



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

Effective April 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 ahrq.gov/gam/index.html.

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 ocrportal.hhs.gov/ocr/smartscreen/main.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 hhs.gov/ocr/complaints/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).

بآ (ARABIC)

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

Русский (RUSSIAN)

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

Tagalog (TAGALOG – FILIPINO)

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

Français (FRENCH)

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

Deitsch (PENNSYLVANIA DUTCH)

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kanschd 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).

أردو (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 yáníłtí'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hółó, kóji' hódííłnih 1-800-291-1425 (TTY: 711)

PREFACE

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

GENERIC SUBSTITUTION

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

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

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

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

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

FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM

Effective 04/01/2026

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 HANDHALER 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
	<ul style="list-style-type: none"> • <i>Includes brands and generics, where available</i> • <i>Some products may also be subject to quantity limits</i>
Acne	<ul style="list-style-type: none"> • Adapalene Products (Differin – <i>PA required only in adults age 36 and older</i>, Epiduo, Epiduo Forte) • Topical Retinoids (such as tretinoin products and all products of the following brands: Altreno, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Veltin, Ziana) – <i>PA required only in adults age 26 and older</i> • Tazarotene Products (Tazorac, Fabior, Arazlo) • Trifarotene (Aklief) • Clascoterone (Winlevi)
Atopic Dermatitis	<ul style="list-style-type: none"> • Ruxolitinib cream (Opzelura)
Select Antibiotics and Antifungal Agents	<ul style="list-style-type: none"> • Select oral and injectable Antibiotics and antifungal agents (Daptomycin, Gentamycin, Streptomycin, Vancomycin) • Voriconazole (Vfend)
Anti-obesity Agents (Weight Loss)	<ul style="list-style-type: none"> • Phentermine, Phendimetrazine, Didrex, Diethylpropion, Contrave, Qsymia, Saxenda, Wegovy, Xenical, Zepbound
Compound Medications*	<ul style="list-style-type: none"> • Select medications <p>*A compound medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.</p>
Contraceptives	<ul style="list-style-type: none"> • Non-contraceptive medical necessity only (Grandfathered plans not subject to the Affordable Care Act only)
Diabetes – Disposable Insulin Pump Devices	<ul style="list-style-type: none"> • OmniPod • V-Go
Hyperinflation Management	<ul style="list-style-type: none"> • 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 UMWAFunds.org/prescription-drug-plan-benefits
Hypoactive Sexual Desire Disorder	<ul style="list-style-type: none"> • Addyi

DRUG CLASS	PRODUCTS REQUIRING PA <ul style="list-style-type: none"> • <i>Includes brands and generics, where available</i> • <i>Some products may also be subject to quantity limits</i>
Pain	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Palforzia
Miscellaneous	<ul style="list-style-type: none"> • Auvi-Q – use alternative (examples include epinephrine auto-injector, EpiPen, EpiPen Jr, Symjepi) • Fortamet/Glumetza (including their generic metformin ER versions) – use generic Glucophage XR (metformin ER) • Zegerid (including omeprazole-sodium bicarbonate) – use generic Proton Pump Inhibitor (PPI) • Select Medical Devices (510K Pathway) and Artificial Saliva Products

SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS

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

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

ADVANCED CONTROL SPECIALTY FORMULARY®

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

QUANTITY LIMITS

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

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

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

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

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

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

DRUG NAME	FORMULARY STATUS
<i>tetracaine hcl soln 1%</i>	
ANTI-INFECTIVES	
ANTHELMINTICS	
EMVERM CHEW 100MG	Preferred
<i>ivermectin tabs 3mg, 6mg</i>	Preferred
STROMEKTOL TABS 3MG	
ANTI-BACTERIALS - MISCELLANEOUS	
<i>sulfadiazine tabs 500mg</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
ANTIFUNGALS	
DIFLUCAN SUSR 40MG/ML; TABS 50MG, 100MG, 150MG, 200MG	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Preferred
<i>fluconazole inj 200 mg/100ml</i>	
<i>fluconazole inj 400 mg/200ml</i>	
<i>griseofulvin ultramicronsize tabs 125mg, 250mg</i>	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	Preferred
<i>nystatin tabs 500000unit</i>	
<i>terbinafine tabs 250mg</i>	Preferred
<i>voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg</i>	
ANTIMALARIALS	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	
<i>hydroxychloroquine sulfate tabs 100mg, 300mg, 400mg</i>	
<i>mefloquine hcl tabs 250mg</i>	
ANTIRETROVIRAL AGENTS	
<i>abacavir soln 20mg/ml; tabs 300mg</i>	Preferred
APRETUDE SUER 600MG/3ML	Preferred
<i>atazanavir caps 150mg, 200mg, 300mg</i>	Preferred
<i>darunavir tabs 600mg, 800mg</i>	Preferred
<i>efavirenz tabs 600mg</i>	Preferred
<i>emtricitabine caps 200mg</i>	Preferred
<i>etravirine tabs 100mg, 200mg</i>	Preferred
<i>fosamprenavir calcium tabs 700mg</i>	
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG, 600MG	Preferred
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	Preferred
<i>maraviroc tabs 150mg, 300mg</i>	Preferred
<i>nevirapine susp 50mg/5ml; tabs 200mg</i>	Preferred
<i>nevirapine ext-rel tb24 100mg, 400mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
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<i>ritonavir tabs 100mg</i>	Preferred
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
TIVICAY TABS 10MG, 25MG, 50MG; TBSO 5MG	Preferred
YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG	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>	

