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

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).

ية (ARABIC)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-291-1425 (رقم هاتف الصم والبكم: 711).

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

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

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

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۔ کال کریں 1-800-291-1425 (TTY: 711).

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

Diné Bizaad (Navajo)
Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-291-1425 (TTY: 711)

PREFACE

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve clinically 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	*dabigatran* ELIQUIS XARELTO	PRADAXA
Antidiabetics, DPP-4 Inhibitors	*saxagliptin* JANUVIA	ONGLYZA TRADJENTA
Antidiabetics, DPP-4 Inhibitor Combinations	*saxagliptin/metformin ext-rel* JANUMET JANUMET XR TRIJARDY XR	JENTADUETO JENTADUETO XR KOMBIGLYZE XR
Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents)	*liraglutide* 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	*cyclosporine* MIEBO RESTASIS XIIDRA	LACRISERT
Hypnotics (Sleep Aids)	*doxepin 3mg, 6 mg* *eszopiclone* *ramelteon* *zaleplon* *zolpidem* *zolpidem ext-rel* BELSOMRA DAYVIGO QUVIVIQ	EDLUAR
Irritable Bowel Syndrome with Constipation	*lubiprostone* LINZESS TRULANCE	MOTEGRITY
Respiratory, Long-Acting Anticholinergic Inhalers [1]	INCRUSE ELIPTA SPIRIVA HANDIHALER SPIRIVA RESPIMAT	TUDORZA PRESSAIR
Urinary Antispasmodics (Overactive Bladder)	*darifenacin ext-rel* *fesoterodine ext-rel* *oxybutynin* *oxybutynin ext-rel* *solifenacin* *tolterodine* *tolterodine ext-rel* *trospium* *trospium ext-rel* 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 • *Includes brands and generics, where available* • *Some products may also be subject to quantity limits*
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** *Includes brands and generics, where available*	**PA AVAILABLE** *To Exceed Initial Quantity Limit*
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 *Includes brands and generics, where available*	PA AVAILABLE *To Exceed Initial Quantity Limit*
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

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
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Preferred
hydrocodone-acetaminophen soln 10-325 mg/15ml	Preferred
hydrocodone-acetaminophen tab 2.5-325 mg	Preferred
hydrocodone-acetaminophen tab 5-300 mg	Preferred
hydrocodone-acetaminophen tab 5-325 mg	Preferred
hydrocodone-acetaminophen tab 7.5-300 mg	Preferred
hydrocodone-acetaminophen tab 7.5-325 mg	Preferred
hydrocodone-acetaminophen tab 10-300 mg	Preferred
hydrocodone-acetaminophen tab 10-325 mg	Preferred
hydromorphone liqd 1mg/ml; soln .2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml; tabs 2mg, 4mg, 8mg	Preferred
hydromorphone ext-rel tb24 8mg, 12mg, 16mg, 32mg	Preferred
methadone conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg	Preferred
morphine soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/5ml, 10mg/ml, 20mg/5ml, 50mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg	Preferred
morphine ext-rel cp24 10mg, 20mg, 30mg, 40mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg, 100mg, 120mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg	Preferred
oxycodone caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 20mg, 30mg	Preferred
oxycodone-acetaminophen soln 5-325 mg/5ml	Preferred
oxycodone-acetaminophen tab 5-325 mg	Preferred
tramadol soln 5mg/ml; tabs 50mg, 75mg, 100mg	Preferred
tramadol tabs 25mg	
tramadol ext-rel cp24 100mg, 200mg, 300mg; tb24 100mg, 200mg, 300mg	Preferred
XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG	Preferred
OPIOID PARTIAL AGONISTS	
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	Preferred
buprenorphine transdermal ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	Preferred
SALICYLATES	
diflunisal tabs 500mg	
VISCOSUPPLEMENTS	
DUROLANE PRSY 60MG/3ML	Preferred
EUFLEXXA SOSY 20MG/2ML	Preferred
GELSYN-3 SOSY 16.8MG/2ML	Preferred
SUPARTZ FX SOSY 25MG/2.5ML	Preferred
ANESTHETICS	
LOCAL ANESTHETICS	
chloroprocaine hcl soln 2%, 3%	

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
ritonavir tabs 100mg	Preferred
tenofovir disoproxil fumarate tabs 300mg	Preferred
TIVICAY TABS 10MG, 25MG, 50MG; TBSO 5MG	Preferred
zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg	Preferred
ANTIRETROVIRAL COMBINATION AGENTS	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	
abacavir-lamivudine tab 600-300 mg	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
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Preferred
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Preferred
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Preferred
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Preferred
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Preferred
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Preferred
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Preferred
GENVOYA TAB	Preferred
lamivudine-zidovudine tab 150-300 mg	Preferred
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Preferred
lopinavir-ritonavir tab 100-25 mg	Preferred
lopinavir-ritonavir tab 200-50 mg	Preferred
ODEFSEY TAB	Preferred
SYMTUZA TAB	Preferred
TRIUMEQ PD TAB	Preferred
TRIUMEQ TAB	Preferred
ANTITUBERCULAR AGENTS	
cycloserine caps 250mg	
ethambutol hcl tabs 100mg, 400mg	
isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg	
pyrazinamide tabs 500mg	
rifampin caps 150mg, 300mg; solr 600mg	

DRUG NAME	FORMULARY STATUS
ANTIVIRALS	
acyclovir caps 200mg; tabs 400mg, 800mg	Preferred
famciclovir tabs 125mg, 250mg, 500mg	
oseltamivir caps 30mg, 45mg, 75mg; susr 6mg/ml	Preferred
PAXLOVID TAB 150-100	Preferred
PAXLOVID TAB 300-100	Preferred
RELENZA AEPB 5MG/BLISTER	Preferred
ribavirin solr 6gm	
valacyclovir tabs 1gm, 500mg	Preferred
valganciclovir solr 50mg/ml; tabs 450mg	Preferred
CEPHALOSPORINS	
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	Preferred
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	Preferred
cefuroxime axetil tabs 250mg, 500mg	Preferred
cefuroxime sodium solr 1.5gm, 750mg	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	Preferred
ERYTHROMYCINS/MACROLIDES	
azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	Preferred
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	Preferred
clarithromycin ext-rel tb24 500mg	Preferred
DIFICID SUSR 40MG/ML; TABS 200MG	Preferred
erythromycins cpep 250mg; susr 200mg/5ml, 400mg/5ml; tabs 250mg, 400mg, 500mg; tbec 250mg, 333mg, 500mg	Preferred
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	
ciprofloxacin susr 5gm/100ml, 500mg/5ml; tabs 100mg, 250mg, 500mg, 750mg	Preferred
ciprofloxacin inj 200 mg/100ml	Preferred
ciprofloxacin inj 400 mg/200ml	Preferred
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	Preferred
levofloxacin inj 250 mg/50ml	Preferred
levofloxacin inj 500 mg/100ml	Preferred
moxifloxacin tabs 400mg	Preferred
moxifloxacin inj 400 mg/250ml	Preferred

DRUG NAME	FORMULARY STATUS
HEPATITIS B	
adefovir dipivoxil tabs 10mg	
entecavir tabs .5mg, 1mg	Preferred
lamivudine tabs 100mg	Preferred
tenofovir disoproxil fumarate tabs 300mg	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
ribavirin caps 200mg; tabs 200mg	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	
chloramphenicol sodium succinate solr 1gm	
clindamycin caps 75mg, 150mg, 300mg; soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml; solr 75mg/5ml	Preferred
clindamycin inj 300 mg/50ml	Preferred
clindamycin inj 600 mg/50ml	Preferred
clindamycin inj 900 mg/50ml	Preferred
dapsone tabs 25mg, 100mg	
FLAGYL TABS 500MG	
linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg	Preferred
metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg	Preferred
nitrofurantoin caps 25mg, 50mg, 100mg; susp 25mg/5ml	Preferred
pyrimethamine tabs 25mg	Preferred
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Preferred

