-28.5 mg	26
amoxicillin-clavulanate chew tab 400-57 mg	26
amoxicillin-clavulanate ext-rel tab 1000-62.5 mg	26
amoxicillin-clavulanate susp 200-28.5 mg/5ml	26
amoxicillin-clavulanate susp 250-62.5 mg/5ml	26
amoxicillin-clavulanate susp 400-57 mg/5ml	26
amoxicillin-clavulanate susp 600-42.9 mg/5ml	26
amoxicillin-clavulanate tab 250-125 mg ...	26
amoxicillin-clavulanate tab 500-125 mg ...	26
amoxicillin-clavulanate tab 875-125 mg ...	26
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 10 mg	42
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 12.5 mg	42
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 15 mg	42
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 20 mg	42
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg	42
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 30 mg	42
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 37.5 mg	42
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 50 mg	42
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 5 mg	42
amphetamine-dextroamphetamine mixed salts tab 10 mg	43
amphetamine-dextroamphetamine mixed salts tab 12.5 mg	43
amphetamine-dextroamphetamine mixed salts tab 15 mg	43
amphetamine-dextroamphetamine mixed salts tab 20 mg	43

<i>amphetamine-dextroamphetamine mixed salts tab 30 mg</i>	43	AUSTEDO	45
<i>amphetamine-dextroamphetamine mixed salts tab 5 mg</i>	43	AUSTEDO XR	45
<i>amphetamine-dextroamphetamine mixed salts tab 7.5 mg</i>	43	AUSTEDO XR TAB TITR KIT	45
<i>ampicillin</i>	26	AUVI-Q.....	71
<i>ampicillin sodium</i>	26	<i>avanafil</i>	60
<i>anagrelide hcl</i>	63	AVODART	60
<i>anastrozole</i>	27	AVONEX	45
ANNOVERA MIS	52	AVSOLA.....	63
ANORO ELLIPT AER 62.5-25.....	71	<i>azacitidine</i>	27
<i>apomorphine</i>	38	<i>azathioprine</i>	68
<i>aprepitant</i>	58	<i>azelaic acid</i>	77
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	58	<i>azelastine</i>	70, 72
APRETUDE	22	<i>azelastine-fluticasone nasal spray 137-50 mcg/act</i>	72
ARALAST NP	71	<i>azithromycin</i>	24
ARANESP	62	AZSTARYS CAP 26.1-5.2.....	43
ARAZLO	75	AZSTARYS CAP 39.2-7.8	43
ARICEPT	37	AZSTARYS CAP 52.3-10.....	43
<i>aripiprazole</i>	40	AZULFIDINE	58
ARISTADA.....	40	AZULFIDINE EN-TABS.....	58
ARISTADA INITIO.....	40	B	
<i>armodafinil</i>	46	<i>bacitracin (ophthalmic)</i>	69
ARNUITY ELLIPTA.....	74	<i>bacitracin-polymyxin b ophth oint</i>	69
<i>atazanavir</i>	22	<i>baclofen</i>	46
ATELVIA	51	BAFIERTAM	45
<i>atenolol</i>	34	<i>balsalazide</i>	58
<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	33	BAQSIMI	55
<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	33	BASAGLAR.....	49
<i>atomoxetine</i>	43	<i>b-complex w/ c & folic acid cap 1 mg</i>	68
<i>atorvastatin</i>	33	<i>b-complex w/ c & folic acid tab</i>	68
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	22	<i>b-complex w/ c & folic acid tab 1 mg</i>	68
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	22	<i>b-complex w/ c & folic acid tab 5 mg</i>	68
ATROVENT HFA	72	BD ULTRAFINE INSULIN SYRINGES.....	54
AUGMENTIN SUS 125/5ML	26	BD ULTRAFINE NEEDLES	54
AUGMENTIN SUS 250/5ML	26	BELBUCA	21
AUGMENTIN SUS ES-600.....	26	BELSOMRA	44
AUGMENTIN TAB 500MG	26	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	30
AUGTYRO.....	28	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	30
AURYXIA.....	56	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	30
		<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	30

<i>benazepril hcl</i>	30	<i>brimonidine</i>	71, 77
<i>bendamustine hcl</i>	26	<i>brimonidine-timolol soln 0.2-0.5%</i>	70
BENEFIX	63	<i>brinzolamide</i>	71
BENZAC AC WASH	75	BRIVIACT	40
BENZAMYCIN GEL 5-3%	75	<i>bromfenac</i>	70
<i>benzonatate</i>	73	<i>bromocriptine mesylate</i>	38
<i>benzoyl peroxide</i>	75	BRUKINSA	28
<i>benztropine mesylate</i>	38	BRYHALI	77
<i>bepotastine</i>	70	<i>budesonide delayed-rel</i>	59
BESIVANCE	69	<i>budesonide ext-rel</i>	59
BESREMI.....	27	<i>budesonide-formoterol aer 160-4.5</i> <i>mcg/act</i>	74
<i>betaine powder for oral solution</i>	56	<i>budesonide-formoterol aer 80-4.5 mcg/act</i>	74
<i>betamethasone dipropionate (topical)</i>	76	<i>budesonide inhalation</i>	74
<i>betamethasone dipropionate augmented</i>	77	<i>bumetanide</i>	35
<i>betamethasone valerate</i>	77	<i>buprenorphine-naloxone sublingual film 12-</i> <i>3 mg</i>	46
BETASERON	45	<i>buprenorphine-naloxone sublingual film 2-</i> <i>0.5 mg</i>	46
<i>bethanechol chloride</i>	61	<i>buprenorphine-naloxone sublingual film 4-1</i> <i>mg</i>	46
BETIMOL	70	<i>buprenorphine-naloxone sublingual film 8-2</i> <i>mg</i>	46
BETOPTIC S	70	<i>buprenorphine-naloxone sublingual tab 2-</i> <i>0.5 mg</i>	46
BEVESPI AER 9-4.8MCG.....	71	<i>buprenorphine-naloxone sublingual tab 8-2</i> <i>mg</i>	46
<i>bexarotene</i>	29	<i>buprenorphine transdermal</i>	21
<i>bicalutamide</i>	27	<i>bupropion</i>	37
BIKTARVY TAB	23	<i>bupropion ext-rel</i>	38
BIMZELX.....	65	<i>bupropion hcl (smoking deterrent)</i>	47
<i>bismuth-metronidazole-tetracycline cap</i> <i>140-125-125 mg</i>	60	<i>buspirone hcl</i>	37
<i>bisoprolol & hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	33	BYDUREON BCISE	48
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	33	BYETTA	48
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	33	BYOOVIZ	71
<i>bisoprolol fumarate</i>	34	C	
<i>bortezomib</i>	29	CABENUVA SUS 400-600	23
<i>bosentan</i>	36	CABENUVA SUS 600-900	23
BOSULIF	28	<i>cabergoline</i>	56
BRAFTOVI	28	CABOMETYX	28
BREO ELLIPTA INH 100-25.....	74	CADUET TAB 10-10MG.....	34
BREO ELLIPTA INH 200-25	74	CADUET TAB 10-20MG.....	34
BREO ELLIPTA INH 50-25MCG	74	CADUET TAB 10-40MG.....	34
<i>breyna aer 160-4.5 mcg/act</i>	74		
<i>breyna aer 80-4.5 mcg/act</i>	74		
BREZTRI AERO AER SPHERE.....	72		
BRILINTA	63		