DRUG NAME	FORMULARY STATUS
ANTIVIRALS	
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	Preferred
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>oseltamivir caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	Preferred
PAXLOVID 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
<i>erythromycins cpep 250mg; susr 200mg/5ml, 400mg/5ml; tabs 250mg, 400mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Preferred
<i>fidaxomicin tabs 200mg</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
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<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

amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg

<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

ampicillin caps 500mg

ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg

AUGMENTIN SUS 125/5ML

AUGMENTIN SUS 250/5ML

AUGMENTIN SUS ES-600

AUGMENTIN TAB 500MG

dicloxacillin caps 250mg, 500mg Preferred

penicillin vk solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg Preferred

TETRACYCLINES

doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg

doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 50mg, 75mg, 100mg, 150mg Preferred

minocycline caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg Preferred

minocycline hcl tb24 105mg, 135mg

tetracycline caps 250mg, 500mg Preferred

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

bendamustine hcl solr 25mg, 100mg

cyclophosphamide caps 25mg, 50mg

melphalan hcl solr 50mg

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
BRUKINSA TABS 160MG	
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; tbs 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

DRUG NAME	FORMULARY STATUS
STIVARGA TABS 40MG	Preferred
<i>sunitinib caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Preferred
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	Preferred
TAGRISSE TABS 40MG, 80MG	Preferred
<i>temsirolimus soln 25mg/ml</i>	
TRUQAP TABS 160MG, 200MG; TBPk 160MG, 200MG	Preferred
TURALIO CAPS 125MG	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
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>	
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>	

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

ACE INHIBITORS

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

DRUG NAME	FORMULARY STATUS
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone tabs 25mg, 50mg</i>	
KERENDIA TABS 10MG, 20MG, 40MG	Preferred
<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

DRUG NAME	FORMULARY STATUS
<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
<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

DRUG NAME	FORMULARY STATUS
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 43mg, 50mg, 67mg, 130mg, 134mg, 150mg, 200mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg</i>	Preferred
<i>fenofibric acid delayed-rel cpdr 45mg, 135mg</i>	Preferred
<i>gemfibrozil tabs 600mg</i>	
LOPID TABS 600MG	
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>	

DRUG NAME	FORMULARY STATUS
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<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
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BETA-BLOCKERS

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

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

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

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

aliskiren tabs 150mg, 300mg	Preferred
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DIURETICS

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

FARXIGA TABS 5MG, 10MG	
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INPEFA TABS 200MG, 400MG	Preferred
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isosorbide dinitrate-hydralazine tab 20-37.5 mg	Preferred
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DRUG NAME	FORMULARY STATUS
<i>ivabradine tabs 5mg, 7.5mg</i>	Preferred
JARDIANCE TABS 10MG, 25MG	Preferred
<i>sacubitril-valsartan tab 24-26 mg</i>	Preferred
<i>sacubitril-valsartan tab 49-51 mg</i>	Preferred
<i>sacubitril-valsartan tab 97-103 mg</i>	Preferred
VERQUVO TABS 2.5MG, 5MG, 10MG	Preferred

MISCELLANEOUS

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

DRUG NAME	FORMULARY STATUS
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

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

acamprosate calcium tbec 333mg

disulfiram tabs 250mg, 500mg

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS SUSP 105MG/5ML Preferred

ANTIAXIETY

alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg Preferred

alprazolam tb24 .5mg, 1mg, 2mg, 3mg

buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg

clomipramine hcl caps 25mg, 50mg, 75mg

fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg

lorazepam conc 2mg/ml; soln 2mg/ml, 4mg/ml; tabs .5mg, 1mg, 2mg Preferred

oxazepam caps 10mg, 15mg, 30mg Preferred

ANTIDEMENTIA

ARICEPT TABS 5MG, 10MG, 23MG

donepezil tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg Preferred

EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR

galantamine soln 4mg/ml; tabs 4mg, 8mg, 12mg Preferred

galantamine ext-rel cp24 8mg, 16mg, 24mg Preferred

memantine soln 2mg/ml; tabs 5mg, 10mg Preferred

memantine hcl cp24 7mg, 14mg, 21mg, 28mg

memantine titration pak 5-10mg Preferred

memantine-donepezil ext-rel cp24 14-10mg

memantine-donepezil ext-rel cp24 21-10mg

memantine-donepezil ext-rel cp24 28-10mg

NAMZARIC CAP Preferred

NAMZARIC CAP 7-10MG Preferred

NAMZARIC CAP 14-10MG Preferred

NAMZARIC CAP 21-10MG Preferred

NAMZARIC CAP 28-10MG Preferred

rivastigmine caps 1.5mg, 3mg, 4.5mg, 6mg Preferred

rivastigmine transdermal pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr Preferred

