# 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 October 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.

## NONDISCRIMINATION STATEMENT

Discrimination is Against the Law

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

The UMWA Health and Retirement Funds:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

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

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

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

Complaint forms are available at hhs.gov/ocr/complaints/index.html.

## Language Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## PREFACE

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

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

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

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

## GENERIC SUBSTITUTION

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

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

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

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

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

## FUNDS SUPPLEMENTAL FORMULARY PREFERRED PRODUCT PROGRAM

Effective 10/01/2026

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:

| DRUG CLASS | PREFERRED | NON-PREFERRED (Extra Charge) |
|---|---|---|
| Anticoagulants | *dabigatran*<br>ELIQUIS<br>XARELTO | PRADAXA<br>SAVAYSA |
| Antidiabetics, DPP-4 Inhibitors | *alogliptin*<br>*saxagliptin*<br>*sitagliptin*<br>JANUVIA | BRYNOVIN<br>ONGLYZA<br>TRADJENTA<br>ZITUVIO |
| Antidiabetics, DPP-4 Inhibitor Combinations | *alogliptin-metformin*<br>*alogliptin-pioglitazone*<br>*saxagliptin/metformin ext-rel*<br>*sitagliptin-metformin*<br>*sitagliptin-metformin* ext-rel<br>JANUMET<br>JANUMET XR<br>TRIJARDY XR | JENTADUETO<br>JENTADUETO XR<br>KOMBIGLYZE XR<br>ZITUVIMET<br>ZITUVIMET XR |
| Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents) | *liraglutide*<br>MOUNJARO<br>OZEMPIC<br>RYBELSUS<br>TRULICITY | ADLYXIN<br>BYDUREON BCISE<br>BYETTA<br>VICTOZA |

| DRUG CLASS | PREFERRED | NON-PREFERRED (Extra Charge) |
|---|---|---|
| Antidiabetics, SGLT-2 Inhibitors | *dapagliflozin*<br>JARDIANCE | INVOKANA<br>STEGLATRO |
| Antidiabetics, SGLT-2 Inhibitor Combinations | *dapagliflozin-metformin*<br>SYNJARDY<br>SYNJARDY XR | INVOKAMET<br>INVOKAMET XR<br>SEGLUROMET |
| Antidiabetics, SGLT-2 Inhibitor / DPP-4 Inhibitor Combinations | GLYXAMBI | STEGLUJAN |
| Dry Eye Disease | *cyclosporine*<br>MIEBO<br>RESTASIS<br>XIIDRA | LACRISERT |
| Hypnotics<br>(Sleep Aids) | *doxepin 3mg, 6 mg*<br>*eszopiclone*<br>*ramelteon*<br>*zaleplon*<br>*zolpidem*<br>*zolpidem ext-rel*<br>BELSOMRA<br>DAYVIGO<br>QUVIVIQ | EDLUAR |
| Irritable Bowel Syndrome with Constipation | *lubiprostone*<br>*prucalopride*<br>LINZESS<br>TRULANCE | MOTEGRITY |
| Respiratory, Long-Acting Anticholinergic Inhalers [1] | INCRUSE ELIPTA<br>SPIRIVA HANDIHALER<br>SPIRIVA RESPIMAT | TUDORZA PRESSAIR |
| Respiratory, Long-Acting Anticholinergic/Beta Agonist Combination Inhalers [1] | ANORO ELLIPTA<br>STIOLTO RESPIMAT | BEVESPI AEROSPHERE |

| DRUG CLASS | PREFERRED | NON-PREFERRED (Extra Charge) |
|---|---|---|
| Urinary Antispasmodics (Overactive Bladder) | *darifenacin ext-rel*<br>*fesoterodine ext-rel*<br>*oxybutynin*<br>*oxybutynin ext-rel*<br>*solifenacin*<br>*tolterodine*<br>*tolterodine ext-rel*<br>*trospium*<br>*trospium ext-rel*<br>GEMTESA<br>MYRBETRIQ | GELNIQUE<br>OXYTROL |

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

## PRIOR AUTHORIZATION (PA)

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

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

| DRUG CLASS | PRODUCTS REQUIRING PA<br>• *Includes brands and generics, where available*<br>• *Some products may also be subject to quantity limits* |
|---|---|
| Acne | • Adapalene Products (Differin – *PA required only in adults age 36 and older*, Epiduo, Epiduo Forte)<br>• 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*<br>• Tazarotene Products (Tazorac, Fabior, Arazlo)<br>• Trifarotene (Aklief)<br>• Clascoterone (Winlevi) |

| DRUG CLASS | PRODUCTS REQUIRING PA<br>• *Includes brands and generics, where available*<br>• *Some products may also be subject to quantity limits* |
|---|---|
| Atopic Dermatitis | • Anzupgo<br>• Eucrisa<br>• Opzelura<br>• Vtama<br>• Zoryve |
| Select Antibiotics and Antifungal Agents | • Select oral and injectable Antibiotics and antifungal agents (Daptomycin, Gentamycin, Streptomycin, Vancomycin)<br>• Voriconazole (Vfend) |
| Anti-obesity Agents (Weight Loss) | • Benzphetamine, Diethylpropion, Liraglutide (Saxenda), Orlistat (Xenical), Phentermine, Phentermine and Topiramate extended-release (Qsymia), Phendimetrazine, Contrave, Foundayo, Wegovy, Zepbound |
| Chronic Spontaneous Urticaria | • Rhapsido |
| Compound Medications* | • Select medications<br>*A compound medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available. |
| Contraceptives | • Non-contraceptive medical necessity only<br>(Grandfathered plans not subject to the Affordable Care Act only) |
| Diabetes – Disposable Insulin Pump Devices | • OmniPod<br>• V-Go |
| Hyperinflation Management | • Select drugs that are exponentially more expensive than readily available lower-cost alternatives and whose price is not supported by evidence of greater clinical efficacy. For more information, go to UMWAfunds.org/prescription-drug-plan-benefits |
| Hypoactive Sexual Desire Disorder | • Addyi |

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

## SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS

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

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

## ADVANCED CONTROL SPECIALTY FORMULARY®

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

## QUANTITY LIMITS

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

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

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

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

| QUANTITY LIMIT CLASSES | DRUG NAME EXAMPLES<br>*Includes brands and generics, where available* | PA AVAILABLE<br>*To Exceed Initial Quantity Limit* |
|---|---|---|
| Select Antibacterial and Antifungal Agents | Topical agents (ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, oxiconazole, Nystatin, mupirocin, clindamycin, gentamycin)<br>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 to check coverage and copay† information for a specific medicine. For more information, contact a CVS Caremark Customer Care Representative at **1-800-294-4741**.