CADUET TAB 10-80MG	34	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	39
CADUET TAB 5-10MG	34	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	39
CADUET TAB 5-20MG	34	<i>carbidopa-levodopa ext-rel tab er 25-100 mg</i>	39
CADUET TAB 5-40MG	34	<i>carbidopa-levodopa ext-rel tab er 50-200 mg</i>	39
CADUET TAB 5-80MG	34	CARDURA	60
<i>calcipotriene</i>	76	<i>carglumic acid</i>	57
<i>calcipotriene-betamethasone oint 0.005-0.064%</i>	76	<i>carisoprodol</i>	46
<i>calcipotriene-betamethasone susp 0.005-0.064%</i>	76	<i>carvedilol</i>	34
<i>calcitonin-salmon</i>	52	<i>carvedilol phosphate ext-rel</i>	34
<i>calcitriol</i>	57	CASODEX	27
<i>calcium acetate</i>	56	<i>cefadroxil</i>	24
CALQUENCE	28	<i>cefdinir</i>	24
<i>candesartan</i>	32	<i>cefixime</i>	24
<i>candesartan-hydrochlorothiazide tab 16-12.5 mg</i>	31	<i>cefprozil</i>	24
<i>candesartan-hydrochlorothiazide tab 32-12.5 mg</i>	31	<i>cefuroxime axetil</i>	24
<i>candesartan-hydrochlorothiazide tab 32-25 mg</i>	31	<i>cefuroxime sodium</i>	24
<i>capecitabine</i>	27	<i>celecoxib</i>	20
<i>captopril</i>	30	CELEXA	38
<i>carbamazepine</i>	40	<i>cephalexin</i>	24
<i>carbamazepine ext-rel</i>	40	CERDELGA	55
CARBATROL	41	CEREZYME	55
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	39	<i>cetrorelix acetate</i>	54
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	39	<i>cevimeline hcl</i>	78
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	39	<i>chloramphenicol sodium succinate</i>	25
<i>carbidopa & levodopa tab 10-100 mg</i>	39	<i>chloroprocaine hcl</i>	21
<i>carbidopa & levodopa tab 25-100 mg</i>	39	<i>chloroquine phosphate</i>	22
<i>carbidopa & levodopa tab 25-250 mg</i>	39	<i>chlorpromazine hcl</i>	40
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	39	<i>chlorthalidone</i>	35
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	39	<i>chlorzoxazone</i>	46
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	39	<i>cholestyramine</i>	32
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	39	<i>cholestyramine light</i>	32
		CIBINQO	76
		<i>ciclopirox</i>	76
		<i>ciclopirox solution kit 8%</i>	76
		<i>cilostazol</i>	63
		CILOXAN	69
		CIMDUO TAB 300-300	23
		CIMERLI	71
		<i>cimetidine</i>	58
		<i>cimetidine hcl</i>	58

CIMZIA PREFILLED SYRINGE.....	65
cinacalcet.....	51
CIPRO	24
ciprofloxacin.....	24, 69
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	78
ciprofloxacin inj 200 mg/100ml	24
ciprofloxacin inj 400 mg/200ml.....	24
citalopram	38
clarithromycin.....	24
clarithromycin ext-rel	24
clemastine fumarate	72
CLIMARA PRO DIS WEEKLY	56
clindamycin	25, 75
clindamycin-benzoyl peroxide (refrig) gel 1.2 (1)-5%	75
clindamycin-benzoyl peroxide gel 1.2-2.5%	75
clindamycin-benzoyl peroxide gel 1-5%...75	
clindamycin inj 300 mg/50ml	25
clindamycin inj 600 mg/50ml	25
clindamycin inj 900 mg/50ml	25
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	75
clindamycin phosphate-tretinoin gel 1.2- 0.025%	75
clindamycin phosphate vaginal	61
clobazam.....	41
clobetasol	77
clobetasol propionate	77
clomiphene citrate	54
clomipramine hcl.....	37
clonazepam	41
clonidine	36
clonidine hcl.....	36
clonidine hcl (adhd)	43
clonidine hcl (analgesia)	20
clopidogrel	63
clotrimazole	76, 78
clozapine	40
CLOZARIL	40
codeine-acetaminophen soln 120-12 mg/5ml	20
codeine-acetaminophen tab 300-15 mg ..20	

codeine-acetaminophen tab 300-30 mg ..20	
codeine-acetaminophen tab 300-60 mg ..20	
colchicine	20
colesevelam	32
COLESTID.....	32
colestipol hcl	32
COMBIPATCH DIS	56
COPAXONE.....	45
COPIKTRA.....	28
COREG.....	34
CORGARD	34
CORTEF	54
CORTIFOAM	59
COSENTYX SUBCUTANEOUS.....64, 65, 66	
CREON CAP 12000UNT	59
CREON CAP 24000UNT	59
CREON CAP 3000UNIT.....	59
CREON CAP 36000UNT	59
CREON CAP 6000UNIT	59
CREXONT CAP 35-140MG.....	39
CREXONT CAP 52.5-210.....	39
CREXONT CAP 70-280MG.....	39
CREXONT CAP 87.5-350	39
CRINONE.....	57
cromolyn sodium	70, 73
CUTAQUIG	68
cyanocobalamin	69
cyclobenzaprine	46
cyclobenzaprine hcl.....	46
cyclophosphamide	26
cycloserine	23
cyclosporine	68
cyclosporine (ophth).....	71
cyclosporine modified.....	68
cyproheptadine hcl	72
CYSTAGON.....	56
D	
D.H.E. 45.....	44
dabigatran.....	61
dalfampridine	45
danazol	54
dantrolene sodium	46
dapagliflozin	51

dapagliflozin-metformin ext-rel tb24 10-1000mg	50
dapagliflozin-metformin ext-rel tb24 5-1000mg	50
dapsone	25
dapsone (topical)	75
darifenacin ext-rel.....	61
darunavir	22
dasatinib	28
DAXXIFY	43
DAYVIGO	44
decitabine.....	27
deferasirox	52
deferiprone.....	52
deferoxamine.....	52
DESCOVY TAB 120-15MG	23
DESCOVY TAB 200/25MG	23
desipramine hcl.....	38
desmopressin acetate	57
desmopressin acetate spray	57
desmopressin acetate spray refrigerated	57
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	52
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	52
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	52
desonide	77
desoximetasone	77
desvenlafaxine ext-rel	38
DETROL	61
dexamethasone	55, 70
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	54
dexlansoprazole	60
dexmethylphenidate ext-rel	43
dexmethylphenidate hcl	43
dextroamphetamine sulfate	43
diazepam	41
diazepam rectal	41
dichlorphenamide	35
diclofenac.....	70
diclofenac sodium.....	20

diclofenac sodium-misoprostol delayed release 50-0.2 mg	20
diclofenac sodium-misoprostol delayed release 75-0.2 mg	20
dicloxacillin	26
dicyclomine.....	58
DIFICID	24
diflorasone diacetate	77
DIFLUCAN	22
diflunisal	21
difluprednate	70
digoxin	35
dihydroergotamine mesylate	44
DILANTIN	41
DILANTIN-125	41
DILANTIN INFATABS.....	41
diltiazem ext-rel.....	35
dimethyl fumarate delayed-rel.....	45
dimethyl fumarate delayed-rel starter pack 120 mg & 240 mg	45
diphenoxylate-atropine liq 2.5-0.025 mg/5ml	58
diphenoxylate-atropine tab 2.5-0.025 mg58	
dipyridamole	63
dipyridamole (diagnostic)	68
dipyridamole ext-rel-aspirin cap 25-200 mg	63
disopyramide	32
disulfiram.....	37
divalproex sodium	41
divalproex sodium ext-rel.....	41
donepezil	37
DOPTELET.....	63
dorzolamide.....	71
dorzolamide-timolol sol 22.3-6.8 mg/ml pf	70
dorzolamide-timolol soln 22.3-6.8 mg/ml70	
DOVATO TAB 50-300MG	23
doxazosin	60
doxepin.....	44
doxepin hcl.....	38
doxercalciferol.....	57
doxycycline (monohydrate).....	26
doxycycline hyclate	26

