



**United Mine Workers of America  
Health and Retirement Funds  
Supplemental Formulary for American  
Consolidated Natural Resources,  
Oak Grove and the  
UMWA International Plans 2026**

**Effective April 1, 2026**

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

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## INTRODUCTION

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

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

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

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

National guidelines can be found on the National Guideline Clearinghouse site at [ahrq.gov/gam/index.html](http://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](https://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](https://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).

### آرَبِيَّة (ARABIC)

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

### Русский (RUSSIAN)

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

### Tagalog (TAGALOG – FILIPINO)

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

### Français (FRENCH)

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

### Deitsch (PENNSYLVANIA DUTCH)

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

### ગુજરાતી (GUJARATI)

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

### Italiano (ITALIAN)

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

### اُردُو (URDU)

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

### हिंदी (HINDI)

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

### Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, kojí' hódííłnih 1-800-291-1425 (TTY: 711)

## **PREFACE**

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

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

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

## **PHARMACY AND THERAPEUTICS (P&T) COMMITTEE**

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

## **GENERIC SUBSTITUTION**

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

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

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

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

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

## **FUNDS SUPPLEMENTAL FORMULARY PREFERRED PRODUCT PROGRAM**

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED (Extra Charge)</b>
Anticoagulants	<i>dabigatran</i> ELIQUIS XARELTO	PRADAXA SAVAYSA
Antidiabetics, DPP-4 Inhibitors	<i>alogliptin</i> <i>saxagliptin</i> <i>sitagliptin</i> JANUVIA	BRYNOVIN 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 KOMBIGLYZE XR ZITUVIMET ZITUVIMET XR
Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents)	<i>liraglutide</i> MOUNJARO OZEMPIC RYBELSUS TRULICITY	ADLYXIN BYDUREON BCISE BYETTA VICTOZA

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED (Extra Charge)</b>
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 <sup>1</sup>	INCRUSE ELIPTA SPIRIVA HANDIHALER SPIRIVA RESPIMAT	TUDORZA PRESSAIR
Respiratory, Long-Acting Anticholinergic/Beta Agonist Combination Inhalers <sup>1</sup>	ANORO ELLIPTA STIOLTO RESPIMAT	BEVESPI AEROSPHERE

DRUG CLASS	PREFERRED	NON-PREFERRED (Extra Charge)
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>tropium</i> <i>tropium ext-rel</i> GEMTESA MYRBETRIQ	GELNIQUE OXYTROL

- <sup>1</sup>Some products on this list may be covered under the Federal Black Lung Program. Products on the Black Lung List are not subject to the terms of the Funds Preferred Product Program. Please contact the Funds Call Center for more information if you have any questions about the Federal Black Lung Program Benefits.
- Note: Brand names listed on the preferred column may be subject to a change of status when a generic or OTC version becomes available.
- All medications contained in this list are subject to coverage based on FDA-approved maximum dosages(s).
- For more information about The Funds' Drug Benefit, go to [UMWAFunds.org](http://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
Acne	<ul style="list-style-type: none"> <li>• <i>Includes brands and generics, where available</i></li> <li>• <i>Some products may also be subject to quantity limits</i></li> <li>• Adapalene Products (Differin – PA required only in adults age 36 and older, Epiduo, Epiduo Forte)</li> <li>• Topical Retinoids (such as tretinoin products and all products of the following brands: Altreno, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Veltin, Ziana) – PA required only in adults age 26 and older</li> <li>• Tazarotene Products (Tazorac, Fabior, Arazlo)</li> <li>• Trifarotene (Aklief)</li> <li>• Clascoterone (Winlevi)</li> </ul>

<b>DRUG CLASS</b>	<b>PRODUCTS REQUIRING PA</b> <ul style="list-style-type: none"> <li>• <i>Includes brands and generics, where available</i></li> <li>• <i>Some products may also be subject to quantity limits</i></li> </ul>
Atopic Dermatitis	<ul style="list-style-type: none"> <li>• Ruxolitinib cream (Opzelura)</li> </ul>
Select Antibiotics and Antifungal Agents	<ul style="list-style-type: none"> <li>• Select oral and injectable Antibiotics and antifungal agents (Daptomycin, Gentamycin, Streptomycin, Vancomycin)</li> <li>• Voriconazole (Vfend)</li> </ul>
Anti-obesity Agents (Weight Loss)	<ul style="list-style-type: none"> <li>• Phentermine, Phendimetrazine, Didrex, Diethylpropion, Contrave, Qsymia, Saxenda, Wegovy, Xenical, Zepbound</li> </ul>
Compound Medications*	<ul style="list-style-type: none"> <li>• Select medications</li> </ul> <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"> <li>• Non-contraceptive medical necessity only (Grandfathered plans not subject to the Affordable Care Act only)</li> </ul>
Diabetes – Disposable Insulin Pump Devices	<ul style="list-style-type: none"> <li>• OmniPod</li> <li>• V-Go</li> </ul>
Hyperinflation Management	<ul style="list-style-type: none"> <li>• 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 <a href="http://UMWAFunds.org/prescription-drug-plan-benefits">UMWAFunds.org/prescription-drug-plan-benefits</a></li> </ul>
Hypoactive Sexual Desire Disorder	<ul style="list-style-type: none"> <li>• Addyi</li> </ul>
Pain	<ul style="list-style-type: none"> <li>• Extended-Release Opioids – must use an immediate-release opioid before an extended-release form is covered</li> <li>• Oral-Intranasal Fentanyl (such as Actiq, fentanyl buccal tablet, fentanyl sublingual tablet, fentanyl transmucosal lozenge, Fentora, Lazanda, Subsys)</li> <li>• Duexis/Vimovo (NSAID combination products)</li> </ul>
Peanut Allergy Immunotherapy	<ul style="list-style-type: none"> <li>• Palforzia</li> </ul>

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

### **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](http://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](http://www.umwafunds.org/prescription-drug-plan-benefits) to see the ACSF Drug List and for more information.

