



# **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 July 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 07/01/2026

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>• Benzphetamine, Diethylpropion, Liraglutide (Saxenda), Orlistat (Xenical), Phentermine, Phentermine and Topiramate extended-release (Qsymia), Phendimetrazine, Contrave, Foundayo, Wegovy, Zepbound</li> </ul>
Chronic Spontaneous Urticaria	<ul style="list-style-type: none"> <li>• Rhapsido</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>

<b>DRUG CLASS</b>	<b>PRODUCTS REQUIRING PA</b>
Respiratory - Miscellaneous	<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> <ul style="list-style-type: none"> <li>• Brinsupri</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>	
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	Preferred
<b>GOUT</b>	
<i>allopurinol tabs 100mg, 300mg</i>	Preferred
<i>allopurinol tabs 200mg</i>	
<i>allopurinol sodium solr 500mg</i>	Preferred
<i>colchicine caps .6mg; tabs .6mg</i>	Preferred
<i>probenecid tabs 500mg</i>	Preferred
<b>MISCELLANEOUS</b>	
<i>clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml</i>	
<b>NSAIDS</b>	
<i>diclofenac sodium tb24 100mg</i>	
<i>diclofenac sodium tbec 25mg, 50mg, 75mg</i>	Preferred
<i>diclofenac sodium (topical) gel 1%; soln 1.5%, 2%</i>	Preferred
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	
<i>ibuprofen susp 100mg/5ml; tabs 300mg, 400mg, 600mg, 800mg</i>	Preferred
<i>ibuprofen lysine soln 10mg/ml</i>	Preferred
<i>meloxicam caps 5mg, 10mg; susp 7.5mg/5ml; tabs 7.5mg, 15mg</i>	Preferred
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen susp 125mg/5ml; tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	Preferred
<i>naproxen sodium tabs 275mg, 550mg; tb24 375mg, 500mg, 750mg</i>	Preferred
<i>oxaprozin tabs 600mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	
<b>NSAIDS, COMBINATIONS</b>	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Preferred
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Preferred
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Preferred
<b>OPIOID ANALGESICS</b>	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Preferred
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Preferred
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Preferred
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Preferred
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>	Preferred
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Preferred
<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 hcl liqd 1mg/ml; soln .2mg/ml, 4mg/ml, 10mg/ml; tabs 2mg, 4mg, 8mg; tb24 8mg, 12mg, 16mg, 32mg</i>	Preferred
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg</i>	Preferred
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg; 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; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	Preferred
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	Preferred
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 20mg, 30mg</i>	Preferred
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	Preferred
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Preferred
<i>tramadol hcl cp24 100mg, 200mg, 300mg; soln 5mg/ml; tabs 50mg, 75mg, 100mg; tb24 100mg, 200mg, 300mg</i>	Preferred
<i>tramadol hcl tabs 25mg</i>	
<i>XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG</i>	Preferred

**OPIOID PARTIAL AGONISTS**

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

**SALICYLATES**

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

<i>DUROLANE PRSY 60MG/3ML</i>	Preferred
<i>EUFLEXXA SOSY 20MG/2ML</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
GELSYN-3 SOSY 16.8MG/2ML	Preferred
ORTHOVISC SOSY 30MG/2ML	Preferred

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

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

## **ANTI-INFECTIVES**

### **ANTHELMINTICS**

EMVERM CHEW 100MG	Preferred
<i>ivermectin tabs 3mg, 6mg</i>	Preferred
STROMECTOL TABS 3MG	

### **ANTI-BACTERIALS - MISCELLANEOUS**

<i>sulfadiazine tabs 500mg</i>
<i>tinidazole tabs 250mg, 500mg</i>

### **ANTIFUNGALS**

DIFLUCAN SUSR 40MG/ML; TABS 50MG, 100MG, 150MG, 200MG	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Preferred
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	Preferred
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	Preferred
<i>voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg</i>	

### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>
<i>atovaquone-proguanil hcl tab 250-100 mg</i>
<i>chloroquine phosphate tabs 250mg, 500mg</i>
<i>hydroxychloroquine sulfate tabs 100mg, 300mg, 400mg</i>
<i>mefloquine hcl tabs 250mg</i>

### **ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	Preferred
APRETUDE SUER 600MG/3ML	Preferred
<i>atazanavir sulfate 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>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	Preferred
ISENTRESS HD TABS 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; tb24 100mg, 400mg</i>	Preferred
<i>ritonavir tabs 100mg</i>	Preferred
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
TIVICAY TABS 10MG, 25MG, 50MG	Preferred
TIVICAY PD TBSO 5MG	Preferred
YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG	Preferred
<i>zidovudine caps 100mg; syr 50mg/5ml; tabs 300mg</i>	Preferred

**ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Preferred
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	
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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTITUBERCULAR AGENTS</b>	
<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>ANTIVIRALS</b>	
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	Preferred
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	Preferred
<b>PAXLOVID PAK</b>	Preferred
<b>PAXLOVID TAB 150-100</b>	Preferred
<b>PAXLOVID TAB 300-100</b>	Preferred
<b>RELENZA DISKHALER AEPB 5MG/BLISTER</b>	Preferred
<i>ribavirin solr 6gm</i>	
<i>valacyclovir hcl tabs 1gm, 500mg</i>	Preferred
<i>valganciclovir hcl 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; tb24 500mg</i>	Preferred
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Preferred
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	Preferred
<i>fidaxomicin tabs 200mg</i>	Preferred
<b>FLUOROQUINOLONES</b>	
<b>CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG</b>	
<i>ciprofloxacin susr 5gm/100ml, 500mg/5ml</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Preferred
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Preferred
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	Preferred
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	Preferred
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Preferred
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Preferred
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Preferred
<i>moxifloxacin hcl tabs 400mg</i>	Preferred
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Preferred

### **HEPATITIS B**

<i>adefovir dipivoxil tabs 10mg</i>	
<i>entecavir tabs .5mg, 1mg</i>	Preferred
<i>lamivudine (hbv) tabs 100mg</i>	Preferred
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred

### **HEPATITIS C**

EPCLUSA PAK 150-37.5	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA PAK 200-50MG	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA TAB 200-50MG	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA TAB 400-100	Genotypes 1, 2, 3, 4, 5, 6; Preferred
HARVONI PAK	Genotypes 1, 4, 5, 6; Preferred
HARVONI PAK 45-200MG	Genotypes 1, 4, 5, 6; Preferred
HARVONI TAB 45-200MG	Genotypes 1, 4, 5, 6; Preferred
HARVONI TAB 90-400MG	Genotypes 1, 4, 5, 6; Preferred
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	Preferred
VOSEVI TAB	For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3); Preferred

### **MISCELLANEOUS**

<i>chloramphenicol sodium succinate solr 1gm</i>	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	Preferred
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	Preferred
<i>clindamycin phosphate soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	Preferred
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Preferred
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>clindamycin phosphate in d5w iv soln 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 susp 25mg/5ml</i>	Preferred
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	Preferred
<i>nitrofurantoin monohyd macro caps 100mg</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
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Preferred
<i>trimethoprim tabs 100mg</i>	
<i>vancomycin hcl caps 125mg, 250mg</i>	Preferred
XIFAXAN TABS 550MG	Preferred

### **PENICILLINS**

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	Preferred
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Preferred
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Preferred
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Preferred
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Preferred
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Preferred
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Preferred
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Preferred
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	
<i>ampicillin caps 500mg</i>	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	
AUGMENTIN SUS 125/5ML	
AUGMENTIN SUS 250/5ML	
AUGMENTIN SUS ES-600	
AUGMENTIN TAB 500MG	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	Preferred
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred

### **TETRACYCLINES**

<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	
<i>doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 50mg, 75mg, 100mg, 150mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	Preferred
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<i>minocycline hcl tb24 105mg, 135mg</i>	
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<i>tetracycline hcl caps 250mg, 500mg</i>	Preferred
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**ANTINEOPLASTIC AGENTS**

**ALKYLATING AGENTS**

<i>bendamustine hcl solr 25mg, 100mg</i>	
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<i>cyclophosphamide caps 25mg, 50mg</i>	
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<i>melphalan hcl solr 50mg</i>	
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<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Preferred
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**ANTIBIOTICS**

