



United Mine Workers of America Health and Retirement Funds Standard Formulary 2026

Effective January 1, 2026

The 2026 Funds Standard Formulary Prescribing Guide is intended to be a useful reference and informational tool for medical providers. It is intended to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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INTRODUCTION

The UMWA Health and Retirement Funds (“the Funds”) is pleased to provide the 2026 **Funds Standard Formulary Prescribing Guide** as a useful reference and informational tool. The **Funds Standard Formulary Prescribing Guide** can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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

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

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

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

NONDISCRIMINATION STATEMENT

Discrimination is Against the Law

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

The UMWA Health and Retirement Funds:

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

Language Services

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

Español (SPANISH)

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

繁體中文 (CHINESE)

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

Polski (POLISH)

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

한국어 (KOREAN)

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

Tiếng Việt (VIETNAMESE)

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

Deutsch (GERMAN)

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

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

ગુજરાતી (GUJARATI)

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

Italiano (ITALIAN)

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

اُردُو (URDU)

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

हिंदी (HINDI)

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

Diné Bizaad (Navajo)

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

PREFACE

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

GENERIC SUBSTITUTION

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

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

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

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

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

FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM

Effective 01/01/2026

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

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

DRUG CLASS	PREFERRED	NON-PREFERRED (Medical Necessity Prior Authorization)
Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents)	<i>liraglutide</i> MOUNJARO OZEMPIC RYBELSUS TRULICITY	ADLYXIN BYDUREON BCISE BYETTA VICTOZA
Antidiabetics, SGLT-2 Inhibitors	<i>dapagliflozin</i> JARDIANCE	INVOKANA STEGLATRO
Antidiabetics, SGLT-2 Inhibitor Combinations	<i>dapagliflozin-metformin</i> SYNJARDY SYNJARDY XR	INVOKAMET INVOKAMET XR SEGLUROMET
Antidiabetics, SGLT-2 Inhibitor / DPP-4 Inhibitor Combinations	GLYXAMBI	STEGLUJAN
Dry Eye Disease	<i>cyclosporine</i> MIEBO RESTASIS XIIDRA	LACRISERT
Hypnotics (Sleep Aids)	<i>doxepin 3mg, 6 mg</i> <i>eszopiclone</i> <i>ramelteon</i> <i>zaleplon</i> <i>zolpidem</i> <i>zolpidem ext-rel</i> BELSOMRA DAYVIGO QUVIVIQ	EDLUAR
Irritable Bowel Syndrome with Constipation	<i>lubiprostone</i> <i>prucalopride</i> LINZESS TRULANCE	MOTEGRITY
Respiratory, Long-Acting Anticholinergic Inhalers ¹	INCRUSE ELIPTA SPIRIVA HANDIHALER SPIRIVA RESPIMAT	TUDORZA PRESSAIR

DRUG CLASS	PREFERRED	NON-PREFERRED (Medical Necessity Prior Authorization)
Respiratory, Long-Acting Anticholinergic/Beta Agonist Combination Inhalers ¹	ANORO ELLIPTA STIOLTO RESPIMAT	BEVESPI AEROSPHERE
Urinary Antispasmodics (Overactive Bladder)	<i>darifenacin ext-rel</i> <i>fesoterodine ext-rel</i> <i>oxybutynin</i> <i>oxybutynin ext-rel</i> <i>solifenacin</i> <i>tolterodine</i> <i>tolterodine ext-rel</i> <i>trospium</i> <i>trospium ext-rel</i> GEMTESA MYRBETRIQ	GELNIQUE OXYTROL

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

PRIOR AUTHORIZATION (PA)

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

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

DRUG CLASS	PRODUCTS REQUIRING PA - 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
Hyperinflation Management	Select drugs that are exponentially more expensive than readily available lower-cost alternatives and whose price is not supported by evidence of greater clinical efficacy. For more information, go to www.umwafunds.org/prescription-drug-plan-benefits
Hypoactive Sexual Desire Disorder	Addyi

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

SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS

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

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

ADVANCED CONTROL SPECIALTY FORMULARY®

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

QUANTITY LIMITS

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

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

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

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

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

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

LEGEND

Abbreviation Description

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

NOTICE

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

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

FUNDS' WEBSITE

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

Frequently Used Telephone Numbers:

CVS Caremark Customer Care

Phone: 1-800-249-4741

CVS Caremark Prior Authorization

Phone: 1-800-294-5979

Fax: 1-888-836-0730

CVS Specialty

Phone: 1-800-237-2767

Fax: 1-866-295-2778

The Funds Call Center (Beckley, WV)

Phone: 1-800-291-1425

DRUG NAME	FORMULARY STATUS
ANALGESICS	
COX-2 INHIBITORS	
celecoxib caps 50mg, 100mg, 200mg, 400mg	Preferred
GOUT	
allopurinol solr 500mg; tabs 100mg, 300mg	Preferred
allopurinol tabs 200mg	
colchicine caps .6mg; tabs .6mg	Preferred
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
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Preferred

DRUG NAME	FORMULARY STATUS
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	Preferred
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Preferred
<i>hydromorphone liqd 1mg/ml; soln .2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml; tabs 2mg, 4mg, 8mg</i>	Preferred
<i>hydromorphone ext-rel tb24 8mg, 12mg, 16mg, 32mg</i>	Preferred
<i>methadone conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg</i>	Preferred
<i>morphine soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/5ml, 10mg/ml, 20mg/5ml, 50mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg</i>	Preferred
<i>morphine ext-rel cp24 10mg, 20mg, 30mg, 40mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg, 100mg, 120mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	Preferred
<i>oxycodone caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 20mg, 30mg</i>	Preferred
<i>oxycodone-acetaminophen soln 5-325 mg/5ml</i>	Preferred
<i>oxycodone-acetaminophen tab 5-325 mg</i>	Preferred
<i>tramadol soln 5mg/ml; tabs 50mg, 75mg, 100mg</i>	Preferred
<i>tramadol tabs 25mg</i>	
<i>tramadol ext-rel cp24 100mg, 200mg, 300mg; tb24 100mg, 200mg, 300mg</i>	Preferred
<i>XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG</i>	Preferred

OPIOID PARTIAL AGONISTS

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

SALICYLATES

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

<i>DUROLANE PRSY 60MG/3ML</i>	Preferred
<i>EUFLEXXA SOSY 20MG/2ML</i>	Preferred
<i>GELSYN-3 SOSY 16.8MG/2ML</i>	Preferred
<i>ORTHOVISC SOSY 30MG/2ML</i>	Preferred

ANESTHETICS

LOCAL ANESTHETICS

<i>chlorprocaine hcl soln 2%, 3%</i>	
<i>tetracaine hcl soln 1%</i>	

DRUG NAME	FORMULARY STATUS
ANTI-INFECTIVES	
ANTHELMINTICS	
EMVERM CHEW 100MG	Preferred
ivermectin tabs 3mg, 6mg	Preferred
STROMEKTOL 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
ritonavir tabs 100mg	Preferred

DRUG NAME	FORMULARY STATUS
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
TIVICAY TABS 10MG, 25MG, 50MG; TBSO 5MG	Preferred
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	Preferred

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	
<i>abacavir-lamivudine tab 600-300 mg</i>	Preferred
BIKTARVY TAB	Preferred
CABENUVA SUS 400-600	Preferred
CABENUVA SUS 600-900	Preferred
CIMDUO TAB 300-300	Preferred
DESCOVY TAB 120-15MG	Preferred
DESCOVY TAB 200/25MG	Preferred
DOVATO TAB 50-300MG	Preferred
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Preferred
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Preferred
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Preferred
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Preferred
GENVOYA TAB	Preferred
<i>lamivudine-zidovudine tab 150-300 mg</i>	Preferred
<i>lopinavir-ritonavir tab 100-25 mg</i>	Preferred
<i>lopinavir-ritonavir tab 200-50 mg</i>	Preferred
ODEFSEY TAB	Preferred
SYMTUZA TAB	Preferred
TRIUMEQ PD TAB	Preferred
TRIUMEQ TAB	Preferred

ANTITUBERCULAR AGENTS

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

ANTIVIRALS

<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	Preferred
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DRUG NAME	FORMULARY STATUS
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>oseltamivir caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	Preferred
PAXLOVID PAK	Preferred
PAXLOVID TAB 150-100	Preferred
PAXLOVID TAB 300-100	Preferred
RELENZA AEPB 5MG/BLISTER	Preferred
<i>ribavirin solr 6gm</i>	
<i>valacyclovir tabs 1gm, 500mg</i>	Preferred
<i>valganciclovir solr 50mg/ml; tabs 450mg</i>	Preferred

CEPHALOSPORINS

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Preferred
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred
<i>cefuroxime axetil tabs 250mg, 500mg</i>	Preferred
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred

ERYTHROMYCINS/MACROLIDES

<i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	Preferred
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred
<i>clarithromycin ext-rel tb24 500mg</i>	Preferred
DIFICID SUSR 40MG/ML; TABS 200MG	Preferred
<i>erythromycins cpep 250mg; susr 200mg/5ml, 400mg/5ml; tabs 250mg, 400mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Preferred

FLUOROQUINOLONES

CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	
<i>ciprofloxacin susr 5gm/100ml, 500mg/5ml; tabs 100mg, 250mg, 500mg, 750mg</i>	Preferred
<i>ciprofloxacin inj 200 mg/100ml</i>	Preferred
<i>ciprofloxacin inj 400 mg/200ml</i>	Preferred
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	Preferred
<i>levofloxacin inj 250 mg/50ml</i>	Preferred
<i>levofloxacin inj 500 mg/100ml</i>	Preferred
<i>moxifloxacin tabs 400mg</i>	Preferred
<i>moxifloxacin inj 400 mg/250ml</i>	Preferred