## QUANTITY LIMITS

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

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

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

QUANTITY LIMIT CLASSES	DRUG NAME EXAMPLES <i>Includes brands and generics, where available</i>	PA AVAILABLE <i>To Exceed Initial Quantity Limit</i>
Erectile Dysfunction	Cialis, Levitra, Staxyn, Stendra, Viagra, Caverject, Edex, Muse	No
Condoms	Male and Female Condoms (applies only to Non-Grandfathered plans with Affordable Care Act coverage of condoms)	Yes
Diabetic Supplies	Continuous Glucose Monitor (CGM) Sensors	No
Select Antibacterial and Antifungal Agents	Topical agents (ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, oxiconazole, Nystatin, mupirocin, clindamycin, gentamycin) Oral agents (vancomycin)	No
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<sup>†</sup> information for a specific medicine. For more information, contact a CVS Caremark Customer Care Representative at **1-800-294-4741**.

## LEGEND

<b>Abbreviation</b>	<b>Description</b>
Surcharge	Additional charge plus copayment
Preferred	Preferred Product
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

## NOTICE

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

## FUNDS' WEBSITE

**For more information about the Funds' drug benefit, please access our website at: [UMWAFunds.org](http://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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANALGESICS</b>	
<b>COX-2 INHIBITORS</b>	
celecoxib caps 50mg, 100mg, 200mg, 400mg	Preferred
<b>GOUT</b>	
allopurinol solr 500mg; tabs 100mg, 300mg	Preferred
allopurinol tabs 200mg	
colchicine caps .6mg; tabs .6mg	Preferred
probenecid tabs 500mg	Preferred
<b>MISCELLANEOUS</b>	
clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml	
<b>NSAIDS</b>	
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	
<b>NSAIDS, COMBINATIONS</b>	
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
<b>OPIOID ANALGESICS</b>	
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>OPIOID PARTIAL AGONISTS</b>	
<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
<b>SALICYLATES</b>	
<i>diflunisal tabs 500mg</i>	
<b>VISCOSUPPLEMENTS</b>	
<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
<b>ANESTHETICS</b>	
<b>LOCAL ANESTHETICS</b>	
<i>chloroprocaine hcl soln 2%, 3%</i>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>tetracaine hcl soln 1%</i>	
<b>ANTI-INFECTIVES</b>	
<b>ANTHELMINTICS</b>	
EMVERM CHEW 100MG	Preferred
<i>ivermectin tabs 3mg, 6mg</i>	Preferred
STROMEKTOL TABS 3MG	
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>	
<i>sulfadiazine tabs 500mg</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
<b>ANTIFUNGALS</b>	
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>	
<b>ANTIMALARIALS</b>	
<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>	
<b>ANTIRETROVIRAL AGENTS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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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>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTIVIRALS</b>	
<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
<b>CEPHALOSPORINS</b>	
<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
<b>ERYTHROMYCINS/MACROLIDES</b>	
<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
<b>FLUOROQUINOLONES</b>	
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>HEPATITIS B</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
<b>HEPATITIS C</b>	
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
<b>MISCELLANEOUS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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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

<i>dicloxacillin caps 250mg, 500mg</i>	Preferred
<i>penicillin vk solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	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*

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

*minocycline hcl tb24 105mg, 135mg*

*tetracycline caps 250mg, 500mg*

### **ANTINEOPLASTIC AGENTS**

#### **ALKYLATING AGENTS**

*bendamustine hcl solr 25mg, 100mg*

*cyclophosphamide caps 25mg, 50mg*

*melphalan hcl solr 50mg*

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	Preferred
<b>ANTIBIOTICS</b>	
mitoxantrone hcl conc 2mg/ml	
valrubicin soln 40mg/ml	
<b>ANTIMETABOLITES</b>	
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
<b>BIOLOGIC RESPONSE MODIFIERS</b>	
ERIVEDGE CAPS 150MG	Preferred
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	Preferred
THALOMID CAPS 50MG, 100MG, 150MG, 200MG	Preferred
<b>BIOSIMILARS</b>	
KANJINTI SOLR 150MG, 420MG	Preferred
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	Preferred
TRAZIMERA SOLR 150MG, 420MG	Preferred
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	Preferred
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>	
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
<b>KINASE INHIBITORS</b>	
ALECENSA CAPS 150MG	Preferred
ALUNBRIG TABS 30MG, 90MG, 180MG	Preferred
ALUNBRIG PAK	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
<b>MISCELLANEOUS</b>	
<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	
<b>MITOTIC INHIBITORS</b>	
<i>paclitaxel conc 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml</i>	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	
<b>MONOCLONAL ANTIBODIES</b>	
PHESGO SOL	Preferred
<b>POLYCYTHEMIA VERA</b>	
BESREMI SOSY 500MCG/ML	Preferred
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Preferred
<b>PROTEASOME INHIBITORS</b>	
<i>bortezomib solr 3.5mg</i>	Preferred
NINLARO CAPS 2.3MG, 3MG, 4MG	Preferred
<b>PROTECTIVE AGENTS</b>	
<i>levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; solr 50mg</i>	
<b>TOPOISOMERASE INHIBITORS</b>	
<i>etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	
<i>topotecan hcl soln 4mg/4ml; solr 4mg</i>	
<b>CARDIOVASCULAR</b>	
<b>ACE INHIBITOR COMBINATIONS</b>	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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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 &amp; hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate &amp; 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	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>	
<i>eplerenone tabs 25mg, 50mg</i>	
KERENDIA TABS 10MG, 20MG, 40MG	Preferred
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	Preferred
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>TRIBENZOR TAB</b>	
<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
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
<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
<b>ANTIARRHYTHMICS</b>	
<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>	
<b>MULTAQ TABS 400MG</b>	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>	
<b>ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS</b>	
<b>NEXLETOL TABS 180MG</b>	Preferred
<b>NEXLIZET TAB 180/10MG</b>	Preferred
<b>ANTILIPEMICS, BILE ACID RESINS</b>	
<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
<b>COLESTID GRAN 5GM; PACK 5GM; TABS 1GM</b>	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
<b>QUESTRAN PACK 4GM; POWD 4GM/DOSE</b>	
<b>QUESTRAN LIGHT POWD 4GM/DOSE</b>	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>	
<i>ezetimibe tabs 10mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTILIPEMICS, FIBRATES</b>	
<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	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>	
<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	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>	
<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	
<b>ANTILIPEMICS, MISCELLANEOUS</b>	
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	Preferred
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>	
<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
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>	
REPATHA SOAJ 140MG/ML; SOCT 420MG/3.5ML; SOSY 140MG/ML	Preferred
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>metoprolol &amp; 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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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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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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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTIDEPRESSANTS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTIPARKINSONIAN AGENTS</b>	
<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 &amp; levodopa orally disintegrating tab 10-100 mg</i>	Preferred
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Preferred
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Preferred
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Preferred
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Preferred
<i>carbidopa &amp; 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	