## LEGEND

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

## NOTICE



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

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

## FUNDS' WEBSITE

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

**Frequently Used Telephone Numbers:**

CVS Caremark Customer Care
Phone: 1-800-249-4741

CVS Caremark Prior Authorization
Phone: 1-800-294-5979
Fax: 1-888-836-0730

CVS Specialty
Phone: 1-800-237-2767
Fax: 1-866-295-2778

The Funds Call Center (Beckley, WV)
Phone: 1-800-291-1425

| DRUG NAME | FORMULARY STATUS |
|---|---|
| **ANALGESICS** | |
| ***COX-2 INHIBITORS*** | |
| *celecoxib caps 50mg, 100mg, 200mg, 400mg* | Preferred |
| ***GOUT*** | |
| *allopurinol tabs 100mg, 300mg* | Preferred |
| *allopurinol tabs 200mg* | |
| *allopurinol sodium solr 500mg* | Preferred |
| *colchicine caps .6mg; tabs .6mg* | Preferred |
| *probenecid tabs 500mg* | Preferred |
| ***MISCELLANEOUS*** | |
| *clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml* | |
| ***NSAIDS*** | |
| *diclofenac sodium tb24 100mg* | |
| *diclofenac sodium tbec 25mg, 50mg, 75mg* | Preferred |
| *diclofenac sodium (topical) gel 1%; soln 1.5%, 2%* | Preferred |
| *etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg* | |
| *ibuprofen susp 100mg/5ml; tabs 300mg, 400mg, 600mg, 800mg* | Preferred |
| *ibuprofen lysine soln 10mg/ml* | Preferred |
| *meloxicam caps 5mg, 10mg; susp 7.5mg/5ml; tabs 7.5mg, 15mg* | Preferred |
| *nabumetone tabs 500mg, 750mg* | |
| *naproxen susp 125mg/5ml; tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg* | Preferred |
| *naproxen sodium tabs 275mg, 550mg; tb24 375mg, 500mg, 750mg* | Preferred |
| *oxaprozin tabs 600mg* | |
| *sulindac tabs 150mg, 200mg* | |
| ***NSAIDS, COMBINATIONS*** | |
| *diclofenac w/ misoprostol tab delayed release 50-0.2 mg* | Preferred |
| *diclofenac w/ misoprostol tab delayed release 75-0.2 mg* | Preferred |
| *ibuprofen-famotidine tab 800-26.6 mg* | Preferred |
| ***OPIOID ANALGESICS*** | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | Preferred |
| *acetaminophen w/ codeine tab 300-15 mg* | Preferred |
| *acetaminophen w/ codeine tab 300-30 mg* | Preferred |
| *acetaminophen w/ codeine tab 300-60 mg* | Preferred |
| *fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg* | Preferred |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | Preferred |
| *hydrocodone-acetaminophen soln 10-300 mg/15ml* | Preferred |
| *hydrocodone-acetaminophen soln 10-325 mg/15ml* | Preferred |
| *hydrocodone-acetaminophen tab 2.5-325 mg* | Preferred |
| *hydrocodone-acetaminophen tab 5-300 mg* | Preferred |
| *hydrocodone-acetaminophen tab 5-325 mg* | Preferred |
| *hydrocodone-acetaminophen tab 7.5-300 mg* | Preferred |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | Preferred |
| *hydrocodone-acetaminophen tab 10-300 mg* | Preferred |
| *hydrocodone-acetaminophen tab 10-325 mg* | Preferred |
| *hydromorphone hcl liqd 1mg/ml; soln .2mg/ml, 10mg/ml; tabs 2mg, 4mg, 8mg; tb24 8mg, 12mg, 16mg, 32mg* | Preferred |
| *methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg* | Preferred |
| *morphine sulfate cp24 10mg, 20mg, 30mg, 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; tbcr 15mg, 30mg, 60mg, 100mg, 200mg* | Preferred |
| *morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg* | Preferred |
| *oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 20mg, 30mg* | Preferred |
| *oxycodone w/ acetaminophen soln 5-325 mg/5ml* | Preferred |
| *oxycodone w/ acetaminophen tab 5-325 mg* | Preferred |
| *tapentadol hcl tabs 50mg, 75mg, 100mg* | Preferred |
| *tramadol hcl cp24 100mg, 200mg, 300mg; soln 5mg/ml; tabs 50mg, 75mg, 100mg; tb24 100mg, 200mg, 300mg* | Preferred |
| *tramadol hcl tabs 25mg* | |
| XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG | Preferred |
| ***OPIOID PARTIAL AGONISTS*** | |
| BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG | Preferred |
| *buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr* | Preferred |
| ***SALICYLATES*** | |
| *diflunisal tabs 500mg* | |
| ***VISCOSUPPLEMENTS*** | |
| DUROLANE PRSY 60MG/3ML | Preferred |
| EUFLEXXA SOSY 20MG/2ML | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| GELSYN-3 SOSY 16.8MG/2ML | Preferred |
| ORTHOVISC SOSY 30MG/2ML | Preferred |
| **ANESTHETICS** | |
| ***LOCAL ANESTHETICS*** | |
| *chloroprocaine hcl soln 2%, 3%* | |
| *tetracaine hcl soln 1%* | |
| **ANTI-INFECTIVES** | |
| ***ANTHELMINTICS*** | |
| EMVERM CHEW 100MG | Preferred |
| *ivermectin tabs 3mg, 6mg* | Preferred |
| STROMECTOL TABS 3MG | |
| ***ANTI-BACTERIALS - MISCELLANEOUS*** | |
| *sulfadiazine tabs 500mg* | |
| *tinidazole tabs 250mg, 500mg* | |
| ***ANTIFUNGALS*** | |
| DIFLUCAN SUSR 40MG/ML; TABS 100MG, 150MG, 200MG | |
| *fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg* | Preferred |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | |
| *griseofulvin ultramicrosize tabs 125mg, 250mg* | |
| *itraconazole caps 100mg; soln 10mg/ml* | Preferred |
| *nystatin tabs 500000unit* | |
| *terbinafine hcl tabs 250mg* | Preferred |
| *voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg* | |
| ***ANTIMALARIALS*** | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | |
| *atovaquone-proguanil hcl tab 250-100 mg* | |
| *chloroquine phosphate tabs 250mg, 500mg* | |
| *hydroxychloroquine sulfate tabs 100mg, 300mg, 400mg* | |
| *mefloquine hcl tabs 250mg* | |
| ***ANTIRETROVIRAL AGENTS*** | |
| *abacavir sulfate soln 20mg/ml; tabs 300mg* | Preferred |
| APRETUDE SUER 600MG/3ML | Preferred |
| *atazanavir sulfate caps 150mg, 200mg, 300mg* | Preferred |
| *darunavir tabs 600mg, 800mg* | Preferred |
| *efavirenz tabs 600mg* | Preferred |
| *emtricitabine caps 200mg* | Preferred |
| *etravirine tabs 100mg, 200mg* | Preferred |
| *fosamprenavir calcium tabs 700mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG | Preferred |
| ISENTRESS HD TABS 600MG | Preferred |
| *lamivudine soln 10mg/ml; tabs 150mg, 300mg* | Preferred |
| *maraviroc tabs 150mg, 300mg* | Preferred |
| *nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg* | Preferred |
| *rilpivirine hcl tabs 25mg* | Preferred |
| *ritonavir tabs 100mg* | Preferred |
| *tenofovir disoproxil fumarate tabs 300mg* | Preferred |
| TIVICAY TABS 50MG | Preferred |
| TIVICAY PD TBSO 5MG | Preferred |
| YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG | Preferred |
| *zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg* | Preferred |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | Preferred |
| BIKTARVY TAB | Preferred |
| CABENUVA SUS 400-600 | Preferred |
| CABENUVA SUS 600-900 | Preferred |
| CIMDUO TAB 300-300 | Preferred |
| DESCOVY TAB 120-15MG | Preferred |
| DESCOVY TAB 200/25MG | Preferred |
| DOVATO TAB 50-300MG | Preferred |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | Preferred |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | Preferred |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | Preferred |
| *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* | Preferred |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | Preferred |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | Preferred |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | Preferred |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | Preferred |
| GENVOYA TAB | Preferred |
| *lamivudine-zidovudine tab 150-300 mg* | Preferred |
| *lopinavir-ritonavir tab 100-25 mg* | Preferred |
| *lopinavir-ritonavir tab 200-50 mg* | Preferred |
| ODEFSEY TAB | Preferred |
| SYMTUZA TAB | Preferred |
| TRIUMEQ PD TAB | Preferred |
| TRIUMEQ TAB | Preferred |
| ***ANTITUBERCULAR AGENTS*** | |
| *cycloserine caps 250mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *ethambutol hcl tabs 100mg, 400mg* | |
| *isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg* | |
| *pyrazinamide tabs 500mg* | |
| *rifampin caps 150mg, 300mg; solr 600mg* | |
| ***ANTIVIRALS*** | |
| *acyclovir caps 200mg; tabs 400mg, 800mg* | Preferred |
| *famciclovir tabs 125mg, 250mg, 500mg* | |
| *oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml* | Preferred |
| PAXLOVID PAK | Preferred |
| PAXLOVID TAB 150-100 | Preferred |
| PAXLOVID TAB 300-100 | Preferred |
| RELENZA DISKHALER AEPB 5MG/BLISTER | Preferred |
| *ribavirin solr 6gm* | |
| *valacyclovir hcl tabs 1gm, 500mg* | Preferred |
| *valganciclovir hcl solr 50mg/ml; tabs 450mg* | Preferred |
| ***CEPHALOSPORINS*** | |
| *cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm* | |
| *cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml* | Preferred |
| *cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml; tabs 400mg* | |
| *cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | Preferred |
| *cefuroxime axetil tabs 250mg, 500mg* | Preferred |
| *cefuroxime sodium solr 1.5gm, 750mg* | |
| *cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | Preferred |
| ***ERYTHROMYCINS/MACROLIDES*** | |
| *azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg* | Preferred |
| *clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg* | Preferred |
| *erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg* | Preferred |
| *erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg* | Preferred |
| *fidaxomicin tabs 200mg* | Preferred |
| ***FLUOROQUINOLONES*** | |
| CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG | |
| *ciprofloxacin 200 mg/100ml in d5w* | Preferred |
| *ciprofloxacin 400 mg/200ml in d5w* | Preferred |
| *ciprofloxacin hcl tabs 250mg, 500mg, 750mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg* | Preferred |
| *levofloxacin in d5w iv soln 250 mg/50ml* | Preferred |
| *levofloxacin in d5w iv soln 500 mg/100ml* | Preferred |
| *levofloxacin in d5w iv soln 750 mg/150ml* | Preferred |
| *moxifloxacin hcl tabs 400mg* | Preferred |
| *moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj* | Preferred |
| ***HEPATITIS B*** | |
| *adefovir dipivoxil tabs 10mg* | |
| *entecavir tabs .5mg, 1mg* | Preferred |
| *lamivudine (hbv) tabs 100mg* | Preferred |
| *tenofovir disoproxil fumarate tabs 300mg* | Preferred |
| ***HEPATITIS C*** | |
| EPCLUSA PAK 150-37.5 | Genotypes 1, 2, 3, 4, 5, 6; Preferred |
| EPCLUSA PAK 200-50MG | Genotypes 1, 2, 3, 4, 5, 6; Preferred |
| EPCLUSA TAB 200-50MG | Genotypes 1, 2, 3, 4, 5, 6; Preferred |
| EPCLUSA TAB 400-100 | Genotypes 1, 2, 3, 4, 5, 6; Preferred |
| HARVONI PAK | Genotypes 1, 4, 5, 6; Preferred |
| HARVONI PAK 45-200MG | Genotypes 1, 4, 5, 6; Preferred |
| HARVONI TAB 45-200MG | Genotypes 1, 4, 5, 6; Preferred |
| HARVONI TAB 90-400MG | Genotypes 1, 4, 5, 6; Preferred |
| *ribavirin (hepatitis c) caps 200mg; tabs 200mg* | Preferred |
| VOSEVI TAB | For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3); Preferred |
| ***MISCELLANEOUS*** | |
| *chloramphenicol sodium succinate solr 1gm* | |
| *clindamycin hcl caps 75mg, 150mg, 300mg* | Preferred |
| *clindamycin palmitate hydrochloride solr 75mg/5ml* | Preferred |
| *clindamycin phosphate soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml* | Preferred |
| *clindamycin phosphate in d5w iv soln 300 mg/50ml* | Preferred |
| *clindamycin phosphate in d5w iv soln 600 mg/50ml* | Preferred |
| *clindamycin phosphate in d5w iv soln 900 mg/50ml* | Preferred |
| *dapsone tabs 25mg, 100mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg* | Preferred |
| *metronidazole caps 375mg; soln 500mg/100ml; tabs 125mg, 250mg, 500mg* | Preferred |
| *nitrofurantoin susp 25mg/5ml* | Preferred |
| *nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg* | Preferred |
| *nitrofurantoin monohyd macro caps 100mg* | Preferred |
| *pyrimethamine tabs 25mg* | Preferred |
| *sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml* | Preferred |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | Preferred |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | Preferred |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | Preferred |
| *trimethoprim tabs 100mg* | |
| *vancomycin hcl caps 125mg, 250mg* | Preferred |
| XIFAXAN TABS 550MG | Preferred |
| ***PENICILLINS*** | |
| *amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg* | Preferred |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | Preferred |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | Preferred |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | Preferred |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | Preferred |
| *amoxicillin & k clavulanate tab 250-125 mg* | Preferred |
| *amoxicillin & k clavulanate tab 500-125 mg* | Preferred |
| *amoxicillin & k clavulanate tab 875-125 mg* | Preferred |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | |
| *ampicillin caps 500mg* | |
| *ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg* | |
| AUGMENTIN SUS 125/5ML | |
| AUGMENTIN SUS ES-600 | |
| *dicloxacillin sodium caps 250mg, 500mg* | Preferred |
| *penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | Preferred |
| ***TETRACYCLINES*** | |
| *doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg* | |
| *doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 50mg, 75mg, 100mg, 150mg* | Preferred |
| *minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg* | Preferred |
| *tetracycline hcl caps 250mg, 500mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| **ANTINEOPLASTIC AGENTS** | |
| ***ALKYLATING AGENTS*** | |
| *bendamustine hcl solr 25mg, 100mg* | |
| *cyclophosphamide caps 25mg, 50mg* | |
| *melphalan hcl solr 50mg* | |
| *temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg* | Preferred |
| ***ANTIBIOTICS*** | |
| *mitoxantrone hcl conc 20mg/10ml, 25mg/12.5ml, 30mg/15ml* | |
| *valrubicin soln 40mg/ml* | |
| ***ANTIMETABOLITES*** | |
| *azacitidine susr 100mg* | |
| *capecitabine tabs 150mg, 500mg* | Preferred |
| *decitabine solr 50mg* | |
| LONSURF TAB 15-6.14 | Preferred |
| LONSURF TAB 20-8.19 | Preferred |
| *mercaptopurine tabs 50mg* | |
| *methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm* | |
| *pemetrexed disodium solr 100mg, 500mg, 750mg, 1000mg* | Preferred |
| ***BIOLOGIC RESPONSE MODIFIERS*** | |
| ERIVEDGE CAPS 150MG | Preferred |
| *lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg* | Preferred |
| THALOMID CAPS 50MG, 100MG | Preferred |
| ***BIOSIMILARS*** | |
| KANJINTI SOLR 150MG, 420MG | Preferred |
| RUXIENCE SOLN 100MG/10ML, 500MG/50ML | Preferred |
| TRAZIMERA SOLR 150MG, 420MG | Preferred |
| ZIRABEV SOLN 100MG/4ML, 400MG/16ML | Preferred |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | |
| *abiraterone acetate tabs 250mg, 500mg* | Preferred |
| *anastrozole tabs 1mg* | |
| *bicalutamide tabs 50mg* | Preferred |
| CASODEX TABS 50MG | |
| ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG | Preferred |
| ERLEADA TABS 60MG, 240MG | Preferred |
| *exemestane tabs 25mg* | |
| *letrozole tabs 2.5mg* | |
| *leuprolide acetate kit 1mg/0.2ml* | Preferred |
| *megestrol acetate tabs 20mg, 40mg* | |
| NUBEQA TABS 300MG | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *tamoxifen citrate tabs 10mg, 20mg* | |
| XTANDI CAPS 40MG; TABS 40MG, 80MG | Preferred |
| YONSA TABS 125MG | Preferred |
| ***KINASE INHIBITORS*** | |
| ALECENSA CAPS 150MG | Preferred |
| ALUNBRIG TABS 30MG, 90MG, 180MG | Preferred |
| ALUNBRIG PAK | Preferred |
| AUGTYRO CAPS 40MG, 160MG | Preferred |
| BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG | Preferred |
| BRAFTOVI CAPS 75MG | Preferred |
| BRUKINSA CAPS 80MG; TABS 160MG | Preferred |
| CABOMETYX TABS 20MG, 40MG, 60MG | Preferred |
| CALQUENCE TABS 100MG | Preferred |
| *dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg* | Preferred |
| *erlotinib hcl tabs 25mg, 100mg, 150mg* | Preferred |
| *everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg* | Preferred |