DRUG NAME	FORMULARY STATUS
HEPATITIS B	
<i>adefovir dipivoxil tabs 10mg</i>	
<i>entecavir tabs .5mg, 1mg</i>	Preferred
<i>lamivudine tabs 100mg</i>	Preferred
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
HEPATITIS C	
EPCLUSA PAK 150-37.5	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA PAK 200-50MG	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA TAB 200-50MG	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA TAB 400-100	Genotypes 1, 2, 3, 4, 5, 6; Preferred
HARVONI PAK	Genotypes 1, 4, 5, 6; Preferred
HARVONI PAK 45-200MG	Genotypes 1, 4, 5, 6; Preferred
HARVONI TAB 45-200MG	Genotypes 1, 4, 5, 6; Preferred
HARVONI TAB 90-400MG	Genotypes 1, 4, 5, 6; Preferred
<i>ribavirin caps 200mg; tabs 200mg</i>	Preferred
VOSEVI TAB	For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3); Preferred
MISCELLANEOUS	
<i>chloramphenicol sodium succinate solr 1gm</i>	
<i>clindamycin caps 75mg, 150mg, 300mg; soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml; solr 75mg/5ml</i>	Preferred
<i>clindamycin inj 300 mg/50ml</i>	Preferred
<i>clindamycin inj 600 mg/50ml</i>	Preferred
<i>clindamycin inj 900 mg/50ml</i>	Preferred
<i>dapsone tabs 25mg, 100mg</i>	
<i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i>	Preferred
<i>metronidazole caps 375mg; soln 500mg/100ml; tabs 125mg, 250mg, 500mg</i>	Preferred
<i>nitrofurantoin caps 25mg, 50mg, 100mg; susp 25mg/5ml</i>	Preferred
<i>pyrimethamine tabs 25mg</i>	Preferred
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Preferred
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Preferred
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Preferred
<i>trimethoprim tabs 100mg</i>	
<i>vancomycin caps 125mg, 250mg</i>	Preferred
XIFAXAN TABS 550MG	Preferred

PENICILLINS

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

TETRACYCLINES

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

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

DRUG NAME	FORMULARY STATUS
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	
ERIVEDGE CAPS 150MG	Preferred
lenalidomide 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
KINASE INHIBITORS	
ALECENSA CAPS 150MG	Preferred
ALUNBRIG TABS 30MG, 90MG, 180MG	Preferred
ALUNBRIG PAK	Preferred

DRUG NAME	FORMULARY STATUS
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
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	Preferred
<i>erlotinib tabs 25mg, 100mg, 150mg</i>	Preferred
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	Preferred
GAVRETO CAPS 100MG	Preferred
<i>gefitinib tabs 250mg</i>	Preferred
GOMEKLI CAPS 1MG, 2MG; TBSO 1MG	Preferred
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	Preferred
IBTROZI CAPS 200MG	Preferred
<i>imatinib mesylate tabs 100mg, 400mg</i>	Preferred
INLYTA TABS 1MG, 5MG	Preferred
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Preferred
KISQALI TBPK 200MG	Preferred
KISQALI FEMARA CO-PACK 200 MG DOSE	Preferred
KISQALI FEMARA CO-PACK 400 MG DOSE	Preferred
KISQALI FEMARA CO-PACK 600 MG DOSE	Preferred
KOSELUGO CAPS 10MG, 25MG	Preferred
<i>lapatinib tabs 250mg</i>	Preferred
LENVIMA CPPK 4MG, 10MG	Preferred
LENVIMA CAP 14 MG	Preferred
LENVIMA CAP 18 MG	Preferred
LENVIMA CAP 24 MG	Preferred
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	Preferred
MEKTOVI TABS 15MG	Preferred
<i>nilotinib caps 50mg, 150mg, 200mg</i>	Preferred
<i>pazopanib tabs 200mg</i>	Preferred
PIQRAY TBPK 150MG, 200MG	Preferred
RETEVMO CAPS 40MG, 80MG	Preferred
RETEVMO TABS 40MG, 80MG, 120MG, 160MG	
ROZLYTREK CAPS 100MG, 200MG	Preferred
ROZLYTREK PACK 50MG	
RYDAPT CAPS 25MG	Preferred
SCEMBLIX TABS 20MG, 40MG, 100MG	Preferred
<i>sorafenib tosylate tabs 200mg</i>	Preferred
STIVARGA TABS 40MG	Preferred

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

MISCELLANEOUS

<i>bexarotene caps 75mg</i>	Preferred
<i>hydroxyurea caps 500mg</i>	
KRAZATI TABS 200MG	Preferred
LUMAKRAS TABS 120MG, 320MG	Preferred
LUMAKRAS TABS 240MG	
LYNPARZA TABS 100MG, 150MG	Preferred
ODOMZO CAPS 200MG	Preferred
<i>tretinoin (chemotherapy) caps 10mg</i>	
VISTOGARD PACK 10GM	Preferred
ZEJULA CAPS 100MG	Preferred
ZEJULA TABS 100MG, 200MG, 300MG	

MITOTIC INHIBITORS

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

MONOCLONAL ANTIBODIES

PHESGO SOL	Preferred
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POLYCYTHEMIA VERA

BESREMI SOSY 500MCG/ML	Preferred
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Preferred

PROTEASOME INHIBITORS

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

PROTECTIVE AGENTS

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

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

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

ACE INHIBITORS

<i>ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG</i>	
<i>ALTACE CAPS 1.25MG, 2.5MG, 5MG, 10MG</i>	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
<i>enalaprilat soln 1.25mg/ml</i>	
<i>fosinopril tabs 10mg, 20mg, 40mg</i>	Preferred
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred
LOTENSIN TABS 10MG, 20MG, 40MG	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	
<i>quinapril tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	Preferred
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	

ALDOSTERONE RECEPTOR ANTAGONISTS

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

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

DRUG NAME	FORMULARY STATUS
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Preferred
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Preferred
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Preferred
TRIBENZOR TAB	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Preferred
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan tabs 4mg, 8mg, 16mg, 32mg</i>	Preferred
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	Preferred
<i>losartan tabs 25mg, 50mg, 100mg</i>	Preferred
<i>olmesartan tabs 5mg, 20mg, 40mg</i>	Preferred
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	Preferred
<i>valsartan soln 4mg/ml</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	Preferred
ANTIARRHYTHMICS	
<i>amiodarone soln 50mg/ml, 900mg/18ml; tabs 100mg, 200mg, 400mg</i>	Preferred
<i>disopyramide caps 100mg, 150mg</i>	Preferred
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
MULTAQ TABS 400MG	Preferred
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	
<i>sotalol tabs 80mg, 120mg, 160mg, 240mg</i>	Preferred
<i>sotalol hcl (afib/afI) tabs 80mg, 120mg, 160mg</i>	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS	
NEXLETOL TABS 180MG	Preferred
NEXLIZET TAB 180/10MG	Preferred
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	Preferred
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	
<i>colesevelam pack 3.75gm; tabs 625mg</i>	Preferred
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
QUESTRAN PACK 4GM; POWD 4GM/DOSE	
QUESTRAN LIGHT POWD 4GM/DOSE	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
<i>ezetimibe tabs 10mg</i>	Preferred
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 30mg, 43mg, 50mg, 67mg, 90mg, 130mg, 134mg, 150mg, 200mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>fenofibric acid delayed-rel cpdr 45mg, 135mg</i>	Preferred
<i>gemfibrozil tabs 600mg</i>	
LOPID TABS 600MG	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	
<i>atorvastatin tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred
<i>fluvastatin caps 20mg, 40mg</i>	Preferred
<i>fluvastatin sodium tb24 80mg</i>	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	Preferred
<i>pitavastatin tabs 1mg, 2mg, 4mg</i>	Preferred
<i>pravastatin tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred
<i>rosuvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	Preferred
ZOCOR TABS 10MG, 20MG, 40MG, 80MG	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Preferred
VYTORIN TAB 10-10MG	
VYTORIN TAB 10-20MG	
VYTORIN TAB 10-40MG	
VYTORIN TAB 10-80MG	
ANTILIPEMICS, MISCELLANEOUS	
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	Preferred
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
<i>icosapent ethyl caps .5gm, 1gm</i>	Preferred
LOVAZA CAP 1GM	
<i>omega-3 acid ethyl esters cap 1 gm</i>	Preferred
VASCEPA CAPS .5GM, 1GM	Preferred
ANTILIPEMICS, PCSK9 INHIBITORS	
REPATHA SOAJ 140MG/ML; SOCT 420MG/3.5ML; SOSY 140MG/ML	Preferred
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
BETA-BLOCKERS	
<i>acebutolol caps 200mg, 400mg</i>	Preferred
<i>atenolol tabs 25mg, 50mg, 100mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>bisoprolol fumarate tabs 2.5mg, 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Preferred
<i>carvedilol phosphate ext-rel cp24 10mg, 20mg, 40mg, 80mg</i>	Preferred
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	
CORGARD TABS 20MG, 40MG, 80MG	
<i>labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg, 400mg</i>	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>metoprolol tartrate soln 5mg/5ml; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Preferred
<i>nadolol tabs 20mg, 40mg, 80mg</i>	Preferred
<i>nebivolol tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
<i>pindolol tabs 5mg, 10mg</i>	Preferred
<i>propranolol soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Preferred
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	Preferred

