



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 UMW 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).

العربية (ARABIC)

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

Русский (RUSSIAN)

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

Tagalog (TAGALOG – FILIPINO)

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

Français (FRENCH)

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

Deitsch (PENNSYLVANIA DUTCH)

Wann du [Deitsch (Pennsylvania German / Dutch)] 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۔ کل کریں۔ 1-800-291-1425 (TTY: 711)۔

हिंदी (HINDI)

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

Diné Bizaad (Navajo)

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

PREFACE

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

GENERIC SUBSTITUTION

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

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

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

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

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

FUNDS SUPPLEMENTAL FORMULARY PREFERRED PRODUCT PROGRAM

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

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

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

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

PRIOR AUTHORIZATION (PA)

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

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

DRUG CLASS	PRODUCTS REQUIRING PA <ul style="list-style-type: none"> • Includes brands and generics, where available • Some products may also be subject to quantity limits
Acne	<ul style="list-style-type: none"> • Adapalene Products (Differin – PA required only in adults age 36 and older, Epiduo, Epiduo Forte) • Topical Retinoids (such as tretinoin products and all products of the following brands: Altreno, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Veltin, Ziana) – PA required only in adults age 26 and older • Tazarotene Products (Tazorac, Fabior, Arazlo) • Trifarotene (Aklief) • Clascoterone (Winlevi)

DRUG CLASS	PRODUCTS REQUIRING PA <ul style="list-style-type: none"> <i>Includes brands and generics, where available</i> <i>Some products may also be subject to quantity limits</i>
Atopic Dermatitis	<ul style="list-style-type: none"> Anzupgo Eucrisa Opzelura Vtama Zoryve
Select Antibiotics and Antifungal Agents	<ul style="list-style-type: none"> Select oral and injectable Antibiotics and antifungal agents (Daptomycin, Gentamycin, Streptomycin, Vancomycin) Voriconazole (Vfend)
Anti-obesity Agents (Weight Loss)	<ul style="list-style-type: none"> Benzphetamine, Diethylpropion, Liraglutide (Saxenda), Orlistat (Xenical), Phentermine, Phentermine and Topiramate extended-release (Qsymia), Phendimetrazine, Contrave, Foundayo, Wegovy, Zepbound
Chronic Spontaneous Urticaria	<ul style="list-style-type: none"> Rhapsido
Compound Medications*	<ul style="list-style-type: none"> Select medications <p>*A compound medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.</p>
Contraceptives	<ul style="list-style-type: none"> Non-contraceptive medical necessity only (Grandfathered plans not subject to the Affordable Care Act only)
Diabetes – Disposable Insulin Pump Devices	<ul style="list-style-type: none"> OmniPod V-Go
Hyperinflation Management	<ul style="list-style-type: none"> Select drugs that are exponentially more expensive than readily available lower-cost alternatives and whose price is not supported by evidence of greater clinical efficacy. For more information, go to UMWAFunds.org/prescription-drug-plan-benefits
Hypoactive Sexual Desire Disorder	<ul style="list-style-type: none"> Addyi

DRUG CLASS	PRODUCTS REQUIRING PA <ul style="list-style-type: none"> <i>Includes brands and generics, where available</i> <i>Some products may also be subject to quantity limits</i>
Pain	<ul style="list-style-type: none"> Extended-Release Opioids – must use an immediate-release opioid before an extended-release form is covered Oral-Intranasal Fentanyl (such as Actiq, fentanyl buccal tablet, fentanyl sublingual tablet, fentanyl transmucosal lozenge, Fentora, Lazanda, Subsys) Duexis/Vimovo (NSAID combination products)
Peanut Allergy Immunotherapy	<ul style="list-style-type: none"> Palforzia
Respiratory - Miscellaneous	<ul style="list-style-type: none"> Brinsupri
Miscellaneous	<ul style="list-style-type: none"> Auvi-Q – use alternative (examples include epinephrine auto-injector, EpiPen, EpiPen Jr, Symjepi) Fortamet/Glumetza (including their generic metformin ER versions) – use generic Glucophage XR (metformin ER) Zegerid (including omeprazole-sodium bicarbonate) – use generic Proton Pump Inhibitor (PPI) Select Medical Devices (510K Pathway) and Artificial Saliva Products

SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS

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

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

ADVANCED CONTROL SPECIALTY FORMULARY®

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

QUANTITY LIMITS

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

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

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

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

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

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

LEGEND

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

NOTICE

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

FUNDS' WEBSITE

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

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
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hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Preferred
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hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Preferred
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hydrocodone-acetaminophen soln 10-300 mg/15ml	Preferred
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hydrocodone-acetaminophen soln 10-325 mg/15ml	Preferred
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hydrocodone-acetaminophen tab 2.5-325 mg	Preferred
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hydrocodone-acetaminophen tab 5-300 mg	Preferred
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hydrocodone-acetaminophen tab 5-325 mg	Preferred
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hydrocodone-acetaminophen tab 7.5-300 mg	Preferred
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hydrocodone-acetaminophen tab 7.5-325 mg	Preferred
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hydrocodone-acetaminophen tab 10-300 mg	Preferred
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hydrocodone-acetaminophen tab 10-325 mg	Preferred
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hydromorphone hcl liqd 1mg/ml; soln .2mg/ml, 10mg/ml; tabs 2mg, 4mg, 8mg; tb24 8mg, 12mg, 16mg, 32mg	Preferred
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methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg	Preferred
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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; tbc 15mg, 30mg, 60mg, 100mg, 200mg	Preferred
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morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	Preferred
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oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 20mg, 30mg	Preferred
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oxycodone w/ acetaminophen soln 5-325 mg/5ml	Preferred
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oxycodone w/ acetaminophen tab 5-325 mg	Preferred
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tapentadol hcl tabs 50mg, 75mg, 100mg	Preferred
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tramadol hcl cp24 100mg, 200mg, 300mg; soln 5mg/ml; tabs 50mg, 75mg, 100mg; tb24 100mg, 200mg, 300mg	Preferred
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tramadol hcl tabs 25mg	
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XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG	Preferred
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OPIOID PARTIAL AGONISTS

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

diflunisal tabs 500mg	
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VISCOSUPPLEMENTS

DUROLANE PRSY 60MG/3ML	Preferred
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EUFLEXXA SOSY 20MG/2ML	Preferred
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DRUG NAME	FORMULARY STATUS
GELSYN-3 SOSY 16.8MG/2ML	Preferred
ORTHOVISC SOSY 30MG/2ML	Preferred
ANESTHETICS	
LOCAL ANESTHETICS	
<i>chloroprocaine hcl soln 2%, 3%</i>	
<i>tetracaine hcl soln 1%</i>	
ANTI-INFECTIVES	
ANTHELMINTICS	
EMVERM CHEW 100MG	Preferred
<i>ivermectin tabs 3mg, 6mg</i>	Preferred
STROMEKTOL TABS 3MG	
ANTI-BACTERIALS - MISCELLANEOUS	
<i>sulfadiazine tabs 500mg</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
ANTIFUNGALS	
DIFLUCAN SUSR 40MG/ML; TABS 100MG, 150MG, 200MG	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Preferred
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	Preferred
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	Preferred
<i>voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg</i>	
ANTIMALARIALS	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	
<i>hydroxychloroquine sulfate tabs 100mg, 300mg, 400mg</i>	
<i>mefloquine hcl tabs 250mg</i>	
ANTIRETROVIRAL AGENTS	
<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	Preferred
APRETUDE SUER 600MG/3ML	Preferred
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	Preferred
<i>darunavir tabs 600mg, 800mg</i>	Preferred
<i>efavirenz tabs 600mg</i>	Preferred
<i>emtricitabine caps 200mg</i>	Preferred
<i>etravirine tabs 100mg, 200mg</i>	Preferred
<i>fosamprenavir calcium tabs 700mg</i>	

DRUG NAME	FORMULARY STATUS
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ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	Preferred
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ISENTRESS HD TABS 600MG	Preferred
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<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	Preferred
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<i>maraviroc tabs 150mg, 300mg</i>	Preferred
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<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg</i>	Preferred
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<i>rilpivirine hcl tabs 25mg</i>	Preferred
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<i>ritonavir tabs 100mg</i>	Preferred
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<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
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TIVICAY TABS 50MG	Preferred
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TIVICAY PD TBSO 5MG	Preferred
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YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG	Preferred
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<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	Preferred
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ANTIRETROVIRAL COMBINATION AGENTS

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

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

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

HEPATITIS B

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

HEPATITIS C

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

MISCELLANEOUS

<i>chloramphenicol sodium succinate solr 1gm</i>	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	Preferred
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	Preferred
<i>clindamycin phosphate soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	Preferred
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Preferred
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Preferred
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Preferred
<i>dapsone tabs 25mg, 100mg</i>	

DRUG NAME	FORMULARY STATUS
<i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i>	Preferred
<i>metronidazole caps 375mg; soln 500mg/100ml; tabs 125mg, 250mg, 500mg</i>	Preferred
<i>nitrofurantoin susp 25mg/5ml</i>	Preferred
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	Preferred
<i>nitrofurantoin monohyd macro caps 100mg</i>	Preferred
<i>pyrimethamine tabs 25mg</i>	Preferred
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Preferred
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Preferred
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Preferred
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Preferred
<i>trimethoprim tabs 100mg</i>	
<i>vancomycin hcl caps 125mg, 250mg</i>	Preferred
XIFAXAN TABS 550MG	Preferred

PENICILLINS

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

TETRACYCLINES

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

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

DRUG NAME	FORMULARY STATUS
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
XTANDI CAPS 40MG; TABS 40MG, 80MG	Preferred
YONSA TABS 125MG	Preferred

