



# **United Mine Workers of America Health and Retirement Funds Standard Formulary 2024**

**Effective July 1, 2024**

The 2024 Funds Standard Formulary Prescribing Guide is intended to be a useful reference and informational tool for medical providers. It is intended to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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## INTRODUCTION

The UMWA Health and Retirement Funds (“the Funds”) is pleased to provide the 2024 **Funds Standard Formulary Prescribing Guide** as a useful reference and informational tool. The **Funds Standard Formulary Prescribing Guide** can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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

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

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

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>.

## NONDISCRIMINATION STATEMENT

Discrimination is Against the Law

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

The UMWA Health and Retirement Funds:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

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



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

- Qualified interpreters
- Information written in other languages

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

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

**<https://ocrportal.hhs.gov/ocr/portal/lobby.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

**<https://www.hhs.gov/ocr/office/file/index.html>**.

## Language Services

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

### Español (SPANISH)

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

### 繁體中文 (CHINESE)

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

### Polski (POLISH)

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

### 한국어 (KOREAN)

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

### Tiếng Việt (VIETNAMESE)

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

### Deutsch (GERMAN)

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

### ية (ARABIC)

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

### Русский (RUSSIAN)

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

### Tagalog (TAGALOG – FILIPINO)

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

### Français (FRENCH)

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

### Deitsch (PENNSYLVANIA DUTCH)

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

### ગુજરાતી (GUJARATI)

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

### Italiano (ITALIAN)

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

### أردو (URDU)

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

### हिंदी (HINDI)

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

### Diné Bizaad (Navajo)

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

## **PREFACE**

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

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

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

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

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

## **GENERIC SUBSTITUTION**

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

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

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

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

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

### **FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM**

Effective 07/01/2024

The Funds has a Preferred Product Program in the drug classes shown in the chart below. The preferred drugs in these classes are available to the beneficiary at the standard copay. If a non-preferred drug within these classes is selected, the prescriber will be asked to consider preferred drug(s) to be used before the non-preferred drug will be covered or obtain a medical necessity prior authorization for coverage. See the appropriate sections for the preferred and non-preferred lists. Additional classes may be added in the future. If you have questions, please call CVS Caremark® Customer Care at 1-800-294-4741. The current Funds Standard Formulary Preferred Product Program Drug List is as follows:

| <b>DRUG CLASS</b>  | <b>PREFERRED</b>   | <b>NON-PREFERRED<br/>(Medical Necessity<br/>Prior Authorization)</b> |
|--|--|--|
| Antidiabetics, DPP-4 Inhibitors                                  | <i>saxagliptin</i><br>JANUVIA  | NESINA<br>ONGLYZA<br>TRADJENTA                                       |
| Antidiabetics, DPP-4 Inhibitor Combinations                      | <i>saxagliptin/metformin ext-rel</i><br>JANUMET<br>JANUMET XR<br>TRIJARDY XR | JENTADUETO<br>JENTADUETO XR<br>KAZANO<br>KOMBIGLYZE XR<br>OSENİ      |
| Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents) | MOUNJARO<br>OZEMPIC<br>RYBELSUS<br>TRULICITY<br>VICTOZA                      | BYDUREON BCISE<br>BYETTA   |
| Antidiabetics, SGLT-2 Inhibitors                                 | FARXIGA<br>JARDIANCE   | INVOKANA<br>STEGLATRO  |

| <b>DRUG CLASS</b>  | <b>PREFERRED</b>  | <b>NON-PREFERRED<br/>(Medical Necessity Prior Authorization)</b> |
|--|---|--|
| Antidiabetics, SGLT-2 Inhibitor Combinations                   | SYNJARDY<br>SYNJARDY XR<br>XIGDUO XR  | INVOKAMET<br>INVOKAMET XR<br>SEGLUROMET                          |
| Antidiabetics, SGLT-2 Inhibitor / DPP-4 Inhibitor Combinations | GLYXAMBI<br>QTERN   | STEGLUJAN  |
| Dry Eye Disease  | <i>cyclosporine</i><br>RESTASIS<br>XIIDRA   | LACRISERT  |
| Hypnotics (Sleep Aids)   | <i>doxepin 3mg, 6 mg</i><br><i>eszopiclone</i><br><i>ramelteon</i><br><i>zaleplon</i><br><i>zolpidem</i><br><i>zolpidem ext-rel</i><br>BELSOMRA<br>DAYVIGO<br>QUVIVIQ   | EDLUAR   |
| Irritable Bowel Syndrome with Constipation                     | <i>lubiprostone</i><br>LINZESS<br>TRULANCE  | MOTEGRITY  |
| Respiratory, Long-Acting Anticholinergic Inhalers <sup>1</sup> | INCRUSE ELIPTA<br>SPIRIVA HANDIHALER<br>SPIRIVA RESPIMAT  | TUDORZA PRESSAIR   |
| Urinary Antispasmodics (Overactive Bladder)                    | <i>darifenacin ext-rel</i><br><i>fesoterodine ext-rel</i><br><i>oxybutynin</i><br><i>oxybutynin ext-rel</i><br><i>solifenacin</i><br><i>tolterodine</i><br><i>tolterodine ext-rel</i><br><i>trospium</i><br><i>trospium ext-rel</i><br>GEMTESA<br>MYRBETRIQ | GELNIQUE<br>OXYTROL  |

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

### **PRIOR AUTHORIZATION (PA)**

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

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

| <b>DRUG CLASS</b>                        | <b>PRODUCTS REQUIRING PA</b> <ul style="list-style-type: none"> <li>• <i>Includes brands and generics, where available</i></li> <li>• <i>Some products may also be subject to quantity limits</i></li> </ul>  |
|--|---|
| Acne                                     | <ul style="list-style-type: none"> <li>• Adapalene Products (Differin – <i>PA required only in adults age 36 and older</i>, Epiduo, Epiduo Forte)</li> <li>• Topical Retinoids (such as tretinoin products and all products of the following brands: Altreno, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Veltin, Ziana) – <i>PA required only in adults age 26 and older</i></li> <li>• Tazarotene Products (Tazorac, Fabior, Arazlo)</li> <li>• Trifarotene (Aklief)</li> <li>• Clascoterone (Winlevi)</li> </ul> |
| Atopic Dermatitis                        | <ul style="list-style-type: none"> <li>• Ruxolitinib cream (Opzelura)</li> </ul>  |
| Select Antibiotics and Antifungal Agents | <ul style="list-style-type: none"> <li>• Select oral and injectable Antibiotics and antifungal agents (Daptomycin, Gentamycin, Streptomycin, Vancomycin)</li> <li>• Voriconazole (Vfend)</li> </ul>   |
| Anti-obesity Agents (Weight Loss)        | <ul style="list-style-type: none"> <li>• Phentermine, Phendimetrazine, Didrex, Diethylpropion, Contrave, Qsymia, Saxenda, Wegovy, Xenical, Zepbound</li> </ul>  |

| <b>DRUG CLASS</b>                          | <b>PRODUCTS REQUIRING PA</b> <ul style="list-style-type: none"> <li>• <i>Includes brands and generics, where available</i></li> <li>• <i>Some products may also be subject to quantity limits</i></li> </ul>   |
|--|--|
| Compound Medications*                      | <ul style="list-style-type: none"> <li>• Select medications</li> </ul> <p>*A compound medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.</p>  |
| Contraceptives                             | <ul style="list-style-type: none"> <li>• Non-contraceptive medical necessity only (Grandfathered plans not subject to the Affordable Care Act only)</li> </ul>   |
| Diabetes – Disposable Insulin Pump Devices | <ul style="list-style-type: none"> <li>• OmniPod</li> <li>• V-Go</li> </ul>  |
| Hyperinflation Management                  | <ul style="list-style-type: none"> <li>• Select drugs that are exponentially more expensive than readily available lower-cost alternatives and whose price is not supported by evidence of greater clinical efficacy. For more information, go to <a href="http://www.umwafunds.org/prescription-drug-plan-benefits">www.umwafunds.org/prescription-drug-plan-benefits</a></li> </ul>  |
| Hypoactive Sexual Desire Disorder          | <ul style="list-style-type: none"> <li>• Addyi</li> </ul>  |
| Pain                                       | <ul style="list-style-type: none"> <li>• Extended-Release Opioids – must use an immediate-release opioid before an extended-release form is covered</li> <li>• Oral-Intranasal Fentanyl (such as Actiq, fentanyl buccal tablet, fentanyl sublingual tablet, fentanyl transmucosal lozenge, Fentora, Lazanda, Subsys)</li> <li>• Duexis/Vimovo (NSAID combination products)</li> </ul>  |
| Peanut Allergy Immunotherapy               | <ul style="list-style-type: none"> <li>• Palforzia</li> </ul>  |
| Miscellaneous                              | <ul style="list-style-type: none"> <li>• Auvi-Q – use alternative (examples include epinephrine auto-injector, EpiPen, EpiPen Jr, Symjepi)</li> <li>• Fortamet/Glumetza (including their generic metformin ER versions) – use generic Glucophage XR (metformin ER)</li> <li>• Zegerid (including omeprazole-sodium bicarbonate) – use generic Proton Pump Inhibitor (PPI)</li> <li>• Select Medical Devices (510K Pathway) and Artificial Saliva Products</li> </ul> |

## **SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS**

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

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

### **ADVANCED CONTROL SPECIALTY FORMULARY®**

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

### **QUANTITY LIMITS**

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

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

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



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

Log in to **Caremark.com** to check coverage and copay<sup>†</sup> information for a specific medicine. For more information, contact a CVS Caremark Customer Care Representative at **1-800-294-4741**.

### **LEGEND**

| <b>Abbreviation</b> | <b>Description</b>  |
|---------------------|---|
| MNPA                | Medical Necessity Prior Authorization   |
| Preferred           | Preferred Product   |
| delayed-rel         | Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification     |
| ext-rel             | Extended-release (also known as sustained-release), refer to the reference brand listed for clarification |

### **NOTICE**

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

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

**FUNDS' WEBSITE**

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

**Frequently Used Telephone Numbers:**

CVS Caremark Customer Care

Phone: 1-800-249-4741

CVS Caremark Prior Authorization

Phone: 1-800-294-5979

Fax: 1-888-836-0730

CVS Specialty

Phone: 1-800-237-2767

Fax: 1-866-295-2778

The Funds Call Center (Beckley, WV)

Phone: 1-800-291-1425

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>ANALGESICS</b>  |                         |
| <b>COX-2 INHIBITORS</b>  |                         |
| <i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>  | Preferred               |
| <b>GOUT</b>  |                         |
| <i>allopurinol solr 500mg; tabs 100mg, 300mg</i>   | Preferred               |
| <i>colchicine caps .6mg; tabs .6mg</i>   | Preferred               |
| <i>probenecid tabs 500mg</i>   | Preferred               |
| <b>MISCELLANEOUS</b>   |                         |
| <i>clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml</i>   |                         |
| <b>NSAIDS</b>  |                         |
| <i>diclofenac sodium soln 1.5%, 2%; tbec 25mg, 50mg, 75mg</i>  | Preferred               |
| <i>diclofenac sodium tb24 100mg</i>  |                         |
| <i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>   |                         |
| <i>ibuprofen soln 10mg/ml; susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>  | Preferred               |
| <i>meloxicam caps 5mg, 10mg; susp 7.5mg/5ml; tabs 7.5mg, 15mg</i>  | Preferred               |
| <i>nabumetone tabs 500mg, 750mg</i>  |                         |
| <i>naproxen susp 125mg/5ml; tabs 250mg, 275mg, 375mg, 500mg, 550mg; tb24 375mg, 500mg, 750mg; tbec 375mg, 500mg</i>    | Preferred               |
| <i>oxaprozin tabs 600mg</i>  |                         |
| <i>sulindac tabs 150mg, 200mg</i>  |                         |
| <b>NSAIDS, COMBINATIONS</b>  |                         |
| <i>diclofenac sodium-misoprostol delayed release 50-0.2 mg</i>   | Preferred               |
| <i>diclofenac sodium-misoprostol delayed release 75-0.2 mg</i>   | Preferred               |
| <i>ibuprofen-famotidine tab 800-26.6 mg</i>  | Preferred               |
| <b>OPIOID ANALGESICS</b>   |                         |
| <i>codeine-acetaminophen soln 120-12 mg/5ml</i>  | Preferred               |
| <i>codeine-acetaminophen tab 300-15 mg</i>   | Preferred               |
| <i>codeine-acetaminophen tab 300-30 mg</i>   | Preferred               |
| <i>codeine-acetaminophen tab 300-60 mg</i>   | Preferred               |
| <i>fentanyl transdermal pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i> | Preferred               |
| <i>fentanyl transmucosal lozenge lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>                             | Preferred               |
| <i>hydrocodone ext-rel cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>    | Preferred               |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>  | Preferred               |
| <i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>   | Preferred               |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i>  | Preferred               |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>  | Preferred               |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i>  | Preferred               |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>  | Preferred               |
| <i>hydrocodone-acetaminophen tab 10-300 mg</i>   | Preferred               |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>   | Preferred               |
| <i>hydromorphone liqd 1mg/ml; soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml; tabs 2mg, 4mg, 8mg</i>   | Preferred               |
| <i>hydromorphone ext-rel tb24 8mg, 12mg, 16mg, 32mg</i>  | Preferred               |
| <i>methadone conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbs 40mg</i>   | Preferred               |
| <i>morphine soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/5ml, 10mg/ml, 20mg/5ml, 50mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg</i> | Preferred               |
| <i>morphine ext-rel cp24 10mg, 20mg, 30mg, 40mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg, 100mg, 120mg; tbs 15mg, 30mg, 60mg, 100mg, 200mg</i>          | Preferred               |
| <i>oxycodone caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 20mg, 30mg</i>  | Preferred               |
| <i>oxycodone-acetaminophen soln 5-325 mg/5ml</i>   | Preferred               |
| <i>oxycodone-acetaminophen tab 5-325 mg</i>  | Preferred               |
| <i>tramadol soln 5mg/ml; tabs 50mg, 100mg</i>  | Preferred               |
| <i>tramadol ext-rel cp24 100mg, 200mg, 300mg; tb24 100mg, 200mg, 300mg</i>   | Preferred               |
| <i>XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG</i>   | Preferred               |
| <b>OPIOID PARTIAL AGONISTS</b>   |                         |
| <i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>  | Preferred               |
| <i>buprenorphine transdermal ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>   | Preferred               |
| <b>SALICYLATES</b>   |                         |
| <i>diflunisal tabs 500mg</i>   |                         |
| <b>VISCOSUPPLEMENTS</b>  |                         |
| <i>DUROLANE PRSY 60MG/3ML</i>  | Preferred               |
| <i>EUFLEXXA SOSY 20MG/2ML</i>  | Preferred               |
| <i>GELSYN-3 SOSY 16.8MG/2ML</i>  | Preferred               |
| <i>SUPARTZ FX SOSY 25MG/2.5ML</i>  | Preferred               |
| <b>ANTI-INFECTIVES</b>   |                         |
| <b>ANTHELMINTICS</b>   |                         |
| <i>EMVERM CHEW 100MG</i>   | Preferred               |
| <i>ivermectin tabs 3mg</i>   | Preferred               |
| <i>STROMEKTOL TABS 3MG</i>   |                         |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>ANTI-BACTERIALS - MISCELLANEOUS</b>                                   |                         |
| <i>sulfadiazine tabs 500mg</i>   |                         |
| <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>tinidazole tabs 250mg, 500mg</i>                                      |                         |
| <b>ANTIFUNGALS</b>   |                         |
| DIFLUCAN SUSR 10MG/ML, 40MG/ML; TABS 50MG, 100MG, 150MG, 200MG           |                         |
| <i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i> | Preferred               |
| <i>fluconazole inj 200 mg/100ml</i>                                      |                         |
| <i>fluconazole inj 400 mg/200ml</i>                                      |                         |
| <i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>                     |                         |
| <i>itraconazole caps 100mg; soln 10mg/ml</i>                             | Preferred               |
| <i>nystatin tabs 500000unit</i>  |                         |
| <i>terbinafine tabs 250mg</i>  | Preferred               |
| VFEND SUSR 40MG/ML; TABS 50MG, 200MG                                     |                         |
| <i>voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg</i>           |                         |
| <b>ANTIMALARIALS</b>   |                         |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>                           |                         |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>                           |                         |
| <i>chloroquine phosphate tabs 250mg, 500mg</i>                           |                         |
| <i>hydroxychloroquine sulfate tabs 100mg, 300mg, 400mg</i>               |                         |
| <i>mefloquine hcl tabs 250mg</i>   |                         |
| <b>ANTIRETROVIRAL AGENTS</b>   |                         |
| <i>abacavir soln 20mg/ml; tabs 300mg</i>                                 | Preferred               |
| <i>atazanavir caps 150mg, 200mg, 300mg</i>                               | Preferred               |
| <i>darunavir tabs 600mg, 800mg</i>                                       | Preferred               |
| <i>efavirenz caps 50mg, 200mg; tabs 600mg</i>                            | Preferred               |
| <i>emtricitabine caps 200mg</i>  |                         |
| EMTRIVA CAPS 200MG; SOLN 10MG/ML   | Preferred               |
| <i>etravirine tabs 100mg, 200mg</i>                                      | Preferred               |
| <i>fosamprenavir calcium tabs 700mg</i>                                  |                         |
| FUZEON SOLR 90MG   | Preferred               |
| ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG, 600MG                | Preferred               |
| <i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>                        | Preferred               |
| <i>maraviroc tabs 150mg, 300mg</i>                                       | Preferred               |
| <i>nevirapine susp 50mg/5ml; tabs 200mg</i>                              | Preferred               |
| <i>nevirapine ext-rel tb24 100mg, 400mg</i>                              | Preferred               |