| GAVRETO CAPS 100MG | Preferred |
| *gefitinib tabs 250mg* | Preferred |
| GOMEKLI CAPS 1MG, 2MG; TBSO 1MG | Preferred |
| IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG | Preferred |
| IBTROZI CAPS 200MG | Preferred |
| *imatinib mesylate tabs 100mg, 400mg* | Preferred |
| INLYTA TABS 1MG, 5MG | Preferred |
| JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG | Preferred |
| JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG | Preferred |
| KISQALI TBPK 200MG | Preferred |
| KISQALI 200 PAK FEMARA | Preferred |
| KISQALI 400 PAK FEMARA | Preferred |
| KISQALI 600 PAK FEMARA | Preferred |
| KOSELUGO CAPS 10MG, 25MG; CPSP 5MG, 7.5MG | Preferred |
| *lapatinib ditosylate tabs 250mg* | 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 |
| 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 |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *nilotinib hcl caps 50mg, 150mg, 200mg* | Preferred |
| *pazopanib hcl tabs 200mg, 400mg* | 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; PACK 50MG | Preferred |
| RYDAPT CAPS 25MG | Preferred |
| SCEMBLIX TABS 20MG, 40MG, 100MG | Preferred |
| *sorafenib tosylate tabs 200mg* | Preferred |
| STIVARGA TABS 40MG | Preferred |
| *sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg* | Preferred |
| TAFINLAR CAPS 50MG, 75MG; TBSO 10MG | Preferred |
| TAGRISSO TABS 40MG, 80MG | Preferred |
| *temsirolimus soln 25mg/ml* | |
| TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG | Preferred |
| TURALIO CAPS 125MG | Preferred |
| VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML | Preferred |
| XOSPATA TABS 40MG | Preferred |
| ZYKADIA TABS 150MG | Preferred |
| ***MISCELLANEOUS*** | |
| *bexarotene caps 75mg* | Preferred |
| *hydroxyurea caps 500mg* | |
| KRAZATI TABS 200MG | Preferred |
| LUMAKRAS TABS 120MG, 240MG, 320MG | Preferred |
| LYNPARZA TABS 100MG, 150MG | Preferred |
| ODOMZO CAPS 200MG | Preferred |
| *tretinoin (chemotherapy) caps 10mg* | |
| VISTOGARD PACK 10GM | Preferred |
| ZEJULA TABS 100MG, 200MG, 300MG | Preferred |
| ***MITOTIC INHIBITORS*** | |
| *paclitaxel conc 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml* | |
| *paclitaxel protein-bound particles for iv susp 100 mg* | |
| ***MONOCLONAL ANTIBODIES*** | |
| PHESGO SOL | Preferred |
| ***POLYCYTHEMIA VERA*** | |
| BESREMI SOSY 500MCG/ML | Preferred |
| JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG | Preferred |
| JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG | Preferred |
| ***PROTEASOME INHIBITORS*** | |
| *bortezomib solr 3.5mg* | Preferred |
| NINLARO CAPS 2.3MG, 3MG, 4MG | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ***PROTECTIVE AGENTS*** | |
| *levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; solr 50mg* | |
| ***TOPOISOMERASE INHIBITORS*** | |
| *etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml* | |
| *topotecan hcl soln 4mg/4ml; solr 4mg* | |
| **CARDIOVASCULAR** | |
| ***ACE INHIBITOR COMBINATIONS*** | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | |
| *benazepril & hydrochlorothiazide tab 5-6.25 mg* | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | Preferred |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | Preferred |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | Preferred |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | Preferred |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | Preferred |
| LOTENSIN HCT TAB 10-12.5 | |
| LOTENSIN HCT TAB 20-12.5 | |
| LOTENSIN HCT TAB 20-25MG | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | Preferred |
| *quinapril-hydrochlorothiazide tab 20-12.5 mg* | Preferred |
| *quinapril-hydrochlorothiazide tab 20-25 mg* | Preferred |
| *trandolapril-verapamil hcl tab er 1-240 mg* | |
| *trandolapril-verapamil hcl tab er 2-180 mg* | |
| *trandolapril-verapamil hcl tab er 2-240 mg* | |
| *trandolapril-verapamil hcl tab er 4-240 mg* | |
| VASERETIC TAB 10-25MG | |
| ***ACE INHIBITORS*** | |
| *benazepril hcl tabs 5mg, 10mg, 20mg, 40mg* | |
| *captopril tabs 12.5mg, 25mg, 50mg, 100mg* | |
| *enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg* | Preferred |
| *enalaprilat soln 1.25mg/ml* | |
| *fosinopril sodium tabs 10mg, 20mg, 40mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg* | Preferred |
| LOTENSIN TABS 10MG, 20MG, 40MG | |
| *perindopril erbumine tabs 2mg, 4mg, 8mg* | |
| *quinapril hcl tabs 5mg, 10mg, 20mg, 40mg* | Preferred |
| *ramipril caps 1.25mg, 2.5mg, 5mg, 10mg* | Preferred |
| *trandolapril tabs 1mg, 2mg, 4mg* | |
| ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | |
| *eplerenone tabs 25mg, 50mg* | |
| KERENDIA TABS 10MG, 20MG, 40MG | Preferred |
| *spironolactone tabs 25mg, 50mg, 100mg* | Preferred |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | Preferred |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* | Preferred |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* | Preferred |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* | Preferred |
| *amlodipine besylate-valsartan tab 5-160 mg* | Preferred |
| *amlodipine besylate-valsartan tab 5-320 mg* | Preferred |
| *amlodipine besylate-valsartan tab 10-160 mg* | Preferred |
| *amlodipine besylate-valsartan tab 10-320 mg* | Preferred |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg* | Preferred |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg* | Preferred |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg* | Preferred |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg* | Preferred |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg* | Preferred |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | Preferred |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | Preferred |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | Preferred |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | Preferred |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | Preferred |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | Preferred |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | Preferred |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | Preferred |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | Preferred |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | Preferred |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | Preferred |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | Preferred |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | Preferred |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | Preferred |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | Preferred |
| *telmisartan-amlodipine tab 40-5 mg* | Preferred |
| *telmisartan-amlodipine tab 40-10 mg* | Preferred |
| *telmisartan-amlodipine tab 80-5 mg* | Preferred |
| *telmisartan-amlodipine tab 80-10 mg* | Preferred |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* | Preferred |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* | Preferred |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* | Preferred |
| TRIBENZOR TAB | |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | Preferred |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | Preferred |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | Preferred |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | Preferred |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | Preferred |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | |
| *candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg* | Preferred |
| *irbesartan tabs 75mg, 150mg, 300mg* | Preferred |
| *losartan potassium tabs 25mg, 50mg, 100mg* | Preferred |
| *olmesartan medoxomil tabs 5mg, 20mg, 40mg* | Preferred |
| *telmisartan tabs 20mg, 40mg, 80mg* | Preferred |
| *valsartan soln 4mg/ml* | |
| *valsartan tabs 40mg, 80mg, 160mg, 320mg* | Preferred |
| ***ANTIARRHYTHMICS*** | |
| *amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 100mg, 200mg, 400mg* | Preferred |
| *disopyramide phosphate caps 100mg, 150mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *flecainide acetate tabs 50mg, 100mg, 150mg* | |
| MULTAQ TABS 400MG | Preferred |
| *propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg* | |
| *sotalol hcl tabs 80mg, 120mg, 160mg, 240mg* | Preferred |
| *sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg* | |
| ***ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS*** | |
| NEXLETOL TABS 180MG | Preferred |
| NEXLIZET TAB 180/10MG | Preferred |
| ***ANTILIPEMICS, BILE ACID RESINS*** | |
| *cholestyramine pack 4gm; powd 4gm/dose* | Preferred |
| *cholestyramine light pack 4gm; powd 4gm/dose* | |
| *colesevelam hcl pack 3.75gm; tabs 625mg* | Preferred |
| COLESTID GRAN 5GM; TABS 1GM | |
| *colestipol hcl gran 5gm; pack 5gm; tabs 1gm* | |
| QUESTRAN PACK 4GM; POWD 4GM/DOSE | |
| QUESTRAN LIGHT POWD 4GM/DOSE | |
| ***ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR*** | |
| *ezetimibe tabs 10mg* | Preferred |
| ***ANTILIPEMICS, FIBRATES*** | |
| *choline fenofibrate cpdr 45mg, 135mg* | Preferred |
| *fenofibrate caps 50mg, 150mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg* | Preferred |
| *fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg* | Preferred |
| *gemfibrozil tabs 600mg* | |
| LOPID TABS 600MG | |
| ***ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS*** | |
| *atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg* | Preferred |
| *fluvastatin sodium caps 20mg, 40mg* | Preferred |
| *fluvastatin sodium tb24 80mg* | |
| *lovastatin tabs 10mg, 20mg, 40mg* | Preferred |
| *pitavastatin calcium tabs 1mg, 2mg, 4mg* | Preferred |
| *pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg* | Preferred |
| *rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg* | Preferred |
| *simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg* | Preferred |
| ZOCOR TABS 10MG, 20MG, 40MG | |
| ***ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS*** | |
| *ezetimibe-simvastatin tab 10-10 mg* | Preferred |
| *ezetimibe-simvastatin tab 10-20 mg* | Preferred |
| *ezetimibe-simvastatin tab 10-40 mg* | Preferred |
| *ezetimibe-simvastatin tab 10-80 mg* | Preferred |
| VYTORIN TAB 10-10MG | |
| VYTORIN TAB 10-20MG | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| VYTORIN TAB 10-40MG | |
| VYTORIN TAB 10-80MG | |
| ***ANTILIPEMICS, MISCELLANEOUS*** | |
| *niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg* | Preferred |
| ***ANTILIPEMICS, OMEGA-3 FATTY ACIDS*** | |
| *icosapent ethyl caps .5gm, 1gm* | Preferred |
| LOVAZA CAP 1GM | |
| *omega-3-acid ethyl esters cap 1 gm* | Preferred |
| VASCEPA CAPS .5GM, 1GM | Preferred |
| ***ANTILIPEMICS, PCSK9 INHIBITORS*** | |
| REPATHA SOSY 140MG/ML | Preferred |
| REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML | Preferred |
| REPATHA SURECLICK SOAJ 140MG/ML | Preferred |
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | |
| *atenolol & chlorthalidone tab 50-25 mg* | |
| *atenolol & chlorthalidone tab 100-25 mg* | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | |
| ***BETA-BLOCKERS*** | |
| *acebutolol hcl caps 200mg, 400mg* | Preferred |
| *atenolol tabs 25mg, 50mg, 100mg* | Preferred |
| *bisoprolol fumarate tabs 2.5mg, 5mg, 10mg* | |
| *carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg* | Preferred |
| *carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg* | Preferred |
| COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG | |
| *labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg, 400mg* | |
| *metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg* | Preferred |
| *metoprolol tartrate soln 5mg/5ml; tabs 12.5mg, 25mg, 37.5mg, 50mg, 75mg, 100mg* | Preferred |
| *nadolol tabs 20mg, 40mg, 80mg* | Preferred |
| *nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg* | Preferred |
| *pindolol tabs 5mg, 10mg* | Preferred |
| *propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ***CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS*** | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* | Preferred |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* | Preferred |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* | Preferred |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* | Preferred |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* | Preferred |
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* | Preferred |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* | Preferred |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* | Preferred |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* | Preferred |
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* | Preferred |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* | Preferred |
| CADUET TAB 5-10MG | |
| CADUET TAB 5-20MG | |
| CADUET TAB 5-40MG | |
| CADUET TAB 5-80MG | |
| CADUET TAB 10-10MG | |
| CADUET TAB 10-20MG | |
| CADUET TAB 10-40MG | |
| CADUET TAB 10-80MG | |
| ***CALCIUM CHANNEL BLOCKERS*** | |
| *amlodipine besylate tabs 2.5mg, 5mg, 10mg* | Preferred |
| *diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tb24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg* | Preferred |
| *diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg* | Preferred |
| *diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg* | Preferred |
| *felodipine tb24 2.5mg, 5mg, 10mg* | |
| *nifedipine tb24 30mg, 60mg, 90mg* | Preferred |
| PROCARDIA XL TB24 30MG, 60MG, 90MG | |
| TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG | |
| *verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbcr 120mg, 180mg, 240mg* | Preferred |
| ***DIGITALIS GLYCOSIDES*** | |
| *digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg* | Preferred |
| ***DIRECT RENIN INHIBITORS/COMBINATIONS*** | |
| *aliskiren fumarate tabs 150mg, 300mg* | Preferred |
| ***DIURETICS*** | |
| *acetazolamide cp12 500mg; tabs 125mg, 250mg* | |
| *acetazolamide sodium solr 500mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *amiloride & hydrochlorothiazide tab 5-50 mg* | |
| *amiloride hcl tabs 5mg* | Preferred |
| *bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg* | |
| *chlorthalidone tabs 25mg, 50mg* | Preferred |
| *dichlorphenamide tabs 50mg* | |
| *ethacrynic acid tabs 25mg* | Preferred |
| *furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg* | Preferred |
| *hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg* | Preferred |
| *indapamide tabs 1.25mg, 2.5mg* | |
| LASIX TABS 20MG, 40MG, 80MG | |
| *methazolamide tabs 25mg, 50mg* | |
| *metolazone tabs 2.5mg, 5mg, 10mg* | Preferred |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | Preferred |
| *torsemide tabs 5mg, 10mg, 20mg, 100mg* | Preferred |
| *triamterene caps 50mg, 100mg* | Preferred |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | Preferred |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | Preferred |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | Preferred |
| ***HEART FAILURE*** | |
| *dapagliflozin tabs 5mg, 10mg* | Preferred |
| INPEFA TABS 200MG, 400MG | Preferred |
| *isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg* | Preferred |
| *ivabradine hcl tabs 5mg, 7.5mg* | Preferred |
| JARDIANCE TABS 10MG, 25MG | Preferred |
| *sacubitril-valsartan tab 24-26 mg* | Preferred |
| *sacubitril-valsartan tab 49-51 mg* | Preferred |
| *sacubitril-valsartan tab 97-103 mg* | Preferred |
| VERQUVO TABS 2.5MG, 5MG, 10MG | Preferred |
| ***MISCELLANEOUS*** | |
| *clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr* | |
| *clonidine hcl tabs .1mg, .2mg, .3mg* | |
| *droxidopa caps 100mg, 200mg, 300mg* | |
| *guanfacine hcl tabs 1mg, 2mg* | |
| *hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg* | |
| *midodrine hcl tabs 2.5mg, 5mg, 10mg* | |
| *ranolazine tb12 500mg, 1000mg* | Preferred |
| VYNDAMAX CAPS 61MG | Preferred |
| ***NITRATES*** | |