KINASE INHIBITORS

ALECENSA CAPS 150MG	Preferred
ALUNBRIG TABS 30MG, 90MG, 180MG	Preferred
ALUNBRIG PAK	Preferred
AUGTYRO CAPS 40MG, 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
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	Preferred
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	Preferred
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	Preferred
GAVRETO CAPS 100MG	Preferred
<i>gefitinib tabs 250mg</i>	Preferred
GOMEKLI CAPS 1MG, 2MG; TBSO 1MG	Preferred
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	Preferred
IBTROZI CAPS 200MG	Preferred
<i>imatinib mesylate tabs 100mg, 400mg</i>	Preferred
INLYTA TABS 1MG, 5MG	Preferred
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Preferred
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
<i>lapatinib ditosylate tabs 250mg</i>	Preferred
LENVIMA 4 MG DAILY DOSE CPPK 4MG	Preferred
LENVIMA 8 MG DAILY DOSE CPPK 4MG	Preferred
LENVIMA 10 MG DAILY DOSE CPPK 10MG	Preferred
LENVIMA 12MG DAILY DOSE CPPK 4MG	Preferred
LENVIMA 20 MG DAILY DOSE CPPK 10MG	Preferred
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
<i>nilotinib hcl caps 50mg, 150mg, 200mg</i>	Preferred
<i>pazopanib hcl tabs 200mg, 400mg</i>	Preferred
PIQRAY 200MG DAILY DOSE TBPk 200MG	Preferred
PIQRAY 250MG TAB DOSE	Preferred
PIQRAY 300MG DAILY DOSE TBPk 150MG	Preferred
RETEVMO TABS 40MG, 80MG, 120MG, 160MG	Preferred
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	Preferred
RYDAPT CAPS 25MG	Preferred
SCEMBLIX TABS 20MG, 40MG, 100MG	Preferred
<i>sorafenib tosylate tabs 200mg</i>	Preferred
STIVARGA TABS 40MG	Preferred
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Preferred
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	Preferred
TAGRISSE TABS 40MG, 80MG	Preferred
<i>temsirolimus soln 25mg/ml</i>	
TRUQAP TABS 160MG, 200MG; TBPk 160MG, 200MG	Preferred
TURALIO CAPS 125MG	Preferred
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	Preferred
XOSPATA TABS 40MG	Preferred
ZYKADIA TABS 150MG	Preferred
MISCELLANEOUS	
<i>bexarotene caps 75mg</i>	Preferred
<i>hydroxyurea caps 500mg</i>	
KRAZATI TABS 200MG	Preferred
LUMAKRAS TABS 120MG, 240MG, 320MG	Preferred
LYNPARZA TABS 100MG, 150MG	Preferred
ODOMZO CAPS 200MG	Preferred
<i>tretinoin (chemotherapy) caps 10mg</i>	
VISTOGARD PACK 10GM	Preferred
ZEJULA TABS 100MG, 200MG, 300MG	Preferred
MITOTIC INHIBITORS	
<i>paclitaxel conc 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml</i>	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	
MONOCLONAL ANTIBODIES	
PHESGO SOL	Preferred
POLYCYTHEMIA VERA	
BESREMI SOSY 500MCG/ML	Preferred
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Preferred
JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG	Preferred
PROTEASOME INHIBITORS	
<i>bortezomib solr 3.5mg</i>	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
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred
LOTENSIN TABS 10MG, 20MG, 40MG	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	Preferred
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone tabs 25mg, 50mg</i>	
KERENDIA TABS 10MG, 20MG, 40MG	Preferred
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	Preferred

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Preferred
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Preferred
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Preferred
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Preferred
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Preferred
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Preferred
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Preferred
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Preferred
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Preferred
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Preferred

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

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

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

DRUG NAME	FORMULARY STATUS
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CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tb24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Preferred
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	Preferred
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Preferred
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	Preferred
PROCARDIA XL TB24 30MG, 60MG, 90MG	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc24 120mg, 180mg, 240mg</i>	Preferred

DIGITALIS GLYCOSIDES

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

<i>aliskiren fumarate tabs 150mg, 300mg</i>	Preferred
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DIURETICS

<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	
<i>acetazolamide sodium solr 500mg</i>	

DRUG NAME	FORMULARY STATUS
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl tabs 5mg</i>	Preferred
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>chlorthalidone tabs 25mg, 50mg</i>	Preferred
<i>dichlorphenamide tabs 50mg</i>	
<i>ethacrynic acid tabs 25mg</i>	Preferred
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	Preferred
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
<i>indapamide tabs 1.25mg, 2.5mg</i>	
LASIX TABS 20MG, 40MG, 80MG	
<i>methazolamide tabs 25mg, 50mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Preferred
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	Preferred
<i>triamterene caps 50mg, 100mg</i>	Preferred
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Preferred
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Preferred
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Preferred

HEART FAILURE

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

MISCELLANEOUS

<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>droxidopa caps 100mg, 200mg, 300mg</i>	
<i>guanfacine hcl tabs 1mg, 2mg</i>	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine tb12 500mg, 1000mg</i>	Preferred
VYNDAMAX CAPS 61MG	Preferred