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine-atorvastatin tab 2.5-10 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 2.5-20 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 2.5-40 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-10 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-20 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-40 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 5-80 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-10 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-20 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-40 mg</i>	Preferred
<i>amlodipine-atorvastatin tab 10-80 mg</i>	Preferred
CADUET TAB 5-10MG	
CADUET TAB 5-20MG	
CADUET TAB 5-40MG	
CADUET TAB 5-80MG	
CADUET TAB 10-10MG	
CADUET TAB 10-20MG	
CADUET TAB 10-40MG	
CADUET TAB 10-80MG	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>diltiazem ext-rel cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Preferred
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	
<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
PROCARDIA XL TB24 30MG, 60MG, 90MG	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	
verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg	Preferred
DIGITALIS GLYCOSIDES	
digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg	Preferred
DIRECT RENIN INHIBITORS/COMBINATIONS	
aliskiren tabs 150mg, 300mg	Preferred
DIURETICS	
acetazolamide cp12 500mg; tabs 125mg, 250mg	
acetazolamide sodium solr 500mg	
ALDACTAZIDE TAB 25/25	
ALDACTAZIDE TAB 50/50	
amiloride tabs 5mg	Preferred
amiloride & hydrochlorothiazide tab 5-50 mg	
bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg	
chlorthalidone tabs 25mg, 50mg	Preferred
dichlorphenamide tabs 50mg	
ethacrynic acid tabs 25mg	Preferred
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	Preferred
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	Preferred
indapamide tabs 1.25mg, 2.5mg	
LASIX TABS 20MG, 40MG, 80MG	
methazolamide tabs 25mg, 50mg	
metolazone tabs 2.5mg, 5mg, 10mg	Preferred
spironolactone-hydrochlorothiazide tab 25-25 mg	Preferred
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	
INPEFA TABS 200MG, 400MG	Preferred
isosorbide dinitrate-hydralazine tab 20-37.5 mg	Preferred
ivabradine tabs 5mg, 7.5mg	Preferred
sacubitril-valsartan tab 24-26 mg	Preferred
sacubitril-valsartan tab 49-51 mg	Preferred
sacubitril-valsartan tab 97-103 mg	Preferred
VERQUVO TABS 2.5MG, 5MG, 10MG	Preferred

DRUG NAME	FORMULARY STATUS
MISCELLANEOUS	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>droxidopa caps 100mg, 200mg, 300mg</i>	
<i>epinephrine sosy 1mg/10ml</i>	
<i>guanfacine hcl tabs 1mg, 2mg</i>	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	Preferred
VYNDAMAX CAPS 61MG	Preferred
NITRATES	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	Preferred
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
<i>nitroglycerin soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	Preferred
NITROLINGUAL SOLN .4MG/SPRAY	
NITROSTAT SUBL .3MG, .4MG, .6MG	
PULMONARY ARTERIAL HYPERTENSION	
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	Preferred
<i>ambrisentan tabs 5mg, 10mg</i>	Preferred
<i>bosentan tabs 62.5mg, 125mg</i>	Preferred
OPSUMIT TABS 10MG	Preferred
OPSYNVI TAB 10-20MG	Preferred
OPSYNVI TAB 10-40MG	Preferred
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	Preferred
ORENITRAM TAB MONTH 1	Preferred
ORENITRAM TAB MONTH 2	Preferred
ORENITRAM TAB MONTH 3	Preferred
<i>sildenafil soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg</i>	Preferred
<i>tadalafil tabs 20mg</i>	Preferred
TADLIQ SUSP 20MG/5ML	Preferred
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	Preferred
TYVASO SOLN .6MG/ML	Preferred
TYVASO DPI POWD 16MCG, 32MCG, 48MCG, 64MCG	Preferred
UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	Preferred
UPTRAVI PACK TAB 200/800	Preferred
YUTREPIA CAPS 26.5MCG, 53MCG, 79.5MCG, 106MCG	Preferred

DRUG NAME	FORMULARY STATUS
CENTRAL NERVOUS SYSTEM	
ALCOHOL DETERRENTS	
<i>acamprosate calcium tbec 333mg</i>	
<i>disulfiram tabs 250mg, 500mg</i>	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	
RADICAVA ORS SUSP 105MG/5ML	Preferred
ANTIANXIETY	
<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	Preferred
<i>alprazolam tb24 .5mg, 1mg, 2mg, 3mg</i>	
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	
<i>lorazepam conc 2mg/ml; soln 2mg/ml, 4mg/ml; tabs .5mg, 1mg, 2mg</i>	Preferred
<i>oxazepam caps 10mg, 15mg, 30mg</i>	Preferred
ANTIDEMENTIA	
ARICEPT TABS 5MG, 10MG, 23MG	
<i>donepezil tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	Preferred
EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR	
<i>galantamine soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	Preferred
<i>galantamine ext-rel cp24 8mg, 16mg, 24mg</i>	Preferred
<i>memantine soln 2mg/ml; tabs 5mg, 10mg</i>	Preferred
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg</i>	
<i>memantine titration pak 5-10mg</i>	Preferred
<i>memantine-donepezil ext-rel cp24 14-10mg</i>	
<i>memantine-donepezil ext-rel cp24 21-10mg</i>	
<i>memantine-donepezil ext-rel cp24 28-10mg</i>	
NAMZARIC CAP	Preferred
NAMZARIC CAP 7-10MG	Preferred
NAMZARIC CAP 14-10MG	Preferred
NAMZARIC CAP 21-10MG	Preferred
NAMZARIC CAP 28-10MG	Preferred
<i>rivastigmine caps 1.5mg, 3mg, 4.5mg, 6mg</i>	Preferred
<i>rivastigmine transdermal pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	Preferred
ANTIDEPRESSANTS	
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
AUVELITY TAB 45-105MG	Preferred
<i>bupropion tabs 75mg, 100mg</i>	Preferred

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

DRUG NAME	FORMULARY STATUS
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Preferred
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Preferred
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Preferred
<i>carbidopa & levodopa tab 10-100 mg</i>	Preferred
<i>carbidopa & levodopa tab 25-100 mg</i>	Preferred
<i>carbidopa & levodopa tab 25-250 mg</i>	Preferred
<i>carbidopa-levodopa ext-rel tab er 25-100 mg</i>	Preferred
<i>carbidopa-levodopa ext-rel tab er 50-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Preferred
CREXONT CAP 35-140MG	Preferred
CREXONT CAP 52.5-210	Preferred
CREXONT CAP 70-280MG	Preferred
CREXONT CAP 87.5-350	Preferred
<i>entacapone tabs 200mg</i>	Preferred
INBRIJA CAPS 42MG	Preferred
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	Preferred
PARLODEL CAPS 5MG; TABS 2.5MG	
<i>pramipexole tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	Preferred
<i>pramipexole ext-rel tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Preferred
<i>rasagiline tabs .5mg, 1mg</i>	Preferred
<i>ropinirole tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	Preferred
<i>ropinirole ext-rel tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	Preferred
RYTARY CAP 95MG	Preferred
RYTARY CAP 145MG	Preferred
RYTARY CAP 195MG	Preferred
RYTARY CAP 245MG	Preferred
<i>selegiline caps 5mg; tabs 5mg</i>	Preferred
SINEMET TAB 10-100MG	
SINEMET TAB 25-100MG	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	

ANTIPSYCHOTICS

ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	Preferred
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DRUG NAME	FORMULARY STATUS
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	Preferred
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	Preferred
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	Preferred
ARISTADA INITIO PRSY 675MG/2.4ML	Preferred
<i>chlorpromazine hcl conc 30mg/ml, 100mg/ml; soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	Preferred
CLOZARIL TABS 25MG, 50MG, 100MG, 200MG	
<i>fluphenazine decanoate soln 25mg/ml</i>	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	
<i>lurasidone tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	Preferred
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	Preferred
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	
<i>quetiapine tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg</i>	Preferred
<i>quetiapine ext-rel tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	Preferred
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	Preferred
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	Preferred
VRAYLAR CAP 1.5-3MG	Preferred
<i>ziprasidone caps 20mg, 40mg, 60mg, 80mg; solr 20mg</i>	Preferred
ANTISEIZURE AGENTS	
BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	Preferred
<i>carbamazepine chew 100mg, 200mg; susp 100mg/5ml; tabs 200mg</i>	Preferred
<i>carbamazepine ext-rel cp12 100mg, 200mg, 300mg; tb12 100mg, 200mg, 400mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
CARBATROL CP12 100MG, 200MG, 300MG	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	Preferred
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	Preferred
diazepam conc 5mg/ml; soln 5mg/5ml, 5mg/ml; tabs 2mg, 5mg, 10mg	Preferred
diazepam rectal gel 2.5mg, 10mg, 20mg	Preferred
DILANTIN CAPS 30MG, 100MG	
DILANTIN INFATABS CHEW 50MG	
DILANTIN-125 SUSP 125MG/5ML	
divalproex sodium csdr 125mg; tbec 125mg, 250mg, 500mg	Preferred
divalproex sodium ext-rel tb24 250mg, 500mg	Preferred
eslicarbazepine tabs 200mg, 400mg, 600mg, 800mg	Preferred
ethosuximide caps 250mg; soln 250mg/5ml	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
perampanel tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	
phenobarbital elix 20mg/5ml; soln 65mg/ml, 130mg/ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Preferred

DRUG NAME	FORMULARY STATUS
<i>phenytoin chew 50mg; soln 50mg/ml; susp 100mg/4ml</i>	Preferred
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	Preferred
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	Preferred
<i>primidone tabs 50mg, 250mg</i>	Preferred
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	Preferred
<i>tiagabine tabs 2mg, 4mg, 12mg, 16mg</i>	Preferred
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	
<i>topiramate cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>topiramate cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	
<i>topiramate ext-rel cp24 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>valproic acid caps 250mg; soln 250mg/5ml</i>	Preferred
<i>vigabatrin pack 500mg; tabs 500mg</i>	Preferred
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	Preferred
XCOPRI PAK 12.5-25	Preferred
XCOPRI PAK 50-100MG	Preferred
XCOPRI PAK 50-200MG	Preferred
XCOPRI PAK 100-150	Preferred
XCOPRI PAK 150-200	Preferred
ZARONTIN CAPS 250MG; SOLN 250MG/5ML	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	Preferred