DRUG NAME	FORMULARY STATUS
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Preferred
sulfamethoxazole-trimethoprim tab 400-80 mg	Preferred
sulfamethoxazole-trimethoprim tab 800-160 mg	Preferred
trimethoprim tabs 100mg	
vancomycin caps 125mg, 250mg	Preferred
XIFAXAN TABS 550MG	Preferred
PENICILLINS	
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	Preferred
amoxicillin-clavulanate chew tab 200-28.5 mg	Preferred
amoxicillin-clavulanate chew tab 400-57 mg	Preferred
amoxicillin-clavulanate ext-rel tab 1000-62.5 mg	
amoxicillin-clavulanate susp 200-28.5 mg/5ml	Preferred
amoxicillin-clavulanate susp 250-62.5 mg/5ml	Preferred
amoxicillin-clavulanate susp 400-57 mg/5ml	Preferred
amoxicillin-clavulanate susp 600-42.9 mg/5ml	Preferred
amoxicillin-clavulanate tab 250-125 mg	Preferred
amoxicillin-clavulanate tab 500-125 mg	Preferred
amoxicillin-clavulanate tab 875-125 mg	Preferred
ampicillin caps 500mg	
ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	
AUGMENTIN SUS 125/5ML	
AUGMENTIN SUS 250/5ML	
AUGMENTIN SUS ES-600	
AUGMENTIN TAB 500MG	
dicloxacillin caps 250mg, 500mg	Preferred
penicillin vk solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	Preferred
TETRACYCLINES	
doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg	
doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 50mg, 75mg, 100mg, 150mg	Preferred
minocycline caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	Preferred
minocycline hcl tb24 105mg, 135mg	
tetracycline caps 250mg, 500mg	Preferred
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
bendamustine hcl solr 25mg, 100mg	
cyclophosphamide caps 25mg, 50mg	

DRUG NAME	FORMULARY STATUS
melphalan hcl solr 50mg	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	Preferred
ANTIBIOTICS	
mitoxantrone hcl conc 2mg/ml	
valrubicin soln 40mg/ml	
ANTIMETABOLITES	
azacitidine susr 100mg	
capecitabine tabs 150mg, 500mg	Preferred
decitabine solr 50mg	
LONSURF TAB 15-6.14	Preferred
LONSURF TAB 20-8.19	Preferred
mercaptopurine tabs 50mg	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm	
pemetrexed solr 100mg, 500mg, 750mg, 1000mg	Preferred
BIOLOGIC RESPONSE MODIFIERS	
BESREMI SOSY 500MCG/ML	Preferred
ERIVEDGE CAPS 150MG	Preferred
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	Preferred
THALOMID CAPS 50MG, 100MG, 150MG, 200MG	Preferred
BIOSIMILARS	
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	
abiraterone tabs 250mg, 500mg	Preferred
anastrozole tabs 1mg	
bicalutamide tabs 50mg	Preferred
CASODEX TABS 50MG	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	Preferred
ERLEADA TABS 60MG, 240MG	Preferred
exemestane tabs 25mg	
letrozole tabs 2.5mg	
leuprolide acetate kit 1mg/0.2ml	Preferred
megestrol acetate tabs 20mg, 40mg	
NUBEQA TABS 300MG	Preferred
tamoxifen citrate tabs 10mg, 20mg	
XTANDI CAPS 40MG; TABS 40MG, 80MG	Preferred
YONSA TABS 125MG	Preferred

DRUG NAME	FORMULARY STATUS
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
dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	Preferred
erlotinib tabs 25mg, 100mg, 150mg	Preferred
everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg	Preferred
GAVRETO CAPS 100MG	Preferred
gefitinib tabs 250mg	Preferred
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	Preferred
imatinib mesylate tabs 100mg, 400mg	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
lapatinib tabs 250mg	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
pazopanib tabs 200mg	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
sorafenib tosylate tabs 200mg	Preferred

DRUG NAME	FORMULARY STATUS
STIVARGA TABS 40MG	Preferred
sunitinib caps 12.5mg, 25mg, 37.5mg, 50mg	Preferred
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	Preferred
TAGRISSO TABS 40MG, 80MG	Preferred
temsirolimus soln 25mg/ml	
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	
bexarotene caps 75mg	Preferred
hydroxyurea caps 500mg	
KRAZATI TABS 200MG	Preferred
LUMAKRAS TABS 120MG, 320MG	Preferred
LUMAKRAS TABS 240MG	
LYNPARZA TABS 100MG, 150MG	Preferred
ODOMZO CAPS 200MG	Preferred
tretinoin (chemotherapy) caps 10mg	
VISTOGARD PACK 10GM	Preferred
ZEJULA CAPS 100MG	Preferred
ZEJULA TABS 100MG, 200MG, 300MG	
MITOTIC INHIBITORS	
paclitaxel conc 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	
paclitaxel protein-bound particles for iv susp 100 mg	
MONOCLONAL ANTIBODIES	
PERJETA SOLN 420MG/14ML	Preferred
PHESGO SOL	Preferred
PROTEASOME INHIBITORS	
bortezomib solr 3.5mg	Preferred
NINLARO CAPS 2.3MG, 3MG, 4MG	Preferred
PROTECTIVE AGENTS	
levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; solr 50mg	
TOPOISOMERASE INHIBITORS	
etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml	
topotecan hcl soln 4mg/4ml; solr 4mg	
CARDIOVASCULAR	
ACE INHIBITOR COMBINATIONS	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	
amlodipine besylate-benazepril hcl cap 5-10 mg	
amlodipine besylate-benazepril hcl cap 5-20 mg	

DRUG NAME	FORMULARY STATUS
amlodipine besylate-benazepril hcl cap 5-40 mg	
amlodipine besylate-benazepril hcl cap 10-20 mg	
amlodipine besylate-benazepril hcl cap 10-40 mg	
benazepril & hydrochlorothiazide tab 5-6.25 mg	
benazepril & hydrochlorothiazide tab 10-12.5 mg	
benazepril & hydrochlorothiazide tab 20-12.5 mg	
benazepril & hydrochlorothiazide tab 20-25 mg	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	
fosinopril-hydrochlorothiazide tab 10-12.5 mg	Preferred
fosinopril-hydrochlorothiazide tab 20-12.5 mg	Preferred
lisinopril-hydrochlorothiazide tab 10-12.5 mg	Preferred
lisinopril-hydrochlorothiazide tab 20-12.5 mg	Preferred
lisinopril-hydrochlorothiazide tab 20-25 mg	Preferred
LOTENSIN HCT TAB 10-12.5	
LOTENSIN HCT TAB 20-12.5	
LOTENSIN HCT TAB 20-25MG	
quinapril-hydrochlorothiazide tab 10-12.5 mg	Preferred
quinapril-hydrochlorothiazide tab 20-12.5 mg	Preferred
quinapril-hydrochlorothiazide tab 20-25 mg	Preferred
trandolapril-verapamil hcl tab er 1-240 mg	
trandolapril-verapamil hcl tab er 2-180 mg	
trandolapril-verapamil hcl tab er 2-240 mg	
trandolapril-verapamil hcl tab er 4-240 mg	
VASERETIC TAB 10-25MG	
ACE INHIBITORS	
ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	
ALTACE CAPS 1.25MG, 2.5MG, 5MG, 10MG	
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	
captopril tabs 12.5mg, 25mg, 50mg, 100mg	
enalapril soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg	Preferred
enalaprilat soln 1.25mg/ml	
fosinopril tabs 10mg, 20mg, 40mg	Preferred
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Preferred
LOTENSIN TABS 10MG, 20MG, 40MG	
perindopril erbumine tabs 2mg, 4mg, 8mg	
quinapril tabs 5mg, 10mg, 20mg, 40mg	Preferred
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	Preferred
trandolapril tabs 1mg, 2mg, 4mg	
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	
ALDOSTERONE RECEPTOR ANTAGONISTS	
eplerenone tabs 25mg, 50mg	
KERENDIA TABS 10MG, 20MG	Preferred