NITRATES

<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
<i>nitroglycerin soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	Preferred
NITROLINGUAL SOLN .4MG/SPRAY	
NITROSTAT SUBL .3MG, .4MG, .6MG	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	Preferred
<i>ambrisentan tabs 5mg, 10mg</i>	Preferred
<i>bosentan tabs 62.5mg, 125mg; tbso 32mg</i>	Preferred
OPSUMIT TABS 10MG	Preferred
OPSYNVI TAB 10-20MG	Preferred
OPSYNVI TAB 10-40MG	Preferred
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	Preferred
ORENITRAM TAB MONTH 1	Preferred
ORENITRAM TAB MONTH 2	Preferred
ORENITRAM TAB MONTH 3	Preferred
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg</i>	Preferred
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	Preferred
TADLIQ SUSP 20MG/5ML	Preferred
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	Preferred
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	Preferred
TYVASO DPI POW 16-32-48	Preferred
TYVASO DPI POW 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

<i>acamprosate calcium tbec 333mg</i>	
<i>disulfiram tabs 250mg, 500mg</i>	

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS SUSP 105MG/5ML	Preferred
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	Preferred

ANTIANXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	Preferred
<i>alprazolam tb24 .5mg, 1mg, 2mg, 3mg</i>	

DRUG NAME	FORMULARY STATUS
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	
<i>lorazepam conc 2mg/ml; soln 2mg/ml, 4mg/ml; tabs .5mg, 1mg, 2mg</i>	Preferred
<i>oxazepam caps 10mg, 15mg, 30mg</i>	Preferred

ANTIDEMENTIA

<i>ARICEPT TABS 5MG, 10MG, 23MG</i>	
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	Preferred
<i>EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR</i>	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	Preferred
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg</i>	
<i>memantine hcl soln 2mg/ml; tabs 5mg, 10mg</i>	Preferred
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Preferred
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	
<i>NAMZARIC CAP</i>	Preferred
<i>NAMZARIC CAP 7-10MG</i>	Preferred
<i>NAMZARIC CAP 14-10MG</i>	Preferred
<i>NAMZARIC CAP 21-10MG</i>	Preferred
<i>NAMZARIC CAP 28-10MG</i>	Preferred
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	Preferred
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	Preferred

ANTIDEPRESSANTS

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

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

DRUG NAME	FORMULARY STATUS
<i>carbidopa & levodopa tab 25-250 mg</i>	Preferred
<i>carbidopa & levodopa tab er 25-100 mg</i>	Preferred
<i>carbidopa & levodopa tab er 50-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Preferred
CREXONT CAP 35-140MG	Preferred
CREXONT CAP 52.5-210	Preferred
CREXONT CAP 70-280MG	Preferred
CREXONT CAP 87.5-350	Preferred
<i>entacapone tabs 200mg</i>	Preferred
INBRIJA CAPS 42MG	Preferred
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	Preferred
PARLODEL CAPS 5MG; TABS 2.5MG	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Preferred
<i>rasagiline mesylate tabs .5mg, 1mg</i>	Preferred
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	Preferred
RYTARY CAP 95MG	Preferred
RYTARY CAP 145MG	Preferred
RYTARY CAP 195MG	Preferred
RYTARY CAP 245MG	Preferred
<i>selegiline hcl caps 5mg; tabs 5mg</i>	Preferred
SINEMET TAB 10-100MG	
SINEMET TAB 25-100MG	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	
ANTIPSYCHOTICS	
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	Preferred
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	Preferred
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	Preferred
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	Preferred
ARISTADA INITIO PRSY 675MG/2.4ML	Preferred

DRUG NAME	FORMULARY STATUS
<i>chlorpromazine hcl conc 30mg/ml, 100mg/ml; soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	Preferred
CLOZARIL TABS 25MG, 50MG, 100MG, 200MG	
<i>fluphenazine decanoate soln 25mg/ml</i>	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	
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
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	Preferred
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	Preferred
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	Preferred
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	Preferred
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG	Preferred
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	Preferred
<i>ziprasidone mesylate solr 20mg</i>	Preferred
ANTISEIZURE AGENTS	
<i>brivaracetam soln 10mg/ml, 50mg/5ml; tabs 10mg, 25mg, 50mg, 75mg, 100mg</i>	Preferred
<i>carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	Preferred
CARBATROL CP12 100MG, 200MG, 300MG	

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

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine tbed 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg</i>	Preferred
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Preferred
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	Preferred
AZSTARYS CAP 26.1-5.2	Preferred
AZSTARYS CAP 39.2-7.8	Preferred
AZSTARYS CAP 52.3-10.	Preferred
<i>clonidine hcl (adhd) tb12 .1mg</i>	
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	Preferred
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	
FOCALIN TABS 2.5MG, 5MG, 10MG	
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	Preferred
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	Preferred
METHYLIN SOLN 5MG/5ML, 10MG/5ML	
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	Preferred
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tb24 18mg; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg</i>	Preferred
QELBREE CP24 100MG, 150MG, 200MG	Preferred
RITALIN TABS 5MG, 10MG, 20MG	
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	
BOTULINUM TOXINS	
DAXXIFY SOLR 100UNIT	Preferred
DYSPORE 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
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	Preferred
EDLUAR SUBL 5MG, 10MG	Surcharge
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
QUVIVIQ TABS 25MG, 50MG	Preferred
<i>ramelteon tabs 8mg</i>	Preferred
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	
<i>zaleplon caps 5mg, 10mg</i>	Preferred
<i>zolpidem tartrate subl 1.75mg, 3.5mg; tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	Preferred
MIGRAINE - ERGOTAMINE DERIVATIVES	
<i>dihydroergotamine mesylate soln 1mg/ml, 4mg/ml</i>	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	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	
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	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	
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	Preferred
ONZETRA XSAIL EXHP 11MG/NOSEPC	Preferred
RELPAK TABS 20MG, 40MG	
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	Preferred
<i>sumatriptan soln 5mg/act, 20mg/act</i>	Preferred
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	Preferred
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	
TOSYMRA SOLN 10MG/ACT	Preferred
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	Preferred
<i>zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	Preferred
MISCELLANEOUS	
ENSPRYNG SOSY 120MG/ML	Preferred
MOOD STABILIZERS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	