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

DRUG NAME	FORMULARY STATUS
<i>amphetamine-dextroamphetamine mixed salts tab 5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 7.5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 10 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 12.5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 15 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 20 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts tab 30 mg</i>	Preferred
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	Preferred
AZSTARYS CAP 26.1-5.2	Preferred
AZSTARYS CAP 39.2-7.8	Preferred
AZSTARYS CAP 52.3-10.	Preferred
<i>clonidine hcl (adhd) tb12 .1mg</i>	
<i>dexmethylphenidate ext-rel cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	Preferred
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	
FOCALIN TABS 2.5MG, 5MG, 10MG	
<i>guanfacine ext-rel tb24 1mg, 2mg, 3mg, 4mg</i>	Preferred
<i>lisdexamfetamine caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	Preferred
METHYLIN SOLN 5MG/5ML, 10MG/5ML	
<i>methylphenidate chew 2.5mg, 5mg, 10mg; ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg</i>	Preferred
<i>methylphenidate ext-rel cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; tb24 18mg; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg</i>	Preferred
QELBREE CP24 100MG, 150MG, 200MG	Preferred
RITALIN TABS 5MG, 10MG, 20MG	
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	
BOTULINUM TOXINS	
DAXXIFY SOLR 100UNIT	Preferred
DYSPORT SOLR 300UNIT, 500UNIT	Preferred

DRUG NAME	FORMULARY STATUS
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	Preferred
FIBROMYALGIA	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	Preferred
SAVELLA MIS TITR PAK	Preferred
HYPNOTICS	
AMBIEN TABS 5MG, 10MG	
AMBIEN CR TBCR 6.25MG, 12.5MG	
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	Preferred
DAYVIGO TABS 5MG, 10MG	Preferred
<i>doxepin tabs 3mg, 6mg</i>	Preferred
EDLUAR SUBL 5MG, 10MG	MNPA
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Preferred
QUVIVIQ TABS 25MG, 50MG	Preferred
<i>ramelteon tabs 8mg</i>	Preferred
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	
<i>zaleplon caps 5mg, 10mg</i>	Preferred
<i>zolpidem tabs 5mg, 10mg</i>	Preferred
<i>zolpidem ext-rel tbc 6.25mg, 12.5mg</i>	Preferred
<i>zolpidem sublingual subl 1.75mg, 3.5mg</i>	Preferred
MIGRAINE - ERGOTAMINE DERIVATIVES	
D.H.E. 45 SOLN 1MG/ML	
<i>dihydroergotamine mesylate soln 1mg/ml, 4mg/ml</i>	
<i>ergotamine-caffeine tab 1-100 mg</i>	Preferred
MIGRAINE - MISCELLANEOUS	
NURTEC ODT TBDP 75MG	Preferred
QULIPTA TABS 10MG, 30MG, 60MG	Preferred
UBRELVY TABS 50MG, 100MG	Preferred
MIGRAINE - MONOCLONAL ANTIBODIES	
AIMOVIG SOAJ 70MG/ML, 140MG/ML	Preferred
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	Preferred
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	Preferred
MIGRAINE - TRIPTANS AND COMBINATIONS	
<i>eletriptan tabs 20mg, 40mg</i>	Preferred
IMITREX SOLN 6MG/0.5ML; TABS 25MG, 50MG, 100MG	
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	
<i>naratriptan tabs 1mg, 2.5mg</i>	Preferred
ONZETRA XSAIL EXHP 11MG/NOSEPC	Preferred
RELPAK TABS 20MG, 40MG	

DRUG NAME	FORMULARY STATUS
<i>rizatriptan tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	Preferred
<i>sumatriptan soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 5mg/act, 6mg/0.5ml, 20mg/act; sosy 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	Preferred
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	
TOSYMRA SOLN 10MG/ACT	Preferred
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	Preferred
<i>zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	Preferred

MISCELLANEOUS

ENSPRYNG SOSY 120MG/ML	Preferred
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MOOD STABILIZERS

<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	
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MOVEMENT DISORDERS

AUSTEDO TABS 6MG, 9MG, 12MG	Preferred
INGREZZA CAPS 40MG, 60MG, 80MG	Preferred
INGREZZA CPSP 40MG, 60MG, 80MG	
INGREZZA CAP 40-80MG	Preferred
<i>tetrabenazine tabs 12.5mg, 25mg</i>	Preferred

MULTIPLE SCLEROSIS AGENTS

AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML	Preferred
BAFIERTAM CPDR 95MG	Preferred
BETASERON KIT .3MG	Preferred
COPAXONE SOSY 40MG/ML	Preferred
<i>dalfampridine tb12 10mg</i>	
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	Preferred
<i>dimethyl fumarate delayed-rel starter pack 120 mg & 240 mg</i>	Preferred
<i>fingolimod caps .5mg</i>	Preferred
<i>glatiramer sosy 20mg/ml, 40mg/ml</i>	Preferred
KESIMPTA SOAJ 20MG/0.4ML	Preferred
MAYZENT TABS .25MG, 1MG, 2MG; TBPK .25MG	Preferred
OCREVUS SOLN 300MG/10ML	Preferred
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	Preferred
REBIF REBIDO INJ TITRATN	Preferred
REBIF TITRTN INJ PACK	Preferred
<i>teriflunomide tabs 7mg, 14mg</i>	Preferred
TYSABRI CONC 300MG/15ML	Preferred
VUMERITY CPDR 231MG	Preferred
ZEPOSIA CAPS .92MG	Preferred
ZEPOSIA 7DAY CAP STR PACK	Preferred
ZEPOSIA CAP STR KIT 28 DAY	

DRUG NAME	FORMULARY STATUS
ZEPOSIA CAP STR KIT 37 DAY	Preferred
MUSCULOSKELETAL THERAPY AGENTS	
<i>baclofen soln 5mg/5ml, 10mg/5ml, 40mg/20ml, 500mcg/ml, 20000mcg/20ml; tabs 5mg, 10mg, 20mg</i>	
<i>carisoprodol tabs 250mg, 350mg</i>	
<i>chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg</i>	
<i>cyclobenzaprine tabs 5mg, 7.5mg, 10mg</i>	Preferred
<i>cyclobenzaprine hcl cp24 15mg, 30mg</i>	
<i>dantrolene sodium caps 25mg, 50mg, 100mg; solr 20mg</i>	
LYVISPAH PACK 5MG, 10MG, 20MG	Preferred
<i>metaxalone tabs 400mg, 800mg</i>	
<i>methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg</i>	
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
ZANAFLEX TABS 4MG	
MYASTHENIA GRAVIS	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 30mg, 60mg; tbc 180mg</i>	
VYVGART SOLN 400MG/20ML	Preferred
VYVGART INJ HYTRULO	Preferred
NARCOLEPSY/CATAPLEXY	
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	Preferred
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	Preferred
LUMRYZ PAK STARTER	
<i>modafinil tabs 100mg, 200mg</i>	Preferred
SUNOSI TABS 75MG, 150MG	Preferred
WAKIX TABS 4.45MG, 17.8MG	Preferred
XYWAV SOL 0.5GM/ML	Preferred
OPIOID AGONIST/ANTAGONIST	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	Preferred
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	Preferred
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	Preferred
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	Preferred
<i>buprenorphine-naloxone sublingual tab 2-0.5 mg</i>	Preferred
<i>buprenorphine-naloxone sublingual tab 8-2 mg</i>	Preferred
ZUBSOLV SUB 0.7-0.18	Preferred
ZUBSOLV SUB 1.4-0.36	Preferred
ZUBSOLV SUB 2.9-0.71	Preferred
ZUBSOLV SUB 5.7-1.4	Preferred
ZUBSOLV SUB 8.6-2.1	Preferred
ZUBSOLV SUB 11.4-2.9	Preferred

DRUG NAME	FORMULARY STATUS
OPIOID ANTAGONIST	
KLOXXADO LIQD 8MG/0.1ML	Preferred
naloxone liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	Preferred
naloxone sosy .4mg/ml	
naltrexone hcl tabs 50mg	
POSTHERPETIC NEURALGIA (PHN)	
gabapentin tabs 300mg, 600mg	
GRALISE TABS 300MG, 600MG	Preferred
GRALISE TABS 450MG, 750MG, 900MG	
pregabalin ext-rel tb24 82.5mg, 165mg, 330mg	Preferred
PSYCHOTHERAPEUTIC-MISC	
fluoxetine hcl (pmdd) tabs 10mg, 20mg	
NUDEXTA CAP 20-10MG	Preferred
paroxetine mesylate caps 7.5mg	Preferred
SMOKING DETERRENTS	
bupropion hcl (smoking deterrent) tb12 150mg	
varenicline tartrate tabs .5mg, 1mg	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
octreotide acetate kit 10mg, 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, 750mg, 850mg, 1000mg	Preferred
metformin ext-rel tb24 500mg, 750mg, 1000mg	Preferred
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	
glipizide-metformin tab 2.5-250 mg	Preferred
glipizide-metformin tab 2.5-500 mg	Preferred
glipizide-metformin tab 5-500 mg	Preferred

DRUG NAME	FORMULARY STATUS
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR	
COMBINATIONS	

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Preferred
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Preferred
JANUMET TAB 50-500MG	Preferred
JANUMET TAB 50-1000	Preferred
JANUMET XR TAB 50-500MG	Preferred
JANUMET XR TAB 50-1000	Preferred
JANUMET XR TAB 100-1000	Preferred
JENTADUETO TAB 2.5-500	MNPA
JENTADUETO TAB 2.5-850	MNPA
JENTADUETO TAB 2.5-1000	MNPA
JENTADUETO TAB XR	MNPA
KAZANO 12.5- TAB 500MG	MNPA
KAZANO 12.5- TAB 1000MG	MNPA
KOMBIGLYZ XR TAB 2.5-1000	MNPA
KOMBIGLYZ XR TAB 5-500MG	MNPA
KOMBIGLYZ XR TAB 5-1000MG	MNPA
OSENI TAB 12.5-15	MNPA
OSENI TAB 12.5-30	MNPA
OSENI TAB 12.5-45	MNPA
OSENI TAB 25-15MG	MNPA
OSENI TAB 25-30MG	MNPA
OSENI TAB 25-45MG	MNPA
<i>saxagliptin-metformin ext-rel tb24 2.5-1000 mg</i>	Preferred
<i>saxagliptin-metformin ext-rel tb24 5-500 mg</i>	Preferred
<i>saxagliptin-metformin ext-rel tb24 5-1000 mg</i>	Preferred
SITAG/METFOR TAB 50-500MG	Preferred
SITAG/METFOR TAB 50-1000	Preferred
SITAG/METFOR TAB 100-1000	Preferred
TRIJARDY XR TAB	Preferred
ZITUVIMET TAB 50-500MG	MNPA
ZITUVIMET TAB 50-1000	MNPA
ZITUVIMET XR TAB 50-500MG	MNPA
ZITUVIMET XR TAB 50-1000	MNPA
ZITUVIMET XR TAB 100-1000	MNPA