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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTISEIZURE AGENTS</b>	
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) &amp; 100 mg (7) starter kit</i>	Preferred
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	Preferred
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i>	Preferred
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	Preferred
<i>lamotrigine tab disint 42 x 50mg &amp; 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	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
QELBREE CP24 100MG, 150MG, 200MG	Preferred
RITALIN TABS 5MG, 10MG, 20MG	
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	
<b>BOTULINUM TOXINS</b>	
DAXXIFY SOLR 100UNIT	Preferred
DYSPORE SOLR 300UNIT, 500UNIT	Preferred
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	Preferred
<b>FIBROMYALGIA</b>	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	Preferred
SAVELLA MIS TITR PAK	Preferred
<b>HYPNOTICS</b>	
AMBIEN TABS 5MG, 10MG	
AMBIEN CR TBCR 6.25MG, 12.5MG	
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	Preferred
DAYVIGO TABS 5MG, 10MG	Preferred
<i>doxepin tabs 3mg, 6mg</i>	Preferred
EDLUAR SUBL 5MG, 10MG	Surcharge
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Preferred
QUVIVIQ TABS 25MG, 50MG	Preferred
<i>ramelteon tabs 8mg</i>	Preferred
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	
<i>zaleplon caps 5mg, 10mg</i>	Preferred
<i>zolpidem tabs 5mg, 10mg</i>	Preferred
<i>zolpidem ext-rel tbc 6.25mg, 12.5mg</i>	Preferred
<i>zolpidem sublingual subl 1.75mg, 3.5mg</i>	Preferred
<b>MIGRAINE - ERGOTAMINE DERIVATIVES</b>	
D.H.E. 45 SOLN 1MG/ML	
<i>dihydroergotamine mesylate soln 1mg/ml, 4mg/ml</i>	
<i>ergotamine-caffeine tab 1-100 mg</i>	Preferred
<b>MIGRAINE - MISCELLANEOUS</b>	
NURTEC ODT TBDP 75MG	Preferred
QULIPTA TABS 10MG, 30MG, 60MG	Preferred
UBRELVY TABS 50MG, 100MG	Preferred
<b>MIGRAINE - MONOCLONAL ANTIBODIES</b>	
AIMOVIG SOAJ 70MG/ML, 140MG/ML	Preferred
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	Preferred
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	Preferred
<b>MIGRAINE - TRIPTANS AND COMBINATIONS</b>	
<i>eletriptan tabs 20mg, 40mg</i>	Preferred
IMITREX SOLN 6MG/0.5ML; TABS 25MG, 50MG, 100MG	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
RELPAX 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
<b>MISCELLANEOUS</b>	
ENSPRYNG SOSY 120MG/ML	Preferred
<b>MOOD STABILIZERS</b>	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	
<b>MOVEMENT DISORDERS</b>	
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
<b>MULTIPLE SCLEROSIS AGENTS</b>	
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 &amp; 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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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 &amp; caffeine tab 25-385-30 mg</i>	
<i>orphenadrine w/ aspirin &amp; 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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
<b>OPIOID ANTAGONIST</b>	
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>	
<b>POSTHERPETIC NEURALGIA (PHN)</b>	
<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
<b>PSYCHOTHERAPEUTIC-MISC</b>	
<i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>	
NUEDEXTA CAP 20-10MG	Preferred
<i>paroxetine mesylate caps 7.5mg</i>	Preferred
<b>SMOKING DETERRENTS</b>	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	
<b>ENDOCRINE AND METABOLIC</b>	
<b>ACROMEGALY</b>	
<i>octreotide acetate kit 10mg, 20mg, 30mg</i>	Preferred
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	Preferred
<b>ANDROGENS</b>	
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>	
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>	
<i>acarbose tabs 25mg, 50mg, 100mg</i>	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>	
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTIDIABETICS, BIGUANIDE</b>	
<i>metformin soln 500mg/5ml; tabs 500mg, 750mg, 850mg, 1000mg</i>	Preferred
<i>metformin ext-rel tb24 500mg, 750mg, 1000mg</i>	Preferred
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>	
<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
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS</b>	
<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	Surcharge
JENTADUETO TAB 2.5-850	Surcharge
JENTADUETO TAB 2.5-1000	Surcharge
JENTADUETO TAB XR	Surcharge
KOMBIGLYZ XR TAB 2.5-1000	Surcharge
KOMBIGLYZ XR TAB 5-500MG	Surcharge
KOMBIGLYZ XR TAB 5-1000MG	Surcharge
<i>saxagliptin-metformin ext-rel tb24 2.5-1000 mg</i>	Preferred
<i>saxagliptin-metformin ext-rel tb24 5-500 mg</i>	Preferred
<i>saxagliptin-metformin ext-rel tb24 5-1000 mg</i>	Preferred
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	Surcharge
ZITUVIMET TAB 50-1000	Surcharge
ZITUVIMET XR TAB 50-500MG	Surcharge
ZITUVIMET XR TAB 50-1000	Surcharge
ZITUVIMET XR TAB 100-1000	Surcharge
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>	
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	Preferred
BRYNOVIN SOLN 25MG/ML	Surcharge
JANUVIA TABS 25MG, 50MG, 100MG	Preferred