<i>mitoxantrone hcl conc 2mg/ml</i>	
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<i>valrubicin soln 40mg/ml</i>	
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**ANTIMETABOLITES**

<i>azacitidine susr 100mg</i>	
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<i>capecitabine tabs 150mg, 500mg</i>	Preferred
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<i>decitabine solr 50mg</i>	
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LONSURF TAB 15-6.14	Preferred
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LONSURF TAB 20-8.19	Preferred
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<i>mercaptopurine tabs 50mg</i>	
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<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	
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<i>pemetrexed disodium solr 100mg, 500mg, 750mg, 1000mg</i>	Preferred
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**BIOLOGIC RESPONSE MODIFIERS**

ERIVEDGE CAPS 150MG	Preferred
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<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg</i>	Preferred
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THALOMID CAPS 50MG, 100MG, 150MG, 200MG	Preferred
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**BIOSIMILARS**

KANJINTI SOLR 150MG, 420MG	Preferred
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RUXIENCE SOLN 100MG/10ML, 500MG/50ML	Preferred
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TRAZIMERA SOLR 150MG, 420MG	Preferred
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ZIRABEV SOLN 100MG/4ML, 400MG/16ML	Preferred
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**HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate tabs 250mg, 500mg</i>	Preferred
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<i>anastrozole tabs 1mg</i>	
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<i>bicalutamide tabs 50mg</i>	Preferred
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CASODEX TABS 50MG	
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ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	Preferred
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ERLEADA TABS 60MG, 240MG	Preferred
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<i>exemestane tabs 25mg</i>	
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<i>letrozole tabs 2.5mg</i>	
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>leuprolide acetate kit 1mg/0.2ml</i>	Preferred
<i>megestrol acetate tabs 20mg, 40mg</i>	
NUBEQA TABS 300MG	Preferred
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
XTANDI CAPS 40MG; TABS 40MG, 80MG	Preferred
YONSA TABS 125MG	Preferred

### **KINASE INHIBITORS**

ALECENSA CAPS 150MG	Preferred
ALUNBRIG TABS 30MG, 90MG, 180MG	Preferred
ALUNBRIG PAK	Preferred
AUGTYRO CAPS 40MG	Preferred
AUGTYRO CAPS 160MG	
BOSULIF CAPS 50MG, 100MG	
BOSULIF TABS 100MG, 400MG, 500MG	Preferred
BRAFTOVI CAPS 75MG	Preferred
BRUKINSA CAPS 80MG	Preferred
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 hcl tabs 25mg, 100mg, 150mg</i>	Preferred
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	Preferred
GAVRETO CAPS 100MG	Preferred
<i>gefitinib tabs 250mg</i>	Preferred
GOMEKLI CAPS 1MG, 2MG; TBSO 1MG	Preferred
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	Preferred
IBTROZI CAPS 200MG	Preferred
<i>imatinib mesylate tabs 100mg, 400mg</i>	Preferred
INLYTA TABS 1MG, 5MG	Preferred
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Preferred
KISQALI TBPk 200MG	Preferred
KISQALI 200 PAK FEMARA	Preferred
KISQALI 400 PAK FEMARA	Preferred
KISQALI 600 PAK FEMARA	Preferred
KOSELUGO CAPS 10MG, 25MG	Preferred
<i>lapatinib ditosylate tabs 250mg</i>	Preferred
LENVIMA 4 MG DAILY DOSE CPPK 4MG	Preferred
LENVIMA 8 MG DAILY DOSE CPPK 4MG	Preferred
LENVIMA 10 MG DAILY DOSE CPPK 10MG	Preferred
LENVIMA 12MG DAILY DOSE CPPK 4MG	Preferred
LENVIMA 20 MG DAILY DOSE CPPK 10MG	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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 hcl caps 50mg, 150mg, 200mg</i>	Preferred
<i>pazopanib hcl tabs 200mg, 400mg</i>	Preferred
PIQRAY 200MG DAILY DOSE TBPK 200MG	Preferred
PIQRAY 250MG TAB DOSE	Preferred
PIQRAY 300MG DAILY DOSE TBPK 150MG	Preferred
RETEVMO TABS 40MG, 80MG, 120MG, 160MG	Preferred
ROZLYTREK CAPS 100MG, 200MG	Preferred
ROZLYTREK PACK 50MG	
RYDAPT CAPS 25MG	Preferred
SCEMBLIX TABS 20MG, 40MG, 100MG	Preferred
<i>sorafenib tosylate tabs 200mg</i>	Preferred
STIVARGA TABS 40MG	Preferred
<i>sunitinib malate 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>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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>	
<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 sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Preferred
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Preferred
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>lisinopril &amp; 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	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ACE INHIBITORS</b>	
ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
<i>enalaprilat soln 1.25mg/ml</i>	
<i>fosinopril sodium 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 hcl 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>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 besylate-olmesartan medoxomil tab 5-20 mg</i>	Preferred
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Preferred
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Preferred
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Preferred
<i>amlodipine besylate-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 cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Preferred
<i>candesartan cilexetil-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 potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Preferred
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Preferred
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Preferred
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Preferred
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Preferred
<i>telmisartan-amlodipine tab 40-5 mg</i>	Preferred
<i>telmisartan-amlodipine tab 40-10 mg</i>	Preferred
<i>telmisartan-amlodipine tab 80-5 mg</i>	Preferred
<i>telmisartan-amlodipine tab 80-10 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 cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	Preferred
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	Preferred
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	Preferred
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>telmisartan tabs 20mg, 40mg, 80mg</i>	Preferred
<i>valsartan soln 4mg/ml</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	Preferred

**ANTIARRHYTHMICS**

<i>amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 100mg, 200mg, 400mg</i>	Preferred
<i>disopyramide phosphate caps 100mg, 150mg</i>	Preferred
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
MULTAQ TABS 400MG	Preferred
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	Preferred
<i>sotalol hcl (afib/afI) tabs 80mg, 120mg, 160mg</i>	

**ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS**

NEXLETOL TABS 180MG	Preferred
NEXLIZET TAB 180/10MG	Preferred

**ANTILIPEMICS, BILE ACID RESINS**

<i>cholestyramine pack 4gm; powd 4gm/dose</i>	Preferred
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	Preferred
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
QUESTRAN PACK 4GM; POWD 4GM/DOSE	
QUESTRAN LIGHT POWD 4GM/DOSE	

**ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR**

<i>ezetimibe tabs 10mg</i>	Preferred
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**ANTILIPEMICS, FIBRATES**

<i>choline fenofibrate cpdr 45mg, 135mg</i>	Preferred
<i>fenofibrate caps 50mg, 150mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg</i>	Preferred
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	Preferred
<i>gemfibrozil tabs 600mg</i>	
LOPID TABS 600MG	

**ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS**

<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred
<i>fluvastatin sodium caps 20mg, 40mg</i>	Preferred
<i>fluvastatin sodium tb24 80mg</i>	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	Preferred
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	Preferred
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	Preferred
ZOCOR TABS 10MG, 20MG, 40MG, 80MG	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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**ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS**

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Preferred
VYTORIN TAB 10-10MG	
VYTORIN TAB 10-20MG	
VYTORIN TAB 10-40MG	
VYTORIN TAB 10-80MG	

**ANTILIPEMICS, MISCELLANEOUS**

<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	Preferred
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**ANTILIPEMICS, OMEGA-3 FATTY ACIDS**

<i>icosapent ethyl caps .5gm, 1gm</i>	Preferred
LOVAZA CAP 1GM	
<i>omega-3-acid ethyl esters cap 1 gm</i>	Preferred
VASCEPA CAPS .5GM, 1GM	Preferred

**ANTILIPEMICS, PCSK9 INHIBITORS**

REPATHA SOSY 140MG/ML	Preferred
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	Preferred
REPATHA SURECLICK SOAJ 140MG/ML	Preferred

**BETA-BLOCKER/DIURETIC COMBINATIONS**

<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>	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	