| *isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg* | Preferred |
| *isosorbide mononitrate tabs 10mg, 20mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *isosorbide mononitrate tb24 30mg, 60mg, 120mg* | |
| *nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr* | |
| *nitroglycerin soln .4mg/spray; subl .3mg, .4mg, .6mg* | Preferred |
| NITROLINGUAL SOLN .4MG/SPRAY | |
| NITROSTAT SUBL .3MG, .4MG, .6MG | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | |
| ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG | Preferred |
| *ambrisentan tabs 5mg, 10mg* | Preferred |
| *bosentan tabs 62.5mg, 125mg; tbso 32mg* | Preferred |
| OPSUMIT TABS 10MG | Preferred |
| OPSYNVI TAB 10-20MG | Preferred |
| OPSYNVI TAB 10-40MG | Preferred |
| ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG | Preferred |
| ORENITRAM TAB MONTH 1 | Preferred |
| ORENITRAM TAB MONTH 2 | Preferred |
| ORENITRAM TAB MONTH 3 | Preferred |
| *sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg* | Preferred |
| *tadalafil (pulmonary hypertension) tabs 20mg* | Preferred |
| TADLIQ SUSP 20MG/5ML | Preferred |
| *treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml* | Preferred |
| TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG, 80MCG | Preferred |
| TYVASO DPI POW 16-32-48 | 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 |
| 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 |
| ***ANTIANXIETY*** | |
| *alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg* | Preferred |
| *alprazolam tb24 .5mg, 1mg, 2mg, 3mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *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 |
| ***ANTIDEPRESSANTS*** | |
| *amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg* | |
| AUVELITY TAB 45-105MG | Preferred |
| *bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg, 450mg* | Preferred |
| CELEXA TABS 10MG, 20MG, 40MG | |
| *citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg* | Preferred |
| *desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg* | |
| *desvenlafaxine succinate tb24 25mg, 50mg, 100mg* | Preferred |
| *doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml* | |
| *duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg* | Preferred |
| FETZIMA CP24 20MG, 40MG, 80MG, 120MG | Preferred |
| FETZIMA CAP TITRATIO | Preferred |
| *fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg* | Preferred |
| *imipramine hcl tabs 10mg, 25mg, 50mg* | |
| *mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg* | Preferred |
| *nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml* | |
| *paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg* | Preferred |
| *phenelzine sulfate tabs 15mg* | |
| REMERON TABS 15MG, 30MG | |
| REMERON SOLTAB TBDP 15MG, 30MG, 45MG | |
| *sertraline hcl caps 150mg, 200mg; conc 20mg/ml; tabs 25mg, 50mg, 100mg* | Preferred |
| SPRAVATO SOL 56MG DOS | Preferred |
| SPRAVATO SOL 84MG DOS | Preferred |
| *tranylcypromine sulfate tabs 10mg* | |
| *trazodone hcl tabs 50mg, 100mg, 150mg, 300mg* | Preferred |
| TRINTELLIX TABS 5MG, 10MG, 20MG | Preferred |
| *venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg* | Preferred |
| *venlafaxine hcl tb24 37.5mg, 75mg, 150mg, 225mg* | |
| VIIBRYD TABS 10MG, 20MG, 40MG | Preferred |
| *vilazodone hcl tabs 10mg, 20mg, 40mg* | Preferred |
| WELLBUTRIN SR TB12 100MG, 150MG, 200MG | |
| WELLBUTRIN XL TB24 150MG, 300MG | |
| ZURZUVAE CAPS 20MG, 25MG, 30MG | Preferred |
| ***ANTIPARKINSONIAN AGENTS*** | |
| *amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg* | Preferred |
| *benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg* | |
| *bromocriptine mesylate caps 5mg; tabs 2.5mg* | |
| *carbidopa & levodopa orally disintegrating tab 10-100 mg* | Preferred |
| *carbidopa & levodopa orally disintegrating tab 25-100 mg* | Preferred |
| *carbidopa & levodopa orally disintegrating tab 25-250 mg* | Preferred |
| *carbidopa & levodopa tab 10-100 mg* | Preferred |
| *carbidopa & levodopa tab 25-100 mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *carbidopa & levodopa tab 25-250 mg* | Preferred |
| *carbidopa & levodopa tab er 25-100 mg* | Preferred |
| *carbidopa & levodopa tab er 50-200 mg* | Preferred |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | Preferred |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | Preferred |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | Preferred |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | Preferred |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | Preferred |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | Preferred |
| CREXONT CAP 35-140MG | Preferred |
| CREXONT CAP 52.5-210 | Preferred |
| CREXONT CAP 70-280MG | Preferred |
| CREXONT CAP 87.5-350 | Preferred |
| *entacapone tabs 200mg* | Preferred |
| INBRIJA CAPS 42MG | Preferred |
| NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR | Preferred |
| PARLODEL CAPS 5MG; TABS 2.5MG | |
| *pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg* | Preferred |
| *rasagiline mesylate tabs .5mg, 1mg* | Preferred |
| *ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg* | Preferred |
| RYTARY CAP 95MG | Preferred |
| RYTARY CAP 145MG | Preferred |
| RYTARY CAP 195MG | Preferred |
| RYTARY CAP 245MG | Preferred |
| *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 |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *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 |
| SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG | |
| *thiothixene caps 1mg, 2mg, 5mg, 10mg* | |
| *trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg* | |
| VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG | Preferred |
| *ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg* | Preferred |
| *ziprasidone mesylate solr 20mg* | Preferred |
| ***ANTISEIZURE AGENTS*** | |
| *brivaracetam soln 10mg/ml, 50mg/5ml; tabs 10mg, 25mg, 50mg, 75mg, 100mg* | Preferred |
| *carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg* | Preferred |
| CARBATROL CP12 100MG, 200MG, 300MG | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *clobazam susp 2.5mg/ml; tabs 10mg, 20mg* | Preferred |
| *clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg* | Preferred |
| *diazepam conc 5mg/ml; soln 5mg/5ml, 5mg/ml; tabs 2mg, 5mg, 10mg* | Preferred |
| *diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg* | Preferred |
| DILANTIN CAPS 30MG, 100MG | |
| DILANTIN INFATABS CHEW 50MG | |
| DILANTIN-125 SUSP 125MG/5ML | |
| *divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg* | Preferred |
| *eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg* | Preferred |
| *ethosuximide caps 250mg; soln 250mg/5ml* | Preferred |
| *gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg* | Preferred |
| *lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg* | Preferred |
| *lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg* | Preferred |
| *lamotrigine tab 25 mg (42) & 100 mg (7) starter kit* | Preferred |
| *lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit* | Preferred |
| *lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit* | Preferred |
| *lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit* | Preferred |
| *lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit* | Preferred |
| *levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg; tb3d 250mg, 500mg* | Preferred |
| MYSOLINE TABS 50MG, 250MG | |
| NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG | |
| *oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg; tb24 150mg, 300mg, 600mg* | Preferred |
| OXTELLAR XR TB24 150MG, 300MG, 600MG | Preferred |
| *perampanel susp .5mg/ml; tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg* | |
| *phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg* | Preferred |
| *phenobarbital sodium soln 65mg/ml, 130mg/ml* | Preferred |
| *phenytoin chew 50mg; susp 125mg/5ml* | Preferred |
| *phenytoin sodium soln 50mg/ml* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *phenytoin sodium extended caps 100mg, 200mg, 300mg* | Preferred |
| *pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml* | Preferred |
| *primidone tabs 50mg, 250mg* | Preferred |
| *rufinamide susp 40mg/ml; tabs 200mg, 400mg* | Preferred |
| *tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg* | Preferred |
| TOPAMAX TABS 25MG, 50MG, 100MG, 200MG | |
| TOPAMAX SPRINKLE CPSP 15MG, 25MG | |
| *topiramate cp24 25mg, 50mg, 100mg, 200mg; cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg* | Preferred |
| *topiramate cs24 25mg, 50mg, 100mg, 150mg, 200mg* | |
| *valproate sodium soln 250mg/5ml* | Preferred |
| *valproic acid caps 250mg* | Preferred |
| *vigabatrin pack 500mg; tabs 500mg* | Preferred |
| XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG | Preferred |
| XCOPRI PAK 12.5-25 | Preferred |
| XCOPRI PAK 50-100MG | Preferred |
| XCOPRI PAK 100-150 | Preferred |
| XCOPRI PAK 150-200 | Preferred |
| ZARONTIN CAPS 250MG; SOLN 250MG/5ML | |
| *zonisamide caps 25mg, 50mg, 100mg* | Preferred |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | |
| *amphetamine tbed 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg* | Preferred |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg* | |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg* | |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg* | |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg* | |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | Preferred |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | Preferred |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | Preferred |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* | Preferred |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* | Preferred |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* | Preferred |
| *amphetamine-dextroamphetamine tab 5 mg* | Preferred |
| *amphetamine-dextroamphetamine tab 7.5 mg* | Preferred |
| *amphetamine-dextroamphetamine tab 10 mg* | Preferred |
| *amphetamine-dextroamphetamine tab 12.5 mg* | Preferred |
| *amphetamine-dextroamphetamine tab 15 mg* | Preferred |
| *amphetamine-dextroamphetamine tab 20 mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *amphetamine-dextroamphetamine tab 30 mg* | Preferred |
| *atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg* | Preferred |
| AZSTARYS CAP 26.1-5.2 | Preferred |
| AZSTARYS CAP 39.2-7.8 | Preferred |
| AZSTARYS CAP 52.3-10. | Preferred |
| *clonidine hcl (adhd) tb12 .1mg* | |
| *dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg* | Preferred |
| *dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg* | |
| *dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg* | |
| FOCALIN TABS 2.5MG, 5MG, 10MG | |
| *guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg* | Preferred |
| *lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg* | Preferred |
| METHYLIN SOLN 5MG/5ML, 10MG/5ML | |
| *methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr* | Preferred |
| *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* | Preferred |
| QELBREE CP24 100MG, 150MG, 200MG | Preferred |
| RITALIN TABS 5MG, 10MG, 20MG | |
| STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG | |
| ***BOTULINUM TOXINS*** | |
| DAXXIFY SOLR 100UNIT | Preferred |
| DYSPORT SOLR 300UNIT, 500UNIT | Preferred |
| XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT | Preferred |
| ***FIBROMYALGIA*** | |
| SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG | Preferred |
| SAVELLA MIS TITR PAK | Preferred |
| ***HYPNOTICS*** | |
| AMBIEN TABS 5MG, 10MG | |
| AMBIEN CR TBCR 6.25MG, 12.5MG | |
| BELSOMRA TABS 5MG, 10MG, 15MG, 20MG | Preferred |
| DAYVIGO TABS 5MG, 10MG | Preferred |
| *doxepin hcl (sleep) tabs 3mg, 6mg* | Preferred |
| EDLUAR SUBL 5MG, 10MG | Surcharge |
| *eszopiclone tabs 1mg, 2mg, 3mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| QUVIVIQ TABS 25MG, 50MG | Preferred |
| *ramelteon tabs 8mg* | Preferred |
| RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG | |
| *temazepam caps 7.5mg, 15mg, 22.5mg, 30mg* | |
| *zaleplon caps 5mg, 10mg* | Preferred |
| *zolpidem tartrate subl 1.75mg, 3.5mg; tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg* | Preferred |
| ***MIGRAINE - ERGOTAMINE DERIVATIVES*** | |
| *dihydroergotamine mesylate soln 1mg/ml, 4mg/ml* | |
| *ergotamine w/ caffeine tab 1-100 mg* | Preferred |
| ***MIGRAINE - MISCELLANEOUS*** | |
| NURTEC TBDP 75MG | Preferred |
| QULIPTA TABS 10MG, 30MG, 60MG | Preferred |
| UBRELVY TABS 50MG, 100MG | Preferred |
| ***MIGRAINE - MONOCLONAL ANTIBODIES*** | |
| AIMOVIG SOAJ 70MG/ML, 140MG/ML | Preferred |
| AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML | Preferred |
| EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML | Preferred |
| ***MIGRAINE - TRIPTANS AND COMBINATIONS*** | |
| *eletriptan hydrobromide tabs 20mg, 40mg* | Preferred |
| IMITREX TABS 25MG, 50MG, 100MG | |
| IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML | |
| IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML | |
| *naratriptan hcl tabs 1mg, 2.5mg* | Preferred |
| ONZETRA XSAIL EXHP 11MG/NOSEPC | Preferred |
| RELPAX TABS 20MG, 40MG | |
| *rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg* | Preferred |
| *sumatriptan soln 5mg/act, 20mg/act* | Preferred |
| *sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg* | Preferred |
| *sumatriptan-naproxen sodium tab 85-500 mg* | |
| TOSYMRA SOLN 10MG/ACT | Preferred |
| ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML | Preferred |
| *zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg* | Preferred |
| ***MISCELLANEOUS*** | |
| ENSPRYNG SOSY 120MG/ML | Preferred |
| ***MOOD STABILIZERS*** | |
| *lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ***MOVEMENT DISORDERS*** | |
| AUSTEDO TABS 6MG, 9MG, 12MG | Preferred |
| INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG | Preferred |
| INGREZZA CAP 40-80MG | Preferred |
| *tetrabenazine tabs 12.5mg, 25mg* | Preferred |
| ***MULTIPLE SCLEROSIS AGENTS*** | |
| 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 |
| *dalfampridine tb12 10mg* | |
| *dimethyl fumarate cpdr 120mg, 240mg* | Preferred |
| *dimethyl fumarate capsule dr starter pack 120 mg & 240 mg* | Preferred |
| *fingolimod hcl caps .5mg* | Preferred |
| *glatiramer acetate sosy 20mg/ml, 40mg/ml* | 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 |
| REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML | Preferred |
| REBIF TITRTN INJ PACK | Preferred |
| *teriflunomide tabs 7mg, 14mg* | Preferred |
| TYRUKO CONC 300MG/15ML | Preferred |
| VUMERITY CPDR 231MG | Preferred |
| ZEPOSIA CAPS .92MG | Preferred |
| ZEPOSIA 7DAY CAP STR PACK | Preferred |
| ZEPOSIA CAP STR KIT | Preferred |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | |
| *baclofen soln 5mg/5ml, 10mg/5ml, 40mg/20ml, 500mcg/ml, 20000mcg/20ml; tabs 5mg, 10mg, 20mg* | |
| *carisoprodol tabs 250mg, 350mg* | |
| *chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg* | |
| *cyclobenzaprine hcl cp24 15mg, 30mg* | |
| *cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg* | Preferred |
| *dantrolene sodium caps 25mg, 50mg, 100mg; solr 20mg* | |
| LYVISPAH PACK 5MG, 10MG, 20MG | Preferred |
| *metaxalone tabs 400mg, 800mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg, 1000mg* | |
| *orphenadrine w/ aspirin & caffeine tab 25-385-30 mg* | |
| *tizanidine hcl tabs 2mg, 4mg* | |
| ZANAFLEX TABS 4MG | |
| ***MYASTHENIA GRAVIS*** | |
| EPYSQLI SOLN 300MG/30ML | Preferred |
| *pyridostigmine bromide soln 60mg/5ml; tabs 30mg, 60mg; tbcr 180mg* | |
| VYVGART SOLN 400MG/20ML | Preferred |
| VYVGART INJ HYTRULO | Preferred |
| ***NARCOLEPSY/CATAPLEXY*** | |
| *armodafinil tabs 50mg, 150mg, 200mg, 250mg* | Preferred |
| LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM | Preferred |
| LUMRYZ PAK STARTER | Preferred |
| *modafinil tabs 100mg, 200mg* | Preferred |
| SUNOSI TABS 75MG, 150MG | Preferred |
| WAKIX TABS 4.45MG, 17.8MG | Preferred |
| XYWAV SOL 0.5GM/ML | Preferred |
| ***OPIOID AGONIST/ANTAGONIST*** | |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | Preferred |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | Preferred |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | Preferred |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | Preferred |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | Preferred |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | 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 |
| *naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml* | Preferred |
| *naloxone hcl sosy .4mg/ml* | |
| *naltrexone hcl tabs 50mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ***POSTHERPETIC NEURALGIA (PHN)*** | |
| *gabapentin (once-daily) tabs 300mg, 450mg, 600mg, 750mg, 900mg* | Preferred |
| GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG | Preferred |
| *pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg* | Preferred |
| ***PSYCHOTHERAPEUTIC-MISC*** | |
| *fluoxetine hcl (pmdd) tabs 10mg, 20mg* | |
| NUEDEXTA CAP 20-10MG | Preferred |
| *paroxetine mesylate (vasomotor) caps 7.5mg* | Preferred |
| ***SMOKING DETERRENTS*** | |
| *bupropion hcl (smoking deterrent) tb12 150mg* | |
| *varenicline tartrate tabs .5mg, 1mg* | |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack* | |
| **ENDOCRINE AND METABOLIC** | |
| ***ACROMEGALY*** | |
| *octreotide acetate kit 10mg, 20mg, 30mg* | Preferred |
| SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML | Preferred |
| ***ANDROGENS*** | |
| NATESTO GEL 5.5MG/ACT | Preferred |
| *testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act* | Preferred |
| *testosterone cypionate soln 100mg/ml, 200mg/ml* | |
| *testosterone enanthate soln 200mg/ml* | |
| ***ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS*** | |
| *acarbose tabs 25mg, 50mg, 100mg* | |
| ***ANTIDIABETICS, AMYLIN ANALOGS*** | |
| SYMLINPEN 60 SOPN 1500MCG/1.5ML | Preferred |
| SYMLINPEN 120 SOPN 2700MCG/2.7ML | Preferred |
| ***ANTIDIABETICS, BIGUANIDE*** | |
| *metformin hcl soln 500mg/5ml; tabs 500mg, 750mg, 850mg, 1000mg; tb24 500mg, 750mg, 1000mg* | Preferred |
| ***ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS*** | |
| *glipizide-metformin hcl tab 2.5-250 mg* | Preferred |
| *glipizide-metformin hcl tab 2.5-500 mg* | Preferred |
| *glipizide-metformin hcl tab 5-500 mg* | Preferred |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS*** | |
| *alogliptin-metformin hcl tab 12.5-500 mg* | Preferred |
| *alogliptin-metformin hcl tab 12.5-1000 mg* | Preferred |
| *alogliptin-pioglitazone tab 12.5-30 mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *alogliptin-pioglitazone tab 25-15 mg* | Preferred |
| *alogliptin-pioglitazone tab 25-30 mg* | Preferred |
| *alogliptin-pioglitazone tab 25-45 mg* | Preferred |
| JANUMET TAB 50-500MG | Preferred |
| JANUMET TAB 50-1000 | Preferred |
| JANUMET XR TAB 50-500MG | Preferred |
| JANUMET XR TAB 50-1000 | Preferred |
| JANUMET XR TAB 100-1000 | Preferred |
| JENTADUETO TAB 2.5-500 | Surcharge |
| JENTADUETO TAB 2.5-850 | Surcharge |
| JENTADUETO TAB 2.5-1000 | Surcharge |
| JENTADUETO TAB XR | Surcharge |
| KOMBIGLYZ XR TAB 2.5-1000 | Surcharge |
| KOMBIGLYZ XR TAB 5-500MG | Surcharge |
| KOMBIGLYZ XR TAB 5-1000MG | Surcharge |
| *saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg* | Preferred |
| *saxagliptin-metformin hcl tab er 24hr 5-500 mg* | Preferred |
| *saxagliptin-metformin hcl tab er 24hr 5-1000 mg* | Preferred |
| *sitagliptin free base-metformin hcl tab 50-500 mg* | Preferred |
| *sitagliptin free base-metformin hcl tab 50-1000 mg* | Preferred |
| *sitagliptin free base-metformin hcl tab er 24hr 50-500 mg* | Preferred |
| *sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg* | Preferred |
| *sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg* | Preferred |
| TRIJARDY XR TAB | Preferred |
| ZITUVIMET TAB 50-500MG | Surcharge |
| ZITUVIMET TAB 50-1000 | Surcharge |
| ZITUVIMET XR TAB 50-500MG | Surcharge |
| ZITUVIMET XR TAB 50-1000 | Surcharge |
| ZITUVIMET XR TAB 100-1000 | Surcharge |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | |
| *alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg* | Preferred |
| BRYNOVIN SOLN 25MG/ML | Surcharge |
| JANUVIA TABS 25MG, 50MG, 100MG | Preferred |
| ONGLYZA TABS 2.5MG, 5MG | Surcharge |
| *saxagliptin hcl tabs 2.5mg, 5mg* | Preferred |
| *sitagliptin tabs 25mg, 50mg, 100mg* | Preferred |
| TRADJENTA TABS 5MG | Surcharge |
| ZITUVIO TABS 25MG, 50MG, 100MG | Surcharge |
| ***ANTIDIABETICS, INCRETIN MIMETIC AGENTS*** | |
| ADLYXIN SOPN 20MCG/0.2ML | Surcharge |
| BYDUREON BCISE AUIJ 2MG/0.85ML | Surcharge |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| BYETTA SOPN 5MCG/0.02ML, 10MCG/0.04ML | Surcharge |
| *liraglutide sopn 18mg/3ml* | Preferred |
| MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML | Preferred |
| OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML; TABS 1.5MG, 4MG, 9MG | Preferred |
| RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG | Preferred |
| TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML | Preferred |
| VICTOZA SOPN 18MG/3ML | Surcharge |
| ***ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS*** | |
| SOLIQUA INJ 100/33 | Preferred |
| XULTOPHY INJ 100/3.6 | Preferred |
| ***ANTIDIABETICS, INSULIN*** | |
| BASAGLAR KWIKPEN SOPN 100UNIT/ML | Preferred |
| FIASP SOLN 100UNIT/ML | Preferred |
| FIASP FLEXTOUCH SOPN 100UNIT/ML | Preferred |
| FIASP PENFILL SOCT 100UNIT/ML | Preferred |
| HUMALOG SOCT 100UNIT/ML; SOLN 100UNIT/ML | Preferred |
| HUMALOG KWIKPEN SOPN 100UNIT/ML, 200UNIT/ML | Preferred |
| HUMALOG MIX INJ 50/50KWP | Preferred |
| HUMALOG MIX INJ 75/25KWP | Preferred |
| HUMALOG MIX SUS 75/25 | Preferred |
| HUMULIN INJ 70/30 | Preferred |
| HUMULIN INJ 70/30KWP | Preferred |
| HUMULIN N 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 |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| LEVEMIR FLEXPEN 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 |
| ***ANTIDIABETICS, INSULIN SENSITIZER*** | |
| *pioglitazone hcl tabs 15mg, 30mg, 45mg* | Preferred |
| ***ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION*** | |
| ACTOPLUS MET TAB 15-850MG | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | Preferred |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | Preferred |
| ***ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION*** | |
| DUETACT TAB 30-2MG | |
| DUETACT TAB 30-4MG | |
| *pioglitazone hcl-glimepiride tab 30-2 mg* | Preferred |
| *pioglitazone hcl-glimepiride tab 30-4 mg* | Preferred |
| ***ANTIDIABETICS, MEGLITINIDE*** | |
| *nateglinide tabs 60mg, 120mg* | Preferred |
| *repaglinide tabs .5mg, 1mg, 2mg* | Preferred |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS*** | |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* | Preferred |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* | Preferred |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg* | Preferred |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg* | Preferred |
| INVOKAMET TAB 50-500MG | Surcharge |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| 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 | |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS*** | |
| GLYXAMBI TAB 10-5 MG | Preferred |
| GLYXAMBI TAB 25-5 MG | Preferred |
| STEGLUJAN TAB 5-100MG | Surcharge |
| STEGLUJAN TAB 15-100MG | Surcharge |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS*** | |
| *dapagliflozin tabs 5mg, 10mg* | Preferred |
| INVOKANA TABS 100MG, 300MG | Surcharge |
| JARDIANCE TABS 10MG, 25MG | Preferred |
| STEGLATRO TABS 5MG, 15MG | Surcharge |
| ***ANTIDIABETICS, SULFONYLUREA*** | |
| *glimepiride tabs 1mg, 2mg, 4mg* | Preferred |
| *glimepiride tabs 3mg* | |
| *glipizide tabs 2.5mg* | |
| *glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg* | Preferred |
| ***ANTIOBESITY*** | |
| FOUNDAYO TABS .8MG, 2.5MG, 5.5MG, 9MG, 14.5MG, 17.2MG | Preferred |
| *liraglutide (weight management) sopn 18mg/3ml* | Preferred |
| *orlistat caps 120mg* | Preferred |
| *phentermine hcl-topiramate cap er 24hr 3.75-23 mg* | Preferred |
| *phentermine hcl-topiramate cap er 24hr 7.5-46 mg* | Preferred |
| *phentermine hcl-topiramate cap er 24hr 11.25-69 mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *phentermine hcl-topiramate cap er 24hr 15-92 mg* | Preferred |
| 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 |
| WEGOVY HD SOAJ 7.2MG/0.75ML | Preferred |
| ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML | Preferred |
| ***CALCIUM RECEPTOR AGONISTS*** | |
| *cinacalcet hcl tabs 30mg, 60mg, 90mg* | Preferred |
| ***CALCIUM REGULATORS, BISPHOSPHONATES*** | |
| ACTONEL TABS 35MG, 150MG | |
| *alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg* | Preferred |
| ATELVIA TBEC 35MG | |
| FOSAMAX TABS 70MG | |
| *ibandronate sodium soln 3mg/3ml; tabs 150mg* | Preferred |
| *risedronate sodium tabs 5mg, 30mg, 35mg, 150mg* | Preferred |
| *risedronate sodium tbec 35mg* | |
| *zoledronic acid conc 4mg/5ml; soln 5mg/100ml* | Preferred |
| ***CALCIUM REGULATORS, MISCELLANEOUS*** | |
| *calcitonin (salmon) soln 200unit/act, 200unit/ml* | Preferred |
| OSENVELT SOLN 120MG/1.7ML | Preferred |
| OSPOMYV SOSY 60MG/ML | Preferred |
| STOBOCLO SOSY 60MG/ML | Preferred |
| ***CALCIUM REGULATORS, PARATHYROID HORMONES*** | |
| BONSITY SOPN 560MCG/2.24ML | Preferred |
| *teriparatide sopn 560mcg/2.24ml* | Preferred |
| TERIPARATIDE SOPN 560MCG/2.24ML | Preferred |
| TYMLOS SOPN 3120MCG/1.56ML | Preferred |
| ***CARNITINE DEFICIENCY AGENTS*** | |
| *levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg* | Preferred |
| ***CENTRAL PRECOCIOUS PUBERTY*** | |
| 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 | Preferred |
| SUPPRELIN LA KIT 50MG | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| TRIPTODUR SRER 22.5MG | Preferred |
| ***CHELATING AGENTS*** | |
| *deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg* | Preferred |
| *deferiprone tabs 500mg, 1000mg* | Preferred |
| *deferoxamine mesylate solr 2gm, 500mg* | Preferred |
| *penicillamine caps 250mg; tabs 250mg* | Preferred |
| *trientine hcl caps 250mg* | Preferred |
| *trientine hcl caps 500mg* | |
| ***CONTRACEPTIVES*** | |
| ANNOVERA MIS | Preferred |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* | Preferred |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | Preferred |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | Preferred |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | Preferred |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* | Preferred |
| KYLEENA IUD 19.5MG | Preferred |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | Preferred |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* | Preferred |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | Preferred |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | Preferred |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | Preferred |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | Preferred |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | Preferred |
| *levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)* | Preferred |
| LO LOESTRIN TAB 1-10-10 | Preferred |
| *medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| MIRENA IUD 21MCG/DAY | Preferred |
| NATAZIA TAB | Preferred |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | Preferred |
| *norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg* | Preferred |
| *norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg* | Preferred |
| *norethindrone (contraceptive) tabs .35mg* | |
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* | Preferred |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | Preferred |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | Preferred |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | Preferred |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* | Preferred |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | Preferred |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* | Preferred |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | Preferred |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | Preferred |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | Preferred |
| SKYLA IUD 13.5MG | Preferred |
| ***DIABETIC SUPPLIES*** | |
| ACCU-CHEK AVIVA PLUS STRIPS AND KITS | Preferred |
| ACCU-CHEK GUIDE STRIPS AND KITS | Preferred |
| ACCU-CHEK LANCETS / LANCING DEVICES | Preferred |
| ACCU-CHEK SMARTVIEW STRIPS AND KITS | Preferred |
| BD ULTRAFINE INSULIN SYRINGES | Preferred |
| BD ULTRAFINE NEEDLES | Preferred |
| DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM | Preferred |
| EMBECTA ULTRAFINE INSULIN SYRINGES | Except certain NDCs; Preferred |
| EMBECTA ULTRAFINE NEEDLES | Except certain NDCs; Preferred |
| FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM | Preferred |
| OMNIPOD 5 INSULIN INFUSION PUMP | Preferred |
| OMNIPOD DASH INSULIN INFUSION PUMP | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| OMNIPOD INSULIN INFUSION PUMP | Preferred |
| TRUE METRIX STRIPS AND KITS | Preferred |
| TRUEPLUS LANCETS | Preferred |
| TWIIST INSULIN INFUSION PUMP AND SUPPLIES | Preferred |
| ***ENDOMETRIOSIS*** | |
| *danazol caps 50mg, 100mg, 200mg* | |
| ORILISSA TABS 150MG, 200MG | Preferred |
| ***FERTILITY REGULATORS*** | |
| *cetrorelix acetate kit .25mg* | Preferred |
| *clomiphene citrate tabs 50mg* | |
| FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML | Preferred |
| GANIRELIX ACETATE SOSY 250MCG/0.5ML | Preferred |
| MENOPUR SOLR 75UNIT | Preferred |
| PREGNYL SOLR 10000UNIT | Preferred |
| ***GLUCOCORTICOIDS*** | |
| CORTEF TABS 5MG, 10MG, 20MG | |
| *dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg* | Preferred |
| *dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml* | Preferred |
| *fludrocortisone acetate tabs .1mg* | Preferred |
| *hydrocortisone tabs 5mg, 10mg, 20mg* | Preferred |
| MEDROL TABS 2MG, 4MG, 8MG, 16MG | |
| MEDROL DOSEPAK TBPK 4MG | |
| *methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg* | Preferred |
| *methylprednisolone acetate susp 40mg/ml, 80mg/ml* | Preferred |
| *methylprednisolone sod succ solr 40mg, 125mg, 500mg, 1000mg* | Preferred |
| *prednisolone soln 15mg/5ml* | Preferred |
| *prednisolone tabs 5mg* | |
| *prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml* | Preferred |
| *prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg* | |
| *prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg* | Preferred |
| ***GLUCOSE ELEVATING AGENTS*** | |
| BAQSIMI ONE PACK POWD 3MG/DOSE | Preferred |
| BAQSIMI TWO PACK POWD 3MG/DOSE | Preferred |
| *glucagon solr 1mg* | Preferred |
| GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML | Preferred |
| GVOKE KIT SOLN 1MG/0.2ML | Preferred |
| GVOKE PFS SOSY 1MG/0.2ML | Preferred |
| ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML | Preferred |
| ***HEREDITARY TYROSINEMIA TYPE 1 AGENTS*** | |
| *nitisinone caps 2mg, 5mg, 10mg, 20mg* | |
| ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML | Preferred |
| ***HUMAN GROWTH HORMONES*** | |
| HUMATROPE CART 6MG, 12MG, 24MG | Preferred |
| NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML | Preferred |
| SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML | Preferred |
| ***LYSOSOMAL STORAGE DISORDERS*** | |
| NEXVIAZYME SOLR 100MG | Preferred |
| ***LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE*** | |