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

**ANTIDIABETICS, INCRETIN MIMETIC AGENTS**

ADLYXIN SOPN 20MCG/0.2ML	Surcharge
BYDUREON BCISE AUIJ 2MG/0.85ML	Surcharge
BYETTA SOPN 5MCG/0.02ML, 10MCG/0.04ML	Surcharge
<i>liraglutide sopn 18mg/3ml</i>	Preferred
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	Preferred
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	Preferred
RYBELSUS TABS 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	Surcharge

**ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS**

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

**ANTIDIABETICS, INSULIN**

BASAGLAR SOPN 100UNIT/ML	Preferred
FIASP SOLN 100UNIT/ML	Preferred
FIASP FLEXTOUCH SOPN 100UNIT/ML	Preferred
FIASP PENFILL SOCT 100UNIT/ML	Preferred
HUMALOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	Preferred
HUMALOG MIX INJ 50/50KWP	Preferred
HUMALOG MIX INJ 75/25KWP	Preferred
HUMALOG MIX SUS 75/25	Preferred
HUMULIN INJ 70/30	Preferred
HUMULIN INJ 70/30KWP	Preferred
HUMULIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML	Preferred
HUMULIN R SOLN 100UNIT/ML	Preferred
HUMULIN R U-500 SOLN 500UNIT/ML; SOPN 500UNIT/ML	Preferred
INS ASP PROT INJ FLEXPEN	Preferred
INSULIN ASPA INJ 70/30	Preferred
INSULIN ASPART SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	Preferred
INSULIN LISP INJ PROTAMIN	Preferred
INSULIN LISPRO SOLN 100UNIT/ML; SOPN 100UNIT/ML	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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	
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ACTOPLUS MET TAB 15-850MG	
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<i>pioglitazone-metformin tab 15-500 mg</i>	Preferred
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<i>pioglitazone-metformin tab 15-850 mg</i>	Preferred
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#### **ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION**

DUETACT TAB 30-2MG	
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DUETACT TAB 30-4MG	
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<i>pioglitazone-glimepiride tab 30-2 mg</i>	Preferred
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<i>pioglitazone-glimepiride tab 30-4 mg</i>	Preferred
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#### **ANTIDIABETICS, MEGLITINIDE**

<i>nateglinide tabs 60mg, 120mg</i>	Preferred
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<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Preferred
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#### **ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS**

<i>dapagliflozin-metformin ext-rel tb24 5-1000mg</i>	Preferred
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<i>dapagliflozin-metformin ext-rel tb24 10-1000mg</i>	Preferred
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INVOKAMET TAB 50-500MG	Surcharge
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INVOKAMET TAB 50-1000	Surcharge
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INVOKAMET TAB 150-500	Surcharge
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INVOKAMET TAB 150-1000	Surcharge
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INVOKAMET XR TAB 50-500MG	Surcharge
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INVOKAMET XR TAB 50-1000	Surcharge
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INVOKAMET XR TAB 150-500	Surcharge
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INVOKAMET XR TAB 150-1000	Surcharge
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SEGLUROMET TAB 2.5-500	Surcharge
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SEGLUROMET TAB 2.5-1000	Surcharge
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
SEGLUROMET TAB 7.5-500	Surcharge
SEGLUROMET TAB 7.5-1000	Surcharge
SYNJARDY TAB	Preferred
SYNJARDY TAB 5-500MG	Preferred
SYNJARDY TAB 5-1000MG	Preferred
SYNJARDY TAB 12.5-500	Preferred
SYNJARDY XR TAB	Preferred
SYNJARDY XR TAB 5-1000MG	Preferred
SYNJARDY XR TAB 10-1000	Preferred
SYNJARDY XR TAB 25-1000	Preferred
XIGDUO XR TAB 2.5-1000	
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	Surcharge
STEGLUJAN TAB 15-100MG	Surcharge