<i>doxycycline monohydrate delayed-rel capsule</i>	77
<i>doxylamine-pyridoxine delayed-rel tab 10-10 mg</i>	58
<i>dronabinol</i>	58
<i>droxidopa</i>	36
<i>DUAVEE TAB 0.45-20</i>	56
<i>DUETACT TAB 30-2MG</i>	50
<i>DUETACT TAB 30-4MG</i>	50
<i>duloxetine</i>	38
<i>DUOBRII LOT</i>	77
<i>DUPIXENT</i>	58, 72, 73, 76, 77
<i>DUROLANE</i>	21
<i>dutasteride</i>	60
<i>dutasteride-tamsulosin cap 0.5-0.4 mg</i> ..	60
E	
<i>econazole</i>	76
<i>EDLUAR</i>	44
<i>efavirenz</i>	22
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	23
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	23
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	23
<i>eletriptan</i>	44
<i>ELFABRIO</i>	55
<i>ELIGARD</i>	27
<i>ELIQUIS</i>	61
<i>ELOCTATE</i>	62
<i>EMGALITY</i>	44
<i>EMPAVELI</i>	63
<i>emtricitabine</i>	22
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	23
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	23
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	23
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	23
<i>EMVERM</i>	22
<i>enalapril</i>	30
<i>enalaprilat</i>	30

<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	30
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	30
<i>ENBREL</i>	64, 66, 67
<i>ENDARI</i>	63
<i>ENDOMETRIN</i>	57
<i>enoxaparin</i>	61
<i>ENSPRYNG</i>	45
<i>ENSTILAR AER</i>	76
<i>entacapone</i>	39
<i>entecavir</i>	25
<i>ENTRESTO CAP 15-16MG</i>	35
<i>ENTRESTO CAP 6-6MG</i>	35
<i>ENTRESTO TAB 24-26MG</i>	35
<i>ENTRESTO TAB 49-51MG</i>	36
<i>ENTRESTO TAB 97-103MG</i>	36
<i>EPCLUSA PAK 150-37.5</i>	25
<i>EPCLUSA PAK 200-50MG</i>	25
<i>EPCLUSA TAB 200-50MG</i>	25
<i>EPCLUSA TAB 400-100</i>	25
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	75
<i>EPIDUO GEL 0.1-2.5%</i>	75
<i>epinephrine</i>	36, 71
<i>EPISIL LIQ</i>	78
<i>eplerenone</i>	30
<i>ergotamine-caffeine tab 1-100 mg</i>	44
<i>ERIVEDGE</i>	27
<i>ERLEADA</i>	27
<i>erlotinib</i>	28
<i>erythromycin</i>	69, 75
<i>erythromycin-benzoyl peroxide gel 5-3%</i> 75	
<i>erythromycins</i>	24
<i>escitalopram</i>	38
<i>esomeprazole delayed-rel</i>	60
<i>esomeprazole sodium</i>	60
<i>ESPEROCT</i>	62
<i>ESTRACE</i>	56
<i>estradiol</i>	56
<i>estradiol-norethindrone tab 0.5-0.1 mg</i>	56
<i>estradiol-norethindrone tab 0.5 mg-2.5 mcg</i>	56
<i>estradiol-norethindrone tab 1-0.5 mg</i>	56
<i>estradiol-norethindrone tab 1 mg-5 mcg</i> ..	56

estradiol vaginal	56
ESTRING.....	56
eszopiclone	44
ethacrynic acid	35
ethambutol hcl.....	23
ethinyl estradiol-drospirenone- levomefolate tab 3-0.02-0.451 mg	52
ethinyl estradiol-drospirenone- levomefolate tab 3-0.03-0.451 mg	52
ethinyl estradiol-drospirenone tab 3-0.02 mg.....	52
ethinyl estradiol-drospirenone tab 3-0.03 mg.....	52
ethinyl estradiol-etonogestrel va ring 0.120- 0.015 mg/24hr	52
ethinyl estradiol-levonorgestrel 91-day tab 0.1-0.02mg(84) & 0.01mg(7)	52
ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03 mg	52
ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03mg(84) & 0.01mg(7)	53
ethinyl estradiol-levonorgestrel continuous tab 90-20 mcg	53
ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-20 mcg (21)	53
ethinyl estradiol-levonorgestrel tab 0.05- 30/0.075-40/0.125-30mg-mcg	53
ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg	53
ethinyl estradiol-levonorgestrel tab 0.1 mg- 20 mcg	53
ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr	53
ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)	53
ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg	53
ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg	53
ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)	53
ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg	53

ethinyl estradiol-norethindrone acetate-iron tab 1-20/1-30/1-35 mg-mcg	53
ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg.....	53
ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg	53
ethinyl estradiol-norethindrone acetate tab 1 mg-20 mcg	53
ethinyl estradiol-norgestimate tab 0.18- 25/0.215-25/0.25-25 mg-mcg	53
ethinyl estradiol-norgestimate tab 0.18- 35/0.215-35/0.25-35 mg-mcg	53
ethinyl estradiol-norgestimate tab 0.25 mg- 35 mcg	53
ethosuximide	41
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	53
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	53
etodolac.....	20
etoposide.....	29
etravirine.....	22
EUCRISA.....	76
EUFLEXXA.....	21
everolimus	28, 68
EVISTA.....	56
EXELON	37
exemestane.....	27
ezetimibe	32
ezetimibe-simvastatin tab 10-10 mg.....	33
ezetimibe-simvastatin tab 10-20 mg	33
ezetimibe-simvastatin tab 10-40 mg	33
ezetimibe-simvastatin tab 10-80 mg	33
F	
FABRAZYME	55
famciclovir.....	24
famotidine	58
famotidine inj 20mg/50ml	58
FARXIGA	51
FASENRA.....	73
felodipine.....	35
fenofibrate.....	33
fenofibric acid delayed-rel	33
FENSOLVI.....	52

<i>fentanyl transdermal</i>	20	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	74
<i>fesoterodine ext-rel</i>	61	<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	74
FETZIMA	38	<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	74
FETZIMA CAP TITRATIO	38	<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	74
FIASP	49	<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	74
FIASP FLEXTOUCH	49	<i>fluvastatin</i>	33
FIASP PENFILL	49	<i>fluvastatin sodium</i>	33
FINACEA	77	<i>fluvoxamine maleate</i>	37
<i>finasteride</i>	60	FML FORTE	70
<i>fingolimod</i>	45	FOCALIN	43
FLAGYL	25	<i>folic acid</i>	69
<i>flecainide acetate</i>	32	<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	69
FLOMAX	60	FOLLISTIM AQ	54
FLOVENT DISKUS	74	<i>fondaparinux</i>	61
FLOVENT HFA	74	<i>formoterol inhalation solution</i>	72
<i>fluconazole</i>	22	FOSAMAX	51
<i>fluconazole inj 200 mg/100ml</i>	22	<i>fosamprenavir calcium</i>	22
<i>fluconazole inj 400 mg/200ml</i>	22	<i>fosinopril</i>	30
<i>fludrocortisone</i>	55	<i>fosinopril-hydrochlorothiazide tab 10-12.5 mg</i>	30
<i>flunisolide</i>	73	<i>fosinopril-hydrochlorothiazide tab 20-12.5 mg</i>	30
<i>fluocinolone acetonide</i>	77	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	54
<i>fluocinonide</i>	77	<i>furosemide</i>	35
<i>fluorometholone (ophth)</i>	70	FYCOMPA	41
<i>fluorouracil</i>	75	FYLNETRA.....	62
<i>fluoxetine</i>	38	G	
<i>fluoxetine hcl (pmdd)</i>	47	<i>gabapentin</i>	41, 47
<i>fluphenazine decanoate</i>	40	GALAFOLD	55
<i>fluphenazine hcl</i>	40	<i>galantamine</i>	37
<i>fluticasone</i>	73	<i>galantamine ext-rel</i>	37
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	74	GANIRELIX ACETATE	54
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	74	GAVRETO	28
<i>fluticasone propionate</i>	77	<i>gefitinib</i>	28
<i>fluticasone propionate diskus</i>	74	GELNIQUE	61
<i>fluticasone propionate hfa</i>	74	GELSYN-3	21
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	74	<i>gemfibrozil</i>	33
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	74		
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	74		
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	74		