DRUG NAME	FORMULARY STATUS
ANTIDEPRESSANTS	
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
AUVELITY TAB 45-105MG	Preferred
<i>bupropion tabs 75mg, 100mg</i>	Preferred
<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 caps 150mg, 200mg; 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

DRUG NAME	FORMULARY STATUS
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>	
<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	

DRUG NAME	FORMULARY STATUS
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SINEMET TAB 25-100MG

trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg

ANTIPSYCHOTICS

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

ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG Preferred

aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg Preferred

ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML Preferred

ARISTADA INITIO PRSY 675MG/2.4ML Preferred

chlorpromazine hcl conc 30mg/ml, 100mg/ml; soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg

clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg Preferred

CLOZARIL TABS 25MG, 50MG, 100MG, 200MG

fluphenazine decanoate soln 25mg/ml

fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg

haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg

haloperidol decanoate soln 50mg/ml, 100mg/ml

haloperidol lactate conc 2mg/ml; soln 5mg/ml

lurasidone tabs 20mg, 40mg, 60mg, 80mg, 120mg Preferred

olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg Preferred

perphenazine tabs 2mg, 4mg, 8mg, 16mg

quetiapine tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg Preferred

quetiapine ext-rel tb24 50mg, 150mg, 200mg, 300mg, 400mg Preferred

RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG

risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg Preferred

SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG

thiothixene caps 1mg, 2mg, 5mg, 10mg

trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg

VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG Preferred

VRAYLAR CAP 1.5-3MG Preferred

ziprasidone caps 20mg, 40mg, 60mg, 80mg; solr 20mg Preferred

DRUG NAME	FORMULARY STATUS
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
CARBATROL CP12 100MG, 200MG, 300MG	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	Preferred
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	Preferred
<i>diazepam conc 5mg/ml; soln 5mg/5ml, 5mg/ml; tabs 2mg, 5mg, 10mg</i>	Preferred
<i>diazepam rectal gel 2.5mg, 10mg, 20mg</i>	Preferred
DILANTIN CAPS 30MG, 100MG	
DILANTIN INFATABS CHEW 50MG	
DILANTIN-125 SUSP 125MG/5ML	
<i>divalproex sodium csdr 125mg; tbec 125mg, 250mg, 500mg</i>	Preferred
<i>divalproex sodium ext-rel tb24 250mg, 500mg</i>	Preferred
<i>eslicarbazepine tabs 200mg, 400mg, 600mg, 800mg</i>	Preferred
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	Preferred
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	Preferred
<i>lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Preferred
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>lamotrigine ext-rel tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	Preferred
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Preferred
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Preferred
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	Preferred
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	Preferred
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	Preferred
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg</i>	Preferred
<i>levetiracetam ext-rel tb24 500mg, 750mg</i>	Preferred
MYSOLINE TABS 50MG, 250MG	
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	

DRUG NAME	FORMULARY STATUS
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	Preferred
<i>oxcarbazepine ext-rel tb24 150mg, 300mg, 600mg</i>	
OXTELLAR XR TB24 150MG, 300MG, 600MG	Preferred
<i>perampanel tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg</i>	
<i>phenobarbital elix 20mg/5ml; soln 65mg/ml, 130mg/ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Preferred
<i>phenytoin chew 50mg; soln 50mg/ml; susp 100mg/4ml</i>	Preferred
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	Preferred
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	Preferred
<i>primidone tabs 50mg, 250mg</i>	Preferred
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	Preferred
<i>tiagabine tabs 2mg, 4mg, 12mg, 16mg</i>	Preferred
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>	

DRUG NAME	FORMULARY STATUS
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 30 mg</i>	Preferred
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 37.5 mg</i>	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 50 mg</i>	
<i>amphetamine-dextroamphetamine mixed salts tab 5 mg</i>	Preferred
<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

DRUG NAME	FORMULARY STATUS
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QELBREE CP24 100MG, 150MG, 200MG	Preferred
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RITALIN TABS 5MG, 10MG, 20MG	
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STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	
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BOTULINUM TOXINS

DAXXIFY SOLR 100UNIT	Preferred
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DYSPORE SOLR 300UNIT, 500UNIT	Preferred
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XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	Preferred
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FIBROMYALGIA

SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	Preferred
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SAVELLA MIS TITR PAK	Preferred
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HYPNOTICS