| ELFABRIO SOLN 5MG/2.5ML, 20MG/10ML | Preferred |
| FABRAZYME SOLR 5MG, 35MG | Preferred |
| GALAFOLD CAPS 123MG | Preferred |
| ***LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE*** | |
| CERDELGA CAPS 84MG | Preferred |
| CEREZYME SOLR 400UNIT | Preferred |
| *miglustat caps 100mg* | |
| ***MENOPAUSAL SYMPTOM AGENTS*** | |
| CLIMARA PRO DIS WEEKLY | Preferred |
| COMBIPATCH DIS | Preferred |
| DUAVEE TAB 0.45-20 | Preferred |
| ESTRACE TABS .5MG, 1MG, 2MG | |
| *estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg* | Preferred |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | Preferred |
| *estradiol & norethindrone acetate tab 1-0.5 mg* | Preferred |
| *estradiol vaginal crea .1mg/gm; tabs 10mcg* | Preferred |
| ESTRING RING 7.5MCG/24HR | Preferred |
| *estrogens, conjugated tabs .3mg, .45mg, .625mg, .9mg, 1.25mg* | Preferred |
| IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG | Preferred |
| IMVEXXY STARTER PACK INST 4MCG, 10MCG | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | Preferred |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | Preferred |
| PREMARIN CREA .625MG/GM; TABS .3MG, .45MG, .625MG, .9MG, 1.25MG | Preferred |
| PREMPHASE TAB | Preferred |
| PREMPRO TAB | Preferred |
| PREMPRO TAB 0.3-1.5 | Preferred |
| PREMPRO TAB 0.45-1.5 | Preferred |
| PREMPRO TAB 0.625-5 | Preferred |
| VAGIFEM TABS 10MCG | |
| ***MISCELLANEOUS*** | |
| *betaine powder for oral solution* | Preferred |
| *cabergoline tabs .5mg* | |
| CYSTAGON CAPS 50MG, 150MG | Preferred |
| EVISTA TABS 60MG | |
| *methylergonovine maleate soln .2mg/ml; tabs .2mg* | |
| *mifepristone (hyperglycemia) tabs 300mg* | Preferred |
| OSPHENA TABS 60MG | Preferred |
| *raloxifene hcl tabs 60mg* | Preferred |
| *sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg* | Preferred |
| *tolvaptan tbpk 15mg* | Preferred |
| *tolvaptan (hyponatremia) tabs 15mg, 30mg* | Preferred |
| *tolvaptan tab therapy pack 30 & 15 mg* | Preferred |
| *tolvaptan tab therapy pack 45 & 15 mg* | Preferred |
| *tolvaptan tab therapy pack 60 & 30 mg* | Preferred |
| *tolvaptan tab therapy pack 90 & 30 mg* | Preferred |
| ***PHOSPHATE BINDER AGENTS*** | |
| AURYXIA TABS 210MG | Preferred |
| *calcium acetate (phosphate binder) caps 667mg; tabs 667mg* | Preferred |
| *ferric citrate tabs 210mg* | Preferred |
| *lanthanum carbonate chew 500mg, 750mg, 1000mg* | Preferred |
| *sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg* | Preferred |
| *sevelamer hcl tabs 400mg, 800mg* | |
| ***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 |
| *medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg* | Preferred |
| *megestrol acetate susp 400mg/10ml* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *megestrol acetate (appetite) susp 625mg/5ml* | Preferred |
| *norethindrone acetate tabs 5mg* | |
| *progesterone caps 100mg, 200mg* | Preferred |
| *progesterone (vaginal) inst 100mg* | Preferred |
| PROVERA TABS 2.5MG, 5MG, 10MG | |
| ***THYROID AGENTS*** | |
| *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* | Preferred |
| *liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg* | Preferred |
| *methimazole tabs 5mg, 10mg* | |
| *propylthiouracil tabs 50mg* | |
| SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG | Preferred |
| ***UREA CYCLE DISORDER*** | |
| *carglumic acid tbso 200mg* | Preferred |
| *glycerol phenylbutyrate liqd 1.1gm/ml* | Preferred |
| PHEBURANE PLLT 483MG/GM | Preferred |
| *sodium phenylbutyrate powd 3gm/tsp; tabs 500mg* | Preferred |
| ***UTERINE FIBROIDS*** | |
| MYFEMBREE TAB | Preferred |
| ORIAHNN CAP | Preferred |
| ***VASOPRESSINS*** | |
| *desmopressin acetate tabs .1mg, .2mg* | |
| *desmopressin acetate spray soln .01%* | |
| *desmopressin acetate spray refrigerated soln .01%* | |
| ***VITAMIN D ANALOGS*** | |
| *calcitriol caps .25mcg, .5mcg; soln 1mcg/ml* | |
| *doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml* | |
| *paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml* | |
| **GASTROINTESTINAL** | |
| ***ANTICHOLINERGICS*** | |
| *dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg, 40mg* | Preferred |
| ***ANTIDIARRHEALS*** | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | Preferred |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | Preferred |
| *loperamide hcl caps 2mg* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ***ANTIEMETICS*** | |
| *aprepitant caps 40mg, 80mg, 125mg* | Preferred |
| *aprepitant capsule therapy pack 80 & 125 mg* | Preferred |
| *doxylamine-pyridoxine tab delayed release 10-10 mg* | Preferred |
| *dronabinol caps 2.5mg, 5mg, 10mg* | Preferred |
| *granisetron hcl soln 1mg/ml, 4mg/4ml; tabs 1mg* | Preferred |
| MARINOL CAPS 2.5MG | |
| *meclizine hcl chew 25mg; tabs 12.5mg, 25mg, 50mg* | Preferred |
| *metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg* | Preferred |
| *ondansetron tbdp 4mg, 8mg, 16mg* | Preferred |
| *ondansetron hcl soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg* | Preferred |
| *prochlorperazine supp 25mg* | Preferred |
| *prochlorperazine edisylate soln 10mg/2ml* | Preferred |
| *prochlorperazine maleate tabs 5mg, 10mg* | Preferred |
| *promethazine hcl soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg* | Preferred |
| REGLAN TABS 5MG, 10MG | |
| SANCUSO PTCH 3.1MG/24HR | Preferred |
| *scopolamine pt72 1mg/3days* | Preferred |
| *trimethobenzamide hcl caps 300mg* | Preferred |
| VARUBI TBPK 90MG | Preferred |
| ***EOSINOPHILIC ESOPHAGITIS*** | |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML | Preferred |
| ***H2-RECEPTOR ANTAGONISTS*** | |
| *cimetidine tabs 200mg, 300mg, 400mg, 800mg* | |
| *cimetidine hcl soln 300mg/5ml* | |
| *famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg* | Preferred |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | Preferred |
| PEPCID TABS 20MG, 40MG | |
| ***INFLAMMATORY BOWEL DISEASE*** | |
| AZULFIDINE TABS 500MG | |
| AZULFIDINE EN-TABS TBEC 500MG | |
| *balsalazide disodium caps 750mg* | Preferred |
| *budesonide cpep 3mg; tb24 9mg* | Preferred |
| CORTIFOAM FOAM 10% | Preferred |
| *hydrocortisone (intrarectal) enem 100mg/60ml* | Preferred |
| *mesalamine cp24 .375gm; cpcr 500mg; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg* | Preferred |
| *mesalamine w/ cleanser kit 4gm* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| PENTASA CPCR 250MG, 500MG | Preferred |
| ROWASA KIT 4GM | |
| *sulfasalazine tabs 500mg; tbec 500mg* | Preferred |
| ***IRRITABLE BOWEL SYNDROME WITH CONSTIPATION*** | |
| LINZESS CAPS 72MCG, 145MCG, 290MCG | Preferred |
| *lubiprostone caps 8mcg, 24mcg* | Preferred |
| MOTEGRITY TABS 1MG, 2MG | Surcharge |
| *prucalopride succinate tabs 1mg, 2mg* | Preferred |
| TRULANCE TABS 3MG | Preferred |
| ***IRRITABLE BOWEL SYNDROME WITH DIARRHEA*** | |
| *alosetron hcl tabs .5mg, 1mg* | Preferred |
| VIBERZI TABS 75MG, 100MG | Preferred |
| ***LAXATIVES*** | |
| *lactulose soln 10gm/15ml* | Preferred |
| *lactulose (encephalopathy) soln 10gm/15ml* | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | Preferred |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | Preferred |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* | Preferred |
| ***MISCELLANEOUS*** | |
| IQIRVO TABS 80MG | Preferred |
| *misoprostol tabs 100mcg, 200mcg* | |
| MOVANTIK TABS 12.5MG, 25MG | Preferred |
| *sucralfate susp 1gm/10ml; tabs 1gm* | Preferred |
| SYMPROIC TABS .2MG | Preferred |
| *ursodiol caps 300mg; tabs 250mg, 500mg* | |
| ***PANCREATIC ENZYMES*** | |
| CREON CAP 3000UNIT | Preferred |
| CREON CAP 6000UNIT | Preferred |
| CREON CAP 12000UNT | Preferred |
| CREON CAP 24000UNT | Preferred |
| CREON CAP 36000UNT | Preferred |
| VIOKACE TAB 10440 | Preferred |
| VIOKACE TAB 20880 | Preferred |
| ZENPEP CAP 3000UNIT | Preferred |
| ZENPEP CAP 5000UNIT | Preferred |
| ZENPEP CAP 10000UNT | Preferred |
| ZENPEP CAP 15000UNT | Preferred |
| ZENPEP CAP 20000UNT | Preferred |
| ZENPEP CAP 25000UNT | Preferred |
| ZENPEP CAP 40000UNT | Preferred |
| ZENPEP CAP 60000UNT | Preferred |
| ***PROTON PUMP INHIBITORS*** | |
| *dexlansoprazole cpdr 30mg, 60mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *esomeprazole magnesium cpdr 20mg, 40mg; pack 2.5mg, 5mg, 10mg, 20mg, 40mg* | Preferred |
| *esomeprazole sodium solr 40mg* | |
| *lansoprazole cpdr 15mg, 30mg* | Preferred |
| *omeprazole cpdr 10mg, 20mg, 40mg* | Preferred |
| *pantoprazole sodium pack 40mg; tbec 20mg, 40mg* | Preferred |
| *pantoprazole sodium solr 40mg* | |
| ***RECTAL, CORTICOSTEROIDS*** | |
| *hydrocortisone (rectal) crea 2.5%* | |
| PROCTOFOAM AER HC 1% | Preferred |
| ***ULCER THERAPY COMBINATIONS*** | |
| *amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg* | |
| *bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg* | Preferred |
| TALICIA CAP | Preferred |
| **GENITOURINARY** | |
| ***BENIGN PROSTATIC HYPERPLASIA*** | |
| *alfuzosin hcl tb24 10mg* | Preferred |
| AVODART CAPS .5MG | |
| CARDURA TABS 1MG, 2MG, 4MG, 8MG | |
| *doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg* | Preferred |
| *dutasteride caps .5mg* | Preferred |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | Preferred |
| *finasteride tabs 5mg* | Preferred |
| FLOMAX CAPS .4MG | |
| PROSCAR TABS 5MG | |
| *silodosin caps 4mg, 8mg* | Preferred |
| *tamsulosin hcl caps .4mg* | Preferred |
| *terazosin hcl caps 1mg, 2mg, 5mg, 10mg* | Preferred |
| ***ERECTILE DYSFUNCTION*** | |
| *avanafil tabs 50mg, 100mg, 200mg* | Preferred |
| *sildenafil citrate tabs 25mg, 50mg, 100mg* | Preferred |
| *tadalafil tabs 2.5mg, 5mg, 10mg, 20mg* | Preferred |
| ***MISCELLANEOUS*** | |
| *bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg* | |
| FILSPARI TABS 200MG, 400MG | Preferred |
| *potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg* | |
| *tiopronin tabs 100mg; tbec 100mg, 300mg* | Preferred |
| VANRAFIA TABS .75MG | Preferred |
| ***URINARY ANTISPASMODICS*** | |
| *darifenacin hydrobromide tb24 7.5mg, 15mg* | Preferred |
| DETROL TABS 1MG, 2MG | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *fesoterodine fumarate tb24 4mg, 8mg* | Preferred |
| GELNIQUE GEL 10% | Surcharge |
| GEMTESA TABS 75MG | Preferred |
| *mirabegron tb24 25mg, 50mg* | |
| *oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg* | Preferred |
| OXYTROL PTTW 3.9MG/24HR | Surcharge |
| *solifenacin succinate tabs 5mg, 10mg* | Preferred |
| *tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg* | Preferred |
| *trospium chloride cp24 60mg; tabs 20mg* | Preferred |
| ***VAGINAL ANTI-INFECTIVES*** | |
| *clindamycin phosphate vaginal crea 2%* | |
| *metronidazole vaginal gel .75%* | |
| *terconazole vaginal crea .4%, .8%; supp 80mg* | |
| **HEMATOLOGIC** | |
| ***ANTICOAGULANTS*** | |
| *dabigatran etexilate mesylate caps 75mg, 110mg, 150mg* | Preferred |
| ELIQUIS CPSP .15MG; TABS 2.5MG, 5MG; TBSO .5MG | Preferred |
| ELIQUIS STARTER PACK TBPK 5MG | Preferred |
| *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* | Preferred |
| *fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml* | Preferred |
| PRADAXA CAPS 75MG, 110MG, 150MG | Surcharge |
| *rivaroxaban susr 1mg/ml; tabs 2.5mg* | |
| SAVAYSA TABS 15MG, 30MG, 60MG | Surcharge |
| *warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg* | Preferred |
| XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG | Preferred |
| XARELTO STAR TAB 15/20MG | Preferred |
| ***BLEEDING DISORDERS AGENTS*** | |
| NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG | Preferred |
| SEVENFACT SOLR 1MG, 2MG, 5MG | Preferred |
| WILATE INJ | Preferred |
| ***HEMATOPOIETIC GROWTH FACTORS*** | |
| 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 |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML | Preferred |
| NYVEPRIA SOSY 6MG/0.6ML | Preferred |
| PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML | Preferred |
| RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML | Preferred |
| ***HEMOPHILIA A AGENTS*** | |
| ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT | Preferred |
| ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT | Preferred |
| AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT | Preferred |
| ALTUVIIIO SOLR 250UNIT, 500UNIT, 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, 4000UNIT | Preferred |
| JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT | Preferred |
| KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | Preferred |
| NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT | Preferred |
| NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT | Preferred |
| XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT | Preferred |
| XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | Preferred |
| ***HEMOPHILIA B AGENTS*** | |
| BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | Preferred |
| REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | Preferred |
| ***MISCELLANEOUS*** | |
| *anagrelide hcl caps .5mg, 1mg* | |
| *cilostazol tabs 50mg, 100mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ***PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS*** | |
| EMPAVELI SOLN 1080MG/20ML | Preferred |
| EPYSQLI SOLN 300MG/30ML | Preferred |
| ***PLATELET AGGREGATION INHIBITORS*** | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | Preferred |
| *clopidogrel bisulfate tabs 75mg, 300mg* | Preferred |
| *dipyridamole tabs 25mg, 50mg, 75mg* | |
| *prasugrel hcl tabs 5mg, 10mg* | Preferred |
| *ticagrelor tabs 60mg, 90mg* | Preferred |
| ***SICKLE CELL DISEASE*** | |
| ENDARI PACK 5GM | Preferred |
| *glutamine (sickle cell) pack 5gm* | Preferred |
| SIKLOS TABS 100MG, 1000MG | Preferred |
| ***THROMBOCYTOPENIA AGENTS*** | |
| ALVAIZ TABS 9MG, 18MG, 36MG, 54MG | Preferred |
| DOPTELET TABS 20MG | Preferred |
| DOPTELET SPRINKLE CPSP 10MG | Preferred |
| *eltrombopag olamine pack 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg, 75mg* | Preferred |
| **IMMUNOLOGIC AGENTS** | |
| ***ALLERGENIC EXTRACTS*** | |
| GRASTEK SUBL 2800BAU | Preferred |
| ODACTRA SUB | Preferred |
| ORALAIR SUB 300 IR | Preferred |
| RAGWITEK SUBL 12AMBA1-U | Preferred |
| ***ALOPECIA AREATA*** | |
| LITFULO CAPS 50MG | Preferred |
| OLUMIANT TABS 1MG, 2MG, 4MG | Preferred |
| ***AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)*** | |
| AVSOLA SOLR 100MG | Preferred |
| ILUMYA SOSY 100MG/ML | Preferred |
| PYZCHIVA 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 |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | Preferred |
| ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ENBREL SOLN 25MG/0.5ML; 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 |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | Preferred |
| 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; 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 |
| *tofacitinib citrate tabs 5mg; tb24 11mg* | Preferred |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | Preferred |
| 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 |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| 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 |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | Preferred |
| 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 (2 SYRINGE) 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, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | Preferred |
| ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML | Preferred |
| BIMZELX SOAJ 160MG/ML, 320MG/2ML; SOSY 160MG/ML, 320MG/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 |
| OTEZLA TABS 20MG, 30MG | Preferred |
| OTEZLA TAB 10/20 | Preferred |
| OTEZLA TAB 10/20/30 | Preferred |
| OTEZLA XR TB24 75MG | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| 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 |