GEMTESA.....	61
gentamicin	69, 75
GENVOYA TAB	23
GLASSIA.....	71
glatiramer.....	45
glimepiride.....	51
glipizide	51
glipizide ext-rel.....	51
glipizide-metformin tab 2.5-250 mg	47
glipizide-metformin tab 2.5-500 mg	48
glipizide-metformin tab 5-500 mg	48
glucagon, human recombinant	55
glutamine (sickle cell).....	63
GLYXAMBI TAB 10-5 MG.....	51
GLYXAMBI TAB 25-5 MG	51
GRALISE	47
granisetron.....	58
GRASTEK.....	63
griseofulvin ultramicrosize	22
guanfacine ext-rel.....	43
guanfacine hcl	36
GVOKE.....	55
H	
halobetasol.....	77
haloperidol	40
haloperidol decanoate	40
haloperidol lactate	40
HARVONI PAK.....	25
HARVONI PAK 45-200MG.....	25
HARVONI TAB 45-200MG.....	25
HARVONI TAB 90-400MG.....	25
HUMALOG	49
HUMALOG MIX INJ 50/50KWP	49
HUMALOG MIX INJ 75/25KWP	49
HUMALOG MIX SUS 75/25.....	49
HUMATROPE.....	55
HUMULIN INJ 70/30	49
HUMULIN INJ 70/30KWP	49
HUMULIN N	49
HUMULIN R.....	49
HUMULIN R U-500.....	49
hydralazine hcl.....	36
hydrochlorothiazide	35

hydrocodone-acetaminophen soln 10-325 mg/15ml	21
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	21
hydrocodone-acetaminophen tab 10-300 mg	21
hydrocodone-acetaminophen tab 10-325 mg	21
hydrocodone-acetaminophen tab 2.5-325 mg	21
hydrocodone-acetaminophen tab 5-300 mg	21
hydrocodone-acetaminophen tab 5-325 mg	21
hydrocodone-acetaminophen tab 7.5-300 mg	21
hydrocodone-acetaminophen tab 7.5-325 mg	21
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg.....	73
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	73
hydrocodone ext-rel	20
hydrocortisone	55, 59, 60, 77
hydrocortisone butyrate.....	77
hydrocortisone valerate	77
hydromorphone	21
hydromorphone ext-rel.....	21
hydroxychloroquine sulfate.....	22, 67
hydroxyprogesterone caproate	57
hydroxyurea	29
hydroxyzine hcl.....	72
HYRIMOZ.....	64, 65, 66, 67
I	
ibandronate	51
IBRANCE	28
ibuprofen.....	20
ibuprofen-famotidine tab 800-26.6 mg....	20
icatibant.....	68
icosapent ethyl	33
ILEVRO	70
ILUMYA.....	63
imatinib mesylate	28
imipramine hcl	38

<i>imiquimod</i>	75	<i>ivabradine</i>	36
IMITREX.....	44	<i>ivermectin</i>	22, 77
IMITREX STATDOSE REFILL.....	44	<i>ivermectin (pediculicide)</i>	78
IMITREX STATDOSE SYSTEM.....	44	J	
IMVEXXY	56	JANUMET TAB 50-1000	48
INBRIJA	39	JANUMET TAB 50-500MG.....	48
INCRUSE ELLIPTA.....	72	JANUMET XR TAB 100-1000.....	48
<i>indapamide</i>	35	JANUMET XR TAB 50-1000	48
INGREZZA	45	JANUMET XR TAB 50-500MG.....	48
INGREZZA CAP 40-80MG	45	JANUVIA	48
INLYTA.....	28	JARDIANCE	51
INPEFA.....	36	JENTADUETO TAB 2.5-1000.....	48
INS ASP PROT INJ FLEXPEN.....	49	JENTADUETO TAB 2.5-500	48
INSULIN ASPA INJ 70/30	49	JENTADUETO TAB 2.5-850.....	48
INSULIN ASPART	49	JENTADUETO TAB XR	48
INSULIN LISP INJ PROTAMIN.....	49	JIVI	62
INSULIN LISPRO.....	49	K	
INVOKAMET TAB 150-1000	50	KANJINTI.....	27
INVOKAMET TAB 150-500	50	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> ...68	
INVOKAMET TAB 50-1000.....	50	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>68	
INVOKAMET TAB 50-500MG	50	<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>68	
INVOKAMET XR TAB 150-1000	50	KERENDIA	30
INVOKAMET XR TAB 150-500	50	KESIMPTA.....	45
INVOKAMET XR TAB 50-1000.....	50	<i>ketoconazole</i>	76
INVOKAMET XR TAB 50-500MG	50	<i>ketorolac</i>	70
INVOKANA.....	51	KEVZARA.....	67
<i>ipratropium-albuterol inhalation solution</i>		KISQALI	28
0.5-2.5(3) mg/3ml.....	71	KISQALI FEMARA CO-PACK 200 MG DOSE	
<i>ipratropium bromide (nasal)</i>	72		28
<i>ipratropium inhalation</i>	72	KISQALI FEMARA CO-PACK 400 MG DOSE	
IQIRVO	59		28
<i>irbesartan</i>	32	KISQALI FEMARA CO-PACK 600 MG DOSE	
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>			28
mg	31	KLARON	75
<i>irbesartan-hydrochlorothiazide tab 300-</i>		KLOXXADO	47
12.5 mg	31	KOGENATE FS	62
ISENTRESS	22	KOMBIGLYZ XR TAB 2.5-1000.....	48
<i>isoniazid</i>	23	KOMBIGLYZ XR TAB 5-1000MG	48
<i>isosorbide dinitrate</i>	36	KOMBIGLYZ XR TAB 5-500MG	48
<i>isosorbide dinitrate-hydralazine tab 20-37.5</i>		KOSELUGO	28
mg	36	KOVALTRY	62
<i>isosorbide mononitrate</i>	36	KRAZATI	29
<i>isotretinoin</i>	75	KYLEENA.....	53
<i>itraconazole</i>	22		