AMBIEN TABS 5MG, 10MG	
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AMBIEN CR TBCR 6.25MG, 12.5MG	
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BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	Preferred
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DAYVIGO TABS 5MG, 10MG	Preferred
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<i>doxepin tabs 3mg, 6mg</i>	Preferred
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EDLUAR SUBL 5MG, 10MG	MNPA
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<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Preferred
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QUVIVIQ TABS 25MG, 50MG	Preferred
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<i>ramelteon tabs 8mg</i>	Preferred
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RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	
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<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	
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<i>zaleplon caps 5mg, 10mg</i>	Preferred
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<i>zolpidem tabs 5mg, 10mg</i>	Preferred
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<i>zolpidem ext-rel tbc 6.25mg, 12.5mg</i>	Preferred
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<i>zolpidem sublingual subl 1.75mg, 3.5mg</i>	Preferred
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MIGRAINE - ERGOTAMINE DERIVATIVES

D.H.E. 45 SOLN 1MG/ML	
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<i>dihydroergotamine mesylate soln 1mg/ml, 4mg/ml</i>	
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<i>ergotamine-caffeine tab 1-100 mg</i>	Preferred
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MIGRAINE - MISCELLANEOUS

NURTEC ODT TBDP 75MG	Preferred
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QULIPTA TABS 10MG, 30MG, 60MG	Preferred
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UBRELVY TABS 50MG, 100MG	Preferred
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MIGRAINE - MONOCLONAL ANTIBODIES

AIMOVIQ SOAJ 70MG/ML, 140MG/ML	Preferred
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AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	Preferred
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EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	Preferred
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MIGRAINE - TRIPTANS AND COMBINATIONS

<i>eletriptan tabs 20mg, 40mg</i>	Preferred
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IMITREX SOLN 6MG/0.5ML; TABS 25MG, 50MG, 100MG	
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DRUG NAME	FORMULARY STATUS
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	
<i>naratriptan tabs 1mg, 2.5mg</i>	Preferred
ONZETRA XSAIL EXHP 11MG/NOSEPC	Preferred
RELPAK TABS 20MG, 40MG	
<i>rizatriptan tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	Preferred
<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
MOOD STABILIZERS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	
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
<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

DRUG NAME	FORMULARY STATUS
<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	
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

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

DRUG NAME	FORMULARY STATUS
ANTIDIABETICS, BIGUANIDE	
<i>metformin soln 500mg/5ml; tabs 500mg, 750mg, 850mg, 1000mg</i>	Preferred
<i>metformin ext-rel tb24 500mg, 750mg, 1000mg</i>	Preferred
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	
<i>glipizide-metformin tab 2.5-250 mg</i>	Preferred
<i>glipizide-metformin tab 2.5-500 mg</i>	Preferred
<i>glipizide-metformin tab 5-500 mg</i>	Preferred
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

DRUG NAME	FORMULARY STATUS
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
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 AUIJ 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

DRUG NAME	FORMULARY STATUS
HUMULIN R SOLN 100UNIT/ML	Preferred
HUMULIN R U-500 SOLN 500UNIT/ML; SOPN 500UNIT/ML	Preferred
INS ASP PROT INJ FLEXPEN	Preferred
INSULIN ASPA INJ 70/30	Preferred
INSULIN ASPART SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	Preferred
INSULIN LISP INJ PROTAMIN	Preferred
INSULIN LISPRO SOLN 100UNIT/ML; SOPN 100UNIT/ML	Preferred
LANTUS SOLN 100UNIT/ML; SOPN 100UNIT/ML	Preferred
LEVEMIR SOLN 100UNIT/ML; SOPN 100UNIT/ML	Preferred
LYUMJEV SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	Preferred
NOVOLIN INJ 70/30	Preferred
NOVOLIN INJ 70/30 FP	Preferred
NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML	Preferred
NOVOLIN R SOLN 100UNIT/ML; SOPN 100UNIT/ML	Preferred
NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	Preferred
NOVOLOG MIX INJ 70/30	Preferred
NOVOLOG MIX INJ FLEXPEN	Preferred
TOUJEO SOPN 300UNIT/ML	Preferred
TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	Preferred

ANTIDIABETICS, INSULIN SENSITIZER

<i>pioglitazone tabs 15mg, 30mg, 45mg</i>	Preferred
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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

DRUG NAME	FORMULARY STATUS
INVOKAMET TAB 50-500MG	MNPA
INVOKAMET TAB 50-1000	MNPA
INVOKAMET TAB 150-500	MNPA
INVOKAMET TAB 150-1000	MNPA
INVOKAMET XR TAB 50-500MG	MNPA
INVOKAMET XR TAB 50-1000	MNPA
INVOKAMET XR TAB 150-500	MNPA
INVOKAMET XR TAB 150-1000	MNPA
SEGLUROMET TAB 2.5-500	MNPA
SEGLUROMET TAB 2.5-1000	MNPA
SEGLUROMET TAB 7.5-500	MNPA
SEGLUROMET TAB 7.5-1000	MNPA
SYNJARDY TAB	Preferred
SYNJARDY TAB 5-500MG	Preferred
SYNJARDY TAB 5-1000MG	Preferred
SYNJARDY TAB 12.5-500	Preferred
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>	