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	Preferred
BRYNOVIN SOLN 25MG/ML	MNPA
JANUVIA TABS 25MG, 50MG, 100MG	Preferred

DRUG NAME	FORMULARY STATUS
NESINA TABS 6.25MG, 12.5MG, 25MG	MNPA
ONGLYZA TABS 2.5MG, 5MG	MNPA
<i>saxagliptin tabs 2.5mg, 5mg</i>	Preferred
SITAGLIPTIN TABS 25MG, 50MG, 100MG	Preferred
TRADJENTA TABS 5MG	MNPA
ZITUVIO TABS 25MG, 50MG, 100MG	MNPA

ANTIDIABETICS, INCRETIN MIMETIC AGENTS

ADLYXIN SOPN 20MCG/0.2ML	MNPA
BYDUREON BCISE AUJ 2MG/0.85ML	MNPA
BYETTA SOPN 5MCG/0.02ML, 10MCG/0.04ML	MNPA
<i>liraglutide sopn 18mg/3ml</i>	Preferred
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	Preferred
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	Preferred
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	Preferred
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	Preferred
VICTOZA SOPN 18MG/3ML	MNPA

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

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

ANTIDIABETICS, INSULIN

BASAGLAR SOPN 100UNIT/ML	Preferred
FIASP SOLN 100UNIT/ML	Preferred
FIASP FLEXTOUCH SOPN 100UNIT/ML	Preferred
FIASP PENFILL SOCT 100UNIT/ML	Preferred
HUMALOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	Preferred
HUMALOG MIX INJ 50/50KWP	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

DRUG NAME	FORMULARY STATUS
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	
<i>pioglitazone tabs 15mg, 30mg, 45mg</i>	Preferred
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
ACTOPLUS MET TAB 15-500MG	
ACTOPLUS MET TAB 15-850MG	
<i>pioglitazone-metformin tab 15-500 mg</i>	Preferred
<i>pioglitazone-metformin tab 15-850 mg</i>	Preferred
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
DUETACT TAB 30-2MG	
DUETACT TAB 30-4MG	
<i>pioglitazone-glimepiride tab 30-2 mg</i>	Preferred
<i>pioglitazone-glimepiride tab 30-4 mg</i>	Preferred
ANTIDIABETICS, MEGLITINIDE	
<i>nateglinide tabs 60mg, 120mg</i>	Preferred
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Preferred
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	
<i>dapagliflozin-metformin ext-rel tb24 5-1000mg</i>	Preferred
<i>dapagliflozin-metformin ext-rel tb24 10-1000mg</i>	Preferred
INVOKAMET TAB 50-500MG	MNPA
INVOKAMET TAB 50-1000	MNPA
INVOKAMET TAB 150-500	MNPA
INVOKAMET TAB 150-1000	MNPA
INVOKAMET XR TAB 50-500MG	MNPA
INVOKAMET XR TAB 50-1000	MNPA
INVOKAMET XR TAB 150-500	MNPA
INVOKAMET XR TAB 150-1000	MNPA

DRUG NAME	FORMULARY STATUS
SEGLUROMET TAB 2.5-500	MNPA
SEGLUROMET TAB 2.5-1000	MNPA
SEGLUROMET TAB 7.5-500	MNPA
SEGLUROMET TAB 7.5-1000	MNPA
SYNJARDY TAB	Preferred
SYNJARDY TAB 5-500MG	Preferred
SYNJARDY TAB 5-1000MG	Preferred
SYNJARDY TAB 12.5-500	Preferred
SYNJARDY XR TAB	Preferred
SYNJARDY XR TAB 5-1000MG	Preferred
SYNJARDY XR TAB 10-1000	Preferred
SYNJARDY XR TAB 25-1000	Preferred
XIGDUO XR TAB 2.5-1000	
XIGDUO XR TAB 5-500MG	
XIGDUO XR TAB 5-1000MG	
XIGDUO XR TAB 10-500MG	
XIGDUO XR TAB 10-1000	

**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	
QTERN TAB 10-5MG	
STEGLUJAN TAB 5-100MG	MNPA
STEGLUJAN TAB 15-100MG	MNPA

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

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

ANTIDIABETICS, SULFONYLUREA

AMARYL TABS 1MG, 2MG, 4MG	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Preferred
<i>glimepiride tabs 3mg</i>	
<i>glipizide tabs 2.5mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	Preferred
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	Preferred

ANTIOBESITY

<i>orlistat caps 120mg</i>	Preferred
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	

DRUG NAME	FORMULARY STATUS
QSYMIA CAP 3.75-23	Preferred
QSYMIA CAP 7.5-46MG	Preferred
QSYMIA CAP 11.25-69	Preferred
QSYMIA CAP 15-92MG	Preferred
SAXENDA SOPN 18MG/3ML	Preferred
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML	Preferred
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	Preferred
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet tabs 30mg, 60mg, 90mg</i>	Preferred
CALCIUM REGULATORS, BISPHOSPHONATES	
ACTONEL TABS 35MG, 150MG	
<i>alendronate soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	Preferred
ATELVIA TBEC 35MG	
FOSAMAX TABS 70MG	
<i>ibandronate soln 3mg/3ml; tabs 150mg</i>	Preferred
<i>risedronate tabs 5mg, 30mg, 35mg, 150mg</i>	Preferred
<i>risedronate sodium tbec 35mg</i>	
<i>zoledronic acid conc 4mg/5ml; soln 4mg/100ml, 5mg/100ml</i>	
CALCIUM REGULATORS, MISCELLANEOUS	
<i>calcitonin-salmon soln 200unit/act, 200unit/ml</i>	Preferred
OSENVILT SOLN 120MG/1.7ML	Preferred
PROLIA SOSY 60MG/ML	Preferred
CALCIUM REGULATORS, PARATHYROID HORMONES	
<i>teriparatide sopn 560mcg/2.24ml</i>	Preferred
TYMLOS SOPN 3120MCG/1.56ML	Preferred
CARNITINE DEFICIENCY AGENTS	
<i>levocarnitine soln 1gm/10ml; tabs 330mg</i>	Preferred
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45MG	Preferred
LUPRON DEPOT-PED KIT 7.5MG, 11.25MG, 15MG, 30MG	Preferred
LUPRON DEPOT-PED (6-MONTH KIT 45MG	
SUPPRELIN LA KIT 50MG	Preferred
TRIPTODUR SRER 22.5MG	Preferred
CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	Preferred
<i>deferiprone tabs 500mg, 1000mg</i>	Preferred
<i>deferoxamine solr 2gm, 500mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>penicillamine caps 250mg; tabs 250mg</i>	Preferred
<i>trientine caps 250mg</i>	Preferred
<i>trientine caps 500mg</i>	

CONTRACEPTIVES

<i>ANNOVERA MIS</i>	Preferred
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>ethinyl estradiol-drospirenone tab 3-0.02 mg</i>	Preferred
<i>ethinyl estradiol-drospirenone tab 3-0.03 mg</i>	Preferred
<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.02-0.451 mg</i>	Preferred
<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.03-0.451 mg</i>	Preferred
<i>ethinyl estradiol-etonogestrel va ring 0.120-0.015 mg/24hr</i>	Preferred
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.1-0.02mg(84) & 0.01mg(7)</i>	Preferred
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03 mg</i>	Preferred
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03mg(84) & 0.01mg(7)</i>	Preferred
<i>ethinyl estradiol-levonorgestrel continuous tab 90-20 mcg</i>	Preferred
<i>ethinyl estradiol-levonorgestrel tab 0.1 mg-20 mcg</i>	Preferred
<i>ethinyl estradiol-levonorgestrel tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Preferred
<i>ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg</i>	Preferred
<i>ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-20 mcg (21)</i>	Preferred
<i>ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate tab 1 mg-20 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron tab 1-20/1-30/1-35 mg-mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg</i>	Preferred
<i>ethinyl estradiol-norgestimate tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Preferred
<i>ethinyl estradiol-norgestimate tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Preferred
<i>ethinyl estradiol-norgestimate tab 0.25 mg-35 mcg</i>	Preferred
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
KYLEENA IUD 19.5MG	Preferred
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	
LO LOESTRIN TAB 1-10-10	Preferred
<i>medroxyprogesterone susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 20MCG/DAY	Preferred
NATAZIA TAB	Preferred
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone (contraceptive) tabs .35mg</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	
SKYLA IUD 13.5MG	Preferred
DIABETIC SUPPLIES	
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	Preferred
ACCU-CHEK GUIDE STRIPS AND KITS	Preferred
ACCU-CHEK 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
EMBECTA ULTRAFINE INSULIN SYRINGES	Except certain NDCs; Preferred