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

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

**ANTIDIABETICS, SULFONYLUREA**

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

**ANTIOBESITY**

<i>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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
<b>CALCIUM RECEPTOR AGONISTS</b>	
<i>cinacalcet tabs 30mg, 60mg, 90mg</i>	Preferred
<b>CALCIUM REGULATORS, BISPHOSPHONATES</b>	
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
<b>CALCIUM REGULATORS, MISCELLANEOUS</b>	
<i>calcitonin-salmon soln 200unit/act, 200unit/ml</i>	Preferred
OSEVELT SOLN 120MG/1.7ML	Preferred
OSPOMYV SOSY 60MG/ML	Preferred
STOBOCLO SOSY 60MG/ML	Preferred
<b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>	
BONSITY SOPN 560MCG/2.24ML	Preferred
<i>teriparatide sopn 560mcg/2.24ml</i>	Preferred
TYMLOS SOPN 3120MCG/1.56ML	Preferred
<b>CARNITINE DEFICIENCY AGENTS</b>	
<i>levocarnitine soln 1gm/10ml; tabs 330mg</i>	Preferred
<b>CENTRAL PRECOCIOUS PUBERTY</b>	
FENSOLVI KIT 45MG	Preferred
LUPRON DEPOT-PED KIT 7.5MG, 11.25MG, 15MG, 30MG	Preferred
LUPRON DEPOT-PED (6-MONTH KIT 45MG	
SUPPRELIN LA KIT 50MG	Preferred
TRIPTODUR SRER 22.5MG	Preferred
<b>CHELATING AGENTS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>trientine caps 250mg</i>	Preferred
<i>trientine caps 500mg</i>	
<b>CONTRACEPTIVES</b>	
<i>ANNOVERA MIS</i>	Preferred
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogestrel &amp; 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) &amp; 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) &amp; 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
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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 &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate &amp; 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 &amp; 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
<b>DIABETIC SUPPLIES</b>	
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
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
<b>ENDOMETRIOSIS</b>	
<i>danazol caps 50mg, 100mg, 200mg</i>	
ORLISSA TABS 150MG, 200MG	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>FERTILITY REGULATORS</b>	
<i>cetrorelix acetate kit .25mg</i>	Preferred
<i>clomiphene citrate tabs 50mg</i>	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	Preferred
GANIRELIX ACETATE SOSY 250MCG/0.5ML	Preferred
MENOPUR SOLR 75UNIT	Preferred
PREGNYL SOLR 10000UNIT	Preferred
<b>GLUCOCORTICOIDS</b>	
CORTEF TABS 5MG, 10MG, 20MG	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml, 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	Preferred
<i>fludrocortisone tabs .1mg</i>	Preferred
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	Preferred
MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG	
MEDROL DOSEPAK TBPK 4MG	
<i>methylprednisolone solr 40mg, 125mg, 500mg, 1000mg; susp 40mg/ml, 80mg/ml; tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	Preferred
<i>prednisolone soln 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	Preferred
<i>prednisolone tabs 5mg</i>	
<i>prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Preferred
<b>GLUCOSE ELEVATING AGENTS</b>	
BAQSIMI POWD 3MG/DOSE	Preferred
<i>glucagon, human recombinant solr 1mg</i>	Preferred
GVOKE SOAJ .5MG/0.1ML, 1MG/0.2ML; SOLN 1MG/0.2ML; SOSY .5MG/0.1ML, 1MG/0.2ML	Preferred
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	Preferred
<b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	Preferred
<b>HUMAN GROWTH HORMONES</b>	
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>LYSOSOMAL STORAGE DISORDERS</b>	
NEXVIAZYME SOLR 100MG	Preferred
<b>LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE</b>	
ELFABRIO SOLN 5MG/2.5ML	
ELFABRIO SOLN 20MG/10ML	Preferred
FABRAZYME SOLR 5MG, 35MG	Preferred
GALAFOLD CAPS 123MG	Preferred
<b>LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE</b>	
CERDELGA CAPS 84MG	Preferred
CEREZYME SOLR 400UNIT	Preferred
<i>miglustat caps 100mg</i>	
<b>MENOPAUSAL SYMPTOM AGENTS</b>	
CLIMARA PRO DIS WEEKLY	Preferred
COMBIPATCH DIS	Preferred
DUAVEE TAB 0.45-20	Preferred
ESTRACE TABS .5MG, 1MG, 2MG	
<i>estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg, 10mcg</i>	Preferred
<i>estradiol vaginal crea .1mg/gm</i>	Preferred
<i>estradiol-norethindrone tab 0.5 mg-2.5 mcg</i>	Preferred
<i>estradiol-norethindrone tab 0.5-0.1 mg</i>	Preferred
<i>estradiol-norethindrone tab 1 mg-5 mcg</i>	Preferred
<i>estradiol-norethindrone tab 1-0.5 mg</i>	Preferred
ESTRING RING 2MG	Preferred
IMVEXXY INST 4MCG, 10MCG	Preferred
PREMARIN CREA .625MG/GM; TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	Preferred
PREMPHASE TAB	Preferred
PREMPRO TAB	Preferred
PREMPRO TAB 0.3-1.5	Preferred
PREMPRO TAB 0.45-1.5	Preferred
PREMPRO TAB 0.625-5	Preferred
VAGIFEM TABS 10MCG	
<b>MISCELLANEOUS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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 &amp; 15 mg</i>	Preferred
<i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>	Preferred
<i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>	Preferred
<i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>	Preferred
<b>PHOSPHATE BINDER AGENTS</b>	
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>	
<b>POTASSIUM-REMOVING AGENTS</b>	
LOKELMA PACK 5GM, 10GM	Preferred
VELTASSA PACK 1GM, 8.4GM, 16.8GM, 25.2GM	Preferred
<b>PROGESTINS</b>	
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	
<b>THYROID AGENTS</b>	
<i>levothyroxine caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Preferred
<i>liothyronine soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	Preferred
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	Preferred
<b>UREA CYCLE DISORDER</b>	
<i>carlumic acid tbso 200mg</i>	Preferred
PHEBURANE PLLT 483MG/GM	Preferred
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>UTERINE FIBROIDS</b>	
MYFEMBREE TAB	Preferred
ORIAHNN CAP	Preferred
<b>VASOPRESSINS</b>	
<i>desmopressin acetate tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .01%</i>	
<b>VITAMIN D ANALOGS</b>	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	
<b>GASTROINTESTINAL</b>	
<b>ANTICHOLINERGICS</b>	
<i>dicyclomine caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg, 40mg</i>	Preferred
<b>ANTIDIARRHEALS</b>	
<i>diphenoxylate-atropine liq 2.5-0.025 mg/5ml</i>	Preferred
<i>diphenoxylate-atropine tab 2.5-0.025 mg</i>	Preferred
<i>loperamide caps 2mg</i>	Preferred
<b>ANTIEMETICS</b>	
<i>aprepitant caps 40mg, 80mg, 125mg</i>	Preferred
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Preferred
<i>doxylamine-pyridoxine delayed-rel tab 10-10 mg</i>	Preferred
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Preferred
<i>granisetron soln 1mg/ml, 4mg/4ml; tabs 1mg</i>	Preferred
MARINOL CAPS 2.5MG, 5MG, 10MG	
<i>meclizine chew 25mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
<i>metoclopramide soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	Preferred
<i>ondansetron soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg; tbdp 4mg, 8mg, 16mg</i>	Preferred
<i>prochlorperazine soln 10mg/2ml, 50mg/10ml; supp 25mg; tabs 5mg, 10mg</i>	Preferred
<i>promethazine soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
REGLAN TABS 5MG, 10MG	
SANCUSO PTCH 3.1MG/24HR	Preferred
<i>scopolamine transdermal pt72 1mg/3days</i>	Preferred
<i>trimethobenzamide caps 300mg</i>	Preferred
VARUBI TBPK 90MG	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>EOSINOPHILIC ESOPHAGITIS</b>	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
<b>H2-RECEPTOR ANTAGONISTS</b>	
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>cimetidine hcl soln 300mg/5ml</i>	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	Preferred
<i>famotidine inj 20mg/50ml</i>	Preferred
PEPCID TABS 20MG, 40MG	
<b>INFLAMMATORY BOWEL DISEASE</b>	
AZULFIDINE TABS 500MG	
AZULFIDINE EN-TABS TBEC 500MG	
<i>balsalazide caps 750mg</i>	Preferred
<i>budesonide delayed-rel cpep 3mg</i>	Preferred
<i>budesonide ext-rel tb24 9mg</i>	Preferred
CORTIFOAM FOAM 10%	Preferred
<i>hydrocortisone enem 100mg/60ml</i>	Preferred
<i>mesalamine enem 4gm; supp 1000mg</i>	Preferred
<i>mesalamine delayed-rel cpdr 400mg; tbec 1.2gm, 800mg</i>	Preferred
<i>mesalamine ext-rel cp24 .375gm; cpcr 500mg</i>	Preferred
<i>mesalamine w/ cleanser kit 4gm</i>	
PENTASA CPCR 250MG, 500MG	Preferred
ROWASA KIT 4GM	
<i>sulfasalazine tabs 500mg</i>	Preferred
<i>sulfasalazine delayed-rel tbec 500mg</i>	Preferred
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>	
LINZESS CAPS 72MCG, 145MCG, 290MCG	Preferred
<i>lubiprostone caps 8mcg, 24mcg</i>	Preferred
MOTEGRITY TABS 1MG, 2MG	Surcharge
<i>prucalopride tabs 1mg, 2mg</i>	Preferred
TRULANCE TABS 3MG	Preferred
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>	
<i>alosetron tabs .5mg, 1mg</i>	Preferred
VIBERZI TABS 75MG, 100MG	Preferred
<b>LAXATIVES</b>	
<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
<b>MISCELLANEOUS</b>	
IQIRVO TABS 80MG	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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*misoprostol tabs 100mcg, 200mcg*