DRUG NAME	FORMULARY STATUS
<i>glipizide tabs 5mg, 10mg</i>	Preferred
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	Preferred
ANTI OBESITY	
<i>liraglutide sopn 6mg/ml</i>	Preferred
<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>	
QSYMIA CAP 3.75-23	Preferred
QSYMIA CAP 7.5-46MG	Preferred
QSYMIA CAP 11.25-69	Preferred
QSYMIA CAP 15-92MG	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 5mg/100ml</i>	Preferred
CALCIUM REGULATORS, MISCELLANEOUS	
<i>calcitonin-salmon soln 200unit/act, 200unit/ml</i>	Preferred
OSENVELT SOLN 120MG/1.7ML	Preferred
OSPOMYV SOSY 60MG/ML	Preferred
STOBOCLO SOSY 60MG/ML	Preferred
CALCIUM REGULATORS, PARATHYROID HORMONES	
BONSITY SOPN 560MCG/2.24ML	Preferred
<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

DRUG NAME	FORMULARY STATUS
LUPRON DEPOT-PED KIT 7.5MG, 11.25MG, 15MG, 30MG	Preferred
LUPRON DEPOT-PED (6-MONTH KIT 45MG	
SUPPRELIN LA KIT 50MG	Preferred
TRIPTODUR SRER 22.5MG	Preferred

CHELATING AGENTS

<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	Preferred
<i>deferiprone tabs 500mg, 1000mg</i>	Preferred
<i>deferoxamine solr 2gm, 500mg</i>	Preferred
<i>penicillamine caps 250mg; tabs 250mg</i>	Preferred
<i>trientine caps 250mg</i>	Preferred
<i>trientine caps 500mg</i>	

CONTRACEPTIVES

ANNOVERA MIS	Preferred
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>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</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

DRUG NAME	FORMULARY STATUS
<i>ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron tab 1-20/1-30/1-35 mg-mcg</i>	Preferred
<i>ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg</i>	Preferred
<i>ethinyl estradiol-norgestimate tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Preferred
<i>ethinyl estradiol-norgestimate tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Preferred
<i>ethinyl estradiol-norgestimate tab 0.25 mg-35 mcg</i>	Preferred
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
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 (contraceptive) tabs .35mg</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
EMBECTA ULTRAFINE NEEDLES	Except certain NDCs; Preferred

DRUG NAME	FORMULARY STATUS
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
TRUEPLUS LANCETS	Preferred
TWIIIST INSULIN INFUSION PUMP AND SUPPLIES	Preferred

ENDOMETRIOSIS

danazol caps 50mg, 100mg, 200mg

ORLISSA TABS 150MG, 200MG Preferred

FERTILITY REGULATORS

cetorelix acetate kit .25mg Preferred

clomiphene citrate tabs 50mg

FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML Preferred

GANIRELIX ACETATE SOSY 250MCG/0.5ML Preferred

MENOPUR SOLR 75UNIT Preferred

PREGNYL SOLR 10000UNIT Preferred

GLUCOCORTICOIDS

CORTEF TABS 5MG, 10MG, 20MG

dexamethasone elix .5mg/5ml; soln .5mg/5ml, 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg Preferred

fludrocortisone tabs .1mg Preferred

hydrocortisone tabs 5mg, 10mg, 20mg Preferred

MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG

MEDROL DOSEPAK TBPK 4MG

methylprednisolone solr 40mg, 125mg, 500mg, 1000mg; susp 40mg/ml, 80mg/ml; tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg Preferred

prednisolone soln 5mg/5ml, 15mg/5ml, 25mg/5ml Preferred

prednisolone tabs 5mg

prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg

prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg Preferred

GLUCOSE ELEVATING AGENTS

BAQSIMI POWD 3MG/DOSE Preferred

glucagon, human recombinant solr 1mg Preferred

GVOKE SOAJ .5MG/0.1ML, 1MG/0.2ML; SOLN 1MG/0.2ML; SOSY .5MG/0.1ML, 1MG/0.2ML Preferred

ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML Preferred

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
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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
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DRUG NAME	FORMULARY STATUS
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<i>liothyronine soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	Preferred
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<i>methimazole tabs 5mg, 10mg</i>	
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<i>propylthiouracil tabs 50mg</i>	
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SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG,	Preferred
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100MCG, 112MCG, 125MCG, 137MCG, 150MCG,	
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175MCG, 200MCG, 300MCG	
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UREA CYCLE DISORDER