DRUG NAME	FORMULARY STATUS
EMBECTA ULTRAFINE NEEDLES	Except certain NDCs; 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
TRUE METRIX STRIPS AND KITS	Preferred
TWIIIST INSULIN INFUSION PUMP AND SUPPLIES	Preferred
ENDOMETRIOSIS	
<i>danazol caps 50mg, 100mg, 200mg</i>	
ORILISSA TABS 150MG, 200MG	Preferred
FERTILITY REGULATORS	
<i>cetrorelix acetate kit .25mg</i>	Preferred
<i>clomiphene citrate tabs 50mg</i>	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	Preferred
GANIRELIX ACETATE SOSY 250MCG/0.5ML	Preferred
PREGNYL SOLR 10000UNIT	Preferred
GLUCOCORTICOIDS	
CORTEF TABS 5MG, 10MG, 20MG	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml, 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	Preferred
<i>fludrocortisone tabs .1mg</i>	Preferred
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	Preferred
MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG	
MEDROL DOSEPAK TBPk 4MG	
<i>methylprednisolone solr 40mg, 125mg, 500mg, 1000mg; susp 40mg/ml, 80mg/ml; tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	Preferred
<i>prednisolone soln 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	Preferred
<i>prednisolone tabs 5mg</i>	
<i>prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Preferred
GLUCOSE ELEVATING AGENTS	
BAQSIMI POWD 3MG/DOSE	Preferred
<i>glucagon, human recombinant solr 1mg</i>	Preferred
GVOKE SOAJ .5MG/0.1ML, 1MG/0.2ML; SOLN 1MG/0.2ML; SOSY .5MG/0.1ML, 1MG/0.2ML	Preferred
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	Preferred

DRUG NAME	FORMULARY STATUS
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	Preferred
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	Preferred
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	Preferred
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	Preferred
LYSOSOMAL STORAGE DISORDERS	
NEXVIAZYME SOLR 100MG	Preferred
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	
ELFABRIO SOLN 5MG/2.5ML	
ELFABRIO SOLN 20MG/10ML	Preferred
FABRAZYME SOLR 5MG, 35MG	Preferred
GALAFOLD CAPS 123MG	Preferred
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	
CERDELGA CAPS 84MG	Preferred
CEREZYME SOLR 400UNIT	Preferred
<i>miglustat caps 100mg</i>	
MENOPAUSAL SYMPTOM AGENTS	
CLIMARA PRO DIS WEEKLY	Preferred
COMBIPATCH DIS	Preferred
DUAVEE TAB 0.45-20	Preferred
ESTRACE TABS .5MG, 1MG, 2MG	
<i>estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg, 10mcg</i>	Preferred
<i>estradiol vaginal crea .1mg/gm</i>	Preferred
<i>estradiol-norethindrone tab 0.5 mg-2.5 mcg</i>	Preferred
<i>estradiol-norethindrone tab 0.5-0.1 mg</i>	Preferred
<i>estradiol-norethindrone tab 1 mg-5 mcg</i>	Preferred
<i>estradiol-norethindrone tab 1-0.5 mg</i>	Preferred
ESTRING RING 2MG	Preferred
IMVEXXY INST 4MCG, 10MCG	Preferred
PREMARIN CREA .625MG/GM; TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	Preferred
PREMPHASE TAB	Preferred
PREMPRO TAB	Preferred
PREMPRO TAB 0.3-1.5	Preferred

DRUG NAME	FORMULARY STATUS
PREMPRO TAB 0.45-1.5	Preferred
PREMPRO TAB 0.625-5	Preferred
VAGIFEM TABS 10MCG	
MISCELLANEOUS	
<i>betaine powder for oral solution</i>	Preferred
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50MG, 150MG	Preferred
EVISTA TABS 60MG	
<i>methylergonovine maleate soln .2mg/ml; tabs .2mg</i>	
<i>mifepristone tabs 300mg</i>	Preferred
OSPHENA TABS 60MG	Preferred
<i>raloxifene tabs 60mg</i>	Preferred
<i>sapropterin pack 100mg, 500mg; tabs 100mg</i>	Preferred
<i>tolvaptan tabs 15mg, 30mg; tbpk 15mg</i>	Preferred
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	Preferred
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	Preferred
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	Preferred
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	Preferred
PHOSPHATE BINDER AGENTS	
AURYXIA TABS 210MG	Preferred
<i>calcium acetate caps 667mg; tabs 667mg</i>	Preferred
<i>ferric citrate tabs 210mg</i>	
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	Preferred
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	Preferred
<i>sevelamer hcl tabs 400mg, 800mg</i>	
POTASSIUM-REMOVING AGENTS	
LOKELMA PACK 5GM, 10GM	Preferred
VELTASSA PACK 1GM, 8.4GM, 16.8GM, 25.2GM	Preferred
PROGESTINS	
CRINONE GEL 4%, 8%	Preferred
ENDOMETRIN INST 100MG	Preferred
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	
<i>medroxyprogesterone tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>megestrol acetate susp 400mg/10ml</i>	
<i>megestrol acetate susp 625mg/5ml</i>	Preferred
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone, micronized caps 100mg, 200mg</i>	Preferred
PROVERA TABS 2.5MG, 5MG, 10MG	
THYROID AGENTS	
<i>levothyroxine caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>liothyronine soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	Preferred
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	Preferred
UREA CYCLE DISORDER	
<i>carglumic acid tbso 200mg</i>	Preferred
PHEBURANE PLLT 483MG/GM	Preferred
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	Preferred
UTERINE FIBROIDS	
MYFEMBREE TAB	Preferred
ORIAHNN CAP	Preferred
VASOPRESSINS	
<i>desmopressin acetate tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .01%</i>	
VITAMIN D ANALOGS	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	
GASTROINTESTINAL	
ANTICHOLINERGICS	
<i>dicyclomine caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	Preferred
ANTIDIARRHEALS	
<i>diphenoxylate-atropine liq 2.5-0.025 mg/5ml</i>	Preferred
<i>diphenoxylate-atropine tab 2.5-0.025 mg</i>	Preferred
<i>loperamide caps 2mg</i>	Preferred
ANTIEMETICS	
<i>aprepitant caps 40mg, 80mg, 125mg</i>	Preferred
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Preferred
<i>doxylamine-pyridoxine delayed-rel tab 10-10 mg</i>	Preferred
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Preferred
<i>granisetron soln 1mg/ml, 4mg/4ml; tabs 1mg</i>	Preferred
MARINOL CAPS 2.5MG, 5MG, 10MG	
<i>meclizine chew 25mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
<i>metoclopramide soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	Preferred
<i>ondansetron soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg; tbdp 4mg, 8mg, 16mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>prochlorperazine soln 10mg/2ml, 50mg/10ml; supp 25mg; tabs 5mg, 10mg</i>	Preferred
<i>promethazine soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
REGLAN TABS 5MG, 10MG	
SANCUSO PTCH 3.1MG/24HR	Preferred
<i>scopolamine transdermal pt72 1mg/3days</i>	Preferred
<i>trimethobenzamide caps 300mg</i>	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	
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>cimetidine hcl soln 300mg/5ml</i>	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	Preferred
<i>famotidine inj 20mg/50ml</i>	Preferred
PEPCID TABS 20MG, 40MG	
INFLAMMATORY BOWEL DISEASE	
AZULFIDINE TABS 500MG	
AZULFIDINE EN-TABS TBEC 500MG	
<i>balsalazide caps 750mg</i>	Preferred
<i>budesonide delayed-rel cpep 3mg</i>	Preferred
<i>budesonide ext-rel tb24 9mg</i>	Preferred
CORTIFOAM FOAM 10%	Preferred
<i>hydrocortisone enem 100mg/60ml</i>	Preferred
<i>mesalamine enem 4gm; supp 1000mg</i>	Preferred
<i>mesalamine delayed-rel cpdr 400mg; tbec 1.2gm, 800mg</i>	Preferred
<i>mesalamine ext-rel cp24 .375gm; cpcr 500mg</i>	Preferred
<i>mesalamine w/ cleanser kit 4gm</i>	
PENTASA CPCR 250MG, 500MG	Preferred
ROWASA KIT 4GM	
<i>sulfasalazine tabs 500mg</i>	Preferred
<i>sulfasalazine delayed-rel tbec 500mg</i>	Preferred
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
LINZESS CAPS 72MCG, 145MCG, 290MCG	Preferred
<i>lubiprostone caps 8mcg, 24mcg</i>	Preferred
MOTEGRITY TABS 1MG, 2MG	MNPA
<i>prucalopride tabs 1mg, 2mg</i>	Preferred
TRULANCE TABS 3MG	Preferred
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
<i>alosetron tabs .5mg, 1mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
VIBERZI TABS 75MG, 100MG	Preferred
LAXATIVES	
<i>lactulose soln 10gm/15ml</i>	Preferred
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
<i>peg 3350-electrolytes</i>	Preferred
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Preferred
MISCELLANEOUS	
IQIRVO TABS 80MG	Preferred
<i>misoprostol tabs 100mcg, 200mcg</i>	
MOVANTIK TABS 12.5MG, 25MG	Preferred
<i>sucralfate susp 1gm/10ml; tabs 1gm</i>	Preferred
SYMPROIC TABS .2MG	Preferred
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
PANCREATIC ENZYMES	
CREON CAP 3000UNIT	Preferred
CREON CAP 6000UNIT	Preferred
CREON CAP 12000UNIT	Preferred
CREON CAP 24000UNIT	Preferred
CREON CAP 36000UNIT	Preferred
VIOKACE TAB 10440	Preferred
VIOKACE TAB 20880	Preferred
ZENPEP CAP 3000UNIT	Preferred
ZENPEP CAP 5000UNIT	Preferred
ZENPEP CAP 10000UNIT	Preferred
ZENPEP CAP 15000UNIT	Preferred
ZENPEP CAP 20000UNIT	Preferred
ZENPEP CAP 25000UNIT	Preferred
ZENPEP CAP 40000UNIT	Preferred
ZENPEP CAP 60000UNIT	
PROTON PUMP INHIBITORS	
<i>dexlansoprazole cpdr 30mg, 60mg</i>	
<i>esomeprazole delayed-rel cpdr 20mg, 40mg; pack 2.5mg, 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>esomeprazole sodium solr 40mg</i>	
<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>	Preferred
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>	Preferred
<i>pantoprazole delayed-rel pack 40mg; tbec 20mg, 40mg</i>	Preferred
PANTOPRAZOLE SODIUM SOLR 40MG	
RECTAL, CORTICOSTEROIDS	
<i>hydrocortisone crea 2.5%</i>	
PROCTOFOAM-HC AER 1%	Preferred