| 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 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | Preferred |
| 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; 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, 30MG | Preferred |
| OTEZLA TAB 10/20 | Preferred |
| 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 | Preferred |
| SKYRIZI SOSY 150MG/ML | Preferred |
| SKYRIZI PEN SOAJ 150MG/ML | Preferred |
| *tofacitinib citrate soln 1mg/ml; tabs 5mg; tb24 11mg* | 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, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | Preferred |
| ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ENBREL SOLN 25MG/0.5ML; 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 |
| 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 |
| *tofacitinib citrate tabs 5mg; tb24 11mg* | Preferred |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | Preferred |
| 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 |
| *tofacitinib citrate tabs 5mg, 10mg; tb24 11mg, 22mg* | 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 | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | |
| *hydroxychloroquine sulfate tabs 200mg* | |
| *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; PACK 72MG, 96MG, 108MG, 132MG | 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* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *potassium chloride soln 10%, 20%* | Preferred |
| *potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq* | |
| *sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml; tabs .5mg, 1mg* | |
| ***VITAMINS*** | |
| *cyanocobalamin soln 1000mcg/ml* | |
| *folic acid soln 5mg/ml; tabs 1mg* | |
| *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 |
| *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* | 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* | |
| *besifloxacin hcl susp .6%* | |
| 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* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| OCUFLOX SOLN .3% | |
| *ofloxacin (ophth) soln .3%* | Preferred |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | |
| *sulfacetamide sodium (ophth) soln 10%* | Preferred |
| *tobramycin (ophth) soln .3%* | Preferred |
| TOBREX OINT .3% | |
| *trifluridine soln 1%* | Preferred |
| VIGAMOX SOLN .5% | |
| XDEMVY SOLN .25% | Preferred |
| ***ANTI-INFLAMMATORIES*** | |
| ACULAR SOLN .5% | |
| ACULAR LS SOLN .4% | |
| ACUVAIL SOLN .45% | Preferred |
| *bromfenac 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 |
| ZERVIATE SOLN .24% | Preferred |
| ***ANTIGLAUCOMA BETA-BLOCKERS*** | |
| BETOPTIC-S SUSP .25% | Preferred |
| *levobunolol hcl soln .5%* | |
| *timolol soln .5%* | Preferred |
| *timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%* | Preferred |
| ***ANTIGLAUCOMA COMBINATION AGENTS*** | |
| *brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* | Preferred |
| *dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%* | Preferred |
| ROCKLATAN DRO | Preferred |
| SIMBRINZA SUS 1-0.2% | Preferred |
| ***CARBONIC ANHYDRASE INHIBITORS*** | |
| *brinzolamide susp 1%* | Preferred |
| *dorzolamide hcl soln 2%* | Preferred |
| ***DRY EYE DISEASE*** | |
| *cyclosporine (ophth) emul .05%* | Preferred |
| LACRISERT INST 5MG | Surcharge |
| MIEBO SOLN 1.338GM/ML | Preferred |
| RESTASIS EMUL .05% | Preferred |
| RESTASIS MULTIDOSE EMUL .05% | Preferred |
| VEVYE SOLN .1% | |
| XIIDRA SOLN 5% | Preferred |
| ***PROSTAGLANDINS*** | |
| *latanoprost soln .005%* | Preferred |
| LUMIGAN SOLN .01% | Preferred |
| *tafluprost soln .015mg/ml* | |
| *travoprost soln .004%* | Preferred |
| ***RETINAL DISORDERS*** | |
| BYOOVIZ SOLN .5MG/0.05ML | Preferred |
| ***RHO KINASE INHIBITORS*** | |
| RHOPRESSA SOLN .02% | Preferred |
| ***SYMPATHOMIMETICS*** | |
| ALPHAGAN P SOLN .1%, .15% | Preferred |
| *brimonidine tartrate soln .1%* | |
| *brimonidine tartrate soln .15%, .2%* | Preferred |
| **RESPIRATORY** | |
| ***ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS*** | |
| ARALAST NP SOLR 500MG, 1000MG | Preferred |
| GLASSIA SOLN 4GM/200ML, 5GM/250ML, 1000MG/50ML | Preferred |
| ZEMAIRA SOLR 1000MG, 4000MG, 5000MG | Preferred |
| ***ANAPHYLAXIS TREATMENT AGENTS*** | |
| AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML | Preferred |
| *epinephrine soln 1mg/ml* | Preferred |
| *epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml* | Preferred |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*** | |
| ANORO ELLIPT AER 62.5-25 | Preferred |
| BEVESPI AER 9-4.8MCG | Surcharge |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | Preferred |
| STIOLTO AER 2.5-2.5 | Preferred |
| *umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act* | Preferred |
| ***ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS*** | |
| BREZTRI AERO AER 9MCG | Preferred |
| TRELEGY AER 100MCG | Preferred |
| TRELEGY AER 200MCG | Preferred |
| ***ANTICHOLINERGICS*** | |
| ATROVENT HFA AERS 17MCG/ACT | Preferred |
| INCRUSE ELLIPTA AEPB 62.5MCG/INH | Preferred |
| *ipratropium bromide soln .02%* | Preferred |
| *ipratropium bromide (nasal) soln .03%, .06%* | |
| SPIRIVA HANDIHALER CAPS 18MCG | Preferred |
| SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT | Preferred |
| *tiotropium bromide caps 18mcg* | |
| TUDORZA PRESSAIR AEPB 400MCG/ACT | Surcharge |
| YUPELRI NEBU 175MCG/3ML | Preferred |
| ***ANTIHISTAMINE COMBINATIONS*** | |
| *azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act* | Preferred |
| ***ANTIHISTAMINES*** | |
| *azelastine hcl soln .15%, 137mcg/spray* | Preferred |
| *clemastine fumarate tabs 2.68mg* | |
| *cyproheptadine hcl syrp 2mg/5ml; tabs 4mg* | |
| *hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg* | |
| *levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg* | |
| *olopatadine hcl (nasal) soln .6%* | Preferred |
| ***BETA AGONISTS*** | |
| *albuterol sulfate aers 108mcg/act; nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml* | Preferred |
| *albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg* | |
| *formoterol fumarate nebu 20mcg/2ml* | Preferred |
| *levalbuterol tartrate aero 45mcg/act* | Preferred |
| SEREVENT DISKUS AEPB 50MCG/DOSE | Preferred |
| STRIVERDI RESPIMAT AERS 2.5MCG/ACT | Preferred |
| *terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg* | |
| ***CHRONIC OBSTRUCTIVE PULMONARY DISEASE*** | |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML | Preferred |
| NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML | Except lyophilized powder; Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ***CHRONIC RHINOSINUSITIS WITH NASAL POLYPS*** | |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML | Preferred |
| NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML | Except lyophilized powder; Preferred |
| XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML | Preferred |
| ***COLD/COUGH*** | |
| *benzonatate caps 100mg, 150mg, 200mg* | |
| *hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg* | |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* | |
| *promethazine-dm syrup 6.25-15 mg/5ml* | |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* | |
| ***CYSTIC FIBROSIS*** | |
| *tobramycin nebu 300mg/4ml, 300mg/5ml* | Preferred |
| ***LEUKOTRIENE MODIFIERS*** | |
| *zileuton tb12 600mg* | Preferred |
| ***LEUKOTRIENE RECEPTOR ANTAGONISTS*** | |
| *montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg* | Preferred |
| *zafirlukast tabs 10mg, 20mg* | Preferred |
| ***MAST CELL STABILIZERS*** | |
| *cromolyn sodium nebu 20mg/2ml* | |
| ***MISCELLANEOUS*** | |
| *roflumilast tabs 250mcg, 500mcg* | Preferred |
| ***NASAL STEROIDS*** | |
| *flunisolide (nasal) soln .025%* | Preferred |
| *fluticasone propionate (nasal) susp 50mcg/act* | Preferred |
| *mometasone furoate (nasal) susp 50mcg/act* | Preferred |
| XHANCE EXHU 93MCG/ACT | Preferred |
| ***PULMONARY FIBROSIS AGENTS*** | |
| OFEV CAPS 100MG, 150MG | Preferred |
| *pirfenidone caps 267mg; tabs 267mg, 801mg* | Preferred |
| ***SEVERE ASTHMA AGENTS*** | |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML | Preferred |
| FASENRA SOSY 10MG/0.5ML, 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 |
|---|---|
| XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML | Preferred |
| ***STEROID INHALANTS*** | |
| ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT | Preferred |
| *budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml* | Preferred |
| *fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act* | Preferred |
| *fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act* | |
| *fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act* | |
| PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT | Preferred |
| QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT | Preferred |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | |
| AIRSUPRA AER 90-80MCG | Preferred |
| BREO ELLIPTA INH 50-25MCG | Preferred |
| BREO ELLIPTA INH 100-25 | Preferred |
| BREO ELLIPTA INH 200-25 | Preferred |
| *Breyna* | Preferred |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* | Preferred |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* | Preferred |
| *fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act* | |
| *fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act* | |
| *fluticasone-salmeterol aer powder ba 55-14 mcg/act* | |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* | |
| *fluticasone-salmeterol aer powder ba 113-14 mcg/act* | |
| *fluticasone-salmeterol aer powder ba 232-14 mcg/act* | |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* | |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* | |
| *fluticasone-salmeterol inhal aerosol 45-21 mcg/act* | |
| *fluticasone-salmeterol inhal aerosol 115-21 mcg/act* | |
| *fluticasone-salmeterol inhal aerosol 230-21 mcg/act* | |
| ***XANTHINES*** | |
| *theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg* | |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| **TOPICAL** | |
| ***DERMATOLOGY, ACNE*** | |
| ABSORICA CAPS 10MG, 20MG, 25MG, 30MG, 35MG, 40MG | Preferred |
| *adapalene crea .1%; gel .1%, .3%; pads .1%* | Preferred |
| *adapalene-benzoyl peroxide gel 0.1-2.5%* | |
| *adapalene-benzoyl peroxide gel 0.3-2.5%* | |
| AKLIEF CREA .005% | Preferred |
| ARAZLO LOTN .045% | Preferred |
| BENZAC AC WASH LIQD 5% | |
| BENZAMYCIN GEL 5-3% | |
| *benzoyl peroxide foam 9.8%; gel 8%* | Preferred |
| *benzoyl peroxide-erythromycin gel 5-3%* | Preferred |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* | Preferred |
| *clindamycin phosphate (topical) gel 1%; soln 1%* | Preferred |
| *clindamycin phosphate (topical) lotn 1%* | |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%* | Preferred |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%* | Preferred |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%* | |
| *clindamycin phosphate-tretinoin gel 1.2-0.025%* | |
| *dapsone (topical) gel 5%, 7.5%* | |
| EPIDUO FORTE GEL 0.3-2.5% | Preferred |
| EPIDUO GEL 0.1-2.5% | Preferred |
| *erythromycin (acne aid) gel 2%* | |
| *erythromycin (acne aid) soln 2%* | Preferred |
| *isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg* | Preferred |
| KLARON LOTN 10% | |
| RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% | |
| *sulfacetamide sodium (acne) lotn 10%* | |
| *tazarotene crea .05%, .1%; gel .05%, .1%* | Preferred |
| *tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%* | Preferred |
| *tretinoin microsphere gel .04%, .1%* | Preferred |
| WINLEVI CREA 1% | Preferred |
| ***DERMATOLOGY, ACTINIC KERATOSIS*** | |
| *fluorouracil (topical) crea 5%; soln 2%, 5%* | Preferred |
| *imiquimod crea 3.75%, 5%* | Preferred |
| ***DERMATOLOGY, ANTIBIOTICS*** | |
| *gentamicin sulfate (topical) crea .1%; oint .1%* | Preferred |
| *mupirocin oint 2%* | Preferred |
| *silver sulfadiazine crea 1%* | |
| ***DERMATOLOGY, ANTIFUNGALS*** | |
| *ciclopirox gel .77%; sham 1%; soln 8%* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *ciclopirox olamine crea .77%; susp .77%* | Preferred |
| *clotrimazole (topical) crea 1%; soln 1%* | Preferred |
| *econazole nitrate crea 1%* | Preferred |
| *ketoconazole (topical) crea 2%; foam 2%* | Preferred |
| *luliconazole crea 1%* | Preferred |
| *naftifine hcl crea 1%, 2%; gel 2%* | Preferred |
| *nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm* | Preferred |
| ***DERMATOLOGY, ANTIPSORIATICS*** | |
| *acitretin caps 10mg, 17.5mg, 25mg* | Preferred |
| *calcipotriene crea .005%; oint .005%; soln .005%* | Preferred |
| *calcipotriene-betamethasone dipropionate oint 0.005-0.064%* | Preferred |
| *calcipotriene-betamethasone dipropionate susp 0.005-0.064%* | Preferred |
| ENSTILAR AER | Preferred |
| *methoxsalen rapid caps 10mg* | Preferred |
| *tazarotene crea .05%, .1%; gel .05%, .1%* | Preferred |
| VTAMA CREA 1% | Preferred |
| ZORYVE CREA .3%; FOAM .3% | Preferred |
| ***DERMATOLOGY, ANTISEBORRHEICS*** | |
| *ketoconazole (topical) sham 2%* | Preferred |
| *selenium sulfide lotn 2.5%* | Preferred |
| ZORYVE FOAM .3% | Preferred |
| ***DERMATOLOGY, ATOPIC DERMATITIS*** | |
| CIBINQO TABS 50MG, 100MG, 200MG | Preferred |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 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 |
| *pimecrolimus crea 1%* | Preferred |
| RINVOQ TB24 15MG, 30MG, 45MG | Preferred |
| *tacrolimus (topical) oint .03%, .1%* | Preferred |
| VTAMA CREA 1% | Preferred |
| ZORYVE CREA .05%, .15% | Preferred |
| ***DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA*** | |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 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 |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| ***DERMATOLOGY, CORTICOSTEROIDS*** | |
| *alclometasone dipropionate crea .05%; oint .05%* | |
| *betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%* | |
| *betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%* | |
| *betamethasone valerate crea .1%; lotn .1%; oint .1%* | |
| BRYHALI LOTN .01% | Preferred |
| *clobetasol propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%* | Preferred |
| *clobetasol propionate soln .05%* | |
| *clobetasol propionate emollient base crea .05%* | Preferred |
| *clobetasol propionate emulsion foam .05%* | Preferred |
| *desonide crea .05%; lotn .05%; oint .05%* | Preferred |
| *desoximetasone crea .05%, .25%; gel .05%; oint .05%, .25%* | Preferred |
| *diflorasone diacetate crea .05%; oint .05%* | |
| *fluocinolone acetonide crea .025%; oint .025%; soln .01%* | |
| *fluocinonide crea .05%; gel .05%; oint .05%; soln .05%* | Preferred |
| *fluocinonide emulsified base crea .05%* | Preferred |
| *fluticasone propionate crea .05%; lotn .05%; oint .005%* | |
| *halobetasol propionate crea .05%; oint .05%* | Preferred |
| *hydrocortisone (topical) crea 1%, 2.5%; oint 1%* | Preferred |
| *hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%* | Preferred |
| *hydrocortisone valerate crea .2%; oint .2%* | |
| *mometasone furoate crea .1%; oint .1%; soln .1%* | Preferred |
| *triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%* | Preferred |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | |
| *lidocaine ptch 5%* | Preferred |
| *lidocaine-prilocaine cream 2.5-2.5%* | Preferred |
| *lidocaine-prilocaine cream kit 2.5-2.5%* | |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | |
| *lactic acid (ammonium lactate) crea 12%; lotn 12%* | |
| *podofilox gel .5%; soln .5%* | |
| ***DERMATOLOGY, PRURIGO NODULARIS*** | |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML | Preferred |
| NEMLUVIO AUIJ 30MG | Preferred |
| ***DERMATOLOGY, ROSACEA*** | |
| *azelaic acid gel 15%* | Preferred |