<i>carglumic acid tbs 200mg</i>	Preferred
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PHEBURANE PLLT 483MG/GM	Preferred
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<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	Preferred
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UTERINE FIBROIDS

MYFEMBREE TAB	Preferred
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ORIAHNN CAP	Preferred
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VASOPRESSINS

<i>desmopressin acetate tabs .1mg, .2mg</i>	
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<i>desmopressin acetate spray soln .01%</i>	
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<i>desmopressin acetate spray refrigerated soln .01%</i>	
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VITAMIN D ANALOGS

<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
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<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	
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<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	
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GASTROINTESTINAL

ANTICHOLINERGICS

<i>dicyclomine caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg, 40mg</i>	Preferred
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ANTIDIARRHEALS

<i>diphenoxylate-atropine liq 2.5-0.025 mg/5ml</i>	Preferred
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<i>diphenoxylate-atropine tab 2.5-0.025 mg</i>	Preferred
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<i>loperamide caps 2mg</i>	Preferred
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ANTIEMETICS

<i>aprepitant caps 40mg, 80mg, 125mg</i>	Preferred
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<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Preferred
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<i>doxylamine-pyridoxine delayed-rel tab 10-10 mg</i>	Preferred
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<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Preferred
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<i>granisetron soln 1mg/ml, 4mg/4ml; tabs 1mg</i>	Preferred
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MARINOL CAPS 2.5MG, 5MG, 10MG	
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<i>meclizine chew 25mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
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<i>metoclopramide soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	Preferred
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<i>ondansetron soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg; tbdp 4mg, 8mg, 16mg</i>	Preferred
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DRUG NAME	FORMULARY STATUS
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<i>prochlorperazine soln 10mg/2ml, 50mg/10ml; supp 25mg; tabs 5mg, 10mg</i>	Preferred
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<i>promethazine soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
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REGLAN TABS 5MG, 10MG	
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SANCUSO PTCH 3.1MG/24HR	Preferred
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<i>scopolamine transdermal pt72 1mg/3days</i>	Preferred
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<i>trimethobenzamide caps 300mg</i>	Preferred
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VARUBI TBPk 90MG	Preferred
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EOSINOPHILIC ESOPHAGITIS

DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
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H2-RECEPTOR ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
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<i>cimetidine hcl soln 300mg/5ml</i>	
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<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	Preferred
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<i>famotidine inj 20mg/50ml</i>	Preferred
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PEPCID TABS 20MG, 40MG	
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INFLAMMATORY BOWEL DISEASE

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

LINZESS CAPS 72MCG, 145MCG, 290MCG	Preferred
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<i>lubiprostone caps 8mcg, 24mcg</i>	Preferred
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MOTEGRITY TABS 1MG, 2MG	MNPA
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<i>prucalopride tabs 1mg, 2mg</i>	Preferred
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TRULANCE TABS 3MG	Preferred
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IRRITABLE BOWEL SYNDROME WITH DIARRHEA

<i>alosetron tabs .5mg, 1mg</i>	Preferred
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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 12000UNT	Preferred
CREON CAP 24000UNT	Preferred
CREON CAP 36000UNT	Preferred
VIOKACE TAB 10440	Preferred
VIOKACE TAB 20880	Preferred
ZENPEP CAP 3000UNIT	Preferred
ZENPEP CAP 5000UNIT	Preferred
ZENPEP CAP 10000UNT	Preferred
ZENPEP CAP 15000UNT	Preferred
ZENPEP CAP 20000UNT	Preferred
ZENPEP CAP 25000UNT	Preferred
ZENPEP CAP 40000UNT	Preferred
ZENPEP CAP 60000UNT	
PROTON PUMP INHIBITORS	
<i>dexlansoprazole cpdr 30mg, 60mg</i>	
<i>esomeprazole delayed-rel cpdr 20mg, 40mg; pack 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
<i>pantoprazole sodium solr 40mg</i>	
RECTAL, CORTICOSTEROIDS	
<i>hydrocortisone crea 2.5%</i>	
PROCTOFOAM-HC AER 1%	Preferred

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

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran caps 75mg, 110mg, 150mg</i>	Preferred
ELIQUIS TABS 2.5MG, 5MG; TBP 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 susr 1mg/ml; 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
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RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	Preferred
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HEMOPHILIA A AGENTS

ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred
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ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred
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AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	Preferred
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ALTUVIIIIO SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred
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ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	Preferred
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ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred
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ESPEROCT SOLR 4000UNIT	
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JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
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JIVI SOLR 4000UNIT	
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KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
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KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
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NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred
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NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	Preferred
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XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
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HEMOPHILIA B AGENTS

BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
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REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
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MISCELLANEOUS

<i>anagrelide hcl caps .5mg, 1mg</i>	
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<i>cilostazol tabs 50mg, 100mg</i>	
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PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI SOLN 1080MG/20ML	Preferred
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PLATELET AGGREGATION INHIBITORS