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

DRUG NAME	FORMULARY STATUS
telmisartan-hydrochlorothiazide tab 40-12.5 mg	Preferred
telmisartan-hydrochlorothiazide tab 80-12.5 mg	Preferred
telmisartan-hydrochlorothiazide tab 80-25 mg	Preferred
TRIBENZOR20- TAB 5-12.5MG	
TRIBENZOR40- TAB 5-12.5MG	
TRIBENZOR40- TAB 5-25MG	
TRIBENZOR40- TAB 10-12.5	
TRIBENZOR40- TAB 10-25MG	
valsartan-hydrochlorothiazide tab 80-12.5 mg	Preferred
valsartan-hydrochlorothiazide tab 160-12.5 mg	Preferred
valsartan-hydrochlorothiazide tab 160-25 mg	Preferred
valsartan-hydrochlorothiazide tab 320-12.5 mg	Preferred
valsartan-hydrochlorothiazide tab 320-25 mg	Preferred
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
candesartan tabs 4mg, 8mg, 16mg, 32mg	Preferred
irbesartan tabs 75mg, 150mg, 300mg	Preferred
losartan tabs 25mg, 50mg, 100mg	Preferred
olmesartan tabs 5mg, 20mg, 40mg	Preferred
telmisartan tabs 20mg, 40mg, 80mg	Preferred
valsartan soln 4mg/ml	
valsartan tabs 40mg, 80mg, 160mg, 320mg	Preferred
ANTIARRHYTHMICS	
amiodarone soln 50mg/ml, 900mg/18ml; tabs 100mg, 200mg, 400mg	Preferred
disopyramide caps 100mg, 150mg	Preferred
flecainide acetate tabs 50mg, 100mg, 150mg	
MULTAQ TABS 400MG	Preferred
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	
sotalol tabs 80mg, 120mg, 160mg, 240mg	Preferred
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS	
NEXLETOL TABS 180MG	Preferred
NEXLIZET TAB 180/10MG	Preferred
ANTILIPEMICS, BILE ACID RESINS	
cholestyramine pack 4gm; powd 4gm/dose	Preferred
cholestyramine light pack 4gm; powd 4gm/dose	
colesevelam pack 3.75gm; tabs 625mg	Preferred
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	
QUESTRAN PACK 4GM; POWD 4GM/DOSE	
QUESTRAN LIGHT POWD 4GM/DOSE	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
ezetimibe tabs 10mg	Preferred

DRUG NAME	FORMULARY STATUS
ANTILIPEMICS, FIBRATES	
fenofibrate caps 30mg, 43mg, 50mg, 67mg, 90mg, 130mg, 134mg, 150mg, 200mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg	Preferred
fenofibric acid delayed-rel cpdr 45mg, 135mg	Preferred
gemfibrozil tabs 600mg	
LOPID TABS 600MG	
TRILIPIX CPDR 45MG, 135MG	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	
atorvastatin tabs 10mg, 20mg, 40mg, 80mg	Preferred
fluvastatin caps 20mg, 40mg	Preferred
fluvastatin sodium tb24 80mg	
lovastatin tabs 10mg, 20mg, 40mg	Preferred
pitavastatin tabs 1mg, 2mg, 4mg	Preferred
pravastatin tabs 10mg, 20mg, 40mg, 80mg	Preferred
rosuvastatin tabs 5mg, 10mg, 20mg, 40mg	Preferred
simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg	Preferred
ZOCOR TABS 10MG, 20MG, 40MG, 80MG	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS	
ezetimibe-simvastatin tab 10-10 mg	Preferred
ezetimibe-simvastatin tab 10-20 mg	Preferred
ezetimibe-simvastatin tab 10-40 mg	Preferred
ezetimibe-simvastatin tab 10-80 mg	Preferred
VYTORIN TAB 10-10MG	
VYTORIN TAB 10-20MG	
VYTORIN TAB 10-40MG	
VYTORIN TAB 10-80MG	
ANTILIPEMICS, MISCELLANEOUS	
niacin ext-rel tbcr 500mg, 750mg, 1000mg	Preferred
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
icosapent ethyl caps .5gm, 1gm	Preferred
LOVAZA CAP 1GM	
omega-3 acid ethyl esters cap 1 gm	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	
atenolol & chlorthalidone tab 50-25 mg	
atenolol & chlorthalidone tab 100-25 mg	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	
metoprolol & hydrochlorothiazide tab 50-25 mg	

DRUG NAME	FORMULARY STATUS
metoprolol & hydrochlorothiazide tab 100-25 mg	
metoprolol & hydrochlorothiazide tab 100-50 mg	
BETA-BLOCKERS	
acebutolol caps 200mg, 400mg	Preferred
atenolol tabs 25mg, 50mg, 100mg	Preferred
bisoprolol fumarate tabs 5mg, 10mg	
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	Preferred
carvedilol phosphate ext-rel cp24 10mg, 20mg, 40mg, 80mg	Preferred
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	
CORGARD TABS 20MG, 40MG, 80MG	
labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg	
metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg	Preferred
metoprolol tartrate soln 5mg/5ml; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	Preferred
nadolol tabs 20mg, 40mg, 80mg	Preferred
nebivolol tabs 2.5mg, 5mg, 10mg, 20mg	Preferred
pindolol tabs 5mg, 10mg	Preferred
propranolol soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	Preferred
propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg	Preferred
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	
amlodipine-atorvastatin tab 2.5-10 mg	Preferred
amlodipine-atorvastatin tab 2.5-20 mg	Preferred
amlodipine-atorvastatin tab 2.5-40 mg	Preferred
amlodipine-atorvastatin tab 5-10 mg	Preferred
amlodipine-atorvastatin tab 5-20 mg	Preferred
amlodipine-atorvastatin tab 5-40 mg	Preferred
amlodipine-atorvastatin tab 5-80 mg	Preferred
amlodipine-atorvastatin tab 10-10 mg	Preferred
amlodipine-atorvastatin tab 10-20 mg	Preferred
amlodipine-atorvastatin tab 10-40 mg	Preferred
amlodipine-atorvastatin tab 10-80 mg	Preferred
CADUET TAB 5-10MG	
CADUET TAB 5-20MG	
CADUET TAB 5-40MG	
CADUET TAB 5-80MG	
CADUET TAB 10-10MG	
CADUET TAB 10-20MG	
CADUET TAB 10-40MG	
CADUET TAB 10-80MG	
CALCIUM CHANNEL BLOCKERS	
amlodipine tabs 2.5mg, 5mg, 10mg	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; tbcr 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
torsemide tabs 5mg, 10mg, 20mg, 100mg	Preferred
triamterene caps 50mg, 100mg	Preferred
triamterene-hydrochlorothiazide cap 37.5-25 mg	Preferred
triamterene-hydrochlorothiazide tab 37.5-25 mg	Preferred
triamterene-hydrochlorothiazide tab 75-50 mg	Preferred
HEART FAILURE	
ENTRESTO CAP 6-6MG	Preferred
ENTRESTO CAP 15-16MG	Preferred
ENTRESTO TAB 24-26MG	Preferred