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
<i>methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg, 1000mg</i>	
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
ZANAFLEX TABS 4MG	
MYASTHENIA GRAVIS	
EPYSQI SOLN 300MG/30ML	Preferred
<i>pyridostigmine bromide soln 60mg/5ml; tabs 30mg, 60mg; tbc 180mg</i>	
VYVGART SOLN 400MG/20ML	Preferred
VYVGART INJ HYTRULO	Preferred
NARCOLEPSY/CATAPLEXY	
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	Preferred
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	Preferred
LUMRYZ PAK STARTER	Preferred
<i>modafinil tabs 100mg, 200mg</i>	Preferred
SUNOSI TABS 75MG, 150MG	Preferred
WAKIX TABS 4.45MG, 17.8MG	Preferred
XYWAV SOL 0.5GM/ML	Preferred
OPIOID AGONIST/ANTAGONIST	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Preferred
ZUBSOLV SUB 0.7-0.18	Preferred
ZUBSOLV SUB 1.4-0.36	Preferred
ZUBSOLV SUB 2.9-0.71	Preferred
ZUBSOLV SUB 5.7-1.4	Preferred
ZUBSOLV SUB 8.6-2.1	Preferred
ZUBSOLV SUB 11.4-2.9	Preferred
OPIOID ANTAGONIST	
KLOXXADO LIQD 8MG/0.1ML	Preferred
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	Preferred
<i>naloxone hcl sosy .4mg/ml</i>	
<i>naltrexone hcl tabs 50mg</i>	

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

DRUG NAME	FORMULARY STATUS
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Preferred
JANUMET TAB 50-500MG	Preferred
JANUMET TAB 50-1000	Preferred
JANUMET XR TAB 50-500MG	Preferred
JANUMET XR TAB 50-1000	Preferred
JANUMET XR TAB 100-1000	Preferred
JENTADUETO TAB 2.5-500	Surcharge
JENTADUETO TAB 2.5-850	Surcharge
JENTADUETO TAB 2.5-1000	Surcharge
JENTADUETO TAB XR	Surcharge
KOMBIGLYZ XR TAB 2.5-1000	Surcharge
KOMBIGLYZ XR TAB 5-500MG	Surcharge
KOMBIGLYZ XR TAB 5-1000MG	Surcharge
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	Preferred
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	Preferred
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab 50-500 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab 50-1000 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab er 24hr 50-500 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg</i>	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	
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	Preferred
BRYNOVIN SOLN 25MG/ML	Surcharge
JANUVIA TABS 25MG, 50MG, 100MG	Preferred
ONGLYZA TABS 2.5MG, 5MG	Surcharge
<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	Preferred
<i>sitagliptin tabs 25mg, 50mg, 100mg</i>	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
<i>liraglutide sopn 18mg/3ml</i>	Preferred
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	Preferred
OZEMPIC SOPN 2MG/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 LISIP 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

<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	Preferred
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ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

ACTOPLUS MET TAB 15-850MG	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Preferred
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Preferred

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

DUETACT TAB 30-2MG	
DUETACT TAB 30-4MG	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Preferred
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Preferred

ANTIDIABETICS, MEGLITINIDE

<i>nateglinide tabs 60mg, 120mg</i>	Preferred
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Preferred

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS

<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	Preferred
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	Preferred
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	Preferred
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	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, Preferred 17.2MG	
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
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	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	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	Preferred
CALCIUM REGULATORS, BISPHOSPHONATES	
ACTONEL TABS 35MG, 150MG	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	Preferred
ATELVIA TBEC 35MG	
FOSAMAX TABS 70MG	
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	Preferred
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	Preferred
<i>risedronate sodium tbec 35mg</i>	
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	Preferred
CALCIUM REGULATORS, MISCELLANEOUS	
<i>calcitonin (salmon) soln 200unit/act, 200unit/ml</i>	Preferred
OSENVELT SOLN 120MG/1.7ML	Preferred
OSPOMYV SOSY 60MG/ML	Preferred
STOBOCLO SOSY 60MG/ML	Preferred
CALCIUM REGULATORS, PARATHYROID HORMONES	
BONSITY SOPN 560MCG/2.24ML	Preferred
<i>teriparatide sopn 560mcg/2.24ml</i>	Preferred
TERIPARATIDE SOPN 560MCG/2.24ML	Preferred
TYMLOS SOPN 3120MCG/1.56ML	Preferred
CARNITINE DEFICIENCY AGENTS	
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	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	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	Preferred
<i>deferiprone tabs 500mg, 1000mg</i>	Preferred
<i>deferoxamine mesylate solr 2gm, 500mg</i>	Preferred
<i>penicillamine caps 250mg; tabs 250mg</i>	Preferred
<i>trientine hcl caps 250mg</i>	Preferred
<i>trientine hcl caps 500mg</i>	
CONTRACEPTIVES	
ANNOVERA MIS	Preferred
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Preferred
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Preferred
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Preferred
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Preferred
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Preferred
KYLEENA IUD 19.5MG	Preferred
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Preferred
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Preferred
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Preferred
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Preferred
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Preferred
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Preferred
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	Preferred
LO LOESTRIN TAB 1-10-10	Preferred
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	