<i>clopidogrel tabs 75mg, 300mg</i>	Preferred
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<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
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DRUG NAME	FORMULARY STATUS
<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	Preferred
<i>prasugrel tabs 5mg, 10mg</i>	Preferred
<i>ticagrelor tabs 60mg, 90mg</i>	Preferred
SICKLE CELL DISEASE	
ENDARI PACK 5GM	Preferred
<i>glutamine (sickle cell) pack 5gm</i>	
SIKLOS TABS 100MG, 1000MG	Preferred
THROMBOCYTOPENIA AGENTS	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	Preferred
DOPTELET TABS 20MG	Preferred
<i>eltrombopag pack 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg, 75mg</i>	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 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; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
RINVOQ TB24 15MG	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 SOAJ 45MG/0.5ML, 90MG/ML; SOLN 45MG/0.5ML	
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	

DRUG NAME	FORMULARY STATUS
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred

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

CIMZIA PREFILLED SYRINGE PSKT 200MG/ML	Preferred
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	Preferred
RINVOQ TB24 15MG	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
OTEZLA XR TB24 75MG	Preferred
OTEZLA/XR TAB 28 DAY	Preferred
PYZCHIVA SUBCUTANEOUS SOAJ 45MG/0.5ML, 90MG/ML; SOLN 45MG/0.5ML	
PYZCHIVA SUBCUTANEOUS SOSY 45MG/0.5ML, 90MG/ML	Preferred
SKYRIZI SUBCUTANEOUS SOAJ 150MG/ML; SOSY 150MG/ML	Preferred
SOTYKTU TABS 6MG	Preferred
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
TREMFYA SUBCUTANEOUS SOPN 100MG/ML; SOSY 100MG/ML	Preferred
YESINTEK SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred

DRUG NAME	FORMULARY STATUS
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ 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; 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
OTEZLA XR TB24 75MG	Preferred
OTEZLA/XR TAB 28 DAY	Preferred
PYZCHIVA SUBCUTANEOUS SOAJ 45MG/0.5ML, 90MG/ML; SOLN 45MG/0.5ML	
PYZCHIVA SUBCUTANEOUS SOSY 45MG/0.5ML, 90MG/ML	Preferred
RINVOQ SOLN 1MG/ML	
RINVOQ TB24 15MG	Preferred
SKYRIZI SUBCUTANEOUS SOAJ 150MG/ML; SOSY 150MG/ML	Preferred
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
TREMFYA SUBCUTANEOUS SOPN 100MG/ML; SOSY 100MG/ML	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

DRUG NAME	FORMULARY STATUS
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 125MG/ML	Preferred
RINVOQ TB24 15MG	Preferred
XELJANZ TABS 5MG	Preferred
XELJANZ XR TB24 11MG	Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
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 SOAJ 45MG/0.5ML, 90MG/ML; SOLN 45MG/0.5ML	
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

DRUG NAME	FORMULARY STATUS
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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
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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

IMMUNOSUPPRESSANTS

<i>azathioprine tabs 50mg, 75mg, 100mg</i>	
<i>cyclosporine caps 25mg, 100mg</i>	Preferred
<i>cyclosporine modified caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	Preferred
<i>everolimus tabs .25mg, .5mg, .75mg, 1mg</i>	Preferred
<i>mycophenolate mofetil caps 250mg; solr 500mg; susr 200mg/ml; tabs 500mg</i>	Preferred
<i>mycophenolate sodium tbec 180mg, 360mg</i>	Preferred
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	Preferred
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	Preferred

MEDICAL DEVICES

THYROID AGENTS

<i>dipyridamole (diagnostic) soln 5mg/ml</i>	
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	
<i>potassium chloride cpcr 8meq, 10meq; soln 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml; tbcr 8meq, 10meq, 20meq</i>	
<i>potassium chloride liquid soln 10%, 20%</i>	Preferred
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq</i>	
<i>sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml; tabs .5mg, 1mg</i>	

VITAMINS

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

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

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

DRUG NAME	FORMULARY STATUS
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TOBEX OINT .3%; SOLN .3%	
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<i>trifluridine soln 1%</i>	Preferred
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VIGAMOX SOLN .5%	
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XDEMZY SOLN .25%	Preferred
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ANTI-INFLAMMATORIES

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

<i>azelastine soln .05%</i>	Preferred
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<i>bepotastine soln 1.5%</i>	Preferred
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<i>cromolyn sodium soln 4%</i>	Preferred
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<i>loteprednol susp .2%</i>	Preferred
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<i>olopatadine soln .2%</i>	Preferred
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ZERVIA SOLN .24%	Preferred
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ANTI GLAUCOMA BETA-BLOCKERS

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

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

<i>brinzolamide susp 1%</i>	Preferred
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DRUG NAME	FORMULARY STATUS
<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%	
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 4GM/200ML, 5GM/250ML	
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