**BETA-BLOCKERS**

<i>acebutolol hcl caps 200mg, 400mg</i>	Preferred
<i>atenolol tabs 25mg, 50mg, 100mg</i>	Preferred
<i>bisoprolol fumarate tabs 2.5mg, 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Preferred
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	Preferred
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	
CORGARD TABS 20MG, 40MG, 80MG	
<i>labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg, 400mg</i>	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>metoprolol tartrate soln 5mg/5ml; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Preferred
<i>nadolol tabs 20mg, 40mg, 80mg</i>	Preferred
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
<i>pindolol tabs 5mg, 10mg</i>	Preferred
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Preferred

**CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS**

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

**CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tb24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Preferred
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	Preferred
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Preferred
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	Preferred
PROCARDIA XL TB24 30MG, 60MG, 90MG	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>DIGITALIS GLYCOSIDES</b>	
<i>digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg</i>	Preferred
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>	
<i>aliskiren fumarate tabs 150mg, 300mg</i>	Preferred
<b>DIURETICS</b>	
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	
<i>acetazolamide sodium solr 500mg</i>	
ALDACTAZIDE TAB 25/25	
ALDACTAZIDE TAB 50/50	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl tabs 5mg</i>	Preferred
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>chlorthalidone tabs 25mg, 50mg</i>	Preferred
<i>dichlorphenamide tabs 50mg</i>	
<i>ethacrynic acid tabs 25mg</i>	Preferred
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	Preferred
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
<i>indapamide tabs 1.25mg, 2.5mg</i>	
LASIX TABS 20MG, 40MG, 80MG	
<i>methazolamide tabs 25mg, 50mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Preferred
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	Preferred
<i>triamterene caps 50mg, 100mg</i>	Preferred
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Preferred
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Preferred
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Preferred
<b>HEART FAILURE</b>	
FARXIGA TABS 5MG, 10MG	
INPEFA TABS 200MG, 400MG	Preferred
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Preferred
<i>ivabradine hcl 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
<b>MISCELLANEOUS</b>	
<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>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>epinephrine sosal 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 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; tbso 32mg</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 citrate (pulmonary hypertension) soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg</i>	Preferred
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	Preferred
TADLIQ SUSP 20MG/5ML	Preferred
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	Preferred
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	Preferred
TYVASO DPI POW 16-32-48	Preferred
TYVASO DPI POW 16-32MCG	Preferred
TYVASO DPI POW 32-48MCG	Preferred
TYVASO DPI POW MAIN KIT	Preferred
TYVASO STARTER KIT SOLN .6MG/ML	Preferred
UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	Preferred
UPTRAVI PACK TAB 200/800	Preferred

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

RADICAVA ORS STARTER KIT SUSP 105MG/5ML Preferred

### **ANTIANSXIETY**

*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 hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg* Preferred

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

*galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg* Preferred

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

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

*memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* Preferred

*memantine hcl-donepezil hcl cap er 24hr 14-10 mg*

*memantine hcl-donepezil hcl cap er 24hr 21-10 mg*

*memantine hcl-donepezil hcl cap er 24hr 28-10 mg*

NAMZARIC CAP Preferred

NAMZARIC CAP 7-10MG Preferred

NAMZARIC CAP 14-10MG Preferred

NAMZARIC CAP 21-10MG Preferred

NAMZARIC CAP 28-10MG Preferred

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

*rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg* 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 hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg, 450mg</i>	Preferred
CELEXA TABS 10MG, 20MG, 40MG	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	Preferred
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	Preferred
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	Preferred
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	Preferred
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	Preferred
FETZIMA CAP TITRATIO	Preferred
<i>fluoxetine hcl 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; 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 hcl caps 150mg, 200mg; conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	Preferred
SPRAVATO SOL 56MG DOS	Preferred
SPRAVATO SOL 84MG DOS	Preferred
<i>tranylcypromine sulfate tabs 10mg</i>	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	Preferred
TRINTELLIX TABS 5MG, 10MG, 20MG	Preferred
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Preferred
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg, 225mg</i>	
VIIBRYD TABS 10MG, 20MG, 40MG	Preferred
VIIBRYD KIT STARTER	Preferred
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	Preferred
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
WELLBUTRIN XL TB24 150MG, 300MG	
ZURZUVAE CAPS 20MG, 25MG, 30MG	Preferred
<b>ANTIPARKINSONIAN AGENTS</b>	
<i>amantadine hcl 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 &amp; levodopa tab er 25-100 mg</i>	Preferred
<i>carbidopa &amp; levodopa 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 dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Preferred
<i>rasagiline mesylate tabs .5mg, 1mg</i>	Preferred
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	Preferred
RYTARY CAP 95MG	Preferred
RYTARY CAP 145MG	Preferred
RYTARY CAP 195MG	Preferred
RYTARY CAP 245MG	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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*selegiline hcl caps 5mg; tabs 5mg*

Preferred

SINEMET TAB 10-100MG

SINEMET TAB 25-100MG

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

**ANTIPSYCHOTICS**

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

Preferred

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

Preferred

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

Preferred

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

Preferred

ARISTADA INITIO PRSY 675MG/2.4ML

Preferred

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

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

Preferred

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

*fluphenazine decanoate soln 25mg/ml*

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

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

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

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

INVEGA HAFYERA SUSY 1092MG/3.5ML,  
1560MG/5ML

Preferred

INVEGA SUSTENNA SUSY 39MG/0.25ML,  
78MG/0.5ML, 117MG/0.75ML, 156MG/ML,  
234MG/1.5ML

Preferred

INVEGA TRINZA SUSY 273MG/0.88ML,  
410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML

Preferred

*lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg*

Preferred

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

Preferred

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

*quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg,  
200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg,  
300mg, 400mg*

Preferred

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

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

Preferred

DRUG NAME	FORMULARY STATUS
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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 .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG	Preferred
VRAYLAR CAP 1.5-3MG	Preferred
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	Preferred
<i>ziprasidone mesylate solr 20mg</i>	Preferred

### ANTISEIZURE AGENTS

BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	Preferred
<i>carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; 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 (anticonvulsant) 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; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	Preferred
<i>eslicarbazepine acetate 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; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	Preferred
MYSOLINE TABS 50MG, 250MG	
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	Preferred
<i>oxcarbazepine 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; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Preferred
<i>phenobarbital sodium soln 65mg/ml, 130mg/ml</i>	Preferred
<i>phenytoin chew 50mg; susp 100mg/4ml</i>	Preferred
<i>phenytoin sodium soln 50mg/ml</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 hcl tabs 2mg, 4mg, 12mg, 16mg</i>	Preferred
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg; cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>topiramate cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	
<i>valproate sodium soln 250mg/5ml</i>	Preferred
<i>valproic acid caps 250mg</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
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>	
<i>amphetamine tbed 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg</i>	Preferred
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Preferred
<i>atomoxetine hcl 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 hcl 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 hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	Preferred
<i>lisdexamfetamine dimesylate 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 ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	Preferred
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tb24 18mg; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg</i>	Preferred
QELBREE CP24 100MG, 150MG, 200MG	Preferred
RITALIN TABS 5MG, 10MG, 20MG	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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 hcl (sleep) 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 tartrate subl 1.75mg, 3.5mg; tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</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 w/ caffeine tab 1-100 mg</i>	Preferred
<b>MIGRAINE - MISCELLANEOUS</b>	
NURTEC TBP 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 hydrobromide tabs 20mg, 40mg</i>	Preferred
IMITREX SOLN 6MG/0.5ML; TABS 25MG, 50MG, 100MG	
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	Preferred
ONZETRA XSAIL EXHP 11MG/NOSEPC	Preferred
RELPAK TABS 20MG, 40MG	
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	Preferred
<i>sumatriptan soln 5mg/act, 20mg/act</i>	Preferred
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; soln 6mg/0.5ml; 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 PSKT 30MCG/0.5ML	Preferred
AVONEX PEN AJKT 30MCG/0.5ML	Preferred
BAFIERTAM CPDR 95MG	Preferred
BETASERON KIT .3MG	Preferred
BRIUMVI SOLN 150MG/6ML	Preferred
<i>dalfampridine tb12 10mg</i>	
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	Preferred
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Preferred
<i> fingolimod hcl caps .5mg</i>	Preferred
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	Preferred
KESIMPTA SOAJ 20MG/0.4ML	Preferred
MAYZENT TABS .25MG, 1MG, 2MG	Preferred
MAYZENT STARTER PACK TBPK .25MG	Preferred
OCREVUS SOLN 300MG/10ML	Preferred
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	Preferred
REBIF REBIDO INJ TITRATN	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	Preferred
REBIF TITRTN INJ PACK	Preferred
<i>teriflunomide tabs 7mg, 14mg</i>	Preferred
TYRUKO 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 hcl cp24 15mg, 30mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	Preferred
<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**