DRUG NAME	FORMULARY STATUS
ENTRESTO TAB 49-51MG	Preferred
ENTRESTO TAB 97-103MG	Preferred
INPEFA TABS 200MG, 400MG	Preferred
isosorbide dinitrate-hydralazine tab 20-37.5 mg	Preferred
ivabradine tabs 5mg, 7.5mg	Preferred
VERQUVO TABS 2.5MG, 5MG, 10MG	Preferred
MISCELLANEOUS	
alprostadil soln 500mcg/ml	
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	
clonidine hcl tabs .1mg, .2mg, .3mg	
droxidopa caps 100mg, 200mg, 300mg	
epinephrine sosy 1mg/10ml	
guanfacine hcl tabs 1mg, 2mg	
hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg	
midodrine hcl tabs 2.5mg, 5mg, 10mg	
ranolazine ext-rel tb12 500mg, 1000mg	Preferred
NITRATES	
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg	Preferred
isosorbide mononitrate tabs 10mg, 20mg	Preferred
isosorbide mononitrate tb24 30mg, 60mg, 120mg	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	
nitroglycerin soln .4mg/spray; subl .3mg, .4mg, .6mg	Preferred
NITROLINGUAL SOLN .4MG/SPRAY	
NITROSTAT SUBL .3MG, .4MG, .6MG	
PULMONARY ARTERIAL HYPERTENSION	
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	Preferred
ambrisentan tabs 5mg, 10mg	Preferred
bosentan tabs 62.5mg, 125mg	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
sildenafil soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg	Preferred
tadalafil tabs 20mg	Preferred
TADLIQ SUSP 20MG/5ML	Preferred
treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Preferred
TYVASO SOLN .6MG/ML	Preferred
TYVASO DPI POWD 16MCG, 32MCG, 48MCG, 64MCG	Preferred

DRUG NAME	FORMULARY STATUS
UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	Preferred
UPTRAVI PACK TAB 200/800	Preferred
CENTRAL NERVOUS SYSTEM	
ALCOHOL DETERRENTS	
acamprosate calcium tbec 333mg	
disulfiram tabs 250mg, 500mg	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	
RADICAVA ORS SUSP 105MG/5ML	Preferred
ANTIANXIETY	
alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg	Preferred
alprazolam tb24 .5mg, 1mg, 2mg, 3mg	
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	
clomipramine hcl caps 25mg, 50mg, 75mg	
fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	
lorazepam conc 2mg/ml; soln 2mg/ml, 4mg/ml; tabs .5mg, 1mg, 2mg	Preferred
oxazepam caps 10mg, 15mg, 30mg	Preferred
ANTIDEMENTIA	
ARICEPT TABS 5MG, 10MG, 23MG	
donepezil tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg	Preferred
EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR	
galantamine soln 4mg/ml; tabs 4mg, 8mg, 12mg	Preferred
galantamine ext-rel cp24 8mg, 16mg, 24mg	Preferred
memantine soln 2mg/ml; tabs 5mg, 10mg	Preferred
memantine hcl cp24 7mg, 14mg, 21mg, 28mg	
memantine titration pak 5-10mg	Preferred
NAMZARIC CAP	Preferred
NAMZARIC CAP 7-10MG	Preferred
NAMZARIC CAP 14-10MG	Preferred
NAMZARIC CAP 21-10MG	Preferred
NAMZARIC CAP 28-10MG	Preferred
rivastigmine caps 1.5mg, 3mg, 4.5mg, 6mg	Preferred
rivastigmine transdermal pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Preferred
ANTIDEPRESSANTS	
amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
bupropion tabs 75mg, 100mg	Preferred

DRUG NAME	FORMULARY STATUS
bupropion ext-rel tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg, 450mg	Preferred
CELEXA TABS 10MG, 20MG, 40MG	
citalopram soln 10mg/5ml; tabs 10mg, 20mg, 40mg	Preferred
desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
desvenlafaxine ext-rel tb24 25mg, 50mg, 100mg	Preferred
doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	
duloxetine cpep 20mg, 30mg, 40mg, 60mg	Preferred
escitalopram soln 5mg/5ml; tabs 5mg, 10mg, 20mg	Preferred
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	Preferred
FETZIMA CAP TITRATIO	Preferred
fluoxetine caps 10mg, 20mg, 40mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg	Preferred
imipramine hcl tabs 10mg, 25mg, 50mg	
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	Preferred
nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml	
paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg	Preferred
paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg	Preferred
phenelzine sulfate tabs 15mg	
REMERON TABS 15MG, 30MG	
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	
sertraline conc 20mg/ml; tabs 25mg, 50mg, 100mg	Preferred
tranylcypromine sulfate tabs 10mg	
trazodone tabs 50mg, 100mg, 150mg, 300mg	Preferred
TRINTELLIX TABS 5MG, 10MG, 20MG	Preferred
venlafaxine tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	Preferred
venlafaxine ext-rel cp24 37.5mg, 75mg, 150mg	Preferred
venlafaxine hcl tb24 37.5mg, 75mg, 150mg, 225mg	
VIIBRYD TABS 10MG, 20MG, 40MG	Preferred
VIIBRYD KIT STARTER	Preferred
vilazodone tabs 10mg, 20mg, 40mg	Preferred
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	
WELLBUTRIN XL TB24 150MG, 300MG	
ZURZUVAE CAPS 20MG, 25MG, 30MG	Preferred
ANTIPARKINSONIAN AGENTS	
amantadine caps 100mg; soln 50mg/5ml; tabs 100mg	Preferred
apomorphine soct 30mg/3ml	Preferred
benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg	
bromocriptine mesylate caps 5mg; tabs 2.5mg	

DRUG NAME	FORMULARY STATUS
carbidopa & levodopa orally disintegrating tab 10-100 mg	Preferred
carbidopa & levodopa orally disintegrating tab 25-100 mg	Preferred
carbidopa & levodopa orally disintegrating tab 25-250 mg	Preferred
carbidopa & levodopa tab 10-100 mg	Preferred
carbidopa & levodopa tab 25-100 mg	Preferred
carbidopa & levodopa tab 25-250 mg	Preferred
carbidopa-levodopa ext-rel tab er 25-100 mg	Preferred
carbidopa-levodopa ext-rel tab er 50-200 mg	Preferred
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Preferred
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Preferred
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Preferred
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Preferred
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Preferred
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Preferred
CREXONT CAP 35-140MG	Preferred
CREXONT CAP 52.5-210	Preferred
CREXONT CAP 70-280MG	Preferred
CREXONT CAP 87.5-350	Preferred
entacapone tabs 200mg	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	
pramipexole tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Preferred
pramipexole ext-rel tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	Preferred
rasagiline tabs .5mg, 1mg	Preferred
ropinirole tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Preferred
ropinirole ext-rel tb24 2mg, 4mg, 6mg, 8mg, 12mg	Preferred
RYTARY CAP 95MG	Preferred
RYTARY CAP 145MG	Preferred
RYTARY CAP 195MG	Preferred
RYTARY CAP 245MG	Preferred
selegiline caps 5mg; tabs 5mg	Preferred
SINEMET TAB 10-100MG	
SINEMET TAB 25-100MG	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	
ANTIPSYCHOTICS	
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	Preferred