DRUG NAME	FORMULARY STATUS
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>	
TUDORZA PRESSAIR AEPB 400MCG/ACT	MNPA
YUPELRI SOLN 175MCG/3ML	Preferred
ANTIHISTAMINE COMBINATIONS	
<i>azelastine-fluticasone nasal spray 137-50 mcg/act</i>	Preferred
ANTIHISTAMINES	
<i>azelastine soln .1%, .15%</i>	Preferred
<i>clemastine fumarate tabs 2.68mg</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
<i>levocetirizine soln 2.5mg/5ml; tabs 5mg</i>	
<i>olopatadine soln .6%</i>	Preferred
BETA AGONISTS	
<i>albuterol inhalation solution nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	Preferred
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	
<i>albuterol sulfate cfc-free aers 108mcg/act</i>	Preferred
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	Preferred
<i>levalbuterol tartrate cfc-free aero 45mcg/act</i>	Preferred
SEREVENT AEPB 50MCG/DOSE	Preferred
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	Preferred
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
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

DRUG NAME	FORMULARY STATUS
COLD/COUGH	
<i>benzonatate caps 100mg, 150mg, 200mg</i>	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
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
STEROID INHALANTS	
<i>ARNUIITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT</i>	Preferred
<i>budesonide inhalation susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	Preferred

DRUG NAME	FORMULARY STATUS
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FLOVENT HFA AERO 44MCG/ACT, 110MCG/ACT, 220MCG/ACT	Preferred
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<i>fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act</i>	
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<i>fluticasone propionate diskus aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	
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<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
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PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	Preferred
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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>Breyna Aer 80/4.5</i>	Preferred
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<i>Breyna Aer 160/4.5</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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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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DRUG NAME	FORMULARY STATUS
ARAZLO LOTN .045%	Preferred
BENZAC AC WASH LIQD 5%	
BENZAMYCIN GEL 5-3%	
<i>benzoyl peroxide foam 9.8%; gel 8%</i>	Preferred
<i>clindamycin gel 1%; soln 1%</i>	Preferred
<i>clindamycin lotn 1%</i>	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	
<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>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

DRUG NAME	FORMULARY STATUS
DERMATOLOGY, ANTIPSORIATICS	
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	Preferred
<i>calcipotriene crea .005%; oint .005%; soln .005%</i>	Preferred
<i>calcipotriene-betamethasone oint 0.005-0.064%</i>	Preferred
<i>calcipotriene-betamethasone susp 0.005-0.064%</i>	Preferred
ENSTILAR AER	Preferred
<i>methoxsalen caps 10mg</i>	Preferred
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .3%; 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 .05%, .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	Preferred
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	
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>	

DRUG NAME	FORMULARY STATUS
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<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 acetonide crea .025%; oint .025%; soln .01%</i>	
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	Preferred
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	
<i>halobetasol crea .05%; oint .05%</i>	Preferred
<i>hydrocortisone crea 1%, 2.5%; oint 1%</i>	Preferred
<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i>	Preferred
<i>hydrocortisone valerate crea .2%; oint .2%</i>	
<i>mometasone crea .1%; oint .1%; soln .1%</i>	Preferred
<i>triamcinolone crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	Preferred

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine ptch 5%</i>	Preferred
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Preferred
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
<i>podofilox gel .5%; soln .5%</i>	

DERMATOLOGY, PRURIGO NODULARIS

DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
NEMLUVIO AUIJ 30MG	Preferred

DERMATOLOGY, ROSACEA

<i>azelaic acid gel 15%</i>	Preferred
<i>brimonidine gel .33%</i>	Preferred
<i>doxycycline monohydrate delayed-rel capsule cpdr 40mg</i>	Preferred
FINACEA FOAM 15%	Preferred
<i>ivermectin crea 1%</i>	Preferred
METROCREAM CREA .75%	
METROGEL GEL 1%	
<i>metronidazole crea .75%; gel .75%, 1%; lotn .75%</i>	Preferred

DERMATOLOGY, SCABICIDES AND PEDICULICIDES

<i>ivermectin (pediculicide) lotn .5%</i>	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl caps 30mg</i>	
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DRUG NAME	FORMULARY STATUS
<i>clotrimazole troc 10mg</i>	
EPISIL LIQ	Preferred
<i>lidocaine viscous soln 2%</i>	Preferred
MUGARD LIQ	Preferred
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	

OTIC

<i>acetic acid soln 2%</i>	Preferred
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Preferred
<i>neomycin-polymyxin b-hydrocortisone otic soln 1%</i>	Preferred
<i>neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Preferred
<i>ofloxacin otic soln .3%</i>	Preferred

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<i>amlodipine-atorvastatin tab 5-40 mg</i>	35	<i>62.5 mg</i>	27
<i>amlodipine-atorvastatin tab 5-80 mg</i>	35	<i>amoxicillin-clavulanate susp 200-28.5</i>	
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