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

|   |           |
|---|-----------|
| <i>ritonavir tabs 100mg</i>                             | Preferred |
| TIVICAY TABS 10MG, 25MG, 50MG; TBSO 5MG                 | Preferred |
| <i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i> | Preferred |

### **ANTIRETROVIRAL COMBINATION AGENTS**

|   |           |
|---|-----------|
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>  |           |
| <i>abacavir-lamivudine tab 600-300 mg</i>                         | Preferred |
| BIKTARVY TAB  | Preferred |
| CABENUVA SUS 400-600  | Preferred |
| CABENUVA SUS 600-900  | Preferred |
| CIMDUO TAB 300-300  | Preferred |
| DESCOVY TAB 120-15MG  | Preferred |
| DESCOVY TAB 200/25MG  | Preferred |
| DOVATO TAB 50-300MG   | Preferred |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | Preferred |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | Preferred |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | Preferred |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | Preferred |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | Preferred |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | Preferred |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | Preferred |
| GENVOYA TAB   | Preferred |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | Preferred |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>      | Preferred |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | Preferred |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | Preferred |
| ODEFSEY TAB   | Preferred |
| SYMTUZA TAB   | Preferred |
| TRIUMEQ PD TAB  | Preferred |
| TRIUMEQ TAB   | Preferred |

### **ANTITUBERCULAR AGENTS**

|  |  |
|--|--|
| <i>cycloserine caps 250mg</i>                                    |  |
| <i>ethambutol hcl tabs 100mg, 400mg</i>                          |  |
| <i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i> |  |
| <i>pyrazinamide tabs 500mg</i>                                   |  |
| <i>rifampin caps 150mg, 300mg; solr 600mg</i>                    |  |

### **ANTIVIRALS**

|  |           |
|--|-----------|
| <i>acyclovir caps 200mg; tabs 400mg, 800mg</i> | Preferred |
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| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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|   |           |
|---|-----------|
| <i>famciclovir tabs 125mg, 250mg, 500mg</i>           |           |
| <i>oseltamivir caps 30mg, 45mg, 75mg; susr 6mg/ml</i> | Preferred |
| RELENZA AEPB 5MG/BLISTER                              | Preferred |
| <i>ribavirin solr 6gm</i>                             |           |
| <i>valacyclovir tabs 1gm, 500mg</i>                   | Preferred |
| <i>valganciclovir solr 50mg/ml; tabs 450mg</i>        | Preferred |

### **CEPHALOSPORINS**

|  |           |
|--|-----------|
| <i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>                        |           |
| <i>cefдинir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>                                    | Preferred |
| <i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>                                    |           |
| <i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>                            | Preferred |
| <i>cefuroxime axetil tabs 250mg, 500mg</i>   | Preferred |
| <i>cefuroxime sodium solr 1.5gm, 750mg</i>   |           |
| <i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i> | Preferred |
| SUPRAX CAPS 400MG; CHEW 100MG, 200MG; SUSR 100MG/5ML, 200MG/5ML, 500MG/5ML               | Preferred |

### **ERYTHROMYCINS/MACROLIDES**

|  |           |
|--|-----------|
| <i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>                  | Preferred |
| <i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>   | Preferred |
| <i>clarithromycin ext-rel tb24 500mg</i>   | Preferred |
| DIFICID SUSR 40MG/ML; TABS 200MG   | Preferred |
| <i>erythromycins cpep 250mg; susr 200mg/5ml, 400mg/5ml; tabs 250mg, 400mg, 500mg; tbec 250mg, 333mg, 500mg</i> | Preferred |

### **FLUOROQUINOLONES**

|   |           |
|---|-----------|
| CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG                              |           |
| <i>ciprofloxacin susr 5gm/100ml, 500mg/5ml; tabs 100mg, 250mg, 500mg, 750mg</i> | Preferred |
| <i>ciprofloxacin inj 200 mg/100ml</i>   | Preferred |
| <i>ciprofloxacin inj 400 mg/200ml</i>   | Preferred |
| <i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>                      | Preferred |
| <i>levofloxacin inj 250 mg/50ml</i>   | Preferred |
| <i>levofloxacin inj 500 mg/100ml</i>  | Preferred |
| <i>moxifloxacin tabs 400mg</i>  | Preferred |
| <i>moxifloxacin inj 400 mg/250ml</i>  | Preferred |

### **HEPATITIS B**

|                                     |           |
|-------------------------------------|-----------|
| <i>adefovir dipivoxil tabs 10mg</i> |           |
| <i>entecavir tabs .5mg, 1mg</i>     | Preferred |

| <b>DRUG NAME</b>                                | <b>FORMULARY STATUS</b> |
|---|-------------------------|
| <i>lamivudine tabs 100mg</i>                    | Preferred               |
| <i>tenofovir disoproxil fumarate tabs 300mg</i> | Preferred               |
| VEMLIDY TABS 25MG                               | Preferred               |

### **HEPATITIS C**

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

### **MISCELLANEOUS**

|  |           |
|--|-----------|
| <i>clindamycin caps 75mg, 150mg, 300mg; soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml; solr 75mg/5ml</i> | Preferred |
| <i>clindamycin inj 300 mg/50ml</i>   | Preferred |
| <i>clindamycin inj 600 mg/50ml</i>   | Preferred |
| <i>clindamycin inj 900 mg/50ml</i>   | Preferred |
| <i>dapsone tabs 25mg, 100mg</i>  |           |
| FLAGYL TABS 500MG  |           |
| <i>linezolid susr 100mg/5ml; tabs 600mg</i>  | Preferred |
| LINEZOLID INJ 2MG/ML   |           |
| <i>linezolid inj 600 mg/300ml soln 600mg/300ml</i>   | Preferred |
| <i>metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg</i>   | Preferred |
| <i>nitrofurantoin caps 25mg, 50mg, 100mg; susp 25mg/5ml</i>  | Preferred |
| <i>pyrimethamine tabs 25mg</i>   | Preferred |
| <i>trimethoprim tabs 100mg</i>   |           |
| <i>vancomycin caps 125mg, 250mg</i>  | Preferred |
| XIFAXAN TABS 550MG   | Preferred |



| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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**NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS**

|   |           |
|---|-----------|
| <i>tenofovir disoproxil fumarate tabs 300mg</i> | Preferred |
|---|-----------|

**PENICILLINS**

|   |           |
|---|-----------|
| <i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i> | Preferred |
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|---|-----------|
| <i>amoxicillin-clavulanate chew tab 200-28.5 mg</i> | Preferred |
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|---|-----------|
| <i>amoxicillin-clavulanate chew tab 400-57 mg</i> | Preferred |
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|---|--|
| <i>amoxicillin-clavulanate ext-rel tab 1000-62.5 mg</i> |  |
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|---|-----------|
| <i>amoxicillin-clavulanate susp 200-28.5 mg/5ml</i> | Preferred |
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|   |           |
|---|-----------|
| <i>amoxicillin-clavulanate susp 250-62.5 mg/5ml</i> | Preferred |
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|   |           |
|---|-----------|
| <i>amoxicillin-clavulanate susp 400-57 mg/5ml</i> | Preferred |
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|   |           |
|---|-----------|
| <i>amoxicillin-clavulanate susp 600-42.9 mg/5ml</i> | Preferred |
|---|-----------|

|   |           |
|---|-----------|
| <i>amoxicillin-clavulanate tab 250-125 mg</i> | Preferred |
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|---|-----------|
| <i>amoxicillin-clavulanate tab 500-125 mg</i> | Preferred |
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|---|-----------|
| <i>amoxicillin-clavulanate tab 875-125 mg</i> | Preferred |
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|------------------------------|--|
| <i>ampicillin caps 500mg</i> |  |
|------------------------------|--|

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|---|--|
| <i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i> |  |
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|                       |  |
|-----------------------|--|
| AUGMENTIN SUS 125/5ML |  |
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|                       |  |
|-----------------------|--|
| AUGMENTIN SUS 250/5ML |  |
|-----------------------|--|

|                      |  |
|----------------------|--|
| AUGMENTIN SUS ES-600 |  |
|----------------------|--|

|                     |  |
|---------------------|--|
| AUGMENTIN TAB 500MG |  |
|---------------------|--|

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|--|-----------|
| <i>dicloxacillin caps 250mg, 500mg</i> | Preferred |
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|   |           |
|---|-----------|
| <i>penicillin vk 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> |  |
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|  |           |
|--|-----------|
| <i>doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 50mg, 75mg, 100mg, 150mg</i> | Preferred |
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|   |           |
|---|-----------|
| <i>minocycline caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i> | Preferred |
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| <i>minocycline hcl tb24 105mg, 135mg</i> |  |
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|---------------------------------------|-----------|
| <i>tetracycline caps 250mg, 500mg</i> | Preferred |
|---------------------------------------|-----------|

|                       |  |
|-----------------------|--|
| VIBRAMYCIN CAPS 100MG |  |
|-----------------------|--|

|   |  |
|---|--|
| VIBRAMYCIN SUSR 25MG/5ML; SYRP 50MG/5ML |  |
|---|--|

**ANTINEOPLASTIC AGENTS**

**ALKYLATING AGENTS**

|   |  |
|---|--|
| <i>cyclophosphamide caps 25mg, 50mg</i> |  |
|---|--|

|                   |  |
|-------------------|--|
| LEUKERAN TABS 2MG |  |
|-------------------|--|

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|--------------------|-----------|
| MATULANE CAPS 50MG | Preferred |
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|--------------------------|--|
| <i>melfalan tabs 2mg</i> |  |
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| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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*melphalan hcl solr 50mg*

MYLERAN TABS 2MG

*temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, Preferred  
250mg*

**ANTIBIOTICS**

*mitoxantrone hcl conc 2mg/ml*

*valrubicin soln 40mg/ml*

**ANTIMETABOLITES**

*azacitidine susr 100mg*

*capecitabine tabs 150mg, 500mg* Preferred

*decitabine solr 50mg*

LONSURF TAB 15-6.14 Preferred

LONSURF TAB 20-8.19 Preferred

*mercaptopurine tabs 50mg*

*methotrexate sodium soln 1gm/40ml, 50mg/2ml,  
250mg/10ml; solr 1gm*

*pemetrexed solr 100mg, 500mg, 750mg, 1000mg* Preferred

TABLOID TABS 40MG

TREXALL TABS 5MG, 7.5MG, 10MG, 15MG

**ANTIMITOTIC, TAXOIDS**

*paclitaxel conc 6mg/ml, 30mg/5ml, 150mg/25ml,  
300mg/50ml*

*paclitaxel protein-bound particles for iv susp 100 mg*

**BIOLOGIC RESPONSE MODIFIERS**

BESREMI SOSY 500MCG/ML Preferred

ERIVEDGE CAPS 150MG Preferred

*lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg,  
25mg*

REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, Preferred  
25MG

THALOMID CAPS 50MG, 100MG, 150MG, 200MG Preferred

**BIOSIMILARS**

HERZUMA SOLR 150MG, 420MG Preferred

OGIVRI SOLR 150MG, 420MG Preferred

RUXIENCE SOLN 100MG/10ML, 500MG/50ML Preferred

ZIRABEV SOLN 100MG/4ML, 400MG/16ML Preferred

**HORMONAL ANTINEOPLASTIC AGENTS**

*abiraterone tabs 250mg, 500mg* Preferred

*anastrozole tabs 1mg*

*bicalutamide tabs 50mg* Preferred

CASODEX TABS 50MG

ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG Preferred

ERLEADA TABS 60MG, 240MG Preferred

*exemestane tabs 25mg*

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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|  |           |
|--|-----------|
| <i>letrozole tabs 2.5mg</i>              |           |
| <i>leuprolide acetate kit 1mg/0.2ml</i>  | Preferred |
| LYSODREN TABS 500MG                      | Preferred |
| <i>megestrol acetate tabs 20mg, 40mg</i> |           |
| NUBEQA TABS 300MG                        | Preferred |
| <i>tamoxifen citrate tabs 10mg, 20mg</i> |           |
| XTANDI CAPS 40MG; TABS 40MG, 80MG        | Preferred |
| YONSA TABS 125MG                         | Preferred |

**KINASE INHIBITORS**

|  |           |
|--|-----------|
| ALECENSA CAPS 150MG  | Preferred |
| ALUNBRIG TABS 30MG, 90MG, 180MG                                    | Preferred |
| ALUNBRIG PAK   | Preferred |
| AUGTYRO CAPS 40MG  | Preferred |
| BOSULIF CAPS 50MG, 100MG   |           |
| BOSULIF TABS 100MG, 400MG, 500MG                                   | Preferred |
| BRAFTOVI CAPS 75MG   | Preferred |
| BRUKINSA CAPS 80MG   | Preferred |
| CABOMETYX TABS 20MG, 40MG, 60MG                                    | Preferred |
| CALQUENCE CAPS 100MG; TABS 100MG                                   | Preferred |
| COPIKTRA CAPS 15MG, 25MG   | Preferred |
| COTELLIC TABS 20MG   | Preferred |
| <i>erlotinib 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 |
| IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG           | Preferred |
| <i>imatinib mesylate tabs 100mg, 400mg</i>                         | Preferred |
| INLYTA TABS 1MG, 5MG   | Preferred |
| KISQALI TBPK 200MG   | Preferred |
| KISQALI FEMARA CO-PACK 200 MG DOSE                                 | Preferred |
| KISQALI FEMARA CO-PACK 400 MG DOSE                                 | Preferred |
| KISQALI FEMARA CO-PACK 600 MG DOSE                                 | Preferred |
| KOSELUGO CAPS 10MG, 25MG   | Preferred |
| <i>lapatinib tabs 250mg</i>  | Preferred |
| LENVIMA CPPK 4MG, 10MG   | Preferred |
| LENVIMA CAP 14 MG  | Preferred |
| LENVIMA CAP 18 MG  | Preferred |
| LENVIMA CAP 24 MG  | Preferred |
| MEKTOVI TABS 15MG  | Preferred |
| <i>pazopanib tabs 200mg</i>  | Preferred |
| RETEVMO CAPS 40MG, 80MG  | Preferred |
| ROZLYTREK CAPS 100MG, 200MG  | Preferred |

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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|   |           |
|---|-----------|
| ROZLYTREK PACK 50MG                               |           |
| RYDAPT CAPS 25MG                                  | Preferred |
| <i>sorafenib tosylate tabs 200mg</i>              | Preferred |
| SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG | Preferred |
| STIVARGA TABS 40MG                                | Preferred |
| <i>sunitinib caps 12.5mg, 25mg, 37.5mg, 50mg</i>  | Preferred |
| TAGRISSE TABS 40MG, 80MG                          | Preferred |
| <i>temsirolimus soln 25mg/ml</i>                  |           |
| VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML           | Preferred |
| XOSPATA TABS 40MG                                 | Preferred |
| ZELBORAF TABS 240MG                               | Preferred |
| ZYDELIG TABS 100MG, 150MG                         | Preferred |
| ZYKADIA TABS 150MG                                | Preferred |