DRUG NAME	FORMULARY STATUS
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	Preferred
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg	Preferred
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	Preferred
ARISTADA INITIO PRSY 675MG/2.4ML	Preferred
chlorpromazine hcl conc 30mg/ml, 100mg/ml; soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	Preferred
CLOZARIL TABS 25MG, 50MG, 100MG, 200MG	
fluphenazine decanoate soln 25mg/ml	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	
haloperidol decanoate soln 50mg/ml, 100mg/ml	
haloperidol lactate conc 2mg/ml; soln 5mg/ml	
lurasidone tabs 20mg, 40mg, 60mg, 80mg, 120mg	Preferred
olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	Preferred
perphenazine tabs 2mg, 4mg, 8mg, 16mg	
quetiapine tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	Preferred
quetiapine ext-rel tb24 50mg, 150mg, 200mg, 300mg, 400mg	Preferred
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Preferred
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	
thiothixene caps 1mg, 2mg, 5mg, 10mg	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	Preferred
VRAYLAR CAP 1.5-3MG	Preferred
ziprasidone caps 20mg, 40mg, 60mg, 80mg; solr 20mg	Preferred
ANTISEIZURE AGENTS	
BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	Preferred
carbamazepine chew 100mg, 200mg; susp 100mg/5ml; tabs 200mg	Preferred
carbamazepine ext-rel cp12 100mg, 200mg, 300mg; tb12 100mg, 200mg, 400mg	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
phenytoin chew 50mg; soln 50mg/ml; susp 100mg/4ml	Preferred
phenytoin sodium extended caps 100mg, 200mg, 300mg	Preferred
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml	Preferred
primidone tabs 50mg, 250mg	Preferred
rufinamide susp 40mg/ml; tabs 200mg, 400mg	Preferred
tiagabine tabs 2mg, 4mg, 12mg, 16mg	Preferred
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	
topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg	Preferred
topiramate cs24 25mg, 50mg, 100mg, 150mg, 200mg	
topiramate ext-rel cp24 25mg, 50mg, 100mg, 200mg	Preferred
valproic acid caps 250mg; soln 250mg/5ml	Preferred
vigabatrin pack 500mg; tabs 500mg	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	
zonisamide caps 25mg, 50mg, 100mg	Preferred
ATTENTION DEFICIT HYPERACTIVITY DISORDER	
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 5 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 10 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 12.5 mg	
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 15 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 20 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg	
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 30 mg	Preferred
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 37.5 mg	
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 50 mg	

DRUG NAME	FORMULARY STATUS
amphetamine-dextroamphetamine mixed salts tab 5 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 7.5 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 10 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 12.5 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 15 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 20 mg	Preferred
amphetamine-dextroamphetamine mixed salts tab 30 mg	Preferred
atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	Preferred
AZSTARYS CAP 26.1-5.2	Preferred
AZSTARYS CAP 39.2-7.8	Preferred
AZSTARYS CAP 52.3-10.	Preferred
clonidine hcl (adhd) tb12 .1mg	
dexmethylphenidate ext-rel cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	Preferred
dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg	
dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg	
FOCALIN TABS 2.5MG, 5MG, 10MG	
guanfacine ext-rel tb24 1mg, 2mg, 3mg, 4mg	Preferred
lisdexamfetamine caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Preferred
METHYLIN SOLN 5MG/5ML, 10MG/5ML	
methylphenidate chew 2.5mg, 5mg, 10mg; ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg	Preferred
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	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
doxepin tabs 3mg, 6mg	Preferred
EDLUAR SUBL 5MG, 10MG	Surcharge
eszopiclone tabs 1mg, 2mg, 3mg	Preferred
QUVIVIQ TABS 25MG, 50MG	Preferred
ramelteon tabs 8mg	Preferred
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	
temazepam caps 7.5mg, 15mg, 22.5mg, 30mg	
zaleplon caps 5mg, 10mg	Preferred
zolpidem tabs 5mg, 10mg	Preferred
zolpidem ext-rel tbcr 6.25mg, 12.5mg	Preferred
zolpidem sublingual subl 1.75mg, 3.5mg	Preferred
MIGRAINE - ERGOTAMINE DERIVATIVES	
D.H.E. 45 SOLN 1MG/ML	
dihydroergotamine mesylate soln 1mg/ml, 4mg/ml	
ergotamine-caffeine tab 1-100 mg	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	
eletriptan tabs 20mg, 40mg	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	
naratriptan tabs 1mg, 2.5mg	Preferred
ONZETRA XSAIL EXHP 11MG/NOSEPC	Preferred
RELPAX TABS 20MG, 40MG	
rizatriptan tabs 5mg, 10mg; tbdp 5mg, 10mg	Preferred

DRUG NAME	FORMULARY STATUS
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	Preferred
sumatriptan-naproxen sodium tab 85-500 mg	
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	Preferred
zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	Preferred
MISCELLANEOUS	
ENSPRYNG SOSY 120MG/ML	Preferred
VYVGART SOLN 400MG/20ML	Preferred
VYVGART INJ HYTRULO	Preferred
MOOD STABILIZERS	
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg	
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
tetrabenazine tabs 12.5mg, 25mg	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
dalfampridine tb12 10mg	
dimethyl fumarate delayed-rel cpdr 120mg, 240mg	Preferred
dimethyl fumarate delayed-rel starter pack 120 mg & 240 mg	Preferred
fingolimod caps .5mg	Preferred
glatiramer sosy 20mg/ml, 40mg/ml	Preferred
KESIMPTA SOAJ 20MG/0.4ML	Preferred
MAYZENT TABS .25MG, 1MG, 2MG; TBPK .25MG	Preferred
OCREVUS SOLN 300MG/10ML	Preferred
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	Preferred
REBIF REBIDO INJ TITRATN	Preferred
REBIF TITRTN INJ PACK	Preferred
teriflunomide tabs 7mg, 14mg	Preferred
TYSABRI CONC 300MG/15ML	Preferred
VUMERITY CPDR 231MG	Preferred

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	
baclofen soln 5mg/5ml, 10mg/5ml, 40mg/20ml, 500mcg/ml, 20000mcg/20ml; tabs 5mg, 10mg, 20mg	
carisoprodol tabs 250mg, 350mg	
chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg	
cyclobenzaprine tabs 5mg, 7.5mg, 10mg	Preferred
cyclobenzaprine hcl cp24 15mg, 30mg	
dantrolene sodium caps 25mg, 50mg, 100mg; solr 20mg	
LYVISPAH PACK 5MG, 10MG, 20MG	Preferred
metaxalone tabs 400mg, 800mg	
methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg	
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	
tizanidine hcl tabs 2mg, 4mg	
ZANAFLEX TABS 4MG	
MYASTHENIA GRAVIS	
pyridostigmine bromide soln 60mg/5ml; tabs 30mg, 60mg; tbcr 180mg	
NARCOLEPSY/CATAPLEXY	
armodafinil tabs 50mg, 150mg, 200mg, 250mg	Preferred
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	Preferred
LUMRYZ PAK STARTER	
modafinil tabs 100mg, 200mg	Preferred
SUNOSI TABS 75MG, 150MG	Preferred
WAKIX TABS 4.45MG, 17.8MG	Preferred
XYWAV SOL 0.5GM/ML	Preferred
OPIOID AGONIST/ANTAGONIST	
buprenorphine-naloxone sublingual film 2-0.5 mg	Preferred
buprenorphine-naloxone sublingual film 4-1 mg	Preferred
buprenorphine-naloxone sublingual film 8-2 mg	Preferred
buprenorphine-naloxone sublingual film 12-3 mg	Preferred
buprenorphine-naloxone sublingual tab 2-0.5 mg	Preferred
buprenorphine-naloxone sublingual tab 8-2 mg	Preferred
ZUBSOLV SUB 0.7-0.18	Preferred
ZUBSOLV SUB 1.4-0.36	Preferred
ZUBSOLV SUB 2.9-0.71	Preferred
ZUBSOLV SUB 5.7-1.4	Preferred
ZUBSOLV SUB 8.6-2.1	Preferred