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

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	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	Preferred
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	Preferred
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	Preferred
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	Preferred
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
<i>miglustat caps 100mg</i>	
MENOPAUSAL SYMPTOM AGENTS	
CLIMARA PRO DIS WEEKLY	Preferred
COMBIPATCH DIS	Preferred
DUAVEE TAB 0.45-20	Preferred
ESTRACE TABS .5MG, 1MG, 2MG	
<i>estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	Preferred
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Preferred
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Preferred
<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	Preferred
ESTRING RING 7.5MCG/24HR	Preferred
<i>estrogens, conjugated tabs .3mg, .45mg, .625mg, .9mg, 1.25mg</i>	Preferred
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	Preferred
IMVEXXY STARTER PACK INST 4MCG, 10MCG	Preferred

DRUG NAME	FORMULARY STATUS
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Preferred
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Preferred
PREMARIN CREA .625MG/GM; TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	Preferred
PREMPHASE TAB	Preferred
PREMPRO TAB	Preferred
PREMPRO TAB 0.3-1.5	Preferred
PREMPRO TAB 0.45-1.5	Preferred
PREMPRO TAB 0.625-5	Preferred
VAGIFEM TABS 10MCG	

MISCELLANEOUS

<i>betaine powder for oral solution</i>	Preferred
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50MG, 150MG	Preferred
EVISTA TABS 60MG	
<i>methylergonovine maleate soln .2mg/ml; tabs .2mg</i>	
<i>mifepristone (hyperglycemia) tabs 300mg</i>	Preferred
OSPHENA TABS 60MG	Preferred
<i>raloxifene hcl tabs 60mg</i>	Preferred
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	Preferred
<i>tolvaptan tbpk 15mg</i>	Preferred
<i>tolvaptan (hyponatremia) tabs 15mg, 30mg</i>	Preferred
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	Preferred
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	Preferred
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	Preferred
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	Preferred

PHOSPHATE BINDER AGENTS

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

POTASSIUM-REMOVING AGENTS

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

PROGESTINS

CRINONE GEL 4%, 8%	Preferred
ENDOMETRIN INST 100MG	Preferred
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>megestrol acetate susp 400mg/10ml</i>	

DRUG NAME	FORMULARY STATUS
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	Preferred
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone caps 100mg, 200mg</i>	Preferred
<i>progesterone (vaginal) inst 100mg</i>	Preferred
PROVERA TABS 2.5MG, 5MG, 10MG	

THYROID AGENTS

<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Preferred
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	Preferred
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	Preferred

UREA CYCLE DISORDER

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

UTERINE FIBROIDS

MYFEMBREE TAB	Preferred
ORIAHNN CAP	Preferred

VASOPRESSINS

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

VITAMIN D ANALOGS

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

GASTROINTESTINAL

ANTICHOLINERGICS

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

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

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

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

DRUG NAME	FORMULARY STATUS
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	Preferred
GELNIQUE GEL 10%	Surcharge
GEMTESA TABS 75MG	Preferred
<i>mirabegron tb24 25mg, 50mg</i>	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	Preferred
OXYTROL PTTW 3.9MG/24HR	Surcharge
<i>solifenacin succinate tabs 5mg, 10mg</i>	Preferred
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	Preferred
<i>tropium chloride cp24 60mg; tabs 20mg</i>	Preferred

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

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

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 Preferred 300MCG/0.5ML, 480MCG/0.8ML	
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	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	