EPYSQLI SOLN 300MG/30ML	Preferred
<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 hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Preferred
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Preferred
ZUBSOLV SUB 0.7-0.18	Preferred
ZUBSOLV SUB 1.4-0.36	Preferred
ZUBSOLV SUB 2.9-0.71	Preferred
ZUBSOLV SUB 5.7-1.4	Preferred
ZUBSOLV SUB 8.6-2.1	Preferred
ZUBSOLV SUB 11.4-2.9	Preferred

### **OPIOID ANTAGONIST**

KLOXXADO LIQD 8MG/0.1ML	Preferred
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; soty 2mg/2ml</i>	Preferred
<i>naloxone hcl soty .4mg/ml</i>	
<i>naltrexone hcl tabs 50mg</i>	

### **POSTHERPETIC NEURALGIA (PHN)**

<i>gabapentin (once-daily) tabs 300mg, 450mg, 600mg, 750mg, 900mg</i>	
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	Preferred
<i>pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg</i>	Preferred

### **PSYCHOTHERAPEUTIC-MISC**

<i>fluoxetine hcl (pddd) tabs 10mg, 20mg</i>	
NUEDEXTA CAP 20-10MG	Preferred
<i>paroxetine mesylate (vasomotor) caps 7.5mg</i>	Preferred

### **SMOKING DETERRENTS**

<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	

### **ENDOCRINE AND METABOLIC**

#### **ACROMEGALY**

<i>octreotide acetate kit 10mg, 20mg, 30mg</i>	Preferred
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	Preferred

#### **ANDROGENS**

NATESTO GEL 5.5MG/ACT	Preferred
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	Preferred
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	

**ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tabs 25mg, 50mg, 100mg</i>	
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**ANTIDIABETICS, AMYLIN ANALOGS**

<i>SYMLINPEN 60 SOPN 1500MCG/1.5ML</i>	Preferred
<i>SYMLINPEN 120 SOPN 2700MCG/2.7ML</i>	Preferred

**ANTIDIABETICS, BIGUANIDE**

<i>metformin hcl soln 500mg/5ml; tabs 500mg, 750mg, 850mg, 1000mg; tb24 500mg, 750mg, 1000mg</i>	Preferred
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**ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS**

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Preferred
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Preferred
<i>glipizide-metformin hcl tab 5-500 mg</i>	Preferred

**ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS**

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Preferred
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Preferred
<i>JANUMET TAB 50-500MG</i>	Preferred
<i>JANUMET TAB 50-1000</i>	Preferred
<i>JANUMET XR TAB 50-500MG</i>	Preferred
<i>JANUMET XR TAB 50-1000</i>	Preferred
<i>JANUMET XR TAB 100-1000</i>	Preferred
<i>JENTADUETO TAB 2.5-500</i>	Surcharge
<i>JENTADUETO TAB 2.5-850</i>	Surcharge
<i>JENTADUETO TAB 2.5-1000</i>	Surcharge
<i>JENTADUETO TAB XR</i>	Surcharge
<i>KOMBIGLYZ XR TAB 2.5-1000</i>	Surcharge
<i>KOMBIGLYZ XR TAB 5-500MG</i>	Surcharge
<i>KOMBIGLYZ XR TAB 5-1000MG</i>	Surcharge
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	Preferred
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	Preferred
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab 50-500 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab 50-1000 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab er 24hr 50-500 mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg</i>	Preferred
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<i>sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg</i>	Preferred
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TRIJARDY XR TAB	Preferred
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ZITUVIMET TAB 50-500MG	Surcharge
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ZITUVIMET TAB 50-1000	Surcharge
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ZITUVIMET XR TAB 50-500MG	Surcharge
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ZITUVIMET XR TAB 50-1000	Surcharge
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ZITUVIMET XR TAB 100-1000	Surcharge
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**ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	Preferred
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BRYNOVIN SOLN 25MG/ML	Surcharge
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JANUVIA TABS 25MG, 50MG, 100MG	Preferred
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ONGLYZA TABS 2.5MG, 5MG	Surcharge
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<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	Preferred
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<i>sitagliptin tabs 25mg, 50mg, 100mg</i>	Preferred
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TRADJENTA TABS 5MG	Surcharge
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ZITUVIO TABS 25MG, 50MG, 100MG	Surcharge
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**ANTIDIABETICS, INCRETIN MIMETIC AGENTS**

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

SOLIQUA INJ 100/33	Preferred
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XULTOPHY INJ 100/3.6	Preferred
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**ANTIDIABETICS, INSULIN**

BASAGLAR KWIKPEN SOPN 100UNIT/ML	Preferred
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FIASP SOLN 100UNIT/ML	Preferred
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FIASP FLEXTOUCH SOPN 100UNIT/ML	Preferred
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FIASP PENFILL SOCT 100UNIT/ML	Preferred
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HUMALOG SOCT 100UNIT/ML; SOLN 100UNIT/ML	Preferred
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HUMALOG KWIKPEN SOPN 100UNIT/ML, 200UNIT/ML	Preferred
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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 SUSP 100UNIT/ML	Preferred
HUMULIN N KWIKPEN SUPN 100UNIT/ML	Preferred
HUMULIN R SOLN 100UNIT/ML	Preferred
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	Preferred
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	Preferred
INS ASP PROT INJ FLEXPEN	Preferred
INSULIN ASPA INJ 70/30	Preferred
INSULIN ASPART SOLN 100UNIT/ML	Preferred
INSULIN ASPART FLEXPEN SOPN 100UNIT/ML	Preferred
INSULIN ASPART PENFILL SOCT 100UNIT/ML	Preferred
INSULIN LISP INJ PROT KWP	Preferred
INSULIN LISPRO SOLN 100UNIT/ML	Preferred
INSULIN LISPRO JUNIOR KWI SOPN 100UNIT/ML	Preferred
INSULIN LISPRO KWIKPEN SOPN 100UNIT/ML	Preferred
LANTUS SOLN 100UNIT/ML	Preferred
LANTUS SOLOSTAR SOPN 100UNIT/ML	Preferred
LEVEMIR SOLN 100UNIT/ML	Preferred
LEVEMIR FLEXPEN SOPN 100UNIT/ML	Preferred
LEVEMIR FLEXTOUCH SOPN 100UNIT/ML	Preferred
LYUMJEV SOLN 100UNIT/ML	Preferred
LYUMJEV KWIKPEN SOPN 100UNIT/ML, 200UNIT/ML	Preferred
NOVOLIN INJ 70/30	Preferred
NOVOLIN INJ 70/30 FP	Preferred
NOVOLIN N SUSP 100UNIT/ML	Preferred
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	Preferred
NOVOLIN R SOLN 100UNIT/ML	Preferred
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	Preferred
NOVOLOG SOLN 100UNIT/ML	Preferred
NOVOLOG FLEXPEN SOPN 100UNIT/ML	Preferred
NOVOLOG MIX INJ 70/30	Preferred
NOVOLOG MIX INJ FLEXPEN	Preferred
NOVOLOG PENFILL SOCT 100UNIT/ML	Preferred
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	Preferred
TOUJEO SOLOSTAR SOPN 300UNIT/ML	Preferred
TRESIBA SOLN 100UNIT/ML	Preferred
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	Preferred
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>	
ACTOPLUS MET TAB 15-500MG	
ACTOPLUS MET TAB 15-850MG	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Preferred
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Preferred
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>	
DUETACT TAB 30-2MG	
DUETACT TAB 30-4MG	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Preferred
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Preferred
<b>ANTIDIABETICS, MEGLITINIDE</b>	
<i>nateglinide tabs 60mg, 120mg</i>	Preferred
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Preferred
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>	
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	Preferred
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	Preferred
INVOKAMET TAB 50-500MG	Surcharge
INVOKAMET TAB 50-1000	Surcharge
INVOKAMET TAB 150-500	Surcharge
INVOKAMET TAB 150-1000	Surcharge
INVOKAMET XR TAB 50-500MG	Surcharge
INVOKAMET XR TAB 50-1000	Surcharge
INVOKAMET XR TAB 150-500	Surcharge
INVOKAMET XR TAB 150-1000	Surcharge
SEGLUROMET TAB 2.5-500	Surcharge
SEGLUROMET TAB 2.5-1000	Surcharge
SEGLUROMET TAB 7.5-500	Surcharge
SEGLUROMET TAB 7.5-1000	Surcharge
SYNJARDY TAB	Preferred
SYNJARDY TAB 5-500MG	Preferred
SYNJARDY TAB 5-1000MG	Preferred
SYNJARDY TAB 12.5-500	Preferred
SYNJARDY XR TAB	Preferred
SYNJARDY XR TAB 5-1000MG	Preferred
SYNJARDY XR TAB 10-1000	Preferred
SYNJARDY XR TAB 25-1000	Preferred
XIGDUO XR TAB 2.5-1000	
XIGDUO XR TAB 5-500MG	
XIGDUO XR TAB 5-1000MG	
XIGDUO XR TAB 10-500MG	
XIGDUO XR TAB 10-1000	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2)</b>	
<b>INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>	