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	
NUEDEXTA CAP 20-10MG	Preferred
paroxetine mesylate caps 7.5mg	Preferred
SMOKING DETERRENTS	
bupropion hcl (smoking deterrent) tb12 150mg	
varenicline tartrate tabs .5mg, 1mg	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
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
glipizide-metformin tab 2.5-500 mg	Preferred
glipizide-metformin tab 5-500 mg	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
saxagliptin-metformin ext-rel tb24 2.5-1000 mg	Preferred
saxagliptin-metformin ext-rel tb24 5-500 mg	Preferred
saxagliptin-metformin ext-rel tb24 5-1000 mg	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
saxagliptin tabs 2.5mg, 5mg	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
liraglutide sopn 18mg/3ml	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	
pioglitazone-metformin tab 15-500 mg	Preferred
pioglitazone-metformin tab 15-850 mg	Preferred
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
DUETACT TAB 30-2MG	
DUETACT TAB 30-4MG	
pioglitazone-glimepiride tab 30-2 mg	Preferred
pioglitazone-glimepiride tab 30-4 mg	Preferred
ANTIDIABETICS, MEGLITINIDE	
nateglinide tabs 60mg, 120mg	Preferred
repaglinide tabs .5mg, 1mg, 2mg	Preferred
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	
dapagliflozin-metformin ext-rel tb24 5-1000mg	
dapagliflozin-metformin ext-rel tb24 10-1000mg	
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	
dapagliflozin tabs 5mg, 10mg	
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	
glimepiride tabs 1mg, 2mg, 4mg	Preferred
glimepiride tabs 3mg	
glipizide tabs 2.5mg	
glipizide tabs 5mg, 10mg	Preferred
glipizide ext-rel tb24 2.5mg, 5mg, 10mg	Preferred
ANTIOBESITY	
orlistat caps 120mg	Preferred
QSYMIA CAP 3.75-23	Preferred
QSYMIA CAP 7.5-46MG	Preferred
QSYMIA CAP 11.25-69	Preferred
QSYMIA CAP 15-92MG	Preferred
SAXENDA SOPN 18MG/3ML	Preferred
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML	Preferred
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	
cinacalcet tabs 30mg, 60mg, 90mg	Preferred
CALCIUM REGULATORS, BISPHOSPHONATES	
ACTONEL TABS 35MG, 150MG	
alendronate soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg	Preferred
ATELVIA TBEC 35MG	
FOSAMAX TABS 70MG	
ibandronate soln 3mg/3ml; tabs 150mg	Preferred
risedronate tabs 5mg, 30mg, 35mg, 150mg	Preferred
risedronate sodium tbec 35mg	

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
ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03mg(84) & 0.01mg(7)	Preferred
ethinyl estradiol-levonorgestrel continuous tab 90-20 mcg	Preferred
ethinyl estradiol-levonorgestrel tab 0.1 mg-20 mcg	Preferred
ethinyl estradiol-levonorgestrel tab 0.05-30/0.075-40/0.125-30mg-mcg	Preferred
ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg	Preferred
ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-20 mcg (21)	Preferred
ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr	Preferred
ethinyl estradiol-norethindrone acetate tab 1 mg-20 mcg	Preferred
ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg	Preferred
ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)	Preferred
ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg	Preferred
ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg	Preferred
ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)	Preferred
ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg	Preferred
ethinyl estradiol-norethindrone acetate-iron tab 1-20/1-30/1-35 mg-mcg	Preferred
ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg	Preferred
ethinyl estradiol-norgestimate tab 0.18-25/0.215-25/0.25-25 mg-mcg	Preferred
ethinyl estradiol-norgestimate tab 0.18-35/0.215-35/0.25-35 mg-mcg	Preferred
ethinyl estradiol-norgestimate tab 0.25 mg-35 mcg	Preferred
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	
KYLEENA IUD 19.5MG	Preferred
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	
LO LOESTRIN TAB 1-10-10	Preferred
medroxyprogesterone susp 150mg/ml; susy 150mg/ml	
MIRENA IUD 20MCG/DAY	Preferred

DRUG NAME	FORMULARY STATUS
NATAZIA TAB	Preferred
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	
norethindrone (contraceptive) tabs .35mg	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	
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
TWIIST INSULIN INFUSION PUMP AND SUPPLIES	Preferred
ENDOMETRIOSIS	
danazol caps 50mg, 100mg, 200mg	
ORILISSA TABS 150MG, 200MG	Preferred
FERTILITY REGULATORS	
cetrorelix acetate kit .25mg	Preferred
clomiphene citrate tabs 50mg	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	Preferred
GANIRELIX ACETATE SOSY 250MCG/0.5ML	Preferred
MENOPUR SOLR 75UNIT	Preferred
PREGNYL SOLR 10000UNIT	Preferred
GLUCOCORTICOIDS	
CORTEF TABS 5MG, 10MG, 20MG	

DRUG NAME	FORMULARY STATUS
dexamethasone elix .5mg/5ml; soln .5mg/5ml, 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	Preferred
fludrocortisone tabs .1mg	Preferred
hydrocortisone tabs 5mg, 10mg, 20mg	Preferred
MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG	
MEDROL DOSEPAK TBPK 4MG	
methylprednisolone solr 40mg, 125mg, 500mg, 1000mg; susp 40mg/ml, 80mg/ml; tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	Preferred
prednisolone soln 5mg/5ml, 15mg/5ml, 25mg/5ml	Preferred
prednisolone tabs 5mg	
prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	Preferred
GLUCOSE ELEVATING AGENTS	
BAQSIMI POWD 3MG/DOSE	Preferred
glucagon, human recombinant kit 1mg	Preferred
GVOKE SOAJ .5MG/0.1ML, 1MG/0.2ML; SOLN 1MG/0.2ML; SOSY .5MG/0.1ML, 1MG/0.2ML	Preferred
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	Preferred
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
nitisinone caps 2mg, 5mg, 10mg, 20mg	
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	Preferred
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	Preferred
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	Preferred
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	Preferred
LYSOSOMAL STORAGE DISORDERS	
NEXVIAZYME SOLR 100MG	Preferred
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	
ELFABRIO SOLN 5MG/2.5ML	
ELFABRIO SOLN 20MG/10ML	Preferred
FABRAZYME SOLR 5MG, 35MG	Preferred
GALAFOLD CAPS 123MG	Preferred
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	
CERDELGA CAPS 84MG	Preferred
CEREZYME SOLR 400UNIT	Preferred
miglustat caps 100mg	

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	
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	Preferred
estradiol vaginal crea .1mg/gm	Preferred
estradiol-norethindrone tab 0.5 mg-2.5 mcg	Preferred
estradiol-norethindrone tab 0.5-0.1 mg	Preferred
estradiol-norethindrone tab 1 mg-5 mcg	Preferred
estradiol-norethindrone tab 1-0.5 mg	Preferred
ESTRING RING 2MG	Preferred
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	
betaine powder for oral solution	Preferred
cabergoline tabs .5mg	
CYSTAGON CAPS 50MG, 150MG	Preferred
EVISTA TABS 60MG	
methylergonovine maleate soln .2mg/ml; tabs .2mg	
mifepristone tabs 300mg	Preferred
OSPHENA TABS 60MG	Preferred
raloxifene tabs 60mg	Preferred
sapropterin pack 100mg, 500mg; tabs 100mg	Preferred
tolvaptan tabs 15mg, 30mg	
PHOSPHATE BINDER AGENTS	
AURYXIA TABS 210MG	Preferred
calcium acetate caps 667mg; tabs 667mg	Preferred
lanthanum carbonate chew 500mg, 750mg, 1000mg	Preferred
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	Preferred
sevelamer hcl tabs 400mg, 800mg	