| DRUG NAME | FORMULARY STATUS |
|---|---|
| *brimonidine tartrate (topical) gel .33%* | Preferred |
| *doxycycline (rosacea) cpdr 40mg* | Preferred |
| FINACEA FOAM 15% | Preferred |
| *ivermectin (rosacea) crea 1%* | Preferred |
| METROCREAM CREA .75% | |
| METROGEL GEL 1% | |
| *metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%* | Preferred |
| ***DERMATOLOGY, SCABICIDES AND PEDICULICIDES*** | |
| *malathion lotn .5%* | |
| *permethrin crea 5%* | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | |
| *cevimeline hcl caps 30mg* | |
| *clotrimazole troc 10mg* | |
| EPISIL LIQ | Preferred |
| *lidocaine hcl (mouth-throat) soln 2%* | Preferred |
| MUGARD LIQ | Preferred |
| *nystatin (mouth-throat) susp 100000unit/ml* | |
| *pilocarpine hcl (oral) tabs 5mg, 7.5mg* | |
| *triamcinolone acetonide (mouth) pste .1%* | |
| ***OTIC*** | |
| *acetic acid (otic) soln 2%* | Preferred |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | Preferred |
| *ciprofloxacin-hydrocortisone otic susp 0.2-1%* | Preferred |
| *neomycin-polymyxin-hc otic soln 1%* | Preferred |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | Preferred |
| *ofloxacin (otic) soln .3%* | Preferred |

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