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

<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>	
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<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

<b>ANTIDIABETICS, SULFONYLUREA</b>	
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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; tb24 2.5mg, 5mg, 10mg</i>	Preferred

<b>ANTIOBESITY</b>	
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<i>liraglutide (weight management) sopn 18mg/3ml</i>	Preferred
<i>orlistat caps 120mg</i>	Preferred
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	
QSYMIA CAP 3.75-23	Preferred
QSYMIA CAP 7.5-46MG	Preferred
QSYMIA CAP 11.25-69	Preferred
QSYMIA CAP 15-92MG	Preferred
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML; TABS 1.5MG, 4MG, 9MG, 25MG	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>	
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<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	Preferred
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<b>CALCIUM REGULATORS, BISPHOSPHONATES</b>	
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ACTONEL TABS 35MG, 150MG	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	Preferred
ADELVIA TBEC 35MG	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
FOSAMAX TABS 70MG	
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	Preferred
<i>risedronate sodium 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
TERIPARATIDE SOPN 560MCG/2.24ML	Preferred
TYMLOS SOPN 3120MCG/1.56ML	Preferred
<b>CARNITINE DEFICIENCY AGENTS</b>	
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	Preferred
<b>CENTRAL PRECOCIOUS PUBERTY</b>	
FENSOLVI KIT 45MG	Preferred
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	Preferred
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 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 mesylate solr 2gm, 500mg</i>	Preferred
<i>penicillamine caps 250mg; tabs 250mg</i>	Preferred
<i>trientine hcl caps 250mg</i>	Preferred
<i>trientine hcl caps 500mg</i>	
<b>CONTRACEPTIVES</b>	
ANNOVERA MIS	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>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Preferred
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Preferred
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</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>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Preferred
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>	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Preferred
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	Preferred
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Preferred
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Preferred
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Preferred
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Preferred
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	Preferred
LO LOESTRIN TAB 1-10-10	Preferred
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 21MCG/DAY	Preferred
NATAZIA TAB	Preferred
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Preferred
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Preferred
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Preferred
<i>norethindrone (contraceptive) tabs .35mg</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Preferred
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Preferred
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Preferred
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Preferred
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Preferred
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<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Preferred
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<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Preferred
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<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Preferred
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<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Preferred
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SKYLA IUD 13.5MG	Preferred
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**DIABETIC SUPPLIES**

ACCU-CHEK AVIVA PLUS STRIPS AND KITS	Preferred
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ACCU-CHEK GUIDE STRIPS AND KITS	Preferred
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ACCU-CHEK LANCETS / LANCING DEVICES	Preferred
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ACCU-CHEK SMARTVIEW STRIPS AND KITS	Preferred
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BD ULTRAFINE INSULIN SYRINGES	Preferred
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BD ULTRAFINE NEEDLES	Preferred
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DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	Preferred
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EMBECTA ULTRAFINE INSULIN SYRINGES	Except certain NDCs; Preferred
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EMBECTA ULTRAFINE NEEDLES	Except certain NDCs; Preferred
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FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	Preferred
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OMNIPOD 5 INSULIN INFUSION PUMP	Preferred
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OMNIPOD DASH INSULIN INFUSION PUMP	Preferred
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OMNIPOD INSULIN INFUSION PUMP	Preferred
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TRUE METRIX STRIPS AND KITS	Preferred
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TRUEPLUS LANCETS	Preferred
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TWIIIST INSULIN INFUSION PUMP AND SUPPLIES	Preferred
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**ENDOMETRIOSIS**

<i>danazol caps 50mg, 100mg, 200mg</i>	
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ORILISSA TABS 150MG, 200MG	Preferred
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**FERTILITY REGULATORS**

<i>cetorelix acetate kit .25mg</i>	Preferred
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<i>clomiphene citrate tabs 50mg</i>	
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FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	Preferred
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GANIRELIX ACETATE SOSY 250MCG/0.5ML	Preferred
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MENOPUR SOLR 75UNIT	Preferred
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PREGNYL W/DILUENT BENZYL SOLR 10000UNIT	Preferred
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**GLUCOCORTICOIDS**

CORTEF TABS 5MG, 10MG, 20MG	
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	Preferred
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	Preferred
<i>fludrocortisone acetate 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 tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	Preferred
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	Preferred
<i>methylprednisolone sod succ solr 40mg, 125mg, 500mg, 1000mg</i>	Preferred
<i>prednisolone soln 15mg/5ml</i>	Preferred
<i>prednisolone tabs 5mg</i>	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	Preferred
<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 ONE PACK POWD 3MG/DOSE	Preferred
BAQSIMI TWO PACK POWD 3MG/DOSE	Preferred
<i>glucagon solr 1mg</i>	Preferred
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred
GVOKE KIT SOLN 1MG/0.2ML	Preferred
GVOKE PFS 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 FLEXPPO 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>LYSOSOMAL STORAGE DISORDERS</b>	
NEXVIAZYME SOLR 100MG	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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</i>	Preferred
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Preferred
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Preferred
<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	Preferred
ESTRING RING 2MG	Preferred
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	Preferred
IMVEXXY STARTER PACK INST 4MCG, 10MCG	Preferred
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Preferred
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	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 (hyperglycemia) tabs 300mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
OSPHENA TABS 60MG	Preferred
<i>raloxifene hcl tabs 60mg</i>	Preferred
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	Preferred
<i>tolvaptan tbpk 15mg</i>	Preferred
<i>tolvaptan (hyponatremia) tabs 15mg, 30mg</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

#### **PHOSPHATE BINDER AGENTS**

AURYXIA TABS 210MG	Preferred
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Preferred
<i>ferric citrate tabs 210mg</i>	
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	Preferred
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	Preferred
<i>sevelamer hcl tabs 400mg, 800mg</i>	

#### **POTASSIUM-REMOVING AGENTS**

LOKELMA PACK 5GM, 10GM	Preferred
VELTASSA PACK 1GM, 8.4GM, 16.8GM, 25.2GM	Preferred

#### **PROGESTINS**

CRINONE GEL 4%, 8%	Preferred
ENDOMETRIN INST 100MG	Preferred
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>megestrol acetate susp 400mg/10ml</i>	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	Preferred
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone caps 100mg, 200mg</i>	Preferred
<i>progesterone (vaginal) inst 100mg</i>	
PROVERA TABS 2.5MG, 5MG, 10MG	

#### **THYROID AGENTS**

<i>levothyroxine sodium 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 sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	Preferred
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	Preferred
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### **UREA CYCLE DISORDER**

<i>carglumic acid tbso 200mg</i>	Preferred
<i>glycerol phenylbutyrate liqd 1.1gm/ml</i>	Preferred
PHEBURANE PLLT 483MG/GM	Preferred
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	Preferred