DRUG NAME	FORMULARY STATUS
ULCER THERAPY COMBINATIONS	
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	
<i>bismuth-metronidazole-tetracycline cap 140-125-125 mg</i>	Preferred
TALICIA CAP	Preferred
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin ext-rel tb24 10mg</i>	Preferred
AVODART CAPS .5MG	
CARDURA TABS 1MG, 2MG, 4MG, 8MG	
<i>doxazosin tabs 1mg, 2mg, 4mg, 8mg</i>	Preferred
<i>dutasteride caps .5mg</i>	Preferred
<i>dutasteride-tamsulosin cap 0.5-0.4 mg</i>	Preferred
<i>finasteride tabs 5mg</i>	Preferred
FLOMAX CAPS .4MG	
PROSCAR TABS 5MG	
<i>silodosin caps 4mg, 8mg</i>	Preferred
<i>tamsulosin caps .4mg</i>	Preferred
<i>terazosin caps 1mg, 2mg, 5mg, 10mg</i>	Preferred
ERECTILE DYSFUNCTION	
<i>avanafil tabs 50mg, 100mg, 200mg</i>	Preferred
<i>sildenafil tabs 25mg, 50mg, 100mg</i>	Preferred
<i>tadalafil tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
MISCELLANEOUS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
FILSPARI TABS 200MG, 400MG	Preferred
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	
<i>tiopronin tabs 100mg</i>	Preferred
<i>tiopronin delayed-rel tbec 100mg, 300mg</i>	Preferred
VANRAFIA TABS .75MG	Preferred
URINARY ANTISPASMODICS	
<i>darifenacin ext-rel tb24 7.5mg, 15mg</i>	Preferred
DETROL TABS 1MG, 2MG	
<i>fesoterodine ext-rel tb24 4mg, 8mg</i>	Preferred
GELNIQUE GEL 10%	MNPA
GEMTESA TABS 75MG	Preferred
<i>mirabegron ext-rel tb24 25mg, 50mg</i>	
MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG	Preferred
<i>oxybutynin soln 5mg/5ml; tabs 5mg</i>	Preferred
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	Preferred
OXYTROL PTTW 3.9MG/24HR	MNPA
<i>solifenacin tabs 5mg, 10mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>tolterodine tabs 1mg, 2mg</i>	Preferred
<i>tolterodine ext-rel cp24 2mg, 4mg</i>	Preferred
<i>trospium tabs 20mg</i>	Preferred
<i>trospium ext-rel cp24 60mg</i>	Preferred

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

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

BLEEDING DISORDERS AGENTS

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

DRUG NAME	FORMULARY STATUS
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
ESPEROCT SOLR 4000UNIT	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
JIVI SOLR 4000UNIT	
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
HEMOPHILIA B AGENTS	
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
MISCELLANEOUS	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080MG/20ML	Preferred
PLATELET AGGREGATION INHIBITORS	
BRILINTA TABS 60MG, 90MG	Preferred
<i>clopidogrel tabs 75mg, 300mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	Preferred
<i>prasugrel tabs 5mg, 10mg</i>	Preferred
<i>ticagrelor tabs 60mg, 90mg</i>	
SICKLE CELL DISEASE	
ENDARI PACK 5GM	Preferred
<i>glutamine (sickle cell) pack 5gm</i>	
SIKLOS TABS 100MG, 1000MG	Preferred
THROMBOCYTOPENIA AGENTS	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	Preferred
DOPTELET TABS 20MG	Preferred
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
GRASTEK SUBL 2800BAU	Preferred
ODACTRA SUB	Preferred
ORALAIR SUB 300 IR	Preferred
RAGWITEK SUBL 12AMBA1-U	Preferred
ALOPECIA AREATA	
LITFULO CAPS 50MG	Preferred
OLUMIANT TABS 1MG, 2MG, 4MG	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
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

DRUG NAME	FORMULARY STATUS
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
ENTYVIO SUBCUTANEOUS SOAJ 108MG/0.68ML	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 200MG/2ML; SOPN 100MG/ML; 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

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

DRUG NAME	FORMULARY STATUS
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 200MG/2ML; SOPN 100MG/ML; 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
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

DRUG NAME	FORMULARY STATUS
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
ENTYVIO SUBCUTANEOUS SOAJ 108MG/0.68ML	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 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML	Preferred
VELSIPITY TABS 2MG	Preferred
YESINTEK SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
ZEPOSIA CAPS .92MG	Preferred
ZEPOSIA 7DAY CAP STR PACK	Preferred
ZEPOSIA CAP STR KIT 37 DAY	Preferred
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate tabs 2.5mg</i>	Preferred
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	Preferred
HEREDITARY ANGIOEDEMA	
<i>icatibant sosy 30mg/3ml</i>	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
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	Preferred

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

DRUG NAME	FORMULARY STATUS
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<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	
<i>pyridoxine hcl soln 100mg/ml</i>	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
BESIVANCE SUSP .6%	Preferred
CILOXAN OINT .3%	Preferred
<i>ciprofloxacin soln .3%</i>	Preferred
<i>erythromycin oint 5mg/gm</i>	Preferred
<i>gentamicin soln .3%</i>	Preferred
<i>levofloxacin soln .5%, 1.5%</i>	Preferred
<i>moxifloxacin soln .5%</i>	Preferred
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
OCUFLOX SOLN .3%	
<i>ofloxacin soln .3%</i>	Preferred
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
POLYTRIM SOL OP	
<i>sulfacetamide oint 10%; soln 10%</i>	Preferred
<i>tobramycin soln .3%</i>	Preferred
TOBREX OINT .3%; SOLN .3%	
<i>trifluridine soln 1%</i>	Preferred
VIGAMOX SOLN .5%	
XDEMVI SOLN .25%	Preferred

ANTI-INFLAMMATORIES

ACULAR SOLN .5%	
ACULAR LS SOLN .4%	

DRUG NAME	FORMULARY STATUS
ACUVAIL SOLN .45%	Preferred
<i>bromfenac soln .07%, .075%</i>	
<i>bromfenac soln .09%</i>	Preferred
<i>dexamethasone soln .1%</i>	Preferred
<i>diclofenac soln .1%</i>	Preferred
<i>difluprednate emul .05%</i>	Preferred
<i>fluorometholone (ophth) susp .1%</i>	
FML FORTE SUSP .25%	Preferred
ILEVRO SUSP .3%	Preferred
<i>ketorolac soln .4%, .5%</i>	Preferred
<i>loteprednol gel .5%; susp .5%</i>	Preferred
MAXIDEX SUSP .1%	Preferred
NEVANAC SUSP .1%	Preferred
PRED MILD SUSP .12%	Preferred
<i>prednisolone acetate susp 1%</i>	Preferred
PREDNISOLONE SODIUM PHOSP SOLN 1%	

ANTIALLERGICS

<i>azelastine soln .05%</i>	Preferred
<i>bepotastine soln 1.5%</i>	Preferred
<i>cromolyn sodium soln 4%</i>	Preferred
<i>loteprednol susp .2%</i>	Preferred
<i>olopatadine soln .2%</i>	Preferred
ZERVIAE SOLN .24%	Preferred

ANTI GLAUCOMA BETA-BLOCKERS

BETIMOL SOLN .25%, .5%	Preferred
BETOPTIC S SUSP .25%	Preferred
<i>levobunolol hcl soln .5%</i>	
<i>timolol hemihydrate soln .5%</i>	
<i>timolol maleate solg .25%, .5%; soln .25%, .5%</i>	Preferred

ANTI GLAUCOMA COMBINATION AGENTS

<i>brimonidine-timolol soln 0.2-0.5%</i>	Preferred
<i>dorzolamide-timolol sol 22.3-6.8 mg/ml pf</i>	Preferred
<i>dorzolamide-timolol soln 22.3-6.8 mg/ml</i>	Preferred
ROCKLATAN DRO	Preferred
SIMBRINZA SUS 1-0.2%	Preferred

CARBONIC ANHYDRASE INHIBITORS

<i>brinzolamide susp 1%</i>	Preferred
<i>dorzolamide soln 2%</i>	Preferred

DRY EYE DISEASE

<i>cyclosporine (ophth) emul .05%</i>	Preferred
LACRISERT INST 5MG	MNPA
MIEBO SOLN 1.338GM/ML	Preferred
RESTASIS EMUL .05%	Preferred
VEVYE SOLN .1%	

DRUG NAME	FORMULARY STATUS
XIIDRA SOLN 5%	Preferred
PROSTAGLANDINS	
<i>latanoprost soln .005%</i>	Preferred
LUMIGAN SOLN .01%	Preferred
<i>tafluprost soln .015mg/ml</i>	
<i>travoprost soln .004%</i>	Preferred
RETINAL DISORDERS	
BYOOVIZ SOLN .5MG/0.05ML	Preferred
RHO KINASE INHIBITORS	
RHOPRESSA SOLN .02%	Preferred
SYMPATHOMIMETICS	
ALPHAGAN P SOLN .1%, .15%	Preferred
<i>brimonidine soln .1%</i>	
<i>brimonidine soln .15%, .2%</i>	Preferred
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
ARALAST NP SOLR 500MG, 1000MG	Preferred
GLASSIA SOLN 1000MG/50ML	Preferred
ZEMAIRA SOLR 1000MG	Preferred
ZEMAIRA SOLR 4000MG, 5000MG	
ANAPHYLAXIS TREATMENT AGENTS	
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	Preferred
<i>epinephrine soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml</i>	Preferred
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	Preferred
BEVESPI AER 9-4.8MCG	MNPA
<i>ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml</i>	Preferred
STIOLTO AER 2.5-2.5	Preferred
<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	
BREZTRI AERO AER SPHERE	Preferred
TRELEGY AER 100MCG	Preferred
TRELEGY AER 200MCG	Preferred
ANTICHOLINERGICS	
ATROVENT HFA AERS 17MCG/ACT	Preferred
INCRUSE ELLIPTA AEPB 62.5MCG/INH	Preferred
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation soln .02%</i>	Preferred
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT; CAPS 18MCG	Preferred
<i>tiotropium bromide caps 18mcg</i>	