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
hydroxyprogesterone caproate oil 250mg/ml	
medroxyprogesterone tabs 2.5mg, 5mg, 10mg	Preferred
megestrol acetate susp 400mg/10ml	
megestrol acetate susp 625mg/5ml	Preferred
norethindrone acetate tabs 5mg	
progesterone, micronized caps 100mg, 200mg	Preferred
PROVERA TABS 2.5MG, 5MG, 10MG	
THYROID AGENTS	
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	Preferred
liothyronine soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg	Preferred
methimazole tabs 5mg, 10mg	
propylthiouracil tabs 50mg	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	Preferred
UREA CYCLE DISORDER	
carglumic acid tbso 200mg	Preferred
PHEBURANE PLLT 483MG/GM	Preferred
sodium phenylbutyrate powd 3gm/tsp; tabs 500mg	Preferred
UTERINE FIBROIDS	
MYFEMBREE TAB	Preferred
ORIAHNN CAP	Preferred
VASOPRESSINS	
desmopressin acetate tabs .1mg, .2mg	
desmopressin acetate spray soln .01%	
desmopressin acetate spray refrigerated soln .01%	
VITAMIN D ANALOGS	
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml	
paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml	

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
budesonide delayed-rel cpep 3mg	Preferred
budesonide ext-rel tb24 9mg	Preferred
CORTIFOAM FOAM 10%	Preferred
hydrocortisone enem 100mg/60ml	Preferred
mesalamine enem 4gm; supp 1000mg	Preferred
mesalamine delayed-rel cpdr 400mg; tbec 1.2gm, 800mg	Preferred
mesalamine ext-rel cp24 .375gm; cpcr 500mg	Preferred
mesalamine w/ cleanser kit 4gm	
PENTASA CPCR 250MG, 500MG	Preferred
ROWASA KIT 4GM	
sulfasalazine tabs 500mg	Preferred
sulfasalazine delayed-rel tbec 500mg	Preferred
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
LINZESS CAPS 72MCG, 145MCG, 290MCG	Preferred
lubiprostone caps 8mcg, 24mcg	Preferred
MOTEGRITY TABS 1MG, 2MG	Surcharge
TRULANCE TABS 3MG	Preferred
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
alosetron tabs .5mg, 1mg	Preferred
VIBERZI TABS 75MG, 100MG	Preferred
LAXATIVES	
lactulose soln 10gm/15ml	Preferred
lactulose (encephalopathy) soln 10gm/15ml	
peg 3350-electrolytes	Preferred
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Preferred
MISCELLANEOUS	
IQIRVO TABS 80MG	Preferred
misoprostol tabs 100mcg, 200mcg	
MOVANTIK TABS 12.5MG, 25MG	Preferred
prucalopride tabs 1mg, 2mg	Preferred
sucralfate susp 1gm/10ml; tabs 1gm	Preferred
SYMPROIC TABS .2MG	Preferred
ursodiol caps 300mg; tabs 250mg, 500mg	
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 5000UNIT	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	
dexlansoprazole cpdr 30mg, 60mg	
esomeprazole delayed-rel cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg	Preferred
esomeprazole sodium solr 40mg	
lansoprazole delayed-rel cpdr 15mg, 30mg	Preferred
omeprazole delayed-rel cpdr 10mg, 20mg, 40mg	Preferred
pantoprazole delayed-rel pack 40mg; tbec 20mg, 40mg	Preferred
pantoprazole sodium solr 40mg	
RECTAL, CORTICOSTEROIDS	
hydrocortisone crea 2.5%	
PROCTOFOAM-HC AER 1%	Preferred
ULCER THERAPY COMBINATIONS	
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	
bismuth-metronidazole-tetracycline cap 140-125-125 mg	Preferred
TALICIA CAP	Preferred
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
alfuzosin ext-rel tb24 10mg	Preferred
AVODART CAPS .5MG	
CARDURA TABS 1MG, 2MG, 4MG, 8MG	
doxazosin tabs 1mg, 2mg, 4mg, 8mg	Preferred
dutasteride caps .5mg	Preferred
dutasteride-tamsulosin cap 0.5-0.4 mg	Preferred
finasteride tabs 5mg	Preferred
FLOMAX CAPS .4MG	
PROSCAR TABS 5MG	
silodosin caps 4mg, 8mg	Preferred
tamsulosin caps .4mg	Preferred
terazosin caps 1mg, 2mg, 5mg, 10mg	Preferred
ERECTILE DYSFUNCTION	
avanafil tabs 50mg, 100mg, 200mg	Preferred
sildenafil tabs 25mg, 50mg, 100mg	Preferred
tadalafil tabs 2.5mg, 5mg, 10mg, 20mg	Preferred

DRUG NAME	FORMULARY STATUS
MISCELLANEOUS	
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	
potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg	
tiopronin tabs 100mg	Preferred
tiopronin delayed-rel tbec 100mg, 300mg	Preferred
URINARY ANTISPASMODICS	
darifenacin ext-rel tb24 7.5mg, 15mg	Preferred
DETROL TABS 1MG, 2MG	
fesoterodine ext-rel tb24 4mg, 8mg	Preferred
GELNIQUE GEL 10%	Surcharge
GEMTESA TABS 75MG	Preferred
mirabegron ext-rel tb24 25mg, 50mg	
MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG	Preferred
oxybutynin soln 5mg/5ml; tabs 5mg	Preferred
oxybutynin ext-rel tb24 5mg, 10mg, 15mg	Preferred
OXYTROL PTTW 3.9MG/24HR	Surcharge
solifenacin tabs 5mg, 10mg	Preferred
tolterodine tabs 1mg, 2mg	Preferred
tolterodine ext-rel cp24 2mg, 4mg	Preferred
trospium tabs 20mg	Preferred
trospium ext-rel cp24 60mg	Preferred
VAGINAL ANTI-INFECTIVES	
clindamycin phosphate vaginal crea 2%	
metronidazole vaginal gel .75%	
terconazole vaginal crea .4%, .8%; supp 80mg	
HEMATOLOGIC	
ANTICOAGULANTS	
dabigatran caps 75mg, 110mg, 150mg	Preferred
ELIQUIS TABS 2.5MG, 5MG; TBPK 5MG	Preferred
enoxaparin soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Preferred
fondaparinux soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Preferred
PRADAXA CAPS 75MG, 110MG, 150MG	Surcharge
warfarin tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	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	
anagrelide hcl caps .5mg, 1mg	
cilostazol tabs 50mg, 100mg	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080MG/20ML	Preferred
PLATELET AGGREGATION INHIBITORS	
BRILINTA TABS 60MG, 90MG	Preferred
clopidogrel tabs 75mg, 300mg	Preferred
dipyridamole tabs 25mg, 50mg, 75mg	
dipyridamole ext-rel-aspirin cap 25-200 mg	Preferred
prasugrel tabs 5mg, 10mg	Preferred
SICKLE CELL DISEASE	
ENDARI PACK 5GM	Preferred
glutamine (sickle cell) pack 5gm	
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
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA	
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
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	
CIMZIA PREFILLED SYRINGE PSKT 200MG/ML	Preferred
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-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 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
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	
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 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
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	
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)	
hydroxychloroquine sulfate tabs 200mg	
leflunomide tabs 10mg, 20mg	
methotrexate sodium tabs 2.5mg	

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
cyanocobalamin soln 1000mcg/ml	
folic acid soln 5mg/ml; tabs 1mg	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	
multiple vitamins w/ minerals cap	
multiple vitamins w/ minerals tab	
multivitamins	
niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg	
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	
pediatric multiple vitamins w/ fluoride chew tab 1 mg	
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml	
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml	
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	
pyridoxine hcl soln 100mg/ml	
OPHTHALMIC	
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
MAXITROL OIN 0.1% OP	
MAXITROL SUS 0.1% OP	
neomycin-polymyxin b-bacitracin-hydrocortisone oint 1%	Preferred
neomycin-polymyxin b-dexamethasone oint 0.1%	Preferred
neomycin-polymyxin b-dexamethasone susp 0.1%	Preferred
neomycin-polymyxin-hc ophth susp	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	
TOBRADEX OIN 0.3-0.1%	Preferred
TOBRADEX ST SUS 0.3-0.05	Preferred
tobramycin-dexamethasone ophth susp 0.3-0.1%	Preferred
ANTI-INFECTIVES	
bacitracin (ophthalmic) oint 500unit/gm	
bacitracin-polymyxin b ophth oint	
BESIVANCE SUSP .6%	Preferred
CILOXAN OINT .3%	Preferred
ciprofloxacin soln .3%	Preferred
erythromycin oint 5mg/gm	Preferred
gentamicin soln .3%	Preferred
levofloxacin soln .5%, 1.5%	Preferred
moxifloxacin soln .5%	Preferred
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	
OCUFLOX SOLN .3%	
ofloxacin soln .3%	Preferred