**MISCELLANEOUS**

|   |           |
|---|-----------|
| <i>bexarotene caps 75mg</i>               | Preferred |
| <i>hydroxyurea caps 500mg</i>             |           |
| KRAZATI TABS 200MG                        | Preferred |
| LUMAKRAS TABS 120MG, 320MG                | Preferred |
| LYNPARZA TABS 100MG, 150MG                | Preferred |
| ODOMZO CAPS 200MG                         | Preferred |
| <i>tretinoin (chemotherapy) caps 10mg</i> |           |
| VISTOGARD PACK 10GM                       | Preferred |
| ZEJULA CAPS 100MG                         | Preferred |
| ZEJULA TABS 100MG, 200MG, 300MG           |           |
| ZOLINZA CAPS 100MG                        | Preferred |

**MONOCLONAL ANTIBODIES**

|                         |           |
|-------------------------|-----------|
| PERJETA SOLN 420MG/14ML | Preferred |
| PHESGO SOL              | Preferred |

**PROTEASOME INHIBITORS**

|                              |           |
|------------------------------|-----------|
| <i>bortezomib solr 3.5mg</i> | Preferred |
| NINLARO CAPS 2.3MG, 3MG, 4MG | Preferred |

**PROTECTIVE AGENTS**

|  |  |
|--|--|
| <i>levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; solr 50mg</i> |  |
|--|--|

**TOPOISOMERASE INHIBITORS**

|  |  |
|--|--|
| <i>etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i> |  |
| <i>topotecan hcl soln 4mg/4ml; solr 4mg</i>                      |  |

**CARDIOVASCULAR**

**ACE INHIBITOR COMBINATIONS**

|   |  |
|---|--|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> |  |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>   |  |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>   |  |

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

**ACE INHIBITORS**

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

**ALDOSTERONE RECEPTOR ANTAGONISTS**

|  |           |
|--|-----------|
| <i>eplerenone tabs 25mg, 50mg</i>            |           |
| <i>spironolactone tabs 25mg, 50mg, 100mg</i> | Preferred |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>             |                         |
| <i>amlodipine-olmesartan tab 5-20 mg</i>                           | Preferred               |
| <i>amlodipine-olmesartan tab 5-40 mg</i>                           | Preferred               |
| <i>amlodipine-olmesartan tab 10-20 mg</i>                          | Preferred               |
| <i>amlodipine-olmesartan tab 10-40 mg</i>                          | Preferred               |
| <i>amlodipine-telmisartan tab 40-5 mg</i>                          | Preferred               |
| <i>amlodipine-telmisartan tab 40-10 mg</i>                         | Preferred               |
| <i>amlodipine-telmisartan tab 80-5 mg</i>                          | Preferred               |
| <i>amlodipine-telmisartan tab 80-10 mg</i>                         | Preferred               |
| <i>amlodipine-valsartan tab 5-160 mg</i>                           | Preferred               |
| <i>amlodipine-valsartan tab 5-320 mg</i>                           | Preferred               |
| <i>amlodipine-valsartan tab 10-160 mg</i>                          | Preferred               |
| <i>amlodipine-valsartan tab 10-320 mg</i>                          | Preferred               |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>  | Preferred               |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>    | Preferred               |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> | Preferred               |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>   | Preferred               |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>   | Preferred               |
| <i>candesartan-hydrochlorothiazide tab 16-12.5 mg</i>              | Preferred               |
| <i>candesartan-hydrochlorothiazide tab 32-12.5 mg</i>              | Preferred               |
| <i>candesartan-hydrochlorothiazide tab 32-25 mg</i>                | Preferred               |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>              | Preferred               |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>              | Preferred               |
| <i>losartan-hydrochlorothiazide tab 50-12.5 mg</i>                 | Preferred               |
| <i>losartan-hydrochlorothiazide tab 100-12.5 mg</i>                | Preferred               |
| <i>losartan-hydrochlorothiazide tab 100-25 mg</i>                  | Preferred               |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>  | Preferred               |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>  | Preferred               |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>    | Preferred               |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | Preferred               |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>   | Preferred               |
| <i>olmesartan-hydrochlorothiazide tab 20-12.5 mg</i>               | Preferred               |
| <i>olmesartan-hydrochlorothiazide tab 40-12.5 mg</i>               | Preferred               |
| <i>olmesartan-hydrochlorothiazide tab 40-25 mg</i>                 | Preferred               |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>              | Preferred               |

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
|------------------|-------------------------|
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|   |           |
|---|-----------|
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | Preferred |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>   | Preferred |
| TRIBENZOR20- TAB 5-12.5MG                             |           |
| TRIBENZOR40- TAB 5-12.5MG                             |           |
| TRIBENZOR40- TAB 5-25MG                               |           |
| TRIBENZOR40- TAB 10-12.5                              |           |
| TRIBENZOR40- TAB 10-25MG                              |           |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>   | Preferred |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>  | Preferred |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>    | Preferred |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>  | Preferred |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>    | Preferred |

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

|  |           |
|--|-----------|
| <i>candesartan tabs 4mg, 8mg, 16mg, 32mg</i>   | Preferred |
| <i>irbesartan tabs 75mg, 150mg, 300mg</i>      | Preferred |
| <i>losartan tabs 25mg, 50mg, 100mg</i>         | Preferred |
| <i>olmesartan tabs 5mg, 20mg, 40mg</i>         | Preferred |
| <i>telmisartan tabs 20mg, 40mg, 80mg</i>       | Preferred |
| <i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i> | Preferred |

### **ANTIARRHYTHMICS**

|   |           |
|---|-----------|
| <i>amiodarone soln 50mg/ml, 900mg/18ml; tabs 100mg, 200mg, 400mg</i>      | Preferred |
| <i>disopyramide caps 100mg, 150mg</i>                                     | Preferred |
| <i>flecainide acetate tabs 50mg, 100mg, 150mg</i>                         |           |
| MULTAQ TABS 400MG   | Preferred |
| <i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i> |           |
| RYTHMOL SR CP12 225MG, 325MG, 425MG                                       |           |
| <i>sotalol tabs 80mg, 120mg, 160mg, 240mg</i>                             | Preferred |
| <i>sotalol hcl (afib/af) tabs 80mg, 120mg, 160mg</i>                      |           |

### **ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS**

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

### **ANTILIPEMICS, BILE ACID RESINS**

|   |           |
|---|-----------|
| <i>cholestyramine pack 4gm; powd 4gm/dose</i>       | Preferred |
| <i>cholestyramine light pack 4gm; powd 4gm/dose</i> |           |
| <i>colesevelam pack 3.75gm; tabs 625mg</i>          | Preferred |
| COLESTID GRAN 5GM; PACK 5GM; TABS 1GM               |           |
| COLESTID FLAVORED GRAN 5GM; PACK 5GM/7.5GM          |           |
| <i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>  |           |
| QUESTRAN PACK 4GM; POWD 4GM/DOSE                    |           |
| QUESTRAN LIGHT POWD 4GM/DOSE                        |           |

### **ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR**

|                            |           |
|----------------------------|-----------|
| <i>ezetimibe tabs 10mg</i> | Preferred |
|----------------------------|-----------|

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>ANTILIPEMICS, FIBRATES</b>  |                         |
| <i>fenofibrate caps 30mg, 43mg, 50mg, 67mg, 90mg, 130mg, 134mg, 150mg, 200mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg</i> | Preferred               |
| <i>fenofibric acid delayed-rel cpdr 45mg, 135mg</i>  | Preferred               |
| <i>gemfibrozil tabs 600mg</i>  |                         |
| LOPID TABS 600MG   |                         |
| TRILIPIX CPDR 45MG, 135MG  |                         |
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>  |                         |
| <i>atorvastatin tabs 10mg, 20mg, 40mg, 80mg</i>  | Preferred               |
| <i>fluvastatin caps 20mg, 40mg</i>   | Preferred               |
| <i>fluvastatin sodium tb24 80mg</i>  |                         |
| <i>lovastatin tabs 10mg, 20mg, 40mg</i>  | Preferred               |
| <i>pitavastatin tabs 1mg, 2mg, 4mg</i>   | Preferred               |
| <i>pravastatin tabs 10mg, 20mg, 40mg, 80mg</i>   | Preferred               |
| <i>rosuvastatin tabs 5mg, 10mg, 20mg, 40mg</i>   | Preferred               |
| <i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>  | Preferred               |
| ZOCOR TABS 10MG, 20MG, 40MG, 80MG  |                         |
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>   |                         |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>  | Preferred               |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>  | Preferred               |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>  | Preferred               |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>  | Preferred               |
| VYTORIN TAB 10-10MG  |                         |
| VYTORIN TAB 10-20MG  |                         |
| VYTORIN TAB 10-40MG  |                         |
| VYTORIN TAB 10-80MG  |                         |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>   |                         |
| <i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>   | Preferred               |
| <b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>   |                         |
| <i>icosapent ethyl caps .5gm, 1gm</i>  | Preferred               |
| LOVAZA CAP 1GM   |                         |
| <i>omega-3 acid ethyl esters cap 1 gm</i>  | Preferred               |
| <b>ANTILIPEMICS, PCSK9 INHIBITORS</b>  |                         |
| REPATHA SOAJ 140MG/ML; SOCT 420MG/3.5ML;<br>SOSY 140MG/ML  | Preferred               |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>  |                         |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>  |                         |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>   |                         |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>  |                         |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>  |                         |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>   |                         |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>   |                         |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>  |                         |



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

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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| diltiazem ext-rel cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | Preferred |
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| felodipine tb24 2.5mg, 5mg, 10mg |  |
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| nifedipine ext-rel tb24 30mg, 60mg, 90mg | Preferred |
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|------------------------------------|--|
| PROCARDIA XL TB24 30MG, 60MG, 90MG |  |
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|--|--|
| TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG |  |
|--|--|

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|---|-----------|
| verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg | Preferred |
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### **DIGITALIS GLYCOSIDES**

|   |           |
|---|-----------|
| digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg | Preferred |
|---|-----------|

### **DIRECT RENIN INHIBITORS/COMBINATIONS**

|                             |           |
|-----------------------------|-----------|
| aliskiren tabs 150mg, 300mg | Preferred |
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### **DIURETICS**

|   |  |
|---|--|
| acetazolamide cp12 500mg; tabs 125mg, 250mg |  |
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| acetazolamide sodium solr 500mg |  |
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| ALDACTAZIDE TAB 25/25 |  |
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| ALDACTAZIDE TAB 50/50 |  |
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|--------------------|-----------|
| amiloride tabs 5mg | Preferred |
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|---|--|
| amiloride & hydrochlorothiazide tab 5-50 mg |  |
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|---|--|
| bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg |  |
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|--------------------------------|-----------|
| chlorthalidone tabs 25mg, 50mg | Preferred |
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| dichlorphenamide tabs 50mg |  |
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|---------------------------|-----------|
| ethacrynic acid tabs 25mg | Preferred |
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| furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg | Preferred |
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|--|-----------|
| hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg | Preferred |
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|-------------------------------|--|
| indapamide tabs 1.25mg, 2.5mg |  |
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|-----------------------------|--|
| LASIX TABS 20MG, 40MG, 80MG |  |
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| MAXZIDE TAB 75-50 |  |
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| MAXZIDE-25 TAB |  |
|----------------|--|

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| methazolamide tabs 25mg, 50mg |  |
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|----------------------------------|-----------|
| metolazone tabs 2.5mg, 5mg, 10mg | Preferred |
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|---|-----------|
| spironolactone-hydrochlorothiazide tab 25-25 mg | Preferred |
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|                                      |           |
|--------------------------------------|-----------|
| toremide tabs 5mg, 10mg, 20mg, 100mg | Preferred |
|--------------------------------------|-----------|

|                              |           |
|------------------------------|-----------|
| triamterene caps 50mg, 100mg | Preferred |
|------------------------------|-----------|

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|--|-----------|
| triamterene-hydrochlorothiazide cap 37.5-25 mg | Preferred |
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|  |           |
|--|-----------|
| triamterene-hydrochlorothiazide tab 37.5-25 mg | Preferred |
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|  |           |
|--|-----------|
| triamterene-hydrochlorothiazide tab 75-50 mg | Preferred |
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### **HEART FAILURE**

|                          |           |
|--------------------------|-----------|
| CORLANOR TABS 5MG, 7.5MG | Preferred |
|--------------------------|-----------|

| <b>DRUG NAME</b>                                       | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| ENTRESTO TAB 24-26MG                                   | Preferred               |
| ENTRESTO TAB 49-51MG                                   | Preferred               |
| ENTRESTO TAB 97-103MG                                  | Preferred               |
| <i>isosorbide dinitrate-hydralazine tab 20-37.5 mg</i> | Preferred               |
| VERQUVO TABS 2.5MG, 5MG, 10MG                          | Preferred               |

### **MISCELLANEOUS**

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

### **NITRATES**

|  |           |
|--|-----------|
| <i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i> | Preferred |
| <i>isosorbide mononitrate tabs 10mg, 20mg</i>                | Preferred |
| <i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>         |           |
| <i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i> |           |
| <i>nitroglycerin soln .4mg/spray; subl .3mg, .4mg, .6mg</i>  | Preferred |
| NITROLINGUAL SOLN .4MG/SPRAY                                 |           |
| NITROSTAT SUBL .3MG, .4MG, .6MG                              |           |

### **PULMONARY ARTERIAL HYPERTENSION**

|   |           |
|---|-----------|
| ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG   | Preferred |
| <i>ambrisentan tabs 5mg, 10mg</i>   | Preferred |
| <i>bosentan tabs 62.5mg, 125mg</i>  | Preferred |
| OPSUMIT TABS 10MG   | Preferred |
| ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG   | Preferred |
| ORENITRAM TAB MONTH 1   | Preferred |
| ORENITRAM TAB MONTH 2   | Preferred |
| ORENITRAM TAB MONTH 3   | Preferred |
| <i>sildenafil soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg</i>                                   | Preferred |
| <i>tadalafil tabs 20mg</i>  | Preferred |
| TADLIQ SUSP 20MG/5ML  | Preferred |
| <i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>                         | Preferred |
| UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG | Preferred |
| UPTRAVI PACK TAB 200/800  | Preferred |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>CENTRAL NERVOUS SYSTEM</b>  |                         |
| <b>ALCOHOL DETERRENTS</b>  |                         |
| <i>acamprosate calcium tbec 333mg</i>                                    |                         |
| <i>disulfiram tabs 250mg, 500mg</i>                                      |                         |
| <b>ANTIANSXIETY</b>  |                         |
| <i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i> | Preferred               |
| <i>alprazolam tb24 .5mg, 1mg, 2mg, 3mg</i>                               |                         |
| <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               |
| <b>ANTIDEMENTIA</b>  |                         |
| <i>ARICEPT TABS 5MG, 10MG, 23MG</i>                                      |                         |
| <i>donepezil tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>                    | Preferred               |
| <i>EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR</i>                   |                         |
| <i>galantamine soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>                      | Preferred               |
| <i>galantamine ext-rel cp24 8mg, 16mg, 24mg</i>                          | Preferred               |
| <i>memantine soln 2mg/ml; tabs 5mg, 10mg</i>                             | Preferred               |
| <i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg</i>                          |                         |
| <i>memantine titration pak 5-10mg</i>                                    | Preferred               |
| <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 caps 1.5mg, 3mg, 4.5mg, 6mg</i>                          | Preferred               |
| <i>rivastigmine transdermal pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i> | Preferred               |
| <b>ANTIDEPRESSANTS</b>   |                         |
| <i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>       |                         |
| <i>bupropion tabs 75mg, 100mg</i>  | Preferred               |
| <i>bupropion ext-rel tb12 100mg, 200mg; tb24 150mg, 300mg, 450mg</i>     | Preferred               |
| <i>bupropion hcl tb12 150mg</i>  | Preferred               |
| <i>CELEXA TABS 10MG, 20MG, 40MG</i>                                      |                         |
| <i>citalopram soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>                   | Preferred               |
| <i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>         |                         |