DRUG NAME	FORMULARY STATUS
TUDORZA PRESSAIR AEPB 400MCG/ACT	MNPA
YUPELRI SOLN 175MCG/3ML	Preferred
ANTI-HISTAMINE COMBINATIONS	
azelastine-fluticasone nasal spray 137-50 mcg/act	Preferred
ANTI-HISTAMINES	
azelastine soln .1%, .15%	Preferred
clemastine fumarate tabs 2.68mg	
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	
levocetirizine soln 2.5mg/5ml; tabs 5mg	
olopatadine soln .6%	Preferred
BETA AGONISTS	
albuterol inhalation solution nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Preferred
albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg	
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
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Except lyophilized powder; 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	Except lyophilized powder; Preferred
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	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	

DRUG NAME	FORMULARY STATUS
CYSTIC FIBROSIS	
<i>tobramycin inhalation solution nebu 300mg/4ml, 300mg/5ml</i>	Preferred
LEUKOTRIENE MODIFIERS	
<i>zileuton ext-rel tb12 600mg</i>	Preferred
LEUKOTRIENE RECEPTOR ANTAGONISTS	
<i>montelukast chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	Preferred
<i>zafirlukast tabs 10mg, 20mg</i>	Preferred
MAST CELL STABILIZERS	
<i>cromolyn sodium nebu 20mg/2ml</i>	
MISCELLANEOUS	
<i>roflumilast tabs 250mcg, 500mcg</i>	Preferred
NASAL STEROIDS	
<i>flunisolide soln .025%</i>	Preferred
<i>fluticasone susp 50mcg/act</i>	Preferred
<i>mometasone susp 50mcg/act</i>	Preferred
<i>XHANCE EXHU 93MCG/ACT</i>	Preferred
PULMONARY FIBROSIS AGENTS	
<i>OFEV CAPS 100MG, 150MG</i>	Preferred
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	Preferred
SEVERE ASTHMA AGENTS	
<i>DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML</i>	Preferred
<i>FASENRA SOAJ 30MG/ML; SOSY 30MG/ML</i>	Preferred
<i>FASENRA SOSY 10MG/0.5ML</i>	
<i>NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML</i>	Except lyophilized powder; Preferred
<i>TEZSPIRE SOSY 210MG/1.91ML</i>	Preferred
<i>XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML</i>	Preferred
STERIOD INHALANTS	
<i>ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT</i>	Preferred
<i>budesonide inhalation susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	Preferred
<i>FLOVENT HFA AERO 44MCG/ACT, 110MCG/ACT, 220MCG/ACT</i>	Preferred
<i>fluticasone propionate diskus aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
<i>PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT</i>	Preferred

DRUG NAME	FORMULARY STATUS
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QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	Preferred
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STEROID/BETA-AGONIST COMBINATIONS

AIRSUPRA AER 90-80MCG	Preferred
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BREO ELLIPTA INH 50-25MCG	
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BREO ELLIPTA INH 100-25	Preferred
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BREO ELLIPTA INH 200-25	Preferred
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<i>breyana aer 80-4.5 mcg/act</i>	Preferred
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<i>breyana aer 160-4.5 mcg/act</i>	Preferred
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<i>budesonide-formoterol aer 80-4.5 mcg/act</i>	Preferred
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<i>budesonide-formoterol aer 160-4.5 mcg/act</i>	Preferred
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<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	
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<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	
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<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	
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<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	
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<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
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<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	
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<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	
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<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	
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<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	
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<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	
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<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	
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SYMBICORT AER 80-4.5	Preferred
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SYMBICORT AER 160-4.5	Preferred
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XANTHINES

<i>theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	
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TOPICAL

DERMATOLOGY, ACNE

ABSORICA CAPS 10MG, 20MG, 25MG, 30MG, 35MG, 40MG	Preferred
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<i>adapalene crea .1%; gel .1%, .3%; pads .1%</i>	Preferred
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<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	
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<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	
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AKLIEF CREA .005%	Preferred
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ARAZLO LOTN .045%	Preferred
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BENZAC AC WASH LIQD 5%	
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BENZAMYCIN GEL 5-3%	
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<i>benzoyl peroxide foam 9.8%; gel 8%</i>	Preferred
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<i>clindamycin gel 1%; soln 1%</i>	Preferred
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<i>clindamycin lotn 1%</i>	
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<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	
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<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	
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DRUG NAME	FORMULARY STATUS
<i>clindamycin-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Preferred
<i>clindamycin-benzoyl peroxide gel 1-5%</i>	Preferred
<i>clindamycin-benzoyl peroxide gel 1.2-2.5%</i>	Preferred
<i>dapsone (topical) gel 5%, 7.5%</i>	
EPIDUO FORTE GEL 0.3-2.5%	
EPIDUO GEL 0.1-2.5%	Preferred
<i>erythromycin gel 2%</i>	
<i>erythromycin soln 2%</i>	Preferred
<i>erythromycin-benzoyl peroxide gel 5-3%</i>	Preferred
<i>isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	Preferred
KLARON LOTN 10%	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	
<i>sulfacetamide sodium (acne) lotn 10%</i>	
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	Preferred
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .04%, .05%, .1%</i>	Preferred
TWYNEO CRE 0.1-3%	Preferred
WINLEVI CREA 1%	Preferred
DERMATOLOGY, ACTINIC KERATOSIS	
<i>fluorouracil crea 5%; soln 2%, 5%</i>	Preferred
<i>imiquimod crea 3.75%, 5%</i>	Preferred
DERMATOLOGY, ANTIBIOTICS	
<i>gentamicin crea .1%; oint .1%</i>	Preferred
<i>mupirocin oint 2%</i>	Preferred
<i>silver sulfadiazine crea 1%</i>	
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox crea .77%; gel .77%; sham 1%; soln 8%; susp .77%</i>	Preferred
<i>ciclopirox solution kit 8%</i>	Preferred
<i>clotrimazole crea 1%; soln 1%</i>	Preferred
<i>econazole crea 1%</i>	Preferred
<i>ketconazole crea 2%; foam 2%</i>	Preferred
<i>luliconazole crea 1%</i>	Preferred
<i>naftifine crea 1%, 2%; gel 2%</i>	Preferred
<i>nystatin crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	Preferred
DERMATOLOGY, ANTIPSORIATICS	
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	Preferred
<i>calcipotriene crea .005%; oint .005%; soln .005%</i>	Preferred
<i>calcipotriene-betamethasone oint 0.005-0.064%</i>	Preferred
<i>calcipotriene-betamethasone susp 0.005-0.064%</i>	Preferred
ENSTILAR AER	Preferred
<i>methoxsalen caps 10mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .3%; FOAM .3%	Preferred
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole sham 2%</i>	Preferred
<i>selenium sulfide lotn 2.5%</i>	Preferred
ZORYVE FOAM .3%	Preferred
DERMATOLOGY, ATOPIC DERMATITIS	
CIBINQO TABS 50MG, 100MG, 200MG	Preferred
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
EBGLYSS SOAJ 250MG/2ML; SOSY 250MG/2ML	Preferred
EUCRISA OINT 2%	Preferred
NEMLUVIO AUIJ 30MG	Preferred
OPZELURA CREA 1.5%	Preferred
<i>pimecrolimus crea 1%</i>	Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
<i>tacrolimus oint .03%, .1%</i>	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .15%	Preferred
DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; Preferred SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	
BRYHALI LOTN .01%	Preferred
<i>clobetasol crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%</i>	Preferred
<i>clobetasol propionate soln .05%</i>	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	Preferred
<i>desoximetasone crea .05%, .25%; gel .05%; oint .05%, .25%</i>	Preferred
<i>diflorasone diacetate crea .05%; oint .05%</i>	
<i>fluocinolone acetone crea .025%; oint .025%; soln .01%</i>	
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>fluticasone propionate</i> crea .05%; lotn .05%; oint .005%	
<i>halobetasol</i> crea .05%; oint .05%	Preferred
<i>hydrocortisone</i> crea 1%, 2.5%; oint 1%	Preferred
<i>hydrocortisone butyrate</i> crea .1%; lotn .1%; oint .1%; soln .1%	Preferred
<i>hydrocortisone valerate</i> crea .2%; oint .2%	
<i>mometasone</i> crea .1%; oint .1%; soln .1%	Preferred
<i>triamcinolone</i> crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%	Preferred
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine</i> ptch 5%	Preferred
<i>lidocaine-prilocaine</i> cream 2.5-2.5%	Preferred
<i>lidocaine-prilocaine</i> cream kit 2.5-2.5%	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>lactic acid (ammonium lactate)</i> crea 12%; lotn 12%	
<i>podofilox</i> gel .5%; soln .5%	
DERMATOLOGY, PRURIGO NODULARIS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
NEMLUVIO AUIJ 30MG	Preferred
DERMATOLOGY, ROSACEA	
<i>azelaic acid</i> gel 15%	Preferred
<i>brimonidine</i> gel .33%	Preferred
<i>doxycycline monohydrate delayed-rel capsule</i> cpdr 40mg	Preferred
FINACEA FOAM 15%	Preferred
<i>ivermectin</i> crea 1%	Preferred
METROCREAM CREA .75%	
METROGEL GEL 1%	
METROLOTION LOTN .75%	
<i>metronidazole</i> crea .75%; gel .75%, 1%; lotn .75%	Preferred
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>ivermectin (pediculicide)</i> lotn .5%	
<i>malathion</i> lotn .5%	
<i>permethrin</i> crea 5%	
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hcl</i> caps 30mg	
<i>clotrimazole</i> troc 10mg	
EPISIL LIQ	Preferred
<i>lidocaine viscous</i> soln 2%	Preferred
MUGARD LIQ	Preferred
<i>nystatin (mouth-throat)</i> susp 100000unit/ml	
<i>pilocarpine hcl (oral)</i> tabs 5mg, 7.5mg	

DRUG NAME**FORMULARY STATUS**

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

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