MOVANTIK TABS 12.5MG, 25MG

Preferred

*sucralfate susp 1gm/10ml; tabs 1gm*

Preferred

SYMPROIC TABS .2MG

Preferred

*ursodiol caps 300mg; tabs 250mg, 500mg*

**PANCREATIC ENZYMES**

CREON CAP 3000UNIT

Preferred

CREON CAP 6000UNIT

Preferred

CREON CAP 12000UNT

Preferred

CREON CAP 24000UNT

Preferred

CREON CAP 36000UNT

Preferred

VIOKACE TAB 10440

Preferred

VIOKACE TAB 20880

Preferred

ZENPEP CAP 3000UNIT

Preferred

ZENPEP CAP 5000UNIT

Preferred

ZENPEP CAP 10000UNT

Preferred

ZENPEP CAP 15000UNT

Preferred

ZENPEP CAP 20000UNT

Preferred

ZENPEP CAP 25000UNT

Preferred

ZENPEP CAP 40000UNT

Preferred

ZENPEP CAP 60000UNT

**PROTON PUMP INHIBITORS**

*dexlansoprazole cpdr 30mg, 60mg*

*esomeprazole delayed-rel cpdr 20mg, 40mg; pack 2.5mg, 5mg, 10mg, 20mg, 40mg*

Preferred

*esomeprazole sodium solr 40mg*

*lansoprazole delayed-rel cpdr 15mg, 30mg*

Preferred

*omeprazole delayed-rel cpdr 10mg, 20mg, 40mg*

Preferred

*pantoprazole delayed-rel pack 40mg; tbec 20mg, 40mg*

Preferred

*pantoprazole sodium solr 40mg*

**RECTAL, CORTICOSTEROIDS**

*hydrocortisone crea 2.5%*

PROCTOFOAM-HC AER 1%

Preferred

**ULCER THERAPY COMBINATIONS**

*amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg*

*bismuth-metronidazole-tetracycline cap 140-125-125 mg*

Preferred

TALICIA CAP

Preferred

**GENITOURINARY**

**BENIGN PROSTATIC HYPERPLASIA**

*alfuzosin ext-rel tb24 10mg*

Preferred

AVODART CAPS .5MG

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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CARDURA TABS 1MG, 2MG, 4MG, 8MG	
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<i>doxazosin tabs 1mg, 2mg, 4mg, 8mg</i>	Preferred
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<i>dutasteride caps .5mg</i>	Preferred
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<i>dutasteride-tamsulosin cap 0.5-0.4 mg</i>	Preferred
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<i>finasteride tabs 5mg</i>	Preferred
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FLOMAX CAPS .4MG	
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PROSCAR TABS 5MG	
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<i>silodosin caps 4mg, 8mg</i>	Preferred
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<i>tamsulosin caps .4mg</i>	Preferred
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<i>terazosin caps 1mg, 2mg, 5mg, 10mg</i>	Preferred
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**ERECTILE DYSFUNCTION**