### **UTERINE FIBROIDS**

MYFEMBREE TAB	Preferred
ORIAHNN CAP	Preferred

### **VASOPRESSINS**

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

### **VITAMIN D ANALOGS**

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

## **GASTROINTESTINAL**

### **ANTICHOLINERGICS**

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

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

### **ANTIEMETICS**

<i>aprepitant caps 40mg, 80mg, 125mg</i>	Preferred
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Preferred
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Preferred
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Preferred
<i>granisetron hcl soln 1mg/ml, 4mg/4ml; tabs 1mg</i>	Preferred
MARINOL CAPS 2.5MG, 5MG, 10MG	
<i>meclizine hcl chew 25mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
<i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	Preferred
<i>ondansetron tbdp 4mg, 8mg, 16mg</i>	Preferred
<i>ondansetron hcl soln 4mg/2ml, 4mg/5ml, 40mg/20ml; soty 4mg/2ml; tabs 4mg, 8mg, 24mg</i>	Preferred
<i>prochlorperazine supp 25mg</i>	Preferred
<i>prochlorperazine edisylate soln 10mg/2ml, 50mg/10ml</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	Preferred
<i>promethazine hcl 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 pt72 1mg/3days</i>	Preferred
<i>trimethobenzamide hcl caps 300mg</i>	Preferred
VARUBI TBPK 90MG	Preferred

### **EOSINOPHILIC ESOPHAGITIS**

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

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>cimetidine hcl soln 300mg/5ml</i>	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	Preferred
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Preferred
PEPCID TABS 20MG, 40MG	

### **INFLAMMATORY BOWEL DISEASE**

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

### **IRRITABLE BOWEL SYNDROME WITH CONSTIPATION**

LINZESS CAPS 72MCG, 145MCG, 290MCG	Preferred
<i>lubiprostone caps 8mcg, 24mcg</i>	Preferred
MOTEGRITY TABS 1MG, 2MG	Surcharge
<i>prucalopride succinate tabs 1mg, 2mg</i>	Preferred
TRULANCE TABS 3MG	Preferred

### **IRRITABLE BOWEL SYNDROME WITH DIARRHEA**

<i>alosetron hcl tabs .5mg, 1mg</i>	Preferred
VIBERZI TABS 75MG, 100MG	Preferred

### **LAXATIVES**

<i>lactulose soln 10gm/15ml</i>	Preferred
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Preferred
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Preferred
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Preferred

**MISCELLANEOUS**

<i>IQIRVO TABS 80MG</i>	Preferred
<i>misoprostol tabs 100mcg, 200mcg</i>	
<i>MOVANTIK TABS 12.5MG, 25MG</i>	Preferred
<i>sucralfate susp 1gm/10ml; tabs 1gm</i>	Preferred
<i>SYMPROIC TABS .2MG</i>	Preferred
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	

**PANCREATIC ENZYMES**

<i>CREON CAP 3000UNIT</i>	Preferred
<i>CREON CAP 6000UNIT</i>	Preferred
<i>CREON CAP 12000UNT</i>	Preferred
<i>CREON CAP 24000UNT</i>	Preferred
<i>CREON CAP 36000UNT</i>	Preferred
<i>VIOKACE TAB 10440</i>	Preferred
<i>VIOKACE TAB 20880</i>	Preferred
<i>ZENPEP CAP 3000UNIT</i>	Preferred
<i>ZENPEP CAP 5000UNIT</i>	Preferred
<i>ZENPEP CAP 10000UNT</i>	Preferred
<i>ZENPEP CAP 15000UNT</i>	Preferred
<i>ZENPEP CAP 20000UNT</i>	Preferred
<i>ZENPEP CAP 25000UNT</i>	Preferred
<i>ZENPEP CAP 40000UNT</i>	Preferred
<i>ZENPEP CAP 60000UNT</i>	Preferred

**PROTON PUMP INHIBITORS**

<i>dexlansoprazole cpdr 30mg, 60mg</i>	
<i>esomeprazole magnesium cpdr 20mg, 40mg; pack 2.5mg, 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>esomeprazole sodium solr 40mg</i>	
<i>lansoprazole cpdr 15mg, 30mg</i>	Preferred
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	Preferred
<i>pantoprazole sodium pack 40mg; tbec 20mg, 40mg</i>	Preferred
<i>pantoprazole sodium solr 40mg</i>	

**RECTAL, CORTICOSTEROIDS**

<i>hydrocortisone (rectal) crea 2.5%</i>	
<i>PROCTOFOAM AER HC 1%</i>	Preferred

**ULCER THERAPY COMBINATIONS**

<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
TALICIA CAP	Preferred
<b>GENITOURINARY</b>	
<b>BENIGN PROSTATIC HYPERPLASIA</b>	
<i>alfuzosin hcl tb24 10mg</i>	Preferred
AVODART CAPS .5MG	
CARDURA TABS 1MG, 2MG, 4MG, 8MG	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	Preferred
<i>dutasteride caps .5mg</i>	Preferred
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Preferred
<i>finasteride tabs 5mg</i>	Preferred
FLOMAX CAPS .4MG	
PROSCAR TABS 5MG	
<i>silodosin caps 4mg, 8mg</i>	Preferred
<i>tamsulosin hcl caps .4mg</i>	Preferred
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	Preferred
<b>ERECTILE DYSFUNCTION</b>	
<i>avanafil tabs 50mg, 100mg, 200mg</i>	Preferred
<i>sildenafil citrate tabs 25mg, 50mg, 100mg</i>	Preferred
<i>tadalafil tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
<b>MISCELLANEOUS</b>	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
FILSPARI TABS 200MG, 400MG	Preferred
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	
<i>tiopronin tabs 100mg; tbec 100mg, 300mg</i>	Preferred
VANRAFIA TABS .75MG	Preferred
<b>URINARY ANTISPASMODICS</b>	
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	Preferred
DETROL TABS 1MG, 2MG	
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	Preferred
GELNIQUE GEL 10%	Surcharge
GEMTESA TABS 75MG	Preferred
<i>mirabegron tb24 25mg, 50mg</i>	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	Preferred
OXYTROL PTTW 3.9MG/24HR	Surcharge
<i>solifenacin succinate tabs 5mg, 10mg</i>	Preferred
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	Preferred
<i>tropium chloride cp24 60mg; tabs 20mg</i>	Preferred
<b>VAGINAL ANTI-INFECTIVES</b>	
<i>clindamycin phosphate vaginal crea 2%</i>	
<i>metronidazole vaginal gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS</b>	
<i>dabigatran etexilate mesylate caps 75mg, 110mg, 150mg</i>	Preferred
ELIQUIS CPSP .15MG; TABS 2.5MG, 5MG; TBSO .5MG	Preferred
ELIQUIS STARTER PACK TBPK 5MG	Preferred
<i>enoxaparin sodium 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 sodium 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 sodium 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 ALBUMIN FREE 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