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

| <b>DRUG NAME</b>  | <b>FORMULARY STATUS</b> |
|---|-------------------------|
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>   | Preferred               |
| <i>carbidopa-levodopa ext-rel tab er 25-100 mg</i>  | Preferred               |
| <i>carbidopa-levodopa ext-rel tab er 50-200 mg</i>  | Preferred               |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>  | Preferred               |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>   | Preferred               |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>   | Preferred               |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>  | Preferred               |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>   | Preferred               |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>   | Preferred               |
| <i>entacapone tabs 200mg</i>  | Preferred               |
| INBRIJA CAPS 42MG   | Preferred               |
| NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR  | Preferred               |
| PARLODEL CAPS 5MG; TABS 2.5MG   |                         |
| <i>pramipexole tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>  | Preferred               |
| <i>pramipexole ext-rel tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>                              | Preferred               |
| <i>rasagiline tabs .5mg, 1mg</i>  | Preferred               |
| <i>ropinirole tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>   | Preferred               |
| <i>ropinirole ext-rel tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>   | Preferred               |
| RYTARY CAP 95MG   | Preferred               |
| RYTARY CAP 145MG  | Preferred               |
| RYTARY CAP 195MG  | Preferred               |
| RYTARY CAP 245MG  | Preferred               |
| <i>selegiline caps 5mg; tabs 5mg</i>  | Preferred               |
| SINEMET TAB 10-100MG  |                         |
| SINEMET TAB 25-100MG  |                         |
| <i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>  |                         |
| <b>ANTIPSYCHOTICS</b>   |                         |
| ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG   | Preferred               |
| <i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>                       | Preferred               |
| ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML   | Preferred               |
| ARISTADA INITIO PRSY 675MG/2.4ML  | Preferred               |
| <i>chlorpromazine hcl conc 30mg/ml, 100mg/ml; soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i> |                         |
| <i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>                        | Preferred               |
| CLOZARIL TABS 25MG, 50MG, 100MG, 200MG  |                         |
| <i>fluphenazine decanoate soln 25mg/ml</i>  |                         |

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

|  |           |
|--|-----------|
| <i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>             |           |
| <i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>  |           |
| <i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>  |           |
| <i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>  |           |
| <i>lurasidone tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>   | Preferred |
| <i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>          | Preferred |
| <i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>   |           |
| <i>quetiapine tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg</i>                                       | Preferred |
| <i>quetiapine ext-rel tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>  | Preferred |
| RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG   |           |
| <i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i> | Preferred |
| SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG   |           |
| <i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>  |           |
| <i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>  |           |
| VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG  | Preferred |
| VRAYLAR CAP 1.5-3MG  | Preferred |
| <i>ziprasidone caps 20mg, 40mg, 60mg, 80mg; solr 20mg</i>  | Preferred |

### **ANTISEIZURE AGENTS**

|   |           |
|---|-----------|
| <i>carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg</i>                     | Preferred |
| <i>carbamazepine ext-rel cp12 100mg, 200mg, 300mg; tb12 100mg, 200mg, 400mg</i> | Preferred |
| CARBATROL CP12 100MG, 200MG, 300MG  |           |
| <i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>                                  | Preferred |
| <i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>       | Preferred |
| DIASTAT ACUDIAL GEL 10MG, 20MG  |           |
| DIASTAT PEDIATRIC GEL 2.5MG   |           |
| <i>diazepam conc 5mg/ml; soln 5mg/5ml, 5mg/ml; tabs 2mg, 5mg, 10mg</i>          | Preferred |
| <i>diazepam rectal gel 2.5mg, 10mg, 20mg</i>                                    | Preferred |
| DILANTIN CAPS 30MG, 100MG   |           |
| DILANTIN INFATABS CHEW 50MG   |           |
| DILANTIN-125 SUSP 125MG/5ML   |           |
| <i>divalproex sodium csdr 125mg; tbec 125mg, 250mg, 500mg</i>                   | Preferred |
| <i>divalproex sodium ext-rel tb24 250mg, 500mg</i>                              | Preferred |
| <i>ethosuximide caps 250mg; soln 250mg/5ml</i>                                  | Preferred |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG  | Preferred               |
| <i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>  | Preferred               |
| <i>lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>   | Preferred               |
| <i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tbdp 25mg, 50mg, 100mg, 200mg</i>               | Preferred               |
| <i>lamotrigine ext-rel tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>   | Preferred               |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>   | Preferred               |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>  | Preferred               |
| <i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i>   | Preferred               |
| <i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>  | Preferred               |
| <i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i>   | Preferred               |
| <i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg</i>  | Preferred               |
| <i>levetiracetam ext-rel tb24 500mg, 750mg</i>   | Preferred               |
| MYSOLINE TABS 50MG, 250MG  |                         |
| NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG  |                         |
| <i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>  | Preferred               |
| OXTELLAR XR TB24 150MG, 300MG, 600MG   | Preferred               |
| <i>phenobarbital elix 20mg/5ml; soln 65mg/ml, 130mg/ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i> | Preferred               |
| <i>phenytoin chew 50mg; soln 50mg/ml; susp 100mg/4ml</i>   | Preferred               |
| <i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>  | Preferred               |
| <i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>                                 | Preferred               |
| <i>primidone tabs 50mg, 250mg</i>  | Preferred               |
| <i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>  | Preferred               |
| <i>tiagabine tabs 2mg, 4mg, 12mg, 16mg</i>   | Preferred               |
| TOPAMAX TABS 25MG, 50MG, 100MG, 200MG  |                         |
| TOPAMAX SPRINKLE CPSP 15MG, 25MG   |                         |
| <i>topiramate cp24 25mg, 100mg; cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>                                       | Preferred               |
| <i>topiramate cs24 50mg, 150mg, 200mg</i>  |                         |
| <i>topiramate ext-rel cp24 50mg, 200mg</i>   | Preferred               |
| <i>topiramate ext-rel cs24 25mg, 100mg</i>   |                         |



| <b>DRUG NAME</b>                                | <b>FORMULARY STATUS</b> |
|---|-------------------------|
| <i>valproic acid caps 250mg; soln 250mg/5ml</i> | Preferred               |
| <i>vigabatrin pack 500mg; tabs 500mg</i>        | Preferred               |
| XCOPRI TABS 50MG, 100MG, 150MG, 200MG           | Preferred               |
| XCOPRI PAK 12.5-25                              | Preferred               |
| XCOPRI PAK 50-100MG                             | Preferred               |
| XCOPRI PAK 50-200MG                             | Preferred               |
| XCOPRI PAK 100-150                              | Preferred               |
| XCOPRI PAK 150-200                              | Preferred               |
| ZARONTIN CAPS 250MG; SOLN 250MG/5ML             |                         |
| <i>zonisamide caps 25mg, 50mg, 100mg</i>        | Preferred               |

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

|  |           |
|--|-----------|
| <i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 5 mg</i>    | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 10 mg</i>   | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 12.5 mg</i> |           |
| <i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 15 mg</i>   | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 20 mg</i>   | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg</i>   |           |
| <i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg</i>   | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 30 mg</i>   | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 37.5 mg</i> |           |
| <i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 50 mg</i>   |           |
| <i>amphetamine-dextroamphetamine mixed salts tab 5 mg</i>                    | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts tab 7.5 mg</i>                  | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts tab 10 mg</i>                   | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts tab 12.5 mg</i>                 | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts tab 15 mg</i>                   | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts tab 20 mg</i>                   | Preferred |
| <i>amphetamine-dextroamphetamine mixed salts tab 30 mg</i>                   | Preferred |

| <b>DRUG NAME</b>  | <b>FORMULARY STATUS</b> |
|---|-------------------------|
| <i>atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>   | Preferred               |
| AZSTARYS CAP 26.1-5.2   | Preferred               |
| AZSTARYS CAP 39.2-7.8   | Preferred               |
| AZSTARYS CAP 52.3-10.   | Preferred               |
| <i>clonidine hcl (adhd) tb12 .1mg</i>   |                         |
| <i>dexmethylphenidate ext-rel cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>  | Preferred               |
| <i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>   |                         |
| <i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>   |                         |
| FOCALIN TABS 2.5MG, 5MG, 10MG   |                         |
| <i>guanfacine ext-rel tb24 1mg, 2mg, 3mg, 4mg</i>   | Preferred               |
| <i>lisdexamfetamine caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>  | Preferred               |
| METHYLIN SOLN 5MG/5ML, 10MG/5ML   |                         |
| <i>methylphenidate chew 2.5mg, 5mg, 10mg; ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg</i>                                   | Preferred               |
| <i>methylphenidate ext-rel cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; tb24 18mg; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i> | Preferred               |
| QELBREE CP24 100MG, 150MG, 200MG  | Preferred               |
| RITALIN TABS 5MG, 10MG, 20MG  |                         |
| STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG  |                         |
| <b>BOTULINUM TOXINS</b>   |                         |
| DYSPORT SOLR 300UNIT, 500UNIT   | Preferred               |
| XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT  | Preferred               |
| <b>FIBROMYALGIA</b>   |                         |
| SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG  | Preferred               |
| SAVELLA MIS TITR PAK  | Preferred               |
| <b>HYPNOTICS</b>  |                         |
| AMBIEN TABS 5MG, 10MG   |                         |
| AMBIEN CR TBCR 6.25MG, 12.5MG   |                         |
| BELSOMRA TABS 5MG, 10MG, 15MG, 20MG   | Preferred               |
| DAYVIGO TABS 5MG, 10MG  | Preferred               |
| <i>doxepin tabs 3mg, 6mg</i>  | Preferred               |
| EDLUAR SUBL 5MG, 10MG   | MNPA                    |
| <i>eszopiclone tabs 1mg, 2mg, 3mg</i>   | Preferred               |
| QUVIVIQ TABS 25MG, 50MG   | Preferred               |
| <i>ramelteon tabs 8mg</i>   | Preferred               |
| RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG   |                         |

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

|   |           |
|---|-----------|
| <i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i> |           |
| <i>zaleplon caps 5mg, 10mg</i>                  | Preferred |
| <i>zolpidem tabs 5mg, 10mg</i>                  | Preferred |
| <i>zolpidem ext-rel tbcr 6.25mg, 12.5mg</i>     | Preferred |
| <i>zolpidem sublingual subl 1.75mg, 3.5mg</i>   | Preferred |

**MIGRAINE**

|  |           |
|--|-----------|
| AIMOVIG SOAJ 70MG/ML, 140MG/ML   | Preferred |
| AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML   | Preferred |
| D.H.E. 45 SOLN 1MG/ML  |           |
| <i>dihydroergotamine mesylate soln 1mg/ml, 4mg/ml</i>  |           |
| <i>eletriptan tabs 20mg, 40mg</i>  | Preferred |
| EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML  | Preferred |
| <i>ergotamine-caffeine tab 1-100 mg</i>  | Preferred |
| IMITREX SOLN 5MG/ACT, 6MG/0.5ML, 20MG/ACT; 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 tabs 1mg, 2.5mg</i>   | Preferred |
| NURTEC ODT TBDP 75MG   | Preferred |
| ONZETRA XSAIL EXHP 11MG/NOSEPC   | Preferred |
| QULIPTA TABS 10MG, 30MG, 60MG  | Preferred |
| RELPAX TABS 20MG, 40MG   |           |
| <i>rizatriptan tabs 5mg, 10mg; tbdp 5mg, 10mg</i>  | Preferred |
| <i>sumatriptan soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 5mg/act, 6mg/0.5ml, 20mg/act; sosy 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i> | Preferred |
| <i>sumatriptan-naproxen sodium tab 85-500 mg</i>   |           |
| UBRELVY TABS 50MG, 100MG   | Preferred |
| ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML   | Preferred |
| <i>zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>  | Preferred |
| ZOMIG TABS 2.5MG, 5MG  |           |

**MISCELLANEOUS**

|  |           |
|--|-----------|
| <i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i> |           |
| <i>pyridostigmine bromide soln 60mg/5ml; tabs 30mg, 60mg; tbcr 180mg</i>         |           |
| RADICAVA ORS SUSP 105MG/5ML  | Preferred |

**MOVEMENT DISORDERS**

|                                 |           |
|---------------------------------|-----------|
| AUSTEDO TABS 6MG, 9MG, 12MG     | Preferred |
| AUSTEDO XR TB24 6MG, 12MG, 24MG | Preferred |
| AUSTEDO XR TAB TITR KIT         |           |

| <b>DRUG NAME</b>                       | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| INGREZZA CAPS 40MG, 60MG, 80MG         | Preferred               |
| INGREZZA CAP 40-80MG                   | Preferred               |
| <i>tetrabenazine tabs 12.5mg, 25mg</i> | Preferred               |

### **MULTIPLE SCLEROSIS AGENTS**

|   |           |
|---|-----------|
| AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML                             | Preferred |
| BETASERON KIT .3MG  | Preferred |
| COPAXONE SOSY 40MG/ML   | Preferred |
| <i>dalfampridine tb12 10mg</i>  |           |
| <i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>                | Preferred |
| <i>dimethyl fumarate delayed-rel starter pack 120 mg &amp; 240 mg</i> | Preferred |
| <i>ingolimod caps .5mg</i>  | Preferred |
| <i>glatiramer sosy 20mg/ml, 40mg/ml</i>                               | Preferred |
| KESIMPTA SOAJ 20MG/0.4ML  | Preferred |
| MAYZENT TABS .25MG, 1MG, 2MG; TBPK .25MG                              | Preferred |
| OCREVUS SOLN 300MG/10ML   | Preferred |
| REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML    | Preferred |
| REBIF REBIDO INJ TITRATN  | Preferred |
| REBIF TITRTN INJ PACK   | Preferred |
| <i>teriflunomide tabs 7mg, 14mg</i>                                   | Preferred |
| TYSABRI CONC 300MG/15ML   | Preferred |
| VUMERITY CPDR 231MG   | Preferred |
| ZEPOSIA CAPS .92MG  | Preferred |
| ZEPOSIA 7DAY CAP STR PACK   | Preferred |
| ZEPOSIA CAP STR KIT   | Preferred |

### **MUSCULOSKELETAL THERAPY AGENTS**

|   |           |
|---|-----------|
| <i>baclofen soln 5mg/5ml, 10mg/5ml, 40mg/20ml, 500mcg/ml, 20000mcg/20ml; tabs 5mg, 10mg, 20mg</i> |           |
| <i>carisoprodol tabs 250mg, 350mg</i>   |           |
| <i>chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg</i>  |           |
| <i>cyclobenzaprine tabs 5mg, 7.5mg, 10mg</i>  | Preferred |
| <i>cyclobenzaprine hcl cp24 15mg, 30mg</i>  |           |
| <i>dantrolene sodium caps 25mg, 50mg, 100mg; solr 20mg</i>  |           |
| LYVISPAH PACK 5MG, 10MG, 20MG   | Preferred |
| <i>metaxalone tabs 400mg, 800mg</i>   |           |
| <i>methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg</i>  |           |
| <i>orphenadrine w/ aspirin &amp; caffeine tab 25-385-30 mg</i>                                    |           |
| <i>orphenadrine w/ aspirin &amp; caffeine tab 50-770-60 mg</i>                                    |           |
| <i>tizanidine hcl tabs 2mg, 4mg</i>   |           |
| ZANAFLEX TABS 4MG   |           |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>NARCOLEPSY/CATAPLEXY</b>  |                         |
| <i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>                                  | Preferred               |
| LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM   | 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               |
| <b>OPIOID AGONIST/ANTAGONIST</b>   |                         |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>                             | Preferred               |
| <i>buprenorphine-naloxone sublingual film 4-1 mg</i>                               | Preferred               |
| <i>buprenorphine-naloxone sublingual film 8-2 mg</i>                               | Preferred               |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>                              | Preferred               |
| <i>buprenorphine-naloxone sublingual tab 2-0.5 mg</i>                              | Preferred               |
| <i>buprenorphine-naloxone sublingual tab 8-2 mg</i>                                | Preferred               |
| ZUBSOLV SUB 0.7-0.18   | Preferred               |
| ZUBSOLV SUB 1.4-0.36   | Preferred               |
| ZUBSOLV SUB 2.9-0.71   | Preferred               |
| ZUBSOLV SUB 5.7-1.4  | Preferred               |
| ZUBSOLV SUB 8.6-2.1  | Preferred               |
| ZUBSOLV SUB 11.4-2.9   | Preferred               |
| <b>OPIOID ANTAGONIST</b>   |                         |
| KLOXXADO LIQD 8MG/0.1ML  | Preferred               |
| <i>naloxone liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i> | Preferred               |
| <i>naltrexone hcl tabs 50mg</i>  |                         |
| <b>POSTHERPETIC NEURALGIA (PHN)</b>  |                         |
| GRALISE TABS 300MG, 600MG  | Preferred               |
| GRALISE TABS 450MG, 750MG, 900MG   |                         |
| <i>pregabalin ext-rel tb24 82.5mg, 165mg, 330mg</i>                                | Preferred               |
| <b>PSYCHOTHERAPEUTIC-MISC</b>  |                         |
| <i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>                                       |                         |
| NUEDEXTA CAP 20-10MG   | Preferred               |
| <i>paroxetine mesylate caps 7.5mg</i>  | Preferred               |
| <b>SMOKING DETERRENTS</b>  |                         |
| <i>bupropion ext-rel tb12 150mg</i>  |                         |
| <i>varenicline tartrate tabs .5mg, 1mg</i>   |                         |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>             |                         |
| <b>ENDOCRINE AND METABOLIC</b>   |                         |
| <b>ACROMEGALY</b>  |                         |
| SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML                          | Preferred               |
| <b>ANDROGENS</b>   |                         |
| NATESTO GEL 5.5MG/ACT  | Preferred               |