L	
labetalol hcl	34
lacosamide	41
LACRISERT	71
lactic acid (ammonium lactate)	77
lactulose	59
lactulose (encephalopathy)	59
lamivudine	22, 25
lamivudine-zidovudine tab 150-300 mg ...	23
lamotrigine	41
lamotrigine ext-rel	41
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	41
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	41
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	41
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	41
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	41
lansoprazole delayed-rel	60
lanthanum carbonate	56
LANTUS	49
lapatinib	28
LASIX	35
latanoprost	71
leflunomide	67
lenalidomide	27
LENVIMA	28
LENVIMA CAP 14 MG	28
LENVIMA CAP 18 MG	28
LENVIMA CAP 24 MG	28
letrozole	27
leuprolide acetate	27
levalbuterol tartrate cfc-free	72
LEVEMIR	49
levetiracetam	41
levetiracetam ext-rel	41
levobunolol hcl	70
levocarnitine	52
levocetirizine	72
levofloxacin	24, 69
levofloxacin inj 250 mg/50ml	24
levofloxacin inj 500 mg/100ml	24
levoleucovorin calcium	29
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	53
levothyroxine	57
lidocaine	77
lidocaine-prilocaine cream 2.5-2.5%	77
lidocaine-prilocaine cream kit 2.5-2.5% ...	77
lidocaine viscous	78
linezolid	25
LINZESS	59
liothyronine	57
liraglutide	48
lisdexamfetamine	43
lisinopril	30
lisinopril-hydrochlorothiazide tab 10-12.5 mg	30
lisinopril-hydrochlorothiazide tab 20-12.5 mg	30
lisinopril-hydrochlorothiazide tab 20-25 mg	30
LITFULO	63
lithium carbonate	45
LOKELMA	57
LO LOESTRIN TAB 1-10-10	53
LONSURF TAB 15-6.14	27
LONSURF TAB 20-8.19	27
loperamide	58
LOPID	33
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	23
lopinavir-ritonavir tab 100-25 mg	23
lopinavir-ritonavir tab 200-50 mg	23
lorazepam	37
losartan	32
losartan-hydrochlorothiazide tab 100-12.5 mg	31
losartan-hydrochlorothiazide tab 100-25 mg	31
losartan-hydrochlorothiazide tab 50-12.5 mg	31
LOTENSIN	30
LOTENSIN HCT TAB 10-12.5	30
LOTENSIN HCT TAB 20-12.5	30

LOTENSIN HCT TAB 20-25MG	30
loteprednol.....	70
lovastatin	33
LOVAZA CAP 1GM.....	33
lubiprostone.....	59
luliconazole	76
LUMAKRAS	29
LUMIGAN	71
LUMRYZ	46
LUMRYZ PAK STARTER.....	46
LUPRON DEPOT-PED.....	52
LUPRON DEPOT-PED (6-MONTH	52
lurasidone	40
LYNPARZA	29
LYUMJEV	49
LYVISPAH	46
M	
malathion.....	78
maraviroc	22
MARINOL	58
MAXIDEX.....	70
MAXITROL OIN 0.1% OP	69
MAXITROL SUS 0.1% OP	69
MAYZENT.....	45
meclizine	58
MEDROL.....	55
MEDROL DOSEPAK	55
medroxyprogesterone	53, 57
mefloquine hcl	22
megestrol acetate.....	27, 57
MEKINIST	28
MEKTOVI	28
meloxicam.....	20
melphalan hcl.....	27
memantine	37
memantine hcl.....	37
memantine titration pak 5-10mg	37
MENOPUR.....	54
mercaptopurine.....	27
mesalamine.....	59
mesalamine delayed-rel	59
mesalamine ext-rel	59
mesalamine w/ cleanser	59
metaxalone	46

metformin.....	47
metformin ext-rel	47
methadone.....	21
methazolamide.....	35
methimazole	57
methocarbamol.....	46
methotrexate sodium	27, 67
methoxsalen	76
methylergonovine maleate.....	56
METHYLIN.....	43
methylphenidate	43
methylphenidate ext-rel.....	43
methylprednisolone	55
metoclopramide.....	58
metolazone	35
metoprolol & hydrochlorothiazide tab 100- 25 mg	34
metoprolol & hydrochlorothiazide tab 100- 50 mg	34
metoprolol & hydrochlorothiazide tab 50-25 mg.....	33
metoprolol succinate ext-rel	34
metoprolol tartrate.....	34
METROCREAM	77
METROGEL	77
METROLOTION	78
metronidazole	25, 78
metronidazole vaginal.....	61
midodrine hcl.....	36
MIEBO.....	71
mifepristone.....	56
miglustat.....	55
minocycline.....	26
minocycline hcl.....	26
mirabegron ext-rel.....	61
MIRENA	53
mirtazapine	38
misoprostol	59
MITIGARE.....	20
mitoxantrone hcl	27
modafinil.....	46
mometasone.....	73, 77
montelukast	73
morphine	21

<i>morphine ext-rel</i>	21	<i>neomycin-polymyxin b-hydrocortisone otic soln 1%</i>	78
MOTEGRITY	59	<i>neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	78
MOUNJARO	48	<i>neomycin-polymyxin-hc ophth susp</i>	69
MOVANTIK.....	59	NEUPRO	39
<i>moxifloxacin</i>	24, 69	NEURONTIN	41
<i>moxifloxacin inj 400 mg/250ml</i>	24	NEVANAC	70
MUGARD LIQ	78	<i>nevirapine</i>	22
MULTAQ	32	<i>nevirapine ext-rel</i>	22
<i>multiple vitamins w/ minerals cap</i>	69	NEXLETOL.....	32
<i>multiple vitamins w/ minerals tab</i>	69	NEXLIZET TAB 180/10MG	32
<i>multivitamins</i>	69	NEXVIAZYME.....	55
<i>mupirocin</i>	75	<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i>	69
<i>mycophenolate mofetil</i>	68	<i>niacin ext-rel</i>	33
<i>mycophenolate sodium</i>	68	<i>nifedipine ext-rel</i>	35
MYFEMBREE TAB	57	NINLARO	29
MYRBETRIQ.....	61	<i>nitisinone</i>	55
MYSOLINE	41	<i>nitrofurantoin</i>	25
N		<i>nitroglycerin</i>	36
<i>nabumetone</i>	20	NITROLINGUAL	36
<i>nadolol</i>	34	NITROSTAT	36
<i>naftifine hcl</i>	76	NIVESTYM.....	62
NAFTIN	76	NORDITROPIN.....	55
<i>naloxone</i>	47	<i>norethindrone (contraceptive)</i>	54
<i>naltrexone hcl</i>	47	<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	54
NAMZARIC CAP	37	<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	54
NAMZARIC CAP 14-10MG.....	37	<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	54
NAMZARIC CAP 21-10MG.....	37	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	54
NAMZARIC CAP 28-10MG.....	37	<i>norethindrone acetate</i>	57
NAMZARIC CAP 7-10MG	37	<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	54
<i>naproxen</i>	20	<i>norethindrone-eth estradiol tab 0.5-35/0.5-35 mg-mcg</i>	54
<i>naratriptan</i>	44	<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	54
NATAZIA TAB	54	<i>nortriptyline hcl</i>	38
<i>nateglinide</i>	50	NOVOEIGHT.....	62
NATESTO	47	NOVOLIN INJ 70/30.....	49
<i>nebivolol</i>	34		
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	69		
<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		