DRUG NAME	FORMULARY STATUS
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080MG/20ML	Preferred
EPYSQLI SOLN 300MG/30ML	Preferred
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Preferred
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	Preferred
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	Preferred
<i>ticagrelor tabs 60mg, 90mg</i>	Preferred
SICKLE CELL DISEASE	
ENDARI PACK 5GM	Preferred
<i>glutamine (sickle cell) pack 5gm</i>	Preferred
SIKLOS TABS 100MG, 1000MG	Preferred
THROMBOCYTOPENIA AGENTS	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	Preferred
DOPTELET TABS 20MG	Preferred
DOPTELET SPRINKLE CPSP 10MG	Preferred
<i>eltrombopag olamine pack 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg, 75mg</i>	Preferred
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
<i>tofacitinib citrate tabs 5mg; tb24 11mg</i>	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
<i>tofacitinib citrate soln 1mg/ml; tabs 5mg; tb24 11mg</i>	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
<i>tofacitinib citrate tabs 5mg; tb24 11mg</i>	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
<i>tofacitinib citrate tabs 5mg, 10mg; tb24 11mg, 22mg</i>	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)	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	Preferred
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	Preferred
HEREDITARY ANGIOEDEMA	
<i>icatibant acetate sosy 30mg/3ml</i>	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	
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	
<i>cyclosporine caps 25mg, 100mg</i>	Preferred
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	Preferred
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	Preferred
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	Preferred
<i>mycophenolate mofetil hcl solr 500mg</i>	Preferred
<i>mycophenolate sodium tbec 180mg, 360mg</i>	Preferred
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	Preferred
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	Preferred
MEDICAL DEVICES	
THYROID AGENTS	
<i>dipyridamole (diagnostic) soln 5mg/ml</i>	
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	
<i>potassium chloride cpcr 8meq, 10meq; soln 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml; tbc 8meq, 10meq, 20meq</i>	

DRUG NAME	FORMULARY STATUS
<i>potassium chloride soln 10%, 20%</i>	Preferred
<i>potassium chloride microencapsulated crystals er tbc</i> <i>10meq, 15meq, 20meq</i>	
<i>sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml;</i> <i>tabs .5mg, 1mg</i>	

VITAMINS

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

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Preferred
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	Preferred
<i>MAXITROL OIN 0.1% OP</i>	
<i>MAXITROL SUS 0.1% OP</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Preferred
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Preferred
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-</i> <i>0.23(0.25)%</i>	
<i>TOBRADEX OIN 0.3-0.1%</i>	Preferred
<i>TOBRADEX ST SUS 0.3-0.05</i>	Preferred
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Preferred

ANTI-INFECTIVES

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

DRUG NAME	FORMULARY STATUS
OCUFLOX SOLN .3%	
<i>ofloxacin (ophth) soln .3%</i>	Preferred
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) soln 10%</i>	Preferred
<i>tobramycin (ophth) soln .3%</i>	Preferred
TOBREX OINT .3%	
<i>trifluridine soln 1%</i>	Preferred
VIGAMOX SOLN .5%	
XDEMVI SOLN .25%	Preferred
ANTI-INFLAMMATORIES	
ACULAR SOLN .5%	
ACULAR LS SOLN .4%	
ACUVAIL SOLN .45%	Preferred
<i>bromfenac sodium (ophth) soln .07%, .075%</i>	
<i>bromfenac sodium (ophth) soln .09%</i>	Preferred
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Preferred
<i>diclofenac sodium (ophth) soln .1%</i>	Preferred
<i>difluprednate emul .05%</i>	Preferred
<i>fluorometholone (ophth) susp .1%</i>	
FML FORTE SUSP .25%	Preferred
ILEVRO SUSP .3%	Preferred
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	Preferred
<i>loteprednol etabonate gel .5%; susp .5%</i>	Preferred
MAXIDEX SUSP .1%	Preferred
NEVANAC SUSP .1%	Preferred
PRED MILD SUSP .12%	Preferred
<i>prednisolone acetate (ophth) susp 1%</i>	Preferred
PREDNISOLONE SODIUM PHOSP SOLN 1%	
ANTIALLERGICS	
<i>azelastine hcl (ophth) soln .05%</i>	Preferred
<i>bepotastine besilate soln 1.5%</i>	Preferred
<i>cromolyn sodium (ophth) soln 4%</i>	Preferred
<i>loteprednol etabonate susp .2%</i>	Preferred
<i>olopatadine hcl soln .2%</i>	Preferred
ZERVIAE SOLN .24%	Preferred
ANTIGLAUCOMA BETA-BLOCKERS	
BETOPTIC-S SUSP .25%	Preferred
<i>levobunolol hcl soln .5%</i>	
<i>timolol soln .5%</i>	Preferred
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	Preferred
ANTIGLAUCOMA COMBINATION AGENTS	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Preferred
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	Preferred
ROCKLATAN DRO	Preferred
SIMBRINZA SUS 1-0.2%	Preferred
CARBONIC ANHYDRASE INHIBITORS	
<i>brinzolamide susp 1%</i>	Preferred
<i>dorzolamide hcl soln 2%</i>	Preferred
DRY EYE DISEASE	
<i>cyclosporine (ophth) emul .05%</i>	Preferred
LACRISERT INST 5MG	Surcharge
MIEBO SOLN 1.338GM/ML	Preferred
RESTASIS EMUL .05%	Preferred
RESTASIS MULTIDOSE EMUL .05%	Preferred
VEVYE SOLN .1%	
XIIDRA SOLN 5%	Preferred
PROSTAGLANDINS	
<i>latanoprost soln .005%</i>	Preferred
LUMIGAN SOLN .01%	Preferred
<i>tafluprost soln .015mg/ml</i>	
<i>travoprost soln .004%</i>	Preferred
RETINAL DISORDERS	
BYOOVIZ SOLN .5MG/0.05ML	Preferred
RHO KINASE INHIBITORS	
RHOPRESSA SOLN .02%	Preferred
SYMPATHOMIMETICS	
ALPHAGAN P SOLN .1%, .15%	Preferred
<i>brimonidine tartrate soln .1%</i>	
<i>brimonidine tartrate soln .15%, .2%</i>	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
<i>epinephrine soln 1mg/ml</i>	Preferred
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	Preferred
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	Preferred
BEVESPI AER 9-4.8MCG	Surcharge