**Surcharge** - additional charge plus copayment

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	Preferred
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	
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	Preferred
XYNTHA SOLOFUSE 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
EPYSQLI SOLN 300MG/30ML	Preferred
<b>PLATELET AGGREGATION INHIBITORS</b>	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Preferred
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	Preferred
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>prasugrel hcl 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>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>THROMBOCYTOPENIA AGENTS</b>	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	Preferred
DOPTELET TABS 20MG	Preferred
DOPTELET SPRINKLE CPSP 10MG	Preferred
<i>eltrombopag olamine pack 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg, 75mg</i>	Preferred
<b>IMMUNOLOGIC AGENTS</b>	
<b>ALLERGENIC EXTRACTS</b>	
GRASTEK SUBL 2800BAU	Preferred
ODACTRA SUB	Preferred
ORALAIR SUB 300 IR	Preferred
RAGWITEK SUBL 12AMBA1-U	Preferred
<b>ALOPECIA AREATA</b>	
LITFULO CAPS 50MG	Preferred
OLUMIANT TABS 1MG, 2MG, 4MG	Preferred
<b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>	
AVSOLA SOLR 100MG	Preferred
ILUMYA SOSY 100MG/ML	Preferred
PYZCHIVA SOLN 130MG/26ML	Preferred
REMICADE SOLR 100MG	Preferred
SIMPONI ARIA SOLN 50MG/4ML	Preferred
SKYRIZI SOLN 600MG/10ML	Preferred
STELARA SOLN 130MG/26ML	Preferred
TREMFYA SOLN 200MG/20ML	Preferred
YESINTEK SOLN 130MG/26ML	Preferred
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS</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 SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred
ENBREL MINI SOCT 50MG/ML	Preferred
ENBREL SURECLICK SOAJ 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
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS</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 SOSY 75MG/0.5ML, 150MG/ML	Preferred
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred
COSENTYX UNOREADY SOAJ 300MG/2ML	Preferred
ENBREL SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred
ENBREL MINI SOCT 50MG/ML	Preferred
ENBREL SURECLICK SOAJ 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
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE</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 PEN SOAJ 108MG/0.68ML	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
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred
PYZCHIVA SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX; Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	Preferred
SKYRIZI PEN SOAJ 150MG/ML	Preferred
TREMFYA SOAJ 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML	Preferred
TREMFYA INDUCTION PACK FO SOAJ 200MG/2ML	Preferred
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA</b>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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 SOSY 75MG/0.5ML, 150MG/ML	Preferred
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred
COSENTYX UNOREADY SOAJ 300MG/2ML	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
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred

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

CIMZIA PSKT 200MG/ML	Preferred
CIMZIA STARTER KIT PSKT 200MG/ML	Preferred
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	Preferred
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred
RINVOQ TB24 15MG	Preferred

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS**

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
BIMZELX SOAJ 160MG/ML; SOSY 160MG/ML	Preferred
BIMZELX SOAJ 320MG/2ML; SOSY 320MG/2ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	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 SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX; Preferred
SKYRIZI SOSY 150MG/ML	Preferred
SKYRIZI PEN SOAJ 150MG/ML	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
SOTYKTU TABS 6MG	Preferred
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	Preferred
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred

### ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS***

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	Preferred
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred
COSENTYX UNOREADY SOAJ 300MG/2ML	Preferred
ENBREL SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred
ENBREL MINI SOCT 50MG/ML	Preferred
ENBREL SURECLICK SOAJ 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 SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX; Preferred
RINVOQ TB24 15MG	Preferred
RINVOQ LQ SOLN 1MG/ML	
SKYRIZI SOSY 150MG/ML	Preferred
SKYRIZI PEN SOAJ 150MG/ML	Preferred
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	Preferred
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred

### ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS***

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
ENBREL SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred
ENBREL MINI SOCT 50MG/ML	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
ENBREL SURECLICK SOAJ 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
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	Preferred
ORENCIA SOSY 125MG/ML	Preferred
ORENCIA CLICKJECT SOAJ 125MG/ML	Preferred
RINVOQ TB24 15MG	Preferred
XELJANZ TABS 5MG	Preferred
XELJANZ XR TB24 11MG	Preferred

### **AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS**

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
ENTYVIO PEN SOAJ 108MG/0.68ML	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
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred
PYZCHIVA SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX; Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	Preferred
SKYRIZI PEN SOAJ 150MG/ML	Preferred
TREMFYA SOAJ 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML	Preferred
TREMFYA INDUCTION PACK FO SOAJ 200MG/2ML	Preferred
VELSIPITY TABS 2MG	Preferred
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
ZEPOSIA CAPS .92MG	Preferred
ZEPOSIA 7DAY CAP STR PACK	Preferred
ZEPOSIA CAP STR KIT 37 DAY	Preferred

### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

*hydroxychloroquine sulfate tabs 200mg*

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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*leflunomide tabs 10mg, 20mg*

*methotrexate sodium tabs 2.5mg*

Preferred

RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML,  
12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML,  
20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML,  
30MG/0.6ML

Preferred

### **HEREDITARY ANGIOEDEMA**

*icatibant acetate sosy 30mg/3ml*

Preferred

ORLADEYO CAPS 110MG, 150MG

Preferred

RUCONEST SOLR 2100UNIT

Preferred

TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML,  
300MG/2ML

Preferred

### **IMMUNOGLOBULIN**

CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML,  
2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML

Preferred

XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML,  
10GM/50ML

Preferred

### **IMMUNOSUPPRESSANTS**

*azathioprine tabs 50mg, 75mg, 100mg*

*cyclosporine caps 25mg, 100mg*

Preferred

*cyclosporine modified (for microemulsion) caps 25mg,  
50mg, 100mg; soln 100mg/ml*

Preferred

*everolimus (immunosuppressant) tabs .25mg, .5mg,  
.75mg, 1mg*

Preferred

*mycophenolate mofetil caps 250mg; susr 200mg/ml;  
tabs 500mg*

Preferred

*mycophenolate mofetil hcl solr 500mg*

Preferred

*mycophenolate sodium tbec 180mg, 360mg*

Preferred

*sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg*

Preferred

*tacrolimus caps .5mg, 1mg, 5mg*

Preferred

## **MEDICAL DEVICES**

### **THYROID AGENTS**

*dipyridamole (diagnostic) soln 5mg/ml*

## **NUTRITIONAL/SUPPLEMENTS**

### **ELECTROLYTES**

*kcl 20 meq/l (0.15%) in nacl 0.9% inj*

*kcl 20 meq/l (0.149%) in nacl 0.45% inj*

*kcl 40 meq/l (0.298%) in nacl 0.9% inj*

*potassium chloride cpcr 8meq, 10meq; soln 2meq/ml,  
10meq/100ml, 10meq/50ml, 20meq/100ml,  
20meq/50ml, 40meq/100ml; tbcr 8meq, 10meq, 20meq*

*potassium chloride soln 10%, 20%*

Preferred

*potassium chloride microencapsulated crystals er tbc  
10meq, 15meq, 20meq*

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml; tabs .5mg, 1mg	
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**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 vitamin w/ fluoride susp 0.25 mg/ml	
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 susp 0.5 mg/ml	
pyridoxine hcl soln 100mg/ml	

**OPHTHALMIC**

**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

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

**ANTI-INFECTIVES**

bacitracin (ophthalmic) oint 500unit/gm	
bacitracin-polymyxin b ophth oint	
BESIVANCE SUSP .6%	Preferred
CILOXAN OINT .3%	Preferred
ciprofloxacin hcl (ophth) soln .3%	Preferred
erythromycin (ophth) oint 5mg/gm	Preferred
gentamicin sulfate (ophth) soln .3%	Preferred
levofloxacin (ophth) soln .5%, 1.5%	Preferred
moxifloxacin hcl (ophth) soln .5%	Preferred
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	
OCUFLOX SOLN .3%	
ofloxacin (ophth) soln .3%	Preferred
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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POLYTRIM SOL OP