NOVOLIN INJ 70/30 FP	49	<i>omeprazole delayed-rel</i>	60
NOVOLIN N	49	OMNIPOD 5 INSULIN INFUSION PUMP....	54
NOVOLIN R	49	OMNIPOD DASH INSULIN INFUSION PUMP	
NOVOLOG	49		54
NOVOLOG MIX INJ 70/30	49	OMNIPOD INSULIN INFUSION PUMP	54
NOVOLOG MIX INJ FLEXPEN	49	<i>ondansetron</i>	58
NOVOSEVEN RT	61	ONGLYZA	48
NUBEQA	27	ONZETRA XSAIL	44
NUCALA	72, 73	OPSUMIT	36
NUDEXTA CAP 20-10MG	47	OPSYNVI TAB 10-20MG	36
NURTEC ODT	44	OPSYNVI TAB 10-40MG	36
NUWIQ	62	OPZELURA	76
<i>nystatin</i>	22, 76	ORALAIR SUB 300 IR	63
<i>nystatin (mouth-throat)</i>	78	ORENCIA CLICKJECT	67
NYVEPRIA	62	ORENCIA SUBCUTANEOUS	67
○		ORENITRAM	36
OCREVUS	45	ORENITRAM TAB MONTH 1	36
<i>octreotide acetate</i>	47	ORENITRAM TAB MONTH 2	36
OCUFLOX	69	ORENITRAM TAB MONTH 3	36
ODEFSEY TAB	23	ORFADIN	55
ODOMZO	29	ORIAHNN CAP	57
OFEV	73	ORILISSA	54
<i>ofloxacin</i>	69	ORLADEYO	68
<i>ofloxacin otic</i>	78	<i>orlistat</i>	51
<i>olanzapine</i>	40	<i>orphenadrine w/ aspirin & caffeine tab 25-</i>	
<i>olmesartan</i>	32	<i>385-30 mg</i>	46
<i>olmesartan-amlodipine-</i>		<i>orphenadrine w/ aspirin & caffeine tab 50-</i>	
<i>hydrochlorothiazide tab 20-5-12.5 mg</i> ...	31	<i>770-60 mg</i>	46
<i>olmesartan-amlodipine-</i>		<i>oseltamivir</i>	24
<i>hydrochlorothiazide tab 40-10-12.5 mg</i> ...	31	OSPHERA	56
<i>olmesartan-amlodipine-</i>		OTEZLA	65, 66
<i>hydrochlorothiazide tab 40-10-25 mg</i> ...	31	OTEZLA TAB 10/20	65, 66
<i>olmesartan-amlodipine-</i>		OTEZLA TAB 10/20/30	65, 66
<i>hydrochlorothiazide tab 40-5-12.5 mg</i> ...	31	OTREXUP	68
<i>olmesartan-amlodipine-</i>		<i>oxaprozin</i>	20
<i>hydrochlorothiazide tab 40-5-25 mg</i>	31	<i>oxazepam</i>	37
<i>olmesartan-hydrochlorothiazide tab 20-12.5</i>		<i>oxcarbazepine</i>	41
<i>mg</i>	31	<i>oxcarbazepine ext-rel</i>	41
<i>olmesartan-hydrochlorothiazide tab 40-</i>		OXTELLAR XR	41
<i>12.5 mg</i>	31	<i>oxybutynin</i>	61
<i>olmesartan-hydrochlorothiazide tab 40-25</i>		<i>oxybutynin ext-rel</i>	61
<i>mg</i>	31	<i>oxycodone</i>	21
<i>olopatadine</i>	70, 72	<i>oxycodone-acetaminophen soln 5-325</i>	
<i>omega-3 acid ethyl esters cap 1 gm</i>	33	<i>mg/5ml</i>	21

oxycodone-acetaminophen tab 5-325 mg	21	phenytoin	42
OXYTROL	61	phenytoin sodium extended	42
OZEMPIC	48	PHESGO SOL	29
P		pilocarpine hcl (oral)	78
paclitaxel	29	pimecrolimus	76
paclitaxel protein-bound particles for iv		pindolol	34
susp 100 mg	29	pioglitazone	49
pantoprazole delayed-rel	60	pioglitazone-glimepiride tab 30-2 mg	50
pantoprazole sodium	60	pioglitazone-glimepiride tab 30-4 mg	50
paricalcitol	57	pioglitazone-metformin tab 15-500 mg	50
PARLODEL	39	pioglitazone-metformin tab 15-850 mg	50
paroxetine hcl	38	PIQRAY	28
paroxetine hcl ext-rel	38	pirfenidone	73
paroxetine mesylate	47	pitavastatin	33
PAXLOVID TAB 150-100	24	podofilox	77
PAXLOVID TAB 300-100	24	polymyxin b-trimethoprim ophth soln	
pazopanib	28	10000 unit/ml-0.1%	70
pediatric multiple vitamins w/ fl-fe drops		POLYTRIM SOL OP	70
0.25-10 mg/ml	69	potassium chloride	68
pediatric multiple vitamins w/ fluoride chew		potassium chloride liquid	68
tab 0.5 mg	69	potassium chloride microencapsulated	
pediatric multiple vitamins w/ fluoride chew		crystals er	68
tab 1 mg	69	potassium citrate (alkalinizer)	61
pediatric multiple vitamins w/ fluoride soln		PRADAXA	61
0.25 mg/ml	69	pramipexole	39
pediatric multiple vitamins w/ fluoride soln		pramipexole ext-rel	39
0.5 mg/ml	69	prasugrel	63
pediatric vitamins acid w/ fluoride soln 0.25		pravastatin	33
mg/ml	69	PRED MILD	70
pediatric vitamins acid w/ fluoride soln 0.5		prednisolone	55
mg/ml	69	prednisolone acetate	70
peg 3350-electrolytes	59	PREDNISOLONE SODIUM PHOSP	70
pemetrexed	27	prednisolone sodium phosphate	55
penicillamine	52	prednisone	55
penicillin vk	26	pregabalin	42
PENTASA	59	pregabalin ext-rel	47
PEPCID	58	PREGNYL	54
perindopril erbumine	30	PREMARIN	56
PERJETA	29	PREMPHASE TAB	56
permethrin	78	PREMPRO TAB	56
perphenazine	40	PREMPRO TAB 0.3-1.5	56
PHEBURANE	57	PREMPRO TAB 0.45-1.5	56
phenelzine sulfate	38	PREMPRO TAB 0.625-5	56
phenobarbital	41	primidone	42

<i>probenecid</i>	20
PROCARDIA XL	35
<i>prochlorperazine</i>	58
PROCRIPT.....	62
PROCTOFOAM-HC AER 1%	60
<i>progesterone, micronized</i>	57
PROLIA	52
<i>promethazine</i>	58
<i>promethazine-dm syrup 6.25-15 mg/5ml</i> .73	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	73
<i>propafenone hcl</i>	32
<i>propranolol</i>	34
<i>propranolol ext-rel</i>	34
<i>propylthiouracil</i>	57
PROSCAR.....	60
PROVERA	57
<i>prucalopride</i>	59
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	73
PULMICORT FLEXHALER	74
<i>pyrazinamide</i>	23
<i>pyridostigmine bromide</i>	46
<i>pyridoxine hcl</i>	69
<i>pyrimethamine</i>	25
PYZCHIVA INTRAVENOUS	63
PYZCHIVA SUBCUTANEOUS..64, 65, 66, 67	
Q	
QELBREE	43
QSYMIA CAP 11.25-69.....	51
QSYMIA CAP 15-92MG	51
QSYMIA CAP 3.75-23.....	51
QSYMIA CAP 7.5-46MG	51
QTERN TAB 10-5MG	51
QTERN TAB 5-5MG	51
QUESTRAN.....	32
QUESTRAN LIGHT.....	32
<i>quetiapine</i>	40
<i>quetiapine ext-rel</i>	40
<i>quinapril</i>	30
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	30
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	30