DRUG NAME	FORMULARY STATUS
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	
POLYTRIM SOL OP	
sulfacetamide oint 10%; soln 10%	Preferred
tobramycin soln .3%	Preferred
TOBREX OINT .3%; SOLN .3%	
trifluridine soln 1%	Preferred
VIGAMOX SOLN .5%	
XDEMVY SOLN .25%	Preferred
ANTI-INFLAMMATORIES	
ACULAR SOLN .5%	
ACULAR LS SOLN .4%	
ACUVAIL SOLN .45%	Preferred
bromfenac soln .07%, .075%	
bromfenac soln .09%	Preferred
dexamethasone soln .1%	Preferred
diclofenac soln .1%	Preferred
difluprednate emul .05%	Preferred
fluorometholone (ophth) susp .1%	
FML FORTE SUSP .25%	Preferred
ILEVRO SUSP .3%	Preferred
ketorolac soln .4%, .5%	Preferred
loteprednol gel .5%; susp .5%	Preferred
MAXIDEX SUSP .1%	Preferred
NEVANAC SUSP .1%	Preferred
PRED MILD SUSP .12%	Preferred
prednisolone acetate susp 1%	Preferred
PREDNISOLONE SODIUM PHOSP SOLN 1%	
ANTIALLERGICS	
azelastine soln .05%	Preferred
bepotastine soln 1.5%	Preferred
cromolyn sodium soln 4%	Preferred
loteprednol susp .2%	Preferred
olopatadine soln .2%	Preferred
ZERVIATE SOLN .24%	Preferred
ANTIGLAUCOMA BETA-BLOCKERS	
BETIMOL SOLN .25%, .5%	Preferred
BETOPTIC S SUSP .25%	Preferred
levobunolol hcl soln .5%	
timolol maleate solg .25%, .5%; soln .25%, .5%	Preferred
ANTIGLAUCOMA COMBINATION AGENTS	
brimonidine-timolol soln 0.2-0.5%	Preferred
dorzolamide-timolol sol 22.3-6.8 mg/ml pf	Preferred
dorzolamide-timolol soln 22.3-6.8 mg/ml	Preferred

DRUG NAME	FORMULARY STATUS
ROCKLATAN DRO	Preferred
SIMBRINZA SUS 1-0.2%	Preferred
CARBONIC ANHYDRASE INHIBITORS	
brinzolamide susp 1%	Preferred
dorzolamide soln 2%	Preferred
DRY EYE DISEASE	
cyclosporine (ophth) emul .05%	Preferred
LACRISERT INST 5MG	Surcharge
MIEBO SOLN 1.338GM/ML	Preferred
RESTASIS EMUL .05%	Preferred
XIIDRA SOLN 5%	Preferred
PROSTAGLANDINS	
latanoprost soln .005%	Preferred
LUMIGAN SOLN .01%	Preferred
tafluprost soln .015mg/ml	
travoprost soln .004%	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
brimonidine soln .1%	
brimonidine soln .15%, .2%	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
epinephrine soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml	Preferred
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	Preferred
BEVESPI AER 9-4.8MCG	Preferred
ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml	Preferred
STIOLTO AER 2.5-2.5	Preferred

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
ipratropium bromide (nasal) soln .03%, .06%	
ipratropium inhalation soln .02%	Preferred
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT; CAPS 18MCG	Preferred
tiotropium bromide monohydrate caps 18mcg	
TUDORZA PRESSAIR AEPB 400MCG/ACT	Surcharge
YUPELRI SOLN 175MCG/3ML	Preferred
ANTIHISTAMINE COMBINATIONS	
azelastine-fluticasone nasal spray 137-50 mcg/act	Preferred
ANTIHISTAMINES	
azelastine soln .1%, .15%	Preferred
clemastine fumarate tabs 2.68mg	
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	
levocetirizine soln 2.5mg/5ml; tabs 5mg	
olopatadine soln .6%	Preferred
BETA AGONISTS	
albuterol inhalation solution nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Preferred
albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg	
albuterol sulfate cfc-free aers 108mcg/act	Preferred
formoterol inhalation solution nebu 20mcg/2ml	Preferred
levalbuterol tartrate cfc-free aero 45mcg/act	Preferred
SEREVENT AEPB 50MCG/DOSE	Preferred
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	Preferred
terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg	
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
budesonide inhalation susp .25mg/2ml, .5mg/2ml, 1mg/2ml	Preferred
FLOVENT DISKUS AEPB 50MCG/BLIST, 100MCG/BLIST, 250MCG/BLIST	Preferred
FLOVENT HFA AERO 44MCG/ACT, 110MCG/ACT, 220MCG/ACT	Preferred
fluticasone propionate diskus aepb 50mcg/act, 100mcg/act, 250mcg/act	
fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act	
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
breyna aer 80-4.5 mcg/act	Preferred
breyna aer 160-4.5 mcg/act	Preferred
budesonide-formoterol aer 80-4.5 mcg/act	Preferred
budesonide-formoterol aer 160-4.5 mcg/act	Preferred
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	
fluticasone-salmeterol aer powder ba 55-14 mcg/act	
fluticasone-salmeterol aer powder ba 100-50 mcg/act	
fluticasone-salmeterol aer powder ba 113-14 mcg/act	
fluticasone-salmeterol aer powder ba 232-14 mcg/act	
fluticasone-salmeterol aer powder ba 250-50 mcg/act	
fluticasone-salmeterol aer powder ba 500-50 mcg/act	
fluticasone-salmeterol inhal aerosol 45-21 mcg/act	
fluticasone-salmeterol inhal aerosol 115-21 mcg/act	
fluticasone-salmeterol inhal aerosol 230-21 mcg/act	
SYMBICORT AER 80-4.5	Preferred
SYMBICORT AER 160-4.5	Preferred
XANTHINES	
theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg	

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	
ciclopirox crea .77%; gel .77%; sham 1%; soln 8%; susp .77%	Preferred
ciclopirox solution kit 8%	Preferred
clotrimazole crea 1%; soln 1%	Preferred
econazole crea 1%	Preferred
ketoconazole crea 2%; foam 2%	Preferred
luliconazole crea 1%	Preferred
naftifine hcl crea 1%, 2%; gel 1%, 2%	
NAFTIN GEL 1%, 2%	Preferred
nystatin crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	Preferred
DERMATOLOGY, ANTIPSORIATICS	
acitretin caps 10mg, 17.5mg, 25mg	Preferred
calcipotriene crea .005%; oint .005%; soln .005%	Preferred
calcipotriene-betamethasone oint 0.005-0.064%	Preferred
calcipotriene-betamethasone susp 0.005-0.064%	Preferred
ENSTILAR AER	Preferred
methoxsalen caps 10mg	Preferred
tazarotene crea .05%, .1%; gel .05%, .1%	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .3%	Preferred
DERMATOLOGY, ANTISEBORRHEICS	
ketoconazole sham 2%	Preferred
selenium sulfide lotn 2.5%	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
pimecrolimus crea 1%	Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
tacrolimus oint .03%, .1%	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .15%	Preferred
DERMATOLOGY, CORTICOSTEROIDS	
alclometasone dipropionate crea .05%; oint .05%	
betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%	

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

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