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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|--|-----------|
| <i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i> | Preferred |
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|---|--|
| <i>testosterone cypionate soln 100mg/ml, 200mg/ml</i> |  |
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|---|--|
| <i>testosterone enanthate soln 200mg/ml</i> |  |
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|--|-----------|
| XYOSTED SOAJ 50MG/0.5ML, 75MG/0.5ML, 100MG/0.5ML | Preferred |
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**ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS**

|  |  |
|--|--|
| <i>acarbose tabs 25mg, 50mg, 100mg</i> |  |
|--|--|

**ANTIDIABETICS, AMYLIN ANALOGS**

|   |           |
|---|-----------|
| SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML | Preferred |
|---|-----------|

**ANTIDIABETICS, BIGUANIDE**

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

|   |           |
|---|-----------|
| <i>glipizide-metformin tab 2.5-250 mg</i> | Preferred |
|---|-----------|

|   |           |
|---|-----------|
| <i>glipizide-metformin tab 2.5-500 mg</i> | Preferred |
|---|-----------|

|   |           |
|---|-----------|
| <i>glipizide-metformin tab 5-500 mg</i> | Preferred |
|---|-----------|

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

|                      |           |
|----------------------|-----------|
| JANUMET TAB 50-500MG | Preferred |
|----------------------|-----------|

|                     |           |
|---------------------|-----------|
| JANUMET TAB 50-1000 | Preferred |
|---------------------|-----------|

|                         |           |
|-------------------------|-----------|
| JANUMET XR TAB 50-500MG | Preferred |
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|                        |           |
|------------------------|-----------|
| JANUMET XR TAB 50-1000 | Preferred |
|------------------------|-----------|

|                         |           |
|-------------------------|-----------|
| JANUMET XR TAB 100-1000 | Preferred |
|-------------------------|-----------|

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|------------------------|------|
| JENTADUETO TAB 2.5-500 | MNPA |
|------------------------|------|

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|------------------------|------|
| JENTADUETO TAB 2.5-850 | MNPA |
|------------------------|------|

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|-------------------------|------|
| JENTADUETO TAB 2.5-1000 | MNPA |
|-------------------------|------|

|                   |      |
|-------------------|------|
| JENTADUETO TAB XR | MNPA |
|-------------------|------|

|                        |      |
|------------------------|------|
| KAZANO 12.5- TAB 500MG | MNPA |
|------------------------|------|

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|-------------------------|------|
| KAZANO 12.5- TAB 1000MG | MNPA |
|-------------------------|------|

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|---------------------------|------|
| KOMBIGLYZ XR TAB 2.5-1000 | MNPA |
|---------------------------|------|

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|--------------------------|------|
| KOMBIGLYZ XR TAB 5-500MG | MNPA |
|--------------------------|------|

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|---------------------------|------|
| KOMBIGLYZ XR TAB 5-1000MG | MNPA |
|---------------------------|------|

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|-------------------|------|
| OSENI TAB 12.5-15 | MNPA |
|-------------------|------|

|                   |      |
|-------------------|------|
| OSENI TAB 12.5-30 | MNPA |
|-------------------|------|

|                   |      |
|-------------------|------|
| OSENI TAB 12.5-45 | MNPA |
|-------------------|------|

|                   |      |
|-------------------|------|
| OSENI TAB 25-15MG | MNPA |
|-------------------|------|

|                   |      |
|-------------------|------|
| OSENI TAB 25-30MG | MNPA |
|-------------------|------|

|                   |      |
|-------------------|------|
| OSENI TAB 25-45MG | MNPA |
|-------------------|------|

|   |           |
|---|-----------|
| <i>saxagliptin-metformin ext-rel tb24 2.5-1000 mg</i> | Preferred |
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|--|-----------|
| <i>saxagliptin-metformin ext-rel tb24 5-500 mg</i> | Preferred |
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|   |           |
|---|-----------|
| <i>saxagliptin-metformin ext-rel tb24 5-1000 mg</i> | Preferred |
|---|-----------|

| <b>DRUG NAME</b>  | <b>FORMULARY STATUS</b> |
|---|-------------------------|
| TRIJARDY XR TAB   | Preferred               |
| <b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>                               |                         |
| JANUVIA TABS 25MG, 50MG, 100MG  | Preferred               |
| NESINA TABS 6.25MG, 12.5MG, 25MG  | MNPA                    |
| ONGLYZA TABS 2.5MG, 5MG   | MNPA                    |
| <i>saxagliptin tabs 2.5mg, 5mg</i>  | Preferred               |
| TRADJENTA TABS 5MG  | MNPA                    |
| <b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>   |                         |
| BYDUREON BCISE AUIJ 2MG/0.85ML  | MNPA                    |
| BYETTA SOPN 5MCG/0.02ML, 10MCG/0.04ML   | MNPA                    |
| MOUNJARO SOPN 2.5MG/0.5ML, 5MG/0.5ML,<br>7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML,<br>15MG/0.5ML | Preferred               |
| OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML,<br>8MG/3ML  | Preferred               |
| RYBELSUS TABS 3MG, 7MG, 14MG  | Preferred               |
| TRULICITY SOPN .75MG/0.5ML, 1.5MG/0.5ML,<br>3MG/0.5ML, 4.5MG/0.5ML                            | Preferred               |
| VICTOZA SOPN 18MG/3ML   | Preferred               |
| <b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>                                     |                         |
| SOLIQUA INJ 100/33  | Preferred               |
| XULTOPHY INJ 100/3.6  | Preferred               |
| <b>ANTIDIABETICS, INSULIN</b>   |                         |
| BASAGLAR SOPN 100UNIT/ML  | Preferred               |
| FIASP SOLN 100UNIT/ML   | Preferred               |
| FIASP FLEXTOUCH SOPN 100UNIT/ML   | Preferred               |
| FIASP PENFILL SOCT 100UNIT/ML   | Preferred               |
| HUMALOG SOCT 100UNIT/ML; SOLN 100UNIT/ML;<br>SOPN 100UNIT/ML, 200UNIT/ML                      | Preferred               |
| HUMALOG MIX INJ 50/50   | Preferred               |
| HUMALOG MIX INJ 50/50KWP  | Preferred               |
| HUMALOG MIX INJ 75/25KWP  | Preferred               |
| HUMALOG MIX SUS 75/25   | Preferred               |
| HUMULIN INJ 70/30   | Preferred               |
| HUMULIN INJ 70/30KWP  | Preferred               |
| HUMULIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML  | Preferred               |
| HUMULIN R SOLN 100UNIT/ML   | Preferred               |
| HUMULIN R U-500 SOLN 500UNIT/ML; SOPN<br>500UNIT/ML   | Preferred               |
| INS ASP PROT INJ FLEXPEN  | Preferred               |
| INSULIN ASPA INJ 70/30  | Preferred               |
| INSULIN ASPART SOCT 100UNIT/ML; SOLN<br>100UNIT/ML; SOPN 100UNIT/ML                           | Preferred               |
| INSULIN LISP INJ PROTAMIN   | Preferred               |

| <b>DRUG NAME</b>  | <b>FORMULARY STATUS</b> |
|---|-------------------------|
| INSULIN LISPRO SOLN 100UNIT/ML; SOPN 100UNIT/ML           | Preferred               |
| INSULIN LISPRO KWIKPEN SOPN 100UNIT/ML                    | Preferred               |
| LANTUS SOLN 100UNIT/ML; SOPN 100UNIT/ML                   | Preferred               |
| LEVEMIR SOLN 100UNIT/ML; SOPN 100UNIT/ML                  | Preferred               |
| LYUMJEV SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML      | Preferred               |
| NOVOLIN INJ 70/30   | Preferred               |
| NOVOLIN INJ 70/30 FP                                      | Preferred               |
| NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML                | Preferred               |
| NOVOLIN R SOLN 100UNIT/ML; SOPN 100UNIT/ML                | Preferred               |
| NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML | Preferred               |
| NOVOLOG MIX INJ 70/30                                     | Preferred               |
| NOVOLOG MIX INJ FLEXPEN                                   | Preferred               |
| TOUJEO SOPN 300UNIT/ML                                    | Preferred               |
| TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML      | Preferred               |

**ANTIDIABETICS, INSULIN SENSITIZER**

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

**ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION**

|                           |  |
|---------------------------|--|
| ACTOPLUS MET TAB 15-500MG |  |
|---------------------------|--|

|                           |  |
|---------------------------|--|
| ACTOPLUS MET TAB 15-850MG |  |
|---------------------------|--|

|   |           |
|---|-----------|
| <i>pioglitazone-metformin tab 15-500 mg</i> | Preferred |
|---|-----------|

|   |           |
|---|-----------|
| <i>pioglitazone-metformin tab 15-850 mg</i> | Preferred |
|---|-----------|

**ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION**

|                    |  |
|--------------------|--|
| DUETACT TAB 30-2MG |  |
|--------------------|--|

|                    |  |
|--------------------|--|
| DUETACT TAB 30-4MG |  |
|--------------------|--|

|   |           |
|---|-----------|
| <i>pioglitazone-glimepiride tab 30-2 mg</i> | Preferred |
|---|-----------|

|   |           |
|---|-----------|
| <i>pioglitazone-glimepiride tab 30-4 mg</i> | Preferred |
|---|-----------|

**ANTIDIABETICS, MEGLITINIDE**

|                                     |           |
|-------------------------------------|-----------|
| <i>nateglinide tabs 60mg, 120mg</i> | Preferred |
|-------------------------------------|-----------|

|  |           |
|--|-----------|
| <i>repaglinide tabs .5mg, 1mg, 2mg</i> | Preferred |
|--|-----------|

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

|                        |      |
|------------------------|------|
| INVOKAMET TAB 50-500MG | MNPA |
|------------------------|------|

|                       |      |
|-----------------------|------|
| INVOKAMET TAB 50-1000 | MNPA |
|-----------------------|------|

|                       |      |
|-----------------------|------|
| INVOKAMET TAB 150-500 | MNPA |
|-----------------------|------|

|                        |      |
|------------------------|------|
| INVOKAMET TAB 150-1000 | MNPA |
|------------------------|------|

|                           |      |
|---------------------------|------|
| INVOKAMET XR TAB 50-500MG | MNPA |
|---------------------------|------|

|                          |      |
|--------------------------|------|
| INVOKAMET XR TAB 50-1000 | MNPA |
|--------------------------|------|

|                          |      |
|--------------------------|------|
| INVOKAMET XR TAB 150-500 | MNPA |
|--------------------------|------|

|                           |      |
|---------------------------|------|
| INVOKAMET XR TAB 150-1000 | MNPA |
|---------------------------|------|

|                        |      |
|------------------------|------|
| SEGLUROMET TAB 2.5-500 | MNPA |
|------------------------|------|



| <b>DRUG NAME</b>         | <b>FORMULARY STATUS</b> |
|--------------------------|-------------------------|
| SEGLUROMET TAB 2.5-1000  | MNPA                    |
| SEGLUROMET TAB 7.5-500   | MNPA                    |
| SEGLUROMET TAB 7.5-1000  | MNPA                    |
| SYNJARDY TAB             | Preferred               |
| SYNJARDY TAB 5-500MG     | Preferred               |
| SYNJARDY TAB 5-1000MG    | Preferred               |
| SYNJARDY TAB 12.5-500    | Preferred               |
| SYNJARDY XR TAB          | Preferred               |
| SYNJARDY XR TAB 5-1000MG | Preferred               |
| SYNJARDY XR TAB 10-1000  | Preferred               |
| SYNJARDY XR TAB 25-1000  | Preferred               |
| XIGDUO XR TAB 2.5-1000   | Preferred               |
| XIGDUO XR TAB 5-500MG    | Preferred               |
| XIGDUO XR TAB 5-1000MG   | Preferred               |
| XIGDUO XR TAB 10-500MG   | Preferred               |
| XIGDUO XR TAB 10-1000    | Preferred               |

**ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2)  
INHIBITOR/DPP-4 INHIBITOR COMBINATIONS**

|                        |           |
|------------------------|-----------|
| GLYXAMBI TAB 10-5 MG   | Preferred |
| GLYXAMBI TAB 25-5 MG   | Preferred |
| QTERN TAB 5-5MG        | Preferred |
| QTERN TAB 10-5MG       | Preferred |
| STEGLUJAN TAB 5-100MG  | MNPA      |
| STEGLUJAN TAB 15-100MG | MNPA      |

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

|                            |           |
|----------------------------|-----------|
| FARXIGA TABS 5MG, 10MG     | Preferred |
| INVOKANA TABS 100MG, 300MG | MNPA      |
| JARDIANCE TABS 10MG, 25MG  | Preferred |
| STEGLATRO TABS 5MG, 15MG   | MNPA      |

**ANTIDIABETICS, SULFONYLUREA**

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

**ANTIOBESITY**

|   |           |
|---|-----------|
| <i>orlistat caps 120mg</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 |
| SAXENDA SOPN 18MG/3ML   | Preferred |
| WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML,<br>1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML | Preferred |

| <b>DRUG NAME</b>  | <b>FORMULARY STATUS</b> |
|---|-------------------------|
| ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML       | Preferred               |
| <b>CALCIUM RECEPTOR AGONISTS</b>  |                         |
| <i>cinacalcet tabs 30mg, 60mg, 90mg</i>   | Preferred               |
| <b>CALCIUM REGULATORS, BISPHOSPHONATES</b>  |                         |
| ACTONEL TABS 35MG, 150MG  |                         |
| <i>alendronate soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>                                 | Preferred               |
| ATELVIA TBEC 35MG   |                         |
| FOSAMAX TABS 70MG   |                         |
| <i>ibandronate soln 3mg/3ml; tabs 150mg</i>   | Preferred               |
| <i>risedronate tabs 5mg, 30mg, 35mg, 150mg</i>  | Preferred               |
| <i>risedronate sodium tbec 35mg</i>   |                         |
| <i>zoledronic acid conc 4mg/5ml; soln 4mg/100ml, 5mg/100ml</i>                                |                         |
| <b>CALCIUM REGULATORS, MISCELLANEOUS</b>  |                         |
| <i>calcitonin-salmon soln 200unit/act, 200unit/ml</i>   | Preferred               |
| PROLIA SOSY 60MG/ML   | Preferred               |
| <b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>   |                         |
| <i>teriparatide sopn 600mcg/2.4ml</i>   | Preferred               |
| TYMLOS SOPN 3120MCG/1.56ML  | Preferred               |
| <b>CARNITINE DEFICIENCY AGENTS</b>  |                         |
| <i>levocarnitine soln 1gm/10ml; tabs 330mg</i>  | Preferred               |
| <b>CENTRAL PRECOCIOUS PUBERTY</b>   |                         |
| FENSOLVI KIT 45MG   | Preferred               |
| LUPRON DEPOT-PED KIT 7.5MG, 11.25MG, 15MG, 30MG   | Preferred               |
| LUPRON DEPOT-PED (6-MONTH KIT 45MG  |                         |
| SUPPRELIN LA KIT 50MG   | Preferred               |
| <b>CHELATING AGENTS</b>   |                         |
| <i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i> | Preferred               |
| <i>deferiprone tabs 500mg, 1000mg</i>   | Preferred               |
| <i>deferoxamine solr 2gm, 500mg</i>   | Preferred               |
| <i>penicillamine caps 250mg; tabs 250mg</i>   | Preferred               |
| <i>trientine caps 250mg</i>   | Preferred               |
| <i>trientine caps 500mg</i>   |                         |
| <b>CONTRACEPTIVES</b>   |                         |
| ANNOVERA MIS  | Preferred               |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>                       |                         |
| <i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>                           |                         |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>                      |                         |
| <i>ethinyl estradiol-drospirenone tab 3-0.02 mg</i>                                | Preferred               |
| <i>ethinyl estradiol-drospirenone tab 3-0.03 mg</i>                                | Preferred               |
| <i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.02-0.451 mg</i>             | Preferred               |
| <i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.03-0.451 mg</i>             | Preferred               |
| <i>ethinyl estradiol-etonogestrel va ring 0.120-0.015 mg/24hr</i>                  | Preferred               |
| <i>ethinyl estradiol-levonorgestrel 91-day tab 0.1-0.02mg(84) &amp; 0.01mg(7)</i>  |                         |
| <i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03 mg</i>                    | Preferred               |
| <i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03mg(84) &amp; 0.01mg(7)</i> | Preferred               |
| <i>ethinyl estradiol-levonorgestrel continuous tab 90-20 mcg</i>                   | Preferred               |
| <i>ethinyl estradiol-levonorgestrel tab 0.1 mg-20 mcg</i>                          | Preferred               |
| <i>ethinyl estradiol-levonorgestrel tab 0.05-30/0.075-40/0.125-30mg-mcg</i>        | Preferred               |
| <i>ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg</i>                         | Preferred               |
| <i>ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-20 mcg (21)</i>                | Preferred               |
| <i>ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr</i>                    | Preferred               |
| <i>ethinyl estradiol-norethindrone acetate tab 1 mg-20 mcg</i>                     | Preferred               |
| <i>ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg</i>                   | Preferred               |
| <i>ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)</i>           | Preferred               |
| <i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg</i>         | Preferred               |
| <i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg</i>         | Preferred               |
| <i>ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)</i>      | Preferred               |
| <i>ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg</i>                | Preferred               |
| <i>ethinyl estradiol-norethindrone acetate-iron tab 1-20/1-30/1-35 mg-mcg</i>      | Preferred               |
| <i>ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg</i>              | Preferred               |
| <i>ethinyl estradiol-norgestimate tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>          | Preferred               |
| <i>ethinyl estradiol-norgestimate tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>          | Preferred               |