<i>avanafil tabs 50mg, 100mg, 200mg</i>	Preferred
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<i>sildenafil tabs 25mg, 50mg, 100mg</i>	Preferred
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<i>tadalafil tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
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**MISCELLANEOUS**

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
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FILSPARI TABS 200MG, 400MG	Preferred
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<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	
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<i>tiopronin tabs 100mg</i>	Preferred
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<i>tiopronin delayed-rel tbec 100mg, 300mg</i>	Preferred
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VANRAFIA TABS .75MG	Preferred
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**URINARY ANTISPASMODICS**

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

<i>clindamycin phosphate vaginal crea 2%</i>	
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<i>metronidazole vaginal gel .75%</i>	
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<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS</b>	
<i>dabigatran caps 75mg, 110mg, 150mg</i>	Preferred
ELIQUIS TABS 2.5MG, 5MG; TBPK 5MG	Preferred
<i>enoxaparin soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	Preferred
<i>fondaparinux soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	Preferred
PRADAXA CAPS 75MG, 110MG, 150MG	Surcharge
<i>rivaroxaban susr 1mg/ml; tabs 2.5mg</i>	
SAVAYSA TABS 15MG, 30MG, 60MG	Surcharge
<i>warfarin tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Preferred
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	Preferred
XARELTO STAR TAB 15/20MG	Preferred
<b>BLEEDING DISORDERS AGENTS</b>	
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	Preferred
SEVENFACT SOLR 1MG, 5MG	Preferred
SEVENFACT SOLR 2MG	
WILATE INJ	Preferred
<b>HEMATOPOIETIC GROWTH FACTORS</b>	
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
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	Preferred
<b>HEMOPHILIA A AGENTS</b>	
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
ALTUVIIIIO SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	Preferred
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred
ESPEROCT SOLR 4000UNIT	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
JIVI SOLR 4000UNIT	
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	Preferred
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
<b>HEMOPHILIA B AGENTS</b>	
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
<b>MISCELLANEOUS</b>	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
<b>PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS</b>	
EMPAVELI SOLN 1080MG/20ML	Preferred
<b>PLATELET AGGREGATION INHIBITORS</b>	
<i>clopidogrel tabs 75mg, 300mg</i>	Preferred
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	Preferred
<i>prasugrel tabs 5mg, 10mg</i>	Preferred
<i>ticagrelor tabs 60mg, 90mg</i>	Preferred
<b>SICKLE CELL DISEASE</b>	
ENDARI PACK 5GM	Preferred
<i>glutamine (sickle cell) pack 5gm</i>	
SIKLOS TABS 100MG, 1000MG	Preferred
<b>THROMBOCYTOPENIA AGENTS</b>	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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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

#### **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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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	
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
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	Preferred
RINVOQ TB24 15MG	Preferred
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS</b>	
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
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS</b>	
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS</b>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	Preferred
ORENCIA CLICKJECT SOAJ 125MG/ML	Preferred
ORENCIA SUBCUTANEOUS SOSY 125MG/ML	Preferred
RINVOQ TB24 15MG	Preferred
XELJANZ TABS 5MG	Preferred
XELJANZ XR TB24 11MG	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS</b>	
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
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate tabs 2.5mg</i>	Preferred
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	Preferred
<b>HEREDITARY ANGIOEDEMA</b>	
<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
<b>IMMUNOGLOBULIN</b>	
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	Preferred
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**IMMUNOSUPPRESSANTS**

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

**MEDICAL DEVICES**

**THYROID AGENTS**

dipyridamole (diagnostic) soln 5mg/ml	
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**NUTRITIONAL/SUPPLEMENTS**

**ELECTROLYTES**

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

**VITAMINS**

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

DRUG NAME	FORMULARY STATUS
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**OPHTHALMIC**

**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

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

**ANTI-INFECTIVES**

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

**ANTI-INFLAMMATORIES**

ACULAR SOLN .5%	
ACULAR LS SOLN .4%	
ACUVAIL SOLN .45%	Preferred
<i>bromfenac soln .07%, .075%</i>	
<i>bromfenac soln .09%</i>	Preferred
<i>dexamethasone soln .1%</i>	Preferred