DRUG NAME	FORMULARY STATUS
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Preferred
STIOLTO AER 2.5-2.5	Preferred
<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	
BREZTRI AERO AER 9MCG	Preferred
TRELEGY AER 100MCG	Preferred
TRELEGY AER 200MCG	Preferred
ANTICHOLINERGICS	
ATROVENT HFA AERS 17MCG/ACT	Preferred
INCRUSE ELLIPTA AEPB 62.5MCG/INH	Preferred
<i>ipratropium bromide soln .02%</i>	Preferred
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
SPIRIVA HANDIHALER CAPS 18MCG	Preferred
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	Preferred
<i>tiotropium bromide caps 18mcg</i>	
TUDORZA PRESSAIR AEPB 400MCG/ACT	Surcharge
YUPELRI NEBU 175MCG/3ML	Preferred
ANTI-HISTAMINE COMBINATIONS	
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Preferred
ANTI-HISTAMINES	
<i>azelastine hcl soln .15%, 137mcg/spray</i>	Preferred
<i>clemastine fumarate tabs 2.68mg</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	
<i>olopatadine hcl (nasal) soln .6%</i>	Preferred
BETA AGONISTS	
<i>albuterol sulfate aers 108mcg/act; nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	Preferred
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	
<i>formoterol fumarate nebu 20mcg/2ml</i>	Preferred
<i>levalbuterol tartrate aero 45mcg/act</i>	Preferred
SEREVENT DISKUS AEPB 50MCG/DOSE	Preferred
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	Preferred
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	
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; Preferred	
SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	
STEROID INHALANTS	
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	Preferred
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	Preferred
<i>fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act</i>	Preferred
<i>fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	Preferred
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	Preferred
STEROID/BETA-AGONIST COMBINATIONS	
AIRSUPRA AER 90-80MCG	Preferred
BREO ELLIPTA INH 50-25MCG	Preferred
BREO ELLIPTA INH 100-25	Preferred
BREO ELLIPTA INH 200-25	Preferred
<i>Breyna</i>	Preferred
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Preferred
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Preferred
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	
XANTHINES	
<i>theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	

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
<i>ciclopirox olamine crea .77%; susp .77%</i>	Preferred
<i>clotrimazole (topical) crea 1%; soln 1%</i>	Preferred
<i>econazole nitrate crea 1%</i>	Preferred
<i>ketokonazole (topical) crea 2%; foam 2%</i>	Preferred
<i>luliconazole crea 1%</i>	Preferred
<i>naftifine hcl crea 1%, 2%; gel 2%</i>	Preferred
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	Preferred
DERMATOLOGY, ANTIPSORIATICS	
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	Preferred
<i>calcipotriene crea .005%; oint .005%; soln .005%</i>	Preferred
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Preferred
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Preferred
ENSTILAR AER	Preferred
<i>methoxsalen rapid caps 10mg</i>	Preferred
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .3%; FOAM .3%	Preferred
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketokonazole (topical) sham 2%</i>	Preferred
<i>selenium sulfide lotn 2.5%</i>	Preferred
ZORYVE FOAM .3%	Preferred
DERMATOLOGY, ATOPIC DERMATITIS	
CIBINQO TABS 50MG, 100MG, 200MG	Preferred
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	Preferred
EBGLYSS SOAJ 250MG/2ML; SOSY 250MG/2ML	Preferred
EUCRISA OINT 2%	Preferred
NEMLUVIO AUIJ 30MG	Preferred
OPZELURA CREA 1.5%	Preferred
<i>pimecrolimus crea 1%</i>	Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
<i>tacrolimus (topical) oint .03%, .1%</i>	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .05%, .15%	Preferred
DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	Preferred
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; Preferred SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	

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

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

DERMATOLOGY, SCABICIDES AND PEDICULICIDES

malathion lotn .5%
permethrin crea 5%

MOUTH/THROAT/DENTAL AGENTS

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

OTIC

acetic acid (otic) soln 2%
ciprofloxacin-dexamethasone otic susp 0.3-0.1%
ciprofloxacin-hydrocortisone otic susp 0.2-1%
neomycin-polymyxin-hc otic soln 1%
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%
ofloxacin (otic) soln .3%

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<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>		<i>tab 0.15-0.03 mg</i>	55
<i>starter kit</i>	43	<i>levonorgestrel & ethinyl estradiol tab 0.15</i>	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50</i>		<i>mg-30 mcg</i>	55
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<i>lamotrigine tab disint 25 (14) & 50 mg (14) &</i>		<i>mg-20 mcg</i>	55
<i>100 mg (7) kit</i>	43	<i>levonorgestrel-eth estra tab 0.05-</i>	
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