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
|------------------|-------------------------|
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|   |           |
|---|-----------|
| <i>ethinyl estradiol-norgestimate tab 0.25 mg-35 mcg</i>                | Preferred |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>     |           |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>     |           |
| KYLEENA IUD 19.5MG  | Preferred |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | Preferred |
| LO LOESTRIN TAB 1-10-10   | Preferred |
| <i>medroxyprogesterone susp 150mg/ml; susy 150mg/ml</i>                 |           |
| MIRENA IUD 20MCG/DAY  | Preferred |
| NATAZIA TAB   | Preferred |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>          |           |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>          |           |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>            |           |
| <i>norethindrone (contraceptive) tabs .35mg</i>                         |           |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>      |           |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>       |           |
| <i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>        |           |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>             |           |
| SKYLA IUD 13.5MG  | Preferred |

**DIABETIC SUPPLIES**

|  |           |
|--|-----------|
| ACCU-CHEK AVIVA PLUS STRIPS AND KITS                 | Preferred |
| ACCU-CHEK GUIDE STRIPS AND KITS                      | Preferred |
| ACCU-CHEK SMARTVIEW STRIPS AND KITS                  | Preferred |
| BD ULTRAFINE INSULIN SYRINGES AND NEEDLES            | Preferred |
| DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM          | Preferred |
| FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM | Preferred |
| OMNIPOD 5 INSULIN INFUSION PUMP                      | Preferred |
| OMNIPOD DASH INSULIN INFUSION PUMP                   | Preferred |
| OMNIPOD INSULIN INFUSION PUMP                        | Preferred |
| ONETOUCH LANCETS / LANCING DEVICE                    | Preferred |
| ONETOUCH ULTRA STRIPS AND KITS                       | Preferred |
| ONETOUCH VERIO STRIPS AND KITS                       | Preferred |
| V-GO INSULIN INFUSION PUMP                           | Preferred |

**ENDOMETRIOSIS**

|  |           |
|--|-----------|
| <i>danazol caps 50mg, 100mg, 200mg</i> |           |
| ORLISSA TABS 150MG, 200MG              | Preferred |

**ENZYME REPLACEMENTS**

|   |           |
|---|-----------|
| <i>betaine powder for oral solution</i> | Preferred |
| <i>carglumic acid tbs 200mg</i>         | Preferred |

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
|------------------|-------------------------|
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|   |           |
|---|-----------|
| ELFABRIO SOLN 20MG/10ML                               | Preferred |
| FABRAZYME SOLR 5MG, 35MG                              | Preferred |
| GALAFOLD CAPS 123MG                                   | Preferred |
| PHEBURANE PLLT 483MG/GM                               | Preferred |
| <i>sapropterin pack 100mg, 500mg; tabs 100mg</i>      | Preferred |
| <i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i> | Preferred |

**ESTROGENS**

|   |           |
|---|-----------|
| CLIMARA PRO DIS WEEKLY  | Preferred |
| COMBIPATCH DIS  | Preferred |
| DUAVEE TAB 0.45-20  | Preferred |
| ESTRACE TABS .5MG, 1MG, 2MG   |           |
| <i>estradiol gel .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg, 10mcg</i> | Preferred |
| <i>estradiol vaginal crea .1mg/gm</i>   | Preferred |
| <i>estradiol-norethindrone tab 0.5 mg-2.5 mcg</i>   | Preferred |
| <i>estradiol-norethindrone tab 0.5-0.1 mg</i>   | Preferred |
| <i>estradiol-norethindrone tab 1 mg-5 mcg</i>   | Preferred |
| <i>estradiol-norethindrone tab 1-0.5 mg</i>   | Preferred |
| ESTRING RING 2MG  | Preferred |
| IMVEXXY INST 4MCG, 10MCG  | Preferred |
| PREMARIN CREA .625MG/GM; TABS .3MG, .45MG, .625MG, .9MG, 1.25MG   | Preferred |
| PREMPHASE TAB   | Preferred |
| PREMPRO TAB   | Preferred |
| PREMPRO TAB 0.3-1.5   | Preferred |
| PREMPRO TAB 0.45-1.5  | Preferred |
| PREMPRO TAB 0.625-5   | Preferred |
| VAGIFEM TABS 10MCG  |           |

**FERTILITY REGULATORS**

|   |           |
|---|-----------|
| <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 |
| OVIDREL INJ 250MCG/0.5ML                                      | Preferred |

**GAUCHER DISEASE**

|                             |           |
|-----------------------------|-----------|
| CERDELGA CAPS 84MG          | Preferred |
| CEREZYME SOLR 400UNIT       | Preferred |
| <i>miglustat caps 100mg</i> |           |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>GLUCOCORTICOIDS</b>   |                         |
| CORTEF TABS 5MG, 10MG, 20MG  |                         |
| dexamethasone elix .5mg/5ml; soln .5mg/5ml, 4mg/ml, Preferred<br>10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; tabs<br>.5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg |                         |
| fludrocortisone tabs .1mg  | Preferred               |
| hydrocortisone tabs 5mg, 10mg, 20mg  | Preferred               |
| MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG  |                         |
| MEDROL DOSEPAK TBPK 4MG  |                         |
| methylprednisolone solr 40mg, 125mg, 500mg,<br>1000mg; susp 40mg/ml, 80mg/ml; tabs 4mg, 8mg,<br>16mg, 32mg; tbpk 4mg   | Preferred               |
| prednisolone soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml  | Preferred               |
| prednisolone tabs 5mg  |                         |
| prednisolone sodium phosphate soln 10mg/5ml,<br>20mg/5ml; tbdp 10mg, 15mg, 30mg  |                         |
| prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, Preferred<br>20mg, 50mg; tbpk 5mg, 10mg   |                         |
| <b>GLUCOSE ELEVATING AGENTS</b>  |                         |
| BAQSIMI POWD 3MG/DOSE  | Preferred               |
| GLUCAGEN HYPOKIT SOLR 1MG  | Preferred               |
| glucagon, human recombinant kit 1mg  | Preferred               |
| GVOKE SOAJ .5MG/0.1ML, 1MG/0.2ML; SOLN<br>1MG/0.2ML; SOSY .5MG/0.1ML, 1MG/0.2ML  | Preferred               |
| ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML   | Preferred               |
| <b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>  |                         |
| nitisinone caps 2mg, 5mg, 10mg   |                         |
| ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP<br>4MG/ML  | Preferred               |
| <b>HUMAN GROWTH HORMONES</b>   |                         |
| HUMATROPE CART 6MG, 12MG, 24MG   | Preferred               |
| NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML,<br>15MG/1.5ML, 30MG/3ML  | Preferred               |
| SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML,<br>15MG/1.5ML  | Preferred               |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>  |                         |
| KERENDIA TABS 10MG, 20MG   | Preferred               |
| <b>MISCELLANEOUS</b>   |                         |
| cabergoline tabs .5mg  |                         |
| CYSTAGON CAPS 50MG, 150MG  | Preferred               |
| EVISTA TABS 60MG   |                         |
| methylergonovine maleate soln .2mg/ml; tabs .2mg   |                         |
| OSPHENA TABS 60MG  | Preferred               |
| raloxifene tabs 60mg   | Preferred               |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <i>tolvaptan tabs 15mg, 30mg</i>   |                         |
| <b>PHOSPHATE BINDER AGENTS</b>   |                         |
| AURYXIA TABS 210MG   | Preferred               |
| <i>calcium acetate caps 667mg; tabs 667mg</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>   |                         |
| <b>POLYNEUROPATHY</b>  |                         |
| TEGSEDI SOSY 284MG/1.5ML   | Preferred               |
| <b>POTASSIUM-REMOVING AGENTS</b>   |                         |
| LOKELMA PACK 5GM, 10GM   | Preferred               |
| VELTASSA PACK 8.4GM, 16.8GM, 25.2GM  | Preferred               |
| <b>PROGESTINS</b>  |                         |
| CRINONE GEL 4%, 8%   | Preferred               |
| ENDOMETRIN INST 100MG  | Preferred               |
| <i>hydroxyprogesterone caproate oil 250mg/ml</i>   |                         |
| <i>medroxyprogesterone tabs 2.5mg, 5mg, 10mg</i>   | Preferred               |
| <i>megestrol acetate susp 400mg/10ml</i>   |                         |
| <i>megestrol acetate susp 625mg/5ml</i>  | Preferred               |
| <i>norethindrone acetate tabs 5mg</i>  |                         |
| <i>progesterone, micronized caps 100mg, 200mg</i>  | Preferred               |
| PROVERA TABS 2.5MG, 5MG, 10MG  |                         |
| <b>THYROID AGENTS</b>  |                         |
| <i>levothyroxine caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i> | Preferred               |
| <i>liothyronine soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>   | Preferred               |
| <i>methimazole tabs 5mg, 10mg</i>  |                         |
| <i>propylthiouracil tabs 50mg</i>  |                         |
| SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG  | Preferred               |
| <b>UTERINE FIBROIDS</b>  |                         |
| MYFEMBREE TAB  | Preferred               |
| ORIAHNN CAP  | Preferred               |
| <b>VASOPRESSINS</b>  |                         |
| <i>desmopressin acetate tabs .1mg, .2mg</i>  |                         |
| <i>desmopressin acetate spray soln .01%</i>  |                         |
| <i>desmopressin acetate spray refrigerated soln .01%</i>   |                         |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>GASTROINTESTINAL</b>  |                         |
| <b>ANTICHOLINERGICS</b>  |                         |
| dicyclomine caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg                                       | Preferred               |
| <b>ANTIDIARRHEALS</b>  |                         |
| diphenoxylate-atropine liq 2.5-0.025 mg/5ml  | Preferred               |
| diphenoxylate-atropine tab 2.5-0.025 mg  | Preferred               |
| loperamide caps 2mg  | Preferred               |
| <b>ANTIEMETICS</b>   |                         |
| aprepitant caps 40mg, 80mg, 125mg  | Preferred               |
| aprepitant capsule therapy pack 80 & 125 mg  | Preferred               |
| doxylamine-pyridoxine delayed-rel tab 10-10 mg   | Preferred               |
| dronabinol caps 2.5mg, 5mg, 10mg   | Preferred               |
| granisetron soln 1mg/ml, 4mg/4ml; tabs 1mg   | Preferred               |
| MARINOL CAPS 2.5MG, 5MG, 10MG  |                         |
| meclizine chew 25mg; tabs 12.5mg, 25mg, 50mg   | Preferred               |
| metoclopramide soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg                                | Preferred               |
| ondansetron soln 4mg/2ml, 4mg/5ml, 40mg/20ml; soty 4mg/2ml; tabs 4mg, 8mg, 24mg; tbdp 4mg, 8mg | Preferred               |
| prochlorperazine soln 10mg/2ml, 50mg/10ml; supp 25mg; tabs 5mg, 10mg                           | Preferred               |
| promethazine soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg     | Preferred               |
| REGLAN TABS 5MG, 10MG  |                         |
| SANCUSO PTCH 3.1MG/24HR  | Preferred               |
| scopolamine transdermal pt72 1mg/3days   | Preferred               |
| trimethobenzamide caps 300mg   | Preferred               |
| VARUBI TBPK 90MG   | Preferred               |
| <b>H2-RECEPTOR ANTAGONISTS</b>   |                         |
| cimetidine tabs 200mg, 300mg, 400mg, 800mg   |                         |
| cimetidine hcl soln 300mg/5ml  |                         |
| famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg                 | Preferred               |
| famotidine inj 20mg/50ml   | Preferred               |
| PEPCID TABS 20MG, 40MG   |                         |
| <b>INFLAMMATORY BOWEL DISEASE</b>  |                         |
| AZULFIDINE TABS 500MG  |                         |
| AZULFIDINE EN-TABS TBEC 500MG  |                         |
| balsalazide caps 750mg   | Preferred               |
| budesonide delayed-rel cpep 3mg  | Preferred               |
| budesonide ext-rel tb24 9mg  | Preferred               |
| CORTIFOAM FOAM 10%   | Preferred               |
| hydrocortisone enem 100mg/60ml   | Preferred               |



| <b>DRUG NAME</b>  | <b>FORMULARY STATUS</b> |
|---|-------------------------|
| <i>mesalamine supp 1000mg</i>                               | Preferred               |
| <i>mesalamine delayed-rel cpdr 400mg; tbec 1.2gm, 800mg</i> | Preferred               |
| <i>mesalamine ext-rel cp24 .375gm; cpcr 500mg</i>           | Preferred               |
| <i>mesalamine suspension enem 4gm</i>                       | Preferred               |
| <i>mesalamine w/ cleanser kit 4gm</i>                       |                         |
| PENTASA CPCR 250MG, 500MG                                   | Preferred               |
| ROWASA KIT 4GM  |                         |
| <i>sulfasalazine tabs 500mg</i>                             | Preferred               |
| <i>sulfasalazine delayed-rel tbec 500mg</i>                 | Preferred               |

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

|                                      |           |
|--------------------------------------|-----------|
| LINZESS CAPS 72MCG, 145MCG, 290MCG   | Preferred |
| <i>lubiprostone caps 8mcg, 24mcg</i> | Preferred |
| MOTEGRITY TABS 1MG, 2MG              | MNPA      |
| TRULANCE TABS 3MG                    | Preferred |

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

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

### **LAXATIVES**

|   |           |
|---|-----------|
| <i>lactulose soln 10gm/15ml</i>                                     |           |
| <i>lactulose soln 10gm/15ml</i>                                     | Preferred |
| <i>peg 3350-electrolytes</i>  | Preferred |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | Preferred |

### **MISCELLANEOUS**

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

### **PANCREATIC ENZYMES**

|                     |           |
|---------------------|-----------|
| CREON CAP 3000UNIT  | Preferred |
| CREON CAP 6000UNIT  | Preferred |
| CREON CAP 12000UNT  | Preferred |
| CREON CAP 24000UNT  | Preferred |
| CREON CAP 36000UNT  | Preferred |
| VIOKACE TAB 10440   | Preferred |
| VIOKACE TAB 20880   | Preferred |
| ZENPEP CAP 3000UNIT | Preferred |
| ZENPEP CAP 5000UNIT | Preferred |
| ZENPEP CAP 10000UNT | Preferred |
| ZENPEP CAP 15000UNT | Preferred |
| ZENPEP CAP 20000UNT | Preferred |

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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|                     |           |
|---------------------|-----------|
| ZENPEP CAP 25000UNT | Preferred |
| ZENPEP CAP 40000UNT | Preferred |
| ZENPEP CAP 60000UNT |           |