*sulfacetamide sodium (ophth) soln 10%*

Preferred

*tobramycin (ophth) soln .3%*

Preferred

TOBEX OINT .3%; SOLN .3%

*trifluridine soln 1%*

Preferred

VIGAMOX SOLN .5%

XDEMVI SOLN .25%

Preferred

**ANTI-INFLAMMATORIES**

ACULAR SOLN .5%

ACULAR LS SOLN .4%

ACUVAIL SOLN .45%

Preferred

*bromfenac sodium (ophth) soln .07%, .075%*

*bromfenac sodium (ophth) soln .09%*

Preferred

*dexamethasone sodium phosphate (ophth) soln .1%*

Preferred

*diclofenac sodium (ophth) soln .1%*

Preferred

*difluprednate emul .05%*

Preferred

*fluorometholone (ophth) susp .1%*

FML FORTE SUSP .25%

Preferred

ILEVRO SUSP .3%

Preferred

*ketorolac tromethamine (ophth) soln .4%, .5%*

Preferred

*loteprednol etabonate gel .5%; susp .5%*

Preferred

MAXIDEX SUSP .1%

Preferred

NEVANAC SUSP .1%

Preferred

PRED MILD SUSP .12%

Preferred

*prednisolone acetate (ophth) susp 1%*

Preferred

PREDNISOLONE SODIUM PHOSP SOLN 1%

**ANTIALLERGICS**

*azelastine hcl (ophth) soln .05%*

Preferred

*bepotastine besilate soln 1.5%*

Preferred

*cromolyn sodium (ophth) soln 4%*

Preferred

*loteprednol etabonate susp .2%*

Preferred

*olopatadine hcl soln .2%*

Preferred

ZERVIAE SOLN .24%

Preferred

**ANTI GLAUCOMA BETA-BLOCKERS**

BETIMOL SOLN .25%, .5%

Preferred

BETOPTIC-S SUSP .25%

Preferred

*levobunolol hcl soln .5%*

*timolol soln .5%*

*timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%* Preferred

**ANTI GLAUCOMA COMBINATION AGENTS**

*brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%*

Preferred

*dorzolamide hcl-timolol maleate ophth soln 2-0.5%*

Preferred

*dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%*

Preferred

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

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
STIOLTO AER 2.5-2.5 <i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	Preferred
<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 soln .02%</i>	Preferred
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
SPIRIVA HANDIHALER CAPS 18MCG	Preferred
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	Preferred
<i>tiotropium bromide caps 18mcg</i>	
TUDORZA PRESSAIR AEPB 400MCG/ACT	Surcharge
YUPELRI NEBU 175MCG/3ML	Preferred
<b>ANTI-HISTAMINE COMBINATIONS</b>	
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Preferred
<b>ANTI-HISTAMINES</b>	
<i>azelastine hcl soln .1%, .15%</i>	Preferred
<i>clemastine fumarate tabs 2.68mg</i>	
<i>cyproheptadine hcl syr 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syr 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	
<i>olopatadine hcl (nasal) soln .6%</i>	Preferred
<b>BETA AGONISTS</b>	
<i>albuterol sulfate aers 108mcg/act; nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	Preferred
<i>albuterol sulfate syr 2mg/5ml; tabs 2mg, 4mg</i>	
<i>formoterol fumarate nebu 20mcg/2ml</i>	Preferred
<i>levalbuterol tartrate aero 45mcg/act</i>	Preferred
SEREVENT DISKUS 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>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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 nebu 300mg/4ml, 300mg/5ml</i>	Preferred
<b>LEUKOTRIENE MODIFIERS</b>	
<i>zileuton tb12 600mg</i>	Preferred
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>	
<i>montelukast sodium 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 (nasal) soln .025%</i>	Preferred
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Preferred
<i>mometasone furoate (nasal) 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 SOSY 10MG/0.5ML	
FASENRA SOSY 30MG/ML	Preferred
FASENRA PEN SOAJ 30MG/ML	Preferred
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Except lyophilized powder; Preferred
TEZSPIRE SOSY 210MG/1.91ML	Preferred

DRUG NAME	FORMULARY STATUS
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XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; Preferred	
SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	

### STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	Preferred
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	Preferred
<i>fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act</i>	
<i>fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	Preferred
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	Preferred

### STEROID/BETA-AGONIST COMBINATIONS

AIRSUPRA AER 90-80MCG	Preferred
BREO ELLIPTA INH 50-25MCG	Preferred
BREO ELLIPTA INH 100-25	Preferred
BREO ELLIPTA INH 200-25	Preferred
<i>Breyna</i>	Preferred
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Preferred
<i>budesonide-formoterol fumarate dihyd aerosol 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

<i>theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	
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<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<b>TOPICAL</b>	
<b>DERMATOLOGY, ACNE</b>	
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>benzoyl peroxide-erythromycin gel 5-3%</i>	Preferred
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Preferred
<i>clindamycin phosphate (topical) gel 1%; soln 1%</i>	Preferred
<i>clindamycin phosphate (topical) lotn 1%</i>	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Preferred
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Preferred
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	
<i>dapsone (topical) gel 5%, 7.5%</i>	
EPIDUO FORTE GEL 0.3-2.5%	Preferred
EPIDUO GEL 0.1-2.5%	Preferred
<i>erythromycin (acne aid) gel 2%</i>	
<i>erythromycin (acne aid) soln 2%</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%, .05%</i>	Preferred
<i>tretinoin microsphere gel .04%, .1%</i>	Preferred
WINLEVI CREA 1%	Preferred
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>	
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	Preferred
<i>imiquimod crea 3.75%, 5%</i>	Preferred
<b>DERMATOLOGY, ANTIBIOTICS</b>	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Preferred
<i>mupirocin oint 2%</i>	Preferred
<i>silver sulfadiazine crea 1%</i>	
<b>DERMATOLOGY, ANTIFUNGALS</b>	
<i>ciclopirox gel .77%; sham 1%; soln 8%</i>	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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<i>ciclopirox olamine crea .77%; susp .77%</i>	Preferred
<i>clotrimazole (topical) crea 1%; soln 1%</i>	Preferred
<i>econazole nitrate crea 1%</i>	Preferred
<i>ketoconazole (topical) crea 2%; foam 2%</i>	Preferred
<i>luliconazole crea 1%</i>	Preferred
<i>naftifine hcl crea 1%, 2%; gel 2%</i>	Preferred
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	Preferred

### **DERMATOLOGY, ANTIPSORIATICS**

<i>acitretin caps 10mg, 17.5mg, 25mg</i>	Preferred
<i>calcipotriene crea .005%; oint .005%; soln .005%</i>	Preferred
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Preferred
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Preferred
ENSTILAR AER	Preferred
<i>methoxsalen rapid caps 10mg</i>	Preferred
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .3%; FOAM .3%	Preferred

### **DERMATOLOGY, ANTISEBORRHEICS**

<i>ketoconazole (topical) sham 2%</i>	Preferred
<i>selenium sulfide lotn 2.5%</i>	Preferred
ZORYVE FOAM .3%	Preferred

### **DERMATOLOGY, ATOPIC DERMATITIS**

CIBINQO TABS 50MG, 100MG, 200MG	Preferred
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
EBGLYSS SOAJ 250MG/2ML; SOSY 250MG/2ML	Preferred
EUCRISA OINT 2%	Preferred
NEMLUVIO AUIJ 30MG	Preferred
OPZELURA CREA 1.5%	Preferred
<i>pimecrolimus crea 1%</i>	Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
<i>tacrolimus (topical) oint .03%, .1%</i>	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .05%, .15%	Preferred

### **DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA**

DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
<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 propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%</i>	Preferred
<i>clobetasol propionate soln .05%</i>	
<i>clobetasol propionate emollient base crea .05%</i>	Preferred
<i>clobetasol propionate emulsion foam .05%</i>	Preferred
<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>fluocinonide emulsified base crea .05%</i>	Preferred
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	
<i>halobetasol propionate crea .05%; oint .05%</i>	Preferred
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 1%</i>	Preferred
<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i>	Preferred
<i>hydrocortisone butyrate hydrophilic lipo base crea .1%</i>	Preferred
<i>hydrocortisone valerate crea .2%; oint .2%</i>	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	Preferred
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	Preferred
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>	
<i>lidocaine ptch 5%</i>	Preferred
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Preferred
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
<i>podofilox gel .5%; soln .5%</i>	
<b>DERMATOLOGY, PRURIGO NODULARIS</b>	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
NEMLUVIO AUIJ 30MG	Preferred

<b>DRUG NAME</b>	<b>FORMULARY STATUS</b>
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**DERMATOLOGY, ROSACEA**

<i>azelaic acid gel 15%</i>	Preferred
<i>brimonidine tartrate (topical) gel .33%</i>	Preferred
<i>doxycycline (rosacea) cpdr 40mg</i>	Preferred
FINACEA FOAM 15%	Preferred
<i>ivermectin (rosacea) crea 1%</i>	Preferred
METROCREAM CREA .75%	
METROGEL GEL 1%	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	Preferred

**DERMATOLOGY, SCABICIDES AND PEDICULICIDES**

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

**MOUTH/THROAT/DENTAL AGENTS**

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

**OTIC**

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

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WAKIX.....	47	<i>zafirlukast</i> .....	76
<i>warfarin sodium</i> .....	64	<i>zaleplon</i> .....	45
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WELLBUTRIN SR.....	39	ZARONTIN.....	43
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