<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	30
QULIPTA.....	44
QUVIVIQ	44
QVAR REDHALER	74
R	
RADICAVA ORS	37
RAGWITEK	63
<i>raloxifene</i>	56
<i>ramelteon</i>	44
<i>ramipril</i>	30
<i>ranolazine ext-rel</i>	36
<i>rasagiline</i>	39
REBIF	45
REBIF REBIDO INJ TITRATN.....	45
REBIF TITRTN INJ PACK.....	45
REBINYN	63
REGLAN.....	58
RELENZA	24
RELPAK	44
REMERON	38
REMERON SOLTAB	38
REMICADE	63
<i>repaglinide</i>	50
REPATHA	33
RESTASIS	71
RESTORIL.....	44
RETACRIT.....	62
RETEVMO.....	28
RETIN-A.....	75
REVLIMID	27
RHOPRESSA	71
<i>ribavirin</i>	24, 25
<i>rifampin</i>	23
RINVOQ	64, 65, 66, 67, 76
<i>risedronate</i>	51
<i>risedronate sodium</i>	51
RISPERDAL	40
<i>risperidone</i>	40
RITALIN	43
<i>ritonavir</i>	23
<i>rivastigmine</i>	37
<i>rivastigmine transdermal</i>	37
<i>rizatriptan</i>	44

ROCKLATAN DRO	71
roflumilast.....	73
ropinirole	39
ropinirole ext-rel	39
rosuvastatin.....	33
ROWASA	59
ROZLYTREK	28
RUCONEST	68
rufinamide	42
RUXIENCE	27
RYBELSUS.....	48
RYDAPT	28
RYTARY CAP 145MG	39
RYTARY CAP 195MG	39
RYTARY CAP 245MG	39
RYTARY CAP 95MG.....	39
S	
SANCUSO.....	58
sapropterin.....	56
SAVELLA	44
SAVELLA MIS TITR PAK.....	44
saxagliptin	48
saxagliptin-metformin ext-rel tb24 2.5-1000 mg	48
saxagliptin-metformin ext-rel tb24 5-1000 mg	48
saxagliptin-metformin ext-rel tb24 5-500 mg	48
SAXENDA.....	51
SCEMBLIX.....	28
scopolamine transdermal	58
SEGLUROMET TAB 2.5-1000	50
SEGLUROMET TAB 2.5-500.....	50
SEGLUROMET TAB 7.5-1000	50
SEGLUROMET TAB 7.5-500.....	50
selegiline	39
selenium sulfide	76
SEREVENT	72
SEROQUEL.....	40
sertraline.....	38
sevelamer carbonate	56
sevelamer hcl	56
SEVENFACT.....	61
SIKLOS.....	63

sildenafil.....	36, 60
silodosin	60
silver sulfadiazine	75
SIMBRINZA SUS 1-0.2%.....	71
SIMPONI ARIA	63
simvastatin	33
SINEMET TAB 10-100MG	39
SINEMET TAB 25-100MG	39
sirolimus	68
SKYLA.....	54
SKYRIZI INTRAVENOUS	63
SKYRIZI SUBCUTANEOUS.....	64, 65, 66, 67
sodium fluoride.....	68
sodium phenylbutyrate	57
sod sulfate-pot sulf-mg sulf oral sol 17.5- 3.13-1.6 gm/177ml	59
SOGROYA	55
solifenacin	61
SOLQUA INJ 100/33.....	49
SOMATULINE DEPOT	47
sorafenib tosylate.....	28
sotalol.....	32
sotalol hcl (afib/afl)	32
SOTYKTU	65
SPIRIVA.....	72
spironolactone.....	31
spironolactone-hydrochlorothiazide tab 25- 25 mg	35
STEGLATRO	51
STEGLUJAN TAB 15-100MG	51
STEGLUJAN TAB 5-100MG.....	51
STELARA INTRAVENOUS	63
STELARA SUBCUTANEOUS	65, 66, 67
STIOLTO AER 2.5-2.5	71
STIVARGA	29
STRATTERA	43
STRIVERDI RESPIMAT	72
STROMECTOL	22
sucralfate	59
sulfacetamide	70
sulfacetamide sodium (acne)	75
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	69
sulfadiazine	22

<i>sulfamethoxazole-trimethoprim iv soln</i>	
400-80 mg/5ml	25
<i>sulfamethoxazole-trimethoprim susp 200-</i>	
40 mg/5ml	26
<i>sulfamethoxazole-trimethoprim tab 400-80</i>	
mg	26
<i>sulfamethoxazole-trimethoprim tab 800-</i>	
160 mg	26
<i>sulfasalazine</i>	59
<i>sulfasalazine delayed-rel</i>	59
<i>sulindac</i>	20
<i>sumatriptan</i>	45
<i>sumatriptan-naproxen sodium tab 85-500</i>	
mg	45
<i>sunitinib</i>	29
<i>SUNOSI</i>	46
<i>SUPARTZ FX</i>	21
<i>SUPPRELIN LA</i>	52
<i>SYMBICORT AER 160-4.5</i>	74
<i>SYMBICORT AER 80-4.5</i>	74
<i>SYMLINPEN</i>	47
<i>SYMPROIC</i>	59
<i>SYMTUZA TAB</i>	23
<i>SYNJARDY TAB</i>	50
<i>SYNJARDY TAB 12.5-500</i>	50
<i>SYNJARDY TAB 5-1000MG</i>	50
<i>SYNJARDY TAB 5-500MG</i>	50
<i>SYNJARDY XR TAB</i>	50
<i>SYNJARDY XR TAB 10-1000</i>	50
<i>SYNJARDY XR TAB 25-1000</i>	50
<i>SYNJARDY XR TAB 5-1000MG</i>	50
<i>SYNTHROID</i>	57

T

<i>tacrolimus</i>	68, 76
<i>tadalafil</i>	36, 60
<i>TADLIQ</i>	36
<i>TAFINLAR</i>	29
<i>tafluprost</i>	71
<i>TAGRISSO</i>	29
<i>TAKHZYRO</i>	68
<i>TALICIA CAP</i>	60
<i>tamoxifen citrate</i>	27
<i>tamsulosin</i>	60
<i>tazarotene</i>	75, 76

<i>TEGSEDI</i>	57
<i>telmisartan</i>	32
<i>telmisartan-hydrochlorothiazide tab 40-</i>	
12.5 mg	32
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
mg	32
<i>telmisartan-hydrochlorothiazide tab 80-25</i>	
mg	32
<i>temazepam</i>	44
<i>temozolomide</i>	27
<i>temsirolimus</i>	29
<i>tenofovir disoproxil fumarate</i>	23, 25
<i>terazosin</i>	60
<i>terbinafine</i>	22
<i>terbutaline sulfate</i>	72
<i>terconazole vaginal</i>	61
<i>teriflunomide</i>	45
<i>teriparatide</i>	52
<i>testosterone</i>	47
<i>testosterone cypionate</i>	47
<i>testosterone enanthate</i>	47
<i>tetrabenazine</i>	45
<i>tetracaine hcl</i>	22
<i>tetracycline</i>	26
<i>TEZSPIRE</i>	73
<i>THALOMID</i>	27
<i>theophylline</i>	74
<i>thiothixene</i>	40
<i>tiagabine</i>	42
<i>TIAZAC</i>	35
<i>timolol maleate</i>	70
<i>tinidazole</i>	22
<i>tiopronin</i>	61
<i>tiopronin delayed-rel</i>	61
<i>tiotropium bromide monohydrate</i>	72
<i>TIVICAY</i>	23
<i>tizanidine hcl</i>	46
<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-dexamethasone ophth susp</i>	
0.3-0.1%	69
<i>tobramycin inhalation solution</i>	73
<i>TOBREX</i>	70