### **PROTON PUMP INHIBITORS**

|  |           |
|--|-----------|
| <i>dexlansoprazole cpdr 30mg, 60mg</i>                                 |           |
| <i>esomeprazole delayed-rel cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg</i> | Preferred |
| <i>esomeprazole sodium solr 40mg</i>                                   |           |
| <i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>                        | Preferred |
| <i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>                    | Preferred |
| <i>pantoprazole delayed-rel pack 40mg; tbec 20mg, 40mg</i>             | Preferred |
| <i>pantoprazole sodium solr 40mg</i>                                   |           |

### **RECTAL, CORTICOSTEROIDS**

|                                 |           |
|---------------------------------|-----------|
| <i>hydrocortisone crea 2.5%</i> |           |
| PROCTOFOAM-HC AER 1%            | Preferred |

### **ULCER THERAPY COMBINATIONS**

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

## **GENITOURINARY**

### **BENIGN PROSTATIC HYPERPLASIA**

|  |           |
|--|-----------|
| <i>alfuzosin ext-rel tb24 10mg</i>           | Preferred |
| AVODART CAPS .5MG                            |           |
| CARDURA TABS 1MG, 2MG, 4MG, 8MG              |           |
| <i>doxazosin tabs 1mg, 2mg, 4mg, 8mg</i>     | Preferred |
| <i>dutasteride caps .5mg</i>                 | Preferred |
| <i>dutasteride-tamsulosin cap 0.5-0.4 mg</i> | Preferred |
| <i>finasteride tabs 5mg</i>                  | Preferred |
| FLOMAX CAPS .4MG                             |           |
| PROSCAR TABS 5MG                             |           |
| <i>silodosin caps 4mg, 8mg</i>               | Preferred |
| <i>tamsulosin caps .4mg</i>                  | Preferred |
| <i>terazosin caps 1mg, 2mg, 5mg, 10mg</i>    | Preferred |

### **ERECTILE DYSFUNCTION**

|  |           |
|--|-----------|
| MUSE PLLT 125MCG, 250MCG, 500MCG, 1000MCG    | Preferred |
| <i>sildenafil tabs 25mg, 50mg, 100mg</i>     | Preferred |
| <i>tadalafil tabs 2.5mg, 5mg, 10mg, 20mg</i> | Preferred |

### **MISCELLANEOUS**

|  |           |
|--|-----------|
| <i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>           |           |
| <i>potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg</i> |           |
| <i>tiopronin tabs 100mg</i>                                      | Preferred |

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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|                         |  |
|-------------------------|--|
| UROCIT-K 5 TBCR 540MG   |  |
| UROCIT-K 10 TBCR 1080MG |  |
| UROCIT-K 15 TBCR 15MEQ  |  |

**URINARY ANTISPASMODICS**

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

**VAGINAL ANTI-INFECTIVES**

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

**HEMATOLOGIC**

**ANTICOAGULANTS**

|   |           |
|---|-----------|
| ELIQUIS TABS 2.5MG, 5MG; TBPK 5MG   | Preferred |
| <i>enoxaparin soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>  | Preferred |
| <i>fondaparinux soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>  | Preferred |
| FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML |           |
| <i>warfarin tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>   | Preferred |
| XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG   | Preferred |
| XARELTO STAR TAB 15/20MG  | Preferred |

**BLEEDING DISORDERS AGENTS**

|                                      |           |
|--------------------------------------|-----------|
| NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG | Preferred |
| SEVENFACT SOLR 1MG, 5MG              | Preferred |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>HEMATOPOIETIC GROWTH FACTORS</b>  |                         |
| ARANESP SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, Preferred<br>100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML,<br>25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML,<br>100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML,<br>300MCG/0.6ML, 500MCG/ML |                         |
| FYLNETRA SOSY 6MG/0.6ML  | Preferred               |
| NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY Preferred<br>300MCG/0.5ML, 480MCG/0.8ML  |                         |
| NYVEPRIA SOSY 6MG/0.6ML  | Preferred               |
| PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML,<br>4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML,<br>40000UNIT/ML   | Preferred               |
| RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML,<br>4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML,<br>40000UNIT/ML  | Preferred               |
| <b>HEMOPHILIA A AGENTS</b>   |                         |
| ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT,<br>1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT  | Preferred               |
| ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT,<br>1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT  | Preferred               |
| AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, Preferred<br>2000UNIT, 2500UNIT, 3000UNIT  |                         |
| ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT,<br>1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT,<br>5000UNIT, 6000UNIT  | Preferred               |
| ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT,<br>2000UNIT, 3000UNIT   | Preferred               |
| JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT  | Preferred               |
| KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT,<br>2000UNIT, 3000UNIT  | Preferred               |
| KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT,<br>2000UNIT, 3000UNIT  | Preferred               |
| NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT,<br>1500UNIT, 2000UNIT, 3000UNIT   | Preferred               |
| NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, Preferred<br>2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR<br>250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT,<br>2500UNIT, 3000UNIT, 4000UNIT                       |                         |
| XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, Preferred<br>3000UNIT   |                         |
| <b>HEMOPHILIA B AGENTS</b>   |                         |
| ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT,<br>2000UNIT, 3000UNIT, 4000UNIT  | Preferred               |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT                                       | Preferred               |
| <b>MISCELLANEOUS</b>   |                         |
| <i>anagrelide hcl caps .5mg, 1mg</i>   |                         |
| <i>cilostazol tabs 50mg, 100mg</i>   |                         |
| <b>PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS</b>                                  |                         |
| EMPAVELI SOLN 1080MG/20ML  | Preferred               |
| <b>PLATELET AGGREGATION INHIBITORS</b>   |                         |
| BRILINTA TABS 60MG, 90MG   | Preferred               |
| <i>clopidogrel tabs 75mg, 300mg</i>  | Preferred               |
| <i>dipyridamole tabs 25mg, 50mg, 75mg</i>  |                         |
| <i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>  | Preferred               |
| <i>prasugrel tabs 5mg, 10mg</i>  | Preferred               |
| <b>SICKLE CELL DISEASE</b>   |                         |
| ENDARI PACK 5GM  | Preferred               |
| SIKLOS TABS 100MG, 1000MG  | Preferred               |
| <b>THROMBOCYTOPENIA AGENTS</b>   |                         |
| DOPTELET TABS 20MG   | Preferred               |
| PROMACTA PACK 12.5MG, 25MG; TABS 12.5MG, 25MG, 50MG, 75MG                                | Preferred               |
| TAVALISSE TABS 100MG, 150MG  | Preferred               |
| <b>IMMUNOLOGIC AGENTS</b>  |                         |
| <b>ALLERGENIC EXTRACTS</b>   |                         |
| GRASTEK SUBL 2800BAU   | Preferred               |
| ORALAIR SUB 300 IR   | Preferred               |
| RAGWITEK SUBL 12AMBA1-U  | Preferred               |
| <b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>  |                         |
| AVSOLA SOLR 100MG  | Preferred               |
| ILUMYA SOSY 100MG/ML   | Preferred               |
| REMICADE SOLR 100MG  | Preferred               |
| SIMPONI ARIA SOLN 50MG/4ML   | Preferred               |
| SKYRIZI INTRAVENOUS SOLN 600MG/10ML  | Preferred               |
| STELARA INTRAVENOUS SOLN 130MG/26ML  | Preferred               |
| <b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS</b>                       |                         |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML   | Preferred               |
| ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML  | Preferred               |
| HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML | Preferred               |
| HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML   |                         |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS</b>                               |                         |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML   | Preferred               |
| COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML  | Preferred               |
| COSENTYX SOAJ 300MG/2ML  |                         |
| ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML            | Preferred               |
| HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML           | Preferred               |
| HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML   |                         |
| RINVOQ TB24 15MG, 30MG, 45MG   | Preferred               |
| <b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE</b>                                      |                         |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML   | Preferred               |
| HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML           | Preferred               |
| HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML   |                         |
| RINVOQ TB24 15MG, 30MG, 45MG   | Preferred               |
| SKYRIZI SUBCUTANEOUS PSKT 75MG/0.83ML; SOAJ 150MG/ML; SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML | Preferred               |
| STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML                                     | Preferred               |
| <b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</b>             |                         |
| CIMZIA PREFILLED SYRINGE PSKT 200MG/ML   | Preferred               |
| COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML  | Preferred               |
| COSENTYX SOAJ 300MG/2ML  |                         |
| RINVOQ TB24 15MG, 30MG, 45MG   | Preferred               |
| <b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS</b>  |                         |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML   | Preferred               |
| HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML           | Preferred               |
| HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML   |                         |
| OTEZLA TABS 30MG   | Preferred               |
| OTEZLA TAB 10/20/30  | Preferred               |

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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| SKYRIZI SUBCUTANEOUS PSKT 75MG/0.83ML; SOAJ 150MG/ML; SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML | Preferred |
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| SOTYKTU TABS 6MG | Preferred |
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| STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML | Preferred |
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| TALTZ SOAJ 80MG/ML; SOSY 80MG/ML | Preferred |
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| TREMFYA SOPN 100MG/ML; SOSY 100MG/ML | Preferred |
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**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS**

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| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML | Preferred |
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| COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML | Preferred |
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| COSENTYX SOAJ 300MG/2ML |  |
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| ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML | Preferred |
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| HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML | Preferred |
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| HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML |  |
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| OTEZLA TABS 30MG | Preferred |
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| OTEZLA TAB 10/20/30 | Preferred |
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| RINVOQ TB24 15MG, 30MG, 45MG | Preferred |
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| SKYRIZI SUBCUTANEOUS PSKT 75MG/0.83ML; SOAJ 150MG/ML; SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML | Preferred |
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| STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML | Preferred |
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| TREMFYA SOPN 100MG/ML; SOSY 100MG/ML | Preferred |
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**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS**

|  |           |
|--|-----------|
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML | Preferred |
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| ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML | Preferred |
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| HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML | Preferred |
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| HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML |  |
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| KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML | Preferred |
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| ORENCIA CLICKJECT SOAJ 125MG/ML | Preferred |
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| ORENCIA SUBCUTANEOUS SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML | Preferred |
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| <b>DRUG NAME</b>                    | <b>FORMULARY STATUS</b> |
|-------------------------------------|-------------------------|
| RINVOQ TB24 15MG, 30MG, 45MG        | Preferred               |
| XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG | Preferred               |
| XELJANZ XR TB24 11MG, 22MG          | Preferred               |

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

|  |           |
|--|-----------|
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML   | Preferred |
| HYRIMOZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML | Preferred |
| HYRIMOZ SOAJ 40MG/0.8ML; SOSY 40MG/0.8ML   |           |
| RINVOQ TB24 15MG, 30MG, 45MG   | Preferred |
| STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML                           | Preferred |
| XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG  | Preferred |
| XELJANZ XR TB24 11MG, 22MG   | Preferred |
| ZEPOSIA CAPS .92MG   | Preferred |
| ZEPOSIA 7DAY CAP STR PACK  | Preferred |
| ZEPOSIA CAP STR KIT  | Preferred |

### **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>   |           |
| 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**

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| <i>icatibant sosy 30mg/3ml</i>                    | Preferred |
| ORLADEYO CAPS 110MG, 150MG                        | Preferred |
| RUCONEST SOLR 2100UNIT                            | Preferred |
| TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML | Preferred |

### **IMMUNOGLOBULIN**

|  |           |
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| CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML | Preferred |
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### **IMMUNOSUPPRESSANTS**

|  |           |
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| <i>azathioprine tabs 50mg, 75mg, 100mg</i>                                     |           |
| <i>cyclosporine caps 25mg, 100mg</i>   | Preferred |
| <i>cyclosporine modified caps 25mg, 50mg, 100mg; soln 100mg/ml</i>             | Preferred |
| ENSPRYNG SOSY 120MG/ML   | Preferred |
| <i>everolimus tabs .25mg, .5mg, .75mg, 1mg</i>                                 | Preferred |
| <i>mycophenolate mofetil caps 250mg; solr 500mg; susr 200mg/ml; tabs 500mg</i> | Preferred |



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

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

### **ELECTROLYTES**

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| <i>potassium chloride cpcr 8meq, 10meq; tbc 8meq, 10meq, 20meq</i> |
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| <i>potassium chloride liquid soln 10%, 20%</i> | Preferred |
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| <i>potassium chloride microencapsulated crystals er tbc 10meq, 15meq, 20meq</i> |
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|---|
| <i>sodium fluoride chew .25mg, .5mg, 1mg; soln .125mg/drop, .5mg/ml; tabs .5mg, 1mg</i> |
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### **IV REPLACEMENT SOLUTIONS**

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| <i>potassium chloride soln 2meq/ml</i> |
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### **VITAMINS**

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| <i>b-complex w/ c &amp; folic acid cap 1 mg</i> |
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| <i>b-complex w/ c &amp; folic acid tab</i> |
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|---|
| <i>b-complex w/ c &amp; folic acid tab 1 mg</i> |
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|---|
| <i>b-complex w/ c &amp; folic acid tab 5 mg</i> |
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| <i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i> |
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| <i>cyanocobalamin soln 1000mcg/ml</i> |
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| <i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i> |
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| <i>folic acid soln 5mg/ml; tabs 1mg</i> |
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| <i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i> |
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| <i>multiple vitamins w/ minerals cap</i> |
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| <i>multiple vitamins w/ minerals tab</i> |
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| <i>multivitamins</i> |
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| <i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i> |
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| <i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i> |
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| <i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i> |
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| <i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i> |
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| <i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i> |
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| <i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i> |
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| <i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i> |
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| <i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i> |
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| <i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i> |
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| <i>pyridoxine hcl soln 100mg/ml</i> |
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| <b>ROCALTROL CAPS .25MCG, .5MCG; SOLN 1MCG/ML</b> |
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| DRUG NAME | FORMULARY STATUS |
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| ZEMPLAR CAPS 1MCG, 2MCG |  |
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**OPHTHALMIC**

**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

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

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

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|---|-----------|
| <i>sulfacetamide oint 10%; soln 10%</i> | Preferred |
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| <i>tobramycin soln .3%</i> | Preferred |
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| TOBEX OINT .3%; SOLN .3% |  |
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| <i>trifluridine soln 1%</i> | Preferred |
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| VIGAMOX SOLN .5% |  |
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**ANTI-INFLAMMATORIES**

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

### **ANTIALLERGICS**

|                                  |           |
|----------------------------------|-----------|
| <i>azelastine soln .05%</i>      | Preferred |
| <i>bepotastine soln 1.5%</i>     | Preferred |
| <i>cromolyn sodium soln 4%</i>   | Preferred |
| LASTACAFT SOLN .25%              | Preferred |
| <i>olopatadine soln .1%, .2%</i> | Preferred |
| ZERVIATE SOLN .24%               | Preferred |

### **ANTIGLAUCOMA**

|   |           |
|---|-----------|
| ALPHAGAN P SOLN .1%, .15%                             | Preferred |
| BETIMOL SOLN .25%, .5%                                | Preferred |
| BETOPTIC S SUSP .25%                                  | Preferred |
| <i>brimonidine soln .1%</i>                           |           |
| <i>brimonidine soln .15%, .2%</i>                     | Preferred |
| <i>brimonidine-timolol soln 0.2-0.5%</i>              | Preferred |
| <i>brinzolamide susp 1%</i>                           | Preferred |
| <i>dorzolamide soln 2%</i>                            | Preferred |
| <i>dorzolamide-timolol sol 22.3-6.8 mg/ml pf</i>      | Preferred |
| <i>dorzolamide-timolol soln 22.3-6.8 mg/ml</i>        | Preferred |
| <i>latanoprost soln .005%</i>                         | Preferred |
| <i>levobunolol hcl soln .5%</i>                       |           |
| LUMIGAN SOLN .01%                                     | Preferred |
| RHOPRESSA SOLN .02%                                   | Preferred |
| ROCKLATAN DRO   | Preferred |
| SIMBRINZA SUS 1-0.2%                                  | Preferred |
| <i>tafluprost soln .015mg/ml</i>                      |           |
| <i>timolol maleate solg .25%, .5%; soln .25%, .5%</i> | Preferred |
| <i>travoprost soln .004%</i>                          | Preferred |