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

### **ANTIALLERGICS**

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

### **ANTIGLAUCOMA BETA-BLOCKERS**

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

### **ANTIGLAUCOMA COMBINATION AGENTS**

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

### **CARBONIC ANHYDRASE INHIBITORS**

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

### **DRY EYE DISEASE**

<i>cyclosporine (ophth) emul .05%</i>	Preferred
LACRISERT INST 5MG	Surcharge
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>tafluprost soln .015mg/ml</i>	
<i>travoprost soln .004%</i>	Preferred
<b>RETINAL DISORDERS</b>	
BYOOVIZ SOLN .5MG/0.05ML	Preferred
<b>RHO KINASE INHIBITORS</b>	
RHOPRESSA SOLN .02%	Preferred
<b>SYMPATHOMIMETICS</b>	
ALPHAGAN P SOLN .1%, .15%	Preferred
<i>brimonidine soln .1%</i>	
<i>brimonidine soln .15%, .2%</i>	Preferred
<b>RESPIRATORY</b>	
<b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS</b>	
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	
<b>ANAPHYLAXIS TREATMENT AGENTS</b>	
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
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>	
ANORO ELLIPT AER 62.5-25	Preferred
BEVESPI AER 9-4.8MCG	Surcharge
<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>	
<b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS</b>	
BREZTRI AERO AER SPHERE	Preferred
TRELEGY AER 100MCG	Preferred
TRELEGY AER 200MCG	Preferred
<b>ANTICHOLINERGICS</b>	
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	Surcharge
YUPELRI SOLN 175MCG/3ML	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTI-HISTAMINE COMBINATIONS</b>	
<i>azelastine-fluticasone nasal spray 137-50 mcg/act</i>	Preferred
<b>ANTI-HISTAMINES</b>	
<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
<b>BETA AGONISTS</b>	
<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>	
<b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>	
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
<b>CHRONIC RHINOSINUSITIS WITH NASAL POLYPS</b>	
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
<b>COLD/COUGH</b>	
<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>	
<b>CYSTIC FIBROSIS</b>	
<i>tobramycin inhalation solution nebu 300mg/4ml, 300mg/5ml</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>LEUKOTRIENE MODIFIERS</b>	
<i>zileuton ext-rel tb12 600mg</i>	Preferred
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>	
<i>montelukast chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	Preferred
<i>zafirlukast tabs 10mg, 20mg</i>	Preferred
<b>MAST CELL STABILIZERS</b>	
<i>cromolyn sodium nebu 20mg/2ml</i>	
<b>MISCELLANEOUS</b>	
<i>roflumilast tabs 250mcg, 500mcg</i>	Preferred
<b>NASAL STEROIDS</b>	
<i>flunisolide soln .025%</i>	Preferred
<i>fluticasone susp 50mcg/act</i>	Preferred
<i>mometasone susp 50mcg/act</i>	Preferred
XHANCE EXHU 93MCG/ACT	Preferred
<b>PULMONARY FIBROSIS AGENTS</b>	
OFEV CAPS 100MG, 150MG	Preferred
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	Preferred
<b>SEVERE ASTHMA AGENTS</b>	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
FASENRA SOAJ 30MG/ML; SOSY 30MG/ML	Preferred
FASENRA SOSY 10MG/0.5ML	
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Except lyophilized powder; Preferred
TEZSPIRE SOSY 210MG/1.91ML	Preferred
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	Preferred
<b>STEROID INHALANTS</b>	
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	Preferred
<i>budesonide inhalation susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	Preferred
FLOVENT HFA AERO 44MCG/ACT, 110MCG/ACT, 220MCG/ACT	Preferred
<i>fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act</i>	
<i>fluticasone propionate diskus aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	Preferred
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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**STEROID/BETA-AGONIST COMBINATIONS**

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

**XANTHINES**

*theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg*

**TOPICAL**

**DERMATOLOGY, ACNE**

ABSORICA CAPS 10MG, 20MG, 25MG, 30MG, 35MG, 40MG	Preferred
<i>adapalene crea .1%; gel .1%, .3%; pads .1%</i>	Preferred
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	
AKLIEF CREA .005%	Preferred
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>	
<i>fluorouracil crea 5%; soln 2%, 5%</i>	Preferred
<i>imiquimod crea 3.75%, 5%</i>	Preferred
<b>DERMATOLOGY, ANTIBIOTICS</b>	
<i>gentamicin crea .1%; oint .1%</i>	Preferred
<i>mupirocin oint 2%</i>	Preferred
<i>silver sulfadiazine crea 1%</i>	
<b>DERMATOLOGY, ANTIFUNGALS</b>	
<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>ketoconazole 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
<b>DERMATOLOGY, ANTIPSORIATICS</b>	
<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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>DERMATOLOGY, ANTISEBORRHEICS</b>	
<i>ketoconazole sham 2%</i>	Preferred
<i>selenium sulfide lotn 2.5%</i>	Preferred
ZORYVE FOAM .3%	Preferred
<b>DERMATOLOGY, ATOPIC DERMATITIS</b>	
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
<b>DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA</b>	
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; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	Preferred
<b>DERMATOLOGY, CORTICOSTEROIDS</b>	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	
BRYHALI LOTN .01%	Preferred
<i>clobetasol crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%</i>	Preferred
<i>clobetasol propionate soln .05%</i>	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	Preferred
<i>desoximetasone crea .05%, .25%; gel .05%; oint .05%, .25%</i>	Preferred
<i>diflorasone diacetate crea .05%; oint .05%</i>	
<i>fluocinolone 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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i>	Preferred
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<i>hydrocortisone valerate crea .2%; oint .2%</i>	
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<i>mometasone crea .1%; oint .1%; soln .1%</i>	Preferred
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<i>triamcinolone crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	Preferred
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**DERMATOLOGY, LOCAL ANESTHETICS**

<i>lidocaine ptch 5%</i>	Preferred
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<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Preferred
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<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
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**DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

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

DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
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NEMLUVIO AUJ 30MG	Preferred
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**DERMATOLOGY, ROSACEA**

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

<i>ivermectin (pediculicide) lotn .5%</i>	
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<i>malathion lotn .5%</i>	
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<i>permethrin crea 5%</i>	
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**MOUTH/THROAT/DENTAL AGENTS**

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

<i>acetic acid soln 2%</i>	Preferred
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<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Preferred
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<i>neomycin-polymyxin b-hydrocortisone otic soln 1%</i>	Preferred
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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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