<i>tolterodine</i>	61	TRIBENZOR40- TAB 10-12.5.....	32
<i>tolterodine ext-rel</i>	61	TRIBENZOR40- TAB 10-25MG	32
<i>tolvaptan</i>	56	TRIBENZOR40- TAB 5-12.5MG	32
TOPAMAX	42	TRIBENZOR40- TAB 5-25MG.....	32
TOPAMAX SPRINKLE	42	<i>trientine</i>	52
<i>topiramate</i>	42	<i>trifluoperazine hcl</i>	40
<i>topiramate ext-rel</i>	42	<i>trifluridine</i>	70
<i>topotecan hcl</i>	29	<i>trihexyphenidyl hcl</i>	39
<i>torseamide</i>	35	TRIJARDY XR TAB	48
TOUJEO	49	TRILIPIX	33
TRADJENTA	48	<i>trimethobenzamide</i>	58
<i>tramadol</i>	21	<i>trimethoprim</i>	26
<i>tramadol ext-rel</i>	21	TRINTELLIX	38
<i>trandolapril</i>	30	TRIPTODUR.....	52
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	30	TRIUMEQ PD TAB	23
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	30	TRIUMEQ TAB.....	23
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	30	<i>trospium</i>	61
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	30	<i>trospium ext-rel</i>	61
<i>tranylcypromine sulfate</i>	38	TRULANCE.....	59
<i>travoprost</i>	71	TRULICITY	48
TRAZIMERA.....	27	TRUQAP.....	29
<i>trazodone</i>	38	TUDORZA PRESSAIR	72
TRELEGY AER 100MCG.....	72	TWIIST INSULIN INFUSION PUMP AND SUPPLIES	54
TRELEGY AER 200MCG	72	TWYNEO CRE 0.1-3%.....	75
TREMFYA INTRAVENOUS	63	TYMLOS	52
TREMFYA SUBCUTANEOUS.....	65, 66, 67	TYSABRI	45
<i>treprostinil</i>	36	TYVASO	36
TRESIBA	49	TYVASO DPI.....	36
<i>tretinoin</i>	75	U	
<i>tretinoin (chemotherapy)</i>	29	UBRELVY	44
<i>triamcinolone</i>	77	UPTRAVI	37
<i>triamcinolone acetonide (mouth)</i>	78	UPTRAVI PACK TAB 200/800	37
<i>triamterene</i>	35	<i>ursodiol</i>	59
<i>triamterene-hydrochlorothiazide cap 37.5- 25 mg</i>	35	V	
<i>triamterene-hydrochlorothiazide tab 37.5- 25 mg</i>	35	VAGIFEM	56
<i>triamterene-hydrochlorothiazide tab 75-50 mg</i>	35	<i>valacyclovir</i>	24
TRIBENZOR20- TAB 5-12.5MG	32	<i>valganciclovir</i>	24
		<i>valproic acid</i>	42
		<i>valrubicin</i>	27
		<i>valsartan</i>	32
		<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	32

<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	32
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	32
<i>vancomycin</i>	26
<i>varenicline tartrate</i>	47
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	47
VARUBI.....	58
VASCEPA.....	33
VASERETIC TAB 10-25MG.....	30
VELSIPITY.....	67
VELTASSA.....	57
VEMLIDY.....	25
<i>venlafaxine</i>	38
<i>venlafaxine ext-rel</i>	38
<i>venlafaxine hcl</i>	38
<i>verapamil ext-rel</i>	35
VERQUVO.....	36
VIBERZI.....	59
VICTOZA.....	49
<i>vigabatrin</i>	42
VIGAMOX.....	70
VIIBRYD.....	38
VIIBRYD KIT STARTER.....	38
<i>vilazodone</i>	38
VIOKACE TAB 10440.....	59
VIOKACE TAB 20880.....	59
VISTOGARD.....	29
VITRAKVI.....	29
<i>voriconazole</i>	22
VOSEVI TAB.....	25
VRAYLAR.....	40
VRAYLAR CAP 1.5-3MG.....	40
VTAMA.....	76
VUMERITY.....	45
VYTORIN TAB 10-10MG.....	33
VYTORIN TAB 10-20MG.....	33
VYTORIN TAB 10-40MG.....	33
VYTORIN TAB 10-80MG.....	33

VYVGART.....	45
VYVGART INJ HYTRULO.....	45
W	
WAKIX.....	46
<i>warfarin</i>	61
WEGOVY.....	51
WELLBUTRIN SR.....	38
WELLBUTRIN XL.....	38
WILATE INJ.....	62
WINLEVI.....	75
X	
XARELTO.....	61
XARELTO STAR TAB 15/20MG.....	61
XCOPRI.....	42
XCOPRI PAK 100-150.....	42
XCOPRI PAK 12.5-25.....	42
XCOPRI PAK 150-200.....	42
XCOPRI PAK 50-100MG.....	42
XCOPRI PAK 50-200MG.....	42
XDEMVY.....	70
XELJANZ.....	67
XELJANZ XR.....	67
XEOMIN.....	43
XHANCE.....	73
XIFAXAN.....	26
XIGDUO XR TAB 10-1000.....	50
XIGDUO XR TAB 10-500MG.....	50
XIGDUO XR TAB 2.5-1000.....	50
XIGDUO XR TAB 5-1000MG.....	50
XIGDUO XR TAB 5-500MG.....	50
XIIDRA.....	71
XOLAIR.....	73
XOSPATA.....	29
XTAMPZA ER.....	21
XTANDI.....	27
XULTOPHY INJ 100/3.6.....	49
XYNTHA.....	62
XYWAV SOL 0.5GM/ML.....	46
Y	
YESINTEK INTRAVENOUS.....	63
YESINTEK SUBCUTANEOUS.....	65, 66, 67
YONSA.....	27
YUPELRI.....	72

Z	
<i>zafirlukast</i>	73
<i>zaleplon</i>	44
ZANAFLEX	46
ZARONTIN.....	42
ZEGALOGUE	55
ZEJULA	29
ZEMAIRA	71
ZEMBRACE SYMTOUCH.....	45
ZENPEP CAP 10000UNT	60
ZENPEP CAP 15000UNT.....	60
ZENPEP CAP 20000UNT	60
ZENPEP CAP 25000UNT	60
ZENPEP CAP 3000UNIT	59
ZENPEP CAP 40000UNT	60
ZENPEP CAP 5000UNIT	60
ZENPEP CAP 60000UNT	60
ZEPBOUND	51
ZEPOSIA.....	46, 67
ZEPOSIA 7DAY CAP STR PACK	46, 67
ZEPOSIA CAP STR KIT 28 DAY	46
ZEPOSIA CAP STR KIT 37 DAY	46, 67
ZERVIAE	70
ZESTRIL	30
<i>zidovudine</i>	23
<i>zileuton ext-rel</i>	73
<i>ziprasidone</i>	40
ZIRABEV	27
ZITUVIMET TAB 50-1000.....	48
ZITUVIMET TAB 50-500MG.....	48
ZITUVIMET XR TAB 100-1000	48
ZITUVIMET XR TAB 50-1000.....	48
ZITUVIMET XR TAB 50-500MG	48
ZITUVIO	48
ZOCOR.....	33
<i>zoledronic acid</i>	52
<i>zolmitriptan</i>	45
<i>zolpidem</i>	44
<i>zolpidem ext-rel</i>	44
<i>zolpidem sublingual</i>	44
<i>zonisamide</i>	42
ZORYVE	76
ZUBSOLV SUB 0.7-0.18.....	46
ZUBSOLV SUB 1.4-0.36.....	46
ZUBSOLV SUB 11.4-2.9	47
ZUBSOLV SUB 2.9-0.71	46
ZUBSOLV SUB 5.7-1.4	46
ZUBSOLV SUB 8.6-2.1	46
ZURZUVAE	38
ZYDELIG	29
ZYKADIA.....	29