### **DRY EYE DISEASE**

|                                       |           |
|---------------------------------------|-----------|
| <i>cyclosporine (ophth) emul .05%</i> | Preferred |
| LACRISERT INST 5MG                    | MNPA      |
| RESTASIS EMUL .05%                    | Preferred |
| XIIDRA SOLN 5%                        | Preferred |

| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>RETINAL DISORDERS</b>   |                         |
| BYOOVIZ SOLN .5MG/0.05ML   | Preferred               |
| CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML  | Preferred               |
| <b>RESPIRATORY</b>   |                         |
| <b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS</b>                                   |                         |
| PROLASTIN-C SOLN 1000MG/20ML; SOLR 1000MG                                      | Preferred               |
| ZEMAIRA SOLR 1000MG  | Preferred               |
| ZEMAIRA SOLR 4000MG, 5000MG  |                         |
| <b>ANAPHYLAXIS TREATMENT AGENTS</b>  |                         |
| AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML                               | Preferred               |
| epinephrine soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml | Preferred               |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                               |                         |
| ANORO ELLIPT AER 62.5-25   | Preferred               |
| BEVESPI AER 9-4.8MCG   | Preferred               |
| ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml                    | Preferred               |
| STIOLTO AER 2.5-2.5  | Preferred               |
| <b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS</b>                       |                         |
| BREZTRI AERO AER SPHERE  | Preferred               |
| TRELEGY AER 100MCG   | Preferred               |
| TRELEGY AER 200MCG   | Preferred               |
| <b>ANTICHOLINERGICS</b>  |                         |
| ATROVENT HFA AERS 17MCG/ACT  | Preferred               |
| INCRUSE ELLIPTA AEPB 62.5MCG/INH   | Preferred               |
| ipratropium bromide (nasal) soln .03%, .06%                                    |                         |
| ipratropium inhalation soln .02%   | Preferred               |
| SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT; CAPS 18MCG                               | Preferred               |
| tiotropium bromide monohydrate caps 18mcg                                      |                         |
| TUDORZA PRESSAIR AEPB 400MCG/ACT   | MNPA                    |
| YUPELRI SOLN 175MCG/3ML  | Preferred               |
| <b>ANTI-HISTAMINE COMBINATIONS</b>   |                         |
| azelastine-fluticasone nasal spray 137-50 mcg/act                              | Preferred               |
| <b>ANTI-HISTAMINES</b>   |                         |
| azelastine soln .1%, .15%  | Preferred               |
| clemastine fumarate tabs 2.68mg  |                         |
| cyproheptadine hcl syrp 2mg/5ml; tabs 4mg                                      |                         |
| hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg    |                         |
| levocetirizine soln 2.5mg/5ml; tabs 5mg  |                         |
| olopatadine soln .6%   | Preferred               |
| PATANASE SOLN .6%  |                         |

| <b>DRUG NAME</b>  | <b>FORMULARY STATUS</b> |
|---|-------------------------|
| <b>BETA AGONISTS</b>  |                         |
| <i>albuterol inhalation solution nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i> | Preferred               |
| <i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>                 |                         |
| <i>albuterol sulfate cfc-free aers 108mcg/act</i>                                   | Preferred               |
| <i>formoterol inhalation solution nebu 20mcg/2ml</i>                                | Preferred               |
| <i>levalbuterol tartrate cfc-free aero 45mcg/act</i>                                | Preferred               |
| SEREVENT AEPB 50MCG/DOSE  | Preferred               |
| STRIVERDI RESPIMAT AERS 2.5MCG/ACT  | Preferred               |
| <i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>                             |                         |
| <b>COLD/COUGH</b>   |                         |
| <i>benzonatate caps 100mg, 150mg, 200mg</i>   |                         |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>                  |                         |
| <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>                    |                         |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>                                 |                         |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>   |                         |
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>                    |                         |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>                                 |                         |
| <b>CYSTIC FIBROSIS</b>  |                         |
| <i>tobramycin inhalation solution nebu 300mg/4ml, 300mg/5ml</i>                     | Preferred               |
| <b>LEUKOTRIENE MODIFIERS</b>  |                         |
| <i>zileuton ext-rel tb12 600mg</i>  | Preferred               |
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>   |                         |
| <i>montelukast chew 4mg, 5mg; pack 4mg; tabs 10mg</i>                               | Preferred               |
| <i>zafirlukast tabs 10mg, 20mg</i>  | Preferred               |
| <b>MAST CELL STABILIZERS</b>  |                         |
| <i>cromolyn sodium nebu 20mg/2ml</i>  |                         |
| <b>MISCELLANEOUS</b>  |                         |
| <i>roflumilast tabs 250mcg, 500mcg</i>  | Preferred               |
| <b>NASAL STEROIDS</b>   |                         |
| <i>flunisolide soln .025%</i>   | Preferred               |
| <i>fluticasone susp 50mcg/act</i>   | Preferred               |
| <i>mometasone susp 50mcg/act</i>  | Preferred               |
| <b>PULMONARY FIBROSIS AGENTS</b>  |                         |
| OFEV CAPS 100MG, 150MG  | Preferred               |
| <i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>                                    | Preferred               |
| <b>SEVERE ASTHMA AGENTS</b>   |                         |
| DUPIXENT SOSY 100MG/0.67ML  | Preferred               |
| FASENRA SOAJ 30MG/ML; SOSY 30MG/ML  | Preferred               |

| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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|---|-----------|
| NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML | Preferred |
| TEZSPIRE SOSY 210MG/1.91ML                      | Preferred |
| XOLAIR SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML    | Preferred |

### **STEROID INHALANTS**

|  |           |
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| ARNUIITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT                  | Preferred |
| <i>budesonide inhalation susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>           | Preferred |
| FLOVENT DISKUS AEPB 50MCG/BLIST, 100MCG/BLIST, 250MCG/BLIST              | Preferred |
| FLOVENT HFA AERO 44MCG/ACT, 110MCG/ACT, 220MCG/ACT                       | Preferred |
| <i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i> |           |
| PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT                           | Preferred |
| QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT                                  | Preferred |

### **STEROID/BETA-AGONIST COMBINATIONS**

|   |           |
|---|-----------|
| AIRSUPRA AER 90-80MCG   | Preferred |
| BREO ELLIPTA INH 50-25MCG   |           |
| BREO ELLIPTA INH 100-25   | Preferred |
| BREO ELLIPTA INH 200-25   | Preferred |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>  |           |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> |           |
| <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>          |           |
| SYMBICORT AER 80-4.5  | Preferred |
| SYMBICORT AER 160-4.5   | Preferred |

### **XANTHINES**

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| <i>theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i> |  |
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| <b>DRUG NAME</b>   | <b>FORMULARY STATUS</b> |
|--|-------------------------|
| <b>TOPICAL</b>   |                         |
| <b>DERMATOLOGY, ACNE</b>   |                         |
| ABSORICA CAPS 10MG, 20MG, 25MG, 30MG, 35MG, 40MG                         | Preferred               |
| <i>adapalene crea .1%; gel .1%, .3%; pads .1%</i>                        | Preferred               |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>                           |                         |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>                           |                         |
| AKLIEF CREA .005%  | Preferred               |
| ARAZLO LOTN .045%  | Preferred               |
| BENZAC AC WASH LIQD 5%   |                         |
| BENZAMYCIN GEL 5-3%  |                         |
| <i>benzoyl peroxide foam 9.8%; gel 8%</i>                                | Preferred               |
| <i>clindamycin gel 1%; soln 1%</i>                                       | Preferred               |
| <i>clindamycin lotn 1%</i>   |                         |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>              |                         |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>                    |                         |
| <i>clindamycin-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>              | Preferred               |
| <i>clindamycin-benzoyl peroxide gel 1-5%</i>                             | Preferred               |
| <i>clindamycin-benzoyl peroxide gel 1.2-2.5%</i>                         | Preferred               |
| <i>dapsone (topical) gel 5%, 7.5%</i>                                    |                         |
| EPIDUO FORTE GEL 0.3-2.5%  |                         |
| EPIDUO GEL 0.1-2.5%  | Preferred               |
| <i>erythromycin gel 2%</i>   |                         |
| <i>erythromycin soln 2%</i>  | Preferred               |
| <i>erythromycin-benzoyl peroxide gel 5-3%</i>                            | Preferred               |
| <i>isotretinoin caps 10mg, 25mg, 35mg</i>                                |                         |
| <i>isotretinoin caps 20mg, 30mg, 40mg</i>                                | Preferred               |
| KLARON LOTN 10%  |                         |
| ONEXTON GEL 1.2-3.75   | Preferred               |
| RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%                           |                         |
| <i>sulfacetamide sodium (acne) lotn 10%</i>                              |                         |
| <i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .04%, .05%, .1%</i> | Preferred               |
| TWYNEO CRE 0.1-3%  | Preferred               |
| WINLEVI CREA 1%  | Preferred               |
| <b>DERMATOLOGY, ACTINIC KERATOSIS</b>                                    |                         |
| <i>fluorouracil crea 5%; soln 2%, 5%</i>                                 | Preferred               |
| <i>imiquimod crea 3.75%, 5%</i>  | Preferred               |
| <b>DERMATOLOGY, ANTIBIOTICS</b>  |                         |
| <i>gentamicin crea .1%; oint .1%</i>                                     | Preferred               |
| <i>mupirocin oint 2%</i>   | Preferred               |
| <i>silver sulfadiazine crea 1%</i>                                       |                         |

| <b>DRUG NAME</b>  | <b>FORMULARY STATUS</b> |
|---|-------------------------|
| <b>DERMATOLOGY, ANTIFUNGALS</b>   |                         |
| <i>ciclopirox crea .77%; gel .77%; sham 1%; soln 8%; susp .77%</i>                    | Preferred               |
| <i>ciclopirox solution kit 8%</i>   | Preferred               |
| <i>clotrimazole crea 1%; soln 1%</i>  | Preferred               |
| <i>econazole crea 1%</i>  | Preferred               |
| <i>ketoconazole crea 2%; foam 2%</i>  | Preferred               |
| <i>luliconazole crea 1%</i>   | Preferred               |
| <i>naftifine hcl crea 1%, 2%; gel 1%, 2%</i>  |                         |
| NAFTIN GEL 1%, 2%   | Preferred               |
| <i>nystatin crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>            | Preferred               |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>  |                         |
| <i>acitretin caps 10mg, 17.5mg, 25mg</i>  | Preferred               |
| <i>calcipotriene crea .005%; oint .005%; soln .005%</i>                               | Preferred               |
| <i>calcipotriene-betamethasone oint 0.005-0.064%</i>                                  | Preferred               |
| <i>calcipotriene-betamethasone susp 0.005-0.064%</i>                                  | Preferred               |
| ENSTILAR AER  | Preferred               |
| <i>methoxsalen caps 10mg</i>  | Preferred               |
| <i>tazarotene crea .1%; gel .05%, .1%</i>   |                         |
| VTAMA CREA 1%   | Preferred               |
| ZORYVE CREA .3%   | Preferred               |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>   |                         |
| <i>ketoconazole sham 2%</i>   | Preferred               |
| <i>selenium sulfide lotn 2.5%</i>   | Preferred               |
| ZORYVE FOAM .3%   | Preferred               |
| <b>DERMATOLOGY, ATOPIC DERMATITIS</b>   |                         |
| ADBRY SOSY 150MG/ML   | Preferred               |
| CIBINQO TABS 50MG, 100MG, 200MG   | Preferred               |
| DUPIXENT SOPN 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML                   | Preferred               |
| EUCRISA OINT 2%   | Preferred               |
| OPZELURA CREA 1.5%  | Preferred               |
| <i>pimecrolimus crea 1%</i>   | Preferred               |
| RINVOQ TB24 15MG, 30MG, 45MG  | Preferred               |
| <i>tacrolimus oint .03%, .1%</i>  | Preferred               |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>   |                         |
| <i>alclometasone dipropionate crea .05%; oint .05%</i>                                |                         |
| <i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>           |                         |
| <i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i> |                         |
| <i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>                            |                         |
| BRYHALI LOTN .01%   | Preferred               |



| <b>DRUG NAME</b> | <b>FORMULARY STATUS</b> |
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| <i>clobetasol crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%</i> | Preferred |
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| <i>clobetasol propionate soln .05%</i> |  |
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| <i>desonide crea .05%; lotn .05%; oint .05%</i> | Preferred |
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| <i>desoximetasone crea .05%, .25%; gel .05%; oint .05%, .25%</i> | Preferred |
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| <i>diflorasone diacetate crea .05%; oint .05%</i> |  |
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| <b>DUOBRII LOT</b> | Preferred |
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| <i>fluocinolone acetonide crea .025%; oint .025%; soln .01%</i> |  |
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| <i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i> | Preferred |
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| <i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i> |  |
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| <i>halobetasol crea .05%; oint .05%</i> | Preferred |
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| <i>hydrocortisone crea 1%, 2.5%; oint 1%</i> | Preferred |
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| <i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i> | Preferred |
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| <i>hydrocortisone valerate crea .2%; oint .2%</i> |  |
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| <i>mometasone crea .1%; oint .1%; soln .1%</i> | Preferred |
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| <i>triamcinolone crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i> | Preferred |
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**DERMATOLOGY, LOCAL ANESTHETICS**

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

|                                 |           |
|---------------------------------|-----------|
| <i>diclofenac sodium gel 1%</i> | Preferred |
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| <i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i> |  |
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| <i>podofilox gel .5%; soln .5%</i> |  |
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**DERMATOLOGY, ROSACEA**

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|-----------------------------|-----------|
| <i>azelaic acid gel 15%</i> | Preferred |
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|-----------------------------|-----------|
| <i>brimonidine gel .33%</i> | Preferred |
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| <i>doxycycline monohydrate delayed-rel capsule cpdr 40mg</i> | Preferred |
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|                         |           |
|-------------------------|-----------|
| <b>FINACEA FOAM 15%</b> | Preferred |
|-------------------------|-----------|

|                                     |  |
|-------------------------------------|--|
| <i>ivermectin (rosacea) crea 1%</i> |  |
|-------------------------------------|--|

|                             |  |
|-----------------------------|--|
| <b>METROCREAM CREA .75%</b> |  |
|-----------------------------|--|

|                        |  |
|------------------------|--|
| <b>METROGEL GEL 1%</b> |  |
|------------------------|--|

|                              |  |
|------------------------------|--|
| <b>METROLOTION LOTN .75%</b> |  |
|------------------------------|--|

|   |           |
|---|-----------|
| <i>metronidazole crea .75%; gel .75%, 1%; lotn .75%</i> | Preferred |
|---|-----------|

|                          |           |
|--------------------------|-----------|
| <b>SOOLANTRA CREA 1%</b> | Preferred |
|--------------------------|-----------|

**DERMATOLOGY, SCABICIDES AND PEDICULICIDES**

|   |  |
|---|--|
| <i>ivermectin (pediculicide) lotn .5%</i> |  |
|---|--|

|                           |  |
|---------------------------|--|
| <i>malathion lotn .5%</i> |  |
|---------------------------|--|

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

|                           |  |
|---------------------------|--|
| <i>permethrin crea 5%</i> |  |
|---------------------------|--|

**MOUTH/THROAT/DENTAL AGENTS**

|                                 |  |
|---------------------------------|--|
| <i>cevimeline hcl caps 30mg</i> |  |
|---------------------------------|--|

|                               |  |
|-------------------------------|--|
| <i>clotrimazole troc 10mg</i> |  |
|-------------------------------|--|

|            |           |
|------------|-----------|
| EPISIL LIQ | Preferred |
|------------|-----------|

|   |  |
|---|--|
| <i>lidocaine hcl (mouth-throat) soln 2%</i> |  |
|---|--|

|            |           |
|------------|-----------|
| MUGARD LIQ | Preferred |
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|   |  |
|---|--|
| <i>nystatin (mouth-throat) susp 100000unit/ml</i> |  |
|---|--|

|   |  |
|---|--|
| <i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i> |  |
|---|--|

|                         |  |
|-------------------------|--|
| SALAGEN TABS 5MG, 7.5MG |  |
|-------------------------|--|

|   |  |
|---|--|
| <i>triamcinolone acetonide (mouth) pste .1%</i> |  |
|---|--|

**OTIC**

|                            |           |
|----------------------------|-----------|
| <i>acetic acid soln 2%</i> | Preferred |
|----------------------------|-----------|

|   |           |
|---|-----------|
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | Preferred |
|---|-----------|

|   |           |
|---|-----------|
| <i>neomycin-polymyxin b-hydrocortisone otic soln 1%</i> | Preferred |
|---|-----------|

|   |           |
|---|-----------|
| <i>neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | Preferred |
|---|-----------|

|                                |           |
|--------------------------------|-----------|
| <i>ofloxacin otic soln .3%</i> | Preferred |
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